5 Service Delivery

An essential function of public health is to assure access to medical and preventive health services. For immunization programs this involves ensuring that immunization services are available on a routine basis to medically underserved persons, i.e., those who do not have a health care home where they are able to receive immunizations without significant barriers related to ability to pay, transportation, language, work hours, etc. Persons with health insurance that does not cover immunizations due to coverage exclusions or high deductibles are also considered under-served. Public health agencies have an obligation to provide immunization services for these individuals through special clinics in health departments and other public clinics or through contracts with private medical practices. Examples of immunization service delivery include mass clinics in response to VPD outbreaks as well as home visits and other field work by local health department staff to ensure appropriate immunization of high-risk persons that have been exposed to vaccine preventable diseases (including perinatal exposure to hepatitis B). In the context of public health, efforts to link underserved children, adolescents and adults with a medical home and other health and social services should also be considered an important and potentially effective immunization service.

Keywords:

Back-to-School clinics
Barriers to immunization
Case management
Co-located services
Express lane services
Field visits
Immunization clinics
"One stop shopping"
Public clinics
Reminder and recall systems
Under-served populations
Well child clinics

In 1991 the National Vaccine Advisory Committee (NVAC) cited a failure to deliver vaccines to vulnerable preschool children on schedule as the principal cause of the 1989-91 measles epidemic and advocated enhancement of the immunization delivery system to overcome barriers and eliminate missed opportunities to vaccinate. Between 1991 and 1995, immunization grant funds increased dramatically to support plans to increase immunization coverage among preschool children. Grantees directed increased funding to strengthen the public health infrastructure through improved access to public immunization services by increasing the number of clinics, expanding clinic hours, and improving the quality of public immunization services. Over the past several years the growth of Medicaid managed care, the success of the Vaccines for Children Program (VFC) and the introduction of the Children's Health Insurance Program (CHIP) have served to dramatically reduce the number of children who rely on the delivery of immunization services by the public sector. Concurrently, in most states the role of public health in delivering immunization services has diminished substantially along with the level of federal grant funding available to

support service delivery functions. As a result, many immunization programs are now faced with the challenge of determining an appropriate level of direct immunization services to ensure access by individuals who are unable to be served in a health care home.

References:

- 2001 VFC Program Operations Guide (CDC)
- *Standards for Pediatric and Adolescent Immunization Practices* -Draft (CDC) (CD Rom 2001 Immunization Works)
- *Standards for Adult Immunization Practices* - Draft (CDC) (CD Rom 2001 Immunization Works).
- ACIP Recommendations: General Immunization, Adolescent Immunization, Adult Immunization and Vaccine-Specific Recommendations (CDC) (CD Rom 2001 Immunization Works)
- WIC Policy Memorandum (USDA) (Appendix:1)
- *Evaluating the Utilization of Health Department Immunization-only Clinics: A Toolkit for Immunization Programs* (available from DTQ1@CDC.GOV beginning August, 2001)
- The Measles Epidemic, The Problems, Barriers, and Recommendations (NVAC), JAMA, September 18, 1991, Vol 266, No. 11)

ACTIVITY AREAS

5.1 Underserved Populations
5.2 Medical Home Promotion

5.1 UNDERSERVED POPULATIONS

5.1.0 DEFINITION of underserved populations:
Underserved populations include persons of all ages – children, adolescents and adults -- who do not have a health care home where they are able to receive immunizations without significant barriers related to ability to pay, transportation, language, work hours, etc. Persons with health insurance that does not cover immunizations due to coverage exclusions or high deductibles are considered underserved.

ACTIVITIES to ensure that medically underserved children, adolescents and adults have access to immunization services:

☆ **5.1.1** Ensure that immunization services are available for underserved populations of

✓ all age groups in every county and major city through public clinics i.e., health

☞ departments, community health centers, county/municipal hospital outpatient clinics, senior centers, and contracts or other arrangements with the private sector.

Performance Measure: *Number [increase] of public clinics providing immunization services to the underserved, by age group and location*
Target: *Set by individual program*

✓ **5.1.2** Provide ACIP-recommended vaccines in public well child and pediatric primary care clinics, as necessary.

