

PROTECTING CHILDREN'S HEALTH

CHA's Immunization Program Helps Organizations Increase Vaccination Rates in Their Communities

BY JANET OCHS
WIENER & JULIE
TROCCHIO



Ms. Wiener is a Washington, DC-based freelance writer; and Ms. Trocchio is a government liaison for the Catholic Health Association.

The United States has one of the worst immunization rates in the Western Hemisphere—only Haiti and Bolivia rank lower—for children two years of age and under (National Vaccine Advisory Committee, "The Measles Epidemic: The Problem, Barriers, and Recommendations," JAMA, September 18, 1991, pp. 1,547-1,552).

Because many children are not being vaccinated when they should be, the United States is experiencing more outbreaks of the diseases that vaccines can control. The incidence of measles increased from 1,500 cases in the United States in 1983 to about 27,700 cases in 1990, according to the JAMA report. Cases of rubella (German measles) and pertussis (whooping cough) are also increasing. Measles infection rates are highest for preschool children from disadvantaged families living in urban areas.

In response to this problem, the Catholic Health Association (CHA) is spearheading a movement to improve the vaccine delivery system within its members' hospitals and the communities those hospitals serve.

In conjunction with Child Health Day on October 5, 1992, CHA has developed a new resource to help its members launch programs that will increase immunization rates among

children in their service area. CHA's National Immunization Program will help Catholic healthcare providers activate the CHA 2000 vision, "To focus our care and concern on the health, wellness, and well-being of persons, communities, and society."

The following article is modified from CHA's Immunizations: Building Blocks for Healthy Children, a manual designed to help Catholic healthcare facilities plan and carry out childhood immunization initiatives tailored to their communities. CHA has sent constituent members copies of this manual. Persons who want additional copies should contact CHA's Order Processing Department (314-427-2500).

Vaccines are the building blocks of basic primary care. If administered to children on schedule, vaccines are effective in preventing nine major childhood diseases: diphtheria, measles, mumps, pertussis, polio, rubella and congenital rubella syndrome, tetanus, *Haemophilus influenzae* type b, and hepatitis B.

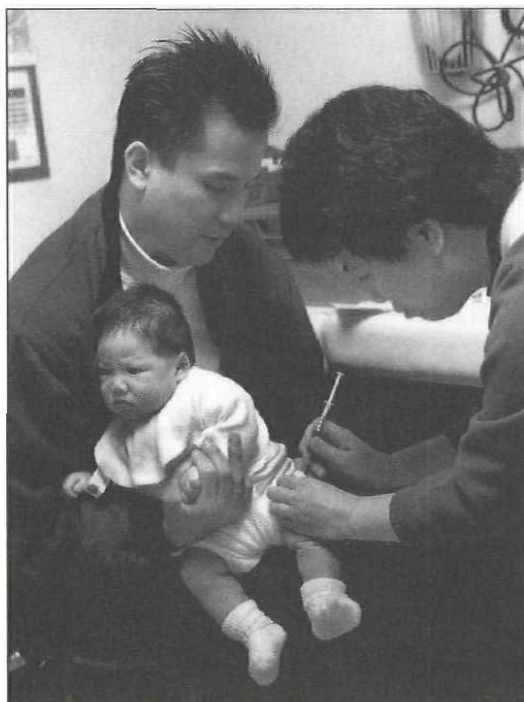
But many American children are not being vaccinated on time or at all. By the thousands, they are contracting diseases that had once been

Summary In response to the increasing outbreaks of vaccine-preventable diseases in the United States, the Catholic Health Association (CHA) has developed a new resource to help its members launch programs that will increase immunization rates among children in their service area.

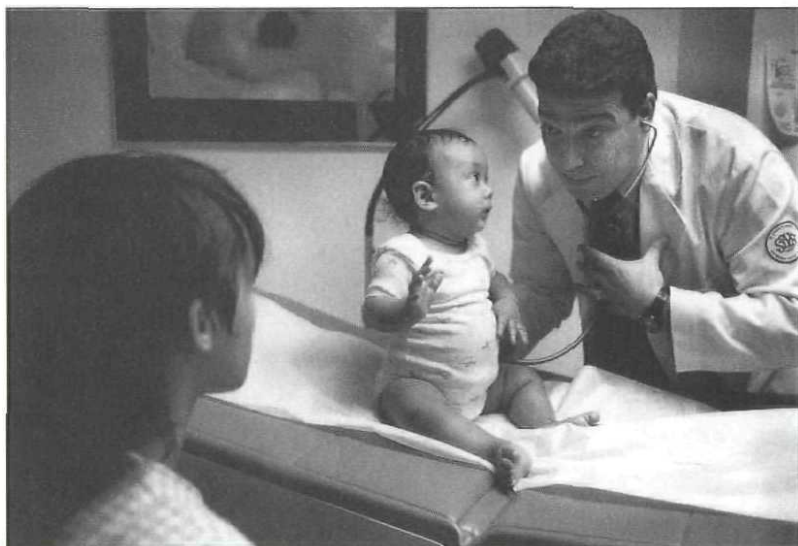
Vaccines are the building blocks of basic primary care. But society and the healthcare system have erected barriers that prevent children from being fully immunized. Impediments include missed opportunities, cost barriers, and facility and resource barriers.

