

Intergenerational Public Service Announcement

Pairing teens with seniors to share stories of vaccine preventable disease



Su Valley High

2010

Met considerable resistance to immunizations in the local high school

Vaccination update:
Averting an Epidemic in the Upper
Susitna: Protecting Lives and the
Community's Livelihood



Mary Loeb MD, MPH

Presentations

2010-2011

Health Class and Honor Society Presentations



KTNA

2011

PSA's recorded High school student recorded PSA with local seniors, who shared personal stories about their experience with vaccine preventable diseases.



Iditarod 2012

2012

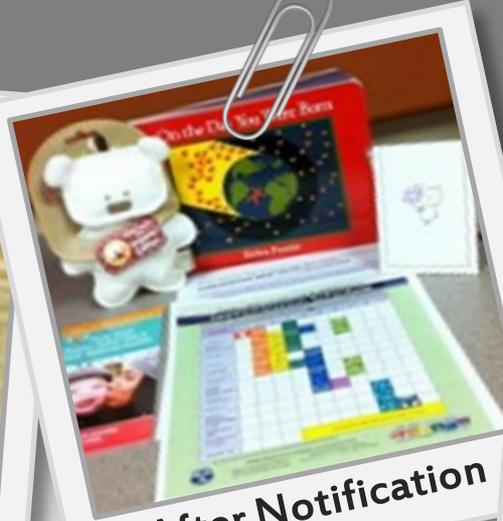
PSA's were aired immediately before the 3/12 Iditarod reports on the local radio station.

Getting Babies Off to a Good Start

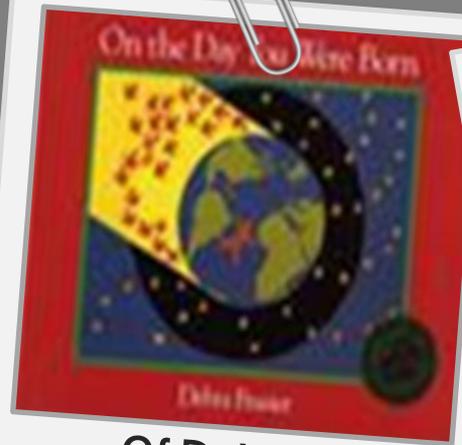
Immunization Buddies



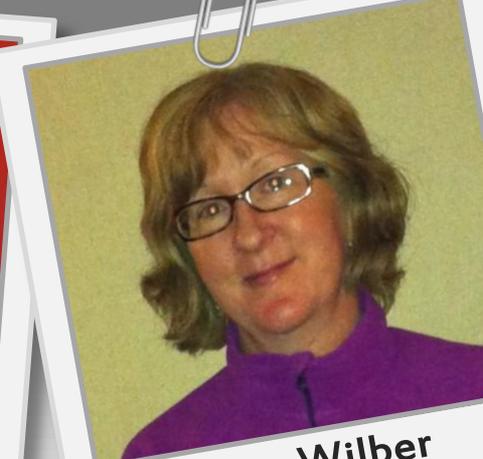
Sent to Mother



After Notification



Of Delivery



Sara Wilber

2013

Package Sent
Postpartum

2013

- Card
- Immunization Schedule
- Immunization Schedule

2013

- On the Day You Were
Born book

2013

- Pediatric Care
Coordinator
- 2 year grant from State
Epidemiology

Provider Evaluation

Circle provider seen today: Dianne Maythorne Joan Fredrici Keith Kehoe Mary Loeb

The information that you provide is anonymous, and for improving the quality of care we provide.
Please select a performance rating for each of the following statements.

