



PROGRAM PRACTICES
2019 SUBMISSION FORM

IMMUNIZATION PROGRAM PRACTICES INFORMATION

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Does AIM have permission to share this information on the publicly accessible AIM website? All materials submitted will be posted on the AIM website. [X] 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.

Would you like for this submission to be considered for the 2019 AIM Bull's- Eye Award? (due by Oct. 7, 2019) [X] Yes [] No

PROGRAM PRACTICE INFORMATION

Title
New Jersey Hot Shots for Tots Immunization Campaign

Keywords (up to 5 main terms/phrases that describe the practice)
Point-based incentive program to improve immunization rates, best practices, immunization compliance, child care, recognition

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

Reference:
1. Churchill, Robin B., and Larry K. Pickering. "Infection control challenges in child-care centers." Infectious disease clinics of North America 11.2 (1997): 347-365.
2. National Center for Education Statistics, US Department of Education. Initial results from the 2005 NHES early childhood program participation survey. Washington, DC: US Department of Education, National Center for Education Statistics; 2006. Available at http://nces.ed.gov/pubs2006/earlychild/tables/table_1.asp?referrer=report.
3. Robinson, Joan. "Infectious diseases in schools and child care facilities." Pediatrics in review 22.2 (2001): 39-46.
4. Rosenstock, Irwin M., Victor J. Strecher, and Marshall H. Becker. "Social learning theory and the health belief model." Health education quarterly 15.2 (1988): 175-183.
5. Champion, Victoria L., and Celette Sugg Skinner. "The health belief model." Health behavior and health education: Theory, research, and practice 4 (2008): 45-65.
6. Rogers, E. M. Diffusion of Innovations. (5th ed.) New York: Free Press, 2003.

Background (scope of the immunization need or problem)

In the United States, 60% of preschool-aged children receive nonparental care each week, and among these children, 60% receive center-based care, which includes child care centers, preschools, and pre-kindergarten programs. These types of settings combined with lack of preventative health measures (e.g. hand washing, covering coughs and sneezes) make young children an especially vulnerable population to communicable diseases.

To protect against outbreaks of vaccine preventable diseases, New Jersey, among other states, has instituted immunization requirements for preschool and school attendance. Immunization requirements for school and child care entry exist in New Jersey statutes and regulations (N.J.S.A. 26:1A-7; N.J.A.C. 8:57-4, respectively). In 2017, the vaccination level for the combined 7-vaccine series among children aged 19-35 months was 70.4% in the United States and 69.3% in New Jersey. The Healthy People 2020 target is to achieve 80% coverage with the primary series.

In addition, the New Jersey Department of Health, Vaccine Preventable Disease Program (VPDP) regularly provides educational programming and technical assistance to child care and preschool staff to help them understand and comply with immunization requirements within their respective facilities. Both annual data and feedback provided to VPDP has indicated that despite these efforts, many child care providers struggle to recognize the critical role they play in ensuring that children are up-to-date on their vaccinations.

Program Practice Description

Describe the practice goals and objectives.

The VPDP has developed the New Jersey Hot Shots for Tots Immunization Campaign--a voluntary, point-based incentive program designed to improve child care provider knowledge of immunizations and immunization requirements and to increase efficiency of reporting and enforcing requirements. Improvements in these areas will assist in maintaining and/or improving immunization coverage levels.

Through the campaign, child care facilities are provided with a list of pre-determined, point-based activities. Activities range from attendance at an immunization-related workshop/webinar to sending cards home to parents thanking them for having their child up-to-date on immunizations. Each of these activities was selected to reinforce and to help establish immunization best practices.

What were the main implementation activities?

To develop the campaign, an internal committee was formed to brainstorm ideas for a campaign focused on child care facilities. The committee determined that a point-based incentive program would be a compelling method to convey information and garner participation from child care facilities. The Hot Shots for Tots campaign was based on the premise of the Health Belief Model (HBM) and the Diffusion of Innovations theory. Campaign materials were developed including a welcome packet, an activity list, forms, a knowledge quiz, and pre and post evaluation surveys. The campaign materials were also reviewed by the IRB.

