

# Increasing Appropriate Vaccination: Monetary Sanction Policies

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## Task Force Finding and Rationale Statement

### Intervention Definition

Monetary sanction policies require children to be up-to-date with their vaccinations in order for their families to receive government assistance. Sanction policies can be established by legislative action or agency dictate. Penalties may range from reductions in the amount of assistance to loss of benefits and are applied only after families are given one or more warnings and fail to produce documentation of vaccination status or progress.

### Task Force Finding (September 2015)

The Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of monetary sanction policies to increase vaccination rates among children in families receiving 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

#### Basis of Finding

The Task Force finding is based on evidence from a Community Guide systematic review completed in 2011 (2 studies, search period January 1980-November 2009). A more recent search for evidence (search period 2009-February 2012) did not identify any new studies to be included in the systematic review. Both of the included studies were conducted in the United States and evaluated the implementation of state 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 1,324 children aged 3 to 24 months and observed no significant improvements in vaccination rates (decrease of -0.7 percentage points). The second study, a three-year randomized controlled trial of 2,500 families on AFDC assistance in Georgia, observed significant improvements in vaccination rates in children (increase of 11.8 percentage points).

#### Other Benefits and Harms

Policies on monetary sanctions may increase clients' contact with healthcare providers which may increase receipt of other recommended preventive services. The Maryland study specifically examined this postulated benefit, however, and found no difference in receipt of well-child visits.

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 negatively affect the other activities of program staff and their interactions with families in need of assistance.

#### Considerations for Implementation

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. Barriers to implementing monetary sanctions include: agencies might not adopt these policies because of concerns about harms to families or they may not enforce these policies with case workers unwilling to apply sanctions to families. The Georgia study examined the issuance of warnings and sanctions to families and found that both were infrequently applied.

### Evidence Gaps

Additional evidence is needed to determine if monetary sanction policies are effective and beneficial to the communities they address. If so, research is needed to identify common elements of successful policies and programs and explore the health and financial effects of these policies on families requiring assistance.

*The data presented here are preliminary and are subject to change as the systematic review goes through the scientific peer review process.*

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### 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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