

Vaccination Programs: Home Visits to Increase Vaccination Rates

Summary Evidence Table - Updated Evidence (search period: 1980-February 2012)

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time
<p>Author (Year): Arthur 2002</p> <p>Study Period: October-December 2000</p> <p>Design Suitability (Design): Greatest (IRCT)</p> <p>Quality of Execution (# of Limitations): Good (1)</p> <p>Outcome Measure: Influenza vaccination</p>	<p>Location: England, rural areas</p> <p>Intervention: 1. at home mental and physical health check 2. offer of on-site vaccination</p> <p>Comparison: Personal letter of invitation attend influenza clinic at provider's office</p>	<p>Aim: to examine impact on vaccination uptake of combining 2 services for older persons in primary care.</p> <p>Study population: 2408 (of 2052) eligible patients from a large rural general practice; median age 79 years</p>	Percent receiving influenza vaccine by end of 2-month intervention period	C=932 (67.9%) of 1372	I=505 (74.3%) of 680	+6.4 pct pts 95% CI (2,10)	Interv duration = 2 months
<p>Author (Year): Banach 2012</p> <p>Study Period: 2008-2009</p> <p>Design Suitability (Design): Least (Cross-sectional)</p> <p>Quality of Execution (# of Limitations): Fair (2)</p> <p>Outcome Measure: Influenza vaccination</p>	<p>Location: USA, New York City</p> <p>Intervention: Home visits + reduced out-of-pocket costs</p> <p>Comparison: Cross-sectional</p>	<p>Aim: To assess seasonal influenza vaccination coverage within an urban home-based primary care (HBPC) program</p> <p>Study population: -All home-bound patients older than 65 years of age who received routine care from Mount Sinai Visiting Doctors (MVSD) n=689 eligible adults</p>	Receipt of influenza vaccination			Influenza vaccine receipt through the MSVD program: 508 patients (689 eligible patients): 74% vaccination coverage	N/A

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time
<p>Author (Year): Bartu 2000</p> <p>Study Period: April 2000-April 2003</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution (# of Limitations): Fair (4)</p> <p>Outcome Measure: Immunization status at 2,4,6 months postpartum</p>	<p>Location: Australia, Perth</p> <p>Intervention: 8 post-partum (for 6 months) home visits to assess, refer or provide education and support related to breastfeeding, parental drug use, and child development (including immunization). - nurse midwives</p> <p>Comparison: telephone contact at 2 months and home visit at 6 months</p>	<p>Aim: To assess effect of post-partum home visitation program for illicit drug-using mothers on breastfeeding, immunization, and parental drug use.</p> <p>Setting: recruitment was conducted in a hospital-based antenatal chemical dependency clinic.</p> <p>Study Population: 152 women ranging in age from 17-41 years of age, 35-40 weeks of gestation at recruitment, 90% drug-dependent</p>	<p>UTD status at 6 months post-partum</p> <p>Home visit vs. control</p>	<p>Comp 15 (20%) of 76</p>	<p>Intervention 11 (14%) out of 76</p>	<p>-6 pct pts P=.283 95% CI [NR]</p>	<p>Interv period was 6 months</p>
<p>Author (Year): Black 1993</p> <p>Study Period: 1990-1992</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution: Fair</p> <p>Outcome Measure: Influenza vaccination</p>	<p>Location: Ontario, Canada</p> <p>Intervention: 1. Home visit by public health nurse promoting influenza vaccination and identifying strategies to overcome barriers</p> <p>Comparison: 2. Safety education</p>	<p>Study Population:</p> <ul style="list-style-type: none"> • clients - >65 years • public health patients • 66% with >1 chronic health problems <p>N=359 participants</p>	<p>Group 1 vs 2</p>			<p>1% change (nonsig)</p> <p>42% of intervention group reported talking with nurse regarding influenza <i>versus</i> 18% of control group</p>	<p>Not reported</p>