Performance Measure: *Number of public well child and pediatric primary care clinics providing immunization services*
Target: *100%*

☆ **5.1.3** Support "back-to-school" clinics and other special efforts by health
✓ department and school health staff to provide immunization services for children who are not up-to-date at entry to school or day care to ensure these children are brought up-to-date or are granted exemption from one or more immunizations according to individual state law or rules. Where appropriate, support such as additional vaccine and informational materials should be provided to the private sector to ensure that children entering school are able to receive recommended vaccines in their health care homes.

☆ **5.1.4** Ensure that immunization services are readily accessible to underserved
✓ populations of all ages.

Performance Measure: *In areas where there is a demonstrated a need for after- hours immunization services, the number and percent [increase] of public clinics providing* <u>*additional*</u> *immunization services outside of routine clinic hours*
Target: *Set by individual program*

☆ **5.1.5** Co-locate public immunization services with other public health or social service agencies that serve persons likely to be at high risk for under-immunization (e.g., WIC sites and Medicaid providers, Medicare, SCHIP and TANF enrollment offices) to facilitate linkage with the services provided by these agencies and provide "one-stop shopping" for recipients.

ACTIVITIES to identify under immunized children and adolescents and to ensure they receive ACIP-recommended immunizations:

☆ **5.1.6** Conduct annual surveys of public and private schools to identify children who

✓ are not up-to-date at entry to Kindergarten, first grade, and/or key intermediate
☞ grade(s) to ensure under immunized children are brought up to date (or are determined to be exempt from one or more immunizations), and ensure follow-up of these individuals to ensure they are brought up to date. Consider moving this assessment.

> ***Performance Measure:*** *Post-survey vaccination coverage levels (after program follow-up) for vaccines required for entry into school and day care, by vaccine antigen and type of facility*
> ***Target:*** *Set by individual programs, but at least 95%*

✰ **5.1.7** Conduct annual surveys of day care facilities to identify children who are not
✓ up-to-date at admission to ensure under immunized children are brought up to date
☞ (or determined to be exempt from one or more immunizations), and follow-up with these individuals to ensure they are brought up to date.

> ***Performance Measure:*** *Post-survey vaccination coverage levels (after program follow-up) for vaccines required for entry into school and day care, by vaccine antigen and type of facility*
> ***Target:*** *Set by individual programs, but at least 95%*

✰ **5.1.8** Coordinate activities with state/local WIC offices to assure that children
✓ participating in WIC are screened, either onsite or via appropriate referrals, in
☞ accordance with USDA Policy Memorandum. At a minimum, screening should include a review of specific marker antigens at defined age points as specified in USDA Memorandum (Appendix 1). Information on the number of sites, the number of individuals served and the methods and level of involvement with immunization-related activities should be collected and maintained.

> ***Performance Measure:*** *Percent of children in WIC screened for immunization status at one or more WIC visits*
> ***Target:*** *100%*
>
> ***Outcome Measure:*** *Percent up-to-date at visit*
> ***Target:*** *90%*

ACTIVITIES to ensure that underserved high-risk children, adolescents and adults (those belonging to groups known to be at high risk for under immunization or exposure to VPDs) receive ACIP-recommended immunizations:

✓ **5.1.9** Evaluate the level of VFC enrollment program-wide and in areas known to have large underserved populations.

Performance Measure: *Percent of immunization providers who are enrolled in the VFC Program*
Target*: Set by individual programs*

Performance Measure: *Percent of Medicaid immunization providers who are enrolled in the VFC Program*
Target: *Set by individual programs, but at least 90%*

☆ ✓ **5.1.10** Follow-up as necessary with the families of infants born to women with positive or unknown HBsAg status to ensure that their exposed infants and household contacts complete the hepatitis B vaccine series and, receive if appropriate, post-vaccination serologic testing on a timely basis. *See Chapter 4.3 Perinatal Hepatitis B Prevention.*

Performance Measure: *Percent [increase] of infants and susceptible household and sexual contacts of HBsAg-positive pregnant women who complete the three dose hepatitis B vaccine series*
Target: *Annual improvement toward 90% set by individual programs*

☆ ✓ **5.1.11** In areas identified as pockets of need because of low coverage levels (or surrogate indicators for low coverage) collaborate with community-based organizations (e.g., churches, schools, child care facilities, homeless shelters, advocacy groups) to identify, refer and follow-up underserved and high-risk infants, children, adolescents and adults in need of immunizations.

