



IOWA PUBLIC HEALTH TRACKING

PUBLIC HEALTH ACTION

The Iowa Immunization Program: Distributing Provider Based HPV Vaccination Rates

The Iowa Immunization Program applied for a CDC grant to increase HPV vaccination coverage rates among adolescent males and females 13-18 years of age. One of the grant requirements was to develop, track, and disseminate a number of outcome measures from the Iowa Immunization Registry Information System (IRIS) that can be used for evaluation and performance measurement.

What was the Problem/Situation?

The Immunization Program wanted to send each Vaccines for Children (VFC) provider their organization's HPV vaccination rates and immunization rate for other adolescent vaccines for comparison as baseline data. These data needed to be calculated, and the rates provided to over 650 individual vaccine providers. These data would need to be updated and sent to every provider at least twice a year, and perhaps as often as quarterly if available. The Immunization Program had the vaccine technical expertise to generate and analyze the data, but did not have an effective way to disseminate the data to the local providers. Without an alternative solution, the staff were contemplating manually entering the individual provider's data into a fact sheet then printing for distribution to the clinic. The Immunization Program Bureau Chief concluded additional support was needed for the data dissemination and had recently attended an Excel dashboard demonstration conducted by the Iowa Environmental Public Health Tracking (EPHT) program and inquired about possible data display and dissemination assistance.

How was Iowa Public Health Tracking Involved?

The EPHT Program recently participated in a CDC initiative to create a method to co-display air and cardiovascular disease measures. In order to achieve the co-display, the EPHT Program developed an Excel dashboard. Once loaded with data, this dashboard allows users to select data based on indicator, geographic (county), and temporal (year) drop down menus to generate graphs and charts. Additionally, a fact sheet is generated that has 5 data points, with infographics, based on the drop down menu selections. The Immunization Program met with the EPHT Program to see if the dashboard tool could be modified to help disseminate their data to the providers.

What Action was Taken to Solve the Problem/Situation?

After an initial planning meeting, and a few hours of adjustments, the dashboard tool was able to import the raw data and process the individual provider's rates to display the data on a fact sheet template. This allowed for drop down menus to select county and provider. Additionally, mailing labels were developed through a mail merge by extracting the address from the provider data table. This solved the issue of having to enter data for individual providers, but a mass distribution solution was still needed. With the dashboard, each provider would still need to be selected and printed. The Immunization Program Bureau Chief asked if a similar process could be developed that was used for the mailing labels. The Immunization Program developed a word template that would match the fact sheet in the dashboard and the EPHT program built a mail merge onto the dashboard. The data that was then processed through the mail merge to allow bulk printing of each individual provider's rates on a single fact sheet template. A cost-benefit analysis was done by both programs that resulted in annual savings of over \$15,000, if 4 mailings a year were done.

