Collaborations and Strategies to Improve Childhood and Adolescent Immunization Coverage among American Indian/Alaska Native Communities
Jillian Doss-Walker, Meghan Porter, Jennilea Steffens, Linda Littlefield, Cheyenne Jim

Summary of Topic:
This session aims to provide an overview of current collaborations and strategies with the Indian Health Service (IHS), tribal organizations and state immunization programs to increase community engagement and improve childhood and adolescent vaccine coverage among American Indian/Alaska Native communities.

Description of Session:
American Indian/Alaska Native people (AI/ANs) face numerous health and socioeconomic disparities and are at higher risk of complications from vaccine-preventable diseases compared to the general US population. IHS Immunization coverage reports from 2014-2016 indicate a decline in age-appropriate vaccination-coverage for children 2 years and under. This session will provide background on declining childhood immunization coverage rates among AI/AN children served by IHS-funded facilities, and provide an overview of several different projects to address this issue.

The Bemidji Area Childhood Immunization Needs Assessment project is an on-going collaboration between the Great Lakes Inter-Tribal Epidemiology Center and the IHS Bemidji Area office, which includes the states of Minnesota, Wisconsin, and Michigan. With support from the national IHS Immunization Program, this project aims to review childhood immunization rates across the Bemidji Area, develop recommendations, and inform future quality improvement projects. To date this project included interviews with immunization coordinators at the IHS-funded facilities, review of IHS immunization data and state IIS immunization data.

To enhance awareness and reinforce the importance of immunizations at the individual, community, and provider level, the Safe Healthy Children Immunization project targeted seven rural tribal communities across North Dakota and South Dakota. The main objectives were to increase awareness, assess and mitigate parent, community, and provider-level barriers, and develop a culturally appropriate educational toolkit and resources. Families enrolled in an existing community based program to improve health equity among perinatal women and reduce infant mortality received tailored childhood immunization education. Provider education sessions were also held and community readiness assessments to evaluate completion of childhood immunizations were conducted.

Other collaborations included expanding engagement with Community Health Representatives through training and education on vaccine basics. These trainings were held in three IHS regions. In addition, the national IHS Immunization program partnered with We R Native, a comprehensive health resource for Native youth that uses a text messaging service, interactive website, and social media to reach Native youth. Using their network, immunization messages were developed and disseminated.

This session will describe the current trends in childhood and adolescent vaccine coverage rates among AI/AN populations served by IHS, share strategies implemented in IHS facilities and tribal communities.
to engage with AI/AN communities and increase immunization coverage rates, and discuss lessons learned and future collaborative opportunities.

The session schedule and speakers are as follow:

1. Current trends in childhood and adolescent vaccine coverage rates among American Indian/Alaska Natives (10 min)-Jillian Doss-Walker, National Center for Immunization and Respiratory Diseases, Immunization Services Division, CDC, Atlanta, GA/Indian Health Service, Rockville, MD.

2. Results of a Childhood Immunization Needs Assessment at Clinics Serving American Indian/Alaska Native Communities (15 mins)-Meghan Porter, Great Lakes Inter-tribal Epidemiology Center, Minneapolis, MN.

3. Improving Pediatric Immunization Series Completion in Rural American Indian Communities (15 mins)-Jennilea Steffens and Linda Littlefield, Great Plains Tribal Chairmen’s Health Board, Rapid City, SD.

4. Collaborations for Community Engagement for Immunizations (10 mins)- Cheyenne Jim, IHRC Consulting Group, Inc.

5. Q & A Discussion (10 mins)
Nationwide Assessment of School-Level Immunization Practices and Vaccine Partnerships: Pilot Study Collaboration with the National Association of School Nurses

J. Michael Underwood, Andrew Leidner, Adam Bjork, Erin Maughan, Donna Mazyck

Background:
School entry vaccine requirements help protect children from preventable diseases such as measles, pertussis, and varicella. School nurses support immunization efforts by documenting vaccinations and following-up with undervaccinated students. The variety of immunization activities led by school nurses has not been studied or quantified. To address this knowledge gap, researchers from the National Association of School Nurses (NASN) and the Centers for Disease Control and Prevention (CDC) developed a questionnaire survey to assess school nurse immunization roles.

Objectives:
To provide the first nationwide assessment of immunization practices led by school nurses.

Methods:
From October-November 2017, NASN and CDC collaborators surveyed a convenience sample of school nurses currently serving kindergarten populations. The online survey elicited responses about school-level activities related to immunization practices and vaccine partnerships. Survey responses were tabulated, checked for quality, and analyzed using R.

