The Immunization Champions, Advocates, and Mentors Program (ICAMP), developed and implemented by The Gerontological Society of America (GSA) and the American Pharmacists Association, was designed to address the disparity between current adult vaccination rates in the United States and the Healthy People 2020 goals.

GSA assembled a workgroup of immunization and gerontology experts to identify evidence-based interventions and existing resources for the ICAMP trainings, which took place April 2015 to June 2016.

• The program was piloted in Dallas and subsequently offered in an additional five cities.
• Program participants were recruited by multiple partners, including the American Nurses Association, American Pharmacists Association, Immunization Action Coalition, and National Foundation for Infectious Diseases.
• Content included evidence on change management, the National Adult Immunization Plan, how to be an effective champion, the ICAMP Toolkit with suggested action items and tools, and small group discussions. An introductory webinar was required for participants prior to the training.
• Participants developed an action plan focused on improving adult immunizations for their health care setting.
• After the training, participants were included in an online discussion board and encouraged to share their successes and challenges.

Reach: GSA received 212 applications from individuals interested in becoming champions; all applicants were appropriate and met the criteria for participation. The immunization champions represented a range of health provider disciplines (Figure) and worked in a variety of clinical settings–collectively reporting encounters with potentially over a million patients.

Effectiveness: The majority of the champions reported using the ICAMP materials in their settings (84%) and making changes related to immunization processes within their settings (88%). All of the sites reported that their immunization practices improved following exposure to ICAMP and that they made progress toward achieving their identified immunization-related goals. Only nine sites provided pre- and 90-day post-ICAMP immunization data. There was not a statistically significant improvement in outcomes with regard to number of vaccinations provided (Table). There was, however, a non-statistically significant increase in the number of pneumonia, influenza, and zoster vaccinations provided.

Implementation: Participants were exposed to the 1.5-day ICAMP training as intended and all aspects of the Toolkit were reviewed and completed with participants.

Adoption: All of the participants developed an action plan to achieve their goals and the majority of the participants reported using the Toolkit materials during the 60 days following ICAMP training.

Maintenance: There was less evidence for maintaining use of materials after the 60-day follow-up period. Moreover, it was difficult to obtain follow-up reports by the 90-day period with only 22% of participants responding.

ICAMP participants who are most successful at championing change are able to:
1. Identify the specific issues facing their system.
2. Address foundational needs such as IT support.
3. Convene interdisciplinary groups to help with various aspects of an improvement plan.
4. Choose to focus on one vaccine or one small change at a time.

ICAMP training is most successful when supporting participants with change management knowledge and facilitating interprofessional dialogue. The biggest challenge is obtaining data, particularly immunization rates, from participants.

Planning to conduct four ICAMP trainings in 2017 is underway. Improvements being discussed include:
• Focused assistance to better support participants’ data collection efforts.
• Additional mentoring and motivating to improve maintenance.

Table. Immunization Rates at Participant Sites Pre- and 90-Days Post-ICAMP Training (n=9)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pre-ICAMP</th>
<th>Mean Number Immunized (SD)</th>
<th>Post-ICAMP</th>
<th>Mean Number Immunized (SD)</th>
<th>F (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>351 (674)</td>
<td>14 (13)</td>
<td>1.5 (.28)</td>
<td></td>
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</tr>
<tr>
<td>Pneumonia</td>
<td>76 (110)</td>
<td>306 (711)</td>
<td>.57 (.49)</td>
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<tr>
<td>Influenza</td>
<td>212 (401)</td>
<td>362 (802)</td>
<td>.13 (.73)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>34 (64)</td>
<td>51 (110)</td>
<td>.08 (.79)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>117 (149)</td>
<td>4 (5)</td>
<td>3.2 (.13)</td>
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</table>

Figure. Number of ICAMP Attendees by Profession

<table>
<thead>
<tr>
<th>Registered Nurse</th>
<th>Pharmacist</th>
<th>Physician</th>
<th>Nurse Practitioner</th>
<th>Physician Assistant</th>
<th>Registered Nurse</th>
<th>Pharmacist</th>
<th>Physician</th>
<th>Nurse Practitioner</th>
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</tr>
</tbody>
</table>

Figure. Number of ICAMP Attendees by Profession

Next Steps

ICAMP: Lessons Learned

• Time to implement on top of regular job duties.
• Organization’s management resistant to change.
• Low payment for vaccine administration.
• IT support.

Top Challenges Reported by Champions

1. Identify the specific issues facing their system.
2. Address foundational needs such as IT support.
3. Convene interdisciplinary groups to help with various aspects of an improvement plan.
4. Choose to focus on one vaccine or one small change at a time.

Planning to conduct four ICAMP trainings in 2017 is underway. Improvements being discussed include:
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