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Integration of WIC Clinics with Childhood Immunization Activities in Kansas

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Goal of study

- Document current immunization practices in Kansas WIC program sites
- Review experiences and evidence from other locations
- Explore opportunities to further collaborative efforts between KS WIC and Immunization programs



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Process

- Interview key state-level program staff
- Literature review
- Internet searches
- Review & analysis of available data



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The WIC Program

Goal: Insure adequate nutritional status of low-income women and children during critical periods of growth & development

- Federally funded, USDA administers
- Household income below 185% FPL, at “nutritional risk”
- Pregnant, postpartum and breastfeeding women
- Infants & Children age 0-5 years



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The WIC Program

Program Provides:

- Limited health assessments
- Nutrition education
- Vouchers for specific food items
- Referrals





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Why involve WIC in Immunization?

- Serves 53% of infants born in U.S.
- Frequent contact with mothers and infants
- Health oriented
- Alignment with Local Health Depts.
- Historically low immunization rates
- 1989-91 Measles outbreak – many infected preschoolers enrolled in WIC



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2001 USDA Policy Memo

- Successful pilot studies demonstrating potential of WIC collaboration
- 2000 – White House Exec Memo
- August 2001- USDA Policy Memo
 - All WIC state & local agencies
 - Coordinate WIC & Immunization
 - Established minimum assessment & referral



Assessment & Referral

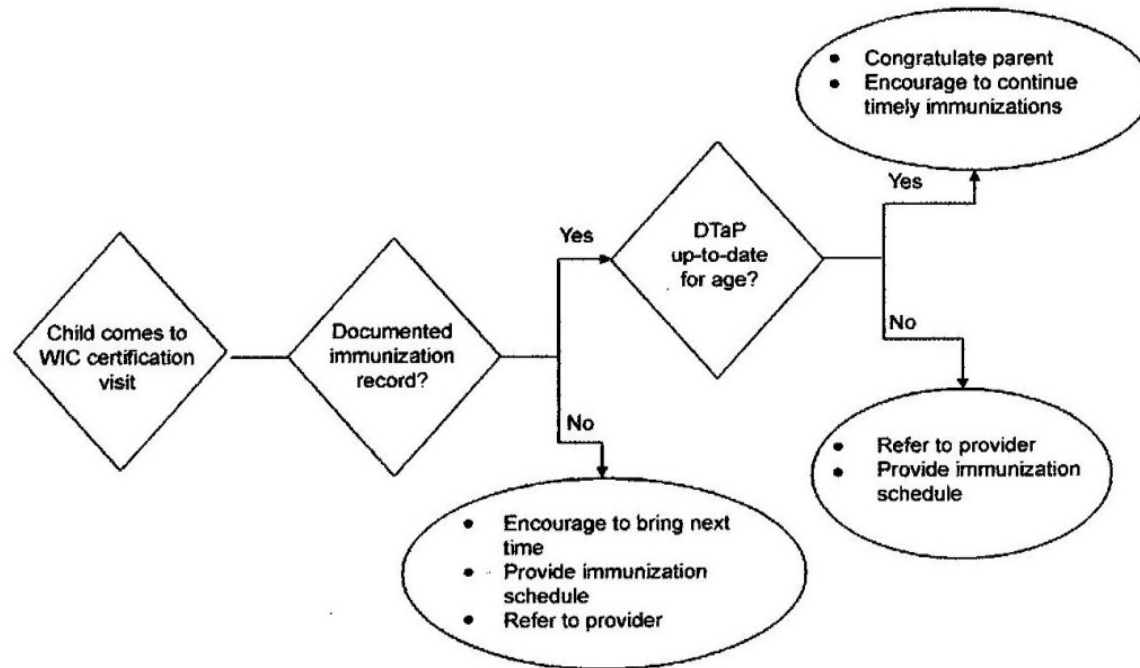


Figure 1. Overview of Minimum Screening and Referral Protocol



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Peer-Reviewed Studies: WIC Immunization Activities

- Impact on Immunization Coverage Rates:

Intervention	Results
Assessment & referral only	Mixed
A/R + reminders/ follow-up	+ -
A/R + parental incentives	+ -
A/R + Immuniz onsite or escort	+++
A/R + voucher incentives	+++



