

Implementing the New WIC Policy for Immunization Screening and Referral

**Ideas and suggestions for establishing procedures and
conducting training in your state agency**

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Background

In December of 2000 the White House issued an Executive Memorandum citing the continued disparities in immunization rates of low-income children. Because the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has access to the largest number of low-income children in the country, it was determined that WIC held the greatest potential for helping to improve immunization rates. Most States continue to fall short of the Healthy People 2010 goal to achieve 90% or higher immunization coverage rates in this country, and need WIC's help to get children into the health care system to obtain immunizations.

In August 2001 USDA issued Final WIC Policy Memorandum #2001-7, Immunization Screening and Referral in WIC. The policy memorandum standardizes minimum procedures for immunization screening and referral in WIC. These minimum procedures are for use in WIC Programs where infants and children under two are not screened and referred for immunizations by more comprehensive means and/or by other programs and entities.

December 2000 White House Memorandum

- Addressed socioeconomic disparities in pediatric immunization coverage
- Determined that WIC had access to the largest number of low-income children and thus held the greatest potential for helping to improve immunization rates.
- Directed that immunization screening and referral become a standard part of WIC certification.
- Directed that immunization screening and referral and/or immunization status not be used as a condition of eligibility for WIC.
- August 2001 USDA Policy Memorandum
- WIC State and local agencies must coordinate with providers of immunization screenings so that children participating in WIC are screened and referred for immunizations using a documented immunization history.
- Where WIC infants and children under age two are not screened and referred for immunizations by other programs and/or by more comprehensive means, the policy memorandum sets minimum guidelines for immunization and screening and referral in WIC, as follows:
 - Applies to infants and children under age 2 years
 - Requires:

- that a documented immunization record¹ be used
 - screening and referral to be conducted at WIC certification visits
 - staff to count DTaP immunizations
 - staff to provide immunization schedule
 - staff to provide referral if needed
 - implementation date of October 1, 2002 (revised to March 1, 2003)
- The new requirements for immunization screening and referral outlined in the policy memorandum standardize an accurate, efficient and appropriate screening and referral process across WIC Programs.
 - The new WIC minimum screening and referral protocol is not meant to replace more comprehensive immunization screening and referral activities now in place in WIC and/or paid for and conducted by other services and programs.
 - The new WIC minimum immunization screening and referral protocol is for use in WIC Programs where children enrolled in WIC are not screened and referred for immunizations by more comprehensive means and/or by other programs/entities, e.g., where:
 - WIC uses a computerized program to screen records.
 - WIC children are covered by a population-based registry tracking system
 - Health department staff screen WIC children

¹ A documented immunization record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's hand-held immunization record (from the provider), an immunization registry, an automated data system, or a client chart (paper copy). A documented record of immunizations is more accurate than a parent's memory. When asked, parents typically overestimate their child's immunization status. Screening for immunization status using documented immunization records allows WIC to conduct more accurate immunization screening for referral.

