Disclosure: Session G4

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Planning committee discussed conflict of interest with each presenter to ensure there is no bias.

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Mission

NACCHO is comprised of nearly **3,000** local health departments across the United States. Our mission is to serve as a leader, partner, catalyst, and voice with local health departments.

There’s value in belonging

Learn more by viewing a short video available on our website.
Our Work

- Advocacy
- Partnerships
- Funding
- Training and education
- Networking
- Resources, tools, and technical assistance
The Important Role of Local Health Department Immunization Programs
Public Health System

## Clinical programs and services provided directly in the past year

<table>
<thead>
<tr>
<th>Program/service</th>
<th>% LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td></td>
</tr>
<tr>
<td>Adult immunizations</td>
<td>90%</td>
</tr>
<tr>
<td>Childhood immunizations</td>
<td>88%</td>
</tr>
<tr>
<td>Screening for diseases/conditions</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>84%</td>
</tr>
<tr>
<td>Other STDs</td>
<td>65%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>62%</td>
</tr>
<tr>
<td>Blood lead</td>
<td>61%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>54%</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>53%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>34%</td>
</tr>
<tr>
<td>Cancer</td>
<td>32%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>25%</td>
</tr>
<tr>
<td>Treatment for communicable diseases</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>79%</td>
</tr>
<tr>
<td>Other STDs</td>
<td>63%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>35%</td>
</tr>
<tr>
<td>Maternal and child health services</td>
<td></td>
</tr>
<tr>
<td>Women, Infants, and Children (WIC)</td>
<td>66%</td>
</tr>
<tr>
<td>Home visits</td>
<td>60%</td>
</tr>
<tr>
<td>Family planning</td>
<td>53%</td>
</tr>
<tr>
<td>Early and periodic screening, diagnosis, and treatment</td>
<td>38%</td>
</tr>
<tr>
<td>Well child clinic</td>
<td>29%</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>27%</td>
</tr>
<tr>
<td>Obstetrical care</td>
<td>8%</td>
</tr>
<tr>
<td>Other clinical services</td>
<td></td>
</tr>
<tr>
<td>Laboratory services</td>
<td>38%</td>
</tr>
<tr>
<td>School-based clinics</td>
<td>34%</td>
</tr>
<tr>
<td>Oral health</td>
<td>28%</td>
</tr>
<tr>
<td>Asthma prevention and/or management</td>
<td>22%</td>
</tr>
<tr>
<td>Home health care</td>
<td>20%</td>
</tr>
<tr>
<td>Correctional health</td>
<td>13%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>11%</td>
</tr>
<tr>
<td>Comprehensive primary care</td>
<td>11%</td>
</tr>
<tr>
<td>Behavioral/mental health</td>
<td>10%</td>
</tr>
<tr>
<td>Emergency medical services</td>
<td>4%</td>
</tr>
</tbody>
</table>

n=1,461–1,899

Source: National Association of County and City Health Officials (NACCHO) 2016 National Profile of Local Health Departments
Changes in Service Delivery

Local health departments remain active in the healthcare system

- 65% reported seeing the same or a greater number of patients
- 38% reported serving a higher percentage of patients with insurance
- 7% reported serving a lower percentage of patients with insurance

Local health departments continue to be a primary provider of services

Slightly more local health departments reported having reduced their clinical services than having expanded them, but most have not changed their level of clinical service delivery.

- 14% Reduced
- 14% Expanded
- 72% No change
- 15% Maternal and child health
- 12% Immunization
- 14% Diabetes screening
- 11% 8% High blood pressure screening
- 3% 12% Communicable disease screening
- 8% 5% Blood lead screening

NACCHO 2017 LHD Assessment
Objective: To examine the functions of immunization programs at the LHD level, and characterized their activities to control vaccine preventable diseases (VPD) and provide immunization services.

