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OA/ID Number: 13760
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Folder Title:
Immunization Initiative 6/13/91 [OA 8324]

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Rec'd #4

PROPOSAL: IMMUNIZATION EDUCATION AND ACTION COMMITTEE (IEAC)
HEALTHY MOTHERS, HEALTHY BABIES COALITION

BACKGROUND

The current epidemic of measles in the United States has revealed major flaws in the health care delivery systems, specifically those systems which have failed to assure that children receive vaccines appropriate for their ages according to the recommendations of the Immunization Practices Advisory Committee (ACIP) and the American Academy of Pediatrics (AAP).

The major victims of the measles epidemic are unvaccinated preschool children, a large proportion of whom reside in the inner cities of our Nation. While measles is the focus of the current disease problem, there is the potential for the resurgence of other vaccine preventable diseases. The measles epidemic has served to expose deep rooted problems affecting the delivery of all the childhood vaccines.

It is clear that a major effort is needed to educate parents and guardians of the importance and effectiveness of today's vaccines. It is also clear that increasing the demand for vaccination services must coincide with the development of a cadre of informed providers and more efficient and effective vaccine delivery systems in both public and private sectors to meet the increased demand.

An undertaking of this magnitude will require the cooperation and coordination of a broad variety of agencies and organizations in both the public and private sectors. Therefore, the Office of the Surgeon General, U.S. Public Health Service, and the Division of Immunization, Center for Prevention Services, Centers for Disease Control have proposed, and are in the process of developing an Immunization Education and Action Committee under the auspices of the Healthy Mothers, Healthy Babies Coalition to promote the vaccination of preschool age children. We are enlisting the participation of:

0 Provider Organizations: To assure that physicians and nurses are fully implementing current recommendations to take advantage of all opportunities to vaccinate and to reduce barriers to immunization.

0 Parents/Guardians Groups: To inform them of the importance and effectiveness of the timely vaccination of their children.

0 Volunteer Groups: To educate and motivate parents and guardians; to educate community leaders of the needs and benefits of immunization, which will have the effect of building grassroots support for higher priorities forimmunization services and resources. Critical to include among these groups are those who are known to work effectively to serve the needs of minorities.

0 Health Care Delivery Agencies and Organizations: To assure that policies, procedures, and operations, in both public and private sectors, are optimal for the delivery of immunization services.

DRAFT MISSION STATEMENT: The mission of the Immunization Education and Action Committee (IEAC) is to use information/education methods to significantly enhance achievement of the goal of 90% percent immunization coverage of U.S. children by 2 years of age by:

1. Increasing the awareness of parents and guardians of the importance, efficacy, and safety of childhoood immunizations as an essential component of comprehensive child health care;

2. Developing informed advocates, organizations, and community leaders to promote use of immunization services;

3. Promoting the optimal use of resources by fostering collaboration among public and private health care providers and the community.

Draft Major Goals: The major goals of the IEAC are to:

0 Strengthen collaboration among all groups working with immunization.

0 Develop national and local advocacy for immunization.

0 Develop strategies for maximizing consumer demand for immunization.

0 Develop and distribute effective immunization information and education materials.

0 Develop strategies which enhance vaccine delivery by health care providers.

0 Evaluate the effectiveness of the methods used to achieve the goals and objectives of the IEAC.

Organizations Invited to HMHB Meeting

American Academy of Family Physicians *
American Academy of Pediatrics *
American Medical Association *
American Nurses Association *
Asian American Health Forum
Association of Junior Leagues International *
Association of State and Territorial Health Officials *
Children's Defense Fund *
Connaught Laboratories
Delta Sigma Theta Sorority
Health Resources and Services Administration
Kiwanis International *
Lederle-Praxis Biologicals
March of Dimes Birth Defects Foundation *
Merck Sharp and Dohme
National Association of Children's Hospitals and Related Institutions *
National Association of Community Health Centers *
National Association of County Health Officers *
National Association of Pediatric Nurse Associates and Practitioners *
National Coalition of Hispanic Health and Human Services Organizations *
National Council of La Raza
National Hispanic Education and Communications Projects
National Medical Association *
National Parent-Teachers Association *
National Urban League *
Rotary International
Sclavo Incorporated
Smith Kline Beecham
The Children's Action Network
U.S. Conference of Local Health Officers *
Voluntary Hospitals of America
Wyeth Ayerst Laboratories

Those organizations **underlined** and in bold attended the meeting.

* Denotes membership in the Healthy Mothers, Healthy Babies Coalition.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

91 MAY 31 PM 2:10
HHS-OASPA

Date · MAY 29 1991

From Assistant Secretary for Health

Subject "The Healthy Difference Program," Secretary's Program Direction #4

To Assistant Secretary for Management and Budget
Assistant Secretary for Planning and Evaluation
Assistant Secretary for Public Affairs
PHS Agency Heads
OASH Staff Office Directors

Attached for your information are the materials sent to some 30,000 HHS grantees and district offices as part of "The Healthy Difference Program," a Secretarial initiative designed to use these channels for health promotion targeted to the people served by the Department. This mailing addressed immunization, and four additional mailings over the next six months will address alcohol, smoking, diet, and physical activity. The initiative was launched in an extremely short time thanks to the full cooperation of many of your offices. The Secretary and I both wish to convey our appreciation to you and your staffs for their contributions to this effort.

James O. Mason, M.D., Dr.P.H.

Attachments

THE WHITE HOUSE

WASHINGTON

June 11, 1991

MEMORANDUM FOR THE PRESIDENT

THROUGH: TONY SNOW TS

FROM: MARK LANGE ML

SUBJECT: IMMUNIZATION INITIATIVE

On Thursday, June 13, at 9:15 a.m. in the Rose Garden, you will announce an initiative by Secretary Sullivan to increase immunization for preschoolers.

The audience of 200 will include federal and state health officials and some recently immunized children. The remarks are 6 minutes on cards.

(Lange/Simon)
June 11, 1991
6:30 P.M.
[SHOT.TS2]

PRESIDENTIAL REMARKS: CHILDHOOD IMMUNIZATION INITIATIVE
THE ROSE GARDEN
THURSDAY, JUNE 13, 1991
9:15 A.M.

[[Secretary Sullivan, Assistant Secretary James Mason, Surgeon General Novello, Centers for Disease Control Director Bill Roper; state and local health officials, experts from the Centers for Disease Control, industry leaders... and especially for you kids here in the audience:

I'll try to be brief. Honest -- this'll only hurt a little. \\ ]]

You know, when we announced our National Education Goals, the very <u>first</u> was that "By the year 2000, all children in America will start school ready to learn."

That's one reason we put such emphasis on our Healthy Start initiative. <u>Every</u> child deserves a chance -- and in the 1990's <u>no</u> child in America should be at risk to deadly diseases like diphtheria, polio, and measles.

A decade ago we hoped to <u>eradicate</u> these threats -- and thanks to those of you here today, and many others, we made remarkable progress.

On behalf of a grateful nation, let me thank you for all you've done -- and urge you to get on with the job at hand.

Because despite our successes, 1990 brought the largest number of measles cases since 1977 -- a 50 percent increase over 1989.

That's why I commend Secretary Sullivan, Surgeon General Novello, CDC Director Roper and others, for forming their HHS "SWAT Team" to visit six major cities, and work with state and local health officials. They want to help get kids immunized -- and they want to get every community <u>mobilized</u>.

We need to find out <u>what works</u> -- and make sure the word spreads, so the disease doesn't. By getting to kids sooner -- by educating parents and finding creative ways to get them into clinics -- we can see that <u>no</u> child is left vulnerable without a vaccine.

My budget for 1992 calls for an additional $40 million for the CDC immunization program. Overall, federal funding for immunizations has more than <u>doubled</u> since 1988.

But a problem like this one won't be solved by simple directives from Washington. You must assault it from all angles and levels -- with public health efforts, with creative partnerships between the non-profits and the private sector, with conscientious action on the part of parents, teachers, and citizens.

We have plenty of vaccines. But we must do the hard work of logistics, planning and coordination to get the medicine to kids who need it -- especially in urban neighborhoods.

Let me thank all of you here today -- and especially applaud the efforts of the Junior Leagues, the Children's Action Network,

and the many other organizations and individuals who have been committed to childhood immunization programs for years. Your remarkable work to build awareness will get results, I'm certain.

Throughout our health policy programs, we're putting new emphasis on prevention. America is a humane and caring society, that cannot condone unnecessary suffering. What's more, to remain a vital society, we cannot afford to waste human resources. Disease prevention represents our best opportunity to reduce the ever-increasing portion of our resources that we now spend to treat preventable illness.

For the sake of children who need protection from childhood diseases, we're trying creative ideas like "one-stop shopping" for health care, and escorted referral for "express lane" immunization at nearby clinics. By encouraging all health care professionals never to miss a chance to give a shot we'll have a fighting chance to get ahead of these diseases.

Along with all who serve in health care, today I call on every parent in America: don't take a chance. Make sure your child is immunized. \\

A deadly plague called polio threatened my generation -- darkened the fun of summers, crippled and killed kids.

But American ingenuity stopped that killer. And while some say each generation repeats the mistakes of the last, no generation in America should suffer the plagues of the past.

American decency demands that we not let complacency lead to contagion -- and never let apathy lead to epidemic. With the efforts of people like you, we can turn this tide forever.

God bless you all.

# # #

(Lange/Simon)
June 7, 1991
11:30 P.M.
[SHOT.TS]

PRESIDENTIAL REMARKS: CHILDHOOD IMMUNIZATION INITIATIVE
THE ROSE GARDEN
THURSDAY, JUNE 13, 1991
~~[TIME]~~ 9:15 a.m.

[[Secretary Sullivan, Assistant Secretary James Mason, Surgeon General Novello, CDC Director Bill Roper; state and local health officials, experts from the CDC...

...and especially for you kids here in the audience: I'll try to be brief -- because a long speech is about as much fun as a long needle. \\

Honest -- this'll only hurt a little. \\ ]]

State of the Union 1-29-90

You know, when we announced our National Education Goals, the very first was that "By the year 2000, all children in America will start school ready to learn."

That's one reason we put such emphasis on our Healthy Start initiative. Every child deserves a chance -- and in the 1990's no child in America should be at risk to deadly diseases like diphtheria, polio, and measles.

see Roper testimony & UPI

These threats -- which seemed on the verge of eradication a decade ago -- have enjoyed a cruel and recent resurgence. 1990 brought the largest number of measles cases since 1977 -- and ~~the number of cases has jumped~~ a 50 percent increase over ~~since~~ 1989.

That's why Secretary Sullivan, Surgeon General Novello, CDC Director Roper and others have formed an HHS "SWAT Team" -- or maybe it's "Shot Team" -- to visit six major cities. They want

to know why kids aren't getting immunized. And they want to get every community mobilized.

We need to find out what works -- and make sure the word spreads, so the disease doesn't. By getting to kids sooner -- by educating parents and finding creative ways to get them into clinics -- we can see that no child is left vulnerable without a vaccine.

WH fact sheet 5-13-91

My budget for 1992 calls for an additional $40 million for the CDC immunization program. Overall, federal funding for immunizations has more than doubled since 1988.

But a problem won't be solved by simple directives from Washington. You must assault it from all angles and levels -- with public health efforts, with creative partnerships between the non-profits and the private sector, with conscientious action on the parts of parents, teachers, and citizens.

We have plenty of vaccines? But you have to do the hard work of logistics, planning and coordination if you want to get the medicine to kids who need it -- especially in urban neighborhoods. We've celebrated that kind of effort in Desert Storm -- now let's put it to work to stop disease. \\

Debbie Messick HHS 245-1850

Let me thank all of you here today -- and especially applaud the efforts of the Junior Leagues, and the Children's Action Network. Your remarkable work to build awareness will get results, I'm sure.

Now let's put new emphasis on prevention -- and try creative ideas like "one-stop shopping" for health care, and escorted

PHS release

referral for "express lane" immunization at nearby clinics. By encouraging all health care professionals never to miss a chance to give a shot -- we'll have a fighting chance to get ahead of these diseases.

You know, a deadly plague called polio threatened my generation -- darkened the fun of summers, crippled and killed kids ~~needlessly~~.

But American ingenuity stopped that killer. And while every generation may repeat the mistakes of the last, no generation in America should suffer the plagues of the past.

American decency demands that we not let complacency lead to contagion -- and never let apathy lead to epidemic. With the efforts of people like you, we can turn this tide forever.

God bless you all.

# # #

alcohol, including 450,... average of 15 drinks each week, accord... ...wide survey of teenage alcohol use that Surgeon ...Novello called "shocking."...

The survey by the HHS Department's inspector general's office found that an estimated 6.9 million teenagers, including some as young as 13, have no problem obtaining alcohol with false identification or from liquor stores that do not check ages. In addition, about one-third of the nationwide sample of 959 students reported having accepted rides from persons who had been drinking.... Novello said she was "flabbergasted" by some of the findings, adding that they emphasize the need for parents to play a greater role in educating youngsters about dangers of alcohol.

(Michael Isikoff, Washington Post, A1)

6-7-91

MEASLES CASES INCREASE BY MORE THAN 50 PERCENT

ATLANTA -- Measles, which health officials had hoped to eradicate in the U.S. nearly a decade ago, struck 27,672 Americans and killed 89 in 1990, it was reported. The total was a 52.1 percent increase from 1989 and the most cases since 1977..., the federal CDC reported Thursday. The 1991 figures, however, could indicate that health officials may have gotten a handle on slowing the disease. Through June 1, there were 5,691 cases reported to the CDC, compared to 10,378 for the same period last year.

(Charles Taylor, UPI)

EDITOR'S NOTE: "AIDS Definition Excludes Women, Congress Is Told," by Philip Hilts, appears in The New York Times, page A19.

-more-

hold up the reconfirmation of [illegible] chief banking regulator until the inquiry is [illegible]

Riegle, who has been seeking information on [illegible] months, told Comptroller General Bowsher he wants to know [illegible] story" of who the borrowers were and why bank examiners from [illegible] Office of the Comptroller of the Currency failed to discover th[illegible] $20 billion bank's problem sooner. Riegle said examiners have found "several cases" of preferential loans to directors, officers, stockholders and others with connections to the bank.

(Susan Schmidt & Jerry Knight, Washington Post, G1)

HILL FIGHT STARTS OVER GOVERNMENT SECURITIES RULES

A fight is shaping up in Congress over whether the Treasury Department or the SEC should regulate the government securities market.... Thursday, Treasury officials sent legislation to Congress proposing that the department be primarily responsible for setting rules.... But the House committee in charge of securities regulation is planning to release its own draft of proposed legislation that would make the SEC the primary rulemaker. The draft could be made public as early as next week, congressional sources said. **(Kathleen Day, Washington Post, G2)**

EDITOR'S NOTES: "Personalities," by Chuck Conconi, appears in The Washington Post, page C3.

"Gephardt-Rostenkowski Relationship Explains Some Democratic Failures," by Jackie Calmes, appears in The Wall Street Journal, page A14.

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FACSIMILE

PLEASE NOTIFY OR HAND-CARRY THIS TRANSMISSION TO THE FOLLOWING PERSON AS SOON AS POSSIBLE:

Name: MARK LANGE

Address: ____________________

Telephone: ____________________

Number of pages being transmitted (including this one) __________

FROM: ____________________

FAX number: 245-2247
Office Number: __________

06.11.91 05:05PM *DHHS/IOS 245-7591 P01

Two months ago I announced the greatest Education Initiative our country has seen. The highest priority was given to ensuring that, "by the year 2000, all children in America will start school ready to learn." That's one reason that we put such emphasis on our Healthy Start initiative. Every child deserves a chance -- and in the 1990's no child in America should be at risk to deadly diseases like diphtheria, polio, or measles.

One of the fundamental tenets of effective, quality education is preparing our students to enter school as healthy human beings -- people who can focus on learning the state capitols instead of being preoccupied with sickness and disease.

As part of our strategy to send healthy children into the classroom, Secretary Sullivan, Surgeon General Novello, and CDC Director Roper -- along with others -- have formed an HHS "SWAT Team" to visit six major cities. Their mission is to examine the reasons why many of our nation's children lack proper immunization.

This team will focus attention on new ways to expand the immunization programs -- to make sure the word spreads, and the disease doesn't. By getting to kids at an earlier age -- by educating parents and finding effective ways to get them into clinics -- we can see that no child is left vulnerable to preventable childhood disease.

My budget for 1992 calls for an additional $40 million for CDC immunization programs. This funding is targetted to efforts to improve and expand immunization services, particularly in communities where current programs are deficient. Such federal funding for immunization has more than doubled since 1988.

But this problem can't be solved by simple directives from Washington. We must assault it from all angles and levels -- incorporating public health efforts, encouraging creative partnerships between non-profit organizations and the private sector, with parents and teachers.

Ten years ago we thought this country had conquered measeles. Now, we've realized that more than technology is necessary to win this battle. We must mobilize the nation to make our children our highest priority.

Let's put new emphasis on prevention. We can't be hesitant to try creative ideas like "one-stop shopping" for health care, or escorted referral for "express lane" immunization at local clinics. We need to encourage every health care professional to make sure that each child has receive proper innoculation.

Our nation has in its stockpile vaccines to combate the illnesses that threaten to rob our children of their health. The science -- the technology -- is there to prevent these childhood maladies.

Now your challenge is to bring these vaccines to the children of this nation. In Desert Storm we proved that American skill and effective planning can lead us to victory. Now we need to focus that same determination on the health of this country's youth. We must ensure that our children have the healthiest, happiest childhood we can give them.

God bless you all.

####

06.11.'91 05:05PM *DHHS/IOS 245-7591 P04

Hannes Huttner

Immunization Points

- Context:

  - **National Education Goals.** Goal #1: "By the year 2000, all children in America will start school ready to learn." Objective 3 under this goal: "Children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies ..."

    With the immunization initiative, the President is moving us towards fulfilling this goal.