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time						
<p>Author (Year): Bond 1998</p> <p>Study Period: 1996</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution: Fair</p> <p>Outcome Measure: DTP/OPV/MMR/Hib vaccination</p>	<p>Location: Australia</p> <p>Intervention: 1. Letter, telephone, and home contact including administration of vaccination</p> <p>Comparison: 2. Usual care</p>	<p>Study Population:</p> <ul style="list-style-type: none"> community wide clients - aged 9 or 16 months identified from Australian childhood immunization registry <p>N=2,194</p> <p>204 and 202 not-up-to-date randomized to intervention and control</p>	<p>4 DTP/OPV/Hib at 9 months or 1 MMR at 16 months</p> <p>Group 1 vs 2</p>			<p>1% change</p>	<p>Not reported</p>						
<p>Author (Year): Browngehl 1997, Kennedy 1994</p> <p>Study Period: 1992-1993</p> <p>Design Suitability (Design): Moderate (Retrospective cohort)</p> <p>Quality of Execution: Fair</p> <p>Outcome Measure: DTP/OPV/MMR vaccination</p>	<p>Location: USA, Philadelphia, Pennsylvania</p> <p>Intervention: 1992--Tracking and reminders <i>plus</i> provider education and incentives <i>plus</i> parent education and incentives <i>plus</i> transportation assistance <i>plus</i> home visits (1,254 participants)</p> <p>Comparison: 2. Older children (1,257)</p>	<p>Study Population:</p> <ul style="list-style-type: none"> Medicaid managed care group – clients – aged 30-35 months (control group) and 18-24 months (study group), low socioeconomic status <table border="1" data-bbox="701 1096 1039 1185"> <thead> <tr> <th>Group</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>1992</td> <td>1,254</td> </tr> <tr> <td>2</td> <td>1,257</td> </tr> </tbody> </table>	Group	N	1992	1,254	2	1,257	<p>4 DTP/3 OPV/1 MMR at 35 months Group 1 vs 2</p> <p>4 DTP/3 OPV/1 MMR/1 Hib at 35 months Group 1 vs 2</p>			<p>7% change (p < 0.05)</p> <p>2% change (nonsig)</p> <p>Higher coverage in children who received home visits (significance not given)</p>	<p>Not reported</p>
Group	N												
1992	1,254												
2	1,257												

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<p>Author (Year): Dalby 2000</p> <p>Study Period: NR</p> <p>Design Suitability (Design): Greatest (IRCT)</p> <p>Quality of Execution (# of Limitations): Fair (3)</p> <p>Outcome Measure: Influenza and pneumonia vaccination</p>	<p>Location: Canada, Hamilton, Ontario Georgia</p> <p>Intervention: preventive home visits “as needed” over 14 m to provide vaccinations, implement care plan based on assessment of cognitive, physical, social and emotional functions. - deliverers: visiting primary care nurse</p> <p>Comparison: usual care (not described)</p>	<p>Aim: To determine if follow-up care (telephone calls and home visits) could favorably affect the combined rate of deaths and admissions to an institution as well as rates of health services use among frail elderly living in community.</p> <p>Study Population: 113 adults over 70, from 2 primary care practices, living in community but at high risk for rapid deterioration</p>	<p>Proportion of participants administered influenza and pneumonia vaccines by nurse during home visits</p>	<p><u>Influenza:</u> Comp: 29 (53.0%) of 54</p> <p><u>Pneumonia vaccine</u> Comp: 0 (0%) of 54</p>	<p><u>Influenza</u> Intervention: 53 (90.1%) of 59</p> <p><u>Pneumonia vaccine</u> Intervention: 31 (53.0%) of 59</p>	<p>P<.001 Pct pt change=37.1 95%CI (21.8, 52.4)</p> <p>P<.001 Pct pt change=53.0 95% CI (40.3, 65.7)</p>	<p>14 months</p>
