



ASSOCIATION OF IMMUNIZATION MANAGERS

State of the States: Immunization Program Perspective

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Outline

- Background
 - Funding sources/revenues
 - Programmatic requirements and functions
- AIM Preliminary Survey Results
 - Immunization program environment
 - Fiscal environment and impact on programs
 - Key priorities in 2013
- Programmatic Activities and the National Vaccine Plan
- Conclusions

Background: Funding Sources/Revenues

- **Section 317**
 - operations/infrastructure
 - vaccine purchase
- Vaccines for Children (VFC) program
- Prevention and Public Health Funds
- Other, including state and local funds

Background: IPOM



- Immunization program operations manual, includes required and suggested activities, performance measures, and reporting requirements
 - Program Stewardship and accountability
 - Assessing program performance
 - Assuring access to vaccines
 - Immunization information technology
 - Preparedness

AIM Annual Survey - 2013

Purpose: assess and characterize immunization program policy, infrastructure, program activities and priorities and the impact of funding changes (both federal and state) on immunization programs

- AIM Members - 64 state/local/territorial Immunization Program (IP) Managers
- Administered January-March 2014
 - ✓ 2013 Grant Year (GY13) Funds
 - ✓ 2013 Calendar Year (CY13) Activities
 - ✓ Current Policies
- Response Rate 95% (61 of 64) IPs
- Results are **PRELIMINARY**

AIM Prelim Survey Results: Programmatic Environment

- Public health agencies are different
- Leadership changes
- Staffing Environment
- Safety Net Role

Structure of LHD: Autonomous (self-governing)

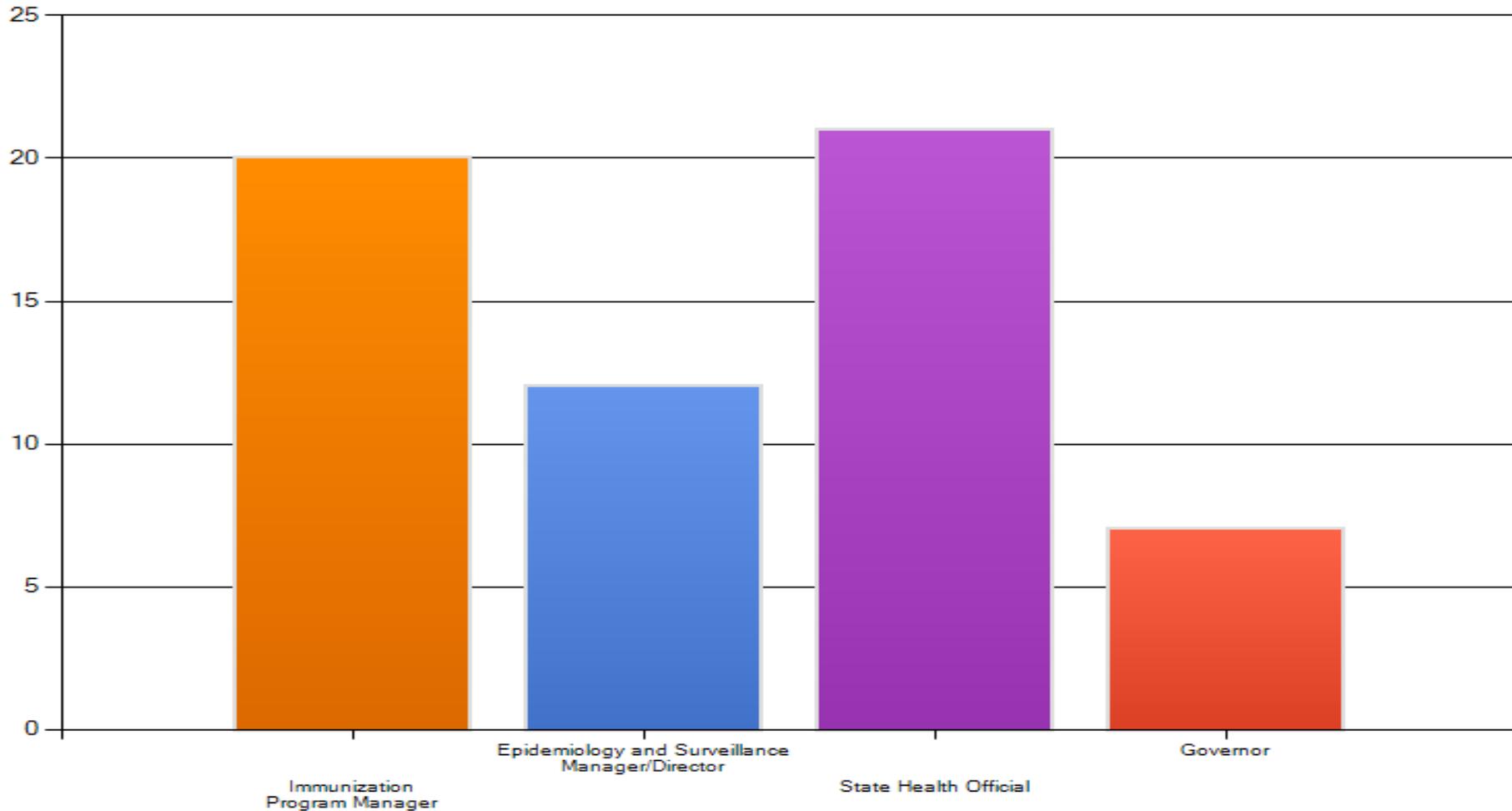


All (100% of all LHDs are autonomous)	Many/Most (51-99% of all LHDs are autonomous)	Minimal/Some (1-50% of all LHDs are autonomous)	None (0% of all LHDs are autonomous)	Not applicable because we do not have any LHDs
52.5% (32)	3.3% (2)	14.8% (9)	14.8% (9)	13.1% (8)

