Goals

• Increase awareness about adolescent vaccines & vaccine-preventable disease (VPDs) among Eritrean, Somali, and Latino families
  – Using global health strategies
  – Target racially and ethnically diverse communities

• Improve Tdap, MCV, and HPV coverage among adolescents
Objectives

1- Assess knowledge, attitudes, & barriers related to adolescent vaccinations

2- Increase awareness of risks associated with VPDs & benefits of immunization

3- Promote & facilitate access to immunization services for adolescents

4- Evaluate interventions
Key Collaborators

- Global to Local (G2L)
- WithinReach
- HealthPoint Community Health Clinics
- Sea Mar Community Health Clinics
G2L Community Health Promoters

WHO?
- Eritrean, Somali, & Hispanic
- Multi-lingual
- AmeriCorps employees

WHAT?
- Provide health education
- Make referrals to essential services
Target Cities

- Burien
- SeaTac
- Tukwila
Objective 1

Assess knowledge, attitudes, and barriers among adolescents and parents regarding adolescent vaccinations
Survey Findings
(n=157 parents, 49 adolescents)

- Majority of teens (~85%) have health insurance & PCP
- Limited awareness of Tdap, MCV4, and HPV vaccines
- Parents did not know that the vaccines were recommended and did not recall receiving doctor’s recommendation
- Parents prefer to have child vaccinated in MD office (not pharmacy, health fairs or school clinics)
- **MD most trusted source of health information**
Focus Group Findings

- MD’s strong recommendation to vaccinate is most critical factor in decision-making
- Varying perceptions about individual vaccines
- Culturally-specific beliefs and misperceptions about pertussis and meningococcal disease
- Minimal understanding of VPDs or the vaccines that prevent them (especially HPV)
- Unaware that teens are at risk
Objective 2

Increase community awareness and understanding of the risks associated with adolescent VPDs and the value and benefits of adolescent immunization
Brochure Development & Distribution
Brochure Development & Distribution

SeaTac Community Center

Sea Mar - Burien
Culturally Specific Messages

Amharic/Tigrinyan

• Pertussis does not lead to tuberculosis (TB)
• Meningococcal disease is not caused by the scorching sun or heat

Somali

• Pertussis is different from asthma, pneumonia, or other lung infections
• Tdap, MCV, and HPV vaccines do not contain porcine gelatin
Objective 3

Promote and facilitate access to immunization services for adolescents
Facilitate Access

- CHP Referrals
- WithinReach Referrals
Provider Outreach & Education

• Added intervention based on results of surveys and focus groups

• On-site presentation for MDs at 3 participating clinics and 3 other area clinics serving our target population

• Shared key findings from surveys and focus groups
  - emphasized importance of provider recommendation
  - culturally relevant dialogue

• Post-presentation survey of providers
Objective 4

Evaluate interventions to promote and improve access to immunization services
Evaluation Measures

- Key Informant Interviews
  - G2L (Managers & CHPs)
  - WithinReach (Managers & Operators)

- Physician post-presentation evaluations

- Immunization coverage rates among participating and non-participating clinics
Key Informant Interviews

G2L
- Project connected CHPs with new people and encouraged outreach
- Challenging to continue referrals with competing priorities; CHPs already at full capacity

WithinReach
- Tracking referrals fit into their regular workflow
- Need improved method for identifying G2L referrals
Provider Survey Findings

• Assessing a patient’s immunization status occurs rarely during acute illness/injury visits (routinely during well-child and sports physicals)

• MDs report they will be “more likely” to make a strong recommendation for HPV vaccine following the presentation

“Your research definitely helps bring valuable patient perspectives to the issue and I will definitely change/adapt my discussions with patients because of your talk”…. MD, HealthPoint SeaTac
% 11-18 Year-Old Females Receiving 1st Dose HPV (May 2012 – Oct 2013)

- HealthPoint SeaTac: 58%
- HealthPoint Tyee: 86%
- Sea Mar Burien: 53%
- Clinic 1: 38%
- Clinic 2: 81%
- Clinic 3: 59%
- Clinic 4: 56%
- Clinic 5: 83%
- Clinic 6: 53%
Lessons Learned

• Access to care is not a significant barrier in the target communities

• G2L’s community-driven model may not be well-suited to address immunizations in communities that don’t identify this as a priority
Conclusions

• A CHP model for immunization outreach might be more successful when prevention of VPDs through immunizations is a shared priority

• A strong recommendation from the MD is a critical factor influencing parents’ decision to vaccinate

• Additional factors influence a parent’s decision to have their child vaccinated
Conclusions

- Immunization outreach needs to be conducted in the languages and cultural context of the community that is being targeted and communicated in multiple formats.

- Immunization messages should address culturally-specific misperceptions and concerns about vaccines and the diseases they prevent.
Acknowledgments

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Community collaborators
• Global To Local
• WithinReach
• Highline School District
• Swedish Medical Center
• Washington Global Health Alliance
• Washington State Department of Health
• Angle Lake Family Resource Center

Principal Investigator
• Jeff Duchin

Consultants
• Cora Breuner
• Meredith Li-Vollmer
• Edgar Marcuse

Participating Clinics
• HealthPoint
• Sea Mar

Logistics Support
Scimetrika, LLC

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