Adult Immunization Project Assessment: American Indian Perceptions of an Immunization Education Outreach

CAPT Shary Jones
Acting Regional Health Administrator
Office of the Assistant Secretary for Health, Region 7
OBJECTIVES

• Discuss the National Adult Immunization Plan, and assess the public health challenges related to increasing community demand for adult immunizations

• Explain the Community Health Representative Adult Vaccination Project highlighting the utilization of CHRs and their significant role in the development of culturally relevant health information to address adult immunization among American Indians/Alaskan Natives

• Discuss the evaluation design, methodology, and results of the Community Health Representative Adult Vaccination Project to assess efforts to promote adult immunization among American Indians/Alaskan Natives
ASSISTANT SECRETARY FOR HEALTH (ASH)

ADM Brett P. Giroir, M.D.
ASSISTANT SECRETARY FOR HEALTH (ASH)

VADM Jerome Adams
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH (OASH)

Mission

The mission of the Office of the Assistant Secretary for Health (OASH) is to optimize the nation's investment in health and science to advance health equity and improve the health of all people.

Public Health Offices

OASH oversees several core public health offices — including the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps — as well as 10 regional health offices across the nation and numerous presidential and secretarial advisory committees.
MAP OF REGIONAL OFFICES
OASH PUBLIC HEALTH OFFICES

• Office of HIV/AIDS and Infectious Disease Policy (OHAIDP): The Office of HIV/AIDS and Infectious Disease Policy is responsible for coordinating, integrating, and directing the Department’s policies, programs, and activities related to HIV/AIDS, viral hepatitis, other infectious diseases of public health significance, and blood safety and availability.

• Office of Minority Health (OMH): Addresses health status and quality of life for minority populations in the United States.

• Office of Population Affairs (OPA): Advises on issues related to family planning and population affairs.

• Office on Women’s Health (OWH): Improves the health of American women by advancing a comprehensive women’s health agenda throughout HHS.
OASH REGION 7 TEAM

CAPT Shary M. Jones, PharmD, MPH, BCPS
Acting Regional Health Administrator

Joyce Riley-Townser, RN, MSA, BSN
Regional Women's Health Consultant

Corstella Henley, MPH, CHES
Regional Minority Health Consultant

Deborah D Schouten, B.A.
Program Analyst

CDR Dustin Rider, BSN
Regional Program Consultant, Office of Family Planning

Angela M. Williams, B.S.
Regional Resource Network Program Coordinator

Janet Greene
Program Staff Assistant

O F F I C E O F T H E
A S S I S T A N T S E C R E T A R Y F O R H E A L T H
PROJECT OVERVIEW
NATIONAL ADULT IMMUNIZATION PLAN

• **Goal 1**: Strengthen the adult immunization infrastructure
• **Goal 2**: Improve access to adult vaccines
• **Goal 3**: Increase community demand for adult immunization
• **Goal 4**: Foster innovation in adult vaccine development and vaccination related technologies
NATIONAL ADULT IMMUNIZATION PLAN

• The companion document, the *National Adult Immunization Plan: A Path to Implementation* facilitates action on the goals outlined in the NAIP by identifying 8 implementation priorities and suggesting potential activities to support each priority.

Pathway to Implementation
NATIONAL ADULT IMMUNIZATION PLAN

Goal 3: Increase Community Demand for Adult Immunizations

Objectives:

• Educate and encourage individuals to be aware of and receive recommended adult immunizations.
• Educate and encourage health care providers to recommend and/or deliver adult vaccinations.
• Educate and encourage other groups (e.g., community and faith-based groups, tribal organizations) to promote the importance of adult immunization.
PROJECT CONCEPT

1\textsuperscript{st} Iteration
- Gathered partners and stakeholders
  - Indian Health Service (IHS)
    - Oklahoma City Area
    - Great Plains
  - Great Plains Tribal Epidemiology Center (GPTEC)
- Developed training for CHR's and held a focus group in South Dakota at the CHR meeting
- Developed materials from CHR feedback

2\textsuperscript{nd} Iteration
- Region 7 provided funding
  - To support additional training for CHRs
  - To develop and distribute flu PSAs
    - Radio
    - Video

3\textsuperscript{rd} Iteration
- Expansion
  - Other Regions (6 and 8)
  - Adult immunization
TIMELINE OF DEVELOPMENT AND DISSEMINATION

- **Project kick-off GPTCHB, OASH, IHS**: 9/14
- **CHR focus groups convened to inform resource development**: 12/14
- **Development of resources and release of materials**: 1/15 – 11/15
  - Training of CHRs on materials: 12/15
  - GoodHealthTV airs video and radio PSAs: 12/15 – 1/16

The timeline spans from September 2015 to November 2016.
# IMMUNIZATION PSAs RUN TIME