Catholic healthcare providers can help eliminate these barriers and ensure that all children in their service areas are vaccinated by assessing their immunization resources, seeking out unvaccinated children, and collaborating with community organizations and agencies.

CHA's immunization campaign will guide Catholic healthcare providers as they protect children from preventable diseases. Immunization may help reduce the costs of emergency and acute care for conditions that could have been prevented.



As part of its program to expand access to primary care, St. Vincent's Hospital and Medical Center of New York Immunizes children at the hospital clinic and 27 outreach clinics throughout New York City. Doubtful that they will have another opportunity to immunize, staff give every child who enters a St. Vincent's clinic all required vaccines during one visit if the parents are uncertain whether the child has been fully immunized.



Photos by Janet Ochs Wiener

virtually eliminated. Most unvaccinated children are poor, under age two, and members of minority groups.

BARRIERS TO IMMUNIZATION

Society and the healthcare system have erected barriers that prevent children from being fully immunized. Poverty, declining public funds, the rising price of vaccines, and the inaccessibility of many clinics make it difficult for parents struggling with day-to-day survival to focus on long-term protection of their children's health.

Other common barriers to increasing the rate of immunizations across the country include missed opportunities, cost barriers, and facility and resource barriers.

Missed Opportunities The Atlanta-based Centers for Disease Control (CDC) reports that healthcare

providers do not take advantage of all opportunities to vaccinate. "Providers often fail to screen and appropriately vaccinate children who have presented for other medical service or who are accompanying other family members. And, providers often fail to take advantage of the opportunity to administer simultaneously all doses of vaccines for which a child is eligible on a particular visit" (National Vaccine Advisory Committee, "Standards for Pediatric Immunization Practices," May 11, 1992, p. 2).

The opportunities to vaccinate are there when the children enter the system for primary care in emergency rooms or clinics, but the healthcare system fails to assess their immunization status and provide all necessary shots. Providers miss opportunities to vaccinate when they turn away children with colds or minor fevers or ask them

to come back later for the rest of their shots when more than one can be given on the same day.

To break down the barrier of missed opportunities, CHA recommends that providers:

- Ensure all staff are familiar with the latest "Standards for Pediatric Immunization Practices," including its revised and shortened list of contraindications for immunizing children
- Determine the immunization status of children coming to the hospital as inpatients or for scheduled or unscheduled care—in emergency departments and for clinic appointments
- As part of maternity care, make sure parents have a plan or referral for immunizing their baby

Cost Barriers Their children's immunization is not a priority for parents struggling to survive, and even minimal charges can be prohibitive. Vaccination charges continue to rise. The price per dose for vaccines has more than tripled since 1977. Private-sector costs per patient for vaccine plus physician visit are estimated at \$187, whereas public-sector costs generally run \$88 (National

Association of Children's Hospitals and Related Institutions, "Healthy Kids—Give It a Shot: Healthy Kids 2000," Alexandria, VA, 1991, p. 7). Medicaid covers immunizations; however, many of the nation's poor are not covered by Medicaid. Most insurers do not adequately cover the costs of the vaccine.

To break down cost barriers, facilities should investigate all options for funding assistance. They should check with state and local governments and seek private donations. Often local governments can supply the vaccines for special immunization programs.

