



Washington State Immunizations Conference

October 8, 2019

THE IMMUNIZATION HEALTH EQUITY CHALLENGE FOR AMERICAN INDIAN/ALASKA NATIVE POPULATIONS

Addressing Immunizations as a Priority Health Disparity

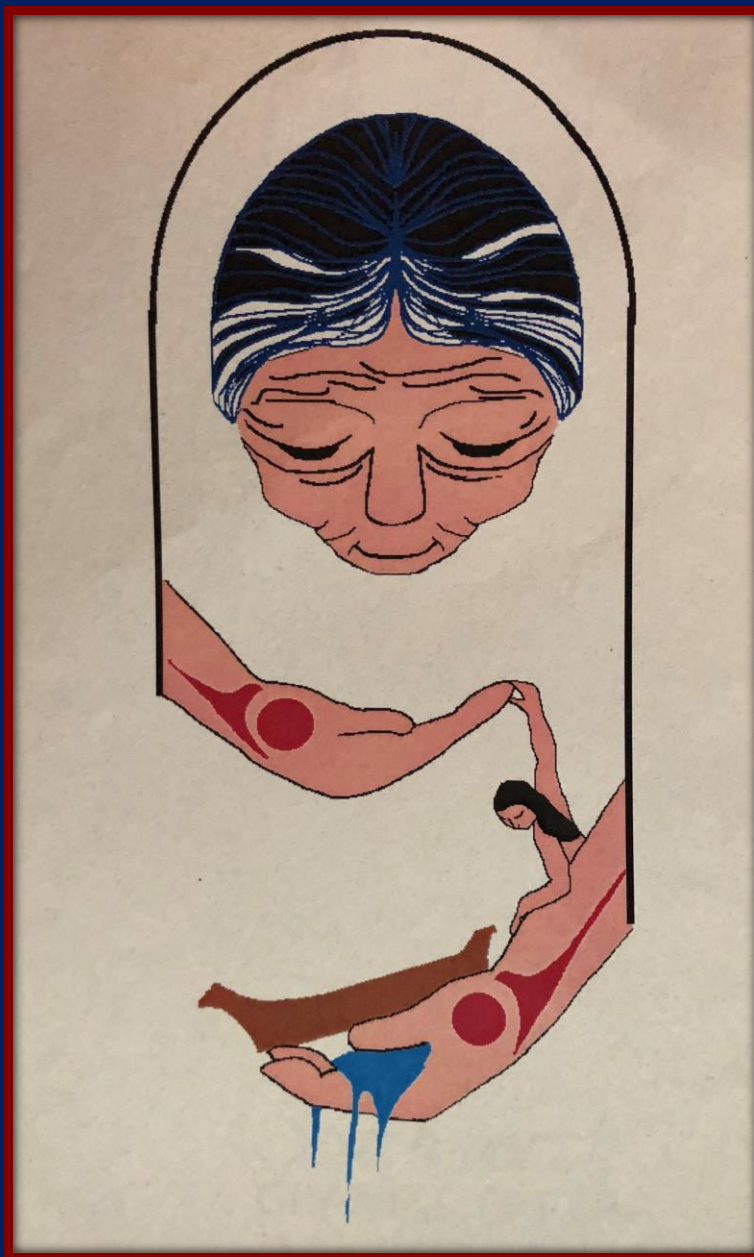
Jan Ward Olmstead, Public Health Policy and Program Advisor
Wendy Stevens, Tribal Immunizations/Tribal Health





American Indian Health Commission for Washington State

- **Created** in 1994- by Tribal Leaders
- **Mission:** *Improve the health of American Indians and Alaska Natives (AI/AN) through tribal-state collaboration on health policies and programs that will help decrease disparities*
- **Constituents:** The Commission works with and on behalf of the 29 federally-recognized tribes and 2 urban Indian health programs in Washington State.
- **Commission Membership:** Tribal Councils appoint delegates by Council resolution to represent their tribes on the Commission.





THE CHALLENGE



In Washington, the mortality rate for AI/AN was 1233.6 per 100,000. A rate about 71% higher than the rate for Non-Hispanic Whites

Top 10 Leading Causes of Death

Heart Disease 19.3%*

Cancer 19.2%*

Unintentional Injury 12.6%

Diabetes 4.8%*

Chronic Liver Disease 4.7%

Chronic Lower Respiratory Disease 4.5%*

Stroke 3.9%*

Suicide 3.2%

Alzheimer's Disease 2.4%

Influenza & Pneumonia 1.6%

*Indicates causes or complications caused by commercial tobacco use.

