10/27/2026

# From Data to Doses: Improving Pediatric Immunization Rates through Outreach and Well Child Care

*Aliados Health*
*Promising Practice*

## PROMISING PRACTICE OVERVIEW

At Santa Rosa Community Health (SRCH), a multifaceted, data-driven, team-based approach has been key to improving pediatric immunization rates. SRCH identified influenza vaccination as a significant challenge affecting childhood immunization performance, particularly completion of the two-dose influenza vaccine series for children under age two. By combining frequent performance monitoring, targeted outreach, well-child visit recall, and focused quality improvement activities, SRCH is working to close care gaps and create more opportunities to vaccinate.

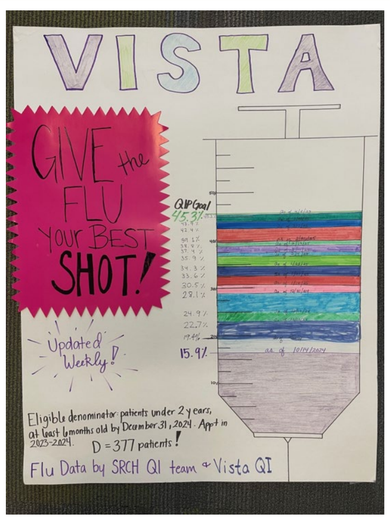
## AIM

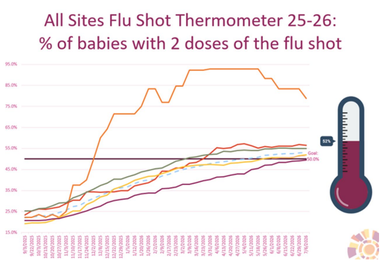
Increase Childhood Immunization Status (CIS-10) performance by improving completion of the two-dose influenza vaccine series among children under age two through consistent outreach, weekly performance monitoring, provider engagement, and standardized vaccine communication.

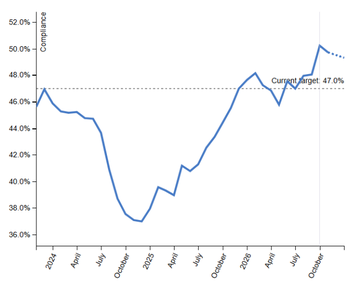
## MEASURES

Childhood Immunization Status (CIS-10)

## RESULTS TO DATE




## Actions taken

### Implemented a Weekly Flu Shot Thermometer to Track Performance and Engage Staff

To increase visibility and encourage staff engagement, SRCH developed a Flu Shot Thermometer, a visual performance-tracking tool displaying the percentage of children under two who had completed both influenza vaccine doses.

The tool was updated weekly throughout the flu season and shared across SRCH campuses to reinforce vaccination goals and keep performance at the forefront of daily clinical operations.

**Implementation and evolution:**

- **Year 1 (24-25 flu season) – Physical Thermometer:** SRCH introduced a hand-drawn thermometer posters at its campuses. Designated staff members were asked to manually update the displays each week and discuss progress during team huddles. The posters served as visible reminders of the shared vaccination goal.
- **Year 2 (25-26 flu season) – Electronic Performance Updates:** SRCH transitioned to a digital format, pulling vaccination data weekly and distributing updated slides and images to campus teams. These updates displayed the vaccination goal, organization-wide performance, individual campus results, and comparisons across campuses.
- **Year 3 (26-27 flu season) – Continued Monitoring:** Following positive feedback from staff and site leadership, SRCH planned to continue the weekly thermometer updates during the subsequent influenza season. Sites incorporated the information into existing workflows, including staff huddles, printed displays, and email communications. While the frequency and methods of sharing vary by campus, staff reported finding the updates motivating, particularly as they could observe incremental changes in performance. The campus comparisons also gave site leadership greater visibility into performance differences across locations.

**Key Takeaway**
Establish a simple, frequently updated performance visualization that staff can readily understand and integrate into existing team communications. SRCH's experience demonstrates that health centers can begin with a basic physical display and transition to electronic reporting as workflows evolve.

### Strengthened Targeted Outreach and Leveraging Well-Child Visits

SRCH prioritized outreach (phone calls) to children under two using the *Possible Missing Vaccines* care gap and *Lower Than Expected Well-Child Visits* report.

Depending on the campus, a mix of Clinical Team Assistants (CTAs) and/or Medical Assistants conducted outreach. Staff received dedicated outreach time and worked through lists generally refreshed every other week.

