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Title

Using a human-centered approach to develop an intervention to increase vaccine uptake in the community settings

Priority 1 (Research Category)

Research methodology and instrument development

Presenters

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Abstract

Context: Rates of vaccination, including COVID-19 vaccination, vary considerably across community-based health centers. Diverse interventions can improve vaccine uptake in well-resourced care settings, but little is known about which intervention components and related implementation strategies are preferred by community-based providers.

Objective: To identify intervention components and associated implementation support strategies targeting vaccination uptake as prioritized by community health centers, using a human-centered design approach.

Study Design and Analysis: Human-centered design process; rapid analysis of interviews informed by an implementation science framework.

Setting or Dataset: Semi-structured key informant interviews and intervention development conducted during a series of participatory design meetings with clinicians and staff from five community-based health care organizations.

Population Studied: NA

Intervention/Instrument: Landscape scan of evidence-based vaccine interventions; interviews with health center staff and clinicians about vaccine uptake barriers, drivers, and goals, as well as desired intervention components. Health center representatives also participated in a series of meetings to

discuss intervention elements identified in the scoping review and interviews and determine which elements to include in the intervention and strategies needed to implement.

Outcome Measures: Vaccine uptake intervention and implementation plan

Results: Participants prioritized focusing on intervention elements supporting the uptake of all pediatric vaccines. They prioritized intervention elements involving (1) patient-facing educational materials targeting vaccine hesitancy, (2) training for CHC staff (e.g., medical assistants, CHWs) targeting vaccine confidence, (3) use of EHR-based tools to support vaccine delivery and strategies for using such tools in practice, and (4) vaccine workflow optimization. Intervention elements were further refined within the selected focus areas, including modality/approach of the intervention elements and implementation support strategies to enhance these elements' adoption. The intervention will be formally tested in a subsequent clinic-randomized trial with 30 health centers.

Conclusions: Partnerships with community-based health care organizations supported the development of an intervention designed to improve vaccine uptake in care settings serving low-income populations.