Leadership Environment

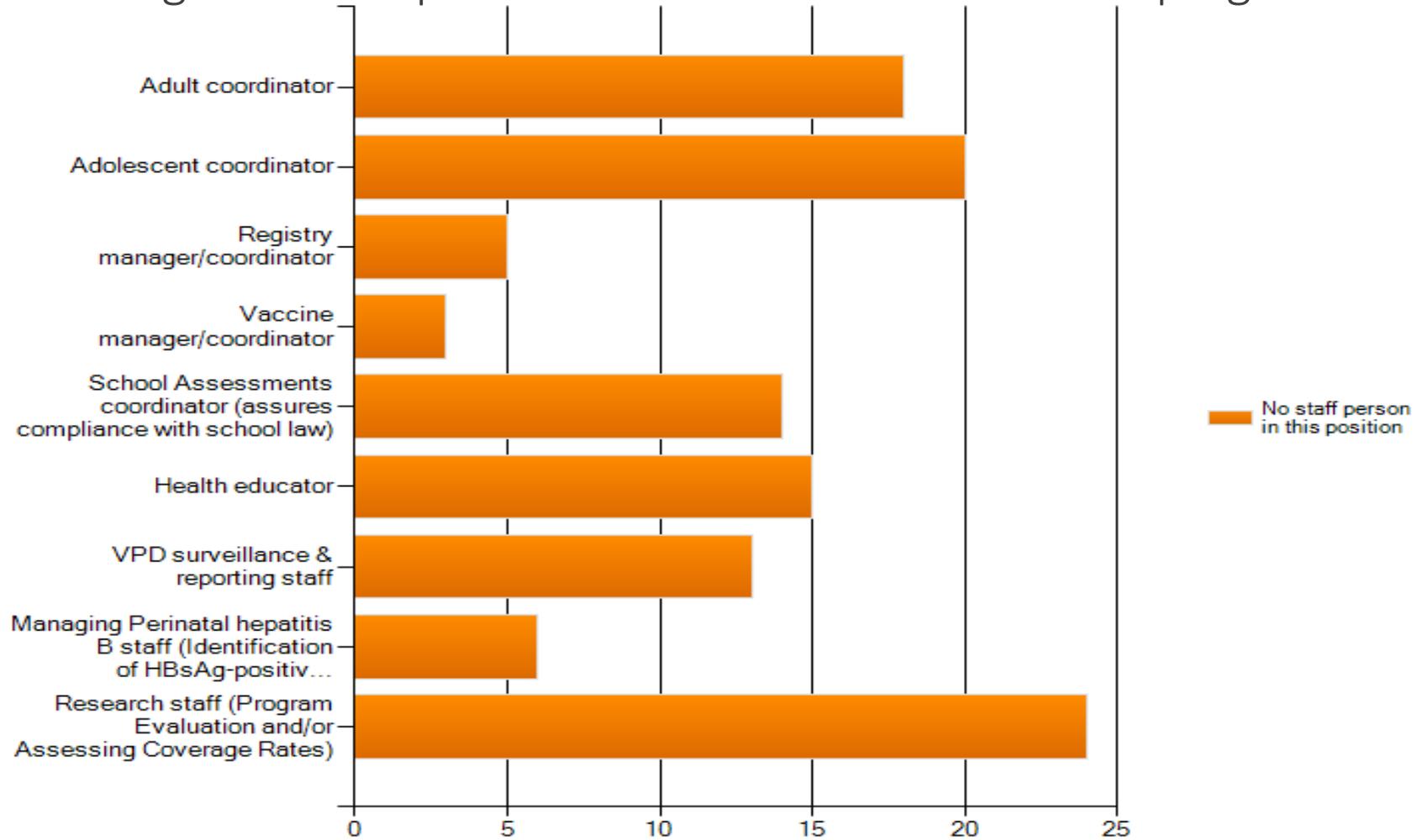


Number of IPs with Change in Leaderships in CY13



Staffing Environment

A designated staff person located in the immunization program



Staffing Environment CY13



- 17 IPs with hiring freezes
- 19 IPs with pay freezes or reductions
- 31 IPs with travel restrictions
 - No or limited out of state travel
 - Grant required travel
 - Cuts on local travel
- Other state policies impacting IPs:
 - Slow procurement processing and contracting
 - Reorganization of agency/section/staff
 - Unable to obtain FTEs - had to hire temporary employees
 - Limitation on wage employees
 - Legislative mandates to focus on special initiatives

Use of Federal Section 317 Supporting Clinical Services* at LHDs



(37 of 61) 61% provide ongoing 317 operations funds to LHDs for clinical services

Significant: Program provides substantial (>25% of 317 operations bu...	Moderate: Program provides some (11-25% of 317 operation budget) on...	Minimal/Limited: Program provides small amount (<10% of 317 operatio...)	None: (The funding provided for LHDs is not used for clinical services...	N/A : We do not provide any funding directly to LHDs
35.8% (19)	18.9% (10)	17.0% (9)	18.9% (10)	9.4% (5)

*Clinical services includes: vaccine administration and related expenses, such as staff support, supplies, administration fees, etc.; not including vaccine

Proportion of LHDs that Administer Vaccinations

	None	Do not know	Minimal/Some 1-50% of all LHDs	Many /Most 51-99% of all LHDs	All 100% of LHDs
Adults (19+ yrs)	0%	3.8% (2)	11.5% (6)	25.0% (13)	59.6% (31)
Infants/Children/Adolescents (birth to 18 yrs)	0%	1.9% (1)	3.8% (2)	23.1% (12)	71.2% (37)

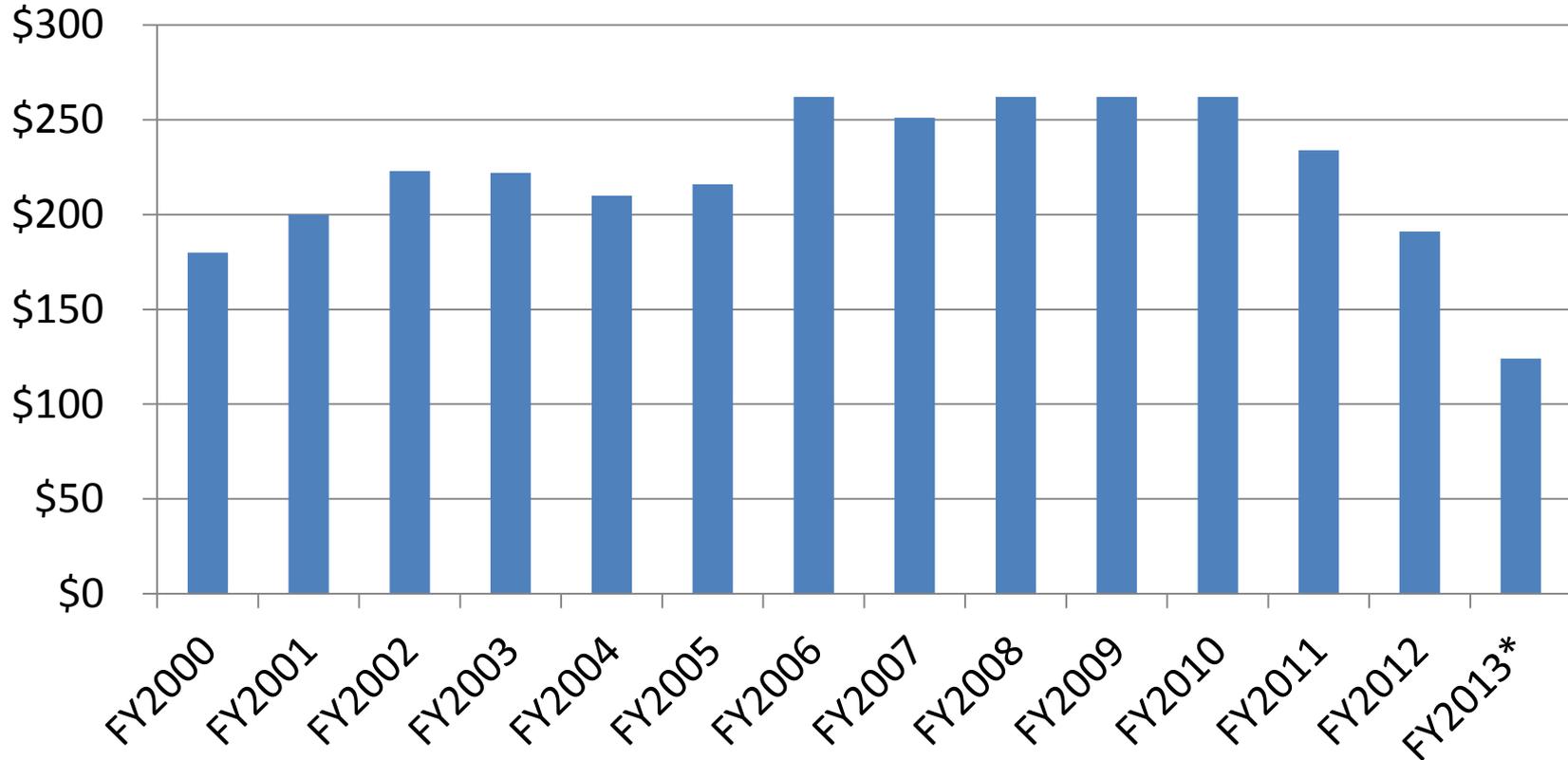
AIM Prelim Survey Results: Fiscal Environment

