Jen Klein + others

MEMORANDUM TO BRUCE REED

FROM: ANGUS KING
RE: Cabinet Weekly report on Immunization and Welfare reform
DATE: 2 June 1997

FYI, attached are the President's comments concerning immunization ("Should expand"), and welfare reform ("Should be especially sensitive to Native Americans with no reasonable prospects.")

Jen —
Can we?
Elena

Elena -
We have. Last year, WIC spent $ 1 million. This year, the program spent $ 14.7 million.

THE PRESIDENT HAS SEEN
5-26-97

- The *Washington Post* has requested an advance copy of the C & O Canal National Historical Park Flood Recovery Assessment for a possible story on May 24 or 25. The Assessment, produced by the park and the engineering firm Dewberry and Davis, details park damage sustained along the 184-mile towpath during the floods of 1996. Repair estimates total $55 million, double the amount generated through private donations and supplemental appropriations from Congress.
- *CBS Morning News* is visiting Pompeys Pillar, a National Historic Landmark of the Lewis and Clark expedition, to collect footage for an upcoming story.
- *USA Today* will soon run a story to follow up on the anniversary of the 1872 Mining Law.

UNITED STATES DEPARTMENT OF AGRICULTURE

- **Conservation Programs:** On May 22, Secretary Glickman announced enrollment of 16.1 million acres of environmentally sensitive agricultural cropland into the Conservation Reserve Program (CRP). This will bring total CRP enrollment to 27.6 million acres as of October 1, 1997.

- **Tongass:** On May 23, AK Regional Forester Phil Janik is expected to sign the Record of Decision for the Tongass Land Management Plan, which will guide all natural resource activities associated with the Tongass National Forest in AK for the next 10-15 years under the National Forest Management Act. This decision has been the subject of intense congressional, media and public attention.

- **Immunization Successes:** In one year's time, the USDA Women, Infants, and Children (WIC) program's immunization promotion efforts in three major cities resulted in an increase of almost 10 percent in immunization coverage rates for two-year-old children.

- **Native Americans Assistance:** On May 22, USDA hosted the American Indian/Alaska Native Corporation Procurement Opportunities Conference and Exhibition in Washington, D.C.

- **Welfare Reform:** USDA is currently reviewing a request from a Native American reservation in WY to exempt individuals from the provisions in the welfare reform bill, which limits food stamp program participation to three months in any 36-month period for able-bodied adults without dependents between the ages 18-50 unless the affected individuals are employed for an average of 20 hours per week or are participating in a work program.

THE SECRETARY OF AGRICULTURE
WASHINGTON, D.C. 20250-0100

June 18, 1997

MEMORANDUM FOR THE PRESIDENT

From: Secretary Glickman

Subject: Questions on my weekly White House Report -- May 21, 1997

You expressed particular interest in two items from my May 21, 1997 weekly report: the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC) immunization promotion program and the effect of the welfare reform waiver process on residents of the Wind River (Wyoming) Reservation.

WIC IMMUNIZATION PROMOTION PROGRAM:

Since the 1989-1991 resurgence of measles, the Food and Consumer Service (FCS) and Centers for Disease Control and Prevention (CDC) have cooperated to increase to 90% immunization rates among WIC participants under 2 years. Through all 87 WIC state agencies, which include the territories and Indian Tribal Organizations, the program currently assesses the immunization status of approximately 75 percent of its pre-school participants. In many WIC clinics, the children who need vaccinations receive them on site; at others, they are referred to a physician.

To improve the efficiency of the initiative and broaden its reach, the WIC program spent $1 million last fiscal year to improve its computerization capabilities in 9 states, building information sharing links between WIC state agencies and local clinics and state immunization information systems. This fiscal year, the program will spend $14.7 million to provide the same capabilities in all states -- enabling the program to build on the successful increase in immunization coverage rates that I reported.

