

# Manilaq Region

Improving  
Childhood  
Immunization  
Coverage



# Northwest Alaska



# Kotzebue



- Regional hub city
- Population: 3,200
- AI/AN: 75%
- Caucasian: 16%
- Other: 9%

## Maniilaq Health Corp

- 1 regional hospital
- 11 small village clinics
- PHN center, grantee of DPH-SOPHN
- regional CHAP program
- RPMS EHR

Community	Population
AMBLER	260
BUCKLAND	416
DEERING	138
KIANA	362
KIVALINA	375
KOBUK	160
KOTZEBUE	3,200
NOATAK	514
NOORVIK	670
POINT HOPE	674
SELAWIK	830
SHUNGNAK	262
TOTALS	7,861

# Unique challenges

- **Geographic isolation**

- Maniilaq Service Area is a 36,000 square mile roadless region in northern arctic Alaska.
- Village access by small plane, snow machine, four-wheeler or boat.
- Limited access to healthcare, varicella vaccine.

- **Extreme weather conditions**

- Delayed vaccine deliveries by small plane.
- Risk of cold chain temperature excursions.
- Power outages –impact on vaccine storage.

# Unique strengths

- **Delegated role of immunization coordinator**
  - Facilitates immunization activities, encourages teamwork and promotes importance of community immunity.
- **Community Health Aide Program (CHAP)**
  - Healthcare services in villages provided by CHA/P supported by providers in Kotzebue.
  - CHA/P trained in immunization practice.

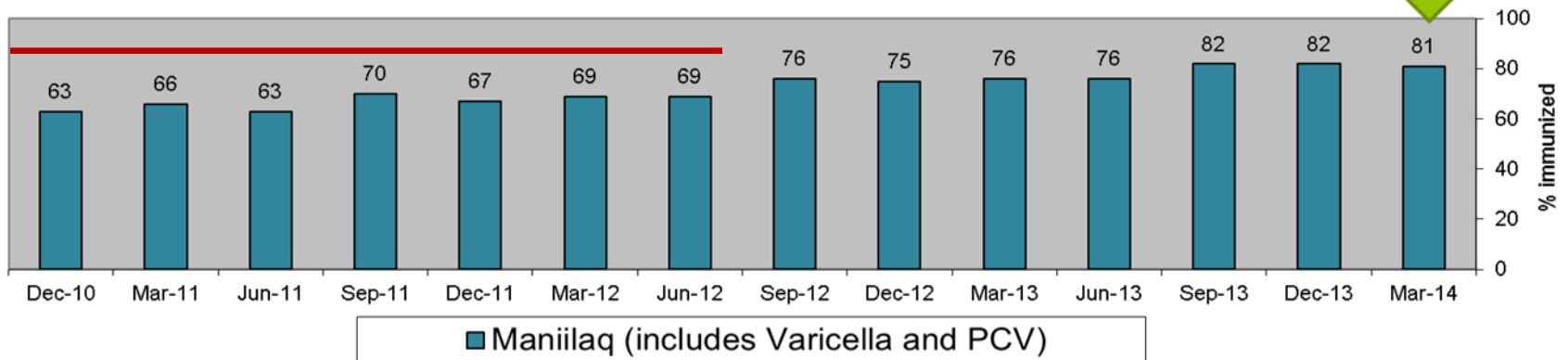
# 3-27 Month Numbers

Community	Number in Age
AMBLER	14
BUCKLAND	32
DEERING	6
KIANA	18
KIVALINA	34
KOBUK	13
KOTZEBUE	130
NOATAK	19
NOORVIK	43
POINT HOPE	41
SELAWIK	61
SHUNGNAK	16
TOTALS (MANIILAQ REGION)	427

# On-Time Coverage Trends

- Prior to Sept 2012, the Maniilaq region On-Time immunization coverage hovered below 70%.

Alaska Native 3-27 Month Old Immunization Coverage Trends by Region





Tots need their shots.....