<p>Author (Year): Dietz 2000</p> <p>Study Period: 1994</p> <p>Design Suitability (Design): Least (Cross sectional)</p> <p>Quality of Execution (# of Limitations): Fair (2)</p> <p>Outcome Measure: Childhood series vaccination</p>	<p>Location: USA, Georgia</p> <p>Intervention: WIC Programs + Home Visits</p>	<p>Aim: Evaluate the factors associated with the increase in childhood vaccination coverage levels from 53% in 1988 to 89% in 1994 in Georgia’s public health clinics</p> <p>Setting: all 227 public health clinics in Georgia</p> <p>Study Population: Children who were 21 to 23 months of age on the date of the assessment</p>	<p>Association between vaccination coverage in children and vaccination practices, policies, and management factors - home visits for clients unresponsive to other interventions [called “defaulters” in study]</p>		<p>Controlling for urban-nonurban residence, clinic coverage level at assessment, clinic size, proportion of WIC-enrolled children, the association between vaccination coverage and HV for defaulters</p>	<p>OR 1..31 95% CI [1.10-1.55]</p>	<p>Interv period was 1 year</p>

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time
<p>Author (Year): Deuson 2001</p> <p>Study Period: 1994-1996</p> <p>Design Suitability (Design): Least (simple pre/post)</p> <p>Quality of Execution (# of Limitations): Fair (2)</p> <p>Outcome Measure: Hepatitis B vaccination</p>	<p>Location: USA, Philadelphia PA</p> <p>Intervention: creation of data base + range of hep B promotion activities including reminder letters, health fairs and other outreach events at multiple community venues, as well as home visits - deliverers: nurses</p> <p>Comparison: None</p>	<p>Aim: To assess impact on coverage and costs of community-wide vaccination project .</p> <p>Study Population: 4384 Asian American children aged 2-13 living in target community</p>	Coverage=proportion of participants with completed series of 3 doses	157 (3.6%) of 4384	679 (15.5%) of 4384	+11.9 pct pts 95% CI (10.7,13.1)	Interv period was 11 months
<p>Author (Year): El-Mohandes 2003</p> <p>Study Period: 1995-1998</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution (# of Limitations): Fair (3)</p> <p>Outcome Measure: Childhood series vaccination</p>	<p>Location: USA, Washington DC</p> <p>Intervention: multi-component PIP ("Pride in Parenting") focuses on parenting KAB and skills. 32 weekly home visits with referrals as needed. Other components: support groups, play groups, monthly PIP support calls. - deliverers: lay home visitors</p> <p>Comparison: standard social services by PIP monthly support phone call and referrals as needed.</p>	<p>Aim: Assess impact of community-based parenting education program on preventive health care use (and immunizations) by low-income minority mothers.</p> <p>Study population: 286 (of 426 eligible) mother-infant dyads recruited immediately post partum, with < 5 prenatal visits.</p> <p>Intervention group (n=146): M age 24.8 years %Black 98.0 <high school 41.8 %<poverty 55.5</p>	<p>% complete immunization schedule at 9 months, at 12 months</p> <p>PIP vs Usual Care (with PIP monthly support call and referrals)</p>	<p><u>Control</u> 16 (20.8%) of 77</p> <p><u>Control</u> 27 (35.1%) of 77</p>	<p><u>At 9 months:</u> <u>Intervention</u> 34 (37.4%) of 91</p> <p><u>At 12 months:</u> <u>Intervention</u> 37 (40.7%) of 91</p>	<p>+16.6% pct pts P=.01 95% CI (3.1, 30.1)</p> <p>+5.6 pct pts P=.28 95% CI (-9.1, +20.3)</p>	Interv period was 1 year

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time						