WELFARE REFORM WAIVER FOR WIND RIVER RESERVATION:

On May 27, 1997, based on the Department's conclusion that insufficient job opportunities exist on the Wind River Reservation, we approved a request from

. . . . . more

MEMORANDUM FOR THE PRESIDENT
From Secretary Glickman
June 18, 1997

Wyoming to waive, for members of the Arapaho and Shoshone tribes on the reservation, provisions of the welfare reform bill that prevent single, able-bodied adults, between 18 and 50 from receiving food stamps more than 3 months in any 36 months period unless they are employed 20 hours per week or participating in a work program.

The Food and Consumer Service (FCS) evaluated the Wind River Reservation request against a formula constructed especially for Indian reservations. In conformance with Office of Management and Budget policy, the FCS procedure for assessing state requests for waivers of these provisions of the welfare reform bill require states, or subdivisions thereof, to use Bureau of Labor Statistics (BLS) figures. However, BLS does not compile unemployment rates specifically for Indian reservations. Therefore, working with the Bureau of Indian Affairs (BIA), FCS constructed an employment-to-population ratio for evaluating waiver requests covering reservations. In the case of the Wind River Reservation, FCS concluded that insufficient job opportunities exist based on an employment-to-population ratio of 38% for 1995, compared to 64% nationally.

Recently, the BLS created a way to use its data and data from the Census Bureau to determine unemployment rates specifically for Indian reservations. In light of this development, FCS reexamined all waiver requests for reservations to determine whether any that were originally denied using employment-to-population ratios would qualify based on the new BLS unemployment figures. As a result of the reevaluation, FCS recently granted two additional waivers for reservations in New Mexico.

Altogether, FCS has approved waivers for 54 reservations with populations of 2,000 or more. Now, in determining whether to grant waivers for Indian reservations, FCS uses the more favorable of either employment-to-population ratios based on data from the BIA or unemployment rate data developed by the Bureau of the Census and the BLS.

U.S. DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

DATE: 5/30/97

****

SENT TO: Jennifer Klein

ORGANIZATION: _____

PHONE: (___)_____

FAX: (___) 456-2878

PAGES SENT: _____ **(Excluding Cover Sheet)**

****

FROM: Patrick Shea

PHONE: (202) 720-3631

FAX: (202) 720-5437

****

COMMENTS:

Sorry Jen took so long.

Date: May 30, 1997

To: Jennifer Klein

From: Patrick Steel

Re: WIC/CDC Pilot Immunization Project

Enclosed are the abstracts of CDC/WIC pilot projects in Chicago, Boston and Chattanooga. To my untrained eye, the results seem fairly significant. I would also check with CDC's National Immunization Program.

Incidently, we are getting together with HUD next week to discuss better coordination of the two agencies on WIC. I wasn't sure what you were looking for but I thought you might find it interesting.

Financial Relationship between FCS and CDC

- The Administration's Childhood Immunization Initiative provides funds to States through CDC to strengthen their immunization infrastructure. These funds make vaccination services more widely available by helping public programs buy more vaccines and improve community service and outreach efforts. WIC is one of the main programs that immunization programs target with these funds. Many States use the funds to help WIC extend clinic hours, hire more staff, increase education efforts, and facilitate the development of immunization information systems or registries.

- In September 1995 the Senate Committee on Appropriations directed CDC to ensure that all grantees receiving Immunization Action Plan (IAP) funds reserve 10 percent of those funds for the purpose of funding immunization assessment and referral services in WIC sites on an ongoing basis. Immunization grantees must use the funds for WIC linkage unless the grantee can document that assessment and referral are taking place in WIC sites without the need for specific funds. CDC estimated that $14.7 million was spent in FY 96 by Immunization grantees on WIC related immunization promotion activities.

