2011 Adult Immunization Coordinators Partnering Survey

The adult immunization coordinators partnering survey went out to all adult immunization coordinators in early August.

There were 38 fully completed surveys (43 responses with five of those being incomplete).

The survey went out to 63 states or jurisdictions.

60% response rate

# of states/jurisdictions	Total # of responses	# of incomplete responses	# of complete responses	Response rate
63	43	5	38	60.32%

37% has a full-time adult coordinator with only one state having a coordinator who spends 100% of their time on adult immunization activities. On average the coordinators spend 38% of their time on adult immunization activities (range: 1-100%)

63% has no full-time adult immunization coordinator and spends on average 12 hours per week on adult immunization activities.

Collaborations and partnerships

Most common partnership types	% of states who collaborate (top 5)
STD clinics/HIV clinics	86.5%
Community health centers	75.7%
Primary care medical providers or provider orgs	73.0%
Hospitals	70.3%
Correctional facilities	70.3%

87.2% have or work with one or more immunization coalitions and 93.9% of those work on adult activities.

71.1% collaborates with pharmacies or community vaccinators at this time. 41.7% of those who are not collaborating with pharmacies or community vaccinators at this time indicated that there were prior attempts to form this type of collaboration.

Major barriers faces while working with pharmacies and/or community vaccinators were:

Billing/reimbursement issues
IIS issues
Pharmacy vs. the medical home

Funding
Limited vaccines
Vaccine costs
Lack of incentives
Training
Age restraints

31.6% of programs enroll pharmacists as VFC providers.

Pharmacists are able to enter data the IIS registries in 65.8% of the programs.

On average 1.93 people currently work on adult immunization activities in the programs compared to 1.68 persons three years ago.

71.1% of the programs purchase vaccine for underinsured or uninsured adults.

32.4% responded that they purchase more doses of vaccines for adults and 43.2% responded that their program purchases fewer dosed of vaccines for adults with 81.3% and 43.8% of these respondents sighting "a reduction in 317 funds" and "a reduction in state funds" as reasons, respectively.

71.1% state that the program's budget has impacted adult immunization activities for the following reasons:

- Decrease in funding doesn't allow the program to fill Adult Immunization Coordinator position or hire new staff creating limited staff time/resources.
- Reduction in funding results in less adult outreach efforts and adult immunization promotion.
- With no funds for adult immunization activities means that adult activities are not a requirement and therefore not a priority.
- Reduced funds create the inability to provide vaccine (purchasing and distributing).
- Cannot reach the at-risk populations and provide hepatitis A & B vaccines.

57.9% of respondents attended the 2011 National Immunization Conference (NIC) hosted by CDC with 59.5% having program support to travel to the NIC.

73.7% of the programs work with their state/jurisdiction's BRFSS coordinator regarding the immunization survey questions on the BRFSS survey.

59.5% of the programs have other ways besides the BRFSS to measure adult vaccine coverage as specified below:

- State immunization registry
- VACMAN reports of vaccine distribution
- Medicare billing data
- Program surveys
- Pregnancy Risk Assessment Monitoring System
- National Influenza Survey