<p>Author (Year): Johnston 2006</p> <p>Study Period: July 1998-December 2003</p> <p>Design Suitability (Design): Great (non-randomized trial with comparison group)</p> <p>Quality of Execution (# of Limitations): Fair (3)</p> <p>Outcome Measure: UTD at 24 months</p>	<p>Location: USA, Pacific Northwest</p> <p>Intervention: multi-component “Healthy Steps for Young Children” which includes postnatal home visits to support child health and development (e.g., immunization), parenting practices, and parental well-being. - deliverers: Masters’ level with nursing, SW, or MH background</p> <p>Comparison: Health plan’s standard package of well-child pediatric care, outreach, and support services.</p>	<p>Aim: Evaluate whether “health specialists” providing postnatal home visits and other supports for parents of young children increase vaccination visits and age-appropriate vaccination rates</p> <p>Setting: clinics providing pregnancy and pediatric services within a large integrated delivery system</p> <p>Study Population: Children born to eligible women identified during the recruitment period</p> <p>N=343</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>Group</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>Healthy Steps</td> <td style="text-align: center;">239</td> </tr> <tr> <td>Usual care</td> <td style="text-align: center;">104</td> </tr> </table>	<u>Group</u>	<u>N</u>	Healthy Steps	239	Usual care	104	<p>Proportion of children age-appropriately vaccinated at 24 months</p> <p>Healthy Steps vs. Usual Care</p>	<p><u>Usual Care</u> 88 (84.6%) of 104</p>	<p><u>Healthy Steps</u> 215 (89.9%) of 239</p>	<p>+5.3 pct pts 95% CI (2.6, 13.2)</p>	<p>Not reported</p>
<u>Group</u>	<u>N</u>												
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Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time						
<p>Author (Year): Kitzman 1997</p> <p>Study Period: 1990-1992</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution (# of Limitations): Fair (3)</p> <p>Outcome Measure: Childhood series vaccination</p>	<p>Location: USA, Memphis TN</p> <p>Intervention (T4): a) Free transportation for scheduled prenatal care plus developmental screening and referral services at 6, 12, 24 months b) intensive home services during pregnancy and postpartum through child's second birthday Deliverers: nurses</p> <p>Comparison (T2): a) only</p>	<p>Aim: To assess effect of prenatal and infancy home visits on PIH, preterm delivery, low birth weight; children's injuries, immunizations, mental development and behavioral outcomes; maternal life course.</p> <p>Study Population: Low-income women, average age 18 years, 92% Black, 98% unmarried</p> <p>Intervention: n=228 (T4) Comparison: n=515 (T2)</p>	<p>Children's UTD status at 24 months</p> <p>Treatment 4 vs. Treatment 2</p>	<p>T2=68%</p>	<p>T4=70%</p>	<p>+2 pct pts 95% CI (-5, 9)</p>	<p>24 months post-natal</p>						
<p>Author (Year): LeBaron 2004</p> <p>Study Period: September 1996—February 2001</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution (# of Limitations): Fair (3)</p> <p>Outcome Measure: Childhood series vaccination</p>	<p>Location: USA, Fulton Co., GA (most of inner city Atlanta)</p> <p>Intervention: "Consolidated"=registry and Outreach [in-person telephone, mail or home visit recall] and Combination group [auto-dialer + Outreach] - Deliverers: trained nonmedical outreach workers</p> <p>Comparison: Usual care (registry)</p>	<p>Aim: Evaluation of the impact of large-scale registry-based CRR/outreach/home visit intervention on UTD at 24 months</p> <p>Study Population: Children born July 1995-August 1996 who had received public sector health services and were identified in MATCH registry Eligible patients N=3050 children</p> <table border="1" data-bbox="699 1266 1068 1385"> <thead> <tr> <th>Group</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Intervention</td> <td>1524</td> </tr> <tr> <td>Comparison</td> <td>763</td> </tr> </tbody> </table>	Group	N	Intervention	1524	Comparison	763	<p>Proportion of children UTD at 24 months</p> <p>"Consolidated" vs. Comparison</p>	<p><u>Comp</u> 259 (34%) of 763</p>	<p><u>Consolidated</u> 760 (37.5%) of 1524</p>	<p>+3.5 pct pts 95% CI= [-.6, +7.6]</p> <p>Note: auto-dialer alone vs comp=6.0 pct pt change, 95%CI (1.2, 10.8), P<.05</p>	<p>Interv period was 24 months</p>
