**[](http://www.immunizekansaskids.org/index.htm)**

**Summary of Revised**

**Goals and Strategies for Action Plan**

**Goals:**

1. Access: Increase children’s access to timely immunization in every possible venue, whether at the physician’s office, the local health department or elsewhere.

2. Registry: Accelerate implementation of the statewide immunization registry.

3. Policy: Promote policies, regulations and environmental changes to increase immunization rates.

4. Demand: Stimulate community and parental demand for, and provider involvement in, immunization services.

5. Research: Continue to research factors likely to affect the success of the strategies described in this document. With stakeholder input, perform ongoing assessment and evaluation of the strategies and their success, and modify them based on the results.

6. Community: Develop and support an integrated community-level approach to improve immunization rates and decrease incidence of vaccine-preventable diseases.

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| **Goal #1 Access: Increase children’s access to timely immunization in every possible venue, whether at the physician’s office, the local health department or elsewhere.** | | | | | | | | | | | | |
| **Strategy** | | | **Access** | | **Registry** | | **Policies** | **Demand** | | **Research** | | **Community** |
| 1.1. Work to increase the number of private primary care providers offering immunizations. These efforts should focus primarily on urban counties and on other counties with more than 600 children from birth to 5 years old. | | | **√** | |  | |  |  | |  | |  |
| 1.2. Establish uniform and higher reimbursement rates for vaccine administration from Medicaid and private insurance. Educate providers on current reimbursement rates and strategies for maximizing reimbursement. | | | **√** | |  | |  |  | |  | |  |
| 1.3. Raise the number of VFC providers in the state, particularly in urban and semi-urban areas with a higher concentration of uninsured and underinsured children. | | | **√** | |  | |  |  | |  | |  |
| 1.4. Determine whether or not there are still gaps in access to immunizations for un- and underinsured children. If so, explore ways to address these gaps. | | | **√** | |  | |  |  | |  | |  |
| 1.5. Educate, inform and motivate parents during opportunities surrounding birthing classes, delivery, and hospital discharge to assure that the first immunizations to their baby are on time. Increase the opportunities for newborn babies to start their immunizations on time by strengthening the referral system to a medical home at the time of discharge from the hospital. | | | **√** | |  | |  |  | |  | |  |
| 1.6. Support and expand assessment and feedback initiatives for private providers such as the Maximize Office Based Immunizations (MOBI) project. These initiatives are more likely to have a positive impact if they target clinics and providers statistically most in need of improving their immunization rates, such as large practices in urban areas and counties with lower rates of coverage. | | | **√** | |  | |  |  | | **√** | |  |
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| **Goal #2 Registry: Accelerate implementation of the statewide immunization registry.** | | | | | | | | | | | | |
| **Strategy** | | | **Access** | | **Registry** | | **Policies** | **Demand** | | **Research** | | **Community** |
| 2.1. Gather input from private and public stakeholders to maintain a long-term KSWebIZ business plan (with yearly updates) that meets CDC standards. | | |  | | **√** | |  |  | |  | |  |
| 2.2. Complete electronic interfaces between KSWebIZ and data management systems based on a prioritized list. Identify the major remaining technical and policy barriers, as well as the resources and strategies required to remove them. | | |  | | **√** | |  |  | |  | |  |
| 2.3. Provide a report describing the types and characteristics of electronic information systems used in private clinics in Kansas through a survey of clinics that offer immunizations. | | |  | | **√** | | **√** |  | |  | |  |
| 2.4. Partner with KHIN, LACIE, and other HIEs in Kansas to promote HIE for immunization purposes. | | |  | | **√** | |  |  | | **√** | |  |
| 2.5. Determine the degree of support given to transferring into the registry historical data from clinics without electronic data management systems, particularly in the case of small practices. Develop criteria, including the cost-benefit ratio, for establishing priorities among such transfers. | | |  | | **√** | |  |  | |  | |  |
| 2.6. Educate providers about the benefits of joining the registry; provide technical support and/or incentives to help providers enroll in the registry (either directly or through an HIE); and obtain provider feedback about the program once they participate in it. | | |  | | **√** | |  |  | |  | |  |
| 2.7. Build features into the registry that simplify administrative processes and workflow for registry users when they are immunizing children. | | |  | | **√** | |  |  | |  | |  |
| 2.8. Ensure procedures and processes related to Registry data are well-defined, communicated to WIC staff, and followed, with the goal of further improving registry data and better resolving data discrepancies. | | |  | | **√** | | **√** |  | |  | |  |
|  |  |  | |  | |  | | |  | |  | |
| **Goal #3 Policies: Promote policies, regulations and environmental changes to increase immunization rates.** | | | | | | | | | | | | |
| **Strategy** | | | **Access** | | **Registry** | | **Policies** | **Demand** | | **Research** | | **Community** |