- Shifted outreach messaging away from leading with "missing vaccines."
- Families were contacted primarily to schedule an overdue or upcoming well-child visit.
- This approach provides care teams with an additional opportunity to address vaccination gaps during Well-Child Visits while framing outreach around routine preventive care.

**Key Takeaway**
Move beyond generating care-gap reports by establishing a reliable process for completing outreach. Assign responsibility, protect staff time, prioritize the population of focus, and connect outreach efforts to preventive care appointments where vaccination needs can be addressed.

### Reinforced Vaccination Through Staff Training and Engagement

**Strengthening Presumptive Vaccine Communication:**

SRCH encouraged medical assistants (MAs) and providers to present influenza vaccination alongside other routinely recommended childhood vaccines rather than offering it separately, and to use presumptive language that assumes the patient will accept. When families expressed hesitancy, MAs were encouraged to communicate concerns to providers, who could address questions and reinforce vaccination recommendations during the same visit.

**Developing a Staff-Created Training Video**

To reinforce these practices, SRCH staff created a short training video using an i-phone to demonstrate two approaches to discussing influenza vaccination with hesitant families:

**Less effective approach:** The MA presents influenza separately from other vaccines, the family declines, and the provider does not address the family's concerns.

**More effective approach:** The MA uses presumptive language, alerts the provider to the family's concerns, and the provider offers a clear recommendation and addresses questions during the visit.

The video incorporated messaging informed by community focus groups, including how influenza illness can disrupt work, daycare, and family routines.

**Key Takeaway**
Make influenza vaccination a recurring part of staff communications and clinical workflows. Pair consistent messaging with practical training resources that demonstrate how medical assistants and providers can work together to address concerns during the same visit.

### Staff and Patient Engagement

**Staff Incentives and Recognition**:

During past flu seasons, staff engagement strategies such as a taco lunch for achieving a 50% vaccination goal and monthly raffles recognizing care teams helped maintain staff enthusiasm and reinforce focus on vaccination efforts.

**Creative Second-Dose Reminders:**

Board members and donors made receiving blankets for families whose children received their first influenza vaccine dose. Immunization nurses and care team members distributed the blankets with reminders to return for the second dose.

**Key Takeaway**
Engage and motivate care teams through ongoing training, staff recognition, and incentives tied to vaccination goals. Incorporate creative, low-cost reminders to encourage families to complete the influenza vaccination series.

### Established a Population of Focus Workgroup

As part of its involvement in the Population Health Management Initiative (PHMI) grant, SRCH concentrated its efforts at Vista, a campus serving a large pediatric population.

In addition to existing campus quality committees, SRCH established a Population of Focus Workgroup that met every other week to focus on childhood immunizations and the well-child visit measures. The workgroup provided dedicated time to identify improvement opportunities, test new strategies, and take action rather than solely reviewing performance data.

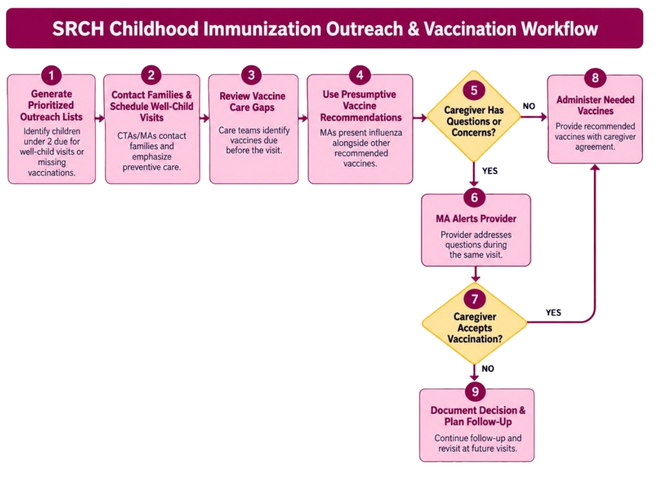
Through this work, Vista strengthened outreach to children under two by prioritizing dedicated staff time, connecting families to preventive care, and prioritizing confirmation calls and no-show follow-up. SRCH began expanding the focused workgroup approach to another campus.

**Key Takeaway**
Establish a dedicated, measure-focused QI workgroup that meets regularly to review data, test interventions, and translate findings into actionable improvements. Adapt and spread effective strategies across health center sites.