  - **Prevention Strategy.** Our argument in the health debate is that we want to focus on outcomes -- a <u>healthier</u> America while the other guys are off on the same redistributionist, resource consumption inequities argument they usually pursue.

    We also want to <u>invest</u> in the future, buying health care that is cost-effective. Immunization is highly cost effective.

    In his visit to Chicago on May 13, the Vice-President announced the Administration's commitment to improving the health of our nation's children through supporting immunization. He visited one of CDC's pilot immunization projects that is testing the effectiveness of "one-stop shopping" for the children of low-income families who need immunizations (CDC has two other similar pilot projects, in New York and Jersey City). The President had been scheduled to make this visit, but asked the Vice President to go in his stead, during the President's recent illness.

    The President has requested an additional $40 million in FY 1992 for the Centers for Disease Control's immunization program, for a total of $258 million -- an increase of 19 percent over 1991. Of this increase, $35 million will be targeted to increasing immunizations of preschool children in low-income minority populations. Overall, federal funding for immunizations has more than doubled since 1988.

  - **Help those who need it most**

    George Bush does not reject the power of government to do good. We're disappointed that those who have been failed by the operation of the vaccine delivery system have been those who need it most -- poor, minority kids. We want to make sure they have the same opportunity to live healthy childhoods as better off children.

- Points we want to get across

  - As a "problem" low immunization rates are a local problem, primarily in areas of the concentrated poor or new immigrants in inner city.

  - If there ever was a domestic issue to which Desert Storm is an appropriate analogy, this is it. Getting kids immunized is a logistics issue -- we have the resources in place to buy all the vaccine we need to buy. The challenge is getting it into the arms of kids.

  - There's some room for bureaucracy bashing. In part the arrogance of the public health system, providing immunization when and where the public health administrators want it, is at the root of the problem.

    - a call for new thinking/new approaches/new methods

    - We have low immunization rates in the same neighborhoods in which fast food establishments flourish. Moral: Our public health system needs to be mindful of the customer, as mindful as McDonald's.

DEPARTMENT OF HEALTH & HUMAN SERVICES Office of the Secretary

Washington, D.C. 20201

MEMORANDUM FOR DANIEL CASS

FROM: DEBBIE MESSICK

SUBJECT: IMMUNIZATION TALKING POINTS FOR POTUS SPEECH
JUNE 13, 1991
THE ROSE GARDEN

CC: ALIXE GLEN

Attached are talking points that might be helpful as the speechwriters begin their task for the June 13 Rose Garden event focusing on Immunization.

The President will be announcing a significant new Immunization Initiative that has been in the planning stages at the Centers for Disease Control for several months. Details of this program are the focus of point 5 on the Talking Points. This plan is in response to a national epidemic addressed by the National Vaccine Advisory Committee in its report on Jan. 8, 1991.

In addition, our recommendation is that Secretary Sullivan will recognize the following HHS officials for their efforts on this important issue: Dr. Jim Mason, Assistant Secretary for Health; Dr. Antonia Novello, U.S. Surgeon General; and, Dr. Bill Roper, Director of the Centers for Disease Control. The Secretary will then introduce the POTUS.

Let me know when its convenient for us to meet with you and the speechwriter to discuss details.

Thank you.

1. CHILDHOOD IMMUNIZATION HAS BEEN VERY SUCCESSFUL IN CONTROLLING VACCINE PREVENTABLE DISEASES IN THE UNITED STATES:

   o Reductions of at least 90% from peak levels have been achieved for diphtheria, measles, mumps, pertussis, polio, and other diseases preventable by vaccination;

   o Immunization levels are 97-98% at the time of school entry for all diseases preventable by vaccine.

2. DESPITE THESE ACHIEVEMENTS, TOO MANY CHILDREN ARE STILL SUFFERING AND DYING FROM DISEASES THAT ARE EASILY PREVENTABLE BY VACCINATION:

   o In the last two years, 45,000 cases of measles and over 100 deaths occurred, the largest number of deaths from measles in over two decades;

   o The majority of cases and deaths have occurred among inner city, minority children; immunization coverage among inner city children has been noted to be as low as 50% in some cities.

3. THE PRINCIPAL CAUSE OF THE MEASLES EPIDEMIC IS FAILURE TO VACCINATE AT THE RECOMMENDED AGES, NOT FAILURE OF THE VACCINE.

4. AS SERIOUS AS THE MEASLES EPIDEMIC MAY BE, THE CAUSES OF THE EPIDEMIC LEAD TO EVEN GREATER CONCERN ABOUT THE NATION'S CURRENT SYSTEM AND CAPACITY FOR DELIVERING VACCINES TO CHILDREN.

5. Today, it is with great pleasure that I "unveil" a significant new Administration program to solve this problem. Implemented at the Department of Health and Human Service's Centers for Disease Control, the Initiative includes the following action items:

o Formation of a national childhood immunization coalition (FYI, the audience will include members of the coalition, see attached "sample" list.) The problem is bigger than simply getting vaccine into the arms of our youngsters. It is going to take a public/private partnership of great magnitude to overcome the barriers to preventable disease our children face. Each of you here today have an important role to play in addressing this national crisis.

o State Plans: Much of the work must be done at the state and local level, where the services actually are delivered. Because of the seriousness of the situation, I have asked Secretary Sullivan and the other distinguished HHS officials with a special expertise in this subject (i.e., Mason, Novella, Roper) to travel with teams of immunization experts into targeted local communities. OUr nation's foremost health experts will work with state and local officials in refining and finalizing their state plan to raise immunization levels among preschoolers. Our goal is to inoculate 90% of preschool age children.

o Standards of Immunization: I have asked HHS, in coordination with the medical providers, to develop standards of immunization practice for our nation. These standards should assure that immunization is available on request at convenient times and that children are not required to have comprehensive physical evaluations when they are not readily available.

Attachments: Immunization Budget Summary
POTUS Talking Points
Measles White Paper
Immunization Coalition List
Background Charts

The Children's Action Network

-cy & Bob Daly
Capshaw & Steven Spielberg
-ie & Mark Johnson
Diana Meehan & Gary Goldberg
Lorraine & Sid Sheinberg
Stacey & Henry Winkler

91 [illegible] -6 [illegible] 2:54

April 26, 1991

Debbie Messick
Deputy Assistant Director for
Public Affairs
200 Independence Avenue, SW
Room 647D
Washington, DC 20201

Dear Debbie,

I enjoyed speaking with you the other day regarding the Children's Action Network immunization project. I've attached a brief outline of the Network and our immunization campaign.

I look forward to our working together on this important issue. Please don't hesitate to call me at (213) 399-7444 if you have any questions.

Sincerely,

Jennifer Perry
Executive Director

Attachment

Jennifer Perry
Executive Director

1930 14th Street
-ta Monica, CA 90404
-) 399-7444

GIVING OUR KIDS THEIR BEST SHOT

Mobilizing the Nation to Immunize America's Children

SPONSORED BY:

CHILDREN'S ACTION NETWORK

and

AMERICAN ACADEMY OF PEDIATRICS

A Project of the Tides Foundation

Why a National Immunization Campaign?

Although the U.S. nearly eradicated measles in the early 1980s, today measles epidemics are breaking out once again in cities across the country. At the same time, outbreaks of rubella, or German measles, whooping cough, and polio are also rising dramatically. As fewer children are getting immunized, more and more children are getting sick and dying from diseases that are preventable.

- **Measles Outbreak.** Measles surged from an all-time low of 1,500 cases in 1983 to nearly 45,000 cases in the last two years. Health officials project that the number of children who will die from measles this year will be the highest in 25 years.

- **Immunization Rate.** Nationally, 3 out of every 10 American 2-year-olds fail to get the proper immunizations. In the inner cities, as many as 50% of two year olds are not fully immunized. Today, children are more likely to be vaccinated in some Latin American and Third World countries than here in the United States.

- **Health Care Costs.** Every dollar spent on immunization saves $10 in later health care costs. Thus the staggering cost to the nation's health care system of not immunizing children is greater than the cost of a workable immunization strategy that safeguards our children.

It is essential that we reach out to the families who are not receiving immunizations because they are not aware of the importance of basic health care or the services available to them. It is also important that we improve coordination of services since too often systemic barriers make it difficult for families to get their children immunized. America cannot expect to compete and prosper if our children are dying of preventable diseases and if millions more are left to live with untreated health problems.

The National Immunization Campaign

In the face of a growing children's health care crisis, the entertainment industry, through the Children's Action Network (CAN) and the American Academy of Pediatrics (AAP) have joined together to launch a national effort to immunize children and focus the nation's attention on improving health care for our young. CAN and AAP are working closely with the Centers for Disease Control, the U.S. Surgeon General and other medical professionals, community organizations, public health officials, and social service agencies to make sure that the National Immunization Campaign supports ongoing efforts to improve immunization services.

The National Immunization Campaign will be a sustained high-profile media and public awareness campaign, combined with a grassroots organizational effort, to educate the public about immunization and to help establish an organizational infrastructure which can address the nation's long-term immunization needs. In addition, the Campaign will coordinate with health care providers to immunize children in a select number of high-risk cities across the country. The Campaign activity will be most visible during National Immunization Week, September 23 - 29.

- **The Goal.** To ensure that every American child is fully vaccinated by the age of 2, and remains up to date on their immunizations.

- **The Objectives.** The National Immunization Campaign has several short term and long term objectives.

  * To raise public awareness and increase support for immunizations

  * To reach out to families in need of immunization services with information and specific opportunities to get their children immunized

  * To develop and support increased collaboration of service providers and health professionals involved in education and immunization services

  * To develop and distribute vaccination schedules, materials on vaccination and children's health care to a network of health care providers and children's service organizations

  * To promote ongoing health care delivery to children by putting them in touch with a regular source of care

  * To establish a mechanism to support implementation of long term strategies to provide immunizations to all children

  * To promote policies that will provide adequate funding to immunize all children

- **The Outreach.** The Campaign will focus on several target groups.

  Families in high-risk cities. A targeted education campaign will be aimed specifically at those families in high-risk cities who have not immunized their children. This effort is designed to provide at-risk families with the information and support they need to get their children vaccinated.

  The general public and opinion leaders. A national public awareness campaign aimed at the general public will provide all parents the opportunity to get the information they need to assess and fulfill their children's immunization needs. In addition, the national campaign will target opinion leaders in an effort to help build a national mandate to affect public policy.

  Health and social service community. An organizational campaign will build a coalition of health and social service providers who can more effectively work together to foster immunization efforts and who can distribute information to help reduce the barriers to immunization.

- **The Campaign.**

At the *national* level, broad public awareness activities will include:

* print, radio and TV Public Service Announcements (PSA's)

* use of 800 number on PSA's and print materials to disseminate information about immunizations to families

* a July kick off event with celebrities and medical experts

* movie trailers to be used by theaters in the late summer and early fall

* inclusion of immunization stories in TV programming

* interviews by celebrities and medical experts

* articles and news features in national and minority media.

The national effort will make sure that the general public, regardless of socioeconomic status, will have access to immunization information.

Simultaneously, the Campaign is working with professional associations and service providers nationwide to build collaboration in immunization services delivery and to support policies that will provide adequate funding for vaccines and access to health care for all children. A national task force on immunization and children's health will be established to formulate and implement these goals.

At the *local* level, the Campaign is building coalitions of social and health service providers, children's advocacy organizations and community organizations to conduct immunization-related activities while dealing with the long term immunization needs within the community. Coalitions are being built in the following cities:

Chicago, Illinois

Detroit, Michigan

Houston, Texas

Los Angeles, California

Miami, Florida

New York, New York

Philadelphia, Pennsylvania

Washington, DC

During National Immunization Week, events in target communities will include on-the-ground immunization activities in a fun-oriented environment with incentives to attract target families. With the help of health care professionals, these events will provide children with screening, immunization assessments, actual immunizations and information for follow-up immunizations. These events are intended as a focal point to allow local organizations to develop longer-term immunization efforts as well as to provide a visible media event to encourage families to participate.

National Immunization Week will be a time for children and families. In each of the target communities:

* Media events with celebrities, health professionals and families will draw attention to local efforts to improve immunization services while mobilizing families to participate in National Immunization Week activities.

* Children will receive basic childhood immunizations.

* Families will receive immunization information, including schedules, reminders, referrals etc.

* Entertainment and incentive programs at every site will make this a day that is fun for families and provides them with much needed health services. Sites will be visited by celebrities from television, film, radio, sports, and news.

* In some cities, depending on local resources, there will be exhibitions and activities that promote health education. Dental, vision and hearing screenings may also be available.

• **The Future.** The National Immunization Campaign will work to promote ongoing health care delivery to children by connecting them with a regular source of care and by creating a policy environment where adequate funding for the immunization of all American children is a priority.

- **Who is the Children's Action Network?**

The Children's Action Network is an organization composed of entertainment industry leaders dedicated to raising the profile of children's issues through the media. The Network's founding families include; Nancy and Bob Daly, Diana Meehan and Gary Goldberg, Lezlie and Mark Johnson, Lorraine and Sid Sheinberg, Kate Capshaw and Steven Spielberg and Stacey and Henry Winkler.

The Network's goal is to inform the public about the needs of children and encourage parents, families, civic, community, business and political leaders to do their part for children. The Network is marshalling the resources of the entertainment industry towards improving the health of children.

- **Who is the American Academy of Pediatrics?**

The American Academy of Pediatrics is an organization of 41,000 pediatricians dedicated to improving the health, safety and well-being of infants, children, adolescents and young adults. Antoinette Eaton, M.D. is the 1990-1991 AAP President. James Strain, M.D. is the AAP Executive Director.

THE CHILDREN'S ACTION NETWORK

A MEDIA VOICE FOR KIDS

THE CHILDREN'S ACTION NETWORK
A MEDIA VOICE FOR KIDS

Nancy and Bob Daly
Diana Meehan and Gary Goldberg
Lezlie and Mark Johnson
Lorraine and Sid Sheinberg
Kate Capshaw and Steven Spielberg
Stacey and Henry Winkler

Jennifer Perry, Executive Director

1930 14th Street
Santa Monica, CA 90404
(213) 399-7444

AMERICA'S CHILDREN ARE IN CRISIS

- 1 in 5 children lives below the poverty level
- One-half million children drop out of school each year
- The United States ranks behind 19 other nations in infant mortality
- More than 500,000 children are homeless
- 1 in every 5 American girls bears a child before the age of 20
- More than 12 million children have no health insurance

AMERICA'S CHILDREN NEED OUR VOICE

The Children's Action Network is comprised of members of the entertainment industry committed to using the power of the media to make children a top priority in American life.

The Network works with children's advocacy and service organizations nationwide to promote specific policies and programs that benefit children.

The Network's goal is to inform the public about the needs of children and encourage parents, families, civic, community, business and political leaders to do their part for children.

The Children's Action Network Statement of Purpose:

1. To serve as a "call to action" to the entertainment industry, inspiring the inclusion of children's issues in the industry's creative products.

The entertainment industry plays a key role in shaping popular culture and can have a major impact on how America views our nation's children. The Children's Action Network will reach out to members of the entertainment community through briefings, symposia and conferences in order to inform them of the major issues affecting today's children and encourage them to integrate children's issues in their work.

2. To serve the entertainment industry as a resource on children's issues.

The Children's Action Network will serve as a central clearinghouse on children's issues for the creative community. The Network will provide top quality information and expertise for writers, producers and directors as well as assistance in locating people and materials.

3. To produce special events and programs that publicize and promote children and their needs.

The Network will produce special events and programs that raise the visibility of children's issues and, when appropriate, provide direct solutions to problems affecting children.

4. To enlist the industry's creative and production resources to produce materials that benefit children.

The Network will work with the entertainment industry to organize a pool of creative and production resources, in order to help support efforts on behalf of children.

5. To build strong leadership for children in the entertainment industry, and encourage industry leaders to speak out for children.

As parents and professionals, members of the entertainment industry have a unique ability to reach out to the public. Network members will be encouraged to speak out for children in the legislature, the Congress, the media, and at special events.

6. To create a bridge between the entertainment community and organizations working directly with or on behalf of children.

The Network will act as a liaison between individuals in the entertainment industry and children's service organizations, encouraging individuals to take an active role in an organization and learn from the day-to-day experiences of children and those who work with them.

PILOT IMMUNIZATION PROJECTS

The high immunization coverage at school-entry indicates that parents do not oppose immunizations, but merely that, in the case of poor, inner-city populations, they need to be reached earlier, so that immunization is a priority long before it is required for school. We believe that reaching people when they are interacting with government in other ways may be an answer. Thus, we have just begun demonstration projects at eight sites Chicago and six sites in New York City -- using the "one stop shopping" concept. In these projects, when clients of the Department of Agriculture's Women Infants and Children (WIC) program come to pick up their vouchers or otherwise interact with the offices, an assessment of their children's vaccination status is made and they are being given the opportunity to get their children immunized right then and there or are escorted to nearby clinics where they get "express lane" treatment for the immunizations needed -- whether it is measles, DPT, polio or Hib vaccines that are needed. In Jersey City, we have a similar project involving our own Aid to Families with Dependent Children clients. Progress reports from these projects should be available later this year.

In these pilot projects, we're not barring people from either food or welfare in any of these pilot programs, even if they refuse immunization. I would oppose that. We are, as I said, helping children, not punishing them.

# # # #

Provided by: PHS News Division, Bill Grigg, 245-16867

Appl. support the Junior Leagues, Children's Action Network

June 5, 1991

MEMORANDUM FOR MARK LANGE

FROM: BOB SIMON RS

SUBJECT: IMMUNIZATION

Key Announcement:

An HHS SWAT (shot) team consisting of Sec. Sullivan, Asst. Sec. of Health James Mason, Surgeon Gen. Antonia Novello, and CDC Dir. Bill Roper will visit six major cities to find out why preschool children aren't getting immunized and what can be done to change that. They will then tell other cities "what works."