Data Source: Northwest Portland Area Indian Health Board. American Indian & Alaska Native Community Health Profile - Washington. Portland, OR; Northwest Tribal Epidemiology Center, 2014 (WA State death certificates, 2006-2010, corrected for misclassified AI/AN race.)



THE CHALLENGE

- **American Indian and Alaska Native infants die at a rate of 8.9 per 1,000 live births**, compared with 7.2 per 1,000 for the US all-races population. (Indian Health Service, 2002b). The Provider's Guide to Quality & Culture <http://erc.msh.org/quality&culture> **Overview 6**
- **American Indian and Alaska Native children and youth are more than twice as likely to die in the first four years of life** as is the general population, and they are twice as likely to die through the age of 24. (American Academy of Pediatrics, 2002).
- From 2005 through 2014, **declines in infant mortality rates were observed for all race and Hispanic-origin subgroups except among American Indian or Alaska Native persons**. The largest declines were among infants of Asian or Pacific Islander (21%) and non-Hispanic black (20%) women. (NCHS Data Brief No. 279, March 2017)





THE CHALLENGE

- **American Indian and Alaska Native children have higher morbidity and mortality from acute respiratory infections** than other US children do. Moreover, the **mortality from pneumonia for American Indian and Alaska Native infants is twice that of infants in the general US population.** (CDC, 2001e).
- **The prevalence of type 2 diabetes among American Indian and Alaska Native children is higher than that of any other ethnic group.** Of particular concern, Indian Health Service data indicate that the prevalence of diagnosed diabetes (all types) among youth 15 to 19 years old has increased 54% since 1996. (American Academy of Pediatrics, 2002).
- **American Indians and Alaska Natives born today have a life expectancy that is almost six years less than that of the US all-races population.** (Indian Health Service, 2002b).



American Indian Alaska Native Vulnerable Population

Immunizations

THE CHALLENGE

Study: Underimmunization of American Indian and Alaska Native Children

Amy V. Groom, Michael L. Washington, Philip J. Smith, Ralph T. Bryan

OBJECTIVE: The goal was to determine whether disparities in childhood immunization coverage exist between American Indian/Alaska Native children and non-Hispanic white children.

METHOD: We compared immunization coverage between American Indian/Alaska Native children and non-Hispanic white children from 2000 to 2005, using data from the National Immunization Survey.

RESULT: American Indian/Alaska Native children had significantly lower immunization coverage, compared with non-Hispanic white children

CONCLUSION. Disparities in immunization coverage for American Indian/Alaska Native children have been present, but unrecognized, since 2001.