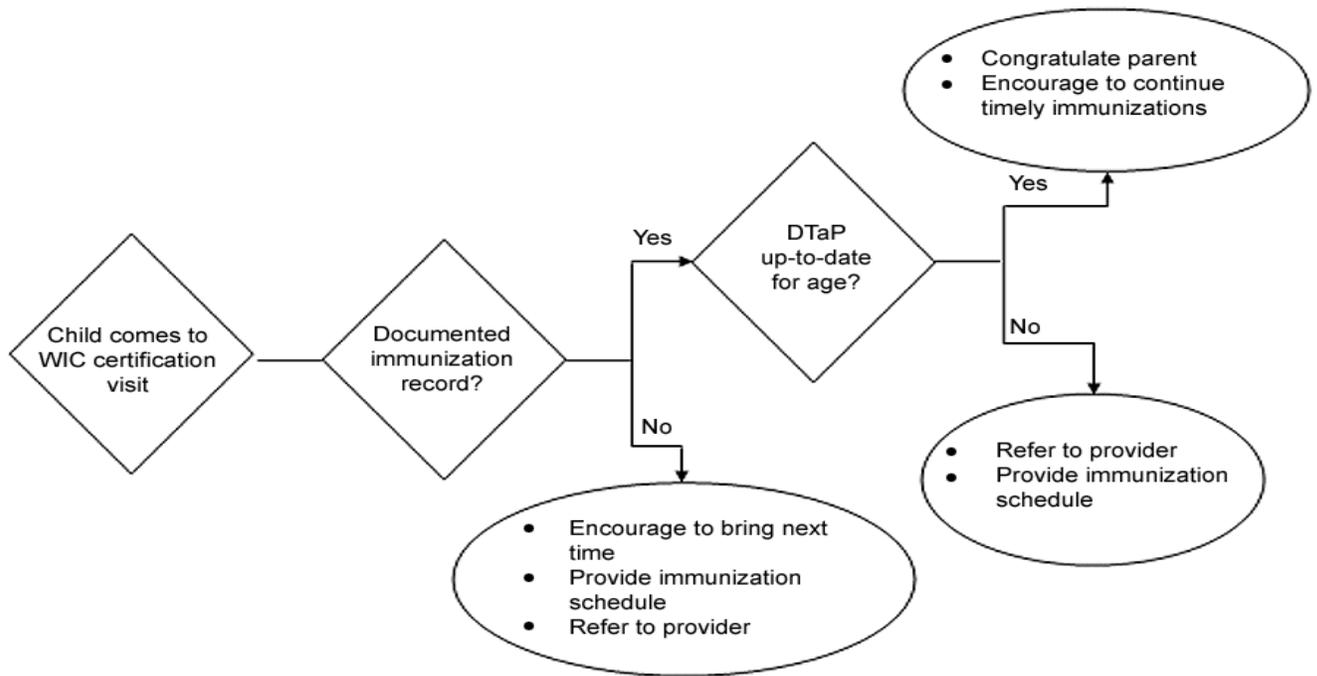


Figure 1. Overview of Minimum Screening and Referral Protocol

Provision for states with high immunization coverage rates for WIC children

- State agencies asked USDA to include a provision in the policy memorandum that allowed WIC to choose not to conduct immunization screening and referral in States that already have high immunization coverage rates.
- High immunization coverage rates in a State indicate that the overall immunization infrastructure is working well within a particular State to get children vaccinated.
- However, most States do not yet have 90% or higher immunization coverage rates (a Healthy People 2010 goal) and need WIC's help to get children into the health care system to obtain immunizations.
- The procedures outlined in the USDA policy memorandum are therefore intended for all WIC State agencies unless the State's immunization coverage rate for WIC children by 24 months of age for the 4:3:1:3² vaccination series is 90% or higher for each vaccine in the 4:3:1:3 series.

² The 4:3:1:3 vaccination series refers to four or more doses of DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccine; three or more doses of poliovirus vaccine; one or more doses of MMR (measles-mumps-rubella) vaccine; and three or more doses of Hib (haemophilus influenzae type b) vaccine.

- Immunization coverage rates for children participating in WIC can be obtained from National Immunization Survey (NIS) data available at CDC's National Immunization Program website (see *Resources*). Immunization Programs can also provide this information for you.
- A State can use data other than NIS (e.g., county/city data) to determine coverage rates if desired.
- Please note that you will not find NIS tables³ for WIC children 24 months of age. The NIS data for children 19-35 months of age is used as a proxy for 24-month old WIC children.
- Although on a statewide basis coverage may be 90% or greater, there may be areas within the State with a lower rate. WIC Programs can consult with Immunization Programs to determine pockets of need within a State through additional data sources if desired.

Be aware that choosing not to screen when rates are 90% or greater may result in lowering coverage rates for WIC children.

Effectiveness of counting DTaP vaccinations in the WIC setting

CDC's National Immunization Program (NIP) conducted an evaluation of the new WIC minimum screening criteria using provider records from the 2000 National Immunization Survey to:

- estimate the percentage of WIC children who will be correctly classified as either up-to-date or not for the universal 4:3:1:3 pediatric vaccination series,
- see how this compares with the percentage that would be correctly classified if all 4 vaccines were assessed.