## SPOT IDENTIFICATION

**Joe Creelbad Flu Vaccination Video**

<table>
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<th>CONTRACT DATES</th>
<th>AIRTIME LOCATIONS</th>
<th># of Locations</th>
<th>Plays Per Day</th>
<th>Days Played</th>
<th>TOTAL PLAYS</th>
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<td>11/25/2015 to 1/31/2016</td>
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<td>364</td>
</tr>
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</table>
IMMUNIZATION EDUCATION RESOURCES
IMMUNIZATION EDUCATION RESOURCES EVALUATED

• Flu Video Messaging -
  https://youtu.be/ZkqQRNrpA-o

• Adult Immunization Video -
  https://youtu.be/-q49-7bMdkM
IHS REGIONS AND HHS/OASH REGIONS
PROJECT NEXT STEPS

• Continue the project for FY17
• Focus both on flu and adult
• Conduct an evaluation of entire project
EVALUATION OVERVIEW
EVALUATION STUDY OVERVIEW

• **Purpose of the study** was to determine the cultural responsiveness of immunization education resources developed in 2015–2016

• **Multi-regional and Interdepartmental Partnership** in the development and dissemination of these education resources were
  - OASH Regions 6, 7, and 8,
  - Indian Health Service (IHS),
  - Great Plains Tribal Epidemiology Center (GPTEC) within the Great Plains Tribal Chairmen’s Health Board (GPTCHB), and
  - Kat Marketing (GoodHealthTV®)
OBJECTIVES OF THE EVALUATION

• Explore perspectives of Tribal members (especially CHRs) on how well the resources honor American Indian core values (cultural responsiveness),

• Explore opinions about the clarity of the messaging,

• Investigate the utility of the resources, and

• Inquire about the potential effects of the messaging, specifically increased awareness of the benefits of adult immunization and influenza vaccination.
METHODOLOGY

- Qualitative study
- Constructed comprehensive evaluation plan and instruments in collaboration with OASH and IHS
- IRB approval from Great Plains IHS IRB and Standing Rock IRB
- Interviewed subject matter experts who were involved in the development and dissemination of resources

- Conducted two focus groups with CHRs and health professionals
  - Albuquerque, NM
    - April 2018, Region VI HHS Tribal Consultation
  - Standing Rock Nation, SD
    - April 2018, CHR Monthly Meeting
- Qualitative narrative analysis using Dedoose software
- Emerging themes
EVALUATION FINDINGS
CULTURAL RELEVANCE OF POSTERS

• Participants expressed appreciation for using American Indian models
  • Clothing and regalia nicely illustrated American Indian culture
• Important to use *local* models or community members
  • 573 tribes in the U.S., 229 of which are in Alaska
  • Participants examined pictures in detail to precisely identify the model’s Tribal nation
• Participants did not care for American Indians in street clothes; ethnic ambiguity
# CULTURAL RELEVANCE OF PSAs

## Video PSA’s

- Important to use people from the local Tribal community
  - *Grandpa Henry in video was a familiar, esteemed elder and CHR*
- Tribal identity influenced personal connection to message
- CHRs seemed engaged (laughing, smiling, clearly understanding)

## Radio PSA’s

- Eliminated the need to read
- Illustrated the importance of intergenerational American Indian households
- Voice was unfamiliar but appreciated because an American Indian elder was speaking
- Participants enjoyed round-dance music
- One track was too similar to a commercial
VACCINATION GUIDES

Adult Vaccination Guide

• Used during in-home visits
• Helpful when discussing recommended vaccines for vulnerable populations

Adult Vaccine Basics Guide

• Comprehensive yet easy to understand
• Demystified the way vaccines work in the body
• Visual aid in discussing vaccination misunderstandings
SUMMARY ACROSS ALL RESOURCES

• Materials honored tradition and core cultural values
• American Indians’ experiences accumulated over a lifetime are acknowledged
  ▪ History, familial ties, interrelated dimensions of wellness
• Unanimous agreement: messages were clear
• Emphasis was placed on the importance of considering others when making individual vaccination decisions
USE OF EDUCATION RESOURCES

• Health fairs
• Health clinics
• Patient Benefits Coordinator’s office
• Public places (post office, community center, etc.)
• Senior centers
• Home visits (to promote extended discussion)
• Talking circles (where community members can say what is on their minds without interruption)
INFLUENCE OF IMMUNIZATION EDUCATION OUTREACH

Increased CHR capacity
- Increased CHRs’ personal knowledge
- Ability to raise awareness of evidence-based studies (cdc.gov vs. non-reputable sites)
- Improved ability to teach from a biological perspective

Increased Tribal member knowledge of immunizations
- Guide to vaccine basics addressed safety concerns
- Knowledge couched in American Indian world view (Western blended with traditional)

