State of the States
Adult Immunizations
ASTHO

New Realities for State Immunization Programs

- Implementation of the Affordable Care Act
- 317 re-tooled to adapt to ACA coverage
- Discretionary dollars are always vulnerable
- Not likely to see a new influx of funds
New Realities

- Tighter scrutiny on existing funds
- Increased demands on IT – IIS (meaningful use)
- Re-tooling to adapt – i.e. 3rd party billing
- Meanwhile –
  - Maintaining core functions

How States are Adapting

- Looking for new partnerships in health care

- **Public Health**
  - Policy development and leadership
  - Population assessment and data tracking
  - Health Equity
  - Education to the community, providers, and policy makers

- **Primary Care**
  - Patient assessment
  - Disease management
  - Quality improvement
  - Care coordination and linkages to community services
Expanding Access

Boosting Influenza Immunizations at Work: Tools and Guidance for State Health Departments and Their Partners

Public Health and Faith Community Partnerships: Model Practices to Increase Influenza Prevention Among Hard-to-Reach Populations

Pharmacy Legal Toolkit

Maintaining Infrastructure/Core Capacity—Support Adult Standards

Strong Immunization Program

- Vaccine Delivery
- Accountability and Management
- Provider Support
- Monitoring Effectiveness
- Decreasing Ethnic & Racial Disparities
- Outbreak Investigation and Control
- Immunization Information Systems
Opportunities and Challenges

- **Opportunities**
  - Increased coverage for vaccines
  - New focus on adults
  - New partners

- **Challenges**
  - Less interest/sympathy for adults
  - Forced to justify infrastructure needs
  - Significant new activities (IIS, Partnerships…)

Innovative Approaches
Innovative State Examples – adapting to changes

- Financing – Vermont
- New Partners – Workplace, Minnesota
- Healthcare provider vaccination – Mandates (RI, NY)

State of the States

- In transition….
- Balancing – changing role while maintaining critical core functions.
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