- Deep cuts to 317 vaccine purchase (coinciding with expanded health insurance)
- Some cuts to 317 operations
- Fairly consistent VFC operations funding
- PPHF awards

Fiscal Environment: Section 317 Vaccine Purchase Funding



FY2000-FY2013 (millions of dollars)



* only an estimate at this time

Immunization Program Operations Funding*: CY11 – CY14

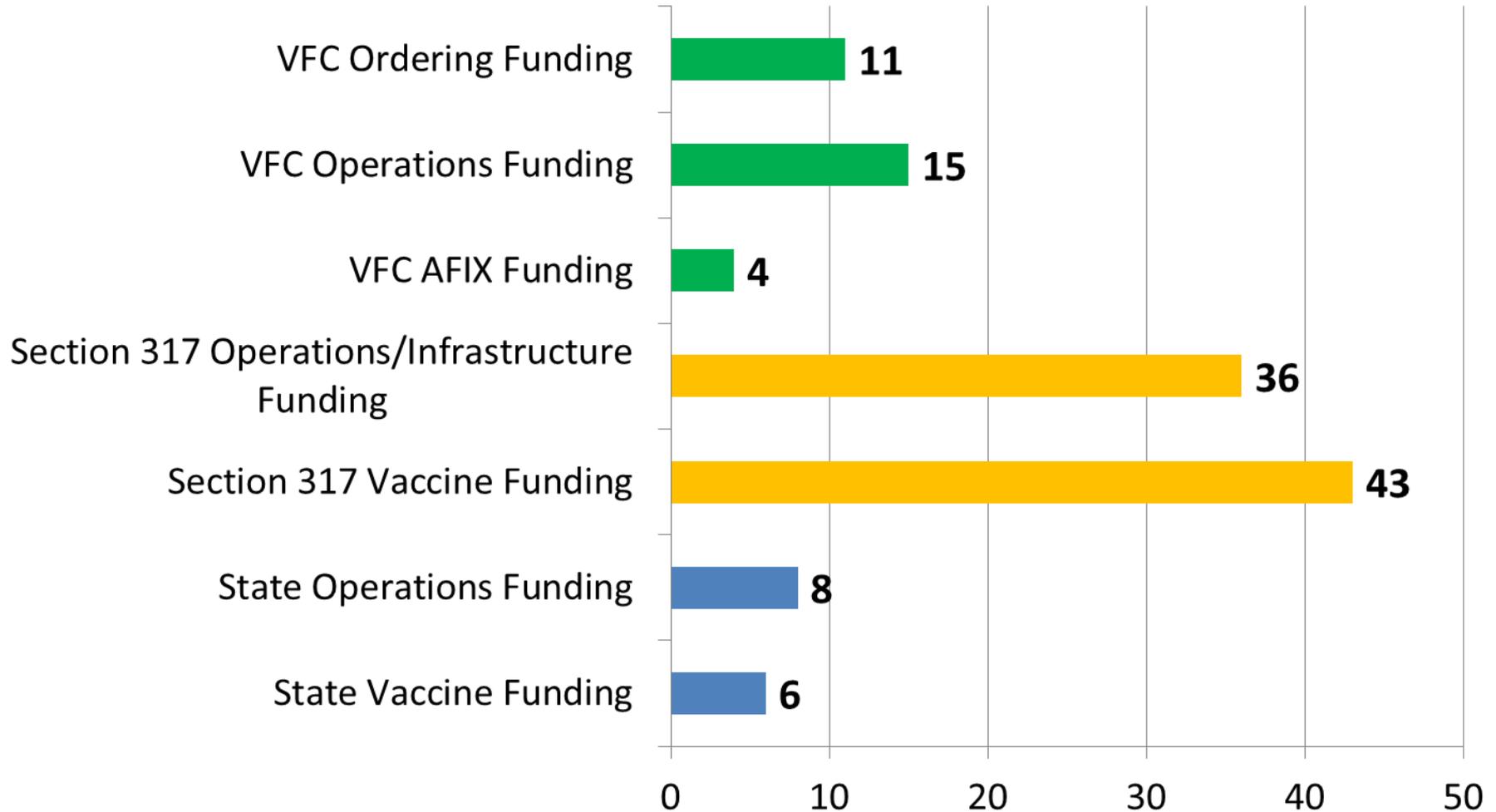
	CY11	CY12	CY13	CY14
317 Operations	201	207	204	204**
317 Operations Rd 4	NA	NA	8.5	TBD
Carryover	15	19	NA	NA
VFC Operations	28	29	29	29**
VFC/AFIX	40	41	42	43
VFC Ordering	8	7	7	7
VFC Distribution	1	1	1	1
Pan Flu	15	16	16	16**
Total	308	320	307.5	300**