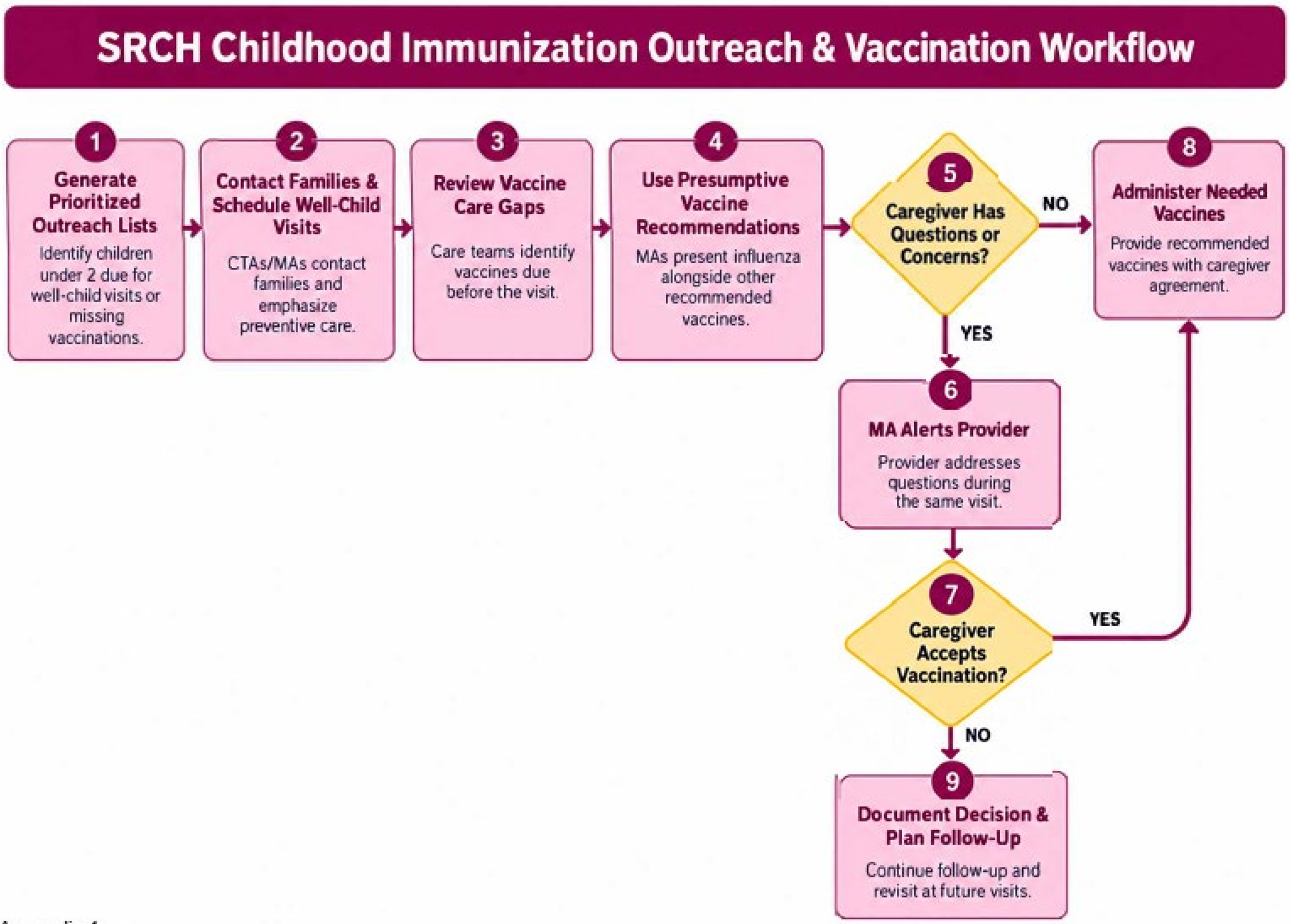
## LESSONS LEARNED

- ✓ **Frequency matters.** Weekly data review keeps performance visible and makes it easier for teams to understand what may be contributing to changes.
- ✓ **Generating a list is not enough.** Outreach must have dedicated staff time and be consistently completed.
- ✓ **Well-child visits are an important pathway to vaccination**. Staff intentionally framed outreach around overdue or upcoming well-child visits rather than missing vaccines because families were more likely to schedule preventive care appointments. Once patients were in clinic, care teams could address vaccination needs during the visit.
- ✓ **"Constantly talking about it"** SRCH emphasized the importance of keeping influenza vaccination visible through repeated discussion in huddles, staff communications, leadership conversations, outreach activities, and performance review meetings.
- ✓ **Improvement takes time.** Pediatric measures may require sustained intervention over multiple years before the full impact is reflected in the data.