The authors of the study concluded that the DTaP count is a reasonably good predictor of true 4:3:1:3 up-to-date status. Using the DTaP count has the following advantages in the WIC setting:

³ NIS data was not collected in 2001 for children participating in WIC. Therefore the most recently released NIS data for 2001 does not include separate data tables for WIC children. WIC data is being collected for 2002; tables released in 2003 will include WIC coverage rates. In the meantime, WIC State agencies and Immunization Programs should coordinate regarding the best data to use, i.e., 2000 NIS tables for WIC children, 2001 NIS tables for all children in a State, or other data. Currently, no State has reached the 90% coverage level for WIC and/or non-WIC children.

- Training non-medical staff to assess completion status for 1 vaccination is simpler than training them to assess for 4 or 5 vaccinations.
 - The immunization assessment process should go more quickly and is therefore more efficient in terms of the demands on staff time.
 - The likelihood that non-medical staff will make an error is smaller when only one vaccine is assessed.
 - Children are less likely to be inappropriately referred to an immunization provider when only one vaccine is assessed.
-

Coordination with Immunization Programs

Myth: The White House Memorandum and the USDA policy memorandum require all immunization screening for low-income children in a State to be the responsibility of the WIC Program.

Fact: The State Immunization Program is responsible for immunization coverage of the entire community, including WIC children.

Fact: WIC provides an opportunity for the State Immunization Program to strengthen its ability to assure high coverage of the entire community.

Fact: WIC has a *helping* role in this process.

WIC and Immunization Programs share a common goal to improve the health and well being of low-income children. By working together and building strong partnerships based on program understanding, shared objectives, and delineation of responsibilities and resources, WIC's collaboration with Immunization Programs can benefit both programs, and impact immunization rates.

Roles and responsibilities of State Immunization and WIC Programs

State Immunization Program

The State Immunization Program has the following role and responsibilities:

- Ensures that all members of a community, including WIC children, are immunized
- Provides technical assistance and support to WIC
- Provides training and education for WIC

WIC Program

The WIC Program has the following role and responsibilities:

- Carries out minimum immunization screening and referral protocol, but does not replace the State Immunization Program responsibilities
- Where resources allow, implements other measures to increase immunization rates of WIC children in conjunction with Immunization Programs

WIC State and local Programs should coordinate with Immunization Programs to ensure that the required screening and referral system is in place for WIC participants. It is important that Immunization Programs understand WIC's role in the screening and referral process. WIC State and local Programs may want to share this implementation guide and the *WIC Immunization Screening and Referral: Staff Training Guide* with Immunization Programs. Immunization Programs can offer valuable assistance in training WIC staff.

Important things for Immunization Programs to know about WIC

Although the USDA policy memorandum requires WIC to screen infants and children up to 2 years of age at each WIC certification (unless covered by another program or entity):

- WIC does not see all low-income children in a State.
- In many cases WIC may have limited contact with infants and children less than 2 years of age.
- Infants and children may drop out of the WIC Program after one certification period or may miss scheduled certification appointments.
- Federal regulations allow State WIC agencies to certify infants for the WIC Program to one year of age, provided that the quality and accessibility of health care services are not diminished. Many State agencies are now doing this.

For these reasons, it is vital that Immunization Programs understand that methods need to be in place to screen and refer low-income children not seen by WIC.

Planning and implementing successful immunization services for WIC participants requires strong cooperation and resource sharing, where needed, between these programs at the State and local level. While USDA and CDC provide direction through regulations, written policies, and guidance materials, there remains great flexibility in addressing creative strategies in WIC at the local level. This is quite often where the most effective collaborations and linkages occur.