- Shown in millions of dollars; includes DA Other
- **Awarded in Rounds 1 - 3

Source: Centers for Disease Control and Prevention

Fiscal Environment: Funding Cuts GY2013

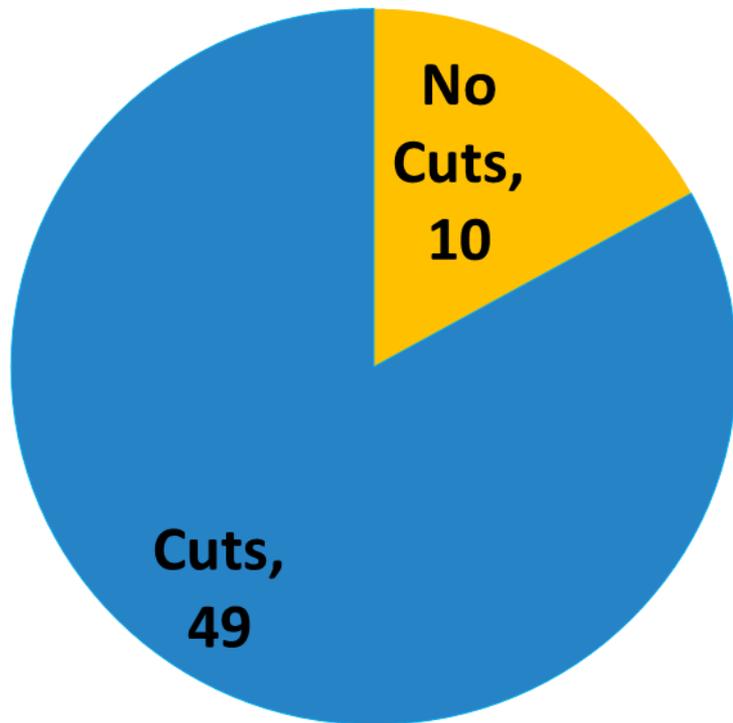
-Number of IPs with cuts-



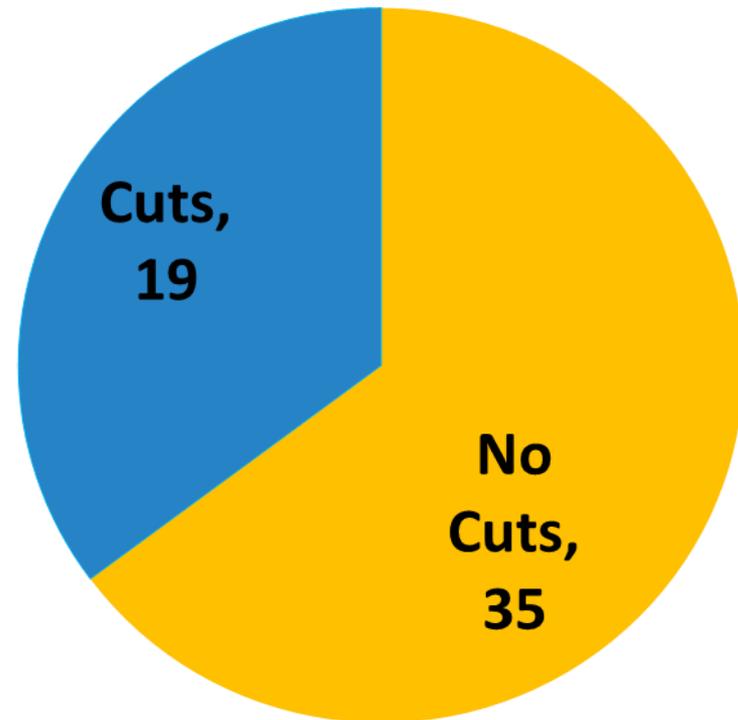
Fiscal Environment: Cuts GY13 317 Funds and VFC Funds



Section 317 Funds



VFC Funds



Fiscal Environment: 317 Funds



	Funding was cut or reduced	Funding was increased or restored	Funding was level, no change from 2012	N/A – We do not have this funding type
Section 317 Operations/ Infrastructure Funding	36	3	18	1
Section 317 Vaccine Funding	43	4	8	2

Fiscal Environment: NON-FEDERAL revenue source

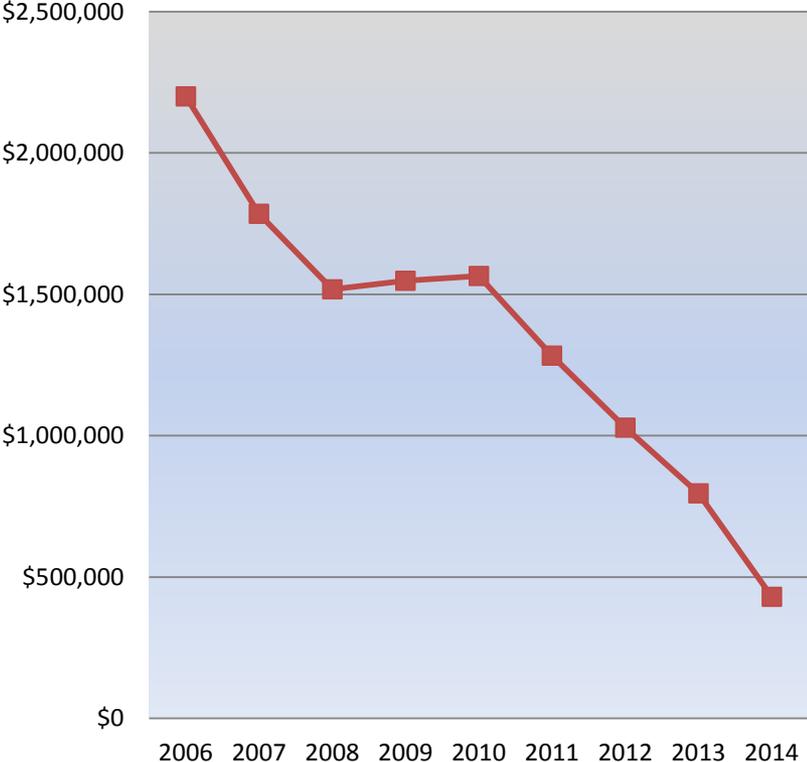
Vaccine Purchase for All Age Groups

- Percent of GY13 Vaccine Purchase Budget-

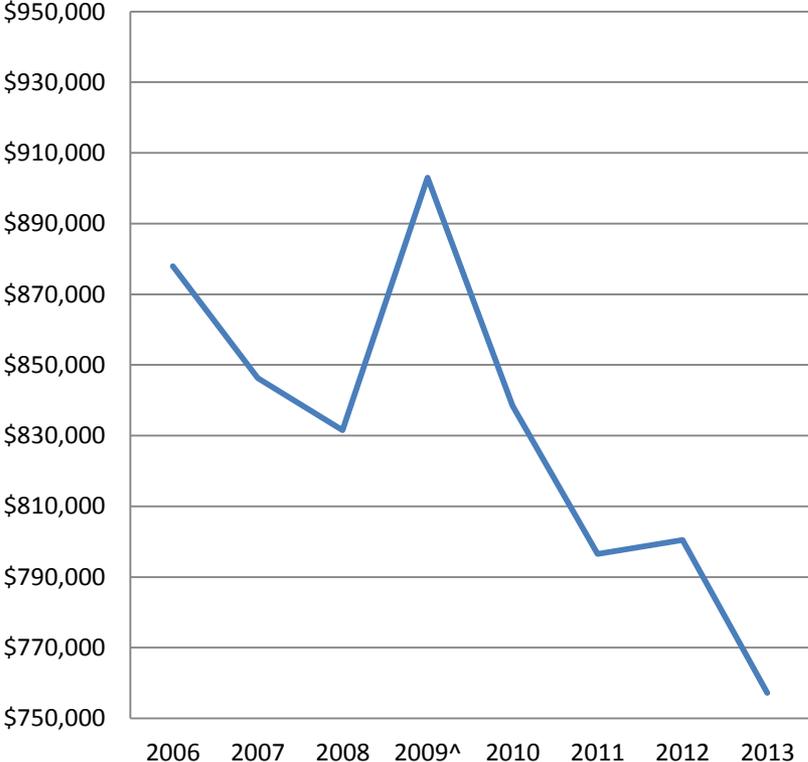
	Do not know	Limited: Program receiving small amount of funding (1-10% of vaccine pu...)	Moderate: Program received some amount of funding (11-25% of vaccine p...)	Significant: program received substantial funding (>25% of vaccine pu...)
Legislatively-appropriated general revenue funds	2	17	6	6
Taxes/surcharge on insurers	2	1	1	7
State Medicaid	1	9	4	1
Funding from other state/local agency (excludes SCHIP and MCH Block G...)	0	6	2	0
Other	0	6	3	1