Recruitment conducted through NACCHO database and Association of Immunization Manager’s voluntary assistance

Mixed-Method survey to capture local health department: infrastructure, program activities, program priorities and needs, immunization information systems, policy, billing, and partnerships

Survey was emailed to 2,238 individuals and in the field from October to November 2017

NACCHO generated statistics using Microsoft Excel and SPSS
NACCHO 2017 LHD Assessment Results
Results: LHD Size & Geographic Area

Results: LHD Infrastructure

Total FTEs that provide immunization services

- 0 FTE: 2%
- 0.25 FTE: 5%
- 0.5 FTE: 7%
- 1 FTE: 16%
- 1.5 FTE: 11%
- 2-3 FTE: 25%
- 4-5 FTE: 16%
- 6+ FTE: 18%

FTEs that provide immunization services by geographic area

- Rural:
  - 2+ FTEs: 47.8%
  - 1.5 FTEs: 11.2%
  - 1 FTE: 20.5%
  - <1 FTE: 16.8%
  - 0 FTE: 3.7%

- Suburban:
  - 2+ FTEs: 67.2%
  - 1.5 FTEs: 11.1%
  - 1 FTE: 14.6%
  - <1 FTE: 6.6%
  - 0 FTE: 0.5%

- Urban:
  - 2+ FTEs: 90.2%
  - 1.5 FTEs: 7.8%
  - 1 FTE: 2.0%

Results: LHD Top Priorities

- Vaccine rates: 71%
- Vaccine confidence: 52%
- Establish partnerships: 41%
- Immunization Information Systems (IIS): 40%
- Provide technical assistance and education: 38%
- Other: 5%

## Results: LHD Immunization Activities

- **Held clinics where only IZ services are provided**: 76%
- **Conducted IZ outreach and education in community**: 74%
- **Collaborated internally with other programs within LHD**: 69%
- **Targeted IZ/outreach to children and adolescents**: 67%
- **Utilized public communication platforms**: 67%
- **Targeted IZ/outreach to adults**: 57%
- **IZ outreach/education to health care providers**: 55%
- **Assisted with or conducted school-located vax clinics**: 47%
- **Conducted pandemic influenza planning or exercises**: 42%
- **Conducted perinatal hepatitis B education/outreach**: 39%
- **IZs as part of primary care services within a LHD clinic**: 36%

Results: LHD Barriers and Challenges

- Vaccine hesitancy among patients/parents: 56%
- Limited or insufficient staffing: 44%
- Lack of education/confidence in vax for patients/parents: 37%
- Lack of program funding or funding mechanisms: 27%
- Increase in VFC provider requirements: 24%
- Lack of funding/participation/function of registries: 21%
- Vaccine hesitancy among health care providers: 20%
- Changes in state or school immunization requirements: 17%
- Lack of access to electronic health records: 14%

LHD Immunization Program Billing
Results: LHD Immunization Billing

Does LHD have a system to bill private insurance?

- Yes: 56%
- No - attempted but NOT successful: 11%
- No - not attempted: 32%

Does LHD have a system to bill public payers?

- Yes: 80%
- No - attempted but NOT successful: 5%
- No - not attempted: 15%

LHD Immunization Program Partnerships
Results: LHD Immunization Partnerships


- Schools: 34%
- LHD other than own: 30%
- Individual healthcare: 29%
- Healthcare clinics: 27%
- Hospitals: 22%
- Community-based org: 21%
- Pharmacies: 15%
- Medical schools or students: 11%
- Long term care facilities: 8%
- Professional associations: 8%
- Other: 7%
- Elected officials: 4%

N = 517
We collaborated with a local women's clinic to offer the Tdap vaccine to client's in their 3rd trimester.

We work with our WIC program to monitor vaccine status of children.

