

Increasing Appropriate Vaccination: Monetary Sanction Policies (2011 Archived Review)

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Review Summary

Intervention Definition

Monetary sanction policies are government requirements that link continuing financial assistance to families to maintenance of up-to-date vaccination status of the client. Sanction policies can be established by legislative action or agency dictate. Actual penalties are applied only after families are given one or more warnings and fail to produce documentation of status or demonstration of progress. Sanctions may range from penalties on the amount of assistance to loss of benefits.

Summary of Task Force Recommendations and Findings

The Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of monetary sanction policies to increase vaccination rates in children of families on government assistance. The Task Force finding is based on the small number of studies; differences in the type of sanction policies evaluated; inconsistent results on vaccination rates; and limited information on potential harms of these policies.

Results from the Systematic Review

The Task Force finding is based on evidence from a Community Guide systematic review of Client or Family Incentives published in 2000 (search period 1980-1997) combined with more recent evidence (search period 1997-2009). The systematic review was conducted on behalf of the Task Force by a team of specialists in systematic review methods, and in research, practice, and policy related to increasing appropriate vaccination.

Two studies qualified for this review.

- One study from the state of Georgia found a significant improvement in the vaccination rate in children (absolute difference: +11.8 percentage points). This was a three-year randomized controlled trial of 2500 families receiving Aid to Families with Dependent Children (AFDC). Families that did not show proof of up-to-date vaccination status for their children could lose AFDC benefits.
- Another study from Maryland evaluated outcomes in children ages 3 to 24 months and found no improvement in the vaccination rate (absolute difference: -0.7 percentage points). This was a two-year study of AFDC participants who were assessed a financial penalty of \$25 per month for failure to document the receipt of well-child preventive care.

Economic Evidence

An economic review of this intervention was not conducted because the Task Force did not have enough information to determine if the intervention works.

Task Force Finding and Rationale Statement

Intervention Definition

Monetary sanction policies are government requirements that link continuing assistance to families to maintenance of up-to-date vaccination status of the client. Sanction policies can be established by legislative action or agency dictate. Actual penalties are applied only after families are given one or more warnings and fail to produce documentation of status or demonstration of progress. Sanctions may range from penalties on the amount of assistance to loss of benefits.

Task Force Finding (April 2011)

The Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of monetary sanction policies to increase vaccination rates in children of families on government assistance. The Task Force finding is based on the small number of studies; differences in the type of sanction policies evaluated; inconsistent results on vaccination rates; and limited information on potential harms of these policies.

Rationale

The Task Force considered two studies identified during the search period (January 1980–November 2009). Both studies were conducted in the United States and evaluated the implementation of monetary sanction policies for families receiving assistance through the Aid to Families with Dependent Children (AFDC) program. The first study, a two-year randomized controlled trial of AFDC recipients in Maryland, evaluated outcomes in 1324 children aged 3 to 24 months and observed no significant improvements in vaccination rates (absolute difference -0.7 percentage points). The second study, a three-year randomized controlled trial of 2500 families on AFDC assistance in Georgia, observed significant improvements in vaccination rates in children (absolute difference +11.8 percentage points).

The potential harms of sanction policies include the loss of financial support for families in need of assistance, whether through sanction, program drop-out, or reductions in applications for assistance. In addition, these policies may affect the other activities of program staff and their interactions with families in need of assistance. Evidence on the broad range of potential outcomes of monetary sanction policies is insufficient to inform considerations on their use as an intervention option to increase vaccination rates. Programs that are considering the adoption of monetary sanctions should first determine the range of potential harms that may occur from these policies.

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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