

PRESIDENT CLINTON LAUNCHES NEW EFFORT TO INCREASE IMMUNIZATION RATES AMONG CHILDREN NATIONWIDE

**Builds Upon Unprecedented Progress to Target Children at High Risk
December 11, 2000**

Today, former First Lady Rosalyn Carter will join President Clinton as he takes strong new action to increase immunization rates among children nationwide. In an effort to build on the Clinton-Gore Administration's unprecedented progress in improving immunization rates, the President will issue an executive memorandum requiring the Department of Agriculture (USDA) to assess the immunization status of the five million children under the age of five participating in the Women, Infants, and Children (WIC) program and refer them to a health care provider when appropriate. This memorandum will also direct USDA and CDC to develop a national strategic plan to ensure more accurate and cost-effective immunization assessment, referral, and follow-up for children at risk. In addition, President Clinton will announce that the American Academy of Pediatrics will instruct all of its 55,000 members to emphasize the importance of timely immunizations to their WIC eligible patients and encourage them to take their records with them when they visit the WIC clinic so that WIC staff can assess their immunization needs.

ALTHOUGH CHILDHOOD IMMUNIZATION RATES ARE AT AN ALL-TIME HIGH, MORE NEEDS TO BE DONE. Under the leadership of the Clinton-Gore Administration, childhood immunization rates have reached all-time highs, with 90 percent or more of America's toddlers receiving the most critical vaccines by age two. Vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap estimated to be as wide as 26 percentage points a generation ago. However, despite these impressive gains, immunization levels in many parts of the country are still too low.

- **Immunization rates for low-income and minority children are consistently lower than the national average.** According to the Centers for Disease Control and Prevention, low income, minority children are less likely to be immunized than their counterparts. In fact, immunization rates in certain inner-city areas are at or below 65 percent, placing children at high risk for potentially deadly diseases such as diphtheria, poliomyelitis, measles, mumps, and rubella. These diseases are associated with birth defects, paralysis, brain damage, hearing loss, and liver cancer. In some of these urban areas, immunization rates are 20 percent below the national average.
- **Areas with lower-than-average immunization rates are at increased risk of potentially deadly disease outbreaks.** Nationwide, there are a number of inner-city areas where childhood immunization rates remain significantly below the national average. These "pockets of need", which are home to traditionally underserved populations, are at high risk for disease outbreaks such as the measles epidemic of 1989.
- **Many under-immunized children are served by the WIC program.** State data indicates that in 41 states, the immunization rates for children enrolled in WIC are lower than the rates for other children in their age group – in some cases, by as much as 20 percent. The WIC program, which serves 45 percent of infants nationwide (up to 80 percent of the birth cohort in some cities) and more than five million children under the age of five, is the single largest point of access to health services for low-income preschool children who are at the highest risk for low vaccination coverage.

PRESIDENT CLINTON TAKES STRONG NEW ACTION TO IMPROVE CHILDHOOD IMMUNIZATION RATES. Today, President Clinton will issue an executive memorandum that:

- **Directs the WIC program to conduct an immunization assessment on every child applying for services.** Together with CDC, the WIC program will develop a standardized procedure to include in the WIC certification process in order to evaluate the immunization status of every child applying for WIC services using a documented immunization history. Children who are determined to be behind schedule on their immunizations or who do not have their immunization record will be referred to a local health care provider or public health clinic as appropriate. Children who are uninsured receive vaccinations at no cost under the Vaccines for Children program. Studies indicate that linking immunization services with WIC improves vaccination coverage by up to 40 percent within 12 months.
- **Ensures that WIC staff are able to conduct immunization assessments accurately and efficiently.** The CDC will develop user-friendly immunization materials designed to ensure that information on appropriate immunization schedules is easily accessible and understandable for WIC staff conducting nutritional risk assessments. WIC staff should be trained to use these materials by state and local public health authorities.
- **Develops a blueprint for future action to improve the immunization rates of children at risk.** The President will direct HHS and USDA to develop a national strategic plan to improve the immunization rates of children at risk, to be completed within 60 days. The plan should include steps to:
 - Expand the availability of automated systems or computer software to provide WIC clinics with information on appropriate childhood immunization schedules, with the eventual goal of providing this service in every WIC clinic nationwide;
 - Disseminate a range of best practices for increasing immunization rates for low-income children to WIC state and local agencies;
 - Include information on the importance of immunizations and appropriate immunization schedules in standard WIC efforts to educate families about breastfeeding, anemia, lead poisoning, and other health-related topics.
- **Evaluate the role other Federal programs serving children can play in increasing immunization rates.** The strategic plan will also evaluate whether other Federal programs serving children should require a standard question on immunizations as part of their enrollment processes, and if appropriate, develop a plan for implementing new requirements.