Example: North Dakota

North Dakota 317 Vaccine Funding By Year



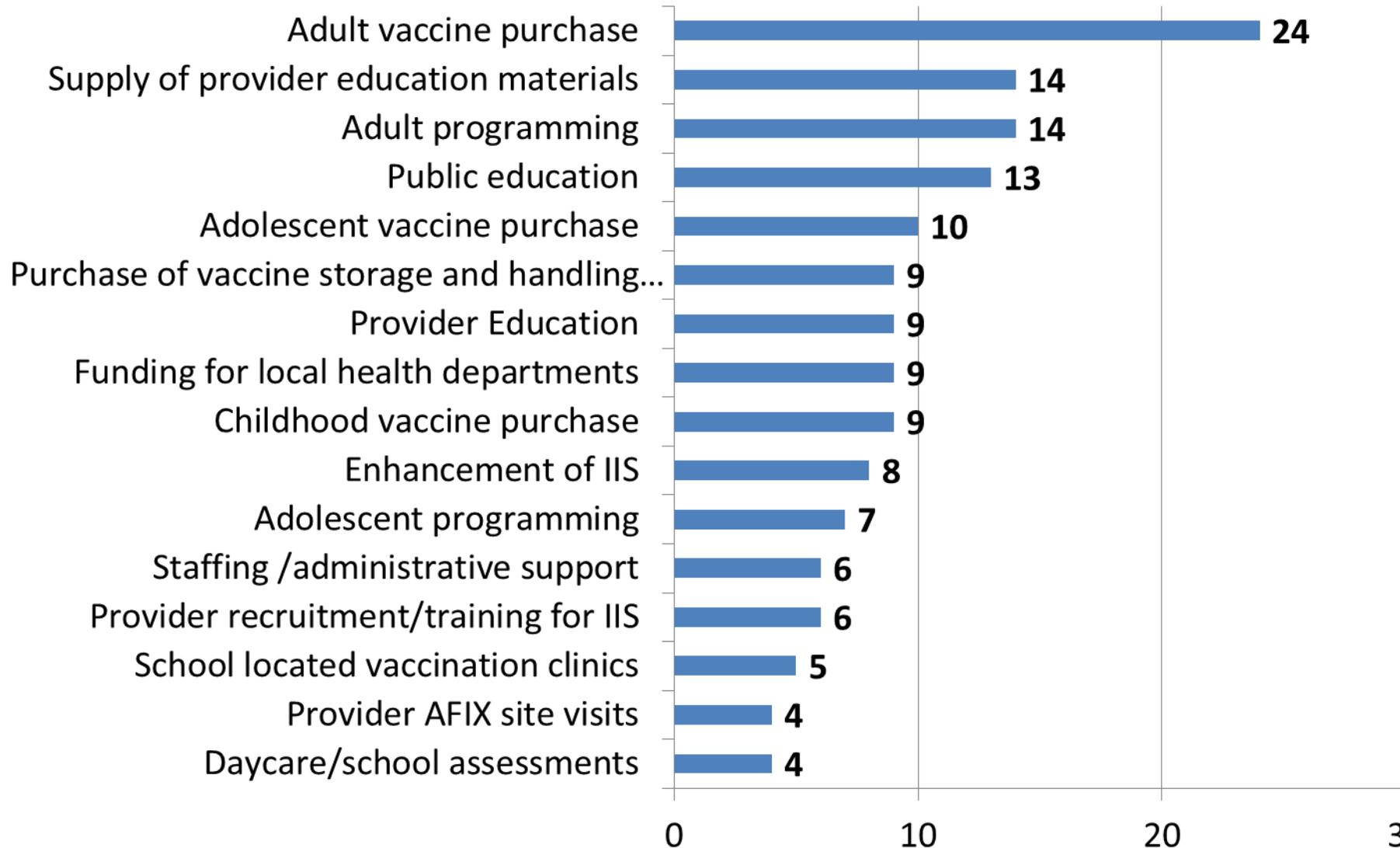
North Dakota 317 Operations Funding By Year



Source: North Dakota Immunization Program

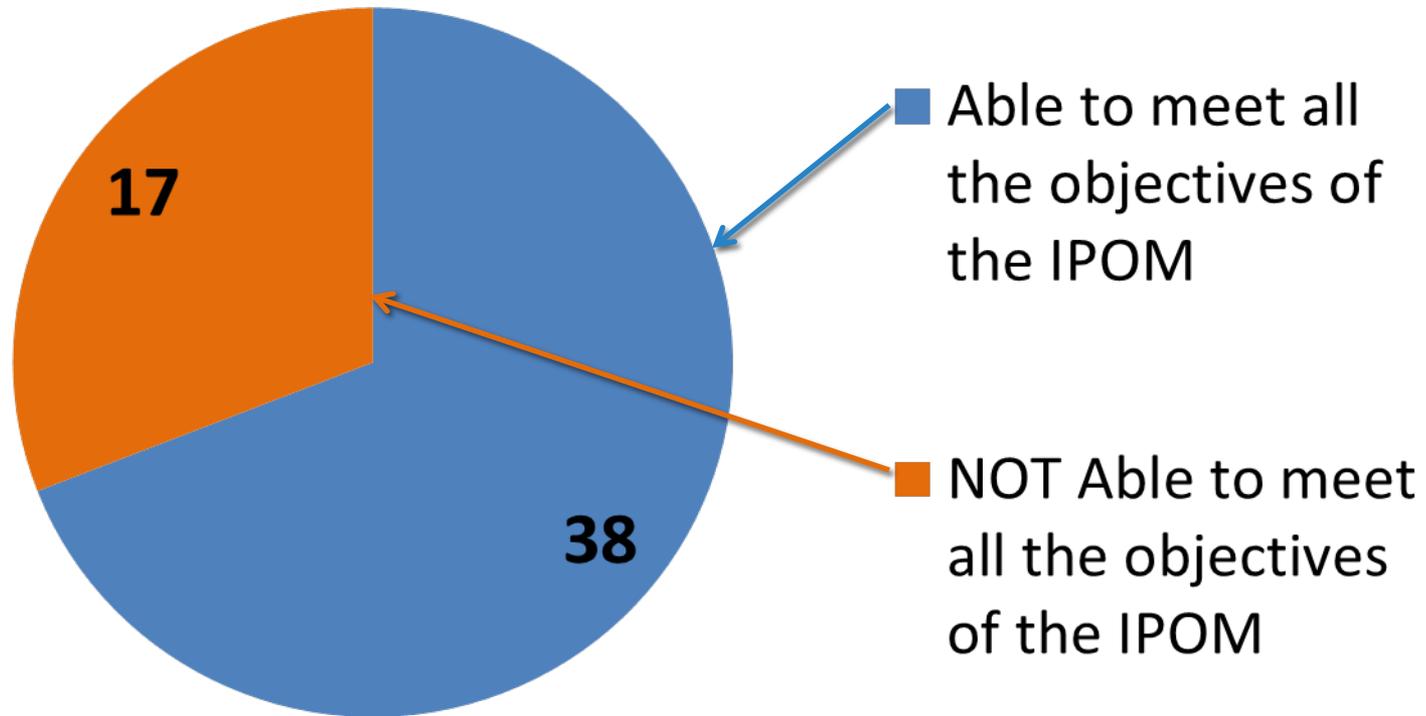
Fiscal Environment: Impact of Cuts - GY13

