Tribal Health Care Workers' Knowledge, Attitudes, and Practices regarding Immunizations

American Indian Health Commission for Washington State

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IN PARTNERSHIP WITH THE WASHINGTON STATE DEPARTMENT OF HEALTH
A Tribally-driven, non-profit (501c3) organization

- Its mission is to improve the overall health of Indian people in Washington State by supporting activities that prevent and reduce adverse health conditions and health disparities.

- Provides a forum for 29 Federally-recognized Tribes and two Urban Indian Health Programs to advocate with other governmental and non-profit organizations on health issues.

- Promotes government to government relationships.

- Serves as an informational clearinghouse.

Website: WWW.AIHC-WA.COM
Primary Activities

- Affordable Care Act-Implementation.
- Health Benefit Exchange-Implementation and Access.
- Maternal Infant Health Strategic Plan.
- Healthy Communities: Pulling Together for Wellness Framework.
- Women, Infants and Children (WIC)-Nutrition Program.
- Maternal Infant Early Childhood Home Visiting.
- Pregnancy Risk Assessment Monitoring System (PRAMS).
- **Immunizations – Adolescent Quality Improvement and Health Care Workers’ Hesitancy Projects.**
American Indian Health Commission

AIHC Mission: Improve the Overall Health of Indian People of WA State
Strategy: Advocacy, Policy and Programs to Advance Best Practices

Healthy Tribal and Urban Indian Communities

Maternal Infant Health Strategic Plan

In Partnership with WA State Departments of Health and Early Learning

Health Risk Factors
AIAN Health Disparities
Adverse Childhood Experiences
Historical and Intergenerational Trauma

Leadership
Engagement

In Partnership with WA State Departments of Health and Early Learning
Collaborative Values

Address immunizations as a priority health disparity through a Tribal/Urban Indian process that is community driven and culturally appropriate. Identify strategies for

1. Seasonal flu.
2. Pandemic flu.
3. Routine adolescent immunizations.
4. Focus on why health care workers are hesitant to be vaccinated.
Background

- Immunization is a priority health disparity issue.
- Nationally health care worker vaccine hesitancy is a key factor impacting health care worker immunization rates.
- AIHC’s Health Care worker Immunization Hesitancy project is based on:
  - AIHC Tribal Health Immunization Workgroup (THIW) project of 2009-2010.
  - Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan.
  - H1N1 pandemic influenza lessons learned.
  - Post-pandemic review.
  - Tribal health leadership discussions.
  - AIHC identified the improvement of healthcare worker immunization rates as a key project in 2010.
Studies show that American Indians and Alaska Natives are impacted the most by illnesses that could have been prevented through proper immunizations. This has raised the issue of vaccine hesitancy among health care workers.

Trends Identified:

- Complacent providers, particularly during the H1N1 breakout, were a problem in some Tribal health clinics. At one Tribe, only one Tribal health provider said he would take the H1N1 immunization. What type of messages do complacent providers give to the Tribal patients?
- Why are Tribal health care workers and providers not getting their immunizations?
- Health care workers in some Tribal clinics are not current and there is no policy for health care workers to be current on immunizations.
- Concerns about assuring vaccine safety is increasing (e.g., live versus inactive).
- Tribes can get caught up in debating why it is that immunizations are important.
Project Overview

- The Centers for Disease Control funded the project through an Affordable Care Act competitive grant award to Washington State Department of Health (DOH), Office of Immunization Child Profile (OICP) to improve Tribal health care workers immunization rates.

- Survey/Assessment to establish baseline understanding.

- 26 clinics were asked to respond to the survey.