- FCS has been active and supportive of strengthening State Immunization Information Systems as a major initiative to improve immunization status assessment and referrals among WIC children. To further promote this linkage, in FY 96 FCS awarded grants totaling $946,793 for State *WIC/Immunization System Linkage Grants* to nine WIC State agencies to design, develop, and implement information system linkages between State Immunization Information Systems and WIC data systems at the State and local levels. Made possible through funding from the Centers for Disease Control and Prevention's National Immunization Program, the purpose of this partnership is to enhance automation capabilities in WIC clinics to facilitate accurate and efficient assessment of the immunization needs of WIC infants and children. Grants were awarded to the following States: Massachusetts, Rhode Island, Florida, Texas, Chickasaw Indian Nation, Virginia, Iowa, and Nevada, with partial funding to Alabama.

WIC's Immunization Successes

- Because WIC is the largest single point of access to primary health care services for low-income preschool children, there are many immunization studies, evaluations, and demonstrations in WIC clinics throughout the Nation. They range from the cost effectiveness of immunization assessment in WIC to validating to accuracy of manual versus automated immunization assessment tools. All show that collaboration and resource sharing between WIC and immunization Programs improve the service delivery capacity and quality of both programs.

- Studies about the WIC and immunization linkage have been conducted in Chicago, Boston, and Chattanooga in 1995/96 (see attached abstracts). Each of these studies showed increases in immunization coverage rates among WIC participants. Increases ranged from 17 to 26 percentage points over baseline within 12 months of program implementation. These findings were reported by Walter Orenstein, MD, Director of CDC's National Immunization Program before the Subcommittee on Public Health and Safety of the Senate Committee on Labor and Human Resources.

- CDC, in conjunction with WIC State agencies, conducted demonstration projects in Chicago, New York, and San Antonio to determine the most effective methods of increasing access to immunization through the WIC Program. Data from these projects show that intensified collaboration and resource sharing between State/local WIC and Immunization Programs improve the service delivery capacity and quality of both programs.

- In Oregon, the Department of public Health has teamed with AmeriCorps VISTAs to provide assistance to the WIC and immunization programs. This assistance has enabled both programs to provide the best possible solutions to the immunization barriers in their area. The percentage of fully immunized children has risen dramatically in Oregon due to the involvement of these volunteers in immunization promotion activities in WIC.

Impact of WIC/Immunization Linkage in Chicago

Background: Strategies to achieve high and sustainable vaccine coverage among underserved inner city children are needed. In Chicago, 42,500 (67%) of the 65,000 infants are enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). By December 1995, all Chicago WIC sites had started measuring vaccination status of WIC children under 2 years. Children not up-to-date were referred to medical providers. In May 1996, this intervention was expanded in 14 of the 48 WIC sites to also link vaccination status with WIC visit frequency [more frequent visits (1 per month) for children found to be not up-to-date and less frequent visits (1 per 3 months) for those up-to-date].

Objective: To measure the impact on vaccination rates and WIC client enrollment.

Design/Methods: Using before and after design, the study measured age appropriate series complete vaccination rates and monthly WIC enrollment rates in 4 (3,777 children under 1 year) of these 14 (13,760 under 1 year) sites over a 7-month period.

Results: It was found that 85% of the children were enrolled in Medicaid. Of the children not documented to be up-to-date, 94% received 1-month vouchers after the intervention, compared to none before. Series complete coverage rose from 55.7% to 68.2%. WIC client retention was 95.6% at sites using linkage with food voucher issuance, compared to 90.4% at clinics not using this linkage.

Conclusion: WIC/Immunization linkage in combination with voucher incentives increased vaccination coverage and improved enrollment retention in WIC. This strategy has potential applications in other underserved populations where WIC enrollment is high.

Effect of WIC/Immunization Coordination on Immunization Coverage Levels In Chattanooga-Hamilton County Health Department, Chattanooga, Tennessee

Background: Previously in controlled studies, coordinating WIC voucher issuance with the primary immunization series schedule has been shown to positively impact immunization coverage levels of WIC recipients without adversely affecting WIC enrollment. Coverage levels of 24-month-olds in Hamiltom County remained in the 70th percentile from 1993 to 1995; to further improve immunization rates, WIC and Immunization Programs began coordination efforts in 1996.