Number of IPs Reduced or Cut Activity



Fiscal Environment: Impact of Funding Cuts - GY13

IPOM Objectives that may not be fully achieved*



*2013 -2017 Immunization Program Operations Manual (IPOM) includes 26 objectives

Fiscal Environment: Resource Needs

Increase ADOLESCENT Vaccination Rates (CY13)



	Did not engage but would like to if resources were available	Had some engagement in activity but could not expand because of limited resources
Partnering with juvenile detention facilities	12	13
Partnering with STD/Family planning clinic(s)	11	14
Partnering with Community Health Centers	8	14
Partnering with Local Health Departments ...	3	10
Partnering with pharmacists	14	7
Partnering with community vaccinators	10	13
Supporting school located vaccination ...	8	17
Provider media/ education campaign(s)	11	22
Social media (twitter, etc.)	13	15
Public media/ education campaigns	10	23
Improving school enforcement of ...	6	11
Active state based ...	11	15
Assessing adolescent coverage during AFIX ...	14	9
Providing Department of Education ...	15	13

Fiscal Environment: Resource Needs

Increase ADULT Vaccination Rates (CY13)



	Did not engage but would like to if resources were available	Had some engagement in activity but could not expand because of limited resources
Collaborating with corrections ...	13	14
Targeting refugees/immigrants	12	13
Partnering with STD/Family planning clinic(s)	10	18
Partnering with Community Health Centers	7	11
Partnering with Local Health Departments ...	10	9
Partnering with pharmacists	12	15
Partnering with community vaccinators	12	11
Provider media/ education campaign(s)	11	23
Public media/ education campaigns	8	20
Supporting employee vaccination clinic(s)	18	10
Supporting health care workers vaccination ...	15	10
Active state based ...	9	14

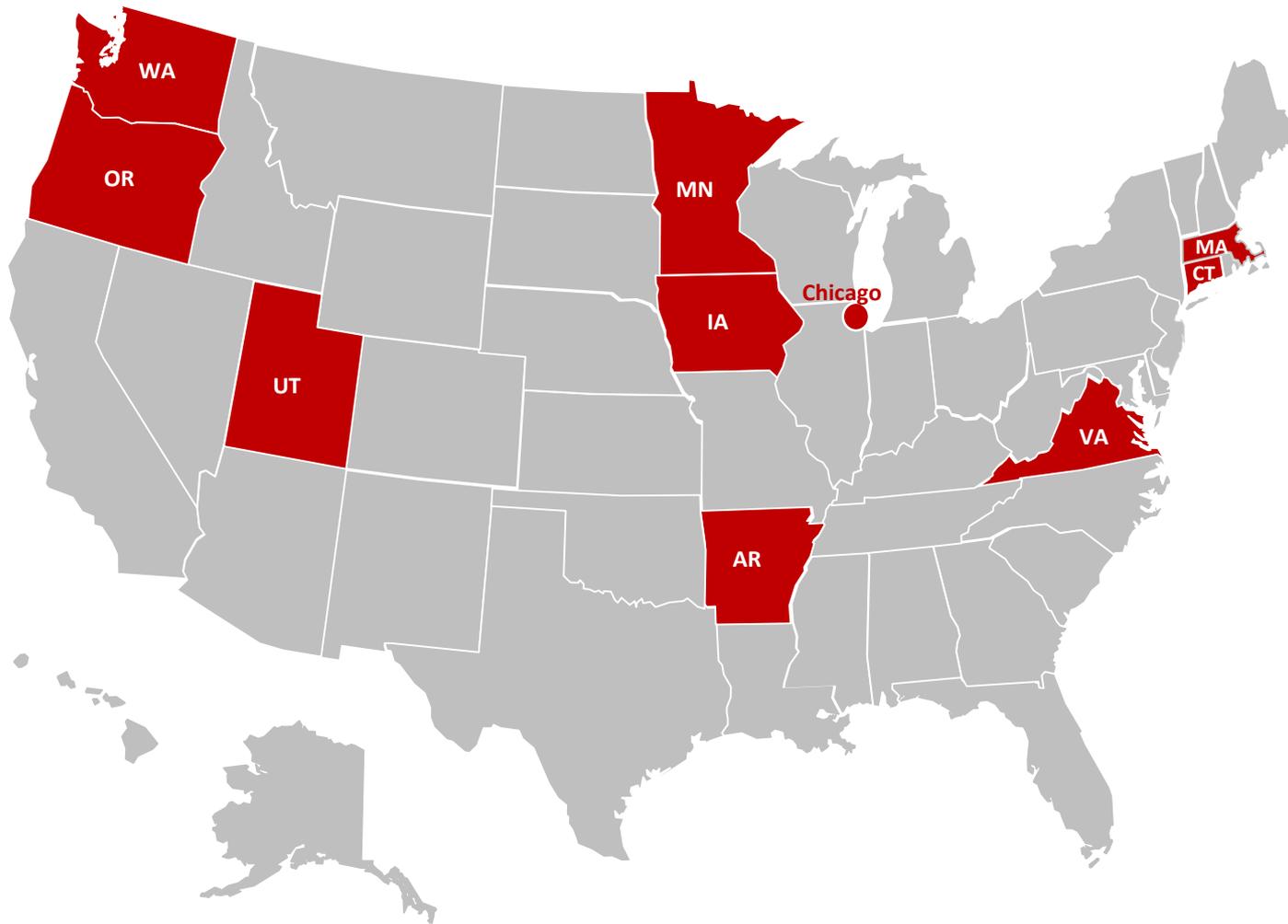
PPHF Immunization Awards

- PPHF awards: one-time investments funded by CDC to awardees through competitive awards
- Enhance immunization infrastructure (billing, IIS, adult immunization, vaccine storage and handling, HPV)
- Challenges: Not all awardees funded, increased reporting requirements, not able to increase staff

PPHF Example: Adult Immunization

- \$10.9 million awarded to 9 states and 1 city expand access to adult vaccines
- MN healthcare personnel vaccinations expanded from 136 hospitals and nursing homes in 2011 to 229 in 2013

CDC Immunization Program Awardees that Received Funds for Adult Immunization Projects under FOA IP11-1107PPHF11/12



Source: Centers for Disease Control and Prevention

PPHF Example: Billing

- \$21.3 million awarded to 33 states and 2 cities to help public health clinics become approved, in-network providers by insurance plans and establish billing systems for vaccination services
- Arkansas Department of Health billed insurers more than \$1.7 million for influenza vaccinations in 2012

