review

Using communication to boost vaccination: Lessons for COVID-19 from evaluations of eight large-scale programs to promote routine vaccinations

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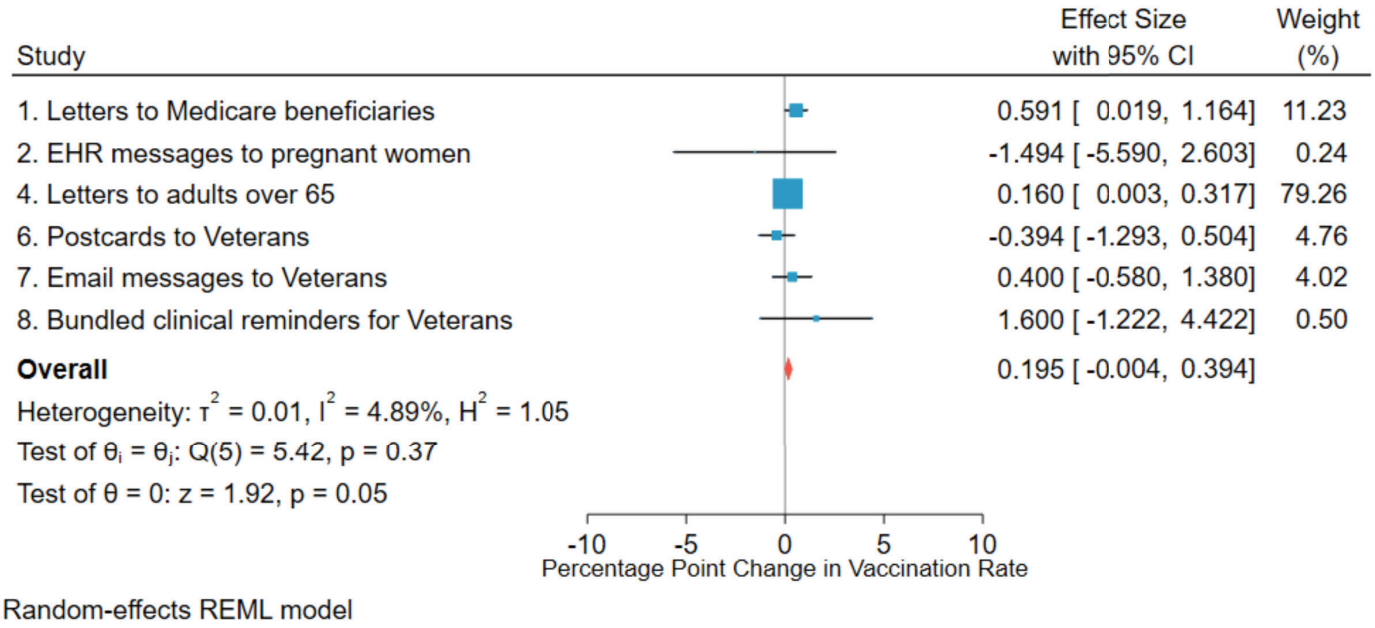
Figure S1. Internal meta-analysis of six Office of Evaluation Sciences (OES) evaluations with vaccination uptake as the common outcome



Note. EHR = electronic health record. This figure shows coefficients from studies included in an internal meta-analysis of OES vaccination evaluations targeted at the individual level. Evaluation numbers correspond to descriptions in Table 1. The meta-analysis relies on a random-effects maximum likelihood (REML) model, using inverse variance weighting. The blue squares reflect the average effect of the intervention (treatment) in each evaluation on the percentage point change in the relevant vaccination rate, where the size of the squares depend on the weight attributed to that evaluation. The 95% confidence intervals (CIs) based on the standard errors from the relevant regression are shown in black. The red diamond represents the overall effect across studies, as estimated by the meta-analysis. Finally, the meta-analysis reports τ^2, or an estimator of the between-evaluation variance; I^2, or the proportion of total variation in the estimates of the treatment effects that is due to heterogeneity between studies; and H^2, or a measure of the impact of heterogeneity.

Two of the OES evaluations are not included in the internal meta-analysis because they had different outcomes from getting vaccinated. One aimed to increase click rates on an ad encouraging vaccination uptake and the other attempted to increase school immunization compliance by sharing compliance report cards with school administrators (Evaluations 3 and 5 in Table 1). Neither of those evaluations observed a statistically significant effect for the intervention they used.