Influenza Strategies for At-Risk Populations

New Mexico’s Population

- New Mexico is a majority-minority state with a diverse population.
- According to the 2010 U.S. Census Bureau’s American Fact Finder, New Mexico is comprised of:
  - **46.3%** - Hispanics
  - **40.5%** - White Non-Hispanics
  - **9.4%** - American Indians
  - **2.1%** - African Americans, and
  - **1.5%** - Asians and Pacific Islanders
Contributing Factors to Health Disparities

- Access to health care
- Behavioral choices
- Genetic predisposition
- Poverty
- Environment and occupational conditions
- Language barriers
- Social and cultural factors
- Discrimination

NM 2009 Influenza Hospitalization Rates by Race & Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>90.0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>32.5</td>
</tr>
<tr>
<td>Black</td>
<td>44.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>50.2</td>
</tr>
<tr>
<td>White</td>
<td>25.6</td>
</tr>
</tbody>
</table>

Rate per 100,000 Population
NM 2009 Influenza Hospitalization Rates by Age Group

![Hospitalization Rates Bar Chart](chart1.png)

Rate per 100,000 Population

NM 2009 Influenza Death Rates by Race & Ethnicity

![Death Rates Bar Chart](chart2.png)

Rate per 100,000 Population
NM 2009 Influenza Death Rates by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>2</td>
</tr>
<tr>
<td>5-24</td>
<td>1.4</td>
</tr>
<tr>
<td>25-49</td>
<td>2</td>
</tr>
<tr>
<td>50-64</td>
<td>5</td>
</tr>
<tr>
<td>65+</td>
<td>3.1</td>
</tr>
</tbody>
</table>

NM 2009 Influenza Deaths by Location

- **72%** of persons who died were hospitalized.
- **22%** of deaths occurred at home.
- **6%** of deaths occurred in hospital emergency rooms.
Binational Influenza Surveillance Network

- In 2007, established the first binational real-time infectious disease surveillance network.
Binational Influenza Surveillance Network

- The network contains sentinel surveillance sites in Southwestern New Mexico, northern Chihuahua Mexico and West Texas.

Binational Influenza Surveillance Network

- The network was critical in facilitating timely response to the 2009 H1N1 Pandemic in the U.S.-Mexico Border Region.
Binational Influenza Surveillance Network

- The Network is expanding to all six Mexican and four U.S. border states.

New Mexico School Influenza Project

- School Influenza project began in 2008 with approximately 50 schools.

- In 2010, over 300 schools participating statewide.

- Nine schools that participate have mostly American Indian students.

- Collaboration between DOH’s Vaccines for Children, Public Health Offices, schools, physicians, nurses, nursing students, pharmacists, and community volunteers.
New Mexico School Influenza Project Results

- Percent of students in schools participating in the project that received an Influenza vaccine:
  - 65% to 70% of elementary age students
  - ~35% middle and high school students

New Mexico School Influenza Project Results

- Vaccination breakdown by ethnicity:
  - 49% - Hispanic
  - 44% - Non-Hispanic White
  - 4% - Native American
  - 3% - African American/Asian Pacific Islander
Indian Health Service Reports for the 2010-11 Flu Season:

- Navajo Area vaccinated 47% of their patient population (all ages).
- Extensive outreach in the communities.
- Expanded access to vaccine through walk in and community-based clinics.
- Vaccinated in schools.
- Weekend and evening clinics.
- PSAs on the local radio and information in the Navajo Nation Times.

Indian Health Service Reports for the 2010-11 Flu Season:

- Albuquerque Area Indian Health Services achieved an overall influenza coverage rate of 35%.
  - Video PSA featuring Native American Actor Wes Studi.
  - Used American Indian/Alaskan Native specific health education materials.
Interventions Targeted to American Indians

• During the H1N1 pandemic, Indian Health Services and tribal agencies received vaccine proportionate to the American Indian population in each county first, before any other allocations were made.

• For several years, the department has created point of distribution sites (PODs) in tribal community centers and casinos.

Interventions Targeted to Hispanics

• Provided funding to two community-based organizations to develop culturally-appropriate education materials and media messages to increase vaccination rates.

• Conducted door-to-door vaccination campaigns in border communities.
Interventions Targeted to Hispanics

- Used teams of community health workers, nurses and clerks to walk every street.
- Teams reviewed shot records and provided vaccines to those children requiring them right in their homes.
- Intervention selected as a “Border Health Best Practice” by the National Rural Health Association.

Pneumonia/Influenza Pilot Project

- Three-year project
- Targeting Rio Arriba and Luna counties
- Similar population sizes for 65+ and death rates for Pneumonia and Influenza
### Pneumonia/Influenza Pilot Project

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population Estimate</th>
<th>Total Population Estimate Age 65+</th>
<th>Hispanic Population Estimate Age 65+</th>
<th>Hispanic Pneumonia/Influenza Age-Adjusted Death Rate 2007-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luna</td>
<td>28,330</td>
<td>4,816</td>
<td>1,326</td>
<td>30.3</td>
</tr>
<tr>
<td>Rio Arriba</td>
<td>44,456</td>
<td>5,057</td>
<td>3,499</td>
<td>23.1</td>
</tr>
</tbody>
</table>

- Improving immunization rates for pneumonia and influenza for Hispanics 65 years and older.
- Addressing the disparity in the number of deaths due to pneumonia and influenza in the Hispanic population.
- Surveying the community on current needs, resources, and barriers to vaccination in the elderly.
- Developing strategies and interventions with community input.
Partnerships

- Office of Health Equity is partnering with University of New Mexico’s Institute of Public Health and New Mexico State University for a graduate level research assistant for the different phases of the project.

- Working with local health care providers and non-traditional partners such as senior citizen centers, transportation companies, Meals on Wheels, and faith-based organizations to develop appropriate strategies to reach the elderly population.

Proposed Outcomes

- Improve health literacy regarding pneumonia and influenza vaccination.

- Improve the immunization rates for Hispanic adults age 65 and older.

- Decrease the percentage of deaths from pneumonia and influenza in the Hispanic adults age 65 and older.
Flu clinics—Las Cruces, NM

- Hospital auxiliary gift shop profits pay for vaccines
- Southern NM
- Two hospitals—each one does a clinic and are on different days
- Stay in the car
- Free

Health Weeks

- The Mexican government has 3 national health weeks a year
- Focus is on preventative care services such as immunizations
- US/Mexico border region is starting to mirror events around those health events
- Attend health fairs all year and remind the public about influenza—April 2011—2400 people in ABQ
Flu Consortium

- New Mexico
- Key players: Hospitals, Public Health, etc
- Meet weekly during the influenza season
- Report on influenza cases and doses of vaccine
- Discuss US data
- Each community has a representative

Keys to success

- Listen to communities/ Go to communities
- Influenza is year round---Globalization
- Do not forget the rural states—less money
- Target the southern part of the US—highest rates
- Access to the immunization data for each state
- Work together—State and local public health officials know their communities
- Pediatricians and OB/Gyn
- Other Captive Audiences—Hospitals and Corrections
• **Vision**
  Healthy people thriving in a nation free of preventable illness and injury.

• **Mission**
  Transforming public health within states and territories to help members dramatically improve health and wellness.

President’s Challenge: Health Equity

• Led by John Auerbach, Commissioner, Massachusetts Department of Public Health.

• Challenge to ASTHO members to **help reduce health disparities** and make significant moves toward **achieving health equity**.

• Encourage members to consider new ideas, become engaged, and work together to ensure that everyone in this country has equal potential for good health.
Thank You!