

The 2017 National Assessment of Local Health Department (LHD) Immunization (IZ) Programs explored LHD efforts to provide immunization services and control vaccine-preventable diseases (VPDs) in their jurisdictions. The assessment was distributed to 2,238 LHDs, and NACCHO received responses from 517 (23%) participants. These findings present the most current view of immunization program activities and services at LHDs across the country.

INFRASTRUCTURE

LHD Respondent Demographics



52% SMALL LHDs (serve fewer than 50,000 people)

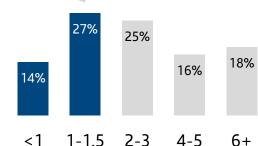


38% MEDIUM LHDs (serve 50,000 to 499,999 people)



10% LARGE LHDs (serve 500,000 or more people)

41% of respondents have fewer than 2 FTEs performing IZ activities. Since 2016, 25% reported a decrease in staffing, while only 7% reported an increase.



1-1.5 2-3 4-5

ACTIVITIES

Top Five IZ Program Activities





outreach











vaccine hesitancy



insufficient staffing



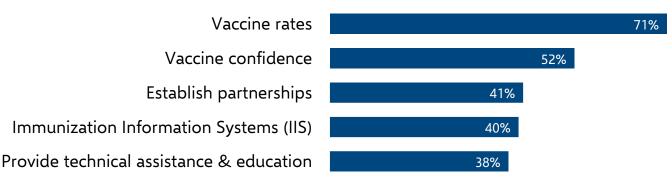
lack of vaccine education & confidence



24% increase in VFC requirements

PRIORITIES

Top Priorities for LHD IZ Programs to Address



BILLING

LHD IZ Program Billing Capability





80% public payers

Some respondents reported an inability to bill public (20%) or private (43%) payers for IZ services or counseling which may limit vaccine availability for the community.

PARTNERSHIPS

Top Five Types of Partners



30% other health departments

individual healthcare providers 58% of respondents reported participating in IZ partnerships or coalitions.

healthcare clinics



RECOMMENDATIONS TO SUPPORT LHD IZ PROGRAMS

Many LHDs are operating at a diminished capacity due to budget pressures on



federal, state, and local governments. Advocating for the provision of funding to sustain immunization program staffing, activities, and services is essential. LHDs are leaders in disease prevention through immunization administration,



promotion, and outreach. Providing capacity building assistance through evidencebased practices for LHDs to address challenges and barriers is vital in ensuring that they can best serve their communities.



LHDs vaccinate people in their communities, providing one of the most successful and effective services to prevent disease and death. Addressing billing challenges that threaten their ability to provide this service is critical.



LHDs cultivate many types of partnerships within their communities. Further exploration of new and non-traditional partnerships will be essential to meeting community health needs.



LHDs are instrumental in monitoring administered vaccines and identify IIS as a priority. Improving and strengthening data systems to enhance vaccine delivery and surveillance is key within immunization programs.



the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.