Objectives: To evaluate the effect of WIC/Immunization coordination on immunization levels and WIC enrollment in WIC recipients at the Chattanooga-Hamilton County Health Department.

Methods: As of March 1996, WIC food vouchers are issued in coordination with the immunization schedule and are limited to one month issuance for participants who are found to be lacking immunizations. Results of these efforts are measured on 12-15 and 24-27 month-old children on a quarterly and semi-annual basis via a WIC/Immunization database and clinic level assessments. A weekly review is conducted to provide feedback to monitor and reduce WIC voucher issuance error rates.

Results: WIC enrollment has remained constant at approximately 5000 infants and children. Immunization coverage levels (all WIC sites combined) have increased 5.4 percentage points among 12-15 month-olds. For 24-27 month-olds, the increase ranged between 7.1 and 17 percentage points depending on the method of assessment. Initial voucher issuance error rates were 21% (range 7% to 32%) but within 2 months, error decreased to less than 5%.

Conclusion: WIC/Immunization coordination is associated with an increase of immunization coverage levels without adversely affecting WIC enrollment rates.

Improvement in Immunization Levels Following Enhanced Immunization Activities at WIC Sites in Massachusetts.

Background: Linkages with WIC provide opportunities to target immunization resources to high-risk populations. Since 1993, immunization assessment and referral at certification and certification visits have been conducted at all local sites in Massachusetts.

Objectives: To evaluate the effectiveness of immunization assessment and follow-up at every WIC visit (demo sites), compared to immunization assessment only at certification/certification visits (non-demo sites).

Methods: In June 1995, prior to implementation of enhanced immunization activities at 12 local WIC sites, baseline immunization levels were determined using WIC's automated Immunization Information System (WIIS) and clinic level assessments. Following 15 months of implementation by paraprofessional immunization specialists at the 12 sites, immunization levels were compared with baseline data, and with changes in immunization levels at the 151 non-demonstration sites.

Results: The percent of 12-15 month olds at the demonstration sites immunized with 3 DTP, 2 polio and 2 hemophilus influenza type b (Hib) by 12 months of age increased 13 percentage points (from 56% to 69%), compared with a 6 percentage point increase at the non-demonstration sites (from 54% to 60%). The percent of 24-27 month olds immunized with 4 DTP, 3 polio, 1 MMR and 3 Hib by 24 months of age at the demonstration sites increased 24 percentage points (from 39% to 63%), compared to an 11 percentage point increase (from 35% to 46%) at non-demo sites. A higher percentage of 2 year olds had immunization records in the WIIS at the demo sites (95.6%) than at the non-demo sites (91.2%).

Conclusions: Enhanced immunization activities are effective in increasing immunization levels for children enrolled in WIC.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
THE SECRETARY
WASHINGTON, D.C. 20410-0001

May 22, 1997

TO: Margaret Sullivan, Chief of Staff

FROM: Todd R. Howe, Deputy Chief of Staff

RE: HUD/USDA Joint Event Opportunities

Per the Secretary's note (attached) I met with Mike Stegman to discuss possible joint event opportunities with USDA. In speaking with Mike it was clear that we had several potential opportunities that might serve as a basis for a joint event/announcement with Secretary Cuomo and Secretary Glickman.

Below are four issues that Mike and I have come up with that cross cut between HUD and USDA. Our plan is to meet with Patrick Steele USDA's Deputy Chief of Staff and USDA's Assistant Secretary for Policy on Tuesday of next week and try and pin down the best opportunity that exists for a joint event. We will also isolate a date with USDA so we can aggressively move ahead.

The following opportunities exist:

PHA-WIC PROPOSAL

The Women, Infants, and Children program (WIC) is primarily a nutritional program aimed at a low income population. There are currently 7.4 million recipients of WIC now, and USDA anticipates that this figure will reach 7.5 million in the next year.