- 11 clinics responded.
# Health Care Workers’ Knowledge Attitudes and Practices

<table>
<thead>
<tr>
<th>Title</th>
<th>Number</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Director</td>
<td>4</td>
<td>Parts 1&amp;2</td>
</tr>
<tr>
<td>Social and Health Director</td>
<td>2</td>
<td>Parts 1&amp;2</td>
</tr>
<tr>
<td>Medical Director</td>
<td>1</td>
<td>Parts 1&amp;2</td>
</tr>
<tr>
<td>Clinic Director</td>
<td>8</td>
<td>Parts 1&amp;2</td>
</tr>
<tr>
<td>Physician</td>
<td>4</td>
<td>Part 1</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>4</td>
<td>Part 1</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>1</td>
<td>Part 1</td>
</tr>
<tr>
<td>Nurse Case Manager</td>
<td>2</td>
<td>Part 1</td>
</tr>
<tr>
<td>Nurse (RN)</td>
<td>17</td>
<td>Part 1</td>
</tr>
<tr>
<td>Nurse (LPN)</td>
<td>9</td>
<td>Part 1</td>
</tr>
<tr>
<td>Certified Nurse Assistant (CNA)</td>
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<td>Part 1</td>
</tr>
<tr>
<td>Medical Assistant (MA)</td>
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<td>Part 1</td>
</tr>
<tr>
<td>Receptionist/Clerk</td>
<td>2</td>
<td>Part 1</td>
</tr>
<tr>
<td>Community Health Representative</td>
<td>4</td>
<td>Part 1</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>Part 1</td>
</tr>
</tbody>
</table>

6/17/2014
Most clinics serve all age groups.

All 11 clinics administer vaccinations.
71.3% respondents get flu shots.

**Top Reasons**

1) to protect their families and friends.
2) to protect their patients.
3) to protect themselves.
14.9% reported that they sometimes get an annual flu shot.

13.8% reported that they never get an annual flu shot.

Top Reasons

1. Concern about side affects.
2. It is not required for their job.
3. I sometimes forget.

Reasons Respondents Choose not to Get an Annual Flu Shot

- It is not offered at my workplace: 4.8% (1)
- Hard to get/not always available: 4.8% (1)
- It makes me sick or gives me the flu: 9.5% (2)
- I am concerned about the side affects: 9.5% (2)
- I don’t think it works: 9.5% (2)
- I sometimes forget to get a flu shot: 19.0% (4)
- It is not required for my job: 23.8% (5)

(Patricipants check all reasons that applied)
74.7% reported that they got a flu shot last flu season.

24.1% chose not to get a shot.
74.7% got a flu shot last season.

**Top Reasons**

1. It protects me from getting the flu.
2. It helps prevent me from giving the flu to my patients.
79% reported what they tell patients about flu shots.

None of the respondents indicated that they discourage patients from getting flu shots.
Table describes who chooses to get an annual flu shot by their role in the clinic.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>I never get a flu shot</th>
<th>I sometimes get a flu</th>
<th>I always get the annual flu shot</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Director</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4.7%</td>
<td>4</td>
</tr>
<tr>
<td>Social and Health Director</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2.3%</td>
<td>2</td>
</tr>
<tr>
<td>Medical Director</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.1%</td>
<td>1</td>
</tr>
<tr>
<td>Clinic Director</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>9.4%</td>
<td>8</td>
</tr>
<tr>
<td>Physician</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4.7%</td>
<td>4</td>
</tr>
<tr>
<td>Nurse</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4.7%</td>
<td>4</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1.1%</td>
<td>1</td>
</tr>
<tr>
<td>Nurse Case Manager</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2.3%</td>
<td>2</td>
</tr>
<tr>
<td>Nurse (RN)</td>
<td>1</td>
<td>4</td>
<td>12</td>
<td>20.0%</td>
<td>17</td>
</tr>
<tr>
<td>Nurse (LPN)</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>10.5%</td>
<td>9</td>
</tr>
<tr>
<td>Certified Nurse Assistant (CAN)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1.3%</td>
<td>1</td>
</tr>
<tr>
<td>Medical Assistant (MA)</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>11.7%</td>
<td>10</td>
</tr>
<tr>
<td>Receptionist/Clerk</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2.3%</td>
<td>2</td>
</tr>
<tr>
<td>Community Health Representative</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>4.7%</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>3</td>
<td>10</td>
<td>18.8%</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15</td>
<td>13</td>
<td>57</td>
<td>100%*</td>
<td>85</td>
</tr>
</tbody>
</table>

*Rounded percentage
77% of the respondents look to CDC for information on immunizations against the flu. 64% look to the DOH for information.