## WORKFLOW



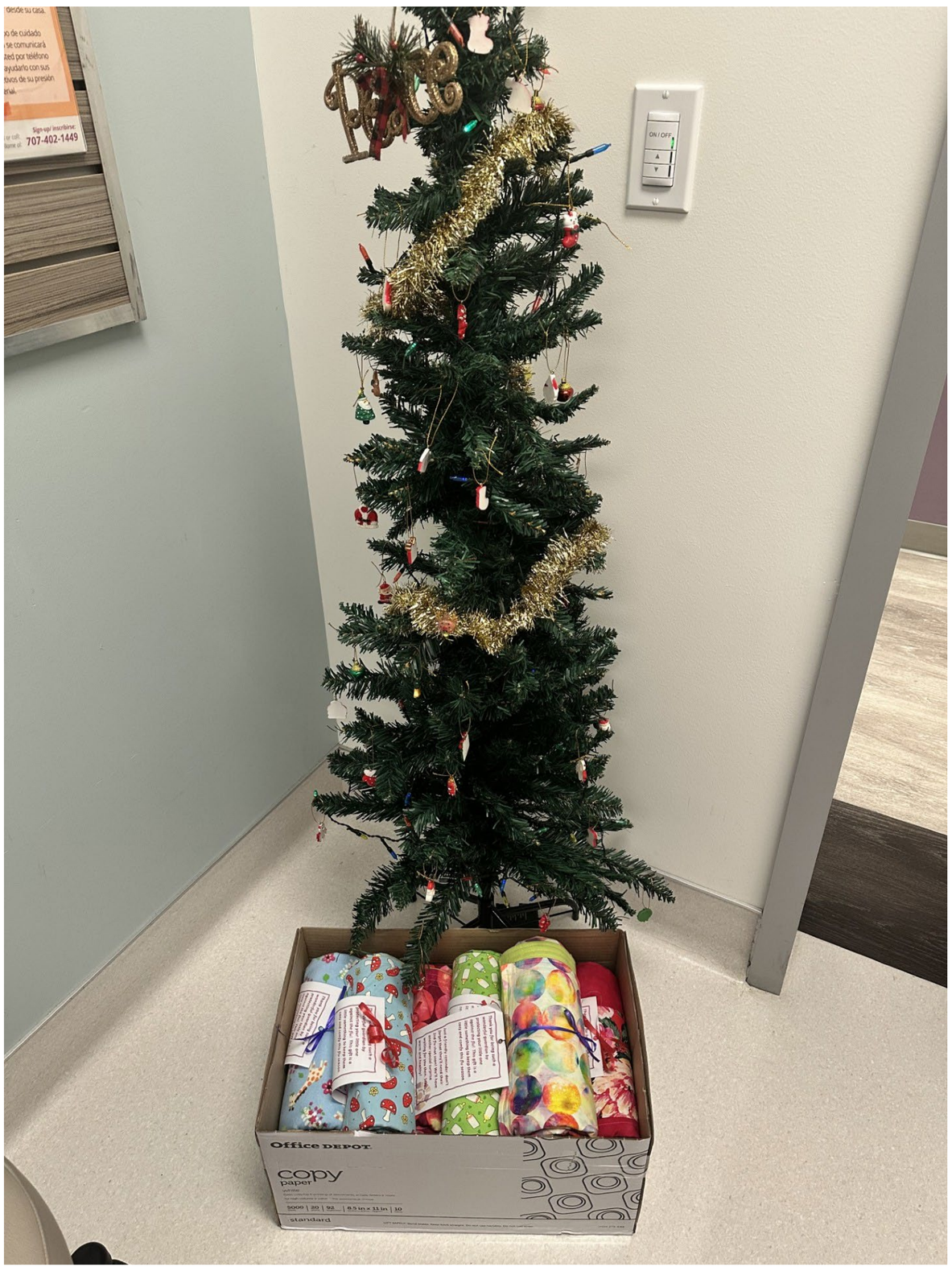

See Appendix 1 for the full-size workflow




Appendix 1




Staff engagement before kicking off the flu season.




Blankets provided by board members.