

# UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE

## RESEARCH DAY 2008

### **Factors Related to the Receipt of Synagis in a Low-Income, Inner City Population**

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**Background:** Monthly Synagis vaccinations during the RSV season has been shown to be effective at preventing hospitalizations related to RSV infections in premature infants. The prevention of RSV has not been well documented in low income, inner city populations.

**Objective:** The purpose of this study is to determine the rate of receipt and factors related to receipt of Synagis during the RSV season in an inner-city, poor population.

**Methods:** We adapted the Andersen Model for Health Care Utilization to identify need, predisposing, enabling and quality of primary care characteristics associated with receipt of Synagis in eligible (per AAP criteria) premature infants. At discharge from the NICU in an inner-city hospital we enrolled 124 infants and followed them through the RSV season. Providers from whom they had received vaccinations during the preceding year were identified and data was abstracted for all outpatient visits for documentation of Synagis shots received and for indicators of the quality of primary care. A ratio of the number of Synagis vaccinations received over the number of Synagis vaccinations indicated was created. We conducted chi-square and logistic regression analyses to identify factors associated with receipt of 0-50% vs 51-100% of indicated Synagis vaccinations.

**Results:** Of the 124 patients enrolled, 3 died during the year of follow up and 89 were both successfully interviewed and had their primary care records abstracted, for a follow rate of 74%. The population is predominantly poor and of African American race (67%). Thirty-nine percent of infants received no Synagis shots, and 64% of infants received less than or equal to 50% of the indicated number of shots. No need factors were associated with receipt of Synagis. Predisposing factors associated with receipt of Synagis included higher maternal education ( $p < .01$ ), two-parent households ( $p=0.04$ ) and fewer number of children ( $p=0.04$ ). Enabling factors associated with receipt of Synagis included more maternal social supports ( $p < 0.01$ ) and fewer barriers within the health care system ( $p < 0.01$ ). Quality of care measures associated with receipt of Synagis include consistent documentation of growth parameters ( $p=0.01$ ) and evidence of one or more missed opportunities to vaccinate ( $p=0.02$ ).

**Conclusions:** We found very low rates of uptake of the appropriate number of Synagis vaccinations in an inner-city, poor population. Predisposing, enabling and quality of care factors are associated with the receipt of the appropriate number of Synagis vaccinations. Policy implications are discussed.