Group	N												
Intervention	1524												
Comparison	763												

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time						
<p>Author (Year): Lemstra 2011</p> <p>Study Period: 2007-2008</p> <p>Design Suitability (Design): Greatest (G-RCT)</p> <p>Quality of Execution (# of Limitations): Good (1)</p> <p>Outcome Measure: MMR vaccination</p>	<p>Location: Canada, Saskatoon Health Region</p> <p>Intervention: Home visits + Client reminder/recall + MIMS (database)</p> <p>Comparison: Client reminder/recall</p>	<p>Study Population: -2 year olds not UTD with MMR vaccination -Subset lived in low-income neighborhoods N=257</p> <table border="0"> <tr> <td><u>Group</u></td> <td><u>N</u></td> </tr> <tr> <td>Intervention</td> <td>142</td> </tr> <tr> <td>Comparison</td> <td>115</td> </tr> </table>	<u>Group</u>	<u>N</u>	Intervention	142	Comparison	115	<p>Proportion of children UTD MMR vaccination</p>	<p><u>Comp</u> 56 (48.7%) of 115</p>	<p><u>Intervention</u> 86 (60.5%) of 142</p>	<p>+11.8 pct pts 95% CI: [-0.4, +24]</p>	<p>1 year</p>
<u>Group</u>	<u>N</u>												
Intervention	142												
Comparison	115												
<p>Author (Year): Margolis 2001</p> <p>Study Period: July 1994-1997</p> <p>Design Suitability (Design): Moderate (Retrospective Cohort)</p> <p>Quality of Execution (# of Limitations): Fair (3)</p> <p>Outcome Measure: UTD at 1 year of age</p>	<p>Location: North Carolina, urban/rural</p> <p>Intervention: - 2-4 home visits by nurse during first year post-natal -strengthening information support systems, assistance in obtaining care for primary care offices</p> <p>Comparison: Not reported</p>	<p>Aim: improve preventive service delivery, at multiple levels of community, practice, and family, with special attention to health outcomes of low-income mothers and their infants</p> <p>Study population: Women seeking prenatal care at community health center: 100% below poverty line, predominantly Black, unmarried, mean age 23-24 years</p>	<p>UTD by 12 months of age</p>	<p><u>Comp</u> 52 (49.5%) of 103</p>	<p><u>Intervention</u> 62 (60.2%) of 103</p>	<p>+10.7 pct pts 95%CI (2.7, 24)</p>	<p>Interv duration = 12 months post-natal</p>						

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time
<p>Author (Year): Nicholson 1987</p> <p>Study Period: 1984</p> <p>Design Suitability (Design): Least (Cross-sectional)</p> <p>Quality of Execution: Fair</p> <p>Outcome Measure: Influenza vaccination</p>	<p>Location: Trent, United Kingdom</p> <p>Intervention: 1. Practice policies including any of following: home-bound clients to be vaccinated at home, client reminders, or special vaccination clinics</p> <p>Comparison: 2. Lack of policies (Study group total, 127 general practitioners surveyed)</p>	<p>Study Population: - general practitioners - clients - aged >65 years; otherwise, not well-described</p> <p>N= 127 general practitioners surveyed</p>	<p>Group 1 vs 2</p>			<p>10% change (p < 0.05) for home vaccination</p> <p>influenza, 1 versus 2 = 7% change (p < 0.05) for regular or special immunization clinics</p>	<p>Not reported</p>
<p>Author (Year): Nuttall 2003</p> <p>Study Period: 2000-2001</p> <p>Design Suitability (Design): Greatest (Other design w/concurrent comparison)</p> <p>Quality of Execution: Fair</p> <p>Outcome Measure: Influenza vaccination</p>	<p>Location: England, East Lancashire</p> <p>Intervention: Home visits + letter of invitation for influenza vaccine</p> <p>Comparison: Letter of invitation for influenza vaccine</p>	<p>Setting: One general practitioner practice</p> <p>Study Population:</p> <ul style="list-style-type: none"> • Not UTD patients • Aged 65-90 years • 61% female • Urban and rural locations • Low-income <p>N=90 patients</p>	<p>Immunization uptake rates</p>	<p>27%</p>	<p>40%</p>	<p>+13 pct pts 95% CI [-11, 37]</p>	<p>1 influenza season</p>