Once all materials were finalized, a pilot program in one county was established. Discussions were had with local health agency counterparts in that county to determine specifics of campaign collaboration and recruitment. Child care facilities were then invited to participate through a recruitment letter.

Facilities choosing to participate were provided with all campaign materials and were invited to attend an overview webinar. The participant welcome packet included a list of pre-determined immunization-related activities. Facilities were able to pick and choose which activities they would like to complete to earn points toward achieving an award. These activities included but were not limited to: attending immunization workshops, participating in national immunization awareness events, participating in the New Jersey Immunization Information System (the statewide immunization registry), and providing educational materials to parents and staff.

At the close of the campaign, participants were required to submit a checklist of their completed activities and supporting documents. The points from all completed activities were summed and validated by VPDP staff. In addition, an evaluation of survey data was conducted. Depending on the number of points awarded, child care facilities could qualify for one of three award levels: Gold, Silver or Bronze. A webinar was held to announce the awardees and to review evaluation results. Each

facility achieving an award was recognized via the VPDP website, press release, a cling to display at their facility, and a certificate of recognition. The local health agency also hosted an award ceremony.

In the second year of the campaign (2018-2019), slight modifications were made to materials and a couple new activities were added. The campaign also expanded to three counties. Plans are set to expand the campaign statewide for its third year.

Where and when did the practice take place?

The campaign kicked off in December 2017 and was piloted in Monmouth County, New Jersey. In the Fall of 2018, the pilot was expanded into 2 additional counties, Atlantic and Warren. In the Fall of 2019, the campaign will officially be expanded statewide.

How much staff time was involved?

Development of the campaign and corresponding materials occurred over several months and totaled approximately 70 hours. During each campaign period, staff spends approximately 50 hours from implementation to campaign close.

What were the costs associated with the activity? What was the funding source?

Costs were comprised of staff time and printing costs. Minimal cost was associated with printing of the facility clings for the awardees. Staff time/resources were identified in the program’s cooperative agreement.

Identify the target population that the practice affected.

Child care providers in New Jersey are the target population for this campaign.

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

VPDP staff sought out support from local health departments for each of the respective counties that were participating. Health officers were presented with the objectives of the Hot Shots for Tots campaign to obtain their buy-in and collaboration. Health officers were asked to help recruit childcare facilities in their jurisdiction by sending out a letter of support including information about the campaign.

Timeframe of Implementation (Start and Stop Dates)

Pilot campaign start date: December 2017 - Stop date: July 2018

Moving forward, campaigns are set to run from November through June with review and modifications conducted between campaigns.

Evaluation Data: Was the implementation and/or effectiveness of this practice assessed? (if “yes” or “limited,” provide any data that is available) _X_Yes _No _Limited

Data:

The campaign was piloted over the course of 2 years and enrolled more than 60 child care facilities. The evaluation was conducted via an online survey to assess pre-program knowledge, attitudes, and practices. At the close of the program, a post-survey was distributed to participants with additional questions related to perceptions of the program.

At the close of the campaign, an increase in participant knowledge was observed. All participants noted that the campaign helped them to learn about immunization requirements more quickly and easily and that they feel an improvement in their ability to understand the New Jersey child care requirements.

Conclusions / Lessons Learned / Key Factors for Success

Garnering support from local health agencies at the start of the campaign was a critical factor to the success of the program. Additionally, making the campaign more flexible by switching to rolling enrollment made it more accessible to facilities who were late to hear about the campaign. We also noticed that there are lots of competing priorities for child care facilities, which resulted in about half of those who enrolled in the program not submitting materials at the close. We will continue to search for methods to keep facilities engaged throughout the duration of the campaign.

Overall, the evaluation and feedback received from participants supports the campaign’s goal to increase a child care provider’s awareness about the importance of vaccines, identify areas of improvement in their respective facilities, implement best practices, and comply with New Jersey’s immunization requirements. The focus on child care facilities, though outside of the

typical medical home, is an important component of the immunization village that can result in minimizing the burden of vaccine preventable diseases in our communities.

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