Problem: 2- and 3-year olds aren't getting immunized, mainly minorities in the inner cities. As a result, measle cases have skyrocketed. Government at all levels and the private and non-profit sector must act together to reverse this trend. And it is reversible! It's been done before.

In the audience: (we fund it..) state and local health officials, (they do it) drug makers, CDC officials, DC kids who have recently been immunized.

Stress both parental responsibility ("culture of character") and professional responsibility (doctors and nurses) to never miss an opportunity to give shots.

Note that Junior League and Children's Action Network will soon launch public awareness campaigns to highlight this cause.

Note that all 50 states require immunization for admittance to school, so that by age 5, 97% of all kids are immunized. The goal here is to get kids immunized sooner, so that preschoolers stop getting these preventable diseases.

"Give kids our best shot"
"Don't wait to vaccinate"

we want to ident. what works
part of Healthy Start, part of educ goal

HEALTHY PEOPLE 2000

Dr. Sullivan says...

You CAN Make a Difference!

The *Healthy Difference* Program Guide

Messages for better health from the
U.S. Department of Health and Human Services
to all those it serves.

U.S. Department of Health and Human Services

These agencies are participants in the *Healthy Difference* program:

For more information about the program, write to :

ADMINISTRATION FOR CHILDREN AND FAMILIES

Administration for Children and Families
Office of Communications
Public Affairs Division
Aerospace Building
6th Floor
901 D Street SW.
Washington, DC 20447

ADMINISTRATION ON AGING

Administration on Aging
Technical Information and Dissemination Division
Wilbur J. Cohen Building
Room 4646
330 Independence Avenue SW.
Washington, DC 20201

HEALTH CARE FINANCING ADMINISTRATION

Health Care Financing Administration
Office of Public Affairs
Hubert H. Humphrey Building
Room 435H
200 Independence Avenue SW.
Washington, DC 20201

PUBLIC HEALTH SERVICE

Public Health Service
Office of Health Communications
Communication and Service Division
Hubert H. Humphrey Building
Room 717H
200 Independence Avenue SW.
Washington, DC 20201

SOCIAL SECURITY ADMINISTRATION

Social Security Administration
Office of Public Inquiries
Social Security Annex
6401 Security Boulevard
Baltimore, MD 21235

Facts and Information Resources on Immunizations

Many preventable illnesses and deaths are caused each year by infectious diseases. Because of immunizations, childhood diseases such as measles, mumps and rubella have declined dramatically in recent years, but they remain problems among certain under-immunized groups. All adults need vaccinations to protect them against tetanus (lockjaw). The elderly and those with certain chronic diseases need to get immunized against the flu and pneumococcal pneumonia.

Childhood Immunizations

With only four to five visits to a health-care provider, most children can be protected against eight diseases. But many preschool children, particularly in the inner cities, are not being adequately immunized. Lack of adequate immunization for measles caused a resurgence of this disease in 1989, the greatest increase in cases and deaths in more than a decade. Parents need to be informed about the importance of immunizations in ensuring a healthy future for their children.

- **Diphtheria and Tetanus (Lockjaw).** Diphtheria is a dangerous and highly contagious disease. It can cause heart failure, permanent damage to muscles, and death. Tetanus comes from germs that are commonly found in the ground and that can grow when they get into wounds. It attacks the nervous system, causing muscle spasms and painful convulsions. With the availability of highly effective vaccines and school entry laws, no one attending school since the early 1980s should develop tetanus or diphtheria. The major barrier to complete eradication of these diseases is failure to immunize and provide "booster" shots for all children, adolescents, and adults.
- **Pertussis (Whooping Cough).** Pertussis affects the linings of the air passages, causing coughing and noisy ("whooping") intake of breath. The majority of cases of pertussis occur in children under the age of 5. Infants less than 6 months of age are at especially high risk since optimal protection from the disease requires at least three doses of the vaccine. The recommended 4-dose primary schedule begins at 6 to 8 weeks of age and ends with the fourth dose at 15 to 18 months of age. In addition, a booster dose is needed before school entry.
- **Polio.** Polio attacks the central nervous system and can cause paralysis. It has been virtually eradicated in the United States. The first polio vaccine was licensed in 1955, and an oral vaccine (first licensed in 1961) is now widely available. All States require schoolchildren to be immunized against polio.
- **Measles and Rubella.** Measles can lead to complications in the respiratory and central nervous system, including bronchitis and ear infections. It can be especially dangerous for children under 2 years of age who are undernourished. Rubella (German measles) is also usually mild, but it is very dangerous for a pregnant woman because it can cause multiple birth defects in the unborn child. Current measles outbreaks can be divided into two major patterns — preschool outbreaks and school outbreaks. With younger children, better immunization coverage is necessary at recommended ages. School outbreaks occur primarily in vaccinated children and require more aggressive revaccination strategies during outbreak control efforts. All States require schoolchildren to be immunized against measles and rubella.
- **Mumps.** Mumps causes painful enlargement of the glands in front of the ears. Recent outbreaks of mumps have occurred mostly in States without immunization requirements for mumps. Increased use of MMR (measles, mumps, and rubella) vaccine, particularly in a 2-dose schedule, should reduce the incidence.
- ***Haemophilus Influenzae,* Type b (Hib):** "Hib" disease causes meningitis and other invasive bacterial diseases such as pneumonia. It is especially threatening to children under 5 years of age and particularly those 6 to 12 months of age. The vaccine should be given routinely in infancy, starting at 2 months of age. Additional doses are given afterward, depending on the particular vaccine used.

Adult Immunizations

- **Tetanus.** Everyone, regardless of age, needs to be vaccinated against tetanus. Persons who have never received tetanus vaccine should get the 3-shot series as soon as possible. The booster shot should be received at 10-year intervals such as ages 15, 25, 35, etc.
- **Influenza (Flu).** Influenza can be dangerous for the elderly, those who are debilitated, and those with heart or lung disease because it lowers the person's resistance to other infections that may be fatal. The elderly are most likely to be seriously ill or to die from the flu or related complications. Usually, the flu season is from November to April. People over 65 years old and those with chronic illnesses should be vaccinated each year in the fall or early winter.
- **Pneumococcal Pneumonia.** Pneumonia infects the lungs, causing difficulty in breathing. It can be fatal. Older persons are two to three times more likely to get this type of pneumonia than the general population. Immunization is recommended for anyone age 65 and over and for those of any age with certain chronic illnesses. The pneumococcal pneumonia vaccine is usually only given once and may be given at the same time as a flu shot. *Pneumococcal pneumonia immunization is covered by Medicare.*

Side Effects

Vaccines are among our safest and most effective medicines. However, vaccines, like other medicines, can cause side effects. These are usually mild and brief, such as low fever, sore arm, or malaise after taking the shot. Very rarely, they are serious. For this reason, vaccines should be given only by qualified persons and only to those who need them.

Any adult who receives a vaccine, or the parent of a child, should be informed about the benefits and risks of the vaccine before being immunized. Vaccines work best when they are given at the recommended time and on a regular schedule. All health officials agree that the benefits of vaccination are greater than the small risk of possible side effects from the vaccine. If you have any further questions about immunizations, contact a doctor or the local health department.

Additional Information Resources

Write to "Vaccinations," Information Services, Center for Prevention Services (MS E-06), Centers for Disease Control, 1600 Clifton Road NE., Atlanta, GA 30333.

Centers for Disease Control, Public Inquiries, 1600 Clifton Road NE., Atlanta, GA 30333; (404)639-3286, (404)639-3534 for publications.

Identifies and defines preventable health problems and maintains active surveillance of diseases. Operates information center that deals directly with the public or refers them to appropriate offices for more technical information. Assists State and local agencies in disease prevention and health promotion programs. Provides information about malaria and other tropical diseases and risk of infection through travel in areas wordwide.

National Clearinghouse for Maternal and Child Health, Information Specialist, 38th and R Streets NW., Washington, DC 20057; (202)625-8410.

Centralized source of information on maternal and child health, including rubella. Distributes directories of Federal programs and voluntary and professional organizations in the field of maternal and child health.

American Academy of Pediatrics, 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, IL 60009; (312)228-5005.

Offers guidelines for childhood immunizations.

American College of Physicians, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572; (800)523-1546, (215)351-2653.

Publishes many practice guidelines and opinions, including Guide for Adult Immunization.

National Institute of Allergy and Infectious Diseases, Office of Communications, Building 31, Room 7A32, 9000 Rockville Pike, Bethesda, MD 20892; (301)496-5717.

Answers inquiries about infectious diseases and distributes consumer publications on many topics, including influenza, immunizations, and the immune system.

Related Events

National Adult Immunization Week is October 20-26, 1991. For more information, contact the National Foundation for Infectious Diseases, 4733 Bethesda Avenue, Suite 750, Bethesda, MD 20814; (301) 656-0003.

Child Health Day is October 7, 1991. Contact the Department of Health and Human Services, Bureau of Maternal and Child Health and Resource Development, Parklawn Building, Room 605, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-3163.

U.S. GOVERNMENT PRINTING OFFICE: 1991 0—865-291

Dr. Sullivan Says...

Because we all care... HAVE CHILDREN VACCINATED!!

☑ Check this list for what your children need and when.

❒ 2 Months Old - Vaccinations
(DTP, Polio, Hib)

❒ 4 Months Old - Vaccinations
(DTP, Polio, Hib)

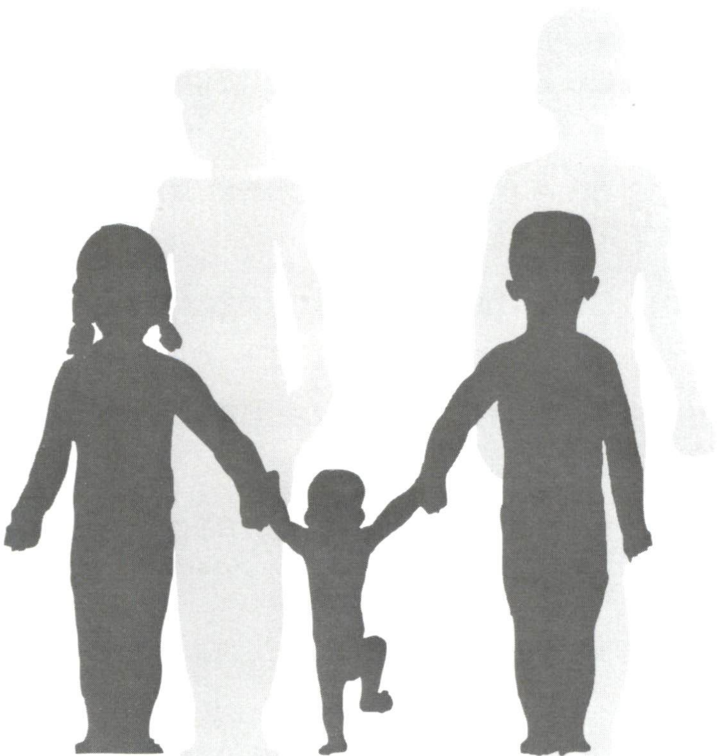
❒ 6 Months Old - Vaccinations
(DTP, Hib - If your doctor recommends)

❒ 12 Months Old - Vaccinations
(Hib - If your doctor recommends)

❒ 15 Months Old - Vaccinations
(DTP, Polio, Measles, Mumps, Rubella, Hib - If your doctor recommends)

❒ 5 Years Old - Vaccinations
(DTP, Polio, Measles, Mumps, Rubella)

❒ 15 Years Old - Vaccinations
(Tetanus, Diphtheria)



For more information, contact:

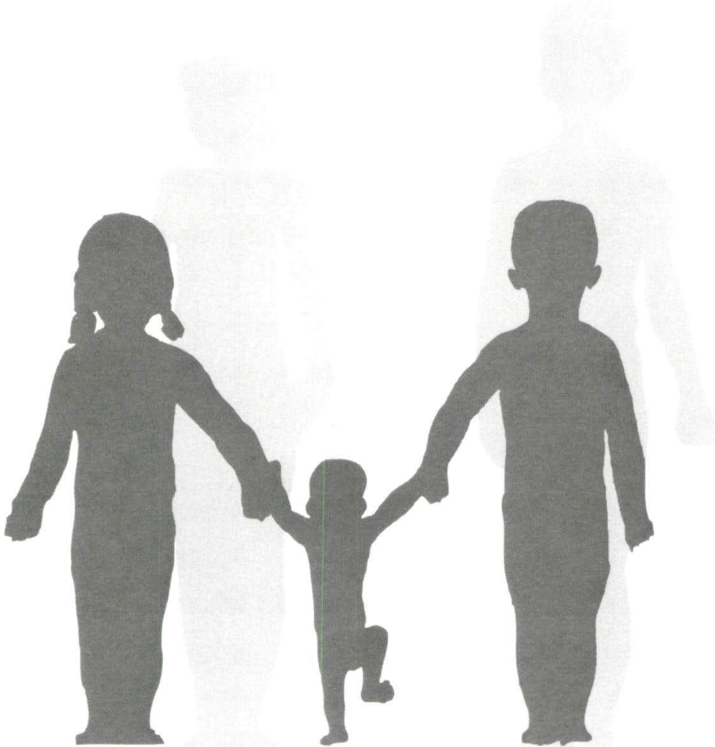
- The Local Health Department
- A Community Health Center
- The Visiting Nurses Association
- A Doctor

A Message from Dr. Louis Sullivan, Secretary, U.S. Department of Health and Human Services

Dr. Sullivan Dice…

Porque nos importa… VACUNE A SUS NIÑOS!!

☑ Verifique esta lista para determinar las vacunas que necesitan sus hijos y cuando las necesitan.



- ☐ **Niños de 2 meses - Vacunaciones**
  (DTP, Polio, Hib)
- ☐ **Niños de 4 meses - Vacunaciones**
  (DTP, Polio, Hib)
- ☐ **Niños de 6 meses - Vacunaciones**
  (DTP, Hib - Si su doctor lo recomienda)
- ☐ **Niños de 12 meses - Vacunaciones**
  (Hib - Si su doctor lo recomienda)
- ☐ **Niños de 15 meses - Vacunaciones**
  (DTP, Polio, Alfombrilla, Papera, Sarampión, Hib - Si su doctor lo recomienda)
- ☐ **Niños de 5 años - Vacunaciones**
  (DTP, Polio, Alfombrilla, Papera, Sarampión)
- ☐ **Niños de 15 años - Vacunaciones**
  (Tetano, Difteria)

Para más información llame:

- **El Departamento de Salud de su Comunidad**
- **El Centro de Salud de su Comunidad**
- **La Asociación de Enfermeras**
- **Un Médico**

Un mensaje del Dr. Louis Sullivan, Secretary, U.S. Department of Health and Human Services

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

Dear Colleague:

As part of the extended family of the Department of Health and Human Services--as a grantee, field officer, or related contributor--you can help me get the word out to those we serve that "you can make a difference" in improving personal health and the health of families and communities through positive health behaviors and practices. This Department operates a vast array of programs and services aimed at promoting health and preventing disease, from prenatal clinics in the inner city to nutrition programs in senior centers. But if Americans do not also take personal responsibility for health, all that we do will fall short of producing a healthier Nation.

Together we can help provide two key ingredients to the acceptance of personal responsibility for health: sound information and the reinforcement of our health messages from credible sources in the community. This Department has many health promotion programs with these aims. What we will be doing over the next six months is to ask that you help extend this information to the millions of Americans you serve, the millions who often are at greater risk of injury or disease than the general population. I will be sending you regular bulletins on specific actions that people can take to significantly reduce the risk of death and disease. Please read this *Guide* carefully for more details about this initiative and what you can do.

Providing people with vital information, supporting them with critical services, and offering the human gesture of encouragement can help them live longer, healthier lives.

I hope you will join me in this outreach campaign because "you **CAN** make a difference--a **HEALTHY** difference!" Thank you.

Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.

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A List of Information Resources on Immunizations, Alcohol, Nutrition, Smoking, and Physical Activity 6

MESSAGES AND MATERIALS

You will receive, over the next six months, five *Healthy Difference* bulletins from Secretary Sullivan with important health messages (printed samples and reproducibles), together with companion sheets, "Facts and Information Resources," that summarize background information on the following topics:

Topics	Distribution
1. Immunization	Enclosed
2. Alcohol	July
3. Diet	September
4. Smoking	October
5. Physical Activity	December

INTRODUCTION

The Healthy Difference Program

You *CAN* make a difference in your own health, and in the health of those you meet and serve in the course of your daily activities. This is what the *Healthy Difference* Program is about. It is an outreach initiative to communicate vital health messages through the U.S. Department of Health and Human Services (DHHS) network of grantees, field offices, and related outlets. Our network can reach the vast constituencies of DHHS with life-saving information about actions they can take on behalf of their own health—and equally important, the health of their families and their communities.

The program is straightforward. It provides background information, simple materials to share with your populations, and some ideas for related activities. It recruits you as messengers of the news that people, acting alone and together, can make a difference—a healthy difference.

This guide is designed to help you tailor the *Healthy Difference* program to your agency's or organization's needs. It includes materials and information you can use right away for a variety of activities, plus information about other materials available through the Department of Health and Human Services and private sector organizations. In addition, you will be receiving materials about five important health topics over the next six months as part of this program. These topics were chosen because they touch all of us as individuals, professionals, and members of families or communities.

Enclosed is the first of five *Healthy Difference* bulletins, each designed to provide people with brief, practical guidance on important health issues. Although they are intended for primarily educational purposes, the topics covered may suggest other activities that can be taken to reinforce the health messages. For example, the smoking cessation bulletin may lead an office to develop a new worksite smoking policy, or an emphasis on exercise may stimulate the formation of a walking club at a community center.

The important thing is to *pass the information along* to the local or county level if you are in a State agency, to your clients or other audiences if you are at the community level. Whatever approach you choose, remember: "you *CAN* make a difference."