# 2012 AAP Catch grant

- **What is an AAP CATCH Grant?**

- Awarded by the American Academy of Pediatrics twice a year on a competitive basis to pediatric resident applicants:

[http://www2.aap.org/sections/ypn/r/funding\\_awards/catch.html](http://www2.aap.org/sections/ypn/r/funding_awards/catch.html)

- Support pediatric residents in the planning and/or implementation of community based child health initiatives.
- In 2012, Manillaq was awarded a CATCH Grant.

# 2012 AAP Catch grant

- The Maniilaq CATCH Grant supported implementation of evidence-based interventions recommended by the Community Preventive Services Task Force:  
<http://www.thecommunityguide.org/vaccines/index.html>
- **Maniilaq achieved the following project goals:**
  - Convened a regional immunization taskforce
  - Evaluated immunization program practices
  - Conducted immunization training for frontline providers

# 2012 AAP Catch grant

- **What was the impact on the Maniilaq region?**
  - Expanded teamwork
  - Improved database accuracy
  - Routine use of On-Time coverage reports
  - Assertive reminder recall
  - Expanded support of CHA/P
  - CHAP immunization standing orders
  - Improved childhood coverage rates

# Expanded Teamwork

- **Teamwork:** with local CHA/P and providers
- **Reduced missed opportunities:** MHC providers, OPD nurses and village CHA/Ps always check the IZ status of patients, and update as appropriate.
- **Case Management:** IZ Coordinator assigns PHN to case manage children who are behind on immunizations, PHNs work with CHA/P, until the children are current or up-to-date.

# Database Accuracy

- **Accurate documentation:** staff consistently track and enter missing historical data; utilizing VacTrAK records to improve RPMS IMM immunization coverage reports.
- **Accurate data:** in RPMS, utilize ELI report to check in real time eligibility as well as proper documentation of administered immunizations; inactivate children in RPMS IMM who have moved from your region

# Route Use of Coverage Reports

- **3-27 Month Report:** compiled by village/region to track coverage trends.
  - RPMS IMM reports are run monthly by village, along with a 'not current' list.
  - CHA/P receive these reports and are aware of their village On-Time coverage rate.
- **Keep Children On-Time:** To improve coverage, children need to get DTaP and PCV13 at 2, 4, 6 and 12 months of age.

# Assertive Reminder Recall

- **Remind parents:** reminder letters; phone calls, (most parents don't know their child was due).
- **Catch Up:** Utilize minimum interval (catch up) schedule until children are up to date.

## Actively involve CHA/P in process:

- **Due List:** IZ Coordinator faxes individualized "due now" list to CHA/Ps who follow up with parents
- **Reduce barrier to vaccine supply:** PHN package imms for villages on as needed basis –per due list



# Sample CHAP Outreach Letter

Good Morning Deering Clinic

You have these 2 Kiddos who need immunizations to bring your childhood IZ rate to 100%

Can you confirm if these kids are in the village?

Let me know, so I can individually package the IMMS each Kiddo is due and ship them to you.

Thank you for all that you do to protect our kids.

Sincerely, PHN

# Expanded CHA/P Support

- **Education:** Four hour immunization practice training on site in Kotzebue.
- **Mentorship:** PHN utilize village site visits as an opportunity to mentor CHA/P on immunization practice.
- **Guidance:** PHN provide CHA/P individualized information about children due for vaccines.
- **Accessibility:** PHN Office is always available to CHA/P to ask immunization-related questions.