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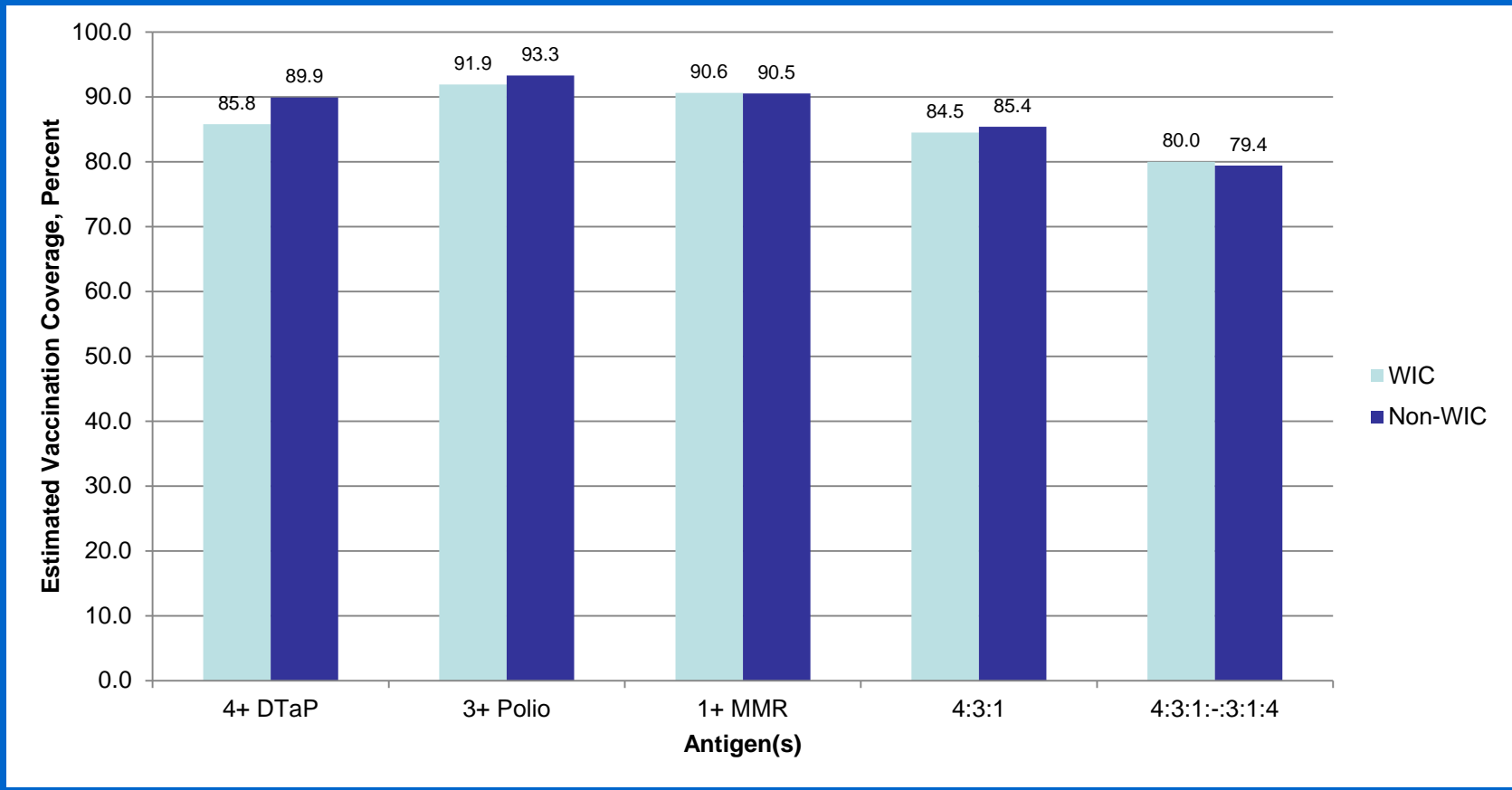
Kansas WIC

- Program administered by KDHE
- 118 local WIC Clinics
- Staffed by “competent professional authority”
- Serve about ½ of all KS infants
- Most co-located with LHD
- Annual # children/ site: <20 to >7,500



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Immunization Coverage, 2011, Kansas, Children aged 19-35 months)



Source: Data from CDC, National Immunization Survey.
 4:3:1 = 4 or more doses DTaP, 3 or more doses Polio, 1 or more doses MMR
 4:3:1:-:3:1:4 = 4:3:1 plus 3 or more doses HepB, 1 or more doses Varicella, and 4 or more doses PCV. Hib is excluded.