TOPICS

1. *Immunizations* *April—enclosed*
2. *Alcohol* *(July)*
3. *Diet* *(September)*
4. *Smoking* *(October)*
5. *Physical Activity* *(December)*

GOOD NEWS TO SHARE

Preventing Disease and Promoting Good Health Can Be a Matter of Choice

Good health doesn't just happen. It involves personal choices. The good news is that much of the disease and disability affecting Americans is preventable. Eating the right foods, getting enough exercise and rest, not smoking, and drinking alcohol only in moderation or not at all are some of the actions that Americans can take to maintain good health. If the right choices are made, then heart disease, cancer, stroke, and traffic fatalities and other injuries—leading causes of death—can often be prevented.

What prevents good health? Delay in getting immunizations, unhealthy diet, inadequate exercise, and risky behaviors such as smoking and abuse of alcohol are major causes of poor health. Here are some facts:

- In the 1950s, before vaccines were available, measles afflicted about 500,000 children a year and caused about 500 deaths annually. In 1952 alone, more than 21,000 cases of paralytic polio were reported. These are all now preventable.
- An unhealthy diet and an inactive life contribute to 300,000 to 400,000 deaths each year. Poor eating habits are related to five of the ten leading causes of death in the United States, including heart disease, some types of cancer, stroke, and diabetes.
- Smoking is responsible for one out of every six deaths in America each year.
- Alcohol use contributes to one-half of all motor vehicle deaths.

SOME TIPS FOR GOOD HEALTH

PASS THEM ON!

Be sure children and adults get the vaccinations they need

Eat right and exercise regularly

Don't smoke

Don't drink alcoholic beverages if you are pregnant or under legal age, or when operating dangerous equipment or motor vehicles

If you are pregnant, see a doctor as soon as possible

Everyone Needs the News

Basic information about healthy choices is important to Americans of every background and at every age. Still, people with low incomes, as well as some racial and ethnic minority groups, experience disproportionately high rates of some preventable health problems, and their needs have been considered in developing the *Healthy Difference* messages.

Black Americans, Hispanics, Asians and Pacific Islanders, and American Indians and Alaska Natives are among these high-risk groups. Children and older adults also have special health needs.

Many of the health problems of greatest concern to both the general and high-risk populations are influenced by the five basic risk factors focused on in the program:

	Diet	Exercise	Smoking	Alcohol	Immunization
Cancer	*	*	*	*	
Heart Disease	*	*	*		
Unintentional Injury			*	*	
Intentional Injury				*	
Infant Mortality/ Low Birth Weight	*		*	*	*
Stroke	*	*	*	*	
Homicide				*	
Diabetes	*	*	*		
Cirrhosis				*	
Vaccine Preventable Diseases					*
Pneumonia/Influenza					*

FOR MORE INFORMATION, SEE
THE LIST OF RESOURCES AT THE END OF THIS GUIDE.

SUGGESTIONS

Using The Healthy Difference Bulletins

Special Events: *Plan special events and activities to reinforce the health messages in the bulletins and distribute the materials there. For example, sponsor a vaccination clinic and use the vaccination handout; a "fun run" and use the physical activity handout; or a smoke-out day and use the smoking handout.*

For most uses, you will want to reprint the one-page bulletins from the reproducible slicks (see *Guidelines for Duplicating Materials*). The design allows some space near the "Healthy People" logo for you to add your logo or the names and phone numbers of local contacts for more information or services. Each bulletin can be used either as a handout, a poster, a mailer, or as the outline for a class, lecture, or article. Here are a few ideas to get started.

- *Posters*

  Reproduce the bulletins on bright paper and post them in public places, especially places where people linger (i.e., waiting rooms, libraries, or cafeterias).

- *Handouts*

  Distribute the bulletins at special events, meetings, or other gatherings.

- *Background for Class Presentations*

  Use the bulletins to help prepare for an introductory class on health promotion for your clients. Refer to the topic resource lists (page 6) for additional materials. The bulletins can be used as handouts.

- *Mailers*

  Send the bulletins to other agencies, businesses, schools, or community organizations so that they can post them or distribute them to their clients. Or you may want to distribute them directly to the public, either in response to requests generated from publicity about the Healthy Difference program or to a list of community members with whom you work regularly.

- *Booklet*

  Combine the information from all five bulletins, along with local information about contacts and resources, and print a Healthy Difference booklet tailored to the special needs of your clients and community. Find a local business to donate the design services and printing.

- *Newsletter Article*

  Use the bulletins and the accompanying fact sheets to create a column or series of articles in your organization's newsletter — or print them so that subscribers can reproduce them and post them in their worksites and communities.

- *Special Events*

  Plan special events and activities to reinforce the health messages in the bulletins and distribute the materials there. For example, sponsor a vaccination clinic and use the vaccination handout; a "fun run" and use the physical activity handout; or a smoke-out day and use the smoking handout.

- *Coalition Building*

  Identify other community groups and businesses and share resources to work on joint projects and activities in any of these topics areas.

- *Media Relations*

  Propose a story or a talk show on these health issues to your local media contacts. Tell them what impact these health issues have on your client population(s) and emphasize what can be done to improve long-term health prospects. Use the bulletins and fact sheets as background information.

GUIDELINES

Duplicating Bulletins

Duplicating your own bulk quantities of the Healthy Difference bulletins allows you to get the quantity you need at an affordable price. It also allows you the option of tailoring them to your organization by adding information such as an identifying logo and name, program write-back/ call-back, or introductory letter from a prominent official. You may duplicate the bulletins from the slick reproducible version, or photocopy them and the fact sheets. Because these materials do not have a copyright, all or part of the Healthy Difference materials may be reproduced.

The guidelines below can help you decide whether to photocopy or print your materials:

Photocopying

When to use
- When reproducing small quantities (in general, under 500 sheets)

Advantages
- Economical in small quantities
- Convenient
- Quick turn-around time
- Color paper available for variety

Disadvantages
- Price per item stays the same regardless of quantity and may be higher for smaller copying machines etc.

Printing

When to use
- When reproducing large quantities (more than 500 sheets)

Advantages
- Increasing quantity decreases price per item
- Sharper reprint quality
- A wide variety of ink colors, and types and colors of paper are available.

Disadvantages
- Needs to be scheduled in advance
- Expensive in small quantities

INFORMATION RESOURCES

Immunizations, Alcohol, Nutrition, Smoking, and Physical Activity

For additional information about the Healthy Difference program, contact your granting agency, or:

ODPHP National Health Information Center (ONHIC), P.O. Box 1133,Washington, DC 20013-1133

Office of Minority Health Resource Center, P.O. Box 37337, Washington, DC 20013-7337.

Your local library or public health clinic may also have good health information.

☐ *Immunizations*

Centers for Disease Control, Public Inquiries, 1600 Clifton Road NE., Atlanta, GA 30333; (404)639-3286, (404)639-3534 for publications.

Operates information center that deals directly with the public or refers them to appropriate offices for more technical information. Assists State and local agencies in disease prevention and health promotion programs. Provides information about malaria and other tropical diseases and risk of infection through travel in areas wordwide.

National Clearinghouse for Maternal and Child Health, Information Specialist, 38th and R Street NW., Washington, DC 20057; (202)625-8410.

Centralized source of information on maternal and child health, including rubella. Distributes directories of Federal programs and voluntary and professional organizations in the field of maternal and child health.

American Academy of Pediatrics, 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, IL 60009; (312)228-5005.

Offers guidelines for childhood immunizations.

American College of Physicians, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572; (800)523-1546, (215)351-2653.

Publishes many practice guidelines and opinions, including *Guide for Adult Immunization.*

National Institute of Allergy and Infectious Diseases, Office of Communications, Building 31, Room 7A32, 9000 Rockville Pike, Bethesda, MD 20892; (301)496-5717.

Answers inquiries about infectious diseases and distributes consumer publications on many topics, including influenza, immunizations, and the immune systems.

☐ *Alcohol*

National Clearinghouse for Alcohol and Drug Information , P.O. Box 2345, Rockville, MD 20852; (800)729-6686, (301)468-2600.

Gathers and disseminates current information on alcohol and drug-related subjects. Develops resource materials and distributes materials in bulk quantities to support local prevention and education programs. Publications catalog available.

National Highway Traffic Safety Administration, 400 Seventh Street SW. (NTS-11), Washington, DC 20590; (202)366-0123, (800)424-9393.

Provides technical and financial assistance to State and local governments and awards grants for highway safety and to help combat drunk driving. Also works with private organzations to promote a variety of safety programs. Offers brochures, booklets, fact sheets, and research notes.

National Commission Against Drunk Driving, 1140 Connecticut Avenue NW., Suite 804, Washington, DC 20036; (202)452-0130.

Public service organization formed on the recommendation of the Presidential Committee on Drunk Driving. Assists State and local governments and the private sector in implementing the Commission's recommendations. Documents and disseminates model prevention and education programs.

National Council on Alcoholism and Drug Dependence, Inc., 12 West 21st Street, Suite 700, New York, NY 10010; (800)NCA-CALL; (212)206-6770.

Combats alcoholism, other drug addictions, and related problems. Programs include prevention and education, information services, and publications. Sponsors National Alcohol Awareness Month and National Fetal Alcohol Syndrome Week. Publishes and distributes an extensive list of educational pamphlets and books. Publications list available.

National Safety Council, 444 North Michigan Avenue, Chicago, IL 60611; (312)527-4800.
Offers many safety education resources. Extensive publications catalog available. Fact sheets, manual, and audiovisual materials are available.

Students Against Driving Drunk (SADD), P.O. Box 800, Marlboro, MA 01752; (508)481-3568.
Addresses prevention of drinking and driving. Offers community awareness programs, high school curricula, and technical assistance in forming new groups. Local chapters.

☐ *Nutrition*

National Cancer Institute, Cancer Information Service, Building 31, Room 10A24, 9000 Rockville Pike, Bethesda, MD 20892; (800)4-CANCER.
Consumer and professional materials available on diet-cancer link and making healthy choices about eating. Information available on "Eat for Health," a supermarket-based nutrition education program cosponsored by the institute.

National Diabetes Information Clearinghouse, Information Specialist, Box NDIC, Bethesda, MD 20892; (301)468-2162.
Consumer information on diabetes-related topics, including diet and nutrition. Professional materials include bibliographies of patient education materials.

National Heart, Lung, and Blood Institute, Information Officer, Building 31, Room 4A-21, 9000 Rockville Pike, Bethesda, MD 20892; (301)496-4236.
Produces annual kits presenting a collection of research, resources, and reproducible brochures on high blood pressure and high cholesterol. Most consumer requests referred to NHLBI's Information Center. (See page 8.)

Food and Nutrition Information Center, National Agricultural Library, U.S. Department of Agriculture, Room 304, 10301 Baltimore Boulevard, Beltsville, MD 20705; (301)344-3719.
Provides print and audiovisual materials for consumers (including children) and professionals on topics in human nutrition, food service management, and food technology.

Food and Drug Administration, Office of Consumer Affairs, 5600 Fishers Lane (HFE-88), Rockville, MD 20857; (301)443-3170.
Consumer materials on foods, food processing, general nutrition, nutrition labeling, and nutrition fraud are available.

American Dietetic Association, 216 West Jackson Boulevard, Suite 800, Chicago, IL 60606-6995; (312)899-0040.
Professional association offers professional and consumer information on institutional nutrition programs as well as guidelines for healthy personal nutrition and sponsors National Nutrition Month in March. State chapters.

American Heart Association, 7320 Greenville Avenue, Dallas, TX 75231-4599; (214)706-1220.
Consumer and professional materials on heart healthy nutrition, including decreasing intake of dietary fat, cholesterol, and sodium. Offers diet plans and cookbooks. Materials generally available through State and local affiliated chapters.

American School Food Service Association, 1600 Duke Street, 7th Floor, Alexandria, VA 22314; (800)877-8822.
Seeks to encourage and promote the maintenance and improvement of the school food and nutrition program. Sponsors National School Lunch Week in October. Distributes information on school food and nutriton programs and child nutrition legislation.

Center for Science in the Public Interest, 1501 16th Street NW., Washington, DC 20036; (202)332-9110.
Consumer advocacy organization offers several publications on nutrition topics. Small fee for publications; catalog available free.

National Dairy Council, 6300 North River Road, Rosemont, IL 60018; (708)696-1020, (800)426-8271.
Develops nutrition education programs and materials for children in elementary and high schools, consumer, and professionals. Regional offices.

☐ *Smoking*

Office on Smoking and Health, Public Information Branch, Park Building, Room 1-18, 5600 Fishers Lane, Rockville, MD 20857; (301)443-5287.
Conducts a wide range of public

information activities to educate the American public and heighten their awareness about the health hazards of smoking and other forms of tobacco. Public and professional materials are available on tobacco and smoking issues.

Cancer Information Service, National Cancer Institute, Building 31, Room 10A24, 9000 Rockville Pike, Bethesda, MD 20892; (800)4-Cancer.

Supplies information about cancer and cancer-related resources to the general public, cancer patients, and their families, including information on smoking cessation and the health effects of tobacco use. Publications lists for consumers and professionals are available. Some materials are in Spanish.

National Heart, Lung, and Blood Instutite Education Programs Information Center, 4733 Bethesda Avenue, Suite 530, Bethesda, MD 20814; (301)951-3260.

Source of information and materials on major risk factors for cardiovascular health, including smoking. Disseminates public education materials and worksite health materials. Professional materials include heart and lung health at the workplace and smoking cessation programs. Publications list available.

American Cancer Society, 1599 Clifton Road NE., Atlanta, GA 30329; (800)ACS-2345, (404)320-3333, in Atlanta, (212)382-2169 media office (NY).

Prepares and distributes consumer and professional materials on many aspect of cancer prevention, control, and treatment, including health effects of tobacco use and guides to smoking prevention and cessation. State and local chapters.

American Heart Association, 7320 Greenville Avenue, Dallas, TX 75231-4599; (214)706-1220.

Prepares and distributes materials on all aspects of cardiovascular health, including smoking cessation. Professional and consumer materials generally available through State and local affiliated chapters.

American Lung Association, Director of Communications, 1740 Broadway, New York, NY 10019-4374; (212)315-8700.

National voluntary and health education agency emphasizes antismoking activities to prevent and control lung hazards. Printed materials, films, and other resource materials, including program materials, are available; some in Spanish. Over 130 State and local Lung Associations provide and coordinate local services.

☐ *Physical Activity*

President's Council on Physical Fitness and Sports, 450 5th Street NW., Suite 7103, Washington, DC 20001; (202)272-3430.

Works with schools, clubs, recreation agencies, and major employers on physical fitness and exercise program design and implementation. Produces informational materials on exercise, school physical education programs, corporate fitness, and physical fitness for youth, adults, and senior citizens.

National Heart, Lung, and Blood Institute Education Programs Information Center, 4733 Bethesda Avenue, Suite 530, Bethesda, MD 20814; (301)951-3260.

Disseminates public education materials and materials on worksite health. Responds to information requests. Provides consumer materials on a variety of topics, including exercise and the heart.

American Alliance for Health, Physical Education, Recreation, and Dance, 1900 Association Drive, Reston, VA 22091; (703)476-3461.

Special programs include fitness for older persons, activity programs for the handicapped, and an exercise program for youth and adults. Promotes school health and physical education programs. Distributes professional materials.

National Association of Governors' Councils on Physical Fitness and Sports, Pan American Plaza, 201 S. Capitol Avenue, Suite 440, Indianapolis, IN 46225; (317)237-5630.

Coordinates national employee health and fitness day. Provides registration packets and incentive items to those organizations interested in participating.

YMCA of the USA, National Director, Health and Physical Education, 101 North Wacker Drive, Chicago, IL 60606; (800)USA-YMCA, (312)977-0031.

Physical fitness and health programs include fitness training and conditioning and group fitness programs for all ages. A variety of brochures are available from over 2,000 local YMCAs. ■

If you make copies of this guide, take the opportunity to insert local resources for services and information here.

