



CLINIC CLOSURE IMPACT: CROSS-SECTIONAL SURVEY REPORT

BACKGROUND

Vaccination coverage levels in Los Angeles County are below the national goal to completely vaccinate 90% of 2-year-old children against measles-mumps-rubella (MMR, one dose), poliovirus (OPV, three doses) and diphtheria-tetanus-pertussis (DTP, four doses) by the year 2000. Vaccination coverage levels among two-year-old children attending DHS clinics range from seven percent to 50 percent. In 1995, only 52 percent of kindergarten children born in 1989 were completely immunized at 24 months of age.

The Immunization Program (DHS) supports immunization service delivery throughout Los Angeles County by directly administering vaccine at public health care facilities and by providing publicly funded vaccine to approximately 150 private providers, schools, and non-profit organizations. Collectively, publicly funded vaccine providers administered almost one million doses of vaccine in 1994.

The fiscal crisis during 1994-1995 resulted in disruption of the public health-care delivery system and reduction in public health services. Thirty-four health centers initially scheduled for closure on October 1, 1995, provided 75 percent of the doses of vaccine administered and accounted for 75 percent of the immunization visits to health centers during 1994.

To assess the impact of closure of these health centers on immunization service delivery, we surveyed patients at a sample of the health centers during the three weeks prior to the publicized closure date. This report summarizes the findings of the survey.

METHODS: CROSS-SECTIONAL SURVEY

From August 30 through September 9, 1995, interviews were conducted at 11 of the health centers that were scheduled for closure on October 1, 1995: Alhambra, Bellflower, Roybal, El Monte, San Antonio, Temple, Hubert H. Humphrey, H. Claude Hudson, Burke, Canoga Park, and Mid-Valley. The health centers were selected from different geographic regions of the County and were those with the highest number of vaccine doses administered during the previous year. Notices advising patients of the probable closure of the health center, as well as the name and location of the nearest health center remaining open, were posted at each health center.

All persons with children who had received vaccinations at the health center were eligible for enrollment in the study. Trained interviewers attempted to interview each patient using a standardized questionnaire. Interviews were conducted in English, Spanish, Chinese and Vietnamese. Participants were asked about their knowledge of scheduled health center closures, the usual source of medical care and vaccinations for their children, their usual method of transportation to obtain medical services, and alternatives for medical care and vaccinations if the health center at which they usually received services no longer offered those services. Vaccination histories for children less than six years of age were obtained by



reviewing the child=s Immunization Record Card (H519) or the parent=s written immunization record.

RESULTS

Overall, 282 persons were asked to participate in the survey; 275 (98%) consented to the interview and seven (2%) refused. Study participants were predominantly Hispanic, unemployed, and uninsured (Table 2). Most participants (n=159 [58%]) had come to the health center to receive immunization services. Others were attending tuberculosis (n=32 [12%]), pediatric (n=13 [5%]), and prenatal (n=4 [1%]) clinics. Clinic service type was not determined for 67 (24%) participants. Study participants had a total of 358 children less than six years of age; 28 participants (10%) reported no children less than six years of age. Of those with children less than six years of age, 244 (68%) children had been vaccinated at the health center.

Table 2. Study Participant Characteristics

Characteristic	No. (n=275)	(%)
Race/Ethnicity		
Asian	23	(08)
Black	9	(03)
Hispanic	198	(72)
White	39	(14)
Not specified	6	(02)
Employment Status		
Full-time	84	(31)
Part-time	43	(16)
Unemployed	147	(53)
Medical Insurance		
Public insurance (Medi-Cal)	94	(34)
Private insurance	31	(11)
Uninsured	150	(55)

Many participants (n=189 [69%]) were aware that the health center they were attending was scheduled for closure. County health centers were the source of routine pediatric medical care for 118 (43%) participants (Table 3). Only one participant reported using a hospital emergency room for routine medical care for their child. If the health center at which medical care was usually received were to close, only six (2%) participants would go to another



County health center for treatment of a child with an acute illness and 40 (15%) would rely on hospital emergency rooms (Table 4). For vaccinations, 18 (7%) participants would go to another County health center. Almost half of the participants (n=124 [45%]) did not have alternate plans for obtaining vaccinations for their children. Plans for obtaining vaccinations did not differ for those with or without insurance. Most participants (n=194 [71%]) would be willing to go to a County health center even if vaccinations were the only service provided, although only 177 (64%) reported that they would go to another health center remaining open to get vaccinations. Slightly more than half (n=156 [57%]) usually drove or were driven by car to the health center. The remaining either walked or rode the bus. If participants had to go to another health center that was farther away, the number who would drive or be driven by car decreased to 134 (49%). If vaccinations could not be received at health centers, participants preferred to receive vaccinations for their children at schools (n=100 [36%]) and hospitals (n=82 [30%]). Only 28 (10%) participants preferred a mobile van located near the health center.

Vaccination histories were obtained for 205 (84%) of the 244 children less than six years of age. Only 29 (18%) of 164 24-month-olds had received four DTP, three OPV and one MMR by 24 months of age.

Table 3. Source of Routine Pediatric Medical Care

Provider Type	No.	(%)
County Facility		
Health center	118	(43)
Hospital-based clinic	14	(05)
Emergency room	0	(00)
Private Facility		
Community clinic	29	(11)
Hospital-based clinic	18	(07)
Emergency room	1	(00)
Private doctor	64	(23)
Not specified	31	(11)
Total	275	(100)

DISCUSSION

Although most health center clients were aware that the clinic they were attending was scheduled for closure, less than half had alternate plans for obtaining future childhood vaccinations. This may be an overestimate since those clients with alternate sources of health care may already have stopped coming to the health center. Health center closures may require some clients to travel greater distances to go to another county health center. If



the distances are prohibitively far, some may have to identify new sources of routine and sick-child medical care.

Vaccination coverage levels were low in the group sampled although they are consistent with previously reported coverage levels among DHS health center patients. The coverage levels reported may underestimate the true coverage levels because no attempt was made to verify that all vaccinations received from different health care providers were transcribed onto a single vaccination record although that is the required procedure.

The budget crisis in LAC has severely disrupted the delivery of health services at DHS facilities. Reductions in immunization service delivery at DHS health centers may further reduce already low vaccination coverage levels among health center patients in LAC.

Table 4. Alternate Sources for Vaccinations and Sick-Child Care among Persons Attending DHS Health Centers Scheduled for Closure

Facility Type	Vaccinations		Sick-Child Care	
	No.	(%)	No.	(%)
Clinic				
County	31 ^a	(11)	51 ^b	(19)
Non-County	27 ^c	(10)	54 ^d	(20)
Type not specified	44 ^e	(16)	51 ^f	(19)
Emergency Room				
County	1	(00)	8	(03)
Non-County	0	(00)	18	(06)
Type not specified	0	(00)	14	(05)
Private Physician	48	(17)	50	(18)
No alternate source	124	(45)	29	(10)
Total	275	(100)	275	(100)

- a. 13/31 (42%) hospital-based clinics and 18/31 (58%) health centers
- b. 45/51 (88%) hospital-based clinics and 06/51 (12%) health centers
- c. 10/27 (37%) hospital-based clinics and 17/27 (63%) community clinics
- d. 40/54 (74%) hospital-based clinics and 14/54 (26%) community clinics
- e. 04/44 (09%) hospital-based clinics and 40/44 (91%) non-hospital clinics
- f. 31/51 (61%) hospital-based clinics and 20/51 (39%) non-hospital clinics