**CDC Immunization Program Awardees that Received Funds for Billing Projects under
FOAs IP11-1107PPHF11/12 and IP12-1206PPHF12**

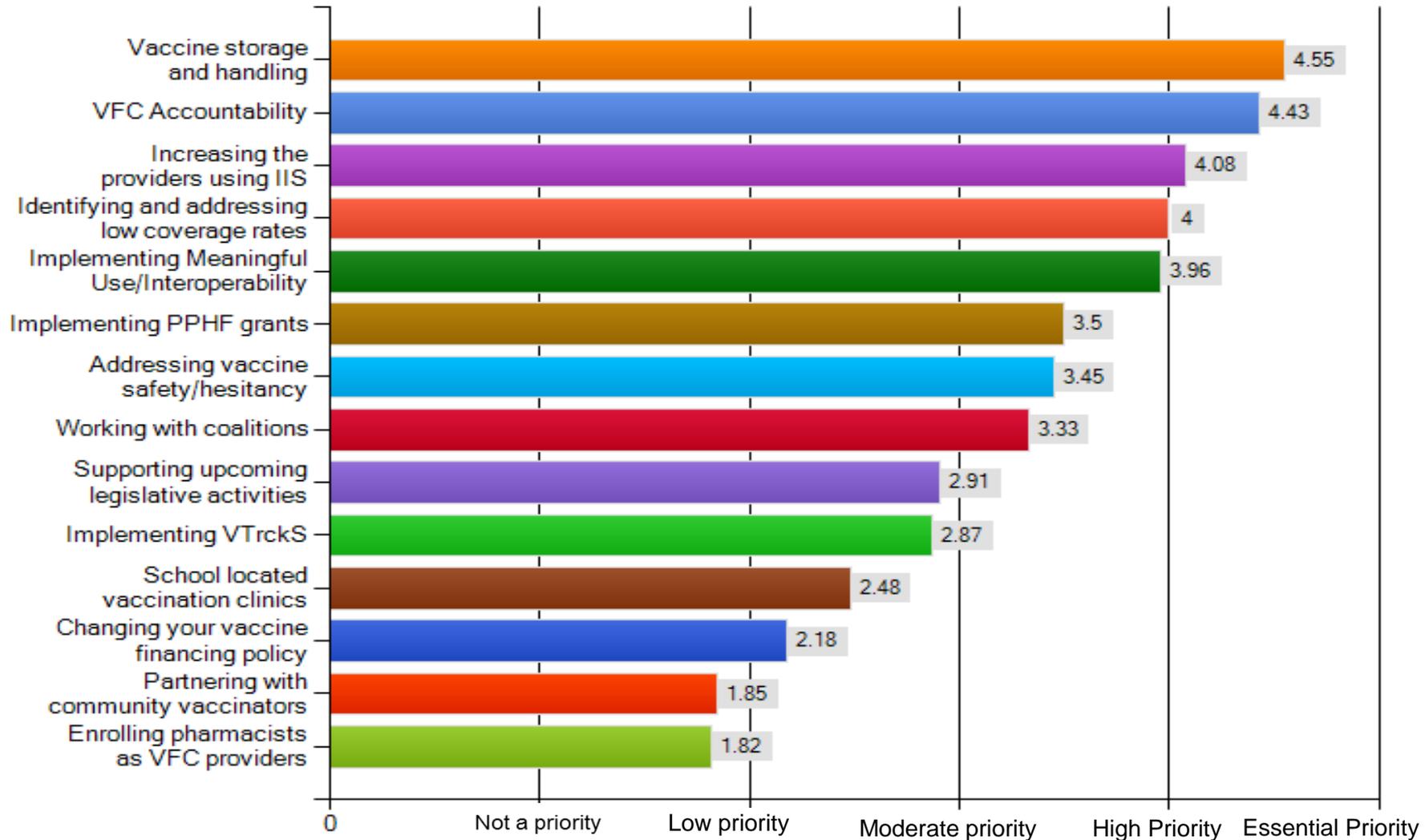
Billing Planning (IP11-1107)	Billing Implementation (IP11-1107)	Billing Planning (IP12-1206)
AL	AR	IL
CT	AZ	MN
IN	CA	NE
KS	CO	NM
MD	GA	TN
MI	IA	WY
MO	MA	
MS	MT	
NV	NY	
TX	OH	
VA	OK	
WI	OR	
WV	WA	

Source: Centers for Disease Control and Prevention

How IPs Prioritize Activities in CY14

Support for the 2010 National Vaccine Plan

For each activity, rank your program's priority level for calendar year 2014:



National Vaccine Plan: Goal 3

Support communications to enhance informed vaccine decision-making

Priority Level in CY14 (1-5 scale, Not a priority to Essential priority)

- Working with coalitions is a **Moderate Priority** (M = 3.33)
- Addressing Vaccine Hesitancy/Safety is a **Moderate Priority** (M = 3.45)

Challenges

- GY13 funding cuts
 - ✓ 13 IPs cut or reduced public education
 - ✓ 13 IP cut or reduced provider education
 - ✓ 13 IP cut or reduced supply of provider education materials to providers
- 24 (41%) programs DO NOT have a research staff*
- 15 (25%) programs DO NOT have a health educator*

* a designated staff person located in the immunization program

National Vaccine Plan: Objective 4.4



Maintain and enhance the capacity to monitor immunization coverage for vaccines routinely administered to all age groups

Priority Level in CY14 (1-5 scale, Not a priority to Essential priority)

- Increasing Providers in IIS is a **High Priority** (M = 4.08)
- Implementing Meaningful Use is a **High Priority** (M = 3.96)
- Implementing VTrckS is a **Moderate Priority** (M = 2.87)

Challenges

- GY13 funding cuts
 - ✓ 8 IPs cut or reduced enhancement of IIS
 - ✓ 6 IPS cut or reduced Provider Recruitment or Education for IIS