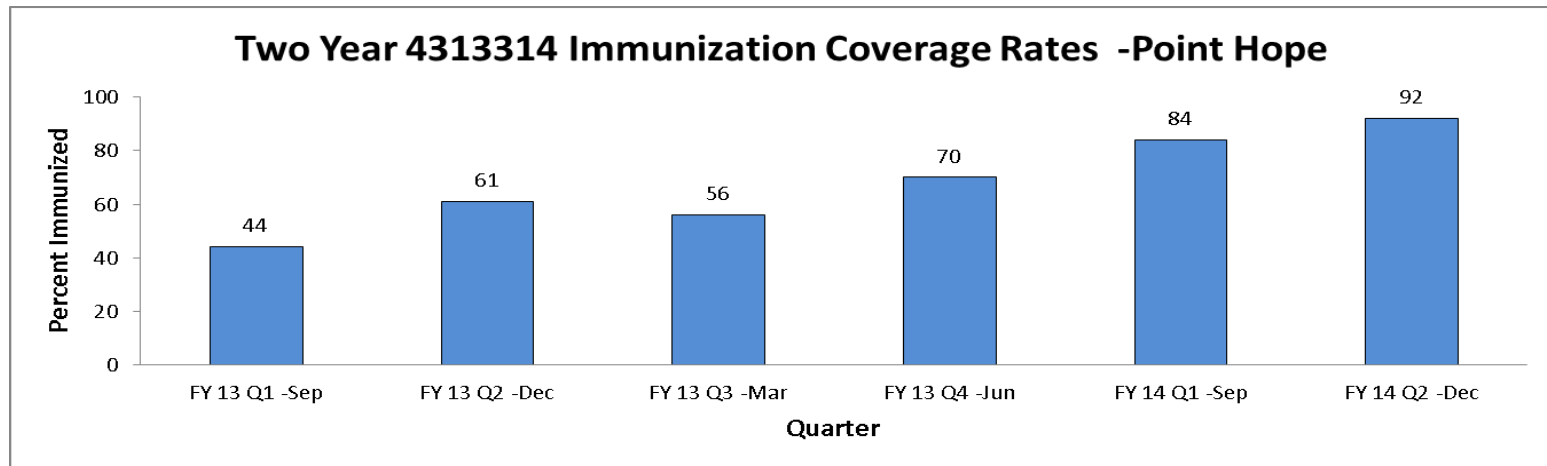
# CHAP Immunization Standing Orders

- CHAP Immunization PEF: used to document an immunization encounter:

