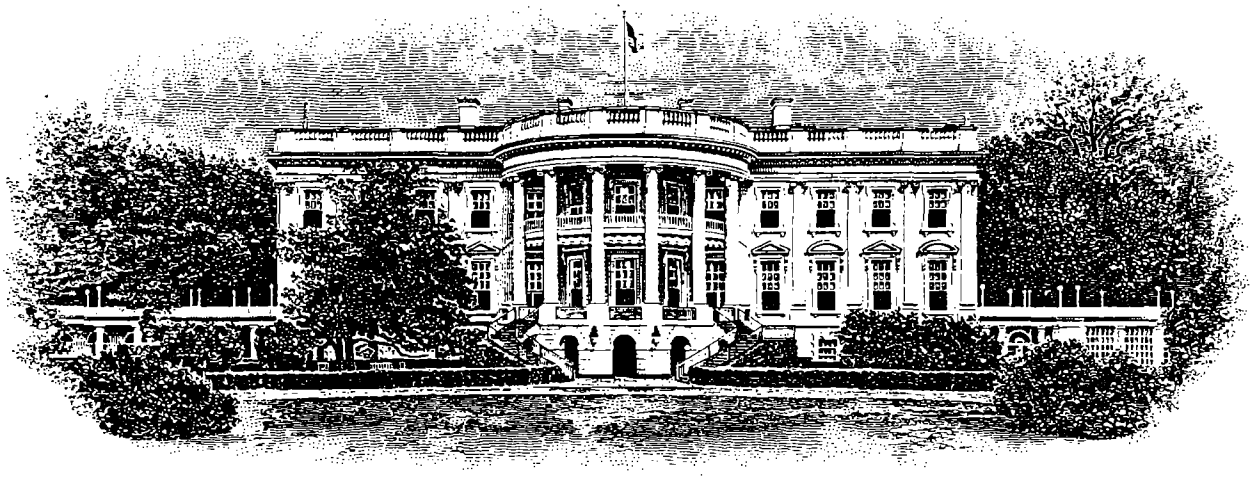
The White House



December 11, 2000

MEMORANDUM FOR THE SECRETARIES OF AGRICULTURE AND HEALTH AND HUMAN SERVICES

SUBJECT: IMPROVING IMMUNIZATION RATES FOR CHILDREN AT RISK

In 1992, less than 55 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 at or below 65 percent, placing them at high risk for potentially deadly diseases such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. These diseases are associated with birth defects, paralysis, brain damage, hearing loss, and liver cancer. 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 60 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

- 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.

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    ° 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

- 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.

SCHEDULE FOR MRS. CARTER
WHITE HOUSE EVENT ON IMMUNIZATIONS

10:30 **ARRIVE – West Basement**
You will be greeted by Karin Kullman and Chris Jennings from the Domestic Policy Council.

10:35 **HOLD – Ward Room**
You will be joined by Betty Bumpers.

11:40 **MEETING ON CHILHOOD IMMUNIZATIONS – Ward Room**

Meeting participants include:
Secretary Glickman
Secretary Shalala
Betty Bumpers
Shirley Watkins, USDA
Walt Orenstein, CDC
Bill Nichols, CDC
Amy Pisani
Carol Ruppel

12:25 **MEET AND GREET – Oval Office**

Participants include:
Secretary Glickman
Secretary Shalala
Betty Bumpers

12:35 **EVENT ON CHILDHOOD IMMUNIZATIONS – Roosevelt Room**

FORMAT:

- YOU make brief remarks and introduce the President.
- The President makes brief remarks and departs.

12:55 **STAKEOUT – Outside of West Lobby**

Participants include:
Secretary Glickman
Secretary Shalala
Betty Bumpers
Martin Smith from AAP

1:15 **POSSIBLE PRESS INTERVIEWS**
Our press office is working to line up some interviews for you after the stakeout. This will be finalized on Monday morning.

SCHEDULE FOR MRS. BUMPERS
WHITE HOUSE EVENT ON IMMUNIZATIONS

10:30 **ARRIVE – West Basement**
You will be greeted by Julia Doan, who will walk you to the Ward Room.

10:35 **HOLD – Ward Room**
You will meet Mrs. Carter.

11:40 **MEETING ON CHILHOOD IMMUNIZATIONS – Ward Room**

Meeting participants include:
Mrs. Carter
Secretary Glickman
Secretary Shalala
Shirley Watkins, USDA
Walt Orenstein, CDC
Bill Nichols, CDC
Amy Pisani
Carol Ruppel

12:25 **MEET AND GREET – Oval Office**

Participants include:
Mrs. Rosalynn Carter
Secretary Glickman
Secretary Shalala

12:35 **EVENT ON CHILDHOOD IMMUNIZATIONS – Roosevelt Room**

FORMAT:

- Mrs. Rosalynn Carter make brief remarks and introduces the President.
- The President makes brief remarks and departs.

12:55 **STAKEOUT – Outside of West Lobby**

Participants include:
Mrs. Rosalynn Carter
Secretary Glickman
Secretary Shalala
Martin Smith from AAP

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 Rosalynn 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 accurate 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.

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- **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 accurate 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.