PERFORMANCE RATINGS

Never	Rarely	Occasionally	Frequently	Always	<i>Not Applicable</i>
1	2	3	4	5	6

Please indicate if you are male or female	MALE	FEMALE
Please indicate your age	AGE IN YEARS:	

Vaccination Specific Questions						
DOES YOUR PROVIDER OR THEIR STAFF:						
Review your vaccination status with you	1	2	3	4	5	6
Inform you of adult vaccination recommendations	1	2	3	4	5	6
Inform you of the importance of adult vaccinations	1	2	3	4	5	6
Circle vaccinations you have been made aware of by your PROVIDER:						
Hepatitis A	Hepatitis B	HPV	Influenza (Flu)			
Pneumococcal (Pneumonia or PPSV)	Meningococcal (Meningitis)					
Tetanus (Tdap/Td)	Varicella (Chicken Pox)	Zoster (Shingles)				
Inform you of what vaccinations you need to update and when	1	2	3	4	5	6
Discuss possible reasons you SHOULD N T get vaccinated	1	2	3	4	5	6
Inform you of the importance of maintaining personal shot records	1	2	3	4	5	6
Offer you a personal shot record if you don't have one	1	2	3	4	5	6
Recommend annual influenza vaccinations (flu shots)	1	2	3	4	5	6
Inquire about your lifestyle as it applies to vaccination requirements (i.e. global traveling, overseas adoption, sexual orientation, etc)	1	2	3	4	5	6
Inform you of how your lifestyle impacts your vaccination needs (i.e. global traveling, overseas adoption, sexual orientation, etc)	1	2	3	4	5	6
Review your medical history as it applies to vaccination requirements (i.e. Hepatitis A, B, or C; HIV; chicken pox; other illnesses)	1	2	3	4	5	6
Provide you with educational materials on vaccinations	1	2	3	4	5	6
Respond to questions/concerns you have about vaccinations	1	2	3	4	5	6
Inform you of when and where to obtain vaccinations	1	2	3	4	5	6
Inform you of potential side effects to vaccinations	1	2	3	4	5	6
Provides instruction on possible reactions to vaccinations	1	2	3	4	5	6
General Healthcare Questions						
Provider asks questions regarding your health history	1	2	3	4	5	6
Provider or staff discusses treatment costs, insurance, and payment options	1	2	3	4	5	6
Provider considers your preferences with regard to treatment options	1	2	3	4	5	6
Provider tells you when to schedule a return visit	1	2	3	4	5	6
Provider treats you in a professional manner regardless of age, sex, race, etc	1	2	3	4	5	6

Sunshine Community Health Center greatly appreciates your time in completing this survey to improve the care we provide. Please give the completed form to the front desk.