PRESIDENT CLINTON PRAISES THE AMERICAN ACADEMY OF PEDIATRICS' NEW ACTION TO IMPROVE IMMUNIZATION RATES. Today, the American Academy of Pediatrics will advise each of their 55,000 members to remind their WIC eligible patients of the importance of timely immunizations and asking these patients to bring their immunization record with them when they visit the WIC clinic. Providing complete and documented immunization histories to WIC providers ensures that staff can efficiently and accurately evaluate a child's immunization status and refer them to a health care provider if appropriate.

BUILDS ON THE CLINTON-GORE ADMINISTRATION'S LONGSTANDING COMMITMENT TO IMPROVING CHILDHOOD IMMUNIZATION RATES.

In 1992, less than 55 percent of children under the age of three had received the full course of vaccinations. In order to address the dangerously low level of immunizations nationwide, President Clinton launched the Childhood Immunization Initiative, which helped make vaccines affordable for families through the Vaccines for Children Program, eliminated barriers preventing children from being immunized by their primary care provider, and improved immunization outreach. As a result, childhood immunization rates have reached all-time highs, with 90 percent or more of America's toddlers receiving the most critical vaccines by age two. Vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap estimated to be as wide as 26 percentage points a generation ago. In addition, the Clinton-Gore Administration recently took action to provide enhanced Federal funding for those states wishing to develop immunization registries. During the Clinton-Gore Administration, funding for childhood immunization efforts has more than doubled since 1993.

DRAFT: December XX, 2000

**MEMORANDUM FOR THE SECRETARIES OF AGRICULTURE AND HEALTH AND
HUMAN SERVICES**

SUBJECT: IMPROVING IMMUNIZATION RATES FOR CHILDREN AT RISK

In 1993, less than 63 percent of children under the age of three nationwide had received the full course of vaccinations. This dangerously low level of childhood immunizations led me to launch the Childhood Immunization Initiative, which helped make vaccines affordable for families, eliminated barriers preventing children from being immunized by their primary care provider, and improved immunization outreach, on April 12, 1993. As a result, childhood immunization rates have reached all-time highs, with 90 percent or more of America's toddlers receiving the most critical vaccines by age two. Vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap estimated to be as wide as 26 percentage points a generation ago.

Despite these impressive gains, immunization levels in many parts of the country are still too low. According to the Centers for Disease Control and Prevention, low income children are less likely to be immunized than their counterparts. In fact, immunization rates in certain inner-city areas are as low as 55 percent, placing them at high risk for potentially deadly diseases such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. In addition, children who are not fully immunized are proven to be at increased risk for other preventable conditions, such as anemia and lead toxicity. Clearly, more needs to be done.

Today, I am directing you to focus your efforts to increase immunization levels among children at risk in a place where we clearly can find them: the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This program, which serves 45 percent of infants nationwide and more than five million children under the age of five, is the single largest point of access to health services for low-income preschool children who are at the highest risk for low vaccination coverage. State data indicates that in 41 states, the immunization rates for children enrolled in WIC are lower than the rates for other children in their age group – in some cases, by as much as 20 percent.

