The impact of the Affordable Care Act on Delivery of Childhood Immunization Services in Rural Communities

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Background

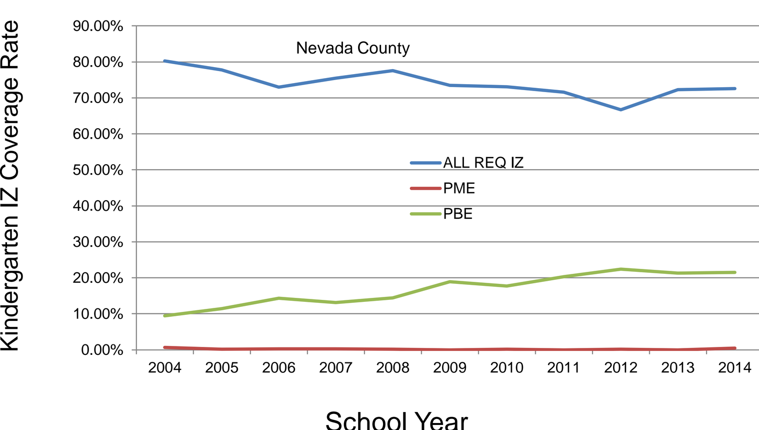
- In California, between 2.7 and 3.4 million people under age 65 are predicted to still remain uninsured by 2019, after the ACA is fully implemented. Local Health Departments (LHDs) are charged with identifying unmet needs, filling gaps in service delivery to reducing health disparities. In California, 31 out of the 58 counties are considered small and rural. The residual number of uninsured people will challenge LHDs to identify which of the safety net services that they will need to maintain. Small LHDs will need to understand their role in this new public health system and assess the effectiveness of services offered by other safety net providers such as Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), or primary care providers in their jurisdiction.

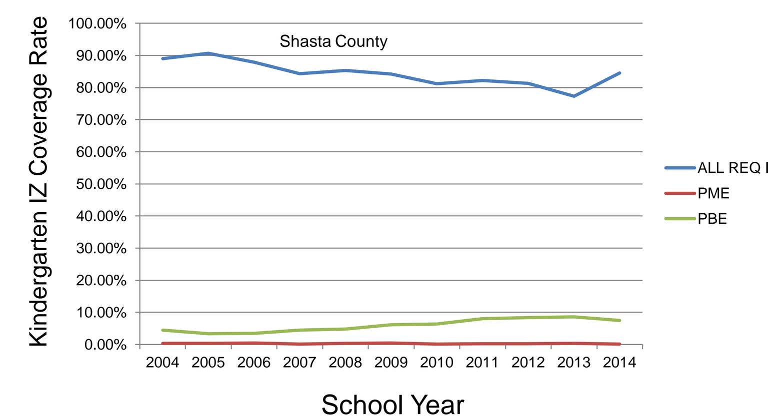
Methods

Research Question: Has the ACA lead to an increase in childhood immunizations in rural communities?

Method:

- Key informant Interviews with public health leaders and community providers in four counties
- Participants included 10 Local Health Department staff, 2 Federally Qualified Health Center staff, 2 Rural Health Center staff
- 60 minutes interviews using semi-structure questions were conducted by phone and in person
- Qualitative analysis was performed to find common and unique themes





Results

Topics	Key themes (*Unique themes)
ACA, Medi-Cal Expansion, 317 vaccines	• Increased number of children eligible for services • Decrease in publically-insured children seeking immunizations @ LHDs
Immunization rates	• Under-insured children face barriers to timely immunizations • Personal Belief Exemptions affect rates in local communities
Access to immunizations	• Lack of immediate appointments @ community and private providers • Community partnerships crucial to improve rates • Not an issue for uninsured children
Funding for immunizations	• Decrease in state funding to LHDs • Insufficient reimbursements for private providers • Contracts with private insurance available to LHDs*
Cost of immunization as a barrier	• High cost for under-insured children • 317s & VFCs readily available for non-insured or publically-insured children
Role of LHDs	• Decreased role in direct service for publically-insured children • Increased role in outreach and education • Maintaining capacity to serve safety net populations • Seeking new funding to maintain capacity

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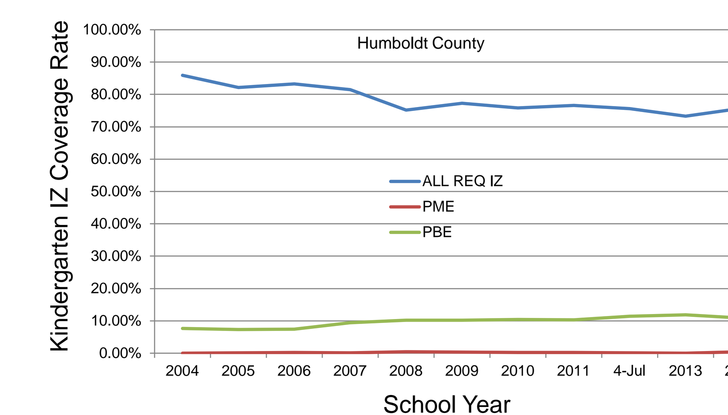
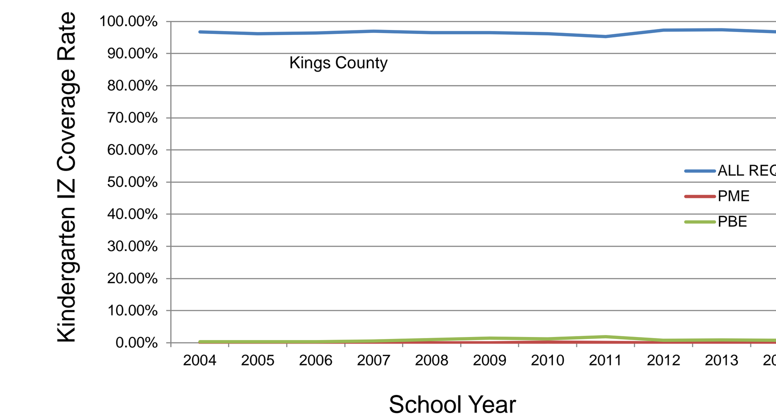
Summary

- Local Public Health Departments (LHDs) in rural counties are re-defining their role in providing childhood immunizations. There are three types of arrangements:
  - Type 1 - LHD contractually restricted from providing immunizations to children covered by MediCal
  - Type 2 - LHD provides services, paid for by private insurance entities
  - Type 3 – (?) LHD refers to other providers, building local coalitions with community and private providers to address access and barrier issues.
- While supporting childhood immunizations to be delivered in medical homes, LHDs want to maintain capacity and ability to deliver immunizations to those who are seeking it.
  - Strengthening utilization of immunization registry may address continuity of care issues.
- Variance in how LHDs and community providers capture cost information for providing immunization services.





Next Phase

- Analyze immunization data to identify net impact of ACA on immunization by counties
- Develop and administer survey to be administered to all LHDs
- Identify factors that have led high performing counties to increase immunization rates, and factors that have led low performing counties to not increase immunization rates