Pediatric Medical Home Program Quality Improvement Project

Jimael Johnson
Jennifer Mullins
Sara Wilber

Alaska Dept of Health & Social
Services

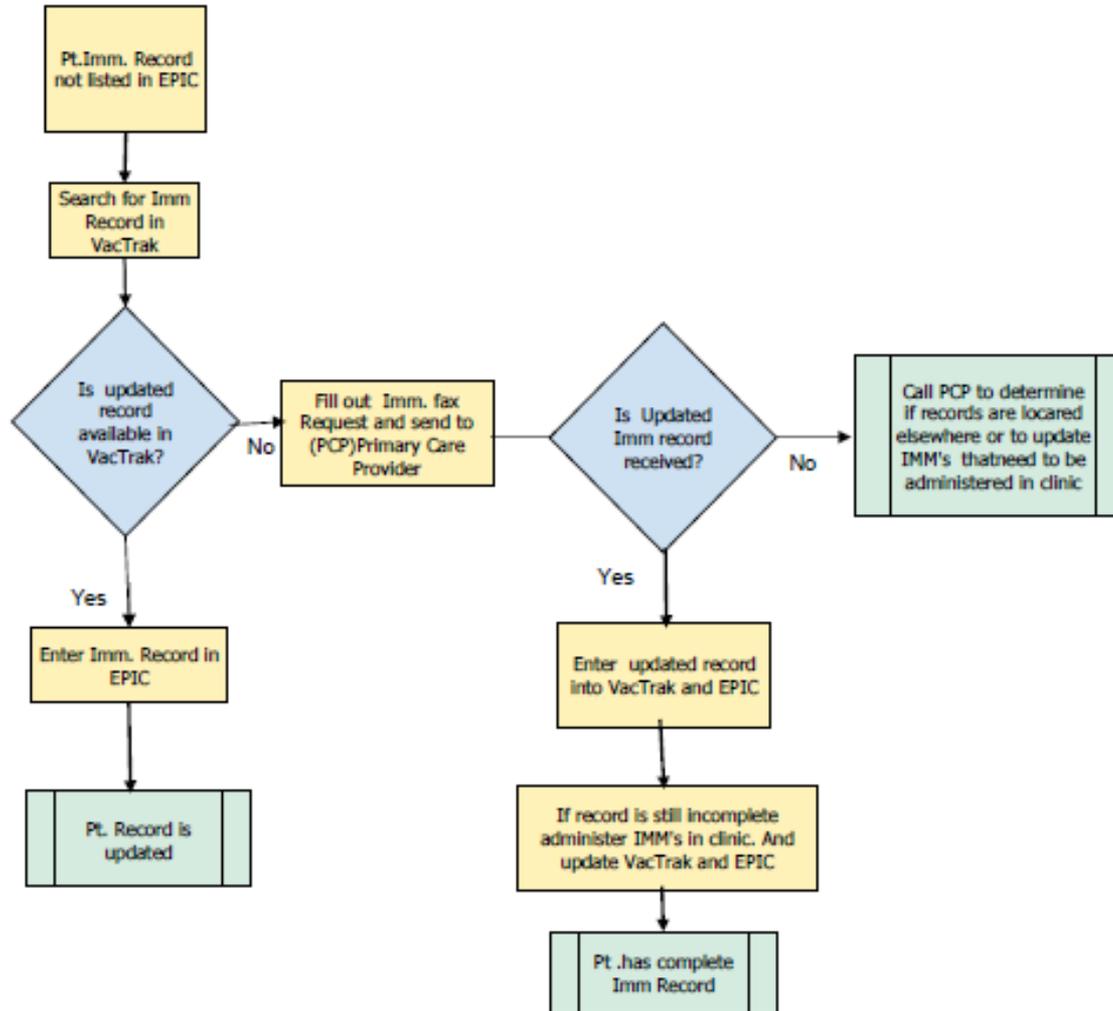
December 18, 2012



Results

P&P Developed (SAMPLE):

PSC Immunization (IMM) Record Guidelines



What Happened at SCHC?

- *1st Utilized excel spreadsheet with 2 year old patients.*
- *2nd Searched records in Centricity to determine missing IZ's on these patients.*
- *3rd Searched records in VacTrak once access was granted.*
- *4th Transferred information from VacTrak to Centricity and vice versa.*
- *5th Continued to update these shot records with outside shot records.*
- *6th Made immunization reminder phone calls.*

- *We found these patients to have a more complete shot record. We now utilize chart pop up reminders with immunizations due for all pediatric patients.*