We hold quarterly immunization meetings for the staff from provider offices and hospitals. During these meetings we give immunization updates and usually focus on one or two current immunization issues such as immunizations needed for school/childcare entry and which adults should receive PPSV23 and PCV13 just to name two. We maintain an email list of provider, hospital, pharmacy and long term care facility staff who want to receive immunization updates. We send emails with immunization updates/information whenever they occur. An example forwarding the MMWR for the 2017-18 Influenza season.

Limitations

- Response rate
- Self reported bias
- Timing of survey
NACCHO Recommendations and Next Steps for Public Health Immunization Programs
NACCHO Recommendations

- Increased funding to support IZ programs
- Further exploration of rural IZ programs
- Capacity building for LHDs to address barriers/challenges
- Development of evidence-based practices
- Leveraging partnerships and exploring new and non-traditional partnerships
NACCHO Next Steps

- Qualitative stakeholder interviews
- Further exploration of rural IZ programs
- Complete fact sheet and reports
- Work with national partners to continue to review data
- Explore similar assessment every other year
Thank you!

Local Health Departments

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Association of Immunization Managers

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Creating a Pipeline of Vaccine Experts: The American Academy of Family Physicians Vaccine Science Fellowship

Margot Savoy, MD, MPH, FAAFP
Pamela Carter-Smith, MPA
Bellinda Schoof, MHA, CPHQ

National Immunization Conference | Atlanta, GA
About the American Academy of Family Physicians

• ~130,000 members

• Vision: to transform health care to achieve optimal health for everyone

• Mission: improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity
Health of the Public & Science

• Division of AAFP
  – development of evidence-based clinical guidelines
  – recommendations for preventive services and policies related to health of the general public
  – administers programs designed to reduce tobacco use and obesity and increase exercise
  – oversees the National Research Network
  – oversees the Center for Diversity & Health Equity
The Challenge

• Growing numbers of opportunities to influence & develop vaccine policy arising both locally and nationally

• Paucity of family physicians willing to volunteer to serve as experts
  – Lack of knowledge/comfort in vaccines & evidence-based medicine
  – Unaware of opportunities
  – Lack of time/resources
The Solution: Vaccine Science Fellowship

Program Goals

Provide the Fellows with experiences that develop the knowledge, skills and attitudes to help them to:

- Increase use of immunizations
- Communicate effectively about vaccine safety
- Encourage public acceptance of vaccines
The Solution: Vaccine Science Fellowship

Program Logistics

We implemented a 1 year part-time paid fellowship leveraging in-person, telecommunication and electronic strategies.

- Site visits
- Mentorship
- After-care
The Solution: Vaccine Science Fellowship

- In 2017 we conducted a follow-up survey to obtain impact data as we look to revise the curriculum and experiences
  - 8/18 completed the survey

18

# of Fellows who have successfully completed the program
The Solution: Vaccine Science Fellowship

- Graduates of the VSF are remaining active after the fellowship
  - Mostly local and state levels
  - Also some national/international work
Confidence among our former fellows in their own skill since completing the fellowship was high or very high across all domains:

- Vaccine Science & Development
- Vaccine Policy Creation
- Vaccine Guideline Development
- Vaccine Communication with patients
- Vaccine Communication with colleagues
- Vaccine Advocacy
The Solution: Vaccine Science Fellowship

- How well did your vaccine science fellowship year prepare you to do vaccine science related work (e.g. lecture, committees, projects, etc.)?

- Would you recommend the fellowship to a friend/colleague?

- Since completing your vaccine science fellowship HOW SATISFIED have you been with your opportunities to use your skills/abilities with the AAFP (e.g. offered opportunities to present, volunteer or serve as a representative/liaison)?
The Solution: Vaccine Science Fellowship

Conclusions

– It is continuing to work well
– We have a Vaccine Science Fellowship pool and they are active (and we love it!)
– Sustainability may require re-imagining content delivery
  • Interest remains high (we turn away qualified applicants each year)
  • Funding remains an on-going challenge
  • Perhaps alternative delivery options would mean we can increase the number of fellow slots
Thank you for listening!

Any questions?