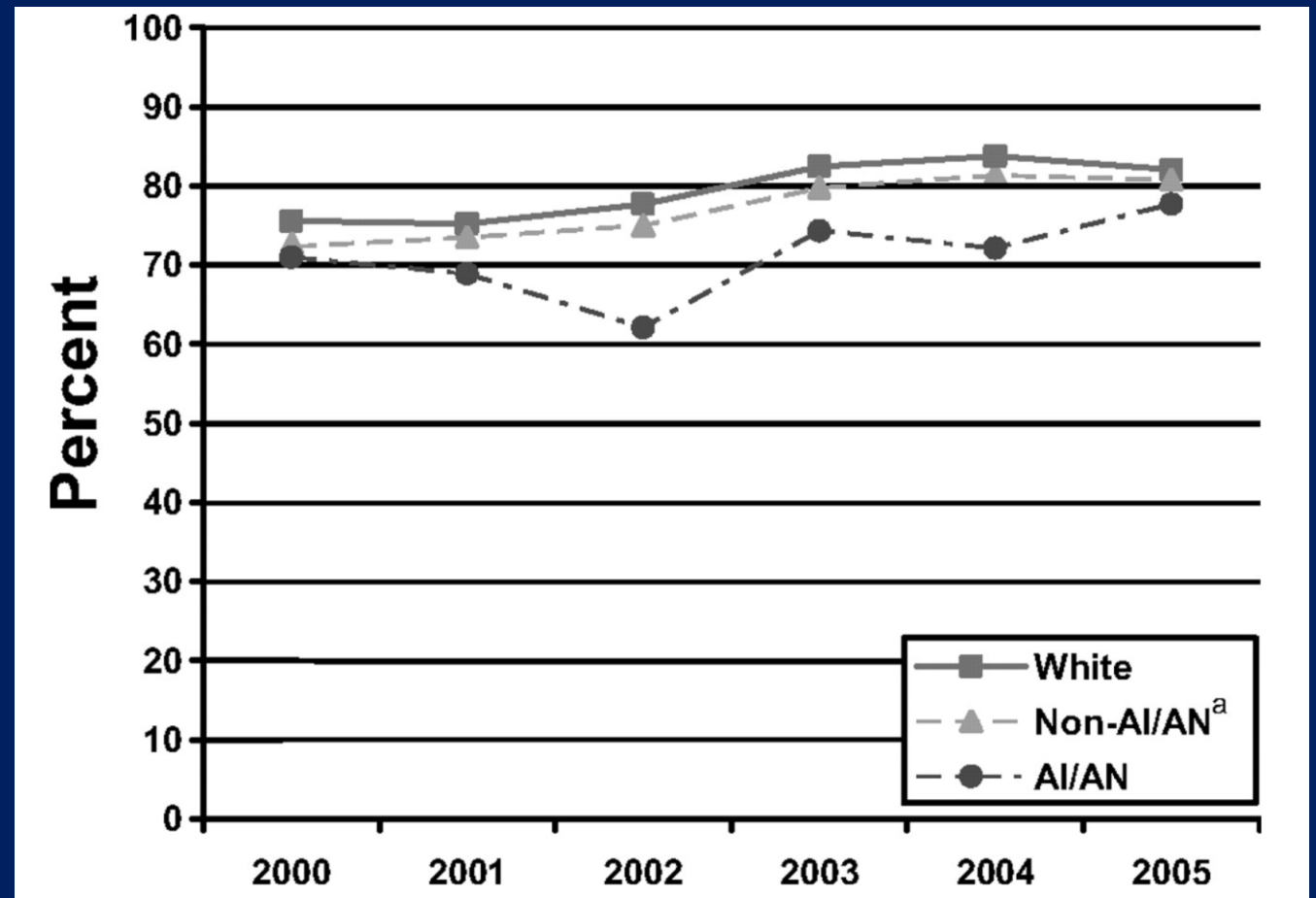
<https://pediatrics.aappublications.org/content/121/5/938>



THE CHALLENGE

PEDIATRICS

Official Journal of the
American Academy of
Pediatrics





Addressing Immunizations as a Priority Health Disparity through Tribally-driven Processes

Tribal and
Urban Indian
Health
Immunization
Coalition (THIC)





Ensuring Tribally-driven Immunizations Strategies



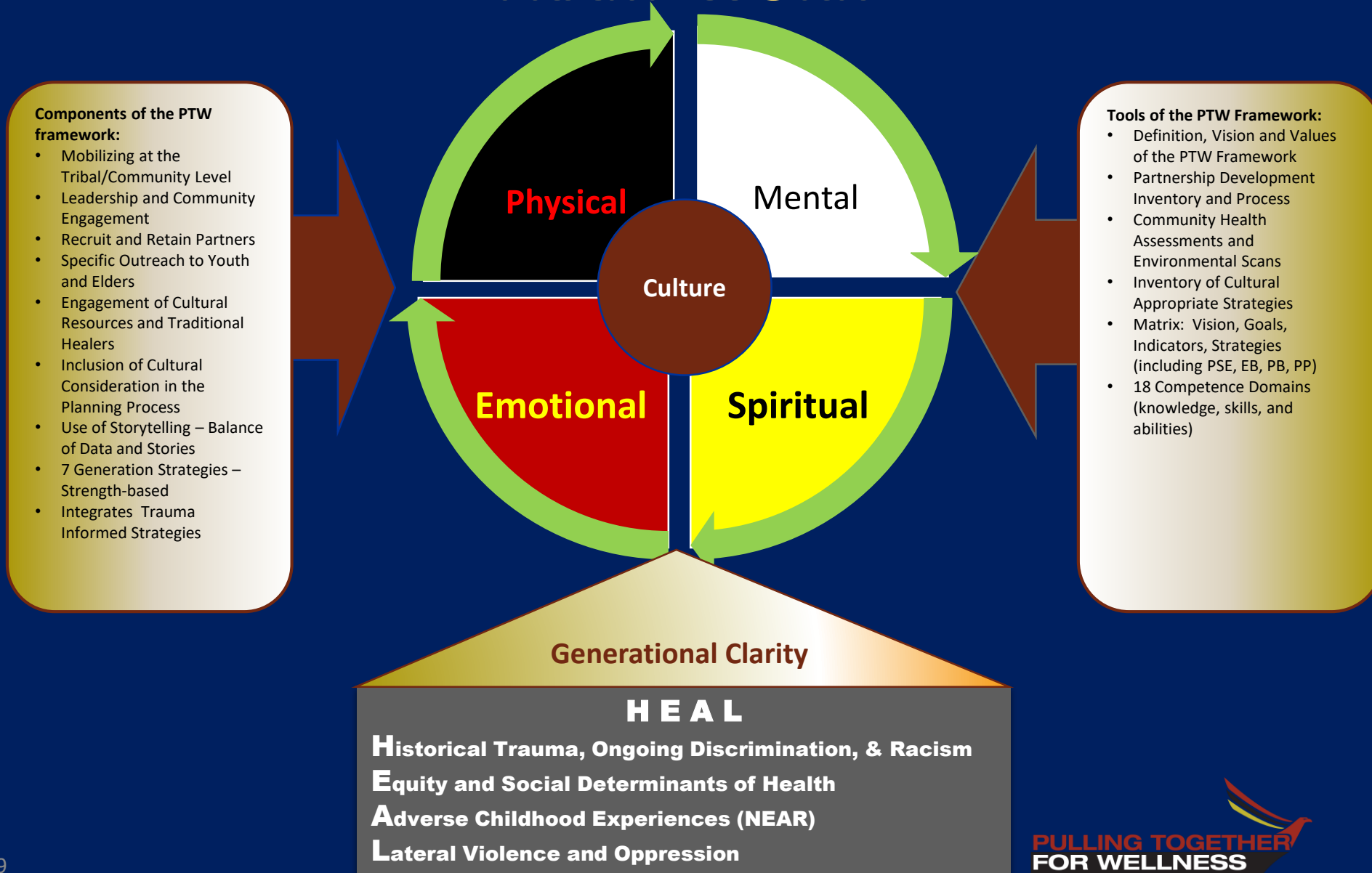
PTW framework applied to Tribal Immunizations:

- Culturally relevant policy, system, or environmental(PSE) change has a positive impact your tribe/community and strengthen immunization best practices.
- AI/AN cultural strategies or adaptations strengthen tribal or urban Indian community's support of immunizations best practices.
- Strategic resources would strengthen tribal immunization outcomes.

“When we see each other in a new light, we can weave a remembered basket in a new way.”

Charlene Nelson, Chairwoman, Shoalwater Bay Tribe

PULLING TOGETHER FOR WELLNESS FRAMEWORK





Addressing Immunizations as a Priority Health Disparity through Tribally-driven Processes

Ensuring Tribally-driven Immunizations Strategies

- Tribal and Urban Indian Health Immunizations Coalition
- Pulling Together for Wellness Framework Concepts
- Improving health through collective action
- Culturally appropriate strategies
- Applied to Tribal Immunizations





Addressing Immunizations as a Priority Health Disparity through Tribally-driven Processes **PULLING TOGETHER FOR WELLNESS**

Jan Ward Olmstead, MPA and Wendy Stevens, MNPL, MSS



DISPARITIES

American Indians and Alaska Natives are heavily impacted by illnesses that could be prevented through proper immunizations

- AI/ANs experience 70% greater rates of death due to pneumonia and influenza (P/I)
- AI/AN elders 65 or older are 20% more likely to die from P/I

Highlights – 10+ years

Funding Identified—Action: 2008
Top Five Tribal Strategies Identified to address Disease Outbreak

TRIBAL GOALS

1. Fully immunized population- 100%
2. Develop an algorithm; tribally identify five core bases and specify the strategic branches
3. Rapid and timely responses
4. Documentation protocol
5. Notification



COLLABORATION

Funding Identified Action: 2009

- Tribes identified barriers and strategies
- Established Tribal Health Immunization Workgroup (THIW)
- Provided assistance to Tribes to evaluate and implement immunization strategies & address systems issues (bridge- RPMS/Child Profile)
- Identified pilots and resources to increase immunizations rates in a culturally appropriate community-driven manner

COLLABORATIVE VALUES

Address immunizations as a priority health disparity through a Tribal/Urban Indian process that is tribal/community-driven and culturally responsive



AIHC 2010 determinations:

- Continue Tribal Health Immunization Workgroup (THIW)
- Expand opportunities to meet regionally with access to all AIHC delegates

Activities:

- THIW two-year work plan
- Identified health care worker immunization rates as key project
- Tribal Leaders Health Summit, H1N1/Immunization session
- Affordable Care Act competitive grant award: health care workers immunization rates
- Centers for Disease Control funded the Tribally-driven project developed by THIW in 2009-10, H1N1 pandemic influenza lessons learned