WIC and Immunization Programs are encouraged to review the needs of their States together:

- Using NIS or other data, review WIC immunization coverage rates in a State
- Determine what program or entity is to screen WIC children and under what circumstances
- Determine what role the Immunization Program will have in screening low-income children not seen by WIC
- Determine if resources, priorities, and operations of both programs allow additional immunization activities to be conducted in WIC
- Determine training needs of WIC staff
- Determine what role the Immunization Program will have in following up with WIC children who are experiencing barriers to obtaining timely immunizations

Ideas and Suggestions for Establishing Policies and Procedures in Your State Agency

Advising parents to bring immunization records to WIC certification visits

Advising parents of infant and child WIC applicants that immunization records are requested as part of the WIC certification and health screening process is a critical component of an effective screening and referral process. As such, when making certification appointments, staff may want to say:

“Please bring your child’s shot record to the appointment. Although not needed to obtain WIC benefits, reviewing the record is an important part of the health screening WIC provides.”

In addition to verbal instruction, it may be helpful to also include this information in written materials or reminder phone calls to the parent. Such reminders may help to benefit the WIC “show rate” in general, and help to make sure that children get screened for immunizations.

- Phone calls indicating time of appointment and reminder to bring the immunization record and other needed documents.
- Postcards indicating time of appointment and reminder to bring the immunization record and other needed documents.
- Promotional posters in the waiting room reminding parents to bring immunization record to WIC appointments.

Using positive incentives to encourage parents to bring in immunization records

Many State agencies have found success in offering positive incentives to parents to encourage them to bring immunization records to WIC visits. For example, the Massachusetts WIC Program's "Bring a Book/Get a Book" has improved immunization rates of WIC children in that State. Children bring "a book" (their immunization or "shot" record) to the WIC appointment and "get a book" (storybook) in return.

USDA funding can be used for this purpose as long as the books and incentives focus on nutrition education; outside funding must be obtained to purchase non-nutrition-related books and other incentive items. Refer to WIC Policy Memorandum #95-5, December 21, 1994, Allowability of Costs for Program Incentive Items.

State and local Immunization Programs may be able to provide funding for incentives for WIC clients.

Screening immunization records at WIC certification visits

State agencies must identify which staff members will conduct immunization screening and referral, and at what point in the certification process the screening and referral will occur, for example:

- At client check-in
- At food instrument distribution
- During referral part of certification

Some WIC Programs have the clerk screen the record when the client first arrives. This may be a solution when staff report that they run out of time to screen the record during a certification visit.

Some WIC Programs screen the immunization record after the certification and food instruments have been given to emphasize that this process does not affect receipt of WIC benefits.

Counting DTaP vaccinations

An easy tool for screening DTaP vaccinations, the *Easy IZ Guide* is provided in the *Resources* section. Modules 7 and 10 of the *WIC Immunization Screening and Referral: Staff Training Guide* provide training and practice exercises for counting DTaP vaccine doses when screening immunization records.

Advising parents of child's immunization status

Another important part of the screening procedure is advising the parent about the results of the immunization screening and what written materials, if any, will be provided. Sample scripts are provided as part of the *Easy IZ Guide* screening tool and in Modules 8 and 10 of the *WIC Immunization Screening and Referral: Staff Training Guide*.

Sample script

“The shot record we screened today shows that your child may have missed (or may be due for) some shots. Vaccinations are important to protect your child from serious diseases. We want to help you get your child immunized. Call your doctor right away to schedule your child's shots.”

Providing educational materials

USDA policy requires that information on the recommended immunization schedule appropriate to the current age of the infant/child be provided. This is most easily accomplished by providing an immunization schedule to the parent (see *Resources*).

WIC programs may also want to provide other educational materials on immunizations, such as brochures and fact sheets (see *Resources*). Immunization Programs can also provide educational materials for WIC participants.

Making referrals

Local WIC agencies should identify providers who offer immunizations in the community, for example:

- Private providers (pediatricians/family practice physicians)
- Walk-in clinics
- Appointment-only clinics
- Mobile vans
- On-site immunization services

Key resources for identifying providers who offer immunizations

- local Immunization program
- American Academy of Pediatrics (www.aap.org)
- American Academy of Family Physicians (www.aafp.org) and familydoctor.org (www.familydoctor.org)
- local chapters of the American Academy of Pediatrics
- health department
- hospital physician referral services

WIC staff may find it helpful to establish relationships with the staff of immunization providers. The most effective referrals provide the WIC participant with specific information about the provider or service, i.e., address, phone number, hours of operation, appointment procedures, availability of bi-lingual staff, etc. Written referrals are particularly effective. A sample referral form is provided in the *Resources* section.