Benefits are allocated to states, and then disbursed to eligible persons on a priority basis. In some states the program is oversubscribed, in some states, undersubscribed.

There is no history of a working relationship between HUD and the WIC program, although there are some WIC clinics at Housing Authorities. However, because the target population of the WIC program coincides with a great number of residents living housing authorities, there is clearly a convergence of interest.

HUD and USDA could work together to increase the numbers of public housing residents participating in the WIC program. To increase the numbers, the following could be done:

- Develop a joint HUD/USDA poster describing the benefits of the WIC program;
- Draft a letter from the two Secretaries urging public housing authority directors and local WIC administrators to work together to increase participation rates;
- Disseminate the posters to the 3,400 PHAs around the country, to be displayed in the management offices of individual developments.

EVENT: This initiative could be announced at a PHA-WIC clinic.

COOPERATIVE EXTENSION SERVICE AND COMMUNITY OUTREACH PARTNERSHIP CENTERS PROPOSAL

Higher education must become more engaged in solving urban issues and problems. The model for this involvement is an urban outreach one that engages faculty and students from diverse backgrounds and disciplines in a wide range of services to meet what a community delineates as its needs and problems. This model builds on the historical role of the cooperative extension service and the core urban mission of colleges and universities. A number of HUD's Community Outreach Centers (COPC) are on the forefront of forging the partnerships needed for this future urban outreach/extension model. Examples include:

- Wayne State University and University of Michigan, where in collaboration with the State Cooperative Extension Service at Michigan State University, each university has targeted a distressed neighborhood in Detroit's Empowerment Zone, and together the three universities are providing family and youth development programs, in addition to technical assistance for business enterprise development, to a total of 21 community based organizations;
- University of Delaware where the Center for Community Development is working in Wilmington's Enterprise Community with the Cooperative Extension Service to expand family support services;
- University of Florida where the COPC works with the Cooperative Extension service to implement educational, training, youth, and homeownership programs to a targeted distressed neighborhood in East Gainesville;
- George Mason University where COPC is working with VPI's extension service in a distressed Arlington, Virginia, neighborhood to provide a bilingual outreach program.

EVENT: The Signing of a Memorandum of Understanding between Secretary Cuomo, HUD, and Secretary Glickman, USDA, that establishes a new urban

- The *Washington Post* has requested an advance copy of the C & O Canal National Historical Park Flood Recovery Assessment for a possible story on May 24 or 25. The Assessment, produced by the park and the engineering firm Dewberry and Davis, details park damage sustained along the 184-mile towpath during the floods of 1996. Repair estimates total $55 million, double the amount generated through private donations and supplemental appropriations from Congress.
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UNITED STATES DEPARTMENT OF AGRICULTURE

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Jen -
What is This? Is it the same as or related to the good immunization stats you told me about?
Elena

Call Patrick

U.S. DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

DATE: 5/29/97

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SENT TO: Jennifer Klein

ORGANIZATION:

PHONE: (___) 456 - 2599

FAX: (___) ~~456-2599~~ 456 - 2878

PAGES SENT: 3 **(Excluding Cover Sheet)**

****

FROM: Patrick Sheel

PHONE: (202) 720-3631

FAX: (202) 720-5437

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COMMENTS:

Date: May 29, 1997

To: Jennifer Klein

From: Patrick Steel

Re: WIC/CDC Pilot Immunization Project

As indicated in the USDA's weekly report, CDC reported an increase in immunization coverage of almost 10% as a result of a CDC/WIC pilot project in Chicago, New York and San Antonio (see attached memo).

I will have more specific information on the pilot project by COB today. Our WIC people are trying to clarify CDC's numbers.

WIC AND IMMUNIZATIONS

History

- Since the resurgence of measles in 1989-91, the Food and Consumer Service (FCS) and the Centers for Disease Control and Prevention (CDC), DHHS, have a well coordinated, ongoing cooperative effort to increase immunization rates among preschool-aged participants in the WIC Program. Through a strong partnership, FCS and CDC, along with State cooperators, are working to improve the quality of services and the health status of children under 2 years of age who are in need of nutrition assistance and/or immunizations.

