



## Influenza Vaccination: Reaching American Indian/Alaska Native People

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## Background

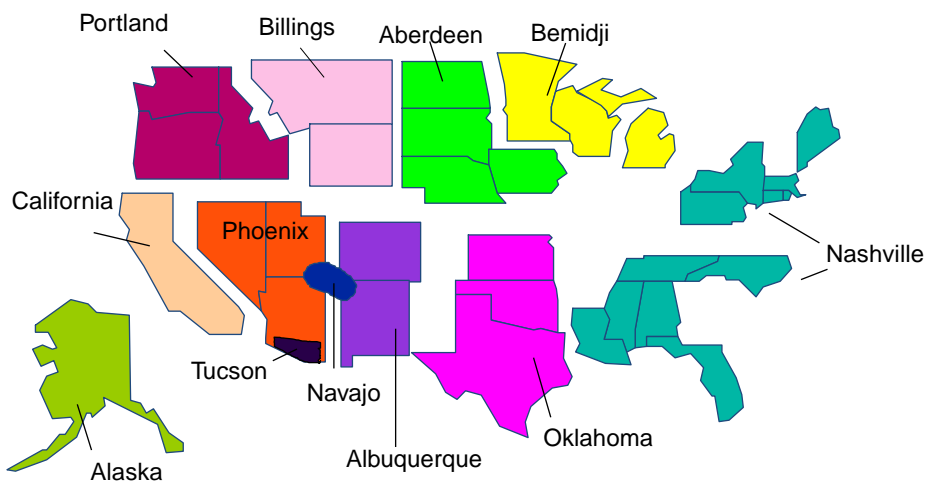
- American Indian/Alaska Native (AI/AN) people are at higher risk for influenza-related complications compared to U.S. Whites:
  - Pneumonia and influenza-related mortality 1.5 to 4 times higher <sup>1</sup>
  - Mortality from 2009 H1N1 influenza 4 times higher <sup>2</sup>
- 2010-2011 ACIP Influenza Vaccine recommendations
  - AI/AN people as a high risk group

1. IHS. Trends in Indian Health 2002-2003. Available at: <http://www.ihs.gov>  
2. CDC. MMWR 2009;58:1341-4.

# Indian Health Service (IHS)

- Federal health care provider for **eligible** AI/AN
  - Member of federally recognized tribes (564)
- Healthcare to 1.5 million AI/AN
  - 36% - 60% of AI/AN Census population
- Highly de-centralized system
- IHS Funded “I/T/U” system (35 States)
  - Indian Health Service facilities
  - Tribal health facilities
  - Urban Indian health facilities

## Indian Health Service Administrative Regions



User Population: 1.5 Million

## Lessons Learned from H1N1

The Harvard Opinion Research Program Poll

- 24% of AI/AN concerned that they might get H1N1\*
- Majority adopted multiple prevention behaviors\*
- 87% said H1N1 vaccine safe or very safe
- 33% didn't get vaccine because of safety concerns
  - Mistrust of pharmaceutical companies (26%)
  - Flu is treatable (18%)
- Traditional media ( TV, newspapers, radio) more important than websites
  - <30% reported websites as a source of H1N1 information
  - 43% reported no internet connection

\* Significantly higher compared to white Americans

## IHS/Tribal Outreach Efforts 2010-2011 Flu Season

- Provider Tools in IHS Electronic Health Record
  - Prompt for flu vaccine (all ages)
  - Real-time, all ages vaccine coverage reports
  - Reminder/recall lists and letters
- Data monitoring – [www.ihs.gov/flu](http://www.ihs.gov/flu)
  - IHS Influenza Awareness System (IIAS) weekly reports
    - Influenza-like illness trends
    - Flu vaccine doses administered and coverage
  - Quarterly Immunization Reports
    - National and IHS Region aggregate flu coverage reports

## Outreach Efforts cont.

- Increasing access to vaccine
  - Walk in flu clinics/streamlined registration
  - Extended clinic hours, weekends/evenings
  - Clinics in the community
    - Schools, chapter houses, casinos, grocery stores
  - Hiring of additional staff/overtime authorization
  - Pharmacist immunizers
  - Flu Immunization protocols and standing orders
- Use of media for vaccine promotion
  - Local radio, newspapers, tribal newsletters
  - National radio call-in show – Native America Calling