THE MEDICAL HOME

In helping WIC clients choose providers, it is important to discuss the advantage to clients of having a specific primary care provider in order to develop a “medical home.”

Immunizations should be a part of well-baby care. It is important for every baby to have a health care provider to go to for well care, as well as sick care. WIC should promote that all children attain a “medical home” in order to help children obtain comprehensive health care that includes all aspects of their needs in one location. A medical home provides the opportunity for a physician to develop a relationship of mutual responsibility and trust with the child and family. The medical home can be a pediatrician or family physician’s office. If referral to a medical home is not possible, referral should be made to an immunization program, clinic or other service.

Documenting immunization screening and referral

Although documentation is not required by USDA policy, State agencies may choose to document immunization screening and referral information. State agencies may find it useful to document such information as part of the health history to help staff consistently conduct screening and referral for immunizations and to provide a record of results.

Vaccines for Children (VFC) Program

When developing a list of providers for referral purposes, look for those who participate in the Vaccines for Children, or VFC, program. The VFC program is a federal program that provides eligible children all of the recommended vaccines at no cost.

To be eligible for VFC, infants and children must be at least one of the following:

- Medicaid eligible
- Without health insurance or under-insured
- American Indian or Alaska Native

Most pediatricians and family doctors take part in the VFC Program. State and local Immunization programs will have information on which providers participate in VFC and other no-cost or low-cost immunization programs.

WIC Programs may choose to document:

- that immunization records were screened or not screened
- that no record was available
- the type of documented immunization record that was reviewed
- if the infant/child was up-to-date or not up-to-date
- if infant/child was referred and/or type of referral
- if parent refuses to immunize
- the reason that immunization status could not be determined
- if materials were provided and/or what type

Optional immunization activities in WIC

Many State and local WIC programs are doing more than the minimum immunization screening and referral requirements of the new policy. Many of these activities are conducted through the availability of outside funding from the Immunization Program, or from State and local sources, foundations, etc.

Optional activities include (but are not limited to):

- Documenting screening and referral results
- Following-up on referrals
- Making appointments for immunizations

- Escorting to immunization clinics
- Screening for vaccines other than the DTaP series
- Using automated immunization assessment modules
- Making copies of immunization records for later data entry
- Pulling immunization records from a registry
- Entering immunization records into a registry
- Assessing minimum intervals between immunizations
- Instituting “monthly voucher pickup” for participants who do not bring immunization records or are not up-to-date with immunizations
- Providing educational materials other than the recommended immunization schedule

Things to consider when establishing policies and procedures

The following is a list of things to consider when establishing policies and procedures to implement the new immunization screening and referral policy in your State and/or local agencies.

- Is another program or entity screening WIC children using documented immunization records in your State?
- If no, are the minimum requirements for immunization screening and referral being met by current WIC procedures in your State?
- How will WIC applicants be advised to bring immunization records to certification visits?
- At what point in the certification process will applicants/participants be screened?
- Which staff member will conduct immunization screening and referral during certification visits?
- What screening tool, if any, will be used to count DTaP vaccines?
- What documentation of screening and referral results, if any, will be used?
- Will written notification of screening results be provided to the participant?
- What educational materials will be provided?
- Will written referrals be provided?
- Will incentives to bring records be used?

Sharing WIC Data with Immunization Programs and Registries

USDA policy on confidentiality as it relates to sharing of WIC data⁴ with Immunization Programs *has not changed* as a result of the new policy on immunization. The following is provided as a summary and review of current WIC policy:

Sources of current guidance

- WIC Regulations – Section 246.26(d)
- FNS Instruction 800-1 – Confidentiality
- Policy Memo 95-10 – Sharing WIC Data and Information with State/Local Immunization Programs

Sharing data with Immunization Programs/Registries where no third party sharing occurs

When sharing data with Immunization Programs and/or Registries, a Memorandum of Understanding (MOU) between WIC and the Immunization Program must be developed. An MOU allows WIC data to be shared with Immunization Programs/Registries for the following purposes:

- Eligibility or outreach
- *Internal Use* of Data by Immunization Program/Registry, e.g., running immunization coverage reports of WIC participants; tracking and reminders.