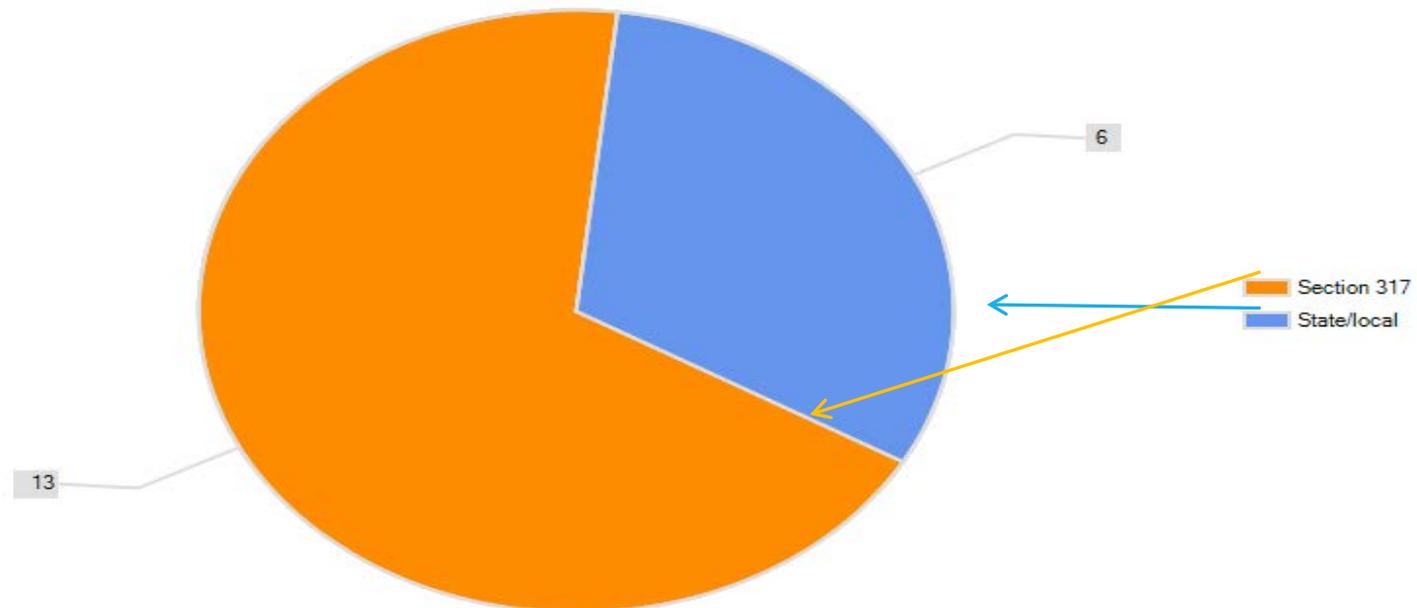
Conclusions

- The IP fiscal, staffing and leadership environment varies across the nation
- Budgets cuts and staffing challenges impact infrastructure, vaccine purchase and program activities
- Public health agencies continue to play primary safety net role. Will this shift over time?
- Expansion of immunization programs to adults and adolescents major challenge without additional resources
- PPHF awards beneficial but don't build capacity
- Many IPs prioritize activities that support the National Vaccine Plan objectives but some may need additional support and resources to fully implement

Extra Slides

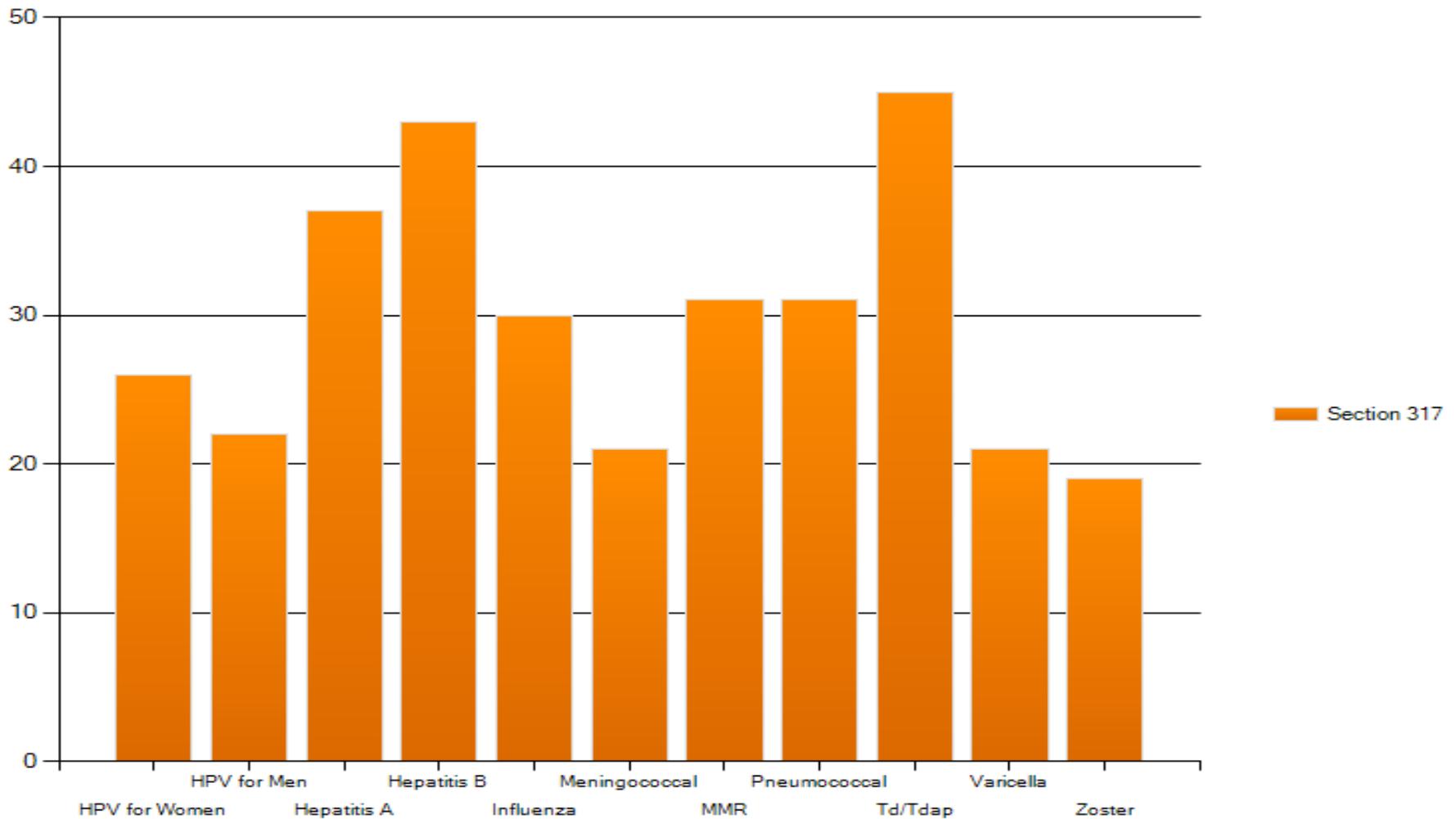
Use of Federal Section 317

- Refugees/Immigrants Vaccine Purchase -



Use of Federal Section 317

- Adult Vaccine Purchase-



Support for NON-VFC Enrolled Provider Types



	Pharmacists	Community Vaccinators	OB-GYNs	STD and/or Family Planning Clinics	Other specialty Provider
IIS enrollment/training	37	26	32	29	25
Distribution of informational/educational materials about immunizations	25	22	30	28	14
Training on vaccine storage and handling	14	16	16	17	12
Distribution of VIS Statements	7	10	10	15	7
On-site training for immunizations	9	10	10	13	6
Virtual training for immunizations	9	10	8	9	5
Distribution of Pink Book	1	4	3	5	3

Use of Federal Section Vaccine 317

Providing Vaccine for Special Populations and Settings

	Adults	Outbreaks	School-located vaccination clinics	Influenza	Hepatitis B birth dose
Yes. Section 317 vaccine funding was used	90.0% (54)	51.8% (29)	26.3% (15)	56.9% (33)	50.0% (29)
No. Section 317 vaccine funding was not used	10.0% (6)	48.2% (27)	75.4% (43)	43.1% (25)	50.0% (29)