The *Healthy Difference* Program

Messages for better health on five topics from the U.S. Department of Health and Human Services to all those it serves:

1. Immunization
2. Alcohol
3. Diet
4. Smoking
5. Physical Activity

WIC/IMMUNIZATION DEMONSTRATION PROGRAM

GOAL

- Evaluate the most cost-effective approaches for improving vaccination levels

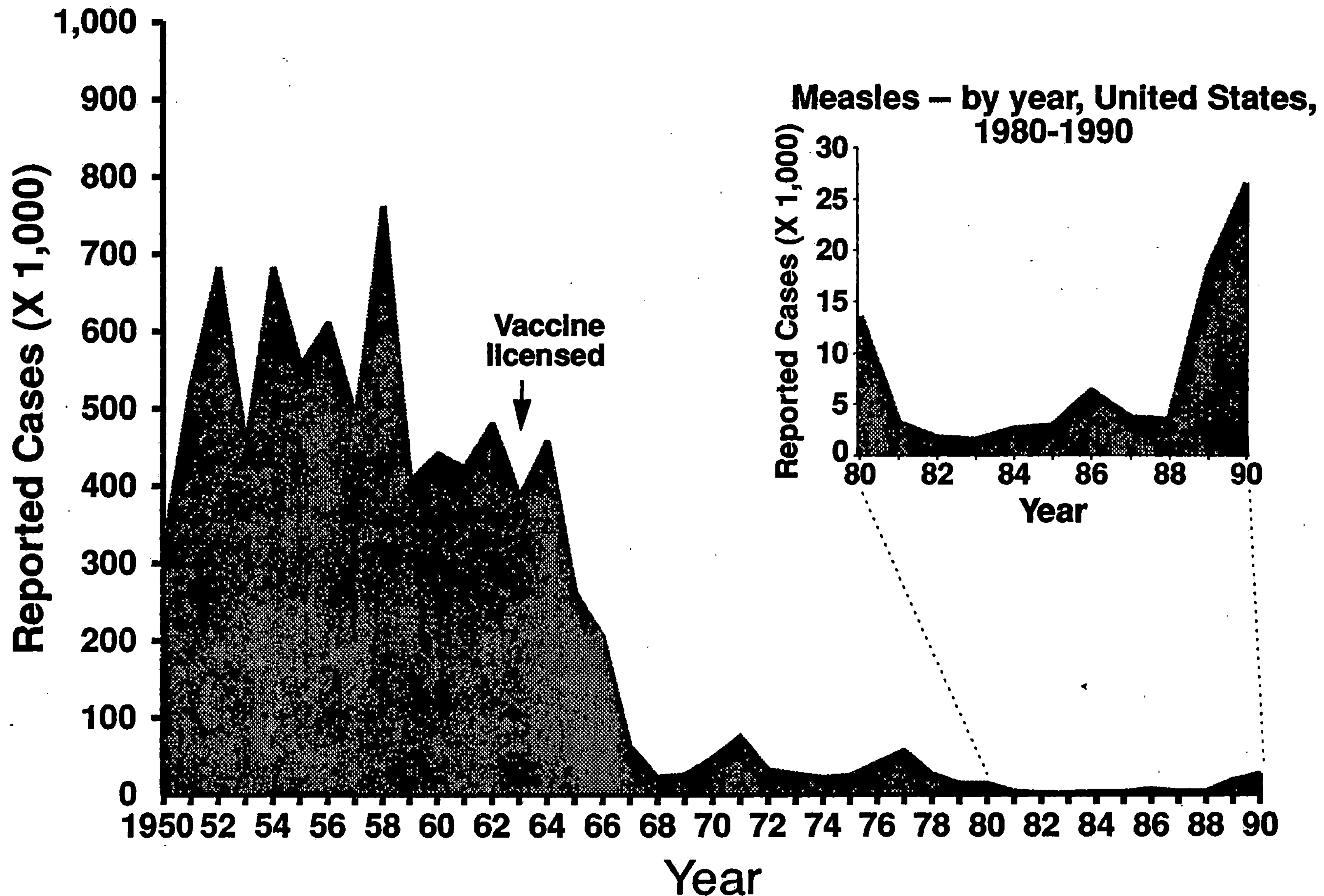
STUDY DESIGN

- Two-year pilot project
- Three broad types of interventions
  1. Screening for immunization status and vaccination in WIC clinics (2 sites)
  2. Screening for immunization status and routine referral
     a. Off-site (2 sites)
     b. On-site (1 site)
  3. Educational message about the importance of vaccination (1 site)
- Control clinics - no new interventions (2 sites)
- Computerized system for assessing vaccination status
- Food Vouchers for 1 month instead of 2 until immunizations are up-to-date

EVALUATION

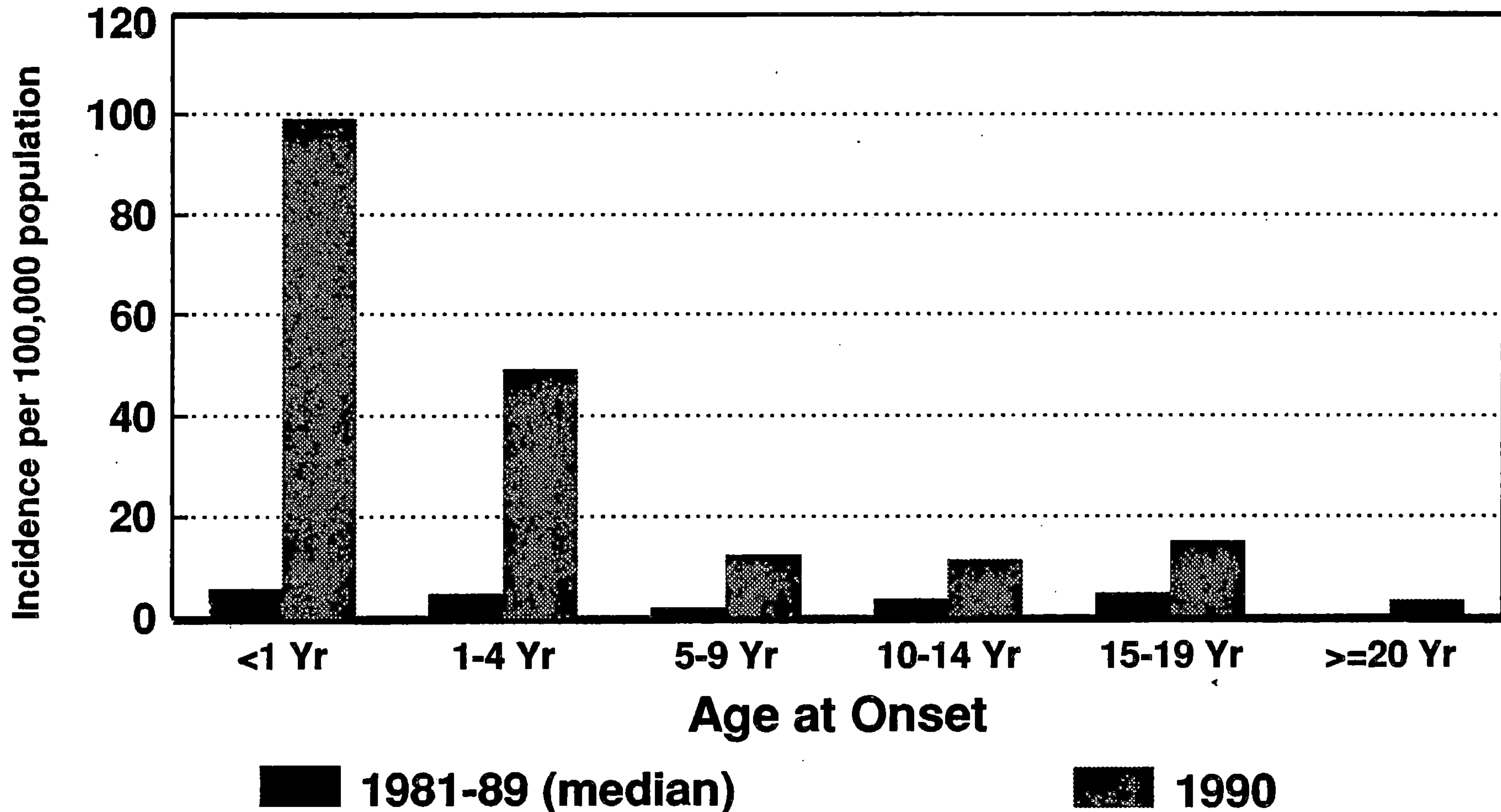
- Calculate vaccine coverage levels before and after interventions
- Calculate total direct cost of each intervention

Reported Measles Cases, United States, 1950-1990*



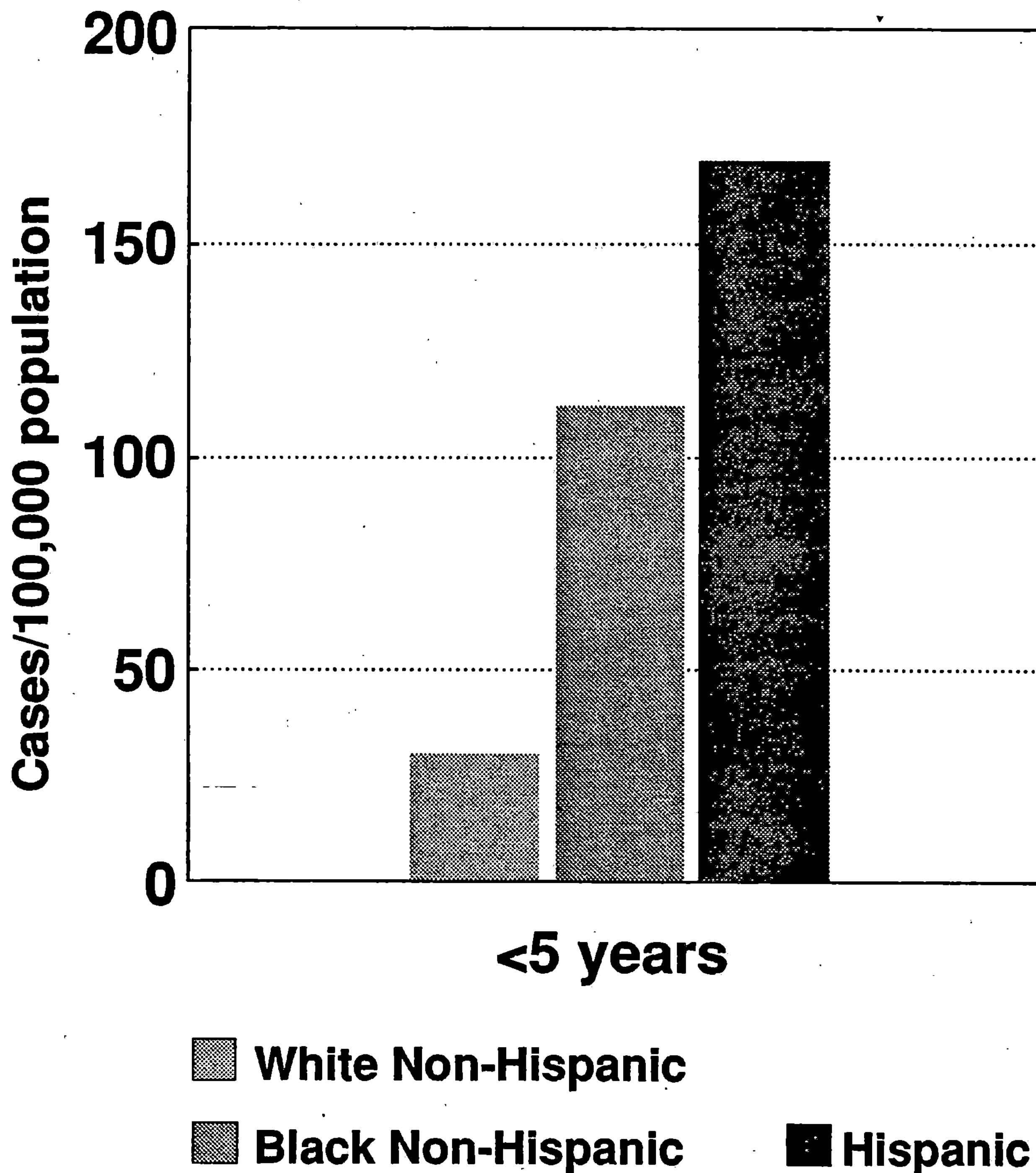
*1990 provisional data.

Risk of Measles in Different Age Groups Before and During the Current Epidemic, United States*



*Information based on age-specific measles incidence rates for period 1981-1989 vs. 1990.

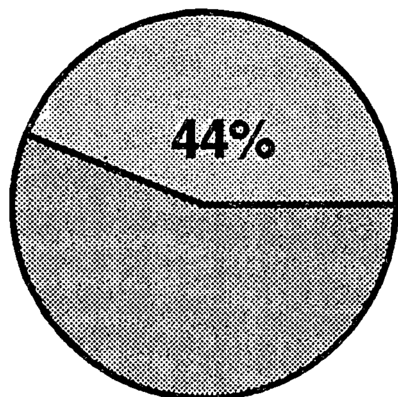
Risk of Measles in Different Racial/Ethnic Groups of Preschool Children, United States, 1990*



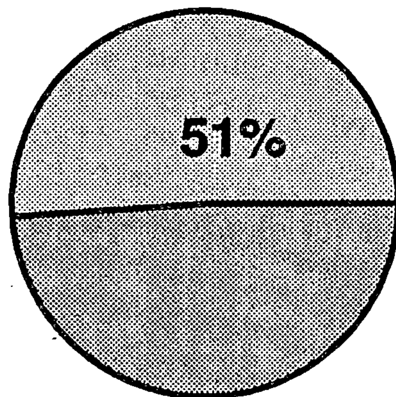
*Information based on measles incidence rates from 16 States.

MISSED OPPORTUNITIES FOR IMMUNIZATION

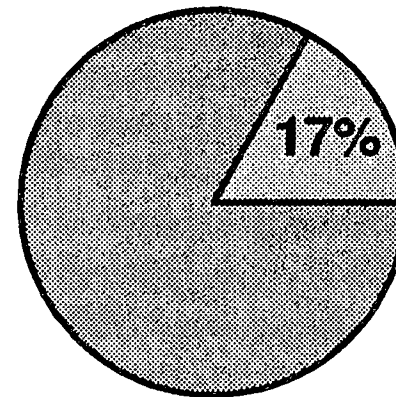
Percent of Children Served by Social Services Programs Among Unvaccinated Measles Cases Who Were Eligible for Vaccination*



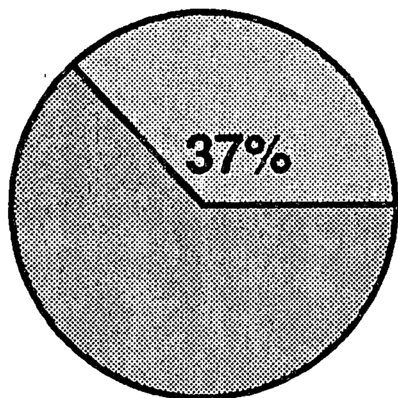
WIC
USDA



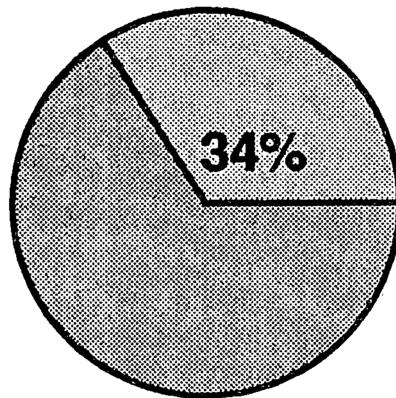
AFDC
HHS



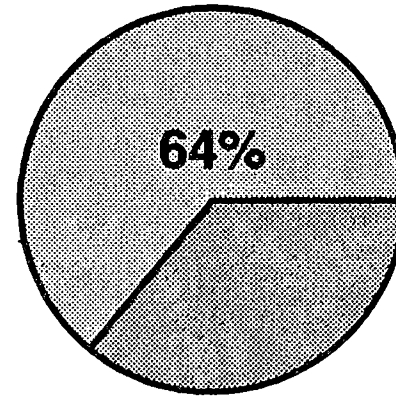
Public Housing
HUD



Food Stamps
USDA



Medicaid
HHS



Any Program
USDA/HHS/HUD

*Information based on 238-437 unvaccinated, but vaccine eligible, measles cases in 5 different U.S. cities.

THE WHITE HOUSE

Office of the Press Secretary

EMBARGOED FOR RELEASE
UNTIL 12:00 NOON C.D.T.
1:00 P.M. E.D.T.
MONDAY, MAY 13, 1991

May 13, 1991

FACT SHEET

IMPROVING HEALTH FOR INFANTS AND CHILDREN

Improving the health of infants and children is an important objective of the Bush Administration. The prevention, immunization and Healthy Start initiatives are a vital part of the Administration's policy of investing in the future of our nation's children.

I. FOCUSING ON PREVENTION

Prevention offers the greatest opportunities for realizing a healthier America. The Bush Administration is vigorously pursuing a prevention strategy to realize that goal. The Administration's approach to improving infant and child health is part of this effort. Ten thousand of the nearly 40,000 infant deaths in America each year are preventable. Our generation has a responsibility to ensure that young people get as good a start in life as society can offer.

The Administration's Fiscal Year 1992 Budget recognizes the value of investment in prevention and in children. The Budget includes increased funding for:

	increase
o the supplemental nutrition program for Women, Infants, and Children (WIC);	9.52%
o breast and cervical cancer prevention;	52.4%
o smoking cessation;	7.8%
o physical fitness and nutrition programs;	13.9%
o injury prevention;	13.3%
o access to health care;	11.4%

- lead poisoning prevention; 412.5%
- substance abuse prevention; 5.1%

The Administration is also increasing evaluations of prevention and children's programs to ensure that Federal investments get the highest possible payoff.

Childhood Immunizations

Childhood immunizations are a vital prevention measure. Every year since the 1981-1982 school year, 95 percent or more of elementary students entering school are immunized against each of the vaccine-preventable diseases. However, much more needs to be done to protect pre-school children from vaccine preventable diseases; low immunization levels among pre-school children have led to measles outbreaks. In this regard:

- For Fiscal Year 1992, the President has requested an additional $40 million for the Centers for Disease Control's immunization program for a total of $258 million -- an increase of 19 percent over 1991. Federal funding for immunizations has more than doubled since 1988.
- Of this increase, $35 million will be targeted to increasing immunizations of preschool children in low-income minority populations.
- Three pilot demonstration projects -- in Chicago, Jersey City, and New York City -- are presently being funded to test "one stop shopping" for the children of low-income families needing immunizations.

II. IMPROVING INFANT HEALTH

The Administration's three-part strategy to improve infant health and to attack the persistent tragedy of infant mortality in the United States includes:

1. Increasing prenatal care and nutrition services for low-income pregnant women, focusing on treatment for damaging behavior such as smoking, alcohol and drug abuse.
2. Targeting services and programs to at least 10 communities with exceptionally high infant mortality rates.
3. Making the public, and especially would-be parents, aware of the sad fact that the behavior of parents often contributes to poor infant health.

Background

The U.S. has significantly reduced the infant mortality rate -- cutting the rate in half since 1970 to an estimate of 9.1 deaths per 1,000 live births in 1990. But the percent of low birthweight babies (babies who are more likely to die or face a lifetime of serious health problems) has remained essentially constant. Tragically, black infants are more than twice as likely to die as white infants. American Indian infants are 60 percent and Puerto Rican infants are 40 percent more likely to die than white infants.

One of the largest causes of infant health problems is individual behavior. For example, smoking during pregnancy leads to 10 percent of infant deaths and 25 percent of low birthweight babies; yet, over 20 percent of women continue to smoke during pregnancy. Infant health problems are particularly acute in communities overwhelmed by the near collapse of two-parent families, by shortages of available services, and by the use of crack cocaine and other illegal drugs in epidemic proportions.