Therefore, I hereby direct you to take the following actions, in a manner consistent with the mission of your agencies:

- Include a standardized procedure as part of the WIC certification process to evaluate the immunization status of every child applying for WIC services using a documented immunization history. Children who are determined to be behind schedule on their immunizations or who do not have their immunization records should be referred to a local health care provider as appropriate.

- Develop user-friendly immunization materials designed to ensure that information on appropriate immunization schedules is easily accessible and understandable for WIC staff conducting nutritional risk assessments. WIC staff should be trained to use these materials by state and local public health authorities.
- Develop a national strategic plan to improve the immunization rates of children at risk, to be completed within 90 days. In developing the plan, USDA and HHS should: consult with representatives from the Office of Management and Budget to ensure consideration for the FY 2002 budget; include input from provider, health care consumer, and nutrition communities, and develop a blueprint for action to:
 - Expand the availability of automated systems or computer software to provide WIC clinics with information on childhood immunization schedules, with the eventual goal of providing this service in every WIC clinic nationwide, to provide more accurate and cost-effective immunization assessment, referral, and follow-up, in a manner that addresses cost-sharing concerns by both agencies;
 - Disseminate a range of best practices for increasing immunization rates for low-income children to WIC state and local agencies, as well as immunization programs nationwide, including developing efficient and effective ways to educate WIC staff about the importance of immunization, appropriate immunization schedules, and the information necessary to make a meaningful referral;
 - Foster partnerships (through written guides and/or technical assistance) between WIC offices and health care providers/advocates who can assist with immunization referrals and conduct appropriate follow-up with families;
 - Include information on the importance of immunizations and appropriate immunization schedules in standard WIC efforts to educate families about breastfeeding, anemia, lead poisoning, and other health-related topics; and

The strategic plan should also evaluate whether other Federal programs serving children should require a standard question on immunizations as part of their enrollment processes, and if deemed appropriate, develop a plan for implementing that new requirement.

The actions I am directing you to take today, and any further actions developed as a result of interagency collaboration or public-private partnerships, should not create barriers to WIC participation. Immunization outreach and assessment procedures should never be used as a condition of eligibility for WIC services or nutritional assistance. Rather, activities to improve immunization rates for children participating in WIC should be complementary, aggressive, and consistent with the Administration's overall initiative to increase immunization rates for children nationwide.


Karin Kullman

12/06/2000 10:45:43 AM

Record Type: Record

To: Loretta M. Ucelli/WHO/EOP@EOP, Joel Johnson/WHO/EOP@EOP
cc: Anna Richter/OPD/EOP@EOP, Devorah R. Adler/OPD/EOP@EOP, Sonya N. Hebert/WHO/EOP@EOP
Subject: possible radio address

The information below regarding the immunization announcement would be ready to go for this week's radio address if you are still looking for a topic. It could also hold for a future event/radio address. Just let us know.

kk

----- Forwarded by Karin Kullman/OPD/EOP on 12/06/2000 10:44 AM -----


Devorah R. Adler
12/06/2000 10:30:39 AM

Record Type: Record

To: Anna Richter/OPD/EOP@EOP, Karin Kullman/OPD/EOP@EOP
cc:
Subject: for your review

Slightly revised --

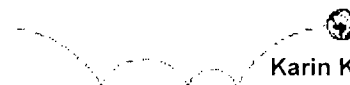
Also, I am working to lock down an AAP deliverable -- we'd like to have them do something to educate their membership about the importance of promoting hand-held immunization schedules, so that WIC staff evaluating immunization status have a documented record to go off of when making their assessments. I should know about that late today / early tomorrow.

People might be interested in knowing that this is a Rosalyn Carter / Betty Bumpers issue -- Mrs. Carter had sent the President a letter asking him to do something like this and he indicated interest.

Let me know what folks decide.

