Background:

New Mexico’s Indicator-Based Information System (IBIS) provides the differences in pneumonia and influenza (P&I) deaths per 100,000 population by racial/ethnic groups. The IBIS results demonstrate that American Indian/Alaska Native (AI/AN) population had a much higher death rate (34.6 per 100,000 population) from P&I than all the other New Mexico racial/ethnic groups and more than two times higher than the death rate of New Mexico as a whole (14.6) and the US (15.2). Given the IBIS's results, it was imperative that the New Mexico Department of Health (NMDOH) keep aligned with their mission and vision for a healthier New Mexico. Addressing this issue is one of the key indicators in the NMDOH Strategic Plan in addition to utilizing different health communication strategies. Therefore, the P&I Death Rate Reduction initiative was developed.

Tribal Partners:

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<td>Alamo Band of the Navajo Nation</td>
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<td>Fort Sill Apache Tribe</td>
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<td>Jicarilla Apache Nation</td>
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<td>Mescalero Apache Tribe</td>
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<td>Navajo Nation</td>
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<td>Ohkay Owingeh</td>
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<td>Pueblo of Zia</td>
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<td>Pueblo of Zuni</td>
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<td>Ramah Band of the Navajo Nation</td>
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<td>Tohajilee</td>
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<td>Ute Mountain</td>
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Three main strategies for the initiative are:

1. Evaluate the effectiveness of communication and disseminations of messages for Community Health Representatives (CHR) and Community Health Providers (CHP). The expected outcomes are:
   - Increased vaccination acceptance leading to higher pneumococcal vaccine coverage,
   - Awareness of the need for anti-viral medication use, leading to reduced hospitalization and mortality from P&I.

2. Evaluate interest with vital partners and stakeholders through tribal community members whose values, perspective and expectations guide the manner and nature of the interventions proposed.

3. Address the knowledge gap and what approaches might work to reduce a large disparity in one of the top 10 causes of death within the AI/AN population. This includes known social determinates:
   - Economic status
   - Built environment
   - Environmental exposure
   - Substance misuse
How the Collaboration Began:

Several emails to various partners and potential stakeholders were sent to solicit interest to participate in the evaluation (e.g., BIE, IHS, other states with high AI/AN populations and P&I death disparity). Based on the formal review, the NMDOH Evaluator developed a logic model based on IBIS results and created the department’s proposed interventions. Monthly face-to-face meetings with IHS and other external partners were organized to discuss collaboration and strategies to implement proposed interventions. Various activities from proposed intervention have taken place such as:

- Several educational presentations on influenza and pneumonia have been conducted in tribal areas (e.g., Crownpoint, San Ildefonso, Albuquerque) with some detail on disease burden.
- A CHR needs assessment was conducted during several events and trainings resulting in the identification of gaps in immunization information that could easily be addressed by developing training curriculum for CHR.
- Immunization program booths were set up during multiple events for CHR and during a health fair at one of the local pueblos.
- A webinar focused on immunizations among AI/AN people was created to provide information on immunization coverage for those AI/AN receiving care at an IHS or tribal facility in New Mexico in addition to the challenges faced and shared best practices.

Challenges and Barriers:

New Mexico is a frontier state with many rural areas which limits access to transportation. This brings challenges regarding access to care, (e.g., recruiting/retaining staff) as well as fewer individuals seeking needed medical attention. The NMDOH has a nursing staff shortage in the local public health offices, making it difficult to have immunizing providers available in some of their rural offices.

In addition, there are common immunization misconceptions, myths, and fears of vaccines which also contribute to the challenges in addressing the death rates among the AI/AN. Due to lack of education and understanding regarding the importance of immunizations, more and more individuals are questioning the safety and effectiveness of vaccines, making it difficult for healthcare professional to address the misinformation that is floating around.

Lastly, multidisciplinary barriers have existed among various stakeholders working to increase collaborations and to reduce burden of P&I among AI/AN. Increasing collaborations between federal, state and academic agencies working with tribes in New Mexico is the goal to ensure the success of this initiative.

How other Programs Could Implement Something Similar:

1. Conduct a needs assessment or data analysis of immunization Coverage/VPR death rate.
2. The CHR needs assessment can be adopted and conducted in any other program to identify the needs of the community
3. Develop a logic model and evaluation plan
4. Involve key partners
5. Based on the results, the program can identify strategies for improvement to implement.
6. Attached webinars and materials can be shared and altered to meet the program’s specific needs and goals, and with the assistance of subject matter experts and those of AI/AN decent, all materials can be developed in a culturally appropriate matter.

“Alone we can do so little; together we can do so much”
- Hellen Keller

Timeframe: September 2017 – Present
For more information about this project:
Chad Smelser, Deputy State Epidemiologist
(505) 476-3520
Chad.Smelser@state.nm.us

Erica Martinez-Lovato, Immunization Program Manager
(505) 476-1451
Erica.Martinez1@state.nm.us