The Administration's Initiative to Reduce Infant Mortality

1. A broad-based effort to expand service use.

Early access to prenatal care is critical to improving infant health, yet nearly 25 percent of mothers receive no prenatal care during the first trimester of pregnancy. Over 6 percent of women receive no care at all or wait until the third trimester to receive care.

As recently as 1988, some States set eligibility levels for pregnant women as low as 15 percent of poverty. The President proposed increasing that level, and signed legislation that would make all pregnant women and infants in families with incomes below 133 percent of the poverty standard eligible for Medicaid, an expansion that makes Medicaid available to more than two million women when they become pregnant. The initiative seeks to realize the potential for early prenatal care and also put in place targeted treatment programs.

The health initiative seeks to increase the frequency with which high-risk women seek prenatal care and develop new targeted treatment programs through the following measures:

- improving participation in Medicaid among eligible pregnant women by 5 percent per year (60,000 women/infant pairs);
- increasing the number of high-risk women who receive prompt, adequate prenatal care in community and migrant health centers;

- increasing the number of pregnant women and infants who obtain adequate nutrition and healthcare referrals through the Women, Infants, and Children (WIC) supplemental nutrition program; and

- integrating smoking and drug abuse cessation programs into public prenatal care and nutrition programs.

2. <u>Target areas worst-hit by high infant mortality rates</u>.

While the infant mortality rate in the United States has dropped in recent years, disparities between geographic regions of the country remain great -- ranging from a rate of 6.9 deaths of children less than one year old per 1,000 live births in Anaheim-Santa Ana, California to 23.2 such deaths in Washington, D.C. **As part of the effort to reduce overall infant mortality, significant effort and resources must be committed to those areas where infant mortality rates are highest.**

- The Administration's **Healthy Start** initiative will target at least 10 communities with exceptionally high infant mortality rates. As announced in the April 17 <u>Federal Register</u>, the Federal government will fund programs that encourage high-risk women to seek more frequent prenatal care, establish new targeted treatment programs, and develop special initiatives that address non-financial barriers to prenatal care. The Administration has requested $171 million in Fiscal Year 1992 to fund this program.

- Programs in the targeted areas will be a testing-ground for new strategies that will serve as models for other communities throughout the country.

3. <u>A national public education campaign</u>.

In 1985, only 54 percent of women aged 18-44 knew that heavy drinking during pregnancy increases the chance of birth defects; only 52 percent were aware that smoking during pregnancy increases the chance of low birth weights. The health initiative will try to get the message out by:

- cooperating with the National Advertising Council, employers and private insurers to stimulate free air-time for public service announcements;

- targeting educational messages to schools, hospitals, community centers, business groups, and Healthy Mother-Healthy Baby networks in each state;

- distributing maternal and child health handbooks to all pregnant women in publicly-funded programs;
- providing information for expectant parents through a national toll-free hotline that is linked to local health care systems; and
- developing a model program that encourages community awareness and involvement.

# # #

CENTERS FOR DISEASE CONTROL

Immunization Budget Summary

Question:
What accounts for the $40 million increase in 1992 for the CDC Immunization program?

Answer:
- o Request of $258 million for the 1992 immunization budget is a net increase of +$40 million, or +19%, over 1991.
- o Most ($35 million) of this increase will be targeted to increasing immunizations of children under 2-years-of-age, particularly inner-city, minorities, who currently have the lowest immunization rates and are the most vulnerable to adverse effects of childhood diseases.
- o These additional funds in 1992 will be used to:
  - -- Expand efforts to better coordinate immunization services with other low-income assistance programs, e.g., WIC, AFDC, and Medicaid; and improve outreach (**+$9 M**, total $24 M);
  - -- Help communities identify and eliminate current barriers to immunizations (**+$6 M**, new);
  - -- Reward States and cities which show the most improvement in the previous year in rates of immunization among low-income 2-year-olds (**+$20 M**, new).

A Shot in the Arm

MEASLES AND other contagious childhood diseases, once all but eradicated in this country, are coming back at an alarming rate. The 26,000 cases of measles reported last year stand in sharp contrast with the all-time low number (1,497) in 1983. Almost half the victims were preschoolers, for the most part black and Hispanic inner-city children, who had not received the recommended vaccine for this potentially fatal illness.

Specialists estimate that as many as half of all inner-city 2-year-olds fail to receive the immunizations they need—one of the worst rates in the Western Hemisphere. Parents—the working poor, for the most part—either don't know to take their children to the besieged public health clinics, don't know where to take them or simply can't take them. Many clinics have had to shut down evening operations and let go nurses, for instance, because of diminishing funds. Ironically, the budget squeeze is caused in part by the rising cost of the vaccines themselves—from about $7 per child in 1982 to $91 last year.

The federal government has requested a $40 million increase in its immunization grant program, which pays for a quarter of all vaccines distributed. The American Academy of Pediatrics thinks it will take far more to deliver enough vaccines. But everyone agrees it's going to take something other than money to stem outbreaks like those occurring in New York, Philadelphia and Los Angeles. Many barriers must come down that prevent timely immunization, as a national advisory panel recommended earlier this year. Some doctors and clinics, for example, choose not to immunize unless an appointment has been made or until a physical exam has been completed. Many insurers do not cover the cost of immunization, which forces more parents to go to understaffed clinics. The insurers' savings are dubious in the face of spreading disease; for every $1 spent on a vaccine, $10 is saved in future health care costs.

To make it easier for parents, some cities are beginning to link vaccination programs with the delivery of welfare and other social services—a good idea as long as it's not punitive. (In a New York pilot program, mothers whose children aren't immunized receive fewer vouchers for food than those whose children are.) Here in Washington, where mumps is more of a menace than measles so far, the city offers vaccinations at the Reeves municipal center in the evenings and occasionally at "health corners" at public housing sites. Further public education would help too. The Association of Junior Leagues is running a vaccination campaign in dozens of cities, including this one.

This country has the wherewithal to ensure that every toddler gets the vaccines he or she needs, and Congress should see to it. Complacency, including the cessation of federal monitoring of preschool immunizations (they'll be resumed this year), has led to contagion—and national embarrassment.

The Measles Epidemic: The Problems, Barriers and Recommendations

Adopted by the National
Vaccine Advisory Committee
January 8, 1991

EXECUTIVE SUMMARY

Despite exceptional progress made in the control of measles since licensure of measles vaccines in 1963, the nation has experienced a marked increase in measles cases and a number of urban epidemics of measles during 1989 and 1990. Almost one half of all cases have occurred in unvaccinated preschool children, mostly among minorities. As serious as the epidemic itself may be, the causes of the epidemic lead to even greater concern about the nation's current system and capacity for delivering vaccines to children.

The principal cause for the epidemic is failure to deliver vaccine to vulnerable preschool children on schedule. Major reasons for the low vaccine coverage exist within the health care system itself which create barriers to obtaining immunization and fails to take advantage of many opportunities to provide vaccines to children when such children make health care visits. Many of the barriers result from policies which require advance appointments rather than providing immunization on request, and policies that require comprehensive physician evaluations when appointments for such evaluations may take weeks to months to obtain. Other barriers result from insufficient State and local resources resulting in inadequate nursing staff, clinic hours, and clinic locations. The measles epidemic is a warning flag about children's immunization status and the nation must respond to this deficiency.

Ideally, immunizations should be given as one part of a comprehensive child health care program. This is the ultimate goal toward which the nation must strive if all of America's children are to benefit from the best our health care system has to offer. The lack of adequate resources represents a principal barrier. However, the delivery of immunization, our most cost-effective health service, cannot await the development of the ideal comprehensive child health system. Essential changes in the childhood immunization system can and should be made now.

Increased Measles Incidence in 1989-1990

- During 1989, more than 18,000 measles cases -- the largest number since 1978 -- were reported. This was more than ten times the all-time low number of cases (1,497) reported in 1983. Measles caused 41 deaths in 1989, the largest annual number of reported deaths due to measles in almost two decades.

- In 1990, the epidemic intensified, with more than 25,000 cases and over 60 deaths reported.

- During 1989 and 1990, children younger than 5 years of age have been at greatest risk. The increase in cases has been greatest among preschool children, with 47% (provisional) of the cases reported in 1990 occurring among this group.

- Most children with measles reported in this epidemic were unvaccinated. Current recommendations call for measles vaccination at 15 months or before. As many as half of the children living in low income, inner city neighborhoods have not received measles vaccine by their second birthday. From 1989 through 1990, over 80 percent of measles cases among children ages 16 months to 5 years could have been prevented by timely vaccination.

Measles Increase is Indicative and Predictive of Other Problems

- Measles serves as a measure of the efficacy of vaccine delivery. The increase in measles cases is likely to be followed by outbreaks of other vaccine-preventable diseases.

Missed Opportunities to Vaccinate are Part of the Problem

- In some outbreaks, one-third of children with measles had experienced at least one previous health care visit at which an opportunity for vaccination was missed. Children fail to be vaccinated because of policies which: (1) use unwarranted contraindications such as minor illness to defer immunization; (2) do not administer all needed vaccines simultaneously but refer the child for multiple visits; and (3) simply fail to assess the child's immunization status and offer needed vaccines.

- Many poor and minority children use acute care clinics and emergency rooms as their primary source of care but aren't immunized in this setting.

- Children receiving benefits under publicly-funded programs often do not receive immunizations on schedule. The majority of unvaccinated vaccine eligible preschool children with measles have been enrolled in public assistance programs such as Aid to Families with Dependent Children (AFDC), Medicaid, or the Supplemental Food Program for Women, Infants, and Children (WIC).

Key Barriers to Immunization

- Approximately half the country's public immunization programs report one or more policy related barriers including: (1) required advance appointments instead of immunization on request; (2) required physical exams, physician referral, or enrollment in comprehensive care well baby clinics before immunization, when such services may need scheduling weeks in advance; or (3) vaccine administration fees.

- Many immunization programs across the country have inadequate resources, including insufficient clinic staff or inadequate clinic hours. In addition, four programs report having too few or inconvenient locations to reach successfully the populations they are expected to serve.

- o Many insurers do not cover immunizations forcing pediatricians and other physicians to pass on costs to parents or to refer the parents to already overtaxed public clinics. This leads to further fragmentation of care.

Key Recommendations

To prevent the health burden of measles and other vaccine preventable diseases and ensure that the nation's children are vaccinated at the appropriate age, the National Vaccine Advisory Committee offers the following 13 recommendations. Many of these recommendations require changes in policy for immunization delivery and do not need increased resources for implementation. Others, however, will require new resources. Based on a partial examination of information, the Committee has made a provisional estimate of resources to implement these recommendations. A net increase of $40-50 million will be needed annually to implement all of these recommendations.

Improve Availability of Immunization

1. Adequate Federal financial support should be provided to State and local health departments to enhance the vaccine delivery infrastructure (e.g., professional staff, community outreach workers).

2. Vigorous efforts should be made including legislation, if necessary, to assure that all managed care systems provide immunization and that all third party payers cover routine childhood immunization as part of their basic benefits package.

3. Medicaid, including the Early Periodic Screening Diagnosis and Treatment (EPSDT) program should assure that all covered children receive vaccines by (1) tracking and assessing immunization status, (2) assuring providers are adequately reimbursed for vaccines and vaccine administration and (3) making sure providers receive vaccines purchased through low cost Federal contracts.

4. National and community level efforts should be enhanced to build grassroots support for adequate resources for immunization and to enhance local request for immunization.

Improve Management of Immunization Delivery

5. The National Vaccine Advisory Committee in collaboration with public and private sector groups should issue a formal set of minimum "Program Standards for Immunization Practice." These standards should assure that immunization is available on request at convenient times and that children are not required to have comprehensive physician evaluations when they are not readily available.

6. To improve access to care, the NVP-chaired "Intergovernmental Coordinating Group on Access to Immunization" should develop and implement a comprehensive plan to assure the clients they serve are adequately immunized.

7. Immunization status should be assessed routinely for persons enrolled in Women, Infants and Children (WIC) and Aid to Families with Dependent Children (AFDC). Children in need should either be offered vaccine on-site or referred for vaccination with appropriate follow-up.

8. The NVP through CDC should collaborate with major health care provider organizations to encourage the adoption of policies which diminish barriers and take advantage of all opportunities to vaccinate.

9. State and or local governments which have not as yet done so should enact and enforce legislation to mandate appropriate immunization prior to enrollment in licensed day care centers.

Ongoing Measurement of the Children's Immunization Status

10. Preschool immunization coverage should be assessed annually at the National and State levels and in high-risk urban and rural areas.

Other Measles Prevention Needs

11. The two-dose schedule for measles, mumps, rubella vaccine (MMR) should be implemented across the country. Additional resources should be made available if current funds are found to be inadequate.

12. A rotating fund for outbreak control should be established to avoid the need for emergency appropriations to control unforseen vaccine-preventable disease outbreaks.

13. Laboratory, epidemiology and field studies should be conducted:

   o to determine more specifically the causes of low immunization levels in different areas and cost-effective interventions to improve coverage.

   o to assure (1) rapid diagnosis of measles to facilitate outbreak control, (2) existing vaccines continue to

provide a high level of protection and (3) the two-dose schedule has the desired impact in enhancing efficacy.

- to develop vaccines that are safe and effective in younger infants and, ideally, in newborns.

- to develop vaccine combinations to decrease the number of injections and visits required.

THE PROBLEM

Remarkable progress has been made in the effort to control measles since 1963 when measles vaccines became available for use (Figure 1). However, during the past two years, measles cases and deaths have risen sharply. During 1989, more than 18,000 cases and 41 deaths were reported, the largest number of reported cases since 1978 and the largest number of deaths in almost two decades. The epidemic intensified during 1990 -- with more than 25,000 cases and more than 60 deaths.

The current epidemic has hit the nation's youngest and most vulnerable children hardest. The recent increase in cases has been greatest among children younger than five years of age (Figures 2 & 3). During 1989, outbreaks among preschool children predominated with three inner-city epidemics (Chicago, Houston and Los Angeles) accounting for one-third of all cases. This trend accelerated during 1990, with nearly half of all cases occurring among children less than five years of age. (Figure 3) Minority children are disproportionately affected with Hispanic and Black preschool children, particularly in urban areas, facing 7-9 times the risk of measles as white children (Figure 4).

This represents a change from the mid-1980s when most measles cases occurred among a small proportion of school and college age students who had not been vaccinated or who had been vaccinated unsuccessfully. Because vaccine failure remains a problem, beginning in 1989 a second dose of vaccine was recommended to be administered at entry either to primary or to middle or junior high school. Since this is a long-term solution requiring 7-13 years to reap the full benefits, aggressive revaccination during school-based outbreaks will be needed in the interim.

Studies reveal no change in the effectiveness of the vaccine during recent years. The vaccine, licensed and in use since 1963, protects about 95% of those who receive it. About three-fourths of those with measles during 1990 were unvaccinated (Figure 5). For this unvaccinated group of children more than 17,000 cases could easily have been prevented with the currently available highly safe and effective vaccine.

The principal cause for the measles epidemic is failure to deliver vaccine to children at the recommended age. Although immunization levels are 97-98% at the time of school entry, they are reported to be as low as 50% among 2-year olds in some inner city populations (Figure 6). As a result, these vulnerable infants remain susceptible and a highly contagious disease such as measles spreads rapidly and widely. Limited data suggest the problem in inner cities is not uniform and that some inner cities have achieved coverage high enough to prevent significant transmission of measles (Figure 6).

The measles epidemic is cause for serious concern. But measles, being the most contagious of the vaccine preventable diseases, is also an indicator that signals a failure in the vaccine delivery system. Given low immunization levels among young children, it is

reasonable to suspect that there are substantial numbers of children now also susceptible to pertussis, poliomyelitis, mumps, and rubella. Likewise, Hemophilus disease, which is now preventable by vaccination, continues to be a serious problem.

THE NATION'S CHILDHOOD IMMUNIZATION SYSTEM

The current childhood immunization system in the United States is a patchwork of public and private sector efforts that include participation of private physicians, and local, State and Federal governments. The vaccination system consists of two major components: (1) vaccine purchase and (2) vaccine administration to children. Half of all vaccines are administered in the private sector and half administered in the public sector.

Since 1963, the Federal government, through the Centers for Disease Control has provided grants to States and some large county and city health departments to assist with the purchase of adequate supplies of vaccines and to supplement their immunization efforts. Federal immunization grants currently support purchase of approximately half of the total public sector vaccine needs, although the proportion varies by specific vaccine. State and local resources are used to meet the remaining vaccine needs. Federal immunization grants also support administrative activities such as: assessment of immunization coverage; promotion of vaccination; and surveillance of disease and adverse events.

Actual delivery of vaccines in the public sector is primarily a State and local responsibility although Federal funds provide support for delivery through Medicaid, the Maternal and Child Health Block Grants, and the Prevention Block Grants to states and designated localities and as Federal Grants directly to community health centers. Although the total Federal resources being provided for immunization are considerable, there is presently no formal national coordination of the Federal role in vaccine delivery.

It is not possible to determine precisely how much money is used for immunization. It is clear, however, from available evidence that publicly-funded clinics are essential as a source of preventive care for low income families and that many clinics lack the resources to adequately serve all families in need of low-cost or free immunizations.

WHY ARE CHILDREN NOT BEING VACCINATED?

The current vaccine delivery system is complex and varies from city to city and state to state. There is no universal approach to reach all children. Known barriers to successful immunization for all children include four key types. Each can be addressed. They are:

- missed opportunities for administering vaccines;
- short-falls in the health care delivery system with barriers to immunization;
- inadequate access to care; and

- incomplete public awareness and lack of public request for immunization.