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Kansas WIC

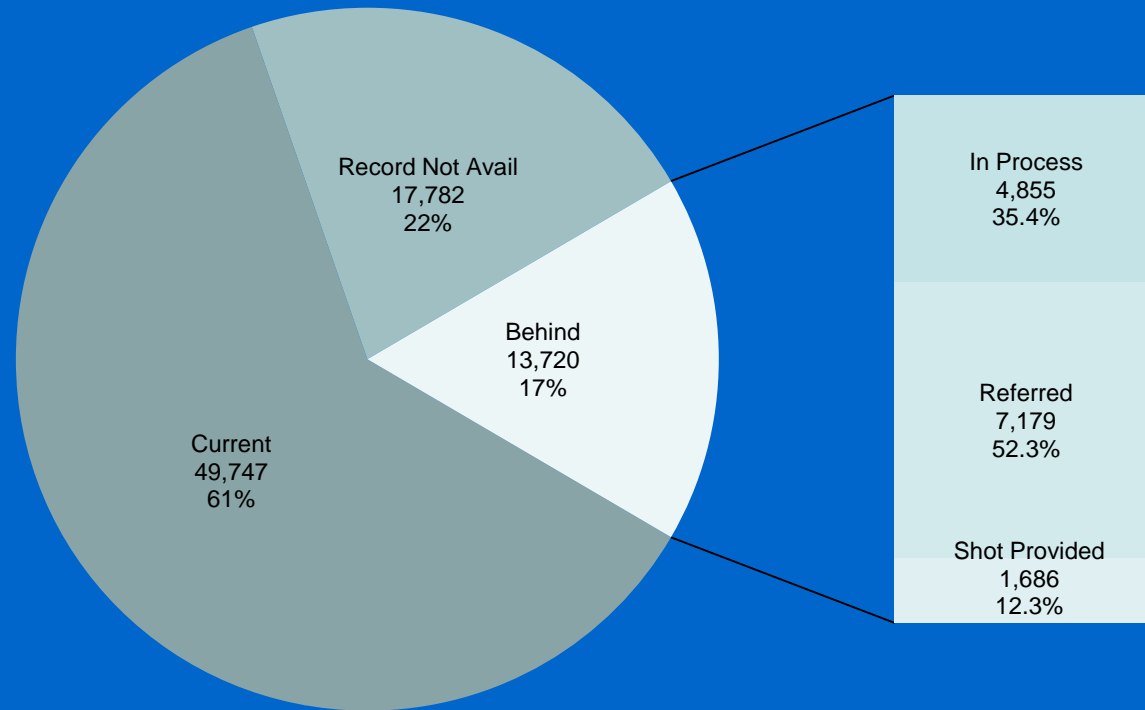
- Assessment and referral at all WIC sites
- Assessment options:
 - Review data from KSWebIZ, KWIC (with parental consent)
 - Count DTaP, compare to age chart
 - Compare complete immunization record to ACIP schedule
- If not UTD, refer (ideally to medical home)
- Document results of assessment & action taken in KWIC system



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Kansas WIC

Immunization Assessment at Kansas WIC Clinic Visits, 2012



n=81,249 assessments



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KS WIC – Other Intervention Strategies

2005 KDHE Survey of Kansas WIC Sites, 84 responding

Strategy	% of Clinics
Follow up to see if referrals acted upon	50%
Voucher incentives (monthly pickup)	32%
Parental incentives	58%
Immunization nurse onsite in WIC clinic*	52%
Immunization services available during WIC clinic hours*	15%
Coordination of WIC and Immunization Services	71%

* 80% of responding clinics were located in same building as Immunization clinic



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Kansas WIC – Barriers & Opportunities

- Barriers –
 - Conflicting priorities
 - Inconsistent access to KSWebIZ, active consent process
- Opportunities –
 - More follow-up on referrals
 - Develop more capacity to immunize in WIC setting
 - Training & education for WIC staff
 - Text 4Baby messaging



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WIC-Immunization Collaborative Grants

- KS Immunization Program
- Targeted, non-competitive
- Began in 2003, SG County
- Currently 8 counties (SG, FO, FI, WY, CK, SA, SW, SN)
- Objective: Increase immuniz covg. among WIC children, by:
 - Training for assessment of immuniz. records
 - Documentation in KSWebIZ
 - Referrals to either medical home or LHD



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Conclusions/ Recommendations

- All KS WIC clinics conducting immunization assessments & referrals
- In KS, immunization coverage rates similar among WIC and non-WIC children
- Variability in additional immunization interventions in WIC clinics
- Variability and available data present opportunity for study, evaluation



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Conclusions/ Recommendations

- Need to keep in mind that primary purpose of WIC program is nutrition
- Only assessment & referral is supported through WIC funding
- Other sources of funding needed to support any additional immunization efforts in WIC setting



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Possible IKK Roles

- Encourage and support continued collaboration between WIC and Immunization programs
- Encourage and support use of existing data and natural variability in intervention strategies to examine what works best in increasing immunization rates



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