2012

- Tribal Healthcare Worker Immunization (THIW) survey/assessment
- PRAMS Flu Vaccine for AI/AN pregnant women
- Tribal Leaders Health Summit - report on initial THIW findings and a decade of tribal immunization progress

2013

- THCW Immunization Report
- Dissemination of 2013 Report

2014

- Adolescent Immunization Project/Report
- 2013/14 Report Dissemination

2015

- Study feasibility of convening Tribal Immunization Summit

2016

- Report on Feasibility of Tribal Immunization summit
- HPV Native Youth Project

2017

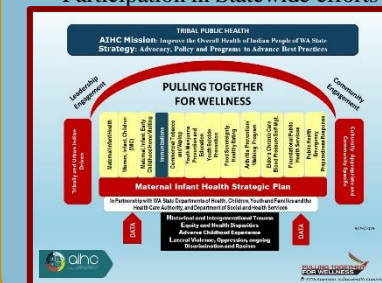
- Tribal and Urban Indian Health Immunizations Annual Meeting
- Determination to build Tribal and Urban Indian Health Immunization Coalition
- Seek capacity funding
- Integrate Pulling Together for Wellness Strategies

2018

- Continued Partnerships:
 - Group Health Foundation
 - Department of Health
 - Urban Indian Health Institute
- 2018 Collaborator Award Recipient, Immunization Action Coalition of Washington
- Held annual Tribal and Urban Indian Health Immunization Coalition Meeting
- Tribal Leaders Health Summit and resource table and Tribal Health Fairs

2019

- Convene and development of THIC Charter, Mission, Vision, and Strategies
- Develop PTW Immunizations PSEs
- Site Visits and Technical Assistance
- Monitoring state legislation, initiatives and outbreaks
- Serve as a resource on current Tribal Immunizations issues
- Participation in Statewide efforts





Addressing Immunizations as a Priority Health Disparity through Tribally-driven Processes



Meeting with U.S. Surgeon General, shared the work of the Tribal Immunization Coalition, March 2019

Ensuring Tribally-driven Immunizations Strategies

CDC PRAMS funded Tribally-driven PSE approach:

- 63% of all AI/AN women received the vaccine around the time of pregnancy.
- AI/AN women offered the vaccine by a healthcare provider were almost four times more likely to get vaccinated.



Ensuring Tribally-driven Immunizations Strategies

“I am Native. I am pregnant and I don’t usually get the flu shot. Today is different. Today I protect my baby.”

- Tribally-driven PSE approach
- Development of culturally relevant materials
- Changed the engagement between provider and pregnant AI/AN women.

<https://www.cdc.gov/prams/state-success-stories/Washington.html>



Ensuring Tribally-driven Immunizations Strategies



**I am Native.
I am pregnant
and I don't usually
get the flu shot.**

Today is different.

**Today I protect my
baby.**

Share this Card with your doctor or nurse.

Dear Doctor:

**I am Native. My baby and I are at high risk for getting very
sick from the flu, so I want to protect myself and my baby.**

I need the flu shot today.

Thank you.

NOTE TO PROVIDER:

Please enter immunization into the Washington State Immunization Information System.

American Indian Health Commission for Washington State

Thank you to the Pregnancy Risk Assessment System (PRAMS) Steering Committee. A CDC/Wa DOH grant project.



www.aihc-wa.com





Ensuring Tribally-driven Immunizations Strategies

100% Tribal Immunization Rate

Lummi Nation achieves success 100% immunization rates ages 24 to 35 months!



- Lummi's achievement of 100% immunization rate is an example of goals that were established by tribal leaders and immunization experts in tribal settings over a decade ago.
- Vaccines are some of the most effective and also cost-effective prevention tools available. It is important that we all work together to achieve a high level of coverage and protection for those who are vulnerable to disease that could be prevented.



In Washington, the mortality rate for AI/AN was 1233.6 per 100,000.

A mortality rate about 71% higher than the rate for Non-Hispanic Whites



**100% IMMUNIZATION RATES
FOR THE HEALTH OF OUR FUTURE**

Tribal and Urban Indian Health Immunization Coalition

*Addressing Immunizations as a Priority Health Disparity
through Tribally-driven Processes*

PULLING TOGETHER FOR WELLNESS
AMERICAN INDIAN HEALTH COMMISSION

*Jan Ward Olmstead, MPA, janolmstead@gmail.com
Wendy Stevens, MNPL, MSS, wendy.n2n@gmail.com*

Visit AIHC's Pulling Together for Wellness Facebook Page:

<https://www.facebook.com/pullingtogetherforwellness/>

Visit AIHC's Webpage: <https://aihc-wa.com/>