1) Missed Opportunities to Vaccinate Children

Parents are often blamed for the poor immunization status of their children, but the evidence suggests that the health care system must assume substantial responsibility for failure to vaccinate. Many opportunities to provide needed vaccines are missed. Two types of missed opportunities are of particular importance:

(a) a child brought to a center for immunization is not vaccinated because of inappropriate contraindications such as minor illness or only one or two vaccines are given when, in fact, others are also needed and should be given;

(b) a child in need of vaccination has contact with a health care provider for other reasons but his immunization status is not assessed and immunizations are not offered.

Studies of unvaccinated measles patients in some epidemics have shown that about one-third of these children had one or more visits at which an opportunity was missed for vaccination. Failure to vaccinate in emergency rooms and acute care clinics is particularly important because many inner-city children use such settings as a primary source of care. National survey statistics for 1988 reveal that infants in inner city areas were twice as likely as suburban or rural infants to use such clinics (including hospital outpatient clinics, other clinics and health centers, or emergency rooms). Nearly half of all Black or Hispanic infants received routine care in a clinic setting.

Although inner city preschool children are often described as "hard to reach", many of these children are in regular contact with public assistance programs which typically see enrolled families every month. Opportunities exist through these programs to screen for immunization and, where practical, vaccinate children on-site. This is infrequently done, however, as each of the programs is administered by different agencies. Recent investigations of inner city measles outbreaks in Chicago, Dallas, Los Angeles, Milwaukee and New York indicate that 40 to 91% of unvaccinated preschool children who developed measles were enrolled in one or more public assistance programs, most commonly Aid to Families with Dependent Children (AFDC) (and consequently Medicaid), as well as the Supplemental Food Program for Women, Infants and Children (WIC) (Table 3).

The failure to adequately vaccinate many children currently enrolled in public assistance programs suggests that many of the potential benefits gained by recent expansions in Medicaid eligibility to a much larger group of poor and near-poor preschoolers may not be realized unless steps are taken to assure immunization is an integral part of program activities. Nearly one out of every three children younger than six -- more than 6 million children in all -- can now be covered by Medicaid if their families apply for medical assistance.

The lack of National coordination of vaccine delivery has lead to fragmentation in policies and absence of centralized monitoring of the impact of each Federal program involved with immunization. Policies which maximize opportunities for vaccination at each clinic visit may not be receiving the priority that is required because of the absence of strong National coordination. Recognizing this need, the Secretary of Health and Human Services has recently promulgated nine strategic Program Directions, two of which use immunization as an indicator of success:

(a) to improve the health and well-being of individuals through improved preventive health care, which includes examining the potential of expanding Medicaid coverage for immunization, and

(b) to improve access of young children and their families living in poverty to a wide array of developmental and support services, including health.

To improve integration of efforts to enhance immunization, the "Intergovernmental Coordinating Group to Improve Access to Immunization" of all agencies involved in vaccine delivery or serving high risk populations has recently been formed. The Group includes various HHS agencies and the Departments of Agriculture and Housing and Urban Development.

2) Shortfalls in the Delivery System - Barriers to Immunization

The Centers for Disease Control (CDC) surveyed immunization program managers from 54 of the 57 largest immunization projects in May 1990 to identify barriers to low immunization levels among preschool children. Only two states reported inadequate vaccine supplies in the public sector for routine immunization of preschoolers, despite the prevalent belief that this was a major problem. These difficulties were subsequently resolved.

The major unsolved problems identified in this survey were obstacles to vaccine delivery. Of the 54 immunization program managers surveyed, half cited resource and/or policy barriers that limited access to vaccinations in one or more communities in their project areas. Policy barriers for these 27 projects included:

- immunizations being available by appointment only (93%);
- requirements for physical examination prior to immunization (56%);
- need for physician referral in order to be vaccinated (41%);
- requirements for enrollment in well baby clinics in order to be immunized (37%); and
- administration fees (22%).

State and local resource problems which were cited included:

- insufficient clinic personnel (70%);
- inadequate clinic hours (56%); and
- too few clinic locations (15%).

National survey data of Hispanic families report inconvenient clinic hours and locations as leading barriers to care. Other reported problems include cultural and language barriers between local clinic personnel and some of the populations they serve, compounded by inappropriate health educational materials. In brief, many immunization settings are simply not user friendly.

In addition, many public sector clinics have inefficient immunization record keeping systems which do not allow programs to track or notify families routinely when vaccinations are due. Computerized systems which would facilitate rapid assessment of immunization and outreach are often absent.

Problems in the public sector are compounded by difficulties in vaccinating children in the private sector. The high costs of vaccines to private physicians are often passed on to parents (Table 1) because the majority of insurers fail to cover vaccination (Table 2). This plus concerns about liability has led some physicians to discontinue immunization as an office-based service. (The recently established National Vaccine Injury Compensation Program should alleviate this problem.) This set of circumstances leads in turn to greater fragmentation of care as private sector patients are forced to seek immunizations in already overtaxed public clinics.

3) Inadequate access to care

Because many families have no ongoing relationship with a health care provider, low immunization rates reflect, in part, inadequate access to care. National survey statistics show that preschool children from more affluent families (family incomes above $35,000) were far more likely to have had a routine health care visit, including prevention services, than were those children from families with incomes below $10,000. In 1988, Black infants were two to three times more likely than white infants to have had no well-baby care or visits.

4) Inadequate public awareness and lack of public demand for immunizations

In some communities, the low demand for immunization and a limited appreciation of the importance of beginning immunization in infancy has been reported among parents who may be isolated from the Health Care System. Low demand for immunization by such parents further reduces immunization coverage levels.

VOLUNTEER PARTICIPATION IN IMMUNIZATION EFFORTS

Many parents of inner city preschool children, particularly those from minority groups, lack information about the importance of immunizing their children at the recommended ages. Public sector agencies such as health departments often lack the resources and expertise to develop, produce, and disseminate culturally sensitive, linguistically appropriate, educational materials. Volunteer organizations and other private sector groups can play a major role in assisting health departments in effectively getting the immunization message out. In addition they can help build local support for the resources needed to enhance the immunization services in their respective communities. Volunteer groups can also help improve clinic efficiency by providing additional clerical and nursing support to existing clinics.

To increase immunization levels rapidly, some cities, with the assistance of volunteer groups, have attempted campaigns where vaccines are offered in multiple sites outside of routine clinics usually over a one to two day period. To date such approaches have generally proved disappointing with only small proportions of the estimated target populations vaccinated. Moreover, such campaigns do not build the permanent improvements in the vaccine delivery system essential to sustain the high coverage levels required to provide present and future vaccines. While vaccination campaign approaches may still be explored, volunteer efforts are more likely to be productive if targeted toward permanent improvements in vaccine delivery and appropriate record keeping.

STUDIES

Activities that could be expected to have a marked impact in reducing measles cases include studies to develop vaccines that are safe and effective at younger ages; studies to ensure that the current vaccine continues to be effective; and studies to design cost-effective ways to reach more children with available vaccine in and out of the comprehensive health care system.

CONCLUSIONS

The major reason for the resurgence of measles is failure to administer vaccines to children at the appropriate age. Studies are underway by CDC and others to better assess the role of consumer education and motivation, provider practices, and local agency policies in contributing to low coverage. As these data become available, strategies for vaccine delivery can be refined. Available information, however, indicates that the major cause can be found in the health care delivery system itself.

Parents who seek immunization for their children face many obstacles. One barrier results from policies which make immunization difficult to obtain, such as the need to schedule appointments, enroll the child in a well-child care program or have a prior physical examination which is not immediately possible. Other barriers to vaccine delivery are inadequate numbers of clinic personnel to provide vaccination and the scheduling of clinics at inconvenient hours. Immunization services should be provided at all times during weekday working hours and at times when working parents can bring their children for services - evenings and weekends. Providing adequate personnel to accomplish these goals is difficult for large urban health departments in particular, most of which have severe fiscal constraints caused by eroding tax bases and increasing service demand. In addition, many opportunities are missed to vaccinate children who interact with the health care system. Finally, little effort has been made to enhance access of the disadvantaged to immunization services through other public assistance programs.

Immunization benefits not only the child who is vaccinated but society as a whole. The vaccine-preventable diseases are contagious and outbreaks among inner city infants and toddlers threaten not

only their health but the health of all susceptible children and adults, whether they live in urban, suburban or rural areas. Because disease in any part of this country is a threat to all, Federal, state and local governments share responsibility for improving deficient delivery systems.

Ideally, immunizations should be given as one part of a comprehensive child health care program. This is the ultimate goal toward which the nation must strive if all of America's children are to benefit from the best our health care system has to offer. The lack of adequate resources represents a principal barrier. However, the delivery of immunization, our most cost-effective health service, cannot await the development of the ideal comprehensive child health system. Essential changes in the childhood immunization system can and should be made now.

RECOMMENDATIONS

I. Improve Availability of Immunization

1. Additional Federal financial support should be provided through immunization grants to State and local health departments to enhance the vaccine delivery infrastructure (e.g. professional staff, community outreach workers). These funds should be distributed to areas most in need, particularly large cities. New policies should assure that resources are used to improve current immunization delivery rather than to substitute for current State and local efforts.

2. Vigorous efforts should be made, including legislation, if necessary, to assure that insurers provide or reimburse for immunization as part of their basic health benefits package and that all managed health care systems, including health maintenance organizations, provide routine vaccination services.

3. Medicaid, and its child health component, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, should be integrally involved in tracking children in need of immunizations and providing adequate reimbursement for the service. Thus, Medicaid should assess immunization levels of clients served by individual providers as a measure of quality and to assure compliance with Federal EPSDT requirements. Medicaid providers should either be given vaccine through the public sector or should be adequately reimbursed for the cost of purchasing vaccine and its administration. To reduce these costs, vaccine used by Medicaid providers should be purchased at low Federal contract prices.

   State EPSDT programs should better comply with federal guidance to: make aggressive efforts to enroll families; recruit and retain health care providers; provide appointment scheduling and transportation assistance; and establish a recommended well-child visit schedule that follows the guidelines of the American Academy of Pediatrics.

4. Health Departments should reach out to volunteer groups and community-based organizations to build grassroots support for adequate resources for immunization and to enhance local request for and prioritization of immunization. The current National and community-level efforts to build public awareness of the importance of preschool immunization and the efficacy of vaccines and their safety should be intensified.

II. Improve Management of Immunization Delivery

5. The National Vaccine Advisory Committee (NVAC) should issue a formal set of minimum "Standards for Immunization Practice" in collaboration with the Interagency Coordinating Group (see Recommendation #6) and private sector groups (see Recommendation #8) for vaccine delivery. The minimum standards of immunization practice for all public sector clinics should include:

   - immunizations should be available on request without required appointments;
   - immunizations should be given to all children who have no known contraindications and appear to be in good health without requiring routine physical examinations or measuring temperatures;
   - each clinic should have a prominently posted list of valid contraindications, and all providers should be familiar with valid contraindications.
   - Accepted procedures for informing parents or legal representatives regarding benefits, risks and contraindications of vaccination should be followed in all instances;
   - simultaneous administration of all needed vaccines should be the norm;
   - adequate staff must be available to deliver needed immunization services during routine working hours and, where needed, at times more convenient to parents such as evenings and weekends.

6. The NVP-chaired Intergovernmental Coordinating Group on Access to Immunization should develop and implement a coordinated plan to ensure high immunization levels for the clients they serve. Immunization coverage should be used as one major indicator of the quality of services delivered. Periodic reports of the group's activities should be made to the NVAC. Appropriate Interagency Coordinating Groups should also be formed at the Regional and State levels.

7. Federal participation is needed to support determination of immunization status of WIC and AFDC recipients particularly in urban areas. Children with incomplete immunization should either be referred for vaccination with appropriate follow-up or be vaccinated on-site in WIC or AFDC clinics and offices. Projects which evaluate the feasibility, effectiveness and cost-effectiveness of approaches toward improving coverage in these populations should be encouraged, including conjoint location of WIC, AFDC and immunization services ("one-stop-shopping"). Results of successful efforts should be brought to the attention of all interest groups.

8. The NVP should assure collaboration through CDC with major health care provider organizations including the American Academy of Pediatrics, the American Academy of Family Physicians and other key physician and nursing organizations to develop policies among their members to facilitate immunization delivery. These groups should participate in developing minimum standards for immunization practice and a checklist of valid contraindications for vaccination. Organization endorsements should be sought especially for delivery of immunizations outside of comprehensive care settings when such care is either not available or difficult to obtain, particularly in acute care settings and to encourage members to take advantage of all opportunities.

9. State and or local governments which have not as yet done so should enact legislation to mandate appropriate immunization prior to enrollment in licensed day care centers.

III. Ongoing Measurement of the Children's Immunization Status

10. National immunization coverage should be assessed annually through the National Health Interview Survey. Immunization coverage assessments are also required in all states and should be conducted in high-risk urban and rural local areas. The CDC should explore feasible and economical ways of measuring immunization coverage of two year olds at State, and local levels. Federal resources should be used to enhance surveillance, particularly in high risk inner city areas, in order to obtain better information on vaccine-preventable diseases and so design the most appropriate control strategies.

IV. Other Measles Prevention Needs

11. The two dose schedule, recommended as measles, mumps, rubella (MMR) vaccine, should be fully implemented across the country. Some cases of measles will occur in schools and colleges so long as students have not received a second dose of vaccine. In most areas, two age groups are being vaccinated each year -- one school age group (either entrants to school or entrants to middle or junior high school) and college entrants. The 1991 congressional appropriation allocated Immunization Grant funds to purchase approximately one-half of the needed MMR vaccine provided in the public sector. Additional funds should be provided as required.

12. A rotating fund should be established for outbreak control so that funds would always be immediately available. This would eliminate the need to wait for emergency appropriations before responding to an outbreak. Because the two-dose schedule is a long term solution and its full impact will not be achieved for perhaps 7 to 13 years, funds will be needed in the meantime for re-vaccination during outbreak control.

V. Need for New Information

13. Optimal measles prevention requires greater knowledge about how best to deliver vaccine and more information on measles virus, measles disease, and measles vaccines.

   o More studies on immunization program operations and outcomes should be conducted to help in designing the most cost-effective measures to improve vaccine coverage and to better understand the key barriers to full immunization among preschool children, particularly minority populations living in inner cities. Innovations, ranging from small changes such as provision of vaccine on an "express lane" walk-in basis, to use of birth certificate information for tracking of infants by computer, to better coordination of public programs, should be tested for their ability to raise coverage.

   o Laboratory and epidemiologic studies should be conducted to address both the problem of measles in highly vaccinated populations and of measles in young children. Such studies should include:

      - development of techniques to rapidly diagnose measles and to effectively measure protective immunity;

      - studies of disease and vaccine strains to ensure that existing vaccines continue to provide a high degree of protection against circulating wild-type measles;

      - studies on the response to a second dose of measles vaccine delivered at various ages and intervals, and other investigations to determine whether implementation of the two-dose schedule will eliminate measles in school-age populations; and

      - studies to develop vaccines capable of providing long lasting protection when given to children 6-12 months old or younger.

Infants (younger than 12 months) accounted for about one out of every eight cases reported in 1989 and 1990, and 30% of all cases in preschool children. Currently, the age of measles vaccination is often lowered from 15 to 12 months in cities at risk of preschool measles, and to six months during large outbreaks. However, vaccination at six months of age is less effective, due to interference by maternal antibodies remaining in the infant's system, and necessitates re-vaccination at 15 months of age. The availability of measles vaccines that more reliably protect children under 12 months of age would allow more effective control of measles.

Many of the above recommendations can and should be implemented without the need for new resources. For example, some policy changes can be executed with existing funds and may have substantial impact. Some recommendations such as having Medicaid assure vaccines are purchased from low cost Federal contracts should actually be cost saving. Nevertheless, some recommendations will require new resources. To enhance the vaccine delivery infrastructure, inner cities without sufficient nurses will need funds to hire them. New staff will be needed to assess vaccination in WIC clinics and AFDC offices. Funds will be needed to address some of the key information needs. Accurate resource estimates for implementing the above recommendations will need to be developed. Based on a partial examination of available information, the Committee estimates that implementation of all of the recommendations will require a net increase of $40 to $50 million annually.

TABLE 1

Prices for vaccines purchased through the Federal Government contract versus representative catalog prices*

Vaccine	Contract Price**	Catalog Price**
DTP+	$ 6.91	$10.65
HbCV(HbOC)+	$ 5.18	$14.25
MMR++	$14.71	$24.07
OPV+	$ 1.92	$ 9.74

* As of January 7, 1991
** Price per dose, catalog price is the price from the company that has the Federal contract
\+ Lederle Praxis Biologics
++ Merck, Sharp & Dohme

TABLE 2

Insurance Coverage for Basic Childhood Vaccination*

Type of Plan	% Coverage
Employment-based with conventional health insurance	45
Preferred Provider Organization	62
Health Maintenance Organization	98

*Source: Health Insurance Association of American Survey, 1989

Note: Based on national survey statistics for 1988 (Natitonal Health Interview Survey on Child Health and Current Population Survey), an estimated 15 to 17 percent of all children (9 to 11 million) and approximately 28 percent of poor children (2 to 3 million) were uninsured. As a result of legislation enacted since 1988, an estimated 2 million children have been made eligible for Medicaid coverage.