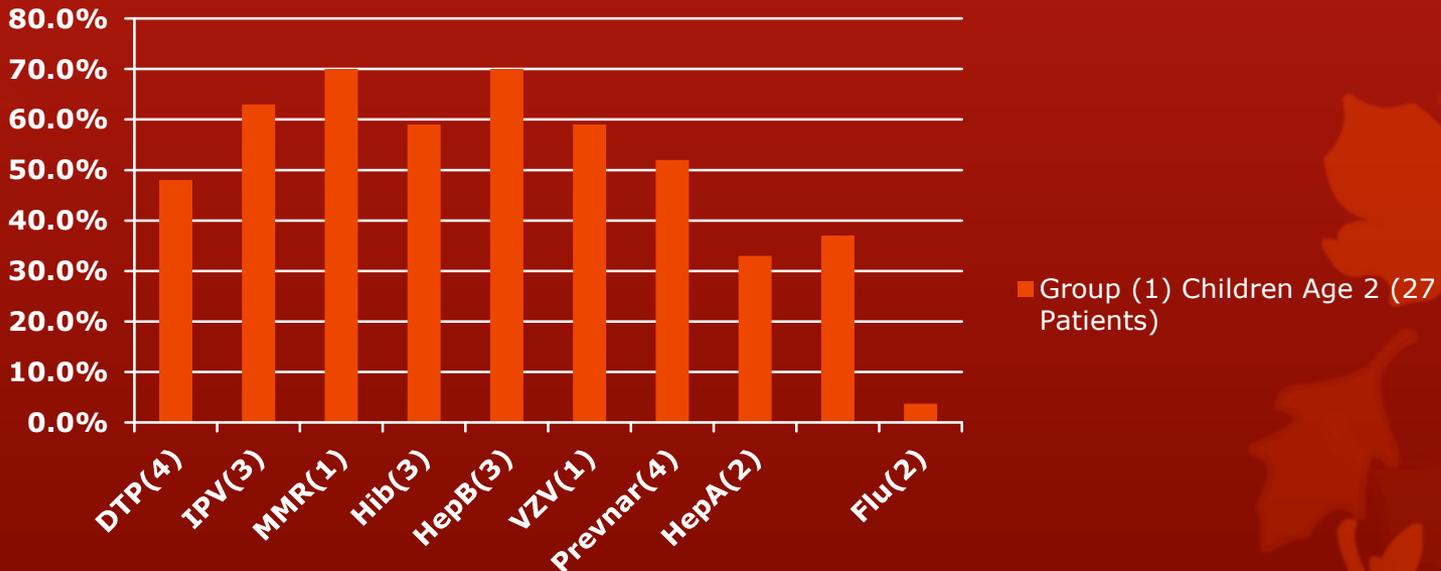
Results

	DTP(4)	IPV(3)	MMR(1)	Hib(3)	Hep B(3)	VZV(1)	Prevnar (4)	Hep A(2)	RV Rotavirus (2-3)	Flu(2)
Children Age 2 (27 Patients)	48.0%	63.0%	70.0%	59.0%	70.0%	59.0%	52.0%	33.0%	37.0%	3.7%

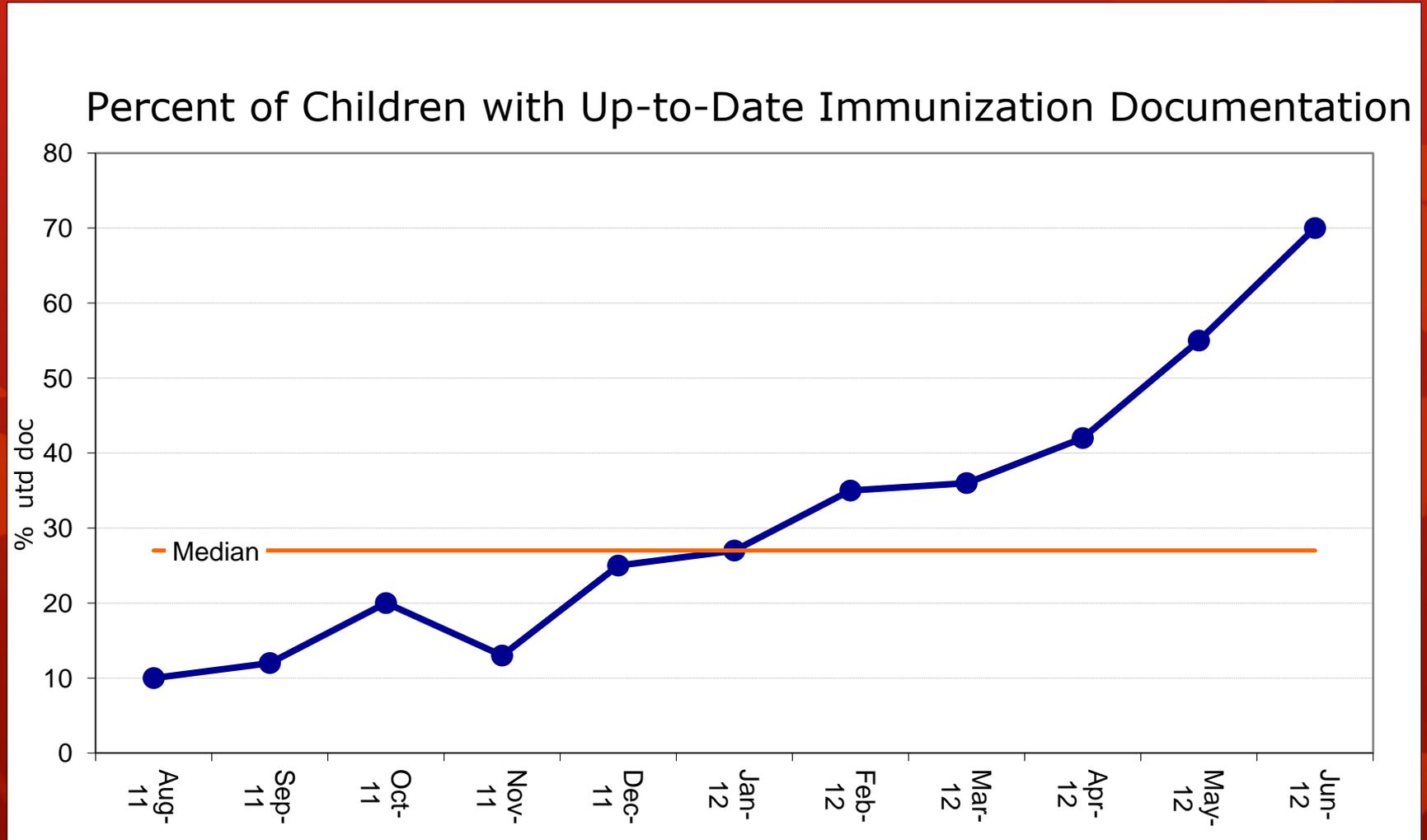
○ Immunization Rates for Sunshine Community Health Center