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time										
<p>Author (Year): Parry 2004</p> <p>Study Period: 1999-2002</p> <p>Design Suitability (Design): Least (Before-after)</p> <p>Quality of Execution (# of Limitations): Fair (4)</p> <p>Outcome Measure: Influenza vaccination</p>	<p>Location: Stamford CT</p> <p>Intervention: 1. Home visit by DOH community health nurses to offer in-house influenza vaccination to persons over 65 year of age in all senior residential centers</p> <p>Note: this was only part of community-wide campaign.</p> <p>Comparison: 2. Prior usual care</p>	<p>Study population: Persons over 65 years of age residing in all senior residential centers</p> <p>N=NR</p>	<p>2002 BRFSS self-reported vaccination in persons >65 years of age</p> <p>Community-wide coverage in vaccinaitions from 98-99 to 01-02</p>		<p>2002 BRFSS self-reported vaccination in persons >65</p> <p>Community-wide coverage in vaccinations from 98-99 to 01-02</p>	<p>+75.7% Community-wide coerage increased from 7387 to 18,471</p> <p>Community-wide covage estimated at 16% in 2001-02</p>	<p>Interv duration was 3 years</p>										
<p>Author (Year): Rodewald 1999</p> <p>Study Period: 1994-1995</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution: Intervention 1: Good Intervention 2: Fair</p> <p>Outcome Measure: DTP/OPV/MMR/Hib vaccination</p>	<p>Location: USA, Rochester, New York</p> <p>Intervention: 1. Lay community services provider-made phone, mail, or home contact 2. Provider education <i>plus</i> feedback <i>plus</i> reminders 3. Both 1 and 2</p> <p>Comparison: 4. Usual care Only 12% of group 1 received >1 home visits; only 16% of group 2 received provider reminder</p>	<p>Setting: homes and provider offices, rural health center, hospital-based clinics</p> <p>Study Population:</p> <ul style="list-style-type: none"> clients - aged birth-12 months - - urban/rural 36%-39% black 6%-10% Hispanic low/middle socioeconomic status <table border="1" data-bbox="699 1153 1068 1299"> <thead> <tr> <th>Group</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>630</td> </tr> <tr> <td>2</td> <td>744</td> </tr> <tr> <td>3</td> <td>648</td> </tr> <tr> <td>4</td> <td>719</td> </tr> </tbody> </table>	Group	N	1	630	2	744	3	648	4	719	<p>Group 1 vs 4</p> <p>Group 2 vs 4</p>			<p>20% change (p < 0.001)</p> <p>1%change (p = 0.54) no interaction between 1 and 2; other health outcomes (health visits and anemia and lead screenings) significantly increased in group 1 but not group 2</p>	<p>Not reported</p>
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<p>Author (Year): Rosenburg 1995</p> <p>Study Period: 1992-1993</p> <p>Design Suitability (Design): Least (Before-after)</p> <p>Quality of Execution: Fair</p> <p>Outcome Measure: DTP/OPV/MMR vaccination</p>	<p>Location: USA, New York City</p> <p>Intervention: 1. Local community-based organization performed outreach (e.g., making informal presentations where people congregate or making door-to-door visits) <i>plus</i> disseminated information <i>plus</i> screened vaccination history <i>plus</i> provided vaccination appointments <i>plus</i> reminders/follow-up</p> <p>Comparison: 2. Prior usual care</p>	<p>Setting: public health clinics, homes, streets</p> <p>Study Population:</p> <ul style="list-style-type: none"> clients - aged <5 years 54% aged <2 years urban; 40% Hispanic, 40% black low socioeconomic status <p>N= 2,676 participants</p>	<p>Evaluation subsample found DTP/OPV/MMR coverage</p> <p>Group 1 vs 2</p>			<p>49% change (p < 0.05)</p>	<p>Not reported</p>