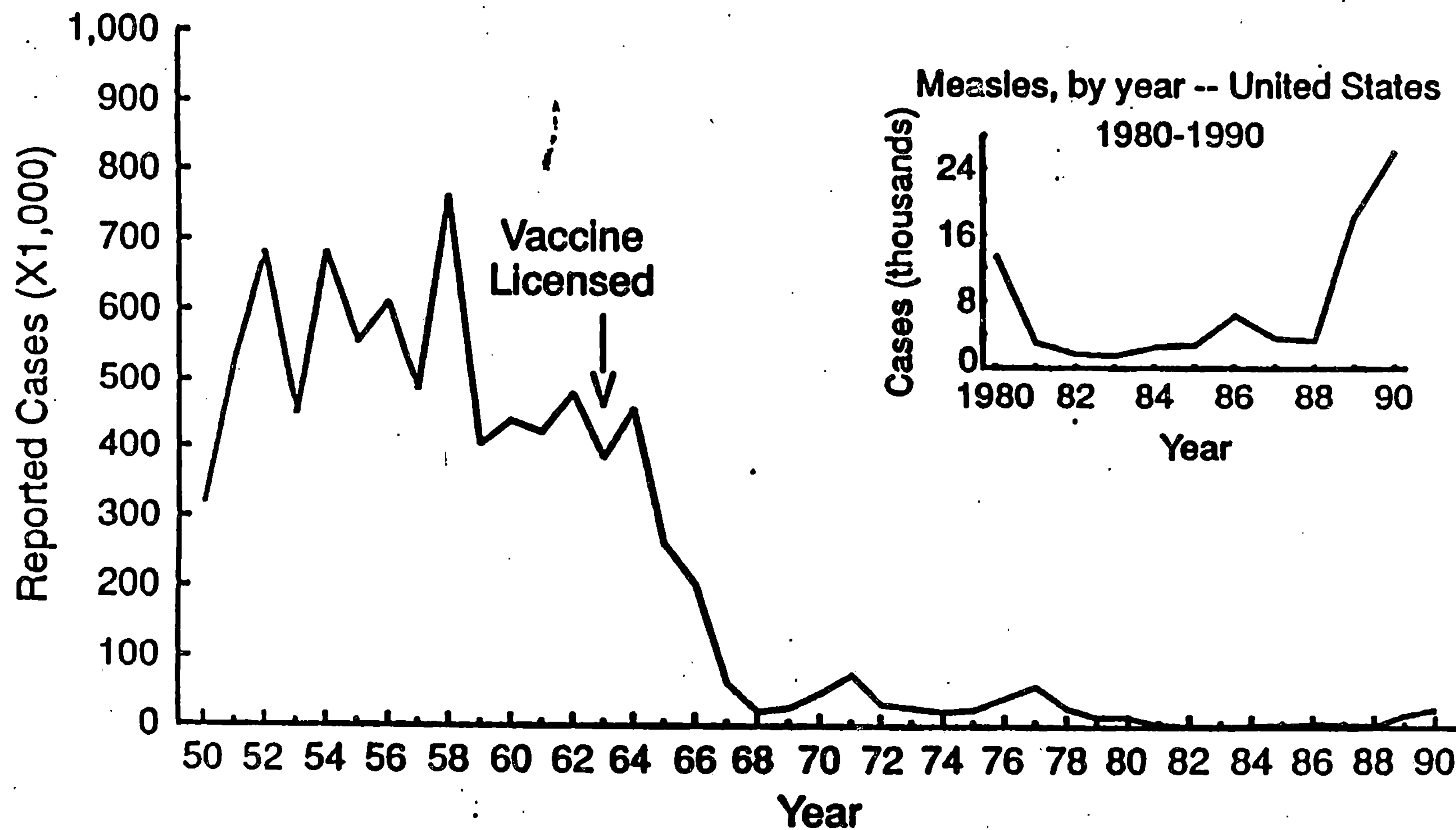
TABLE 3

City- or County-Specific Enrollment in Federal Assistance Programs*

Program Type	Dallas (n=160)	Milwaukee (n=128)	Chicago (n=71)	LA (n=38)	NYC (n=40)
		Percent Enrolled			
WIC	25	54	61	57	50
AFDC	19	86	NA	60	63
Food Stamps	31	NA	NA	51	53
Medicaid	22	NA	NA	45	75
Public Housing	12	26	NA	3	25
Any Program	40	91	61	71	78

* Reported vaccine eligible preschool-aged measles cases
NA = not available

FIGURE 1



*Through week 51, 1990.

FIGURE 2

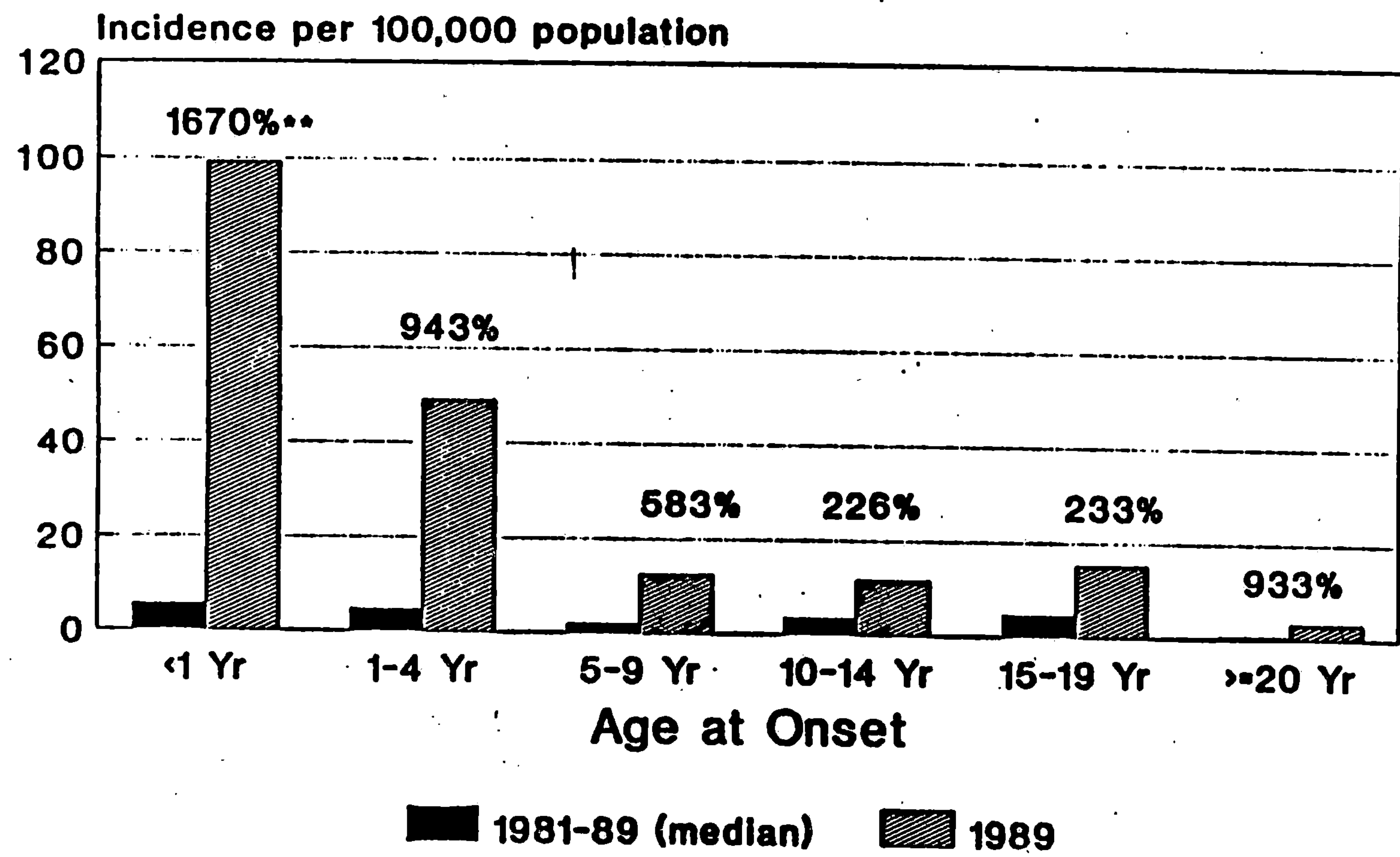
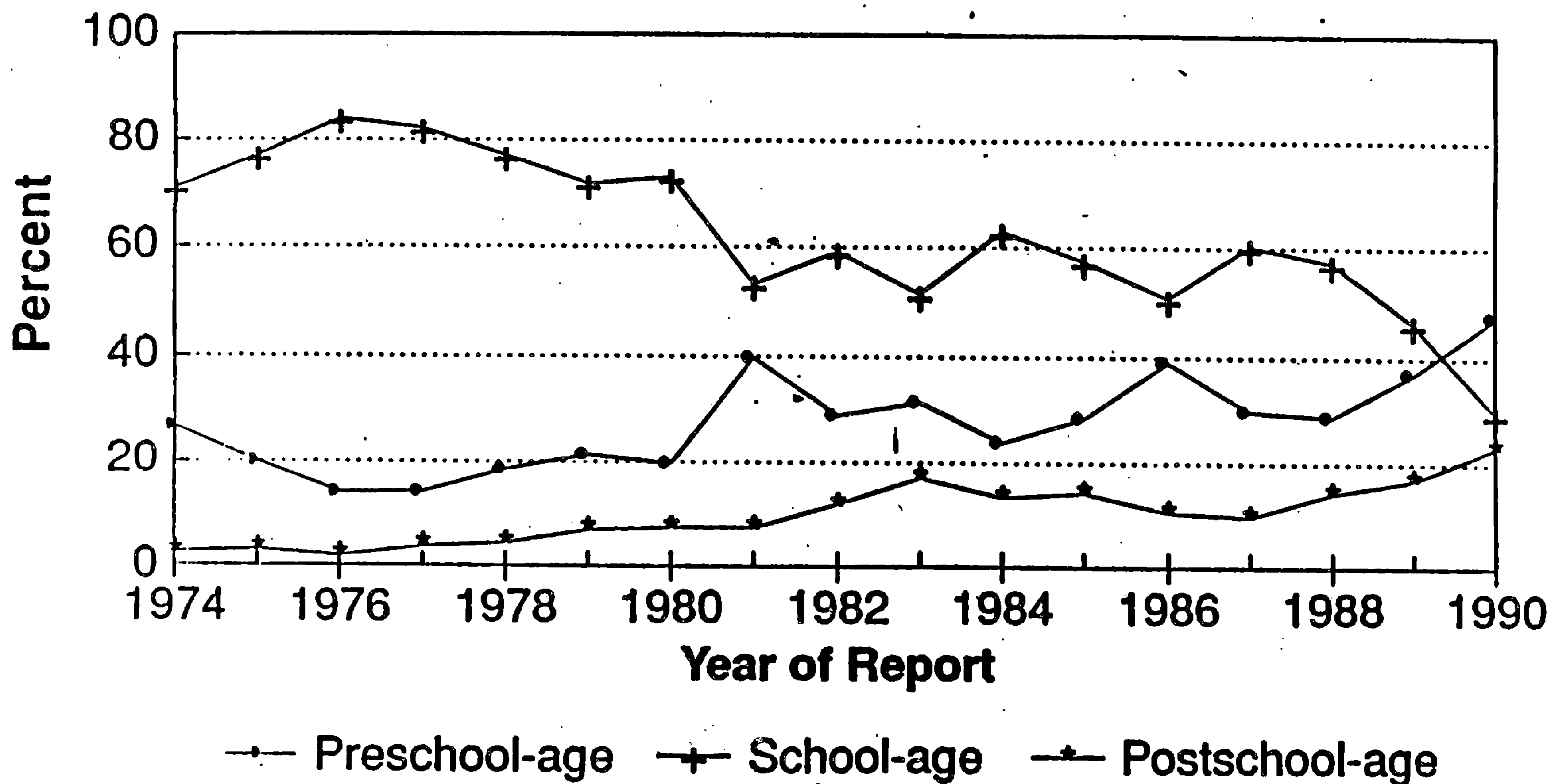


FIGURE 3

Measles -- United States, 1974-1990*
Proportion of total cases by age group



* Provisional 1990 data through week 51

Dr Roper: The Association of Junior Leagues International (AJLI) will kick off its national immunization promotional campaign at:

the: National Press Club
529 14th St N.W.
Washington, D.C.
202/662-7500

East Room

on: Thursday, April 18, 1991

at: 9:15-11:15 a.m.

Additional information is provided on the attached sheet provided by AJLI

Walter A. Orenstein

DON'T WAIT TO VACCINATE

Press Briefing on Childhood Immunizations

April 18, 1991, 9:00 a.m.
National Press Club

WHO: **Dr. Walter Orenstein, Director of Immunization, Centers for Disease Control (CDC)**, will speak to the measles epidemic and barriers to prevention of preschool children. Immunization of children for measles, mumps, pertussis and other preventable diseases is mandatory for school entry. But ~~one quarter of all American preschoolers and one third of all~~ poor children are not fully immunized when protection is most crucial.

Suzanne Plihcik, President, Association of Junior Leagues International (AJLI), will announce the launch of "Don't Wait to Vaccinate," a public awareness campaign to educate parents that all children should be fully immunized by the age of two. More than 220 Junior Leagues will implement targeted public education campaigns and volunteer initiatives in coalition with health providers and vaccine delivery systems in the public and private sectors.

WHY: Measles has reached epidemic proportions in some locales. The number of measles cases rose from a low of ~~1,500~~ in 1983 to 26,527 cases in 1990. ~~More than 80~~ people died last year from the viral infection. To date, according to the CDC, there have been 1,749 cases of measles reported. The United States is in the midst of a national health crisis.

WHAT: The National Vaccine Advisory Committee recently recommended volunteer community outreach programs as among the most important to strategies for meeting the goals of the new major infant immunization initiative. More than 220 Junior Leagues will implement targeted local public education campaigns in collaboration with local, county, and state health departments, local chapters of the American Academy of Pediatrics, and local children's hospitals to reach undeserved populations in the communities they serve.

WHEN: **Thursday, April 18, 1991. 9:00 a.m.**

WHERE: **National Press Club, East Room**
529 14th Street, N.W., 13th Floor

CONTACT: For more information, contact Kelly Harris, #212/683-1515.

Packets containing official reported data on measles from the CDC and other detailed information on immunizations will be available at the press briefing.

DON'T WAIT TO VACCINATE

Press Briefing on Childhood Immunizations

April 18, 1991, 9:00 a.m.
National Press Club

AGENDA

I. Liz Quinlan, Director of Communications, Association of Junior Leagues International, Inc.

II. Walter Orenstein, M.D., M.P.H. Director of Immunization, Centers for Disease Control.

III. Suzanne Plihcik, President, Association of Junior Leagues International, Inc.

PACKET CONTENTS

1. Agenda
2. Association of Junior Leagues International Fact Sheet
3. Centers for Disease Control Mission Statement
4. Immunization Fact Sheet
5. Immunization Schedule
6. Provisional Measles 1990 Data. Centers for Disease Control
7. Barriers To Vaccinating Preschool Children. Orenstein, et al.
8. The Measles Epidemic: The Problem, Barriers and Recommendations. National Vaccine Advisory Committee.
9. JUNIOR LEAGUE REVIEW
10. Immunization Handout

The Video Public Relations Network

FINAL 4-11-91

TO: FAX:

ATTENTION: ASSIGNMENT EDITORS, MEDICAL PRODUCERS AND REPORTERS, MEDIALINK IS OFFERING A SATELLITE INTERVIEW FOR YOUR APRIL 19, 1991 BROADCASTS:

"DON'T WAIT TO VACCINATE"

MEASLES, a disease that should be eradicated, is back in epidemic proportions. Reports from the American Academy of Pediatrics (AAP), as well as the Centers for Disease Control (CDC) indicate that measles outbreaks are once again on the rise and at a frightening rate. ("Measles surged from an all-time low of 1,497 cases in 1983 to 18,000 cases in 1989 to 25,526 cases in 1990, the greatest number in more than a decade." [USA TODAY].) Preschoolers are poorly immunized. Approximately one quarter of all American preschoolers, and one third of all poor children are not fully immunized when protection is most crucial. Furthermore, the low vaccination levels may lead to a resurgence of other preventable diseases such as rubella and whooping cough.

Suzanne Plihcik (pron. "Plisik") is the President of the Association of Junior Leagues International. She can speak about Junior League volunteer initiatives for this campaign in your community and is available by satellite from Washington, D.C. on April 19, 1991 from 11:30AM - 1:30PM EST. Ms. Plihcik will be joined by Dr. Walter Orenstein, Director of Immunization at the Centers for Disease Control. They can address a variety of issues and answer questions about this nationwide health crisis. First, should we view immunization as a parent's responsibility or the government's, or should both "the system" and parents be held accountable? Second, it has been argued that the U.S. healthcare system presents too many barriers for parents attempting to fully immunize their child, since most clinics and doctor offices require a physical exam in order for the child to receive the shots or boosters (WASHINGTON POST). Third, the cost for vaccines has increased thirteenfold between 1982 and 1990 and presents another barrier, especially for low-income families. According to the AAP, at one time the cost for immunization was about $6.69; the process now has a price tag of $91.20. Moreover, most vaccinations are not covered by insurance plans. Can community outreach programs be instituted that could overcome these barriers and facilitate the immunization process?

The goal of the Junior League's campaign is clear: to increase awareness that all children need to be fully immunized by the age of two. Too many parents associate immunization with getting their preschooler prepared for kindergarten, when in fact children first require immunization at two months. The interview guests can relay the latest statistics - how many cases of measles, rubella and whooping cough have been reported nationwide thus far in 1991, as well as describe local Junior League initiatives in this nationwide campaign. They can list the shots and boosters that should be administered and at what age, and finally they can explain the different strategies and proposals that have been suggested by Washington officials and members of the medical community to combat what Dr. James E. Strain, Executive Director of the American Academy of Pediatrics, described as a "national disgrace."

ONE-ON-ONE SATELLITE INTERVIEWS WILL BE AVAILABLE ON APRIL 19, 1991. PLEASE CALL CASSANDRA LATES AT MEDIALINK (800)562-7315 OR (212)682-8300 TO BOOK A WINDOW.

sick child won't learn

HHS swat team listen to what's wrong

raise level of 2 year old immunization

97% i. by age 5
to get into school

6 cities

identify problems + solutions

dessiminate results to other cities

Mrs. Bumpers

Roper
Novello
Sullivan
Mason

audeince - state health commissioners
private non-profit

\ they're the ones who do the work.

parental + professional responsibility

\ Culture of character

2- + 3 year old kids who just got immunized
"I've been immunized"

(Jr. League -
Children's Action Network - stars
Public Awareness