  Current State and Local Level Emphasis - The WIC Program has regulatory responsibility to coordinate with immunization services. WIC immunization promotion activities facilitate the increase of immunization coverage levels to some of the hardest-to-reach populations.

- Many WIC local agencies are located on site with health care services where immunizations are available. Other local agencies refer participants to health care services in the community. WIC clinics coordinate many immunization promotion activities. These range from comprehensive immunization screening and referral procedures and media campaigns to providing incentives and sending immunization reminders to clients. Some WIC agencies have expanded clinic hours to include immunization screening and others have formed immunization promotion task forces and committees. Many offer on-site immunizations for the convenience of families.

- A National Strategic Plan functions as a general guideline for States to facilitate an increase in immunization coverage rates among WIC participants. Many of the ideas advanced in the plan are adapted from State initiatives that employ creative service delivery and cost sharing approaches. Through these efforts more children will have access to age-appropriate immunizations, which in turn will have a significant long term positive effect in guarding against vaccine-preventable illnesses among WIC's vulnerable population.

  Current Federal Level Emphasis - FCS and CDC together develop national policy and guidance on immunization promotion activities in the WIC Program including coordination between WIC and immunization services at the State and local levels.

- FCS is an active member of the Interagency Committee on Immunizations which is implementing an action plan to improve immunization services for preschool-age children and target resources to high-risk and hard-to-reach populations. FCS is also an active participant of the Immunization Education and Action Committee of the Healthy Mothers, Healthy Babies Coalition and the National Vaccine Advisory Committee.

- The National Association of WIC Directors (NAWD), the Association of State and Territorial Health Officials (ASTHO), CDC, and FCS co-hosted a WIC immunization promotion conference, entitled "Working Together for Healthier Children," February 12 and 13, 1997. The conference fostered positive communication at the State level between Immunization Programs and the WIC Program by: increasing understanding of each programs' goals and objectives; and highlighting win-win situations in State and local WIC and immunization partnerships. The conference also focused on State WIC Directors' and Immunization Program Managers' concerns.

- FCS, CDC, NAWD, and ASTHO have formed the WIC/Immunization Research and Evaluation Subcommittee. The purpose of the this group is to coordinate research and evaluation activities directly related to immunization promotion efforts in WIC. The Subcommittee facilitates and reports on cost-effective strategies that improve vaccination coverage rates among WIC participants.

- During the 1997 31st National Immunization Conference, held in Detroit, Michigan, the WIC Program was a prominent point of discussion. Representatives from FCS and State and local WIC staff presented at many workshops and poster sessions. The conference provided WIC with an opportunity to show the more than 2,000 attendees from both private and public sectors WIC's commitment to improving the quality of services, preventing the occurrence of health problems, and improving the health status of WIC participants under 2 years of age. It also provided an opportunity to further showcase WIC as the most important program to coordinate with to raise immunization coverage rates.

Financial Relationship between FCS and CDC

- The Administration's Childhood Immunization Initiative provides funds to States through CDC to strengthen their immunization infrastructure. These funds make vaccination services more widely available by helping public programs buy more vaccines and improve community service and outreach efforts. WIC is one of the main programs that immunization programs target with these funds. Many States use the funds to help WIC extend clinic hours, hire more staff, increase education efforts, and facilitate the development of immunization information systems or registries.

- In September 1995 the Senate Committee on Appropriations directed CDC to ensure that all grantees receiving Immunization Action Plan (IAP) funds reserve 10 percent of those funds for the purpose of funding immunization assessment and referral services in WIC sites on an ongoing basis. Immunization grantees must use the funds for WIC linkage unless the grantee can document that assessment and referral are taking place in WIC sites without the need for specific funds. CDC estimated that $14.7 million was spent in FY 96 by Immunization grantees on WIC related immunization promotion activities.