Results:
Survey responses were collected from 2,058 school nurses, representing each of the 50 states and District of Columbia. Preliminary results indicate for respondents who reported conducting immunization activities, the most common were: making phone calls to parents (96%), documenting immunization data in electronic systems (83%), sending postal mail to parents (66%), and sending immunization reports to local or state officials (65%).

Approximately 43% of school nurses work with external partners to conduct immunization-related activities. Among nurses with external partnerships, their schools most frequently received assistance with vaccine administration (39%) and procuring vaccine materials (21%).

Conclusion:
Our results show school nurses work to ensure kindergartners meet school entry vaccine requirements, critically important where school-level vaccination coverage is low, placing children at risk for preventable diseases. While this pilot project provides a nationwide sample of immunization activities, further assessment is required to understand differences by jurisdiction and vaccination outcomes.
The Texas HPV Coalition: Building a State-Level Coalition to Increase HPV Vaccination Rates
Alexander Preiss, Greg Parkington, Marcie Fisher-Borne

Background:
Each year about 31,500 cancer cases in the United States are related to human papillomavirus (HPV). Vaccination by age 13 can prevent common types of HPV that can lead to cancer. However, HPV vaccine uptake in the US remains low compared to other adolescent vaccines, leading to many preventable cancers each year.

Setting:
The Texas HPV Coalition works to increase HPV vaccination rates across the state. Texas has one of the lowest HPV vaccination rates in the US. Its 2016 HPV Up-To-Date coverage of 32.9% (±3.5%) ranks 45th among the 50 states. Texas alone has over 2,000 cases of HPV-associated cancers diagnosed each year.

Population:
Texas is the second-most-populous state in the nation, and one of the youngest, with 26.2% of the population under 18 years old. These factors, combined with its low HPV vaccination rate, give Texas the largest population of adolescents unvaccinated against HPV of any state, and make it among the highest priority states to increase HPV vaccination.

Project Description:
The Texas HPV Coalition, established in 2017, is a statewide coalition of public, private, and voluntary organizations. The Coalition includes partners from public health, academia, professional societies, industry, state and local agencies, and health systems. The Coalition acts as a catalyst to stimulate collective action and reduce fragmentation among its broad spectrum of partners.

Results/Lessons Learned:
The Coalition has demonstrated promising early success at recruiting high-level members, enhancing communication among members, and incubating new partnerships and collaborations among members. Facilitators of success include strong convening leadership from a comprehensive array of sectors and an environmental scan conducted by a core member prior to project inception. Further evaluation will assess the Coalition’s impact, but already, the Texas HPV Coalition provides a model for other states wishing to convene similar coalitions or increase engagement in existing coalitions.
Forming an Immunization Data Advisory Council to Address Gaps in Local Level Immunization Data in Colorado
Elizabeth Abbott

Background:
In response to statewide gaps in immunization coverage rates, as well as the passing of new legislation that requires schools and licensed child care centers to disclose their immunization and exemption rates, the Colorado Children’s Immunization Coalition (CCIC) formed an Immunization Data Advisory Council (IDAC) to gain a better understanding of where childhood immunization rates in CO are limited, to identify factors that are contributing to differences in up-to-date rates across the state, and to translate this information for public consumption.

Setting:
CCIC convened immunization data experts over a two-year period to share and analyze county, school and childcare level immunization data in Colorado.

Population:
The primary focus of the IDAC was the vaccination status of children (0-18) in Colorado, especially the more than 20 percent missing one or more routine vaccines according to previous data.

Project Description:
When the IDAC was formed, only state-level immunization data was publicly available in Colorado. The IDAC vision was that immunization coverage data would be publicly available at the county, school and childcare levels to better inform immunization policy, research, programs and parental decision-making. Objectives included the sharing of expertise and resources to understand what data was currently available, to determine baseline vaccine coverage data at sub-state levels in CO, to improve public access to coverage and exemption rates, and to identify factors associated with vaccination gaps to inform population health interventions and to raise the level of immunization advocacy in the community.

Results/Lessons Learned:
This initiative successfully convened and engaged multi-organizational experts to summarize the landscape of existing immunization data and to analyze never-before available data. These efforts resulted in the first-time release of county-level vaccine coverage maps, the release of the CO State of the State’s Immunizations Report, and customized legislative district immunization fact sheets to translate data into action.