An MOU requires advance written notification to WIC applicants/participants of the data sharing at application.

Sharing WIC data with Immunization Programs/Registries where third party sharing occurs

When an Immunization Registry makes WIC data available to third parties (e.g., schools, daycare facilities, physician offices), a separate written consent form from parents/guardians is required.

⁴ Questions often arise regarding what constitutes “WIC data” versus health department or immunization program/registry data. WIC State agencies should consult with FNS Regional Offices and legal counsel to help make such determinations.

Content of consent forms

Written consent forms are legal documents and should be developed with the assistance of legal counsel. General expectations of content include:

- Specific WIC data to be shared
- Receiver of data, purpose(s) for sharing, conditions under which subsequent release of data will/will not occur
- Right of individual to refuse to provide consent
- Statement that failure to provide consent will not impact WIC eligibility/participation
- Signature of parent/guardian; and,
- Date of consent

WIC confidentiality requirements

State law and/or Health Department regulations and policies do not supersede and cannot circumvent WIC confidentiality requirements.

Training WIC Staff

WIC Immunization Screening and Referral: Staff Training Guide

The WIC Immunization Screening and Referral: Staff Training Guide is a PowerPoint presentation designed to train staff to conduct the new minimum immunization screening and referral procedures at WIC certification. The guide is primarily designed for those WIC Programs that have not previously conducted immunization screening using documented immunization histories. It is designed for staffs that have had little to no immunization training or background.

Other WIC Programs may also find all or parts of the guide helpful for training new staff or to clarify issues pertaining to WIC Policy Memorandum #2001-7, Immunization Screening and Referral in WIC, and/or coordinating with Immunization Programs. The WIC Immunization Screening and Referral: Staff Training Guide consists of the following modules:

- Module 1: Communicable Diseases and Vaccines: Why Immunize Babies and Children?
- Module 2: Recommended Childhood Immunization Schedule for Infants and Young Children
- Module 3: Facts About Vaccines and Answers to Common Vaccine Questions
- Module 4: WIC's Role: Helping Kids Stay Healthy
- Module 5: New WIC Immunization Screening and Referral Policy
- Module 6: Using Documented Immunization Records for Screening and Referral in WIC
- Module 7: Counting DTaP Vaccinations
- Module 8: Talking to Parents About Their Child's Immunization Status
- Module 9: Making Effective Referrals
- Module 10: Hands-On Practice: Screening Immunization Records and Comparing to the Recommended DTaP schedule
- Module 11: Hands-on Practice: "What To Do When...: Situations and Possible Responses"

The first four modules of the guide provide information on vaccine-preventable childhood diseases, the importance of immunizing infants and children, the recommended childhood immunization schedule, vaccine facts, and WIC's role as an adjunct to health care. Although not required for conducting the minimum immunization screening and referral procedures, these modules are provided as valuable back-ground and put into context the issue of immunization promotion in WIC.

Enhancing and/or modifying the guide

Using the *WIC Immunization Screening and Referral: Staff Training Guide* as a framework, State agencies can enhance and/or modify instructional content according to State and local needs. Prior to conducting staff training, WIC State and/or local agencies will want to:

- ensure that the training guide reflects WIC State and/or local policy (see guidance under *Things to consider when establishing policies and procedures* on page 14).
- assess training needs of WIC staff who will conduct immunization screening and referral

Conducting the training

Each State WIC agency will, of course, train staff according to their established training networks, methods, and procedures.

One suggested method of training WIC staff, currently being used in the State of California, is to hold a series of regional meetings throughout the state. Trainers in the regional meetings include both the WIC nutrition or training coordinator and an Immunization Program representative. Local immunization coordinators are invited and encouraged to contact their local WIC Director counterparts to offer assistance with training local agency WIC staff.

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