Facility and Resource Barriers Even if a facility offers vaccines at little or no cost, parents still may not have their children immunized if the facility is geographically inaccessible, has limited hours of service, or requires appointments. A facility should look closely at its policies and day-to-day operations and consider restructuring them to ensure easier access for patients. Restructuring options include:

- Extending hours to accommodate working parents
- Offering services at more accessible facilities or in mobile units that can go to the places people live
- Offering walk-in services and quick service for immunizations without physical examinations
- Eliminating prerequisites to immunization such as prevaccination physical examinations, physician referral, enrollment in comprehensive care well-baby clinics, financial screening, and vaccine administration fees

CHA'S IMMUNIZATION CAMPAIGN

Catholic healthcare providers can help eliminate these barriers and ensure that all children in their service areas are vaccinated by assessing their immunization resources, seeking out unvaccinated children, and collaborating with community organizations and agencies. CHA believes that, because many Catholic hospitals are located in and around urban areas with the greatest failures in childhood immunization rates, they are in a position to make a difference.

Catholic providers can join with other community groups in outreach efforts to improve the vaccination rates of all children in the community. Outreach programs should be accompanied by broader advocacy efforts—at local, state, and federal levels—to foster public policies and new programs to reduce barriers to immunization. This is consistent with CHA's mission to advocate policies that will improve care to all in need.

CHA's immunization campaign will guide

IMMUNIZATION FACT SHEET

VACCINES ARE EFFECTIVE

- Immunizations are among the most vital and cost-effective medical interventions available.
- Before the Salk vaccine, polio afflicted thousands of children. Although more than 21,000 cases were reported in 1954, the vaccine virtually wiped out the disease in the next 10 years.
- A recently approved vaccine against *Haemophilus influenzae* type b, approved for infants beginning at two months, protects children when they are the most susceptible to this disease, which causes about 12,000 cases of meningitis, pneumonia, and other infections in the United States each year.

VACCINATION RATE IS POOR

- Although more than 95 percent of children entering elementary school are routinely vaccinated, 3 out of every 10 children two years of age have not been fully immunized.
- In the inner cities, as many as 50 percent of two-year-old children are not fully immunized. Rates of immunization are lowest among minority children and inner-city populations.
- As fewer preschool children are getting fully immunized, outbreaks of measles and pertussis are on the rise.
- The principal cause of the measles epidemic is not failure of the vaccine to protect but failure to deliver the vaccine to susceptible children at the recommended age.
- Measles surged from an all-time low of 1,500 cases in 1983 to 18,000 cases and 41 deaths in 1989 and 27,700 reported cases and 89 deaths in 1990 (the highest in 19 years). Nearly half of these occurred in unvaccinated preschool children.

Catholic healthcare providers as they protect children from preventable diseases. Immunization may help reduce the costs of emergency and acute care for conditions that could have been prevented.

PLANNING AN IMMUNIZATION CAMPAIGN

A facility must first choose an immunization coordinator to be responsible for managing and integrating the efforts of hospital-wide and community-wide groups. The coordinator should choose a communications director to oversee all efforts to inform both medical professionals and the public. The communications director will be responsible for developing programs to describe the goals of the project and, with the medical and nursing staff, prepare clinical education materials. The materials should present the current immunization picture and the need for changing cer-

tain hospital and clinic practices. Clinical information should cover valid contraindications, how to respond to adverse reactions, and clinical practice barriers that need to be eliminated.

The campaign coordinator should also select a clinical affairs director (e.g., the medical or nursing director) and an advocacy coordinator. The clinical affairs director should monitor and implement clinical aspects of service delivery, both in the hospital and in the general community. The advocacy coordinator should oversee efforts to influence public policies and seek funding for vaccination programs.

The campaign coordinator needs to identify the key people inside and outside the institution who can help alter the traditional process of providing immunizations. Inside the hospital, this group might include representatives of the hospi-

Continued on next page

HOW TO ESTABLISH A SUCCESSFUL IMMUNIZATION PROGRAM

COLLABORATE WITH OTHER COMMUNITY ORGANIZATIONS

Build coalitions with community organizations and leaders to work together to:

- Assess the problems and barriers in the communities
- Develop collaborative solutions

These alliances will help you gain credibility and develop the trust necessary to persuade those fearful of the healthcare system to enter into its care.