○ 2 Year Old Patients

Group (1) Children Age 2 (27 Patients)



Simulated Run Chart



Changes Studied

- *Tested VacTrAK access and ability to compare clinical EMR immunization records and compile/complete in both systems*
- *The lack of automated linkage between clinical EMR systems and VacTrAK is a substantial barrier for clinics to access and maintain complete immunization records for children*



Risk

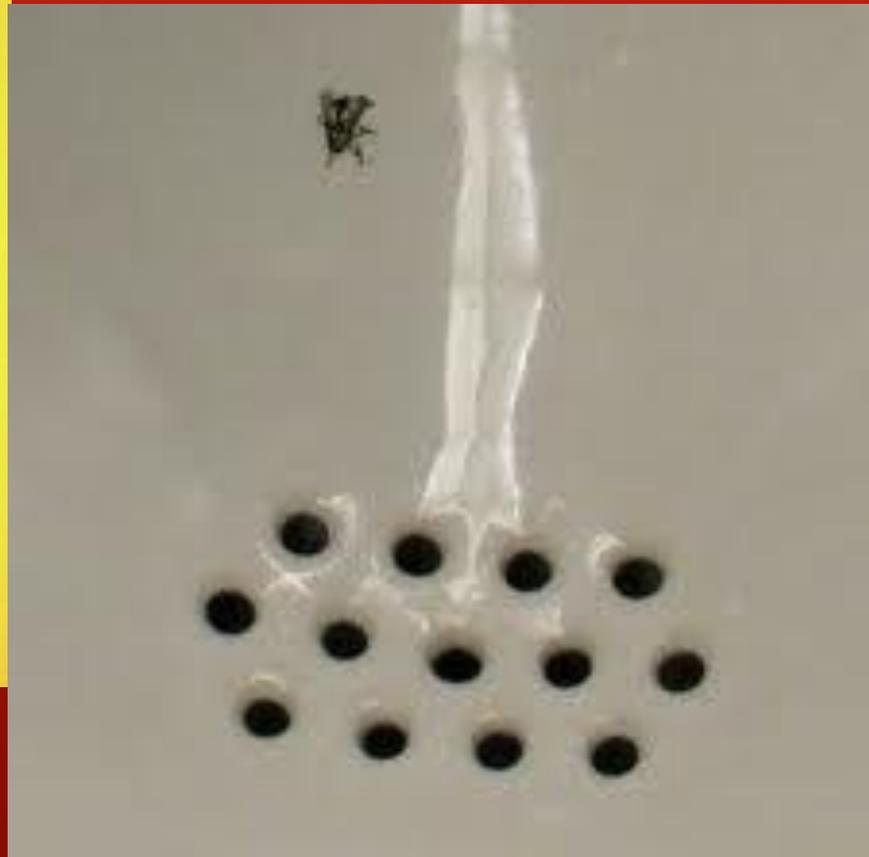
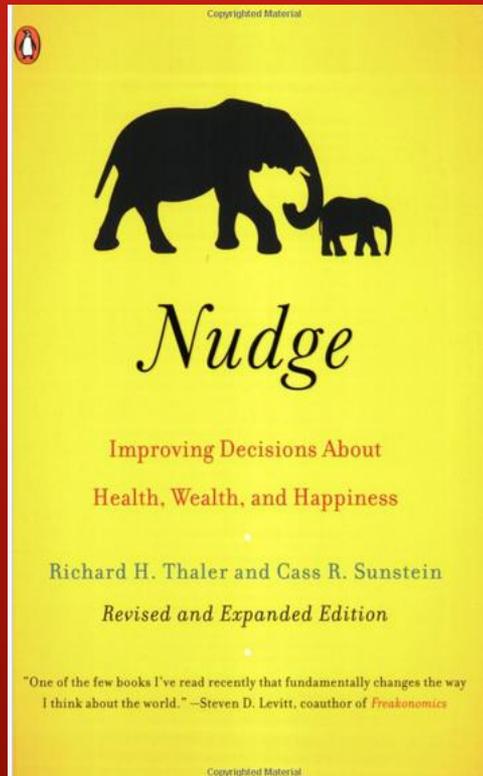
- Exposure
 - Climbers from 49 different countries besides all over the US
 - Seasonal workers
 - Denali Nat'l Park
 - 410,000 visitors per year on average over the last 5 years
 - Talkeetnans travel the world: India, China, Bhutan, Morocco, Thailand, etc.
 - Incubation period: days to weeks (1-35 days)