## Educational Materials

- Posters and Fact Sheets with AI/AN people
- Flu presentation for community members
- Tool Kits
  - Tribal Head Start/Early Childhood Education programs



## Public Service Announcements

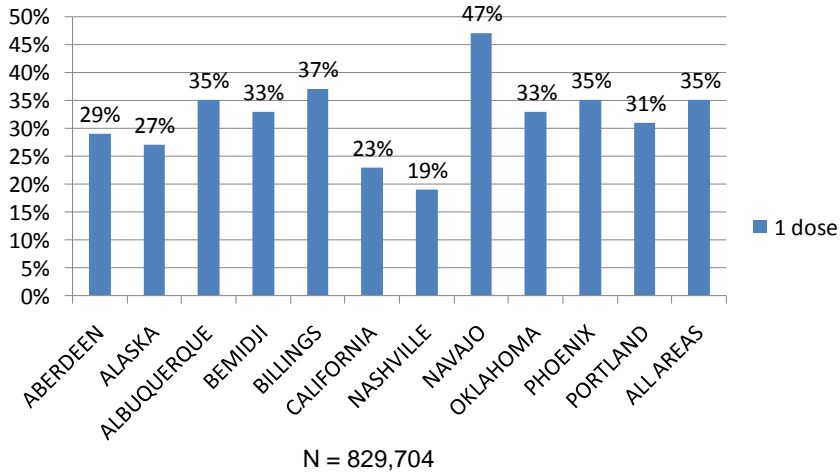
Available at : [www.ihs.gov/flu](http://www.ihs.gov/flu)

- Wes Studi
- California Rural Indian Health Board
- IHS Director

## Coverage Estimates - Methods

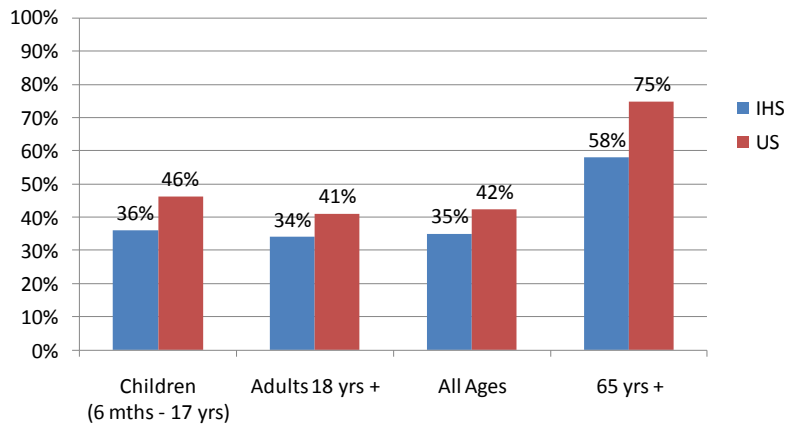
- IHS estimates based on the IHS Electronic Health Record
  - Represent doses actually administered
  - Limited to AI/AN people served by IHS-funded facilities
  - Data through March 31<sup>st</sup>, 2010
- U.S. population estimates based on March National Flu Survey
  - Telephone survey
  - Vaccine status based on self-report

## 2010-2011 Influenza Vaccine Coverage All Ages, by IHS Region



Source: IHS Division of Epidemiology and Disease Prevention. Data as of March 31<sup>st</sup>, 2011

## 2010-2011 Influenza Vaccine Coverage IHS vs. U.S. as of March 2011



Sources: IHS Data – Indian Health Service, Division of Epidemiology  
U.S. Data – CDC March National Flu Survey

## Conclusions

- For 2010-2011, influenza vaccine coverage among AI/AN patients served by I/T/U facilities was lower than U.S. estimates
  - Differences in methodology (administered vs. self-report) may account for some of this
  - Low coverage among 65+ years a concern
- Considerable regional variation in flu coverage
  - Geographic/population differences

## Next Steps

- Explore reasons for low coverage
  - Particularly among those 65+ years
- Identify strategies to reach AI/AN people not served by IHS
- Continue data monitoring, education and outreach efforts
- Share best practices from high performing regions (e.g. Navajo) throughout IHS