Increased uptake within immediate family
### CHALLENGES FACED BY CHRs AND INNOVATIVE MITIGATION STRATEGIES

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elders following traditional ways</td>
<td>Discuss Western medicine in traditional world view. Parallel “elements of life” from indigenous medicine with Western medicine</td>
</tr>
<tr>
<td>Misconceptions, fear, and mistrust</td>
<td>Participatory strategies to engage tribal citizens; CHRs’ knowledge of issues and empathetic approach</td>
</tr>
<tr>
<td>Lack of funding streams for CHR services; state plans do not allow for Medicaid reimbursement for CHR work</td>
<td>North Dakota amended its state health plan to include billable CHR tasks</td>
</tr>
</tbody>
</table>
## CHALLENGES FACED BY CHRs AND INNOVATIVE MITIGATION STRATEGIES

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<tr>
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</thead>
<tbody>
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<td>Lack of professional respect for CHRs</td>
<td>Proactively elevating CHR model of health care; partnership with Sitting Bull College for training, technical assistance, and certification</td>
</tr>
<tr>
<td>Inconsistent access to information and the flu vaccine at the community level</td>
<td>Alaska Native Health Tribal Consortium developed an electronic interactive Community Health Aide Program Manual for the CHAP program</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS FOR FUTURE CAMPAIGNS
RECOMMENDATIONS

- **Use place-based education**
  - Use of local people strengthens the messaging.

- **Use American Indian languages in messaging**
  - Elders and young children speak the local language.

- **Use CHRs to address immunization misconceptions**
  - CHRs understand the mindset and know how to influence Tribal members’ vaccination decisions.

- **Deliver health messages one-on-one**
  - Resources are necessary but are not enough to influence members’ vaccination decisions.
RECOMMENDATIONS

- **Emphasize the idea of vaccination-induced herd immunity**
  - Young adults and middle-aged adults in the household can protect their grandparents by getting immunized.

- **Expand the education resource distribution plan**
  - The resources were highly regarded, and they require wider distribution across Indian Country.

- **Develop a clear communication plan to increase implementation of public health campaigns**
  - Multiple venues and formats, such as HHS-IHS newsletters, CHR monthly briefs, regional CHR conferences, and publicity at CHR annual conferences, should be used.
CONCLUSION

• The multi-agency collaborative successfully leveraged regional expertise to develop education resources aligned with American Indian culture

• CHRs felt the resources enabled them to raise awareness of the importance of immunizations

• CHRs felt the resources, coupled with home visits, influenced vaccine decisions in a personal and cultural context
PARTNERS

- Corstella Johnson, MPH, CHES Regional Minority Health Consultant, OASH Region 7
- Captain Alisha Acker, RN, BSN, PHN, MPH Acting Deputy Regional Health Administrator, OASH Region 6
- Captain Shary Jones, PharmD, MPH, BCPS Acting Regional Health Administrator, OASH Region 7
- Laurie Konsella, MPA Acting Regional Health Administrator, OASH Region 8
- Susan Calderon, MPH Regional Minority Health Consultant
- Jillian Doss-Walker, MPH Acting IHS Immunization Program Manager, IHS
- Cheyenne Jim, MS Immunization Program Analyst, IHS
- Hannah Cain, BS Public Health Associate CDC
- PJ Beaudry, MPH, CPH Director, Northern Plains Tribal Epi Center
- Greg Welch, BS HIV, STD, Hepatitis, TB, Influenza, and Immunization Program Manager, IHS
Access Immunization Education Resources

Great Plains Tribal Chairman’s Health Board
https://gptec.gptchb.org/infectious-disease/national-vaccination-project/
OTHER VACCINATION RESOURCES

General Vaccination Information
- “Vaccinations for Adults” – Immunization Action Coalition
- “Vaccines: Know What You Need” – Centers for Disease Control and Prevention
- “Adult Vaccine Schedule” – Centers for Disease Control and Prevention
- “Do I Need Any Vaccinations Today” – Immunization Action Coalition
- “Standards for Adult Immunization Practice” – Centers for Disease Control
  - “Vaccine Recommendation”
- “Vaccines and Adults: A Lifetime of Health” – Children’s Hospital of Philadelphia, Vaccine Education Center, and AMA’s

Vaccine-Specific Fact Sheets
- Flu – Immunization Action Coalition
- Tetanus, Diphtheria, Pertussis (Tdap) – Immunization Action Coalition
- Shingles (Zoster) – Immunization Action Coalition
- Pneumococcal – Immunization Action Coalition
- HPV – Immunization Action Coalition
- Hepatitis A – Centers for Disease Control
- Hepatitis B – Centers for Disease Control
QUESTIONS???

CAPT Shary Jones
Acting Regional Health Administrator
Office of the Assistant Secretary for Health, Region 7
Email: shary.jones@hhs.gov
Direct: 816-426-3294

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