Performance Measure: *Number [increase] of children, adolescents and/or adults identified by community-based organizations as needing immunizations*

Target: *Set by individual program*

☆ ✓ **5.1.12** Collaborate with other state and federal agencies (e.g., WIC, FQHCs, Medicaid, Medicare, TANF) to identify, refer and follow-up underserved and high-risk infants, children, adolescents and adults in need of immunizations.

Performance Measure: *Number of children, adolescents and/or adults identified by other agencies as needing and subsequently receiving immunizations*
Target: *Set by individual program*

✰ **5.1.13** Collaborate with WIC to refer under immunized WIC enrollees to an
✓ appropriate public clinic or medical home.

> ***Performance Measure:*** *Percent referred for immunizations by WIC*
> ***Target:*** *100%*

✰ **5.1.14** Implement effective reminder and recall efforts in all public clinics that provide
✓ immunization services. Reminder/recall systems should apply to adults and
☞ adolescents as well as children.

> ***Performance Measure:*** *Number and percent [increase] of public clinics actively using reminder and recall systems, by type of reminder (telephone, mail, etc.)*
> ***Target:*** *Set by individual program*

✰ **5.1.15** Collaborate with public clinics and treatment centers, including HIV counseling centers, intravenous drug use clinics, STD clinics, correctional and detention centers, etc., to provide hepatitis B vaccine to adolescents at high risk for hepatitis B.

> ***Performance measure:*** *Number [increase] of facilities providing hepatitis B vaccine, by type of program*
> ***Target:*** *Set by individual program*

✰ **5.1.16** Establish collaborative outreach efforts between public clinics and community organizations to contact and provide immunizations to "hard-to-reach" individuals who fail to respond to recall messages.

> ***Performance Measure:*** *Number and percent of public clinics that have instituted patient outreach efforts in collaboration with community groups and the private medical community*
> ***Target:*** *Set by individual program*

5.1.17 Encourage local health departments to enroll as Medicare providers to foster immunization of adults in the public sector.

5.2. MEDICAL HOME PROMOTION

ACTIVITIES to ensure that all children, adolescents and adults utilize a medical home to facilitate continuity of care, including receipt of all recommended immunizations in a comprehensive care setting:

✓ **5.2.1** Identify the health care homes of children, adolescents and adults receiving immunization services in public clinics and, when appropriate, refer them to their health care homes for future immunizations. *See Evaluating the Utilization of Health Department Immunization-only Clinics: A Toolkit for Immunization Programs* (available from DTQ1@CDC.GOV beginning August, 2001).

5.2.2 Arrange a health care home for public clinic clients that lack one.

5.2.3 Refer children and adolescents receiving immunization services in public clinics to Medicaid, SCHIP and/or WIC if they are potentially eligible.

> ***Performance Measure:*** *Number and percent of children and adolescents referred to Medicaid, to SCHIP, and to WIC*
> ***Target(s):*** *Set by individual program*

5.2.4 Refer to Medicare all persons 65+ years of age who are Medicare eligible to ensure Pneumococcal and influenza immunizations at no charge.

✓ **5.2.5** Enroll into the VFC Program providers (including all FQHCs and local health departments) that serve Medicaid-eligible, uninsured and American Indian/Alaska Native patients.

> ***Performance Measure:*** *Number and percent [increase] of child and adolescent immunization providers both public and private enrolled in VFC program*
> ***Target:*** *100%*

✓ **5.2.6** Increase recruitment of private providers into the VFC Program by promoting the VFC program in special mailings, newsletters, program web-sites, e-mail list-serves and similar communication networks of private provider organizations (e.g., AAP, AAFP, ACP) and managed care organizations.

> ***Performance Measure:*** *Number and percent of public and private providers of immunization enrolled in VFC; total by provider type (public clinic, family physician, and pediatrician)*
> **Target:** *Set by individual program*