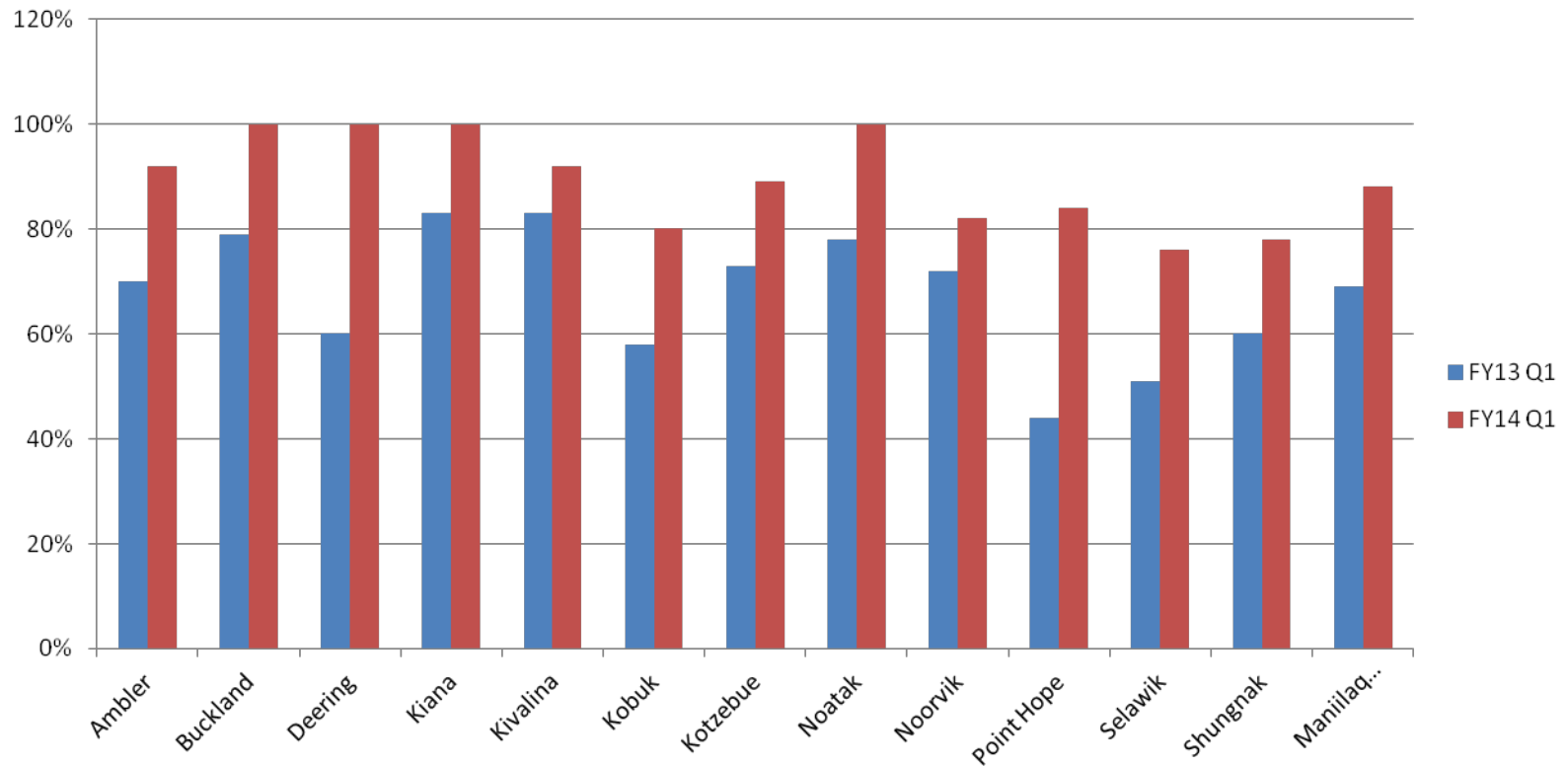
Immunizations For All Ages										initials/code				
Vital Signs: WT      HT      T*      P      R      HC      (to age 3)										Other				
* If temp is more than 101° or with infant under 3 mos, if temp is more than 100.4° rectally, go to CHAM pg 145										Primary				
Allergies:														
<b>DO NOT GIVE VACCINE IF ANY 'YES' OR 'UNK' ANSWERS BELOW, consult a physician or public health nurse.</b>														
<b>Screening Questions for Immunizations:</b>										Yes	No	UNK	Comments	
1. Is the patient sick today?														
2. Does the patient have allergies to any medications, eggs, food, or any vaccine? If yes, what?														
<b>Immunization given</b>		<b>Immunization given</b>		<b>Immunization given</b>		<b>Immunization given</b>		<b>Immunization given</b>						
Vaccine name	Vaccine name	Vaccine name	Vaccine name	Vaccine name	Vaccine name	Vaccine name	Vaccine name	Vaccine name	Vaccine name					
Manufacturer	Manufacturer	Manufacturer	Manufacturer	Manufacturer	Manufacturer	Manufacturer	Manufacturer	Manufacturer	Manufacturer					
Exp.	Exp.	Exp.	Exp.	Exp.	Exp.	Exp.	Exp.	Exp.	Exp.					
Lot #	Lot #	Lot #	Lot #	Lot #	Lot #	Lot #	Lot #	Lot #	Lot #					
Site	Site	Site	Site	Site	Site	Site	Site	Site	Site					
Route/Amt	Route/Amt	Route/Amt	Route/Amt	Route/Amt	Route/Amt	Route/Amt	Route/Amt	Route/Amt	Route/Amt					
VIS Date	VIS Date	VIS Date	VIS Date	VIS Date	VIS Date	VIS Date	VIS Date	VIS Date	VIS Date					
<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given	<input type="checkbox"/> VIS Given					

- CHA/P may provide immunization-only health visits, but calls radio traffic to review care plan with provider.

# TWO Year Old IZ Coverage rates by community [4313314 - 6 Qtr.]



# Comparison: FY 13 Q1 and FY 14 Q1



Although our strategies are unique to our region,

What is an Ambulance?



fundamentally, these can be applied universally.

# Questions and Discussion

THANK YOU!

Contact Information:

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