| 3.1. Review and amend (if necessary) statewide immunization recommendations and requirements for schools, day care centers and other educational facilities for young children within a specified period following the release of national recommendations. Develop consistent immunization-schedule regulations and recommendations for all child-education programs, including Head Start, child care, preschool and grade school programs. | | |  | |  | | **√** |  | |  | |  |
| 3.2. Review and implement (if necessary) statewide immunization recommendations and requirements for workers in health care settings. | | |  | |  | | **√** |  | |  | |  |
| 3.3. Review the groups of users that should be allowed to access registry information. Develop data-user agreements and policies consistent with state laws and regulations to clarify the extent to which each group of users can access registry information to perform the functions that they are responsible for. Particular attention should be given to the need of local health departments for access to registry data. | | |  | | **√** | | **√** |  | |  | |  |
| 3.4. Prepare a report on immunization rates in older children and adolescents, with the goal of monitoring this population in order to better protect children age 0-5. | | |  | |  | | **√** |  | |  | |  |
| 3.5. Continue to monitor legislative activity and other actions related to exemptions and vaccine concerns. | | |  | |  | | **√** |  | |  | |  |
| 3.6. Maintain the immunization advisory panel, the IKK Partners. A panel of representatives from organizations with a role in implementing or supporting the strategies in this action planshould be convened by IKKand should receive the administrative support necessary to perform its activities. | | |  | |  | | **√** |  | |  | |  |
| **Goal #4 Demand: Stimulate community and parental demand for, and provider involvement in, immunization services.** | | | | | | | | | | | | |
| **Strategy** | | | **Access** | | **Registry** | | **Policies** | **Demand** | | **Research** | | **Community** |
| 4.1. Develop a campaign that involves all stakeholders and targets providers with messages about their importance in assuring timely immunizations, as well as about the importance of participating in the immunization registry. | | |  | |  | |  | **√** | |  | |  |
| 4.2. Identify existing educational material about immunization, or develop new material as needed, that target parents of newborns. These materials should stress the importance of timely immunizations, preferably obtained in a medical home, and offer parents immunization alternatives for children for whom the medical home is not a viable option. | | |  | |  | |  | **√** | |  | |  |
| 4.3. Continue the KDHE *Immunize and Win a Prize* Initiative. | | |  | |  | |  | **√** | |  | |  |
| 4.4. Identify and implement targeted efforts to stimulate demand by age and population group, focusing on school-aged children and adolescents with the goal of protecting children age 0-5 years from vaccine-preventable diseases. | | |  | |  | |  | **√** | |  | |  |
| 4.5. Increase parental demand for Registry. | | |  | |  | |  | **√** | |  | |  |
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| **Goal #5 Research: Continue to research factors likely to affect the success of the strategies described in this document. With stakeholder input, perform ongoing assessment and evaluation of the strategies and their success, and modify them based on the results.** | | | | | | | | | | | | |
| **Strategy** | | | **Access** | | **Registry** | | **Policies** | **Demand** | | **Research** | | **Community** |
| 5.1. Monitor the implementation of the strategies recommended in this report, identify opportunities to provide support to agencies and organizations implementing the strategies, and collaborate with agencies to conduct post-implementation evaluation using measurable indicators of success. | | |  | |  | |  |  | | **√** | |  |
| 5.2. Conduct research to identify and describe the groups of children in Kansas that are at higher risk of missing some or all of their immunizations. The research should be designed to allow the aggregation of data at the county and regional level, should be updated regularly and should produce information timely enough to be used for course corrections. | | |  | |  | |  |  | | **√** | |  |
| 5.3. Evaluate of current level of integration among WIC and immunization activities. | | |  | |  | |  |  | | **√** | |  |
| 5.4. Conduct research related to immunization status of other groups and how they affect the protection of children aged 0 to 5 years. | | |  | |  | |  |  | | **√** | |  |
| 5.5. Conduct research related to the VFC program in Kansas, provider participation, and barriers to participation. | | |  | |  | |  |  | | **√** | |  |
| 5.6. Conduct research on the role of hospital policies, education, and practices in supporting childhood immunizations. | | |  | |  | |  |  | | **√** | |  |
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| **Goal #6 Community: Develop and support an integrated community-level approach to improve immunization rates and decrease incidence of vaccine-preventable diseases.** | | | | | | | | | | | | |
| **Strategy** | | | **Access** | | **Registry** | | **Policies** | **Demand** | | **Research** | | **Community** |
| 6.1. Develop granting process for Community IKKs. | | |  | |  | |  |  | |  | | **√** |
| 6.2. Provide resources, training, and technical assistance to Community IKKs | | |  | |  | |  |  | |  | | **√** |
| 6.3. Community IKK grantees implement tailored and targeted approaches for improved immunization rates within community. | | |  | |  | |  |  | |  | | **√** |
| 6.4. Community IKK grantees incorporate and institutionalize efforts into existing initiatives and practices. | | |  | |  | |  |  | |  | | **√** |
| 6.5. Monitor and evaluate Community IKK initiative. | | |  | |  | |  |  | |  | | **√** |