

Building and Sustaining Relationships to Improve Immunizations among American Indians and Alaska Natives (AI/ANs): Oregon Tribal Immunization Initiative, 2008-2009

James A. Gaudino, M.D., M.S., M.P.H., FACPM; Nasreen Abdullah, M.D., M.P.H.; Lydia M. Luther, B.S.; Karen Elliott, J.D.

BACKGROUND

American Indian/Alaska Natives (AI/ANs) are special populations at risk for vaccine-preventable diseases and in need of immunization. Urban Indian, Tribal Health, and Indian Health Service (IHS) clinics — most operating under the authority of nine Tribal governments — provide AI/AN immunization services and work with the state via government-to-government relationships. Tribes (Figure 1) differ in population, land, location, and health care issues and services. Up-to-date immunization rates differ among clinics serving AI/ANs (Figure 2).

Tdap, Tdap or Td and MCV4 coverage among 13-to-17-year-old adolescents, FY 2008 Quarter 3 Oregon IHS and Tribal sites (N=896)

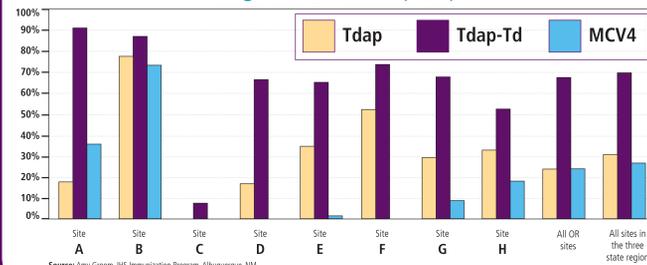


Figure 2

OBJECTIVES

The initiative was launched to:

- Develop and strengthen relationships with partner clinics.
- Understand clinics' vaccine delivery.
- Increase awareness and access to state-supplied vaccines.
- Identify clinics' immunization needs and barriers.
- Explore opportunities to work together.

METHODS/APPROACH

An OPHD team:

- Clarified objectives and approaches with Tribal, local, state and federal partners and stakeholders.
- Gained Tribal support and networked at a Tribal-state meeting and the regional AI/AN immunization conference.
- Conducted 10 on-site meetings.
- Led semi-structured discussions.
- Followed up with clinics after visits.

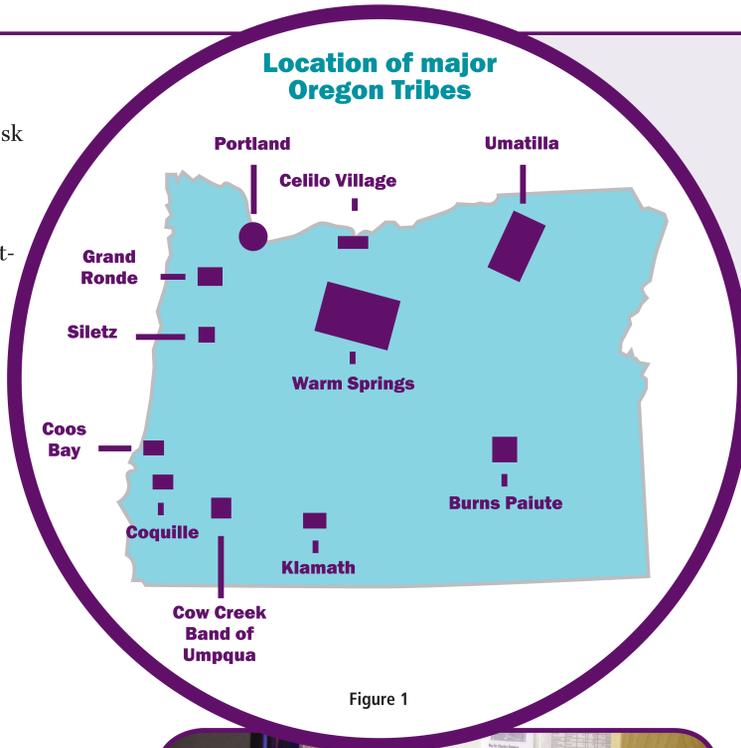


Figure 1

TOPICS DISCUSSED

- Who clinic serves — AI/ANs only? Out-of-area Tribal members?
- Participation in the state-supplied vaccine program and AFIX.
- How immunizations are funded and delivered.
- Immunization screening practices.
- Use of ALERT* and RPMS**.
- Vaccination barriers for patients and clinics.
- What kind of support is needed by the clinic?

*ALERT is Oregon's statewide immunization information system (IIS).
**RPMS is IHS's healthcare facility information system.

REMARKS FROM CLINIC PARTNERS:

- "It's tough to get Tribal members to come and learn how important vaccinations are."
- "Lots of folks [in our clinic] buy into the belief that immunizations lead to chronic diseases."
- "[Some staff] have concerns about the new HPV vaccine 'being used on' Native Americans."
- "Come back and assess us each year!"

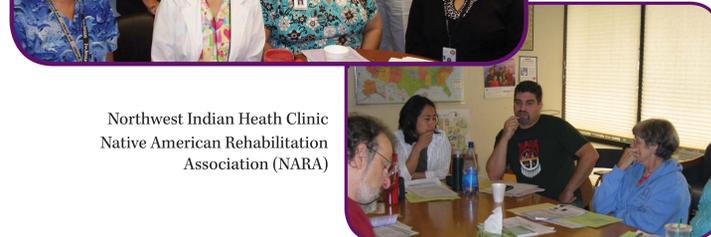
LESSONS LEARNED

Strengths

- All participate in the Vaccines for Children Program (VFC) and the ALERT IIS directly or through local health department services.
- All are committed to promoting **and** delivering immunizations.
- A few conduct and are excited about special outreach activities.
- All clinics are open to building a stronger relationship with OIP.

Challenges

- Reported immunization barriers include:
- The lack of information about the importance of vaccinations.
 - Growing fears and misconceptions about immunizations.
 - Increasing vaccine hesitancy.
 - Long travel distances to clinics in rural areas.
 - Homelessness in urban areas.
 - Limited resources for patient care and staff training.
 - Inconsistent immunization screening.
 - Not having electronic tracking systems.
 - Having difficulties with electronic system (ALERT and RPMS) use.
 - Delays with bidirectional data exchanges between ALERT and RPMS.
 - Limited use and awareness of state-supplied vaccines.
 - Limited knowledge or use of AFIX.



RECOMMENDATIONS

Enhance partnerships

- Continue regular communications.
- Provide AI/AN-specific trainings and educational materials.
- Highlight Tribal clinics' outreach activities.

Provide consistent services

- Customize services for each clinic.
- Provide more opportunities for training and technical support.
- Implement ALERT-RPMS data exchanges.
- Conduct on-site AFIX, send clinics' assessment reports, and encourage Tribal exchanges.

FOLLOW-UP

- Providing site-specific trainings and educational materials.
- Assisting clinics with more vaccine orders.
- Conducting AFIX.
- Publishing feature articles on Tribal clinics' activities.

ACCOMPLISHMENTS

- All clinics now order state-supplied flu vaccine.
- Strong collaboration during the 2009 novel H1N1 response.

CONCLUSIONS

The Tribal Immunization Initiative is only a first step in building relationships and understanding of how the Immunization Program can better support Oregon Tribal clinics.