



PROGRAM PRACTICES
SUBMISSION FORM

IMMUNIZATION PROGRAM PRACTICES INFORMATION

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Program: Massachusetts Department of Public Health Immunization Program

Does AIM have permission to share this information on the publicly accessible AIM website? *All materials submitted will be posted on the AIM website.* Yes No

BULL’S-EYE AWARD

The **Bulls-Eye Award for Innovation and Excellence in Immunization** recognizes immunization strategies that “hit their mark” and achieve immunization goals with special consideration for practices that are innovative and easily replicated. Each year, AIM awards three programs the Bull’s-Eye Award. Only those practices with activities that are **currently ongoing** or **concluded during 2016** (including implementation, follow-up, and/or evaluation activities) will be considered for the award.

Would you like for this submission to be considered for the 2017 AIM Bull’s- Eye Award? Yes No

PROGRAM PRACTICE INFORMATION

Title
Public Availability of Immunization Rates, by School, in Massachusetts

Keywords (up to 5 main terms/phrases that describe the practice)
school immunizations, childcare immunizations, immunization rates,

Is this practice Evidence / Guideline Based? *(if yes, please include reference below)* Yes No

Reference: CDC indicates that publicly posting immunization rates may help to increase engagement and understanding of immunization rates and local risks due to under-immunization.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a2.htm>

Background (scope of the immunization need or problem)
Massachusetts has been collecting data on immunization rates at childcares and schools (for kindergarten and grade 7) for decades, but, until January 2015, had not made the information public. Analysis of school data over the years showed increasing rates of immunization exemptions (especially religious exemptions),

as well as geographic pockets of higher rates of exemptions, and higher rates of un- and under-immunization. Communities with higher rates of un- or under-immunization may be at greater risk for an outbreak of vaccine preventable disease. Our goal was to increase public awareness of immunization rates in local communities, which may lead to increased engagement and focus on increasing immunization rates to reduce the risk of vaccine preventable diseases.

Program Practice Description

Describe the practice goals and objectives. The goal was to change our data release policy to increase public access to and awareness of immunization rates in local communities, specifically, the immunization rates at individual childcare centers and schools (grade kindergarten and seven).

What were the main implementation activities? Work with Bureau Administration and the Legal and Privacy Office to modify our data release policy to allow for public release of immunization rates at childcare centers and schools with at least 30 students in the reported grade or group. Once the data release policy was modified, we worked with MDPH School Health Services, the Department of Early Education and Care, and reached out directly to school nurses and childcare centers to make them aware of the change in our policy and our plans to post immunization rates to our website.

Where and when did the practice take place? Immunization rates for kindergarten were first posted to our website in January 2015. Rates for seventh grade were posted in April of 2015. Rates for childcare were first posted in February 2016.

How much staff time was involved? There was up-front staff time involved in working to change the data release policy. Since the policy change, the staff time involved has included increased time to review and analyze immunization surveys received from childcares and schools and to contact schools to clarify data. Time is also required to prepare the final reports and have them approved before posting to our website.

What were the costs associated with the activity? What was the funding source? No direct costs were associated with this activity.

Identify the target population that the practice affected. The target population is those in childcare and school. If making immunization rates at individual childcare centers and schools publically available leads to increased immunization rates, the children at these institutions are better protected from vaccine preventable diseases. Additionally, the entire community is better protected if immunization rates of children are increased.

If partners were involved, include who was involved, and how.

Partners included the MDPH School Health Services, the Department of Early Education and Care, school nurses and childcare providers. These providers were involved both by responding to the school and childcare immunization surveys and responding to our questions to update or clarify their data. Prior to posting the data, we contacted our partners to share our plan, seek feedback, and have them preview the data before posting.

Timeframe of Implementation (Start and Stop Dates)

Data were first posted in January 2015. We plan to post data annually each Spring, for the school year that is coming to an end.

Evaluation Data: Was the implementation and/or effectiveness of this Yes No Limited

practice assessed? (if “yes” or “limited,” provide any data that is available)

Data: We’ve received anecdotal feedback from school nurses and others that is very positive about public access to this data. Due to the increased cases of measles in 2015 from the “Disneyland Outbreak” in California, a lot of media coverage in Massachusetts in February and March of 2015 included links to our newly posted school immunization data. Due to this media coverage, in February 2015, our kindergarten immunization data received more than 14,000 downloads, making it one of the most viewed web documents on the Massachusetts Executive Office of Health and Human Services website for that month. Since that time we’ve average approximately 280 downloads per month. Because links provided in news articles in 2015 went directly to the data posted at that time, for the 2013-2014 school year, even after the 2014-2015 data were posted, the 2013-2014 data continued to receive as many or more hits than the more current version, presumably due to the links from the news articles.

Conclusions / Lessons Learned / Key Factors for Success

We were not sure how school nurses and childcare providers would respond to public posting of their immunization rates. Now, after having data posted for more than a year, we can say the response has been overwhelmingly positive. We've received a great deal of positive feedback from school nurses who, on the whole, eagerly welcomed public posting of immunization rates.

Check if any of the following are being submitted to complement your submission:

(All materials will be posted on the AIM website)

- | | |
|---|--|
| <input type="checkbox"/> Testimonials | <input type="checkbox"/> Project photo(s) |
| <input type="checkbox"/> Quote from partner/participant | <input type="checkbox"/> Publication (e.g., news story, journal article) |
| <input type="checkbox"/> Sample of materials produced | <input type="checkbox"/> Video/audio clip |
| <input type="checkbox"/> Press release | <input checked="" type="checkbox"/> Website URL |
| <input type="checkbox"/> Promotional materials | <input type="checkbox"/> Tables or graphs |
| | <input type="checkbox"/> Other — Explain: _____ |

****Email the completed form to Mary Waterman (mwaterman@immunizationmanagers.org) with the subject line “Program Practices Submission.”**