Thanks, Devorah

----- Forwarded by Devorah R. Adler/OPD/EOP on 12/06/2000 10:19 AM -----


Karin Kullman

12/06/2000 10:17:29 AM

Record Type: Record

To: Devorah R. Adler/OPD/EOP@EOP

cc:

Subject: for your review

Childhood Immunizations: The President can issue a memorandum to the Secretaries of Agriculture and Health and Human Services calling on them to focus their efforts to increase immunization levels among children at risk in a place where they can be clearly identified -- the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). State data indicates that in 41 states, the immunization rates for children enrolled in WIC are lower by as much as 20 percent than others in their age group. The President can direct the Secretaries to take the following actions:

- **Evaluate the immunization status of every child applying for WIC.** Include a standardized procedure as part of the WIC certification process to evaluate the immunization status of every child applying for WIC services using a documented immunization history. Children who are determined to be behind schedule on their immunizations or who do not have their immunization records should be referred to a local health care provider as appropriate.
- **Eliminate barriers to appropriate immunization assessments in WIC clinics.** Develop user-friendly immunization materials designed to ensure that information on appropriate immunization schedules is easily accessible and understandable for WIC staff conducting nutritional risk assessments. WIC staff should be trained to use these materials by state and local public health authorities.
- **Expedite the development of a national strategic plan to improve the immunization rates of children at risk.** The plan, which must be completed within 90 days, shall include recommendations on: expanding the availability of automated systems to provide WIC clinics with information on childhood immunization schedules, with the goal of providing this service in every WIC clinic nationwide; disseminating best practices for increasing immunization rates to WIC state and local agencies; including information on the appropriate immunization schedules in standard WIC efforts to educate families about breastfeeding, anemia, lead poisoning, and other health-related topics; and evaluating whether other Federal programs serving children should require a standard question on immunizations as part of their enrollment processes.


Karin Kullman

12/07/2000 04:05:38 PM

Record Type: Record

To: Devorah R. Adler/OPD/EOP@EOP, Anna Richter/OPD/EOP@EOP

cc:

Subject: message events

D -- see note below about possible statement on immunizations for monday.

----- Forwarded by Karin Kullman/OPD/EOP on 12/07/2000 04:05 PM -----


Karen Tramontano

12/07/2000

04:01:12 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: message events

i spoke w/ john -- he asked that at tomorrow morning's message meeting we discuss whether to do an everglades signing ceremony on monday the 11th -- the other option for monday is immunizations -- i think food safety should wait until the radio address -- john appeared pretty neutral on the everglads and i did not know the specifics of the immunization -- i asked loretta to make the case for both at tomorrow's message meeting at 8:15 -- i'm traveling

also, the 21st -- of December -- the environmental event is off -- we should consider the international food for education event w/ mcgovern -- sally katzen thought omb would be done by the 15th --

thanks, karen

Message Sent To:

Stephanie S. Streett/WHO/EOP@EOP
Laura A. Graham/WHO/EOP@EOP
Joel Johnson/WHO/EOP@EOP
Loretta M. Ucelli/WHO/EOP@EOP
Charles M. Brain/WHO/EOP@EOP
Kay Casstevens/WHO/EOP@EOP
Thomas L. Freedman/WHO/EOP@EOP
Karin Kullman/OPD/EOP@EOP
Barbara Chow/OMB/EOP@EOP

Briefing 12:15 - 12:30
(oval)

12:35 - 12:55 statement
(Roosevelt Room)

Mom + Kids
Betty Bumpers
Rosslyn Carter

4 or 5 year olds

3 Kids
~~W.A. Bush~~ + Moms, 2 doctors in white
Betty Bumpers coats
Rosslyn Carter

Florus + Shalala + Glickman

Devorah -
Press Paper -
E.O.

Speaking Program

Rosslyn opens + introduces POTUS
recognizes Leadership of Shalala, Glickman + Bumpers Kids +
POTUS speaks Mom

Barbara -
Validators

Front Row - MOCs CJ is asking Bumpers

Press

Bob leaving @ 9am Monday

folks going on AF1 will be here -

may want to bring in specialty press -

also b/c of Rosslyn Carter - CNN may want to come