<p>Author (Year): Szilagy 2002</p> <p>Study Period: 1994-1999</p> <p>Design Suitability (Design): Greatest (Other w/concurrent comparison)</p> <p>Quality of Execution (# of Limitations): Fair (4)</p> <p>Outcome Measure: Childhood series vaccination</p>	<p>Location: USA, Monroe County NY</p> <p>Intervention: immunization data base + “staged” city-wide CRR/outreach/home visit - Deliverers: lay outreach workers assigned to primary care practices</p> <p>Comparison: Suburbs (data base)</p>	<p>Evaluation of intervention impact on disparities in childhood immunization rates by region (urban vs. suburban) and among blacks, whites, and Hispanics.</p> <p>Setting: 10 large primary care practices</p> <p>Study Population: Children 2 y or younger</p> <p>Region: N/% birth cohort</p> <p>Inner city 1653 (74%)</p> <p>Rest of city 938 (61%)</p> <p>Suburbs 598 (9%)</p>	<p>Proportion of children UTD at 12 and 24 months</p> <p>Inner city vs. suburbs</p> <p>Rest of city vs. suburbs</p>	<p>Baseline: 67% of inner city 79% of rest of city</p> <p>88% of suburbs</p>	<p><u>At 12 months:</u> 87% of inner city 89% of rest of city 92% of suburbs</p> <p><u>At 24 months:</u> 84% of inner city 81% of rest of city 88%</p>	<p><u>At 12 months:</u> Inner city vs. suburbs Difference= +10 pct pts</p> <p>Rest of city vs. suburbs Difference= +6 pct pts</p> <p>Inner city vs. suburbs Difference= +14 pct pts</p> <p>Inner city vs. suburbs Difference= +3 pct pts</p>	<p>Interv period was 24 months</p>

Study	Location and Intervention	Study Aim, Population, and Setting	Effect measure	Reported Baseline	Reported Effect	Value used in summary [95%CI]	Follow-up time						
<p>Author (Year): Szilagyi 2011</p> <p>Study Period: 2007-2008</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution (# of Limitations): Fair (2)</p> <p>Outcome Measure: Meningococcal Pertussis HPV vaccinations</p>	<p>Location: USA, Rochester, New York</p> <p>Intervention: immunization database + “staged” client reminder/recall + home visits</p> <p>Comparison: Usual care</p>	<p>Setting: Eight primary care practices</p> <p>Study population:</p> <ul style="list-style-type: none"> • Adolescents • Mean age 13.5 years • 63% Black • Urban • 74% Medicaid recipients • 6% uninsured <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>Group</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>Intervention</td> <td style="text-align: center;">3707</td> </tr> <tr> <td>Comparison</td> <td style="text-align: center;">3839</td> </tr> </table>	<u>Group</u>	<u>N</u>	Intervention	3707	Comparison	3839	<p>MCV4/Tdap/HPV</p>	<p>1061 (32.4%) out of 3839</p>	<p>1496 (44.7%) out of 3707</p>	<p>+12.3 pct pts 95% CI: [10, 14.5]</p>	<p>Interv period was 14 months</p>
<u>Group</u>	<u>N</u>												
Intervention	3707												
Comparison	3839												
<p>Author (Year): Wood 1998</p> <p>Study Period: 1994</p> <p>Design Suitability (Design): Greatest (iRCT)</p> <p>Quality of Execution: Good</p> <p>Outcome Measure: DTP/OPV/Hib vaccination</p>	<p>Location: USA, Los Angeles, California (10 ZIP codes)</p> <p>Intervention: 1. Case management with home visits and telephone contact prior to age 6 weeks and before each vaccination appointment, <i>plus</i> health passport <i>versus</i></p> <p>Comparison: 2. Health passport only</p>	<p>Setting: homes and clinics</p> <p>Study Population:</p> <ul style="list-style-type: none"> • clients - aged <15 months • 90% urban • 100% black • low socioeconomic status <p>N= 419 participants</p>	<p>DTP/OPV/Hib (3:2:3 doses, respectively) at 12 months</p> <p>Group 1 vs 2</p>			<p>13% change (p = 0.01)</p>	<p>Not reported</p>						