Work with the following organizations:

- Local and state health departments
- Local pediatricians and family practice physicians
- Other hospitals, including children's hospitals
- Community health centers
- Junior League, Kiwanis, and other service organizations
- Church-related groups such as Catholic Charities, parochial schools, and diocesan health office
- Ethnic and cultural organizations

The immunization program should arm itself with the following information:

- Immunization status of the community's two-year-old children and other preschoolers

- Evidence of outbreaks of measles or other vaccine-preventable diseases
- Identification of most unvaccinated groups and reasons why
- Hospital admissions for vaccine-preventable diseases
- Barriers to immunization in the community and in the hospital
- Resources available to correct problems

DEVELOP AN ACTION PLAN FOR IMMUNIZATION ACTIVITIES IN THE HOSPITAL

The immunization plan should cover clinical and communications procedures and address advocacy:

- The facility must concentrate on developing and implementing new vaccination policies and making sure the policies are fully integrated into the daily operations of all departments, such as prenatal, maternity, postpartum, primary care (including the emergency department), clinics, and pediatric inpatient care.
- Advocacy activities should focus on state and federal policy barriers to immunization and recommend new public policies and increased funding for vaccine programs.
- Hospitals with maternity clinics

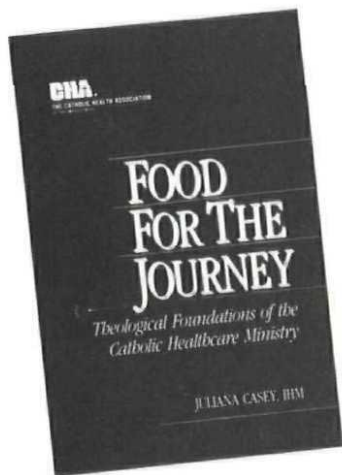
should make sure immunization is part of patient education. At the postpartum visit, physicians should make referrals for new parents who have not begun their babies' immunizations. Physicians should also screen mothers for hepatitis B.

• Hospitals with pediatric units should keep track of all immunization-preventable admissions. What was the cost, in terms of suffering and dollars? Hospitals should also screen all new admissions for immunization status and vaccinate when needed.

• Emergency department medical staff should ask parents about children's immunization status, along with other vital information, when children come to the emergency room for treatment. Physicians should consider vaccinating on the spot if it seems unlikely that the child will be followed up in a primary care program.

• Well-child and primary care clinics should make sure they are not presenting unneeded barriers to immunizing children. Physicians should follow the most recent professional standards on immunization, including giving multiple vaccines and giving vaccines without physical examinations.

C H A
BOOKS



**Food for the Journey:
Theological Foundations of the
Catholic Healthcare Ministry**

by Juliana Casey, IHM

140 pages/paper/6" x 9"/1991

Catalog No. 250, \$10.00

**Food for the Journey: Theological Foundations of the
Catholic Healthcare Ministry**

This book is CHA's most recent contribution to the ongoing effort to articulate the theological grounding of Catholic healthcare. Special attention is paid to Catholic healthcare leaders' experience in today's world as they seek to bring the light and the wisdom of their faith tradition to bear on that world.

Food for the Journey theologizes on the experience of Catholic healthcare. It explores basic themes of the Catholic, Judaic-Christian tradition to allow that tradition to illumine our experience. It suggests avenues, memories, and attitudes that would be useful in answering the questions facing Catholic healthcare today. The book's appendix offers questions for reflection and discussion.

Copies of *Food for the Journey* are available from the CHA Order Processing Department for \$10.00 each. Call 314-427-2500, ext. 458.

CHA
THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

CHILDREN'S HEALTH

Continued from page 31

tal's board of trustees, the chief executive officer, medical and clinical nursing staff, social services staff, legal staff, financial affairs personnel, the public relations director, and other facility leaders. Persons from the community should include the leaders of health and social services agencies who have an interest in immunization.

The hospital's first step in outreach and advocacy should be contacting the local health department. Let the health department know of the facility's interest and early plans for childhood immunizations. Make sure the hospital's role is understood: It wants to enhance community immunization efforts, not take them over.

How can the hospital help? Clinical activities may include introducing immunization awareness in patient education programs; screening all children for immunization status who come to the emergency room, primary care clinics, and pediatric units; and coordinating physician, nurse, and other clinician services in the community.

The **Box** on p. 31 suggests how the hospital can run a successful immunization campaign.

ADVOCATES OF CHANGE

To Catholic hospitals, healthcare is a sacred mission. They carry out this mission as advocates of change, seeking systemic reform of the healthcare delivery system to ensure the system meets the needs of all citizens.

The U.S. healthcare delivery system is in crisis. While CHA and its members work to achieve systemic healthcare reform, Catholic healthcare providers can respond to this failing of the nation's healthcare delivery system by addressing the needs of unvaccinated children. They can establish immunization programs, eliminate barriers to vaccination, and reach out to those who do not benefit from mainstream care. They can also address the larger issues preventing the smooth and effective functioning of the vaccine delivery system and of the entire primary care network and the continuum of care. □