## NACCHO'S 2019 HEALTHCARE-ASSOCIATED INFECTIONS \& ANTIBIOTIC RESISTANCE ASSESSMENT FINDINGS

The 2019 Local Health Department (LHD) Healthcare-Associated Infection (HAI) and Antibiotic Resistance (AR) Assessment aimed to describe the current landscape of HAI/AR work being conducted at the local level across the U.S. NACCHO employed a cross-sectional survey design to assess the extent to which LHDs engage in HAI/AR activities, explore existing LHD partner engagement, examine the role that LHDs play in outbreak response, and evaluate LHD capacity and infrastructure in HAI/AR prevention and control.

## HAI/AR ACTIVITIES


and outreach to the public ( $62 \%$ ) and to healthcare facilities/providers (45\%)


## CONDUCT

 SURVEILLANCEfor outbreak detection (60\%) and to maintain situational awareness (54\%)


COORDINATE WITH THE STATE
to maintain situational awareness ( $50 \%$ ) or refer to state's HAI program (40\%)


SUPPORT ANTIBIOTIC STEWARDSHIP
practices and programs that already exist (21\%)

## ENGAGEMENT WITH HEALTHCARE FACILITIES

LHDs most frequently engage with nursing homes, skilled nursing facilities, and short-stay acute care hospitals, while some also work with long-term acute care hospitals and dialysis facilities.

partner to conduct outbreak investigation \& control

informally share information with a facility

engage to deliver patient or provider education

share data with a healthcare facility

ROLE IN OUTBREAK \& EXPOSURE EVENTS IN THE PREVIOUS YEAR

90\% of LHDs report playing some role in an outbreak or exposure event in the previous year, and $27 \%$ have been involved in a response to novel or emerging multi-drug resistant organisms.
recommend control measures connect facility to resources
lead investigation
detect outbreak
$\square$

## HAI/AR WORKFORCE

The number of FTEs involved in HAI/AR activities varies based on the population size served by an LHD, and most HAI/AR work is conducted by a nurse or epidemiologist on staff.

h SMALL LHDS<br>have an average of 0.5 FTEs<br>MEDIUM LHDS<br>have an average of 2.4 FTEs<br>152008<br>LARGE LHDS<br>have an average of 5.6 FTEs

BARRIERS TO INVOLVEMENT IN HAI/AR PREVENTION \& CONTROL


## 82\% of LHDs have a <br> PUBLIC HEALTH NURSE

$79 \%$ of LHDs have an
EPIDEMIOLOGIST
34\% of LHDs have a
HEALTH EDUCATOR
$30 \%$ of LHDs have staff for
INFECTION CONTROL
 funding for staffing

lack of staff training

competing priorities
 resources \& tools

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