Participants were asked to select all that applied; therefore, the total equals more than 100%.
## Clinics’ Policies and Practices

Respondents indicated Clinic's practice and policy on vaccinations.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Clinic provides health care staff education on vaccinations</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic has an employee immunization program</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic offers recommended vaccines to Tribal health care staff</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic offers required vaccines to health care staff</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic requires health care workers to meet TB testing requirements</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic health care workers are required to receive CDC/ACIP recommended vaccinations</td>
<td>5</td>
<td>0</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic has had some health care staff decline recommended vaccinations</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic requires health care staff to have signed proof of declined vaccination</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>The Clinic requires health care staff to wear a mask during flu season if not vaccinated</td>
<td>2</td>
<td>9</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>The Clinic requires Tribal health care staff have proof of flu vaccine annually</td>
<td>5</td>
<td>8</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic requires proof of declined vaccines other than seasonal flu</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>The Clinic maintains a system to track health care worker vaccinations</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>The Clinic has written policies of health care worker immunization procedure or practice</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>13</td>
</tr>
</tbody>
</table>
6 of 11 Respondents indicated that standing orders are used in their clinics for immunizations and two indicated they are in development.

6 respondents indicated that they were willing to share their policy or find out from Tribal management if their policy could be shared.

Several respondents suggested that an immunization policy should include requirements for health care worker immunizations, CDC recommendations, and tracking.
Systems used for tracking immunizations.
Methods used for tracking immunizations.

<table>
<thead>
<tr>
<th>Resources and Access to Training for immunization Tracking Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer Options</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Does your clinic use paper charts?</td>
</tr>
<tr>
<td>Does your clinic use electronic charts?</td>
</tr>
<tr>
<td>Does your clinic have a dedicated health informatics person?</td>
</tr>
<tr>
<td>Does your clinic have a clinic applications coordinator?</td>
</tr>
<tr>
<td>Does your clinic have a site specific RPMS coordinator?</td>
</tr>
<tr>
<td>Does your clinic have a dedicated IT person?</td>
</tr>
<tr>
<td>answered question</td>
</tr>
</tbody>
</table>
Over 90% of Respondents indicated that nurses and medical assistants have primary responsible for maintaining up-to-date immunization records for patients. Only four respondents answered a similar question for tracking health care workers’ immunizations.
Key Findings

Part 1 Health Care Workers and Providers

- Most clinics provide services to all ages.
- 29% of health care workers never or sometimes do not get an annual flu shot.
  - 38% are concerned about side affects.
  - 23% employer did not require them to get vaccinated.
- 22 health care workers of 87 did not get a flu shot last year.
- 71% of Health Care Workers that always get a flu shots do so to:
  1. protect their family and friends.
  2. protect their patients.
  3. protect themselves.
Key Findings con’t

Part 1 Health Care Workers and Providers

-most health care workers recommend flu shot to all patients.

-Centers for Disease Control and WA State DOH are regarded as best sources of information for immunizations against the flu.
Key Findings

Part II  Administrative Leadership Organizational

- Most clinics have a health care worker immunization policy.
- Almost all clinics have had staff decline recommended vaccines.
- Some require signed proof of declined vaccine.
- Some require health care staff to have proof of flu vaccine.
- 12 have a system to track health care worker vaccinations.
- 8 of 13 have a written policy of health care workers’ immunizations procedure or practice.
Recommendations

1. Research the implications of the 29% of the health care workers choosing not to be immunized against the flu.
2. Perform a comprehensive review and analysis focused on long term solutions for sustainable health care worker immunizations policies using a policy, environment, and systems approach.
3. Review data to identify connection to other immunization issues.
4. Perform a review and assessment of tribal access to data and tracking systems for employee immunization programs.
5. Develop communication plan to share the Immunizations Report and data.
Recommendations

6. Develop educational materials regarding health care worker hesitancy.

7. Inform Tribes and Urbans of opportunities for quality improvement projects to improve immunization rates.

8. Develop a collaborative approach for planning and partnerships to convene an immunization summit to review, identify goals, and develop strategies.

9. Develop AIHC process and protocol for data gathering for Tribal surveys addressing Tribal IRB processes, data sharing agreements, and a comprehensive review of Tribal needs to ensure quality surveillance and to insure value is added for Tribes and Urban Indian Programs.
NEXT STEPS

- Continue to convene THIW to ensure communication and engagement with 29 Tribes and two Urban Indian Programs.
- Prioritize recommendations.
- Establish a long-term work plan based on prioritization of the recommendations.
- Develop a communication component as part of the work plan.
- Identify funding to implement work plan.
- Develop partnerships to support, plan, and convene AI/AN Immunization Summit.
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See link below for full report.