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- There are currently many immunization studies, evaluations, and demonstrations in WIC clinics throughout the Nation. They range from the cost effectiveness of immunization assessment in WIC to validating to accuracy of manual versus automated immunization assessment tools. All show that collaboration and resource sharing between WIC and immunization Programs improve the service delivery capacity and quality of both programs.

The Administration's Support

- Since a great deal of this initiative is motivated by shared goals and responsibilities, the two Federal agencies have cooperated on many activities and coordinated the use of federal funds to further expand the quality of services offered to the most underserved population. Support for this cooperative effort from the Administration would facilitate negotiations and result in healthier children and a more efficient public health system. The Administration's support for the ongoing resource sharing that is currently occurring between CDC and FCS would be invaluable. This type of support would indicate to Congress that Federal funds are being used effectively and efficiently.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service

CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

"The Nation's Prevention Agency"

CENTERS FOR DISEASE CONTROL
AND PREVENTION
Washington Office
202-690-8598
FAX: 202-690-7519

DATE 6/27/97 **PAGES** 2 + Cover

TO Jennifer Klein

Phone:

Fax: 456-2878

FROM

Phone:

COMMENTS/NOTES

June 27, 1997

NOTE TO JENNIFER KLEIN

SUBJECT: CDC/WIC Immunization Collaboration

Melissa Skolfield asked that I send you the attached fact sheet on collaboration between CDC and the USDA WIC program to help ensure that children served by WIC receive all recommended immunizations.

If you have questions, please let me know.

Bob Irwin

Bob Irwin
CDC Washington Office
690-8598

cc: Melissa Skolfield

WIC/Immunization Linkage

Why is linkage with WIC important? - A critical component of an effective immunization delivery system is linkage with U.S. Department of Agriculture's (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The WIC Program is the largest single point of access to health-related services for low-income toddlers. About 1.8 million infants (45% of the U.S. birth cohort) receive WIC services.

What does immunization linkage with WIC mean? - Studies indicate assessing the immunization records of WIC toddlers at every visit (4-6 times per year) and referring them to their usual source of immunization is effective, especially when combined with more frequent visits for high-risk toddlers (those without records or not up-to-date with their immunizations).

What is being done to implement this strategy?

- The FY 1996 Senate Appropriations Committee Report directed CDC to ensure all States reserve at least 10 percent of their infrastructure funds for linkage with WIC, unless the State could document a linkage was already occurring. In 1997, about $15 million is being used to support formal WIC/Immunization linkages in all States.

- USDA and CDC are working closely to link WIC's computer systems and immunization registries to reduce the administrative burden to WIC, and insure uniform and accurate assessment of the immunization needs of participants.

- Staff from CDC, USDA, National Association of WIC Directors, Association of State and Territorial Health Officials and the American Academy of Pediatrics have monthly meetings to resolve issues.

What are overall results and specific examples of how this has worked?

- Based on States' reported policies, of the estimated 3 million WIC toddlers, about 2 million, or 75% are receiving assessment and referral (A/R) at least twice per year.

- **West Memphis, Arkansas:** Immunization coverage levels for WIC toddlers increased 29 percentage points from a baseline of 48 percent over a 10 month period. The strategy used assessed the toddler's documented immunization history at each certification visit (every 6 months) and referred the toddler to the provider of choice.

- **Chattanooga, Tennessee:** Immunization coverage levels for WIC toddlers increased 27 percentage points from a baseline of 57 percent within 12 months of implementing a strategy of assessment, referral and coordinating voucher issuance with the immunization schedule.

- **Boston, Massachusetts:** Immunization coverage levels for WIC toddlers increased 24 percentage points from a baseline of 39 percent after 15 months. Assessment and referral visit was combined with an outreach/tracking system and paraprofessional immunization specialists at selected sites.

Name	Date
Eric Morse	6/14/2000

OA # 13533
NARA # 10933

CLINTON LIBRARY PHOTOCOPY