Response

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It is indeed a pleasure to participate in this conference which brings so many people together to discuss the issue of public policy as it relates to immunizations.

I would like to describe for you a project recently funded by the Department of HEW under a contract to the National Medical Association (NMA), a professional organization established 83 years ago and today representing approximately 8000 predominantly black physicians.

In early 1977, after Secretary Califano announced the National Immunization Initiative, both the NMA and the National Council of Negro Women (NCNW) approached him independently to ask how they could participate in this effort, with particular emphasis on reaching low income, minority, and medically underserved infants and children. This discussion ultimately culminated in the award of the contract to NMA to establish the National Immunization Program (NIP), a program to immunize this special population and provided for a subcontract to the NCNW to conduct a major education and outreach program by mobilizing its 27 affiliated organizations and hundreds of volunteers. In the first year of operation, 14 cities and 1 state were identified as the target areas.

Traditionally, the members of the NMA have served large numbers of low-income families and thus were uniquely prepared thru experience to participate in this campaign. Similarly, the NCNW has an outstanding record of service by volunteers in meeting the needs of the same population.

Early on, several major problems were easily identified. First, was the availability of appropriate educational materials or the lack thereof for special groups. Most publications reviewed were at the 10th-12th grade reading level. Our experience had taught us that to be effective they must be written at the 4th grade level. Second, utilization of the media required a different strategy; radio and particularly minority stations were not only anxious to participate, but are clearly the way to reach large numbers of people, *i.e.*, the younger population, who may listen to the radio constantly, it being their major forum for receiving information. These stations present information at a time, in a format and vernacular that is relevant and accepted with more credibility. Third, churches, particularly black churches and fraternal organizations still play a large role in guiding and establishing trust among their following; beauticians, barbers, and other service personnel are constantly in touch with the community and are effective disseminators of information.

From the medical providers' perspective other problems soon

became evident. For example, although EPSDT (early, periodic screening, diagnosis, and treatment) services by law are available to all medicaid eligible children, in fact, many states do not provide reimbursement for preventive services including immunizations. The EPSDT program was initially expected to be the vehicle whereby one of the NIP projects major goals would be achieved—to bring low-income, minority, and the medically underserved children into systems of continuing care. Another problem was the availability of the vaccine itself to the private practicing physician at no cost. In several states, the vaccine was not available. Efforts are now underway to correct this situation.

Finally, and directly related to the second major problem is the question of informed consent, particularly when obtained by using forms associated with federally supplied vaccine. The physicians who participate in this program have said that these kinds of complex forms serve as a disincentive to parents, particularly those who are undereducated or functionally illiterate. "Ratios" have no meaning to them and the fear of side-effects as described in the forms only serves to discourage them from participating in the program.

Fortunately, the alliance of federal, state, and local public health agencies and the private sector provides the forum for resolution of these barriers.

Other problems such as transportation and hours of operation of public clinics are certainly contributing factors to achieving full immunizations for infants and children. Those parents who work frequently have no excused absences from the job and are in jeopardy of losing a day's pay, if not the job itself, if they do not report to work. If we recall the slides presented by Dr. Hinman, he noted that there are larger percents of minority adults receiving flu immunizations than there are children receiving childhood immunizations. It can be concluded from this data that low-income families do indeed set priorities. Flu is seen as a major obstacle to remaining on the job and maintaining the family income. Childhood diseases are not perceived as carrying such a risk.

We are enthusiastic about our participation in this project. The major effort is one of volunteerism. We recognize that the low-immunization status of the children we want to reach did not occur overnight. Many factors and forces derived from previous public policy have contributed to this most unfortunate situation and will require sustained commitment over future years—an institutionalized system—if we want to maintain a high level of immunity against these childhood diseases among all children.