



# Model Tribal-State Collaboration: Addressing Immunizations as a Priority Health Disparity through Tribally-driven Processes

## A TEN YEAR CONTINUUM



**PARTNERSHIP BETWEEN**

**AMERICAN INDIAN HEALTH  
COMMISSION FOR  
WASHINGTON STATE**

**AND**

**DEPARTMENT OF HEALTH  
OFFICE OF IMMUNIZATION  
AND CHILD PROFILE**

# 2007

- Funding Identified
- Initial Immunization Partnership between WA State Department of Health Immunization Child Profile Program and the American Indian Health Commission established to address tribal adolescent immunizations



# 2008

- Funding Identified
- Contracting and Scope of Work reviews for potential Tribally-driven immunization projects in Washington State
- Tribal Immunization Summit held December 4, 2008 to (WA, OR, and ID) DOH Immunization CP, NAIHB, and IHS
- RPMS/Child Profile training
- **Top five Strategies to address Disease Outbreak identified by Tribes:**
  - *1. Fully immunized population*
  - *2. Develop an algorithm; identify five bases and specify the branches off of those*
  - *3. Rapid and timely responses*
  - *4. Documentation protocol*
  - *5. Notification*

# 2009

- Funding Identified; AIHC Tribal immunization project funded and completed
- AIHC and Immunization CP Partnership: Tribes identified barriers and access strategies to increase immunization rates
- Established ongoing Tribal Health Immunization Workgroup
- Provided technical assistance to Tribes
- Provided assistance to Tribes to evaluate and implement immunization strategies & address RPMS/Child Profile bridge issues
- Identified potential Tribal immunization pilots
- Identified resources to increase immunizations rates in a culturally appropriate, community-driven manner

# 2009

## *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, and*
  - *3) routine adolescent immunizations*
- *Focus on why health care workers are hesitant to be vaccinated*

# 2010

- Funding Identified; AIHC Tribal immunization project funded and completed
- *AIHC determinations:*
- *Continue Tribal Health Immunization Workgroup (THIW)*
- *Continue AIHC's collaborative immunization work*
- *Expand opportunities to meet regionally with access to all AIHC delegates*
  
- AIHC produced a two-year work plan with goals and objectives to improve processes for Tribal planning, prioritizing and implementation to increase immunization rates
- Identified healthcare worker immunization rates as key project
- Identified process to report THIW activities on an ongoing basis at AIHC bimonthly meetings
- Tribal Health Leaders Summit, H1N1/Immunization session

# 2011

- Funding identified; AIHC partner letter of support for Immunizations OICP to apply for competitive grant
- Reconvened THIW as ongoing to address tribal health immunization needs
- Affordable Care Act competitive grant award: health care workers immunization rates. The Centers for Disease Control funded the Tribally driven project developed by 2009-10 THIW project, H1N1 pandemic influenza lessons learned, post-pandemic review, and tribal health leadership discussions
- RPMS / Child Profile crosswalk 2010-2011

# 2012

- Funding identified, project funded and pending
- THIW reconvened, facilitate a Tribally-driven process to effectively plan and respond to health immunization needs and barriers:
- Improve healthcare worker immunization rates
- Improve utilization of Tribal immunization information systems
- PRAMS workgroup
- Increase Flu Immunization rates for Pregnant women

## **STATUS OF PROJECTS:**

- **AIHC Tribal Healthcare Worker Immunization survey initial findings presented at 2012 Tribal Leaders' Health Summit**
- **PRAMS immunizations tribal pregnant women**



# 2013

- Identify funding
- Reconvene THIW
- Carry 2012 work forward
- Healthcare worker Immunization assessment outcomes, policy review, recommendations, and next steps
- Review Recommendations from Tribal Leaders' Health Summit
- PHEPR
- PRAMS
- Review and prioritize 2008 top five strategies to address disease outbreak
- Review 2009 five collaborative values

# 2014

- Identify Funding
- Reconvene THIW
- Carry 2013 work forward to improve Tribal immunizations and health for Tribal/Urban Indian communities

# 2015

- Identify Funding
- Reconvene THIW
- Carry 2014 work forward to improve Tribal immunizations and health for Tribal/Urban Indian communities

# CONTACTS



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