World Perspective



Nudge

Finding the fly for immunization hesitancy.....



Messaging

- Intake history
 - Spell out your perspective
- Posters
 - Clinic
 - Exam Rooms
- Newsletters
- Facebook
- Tweets
- E-mails
- Community Presentations
- Political Leaders

Pediatric Annual Health History (up to age 12)

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Parents' Names: _____ Child lives with: _____

Who else can bring in your child? _____ Parent/Guardian Signature: _____

Siblings: _____ Grade: _____ School: _____

Allergies: _____ Current Medications: None

Birth History: Premature On time Late Birth Weight: _____
 Delivery Type: Vaginal C-section Breech Breast Fed: Yes No

Substances Used in pregnancy: Prescription: _____
 Non-prescription: _____

Did any of the following occur during pregnancy? (Please check)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Vaginal Bleeding | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> STDs (Sexually Transmitted Diseases) | | |

Child Health History: (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Weakness/swelling | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Excessive thirst |
| <input type="checkbox"/> Excessively tired | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Hormone problems |
| <input type="checkbox"/> Recurrent Fever | <input type="checkbox"/> Irregular heart beat | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Weight loss/gain | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Measles (10day) |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Stomach aches | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Change in moles | <input type="checkbox"/> Persistent Vomiting | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Scars | <input type="checkbox"/> Chronic Constipation | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Sores not healing | <input type="checkbox"/> Blood in stool | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Worms | <input type="checkbox"/> Hepatitis Screening |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Blood in urine | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Difficulty hearing | <input type="checkbox"/> Painful urination | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Bed wetting after 7yr | <input type="checkbox"/> HIV Screening |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> HIV Positive |
| <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Sprains | <input type="checkbox"/> Bullying concerns |
| <input type="checkbox"/> Cavities | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Self-confidence concerns |
| <input type="checkbox"/> Tonsil infections | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Strep throat | <input type="checkbox"/> Coordination issues | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Anemia | <input type="checkbox"/> Dramatic Mood Swings |
| <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Cancer | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Breathing problem | <input type="checkbox"/> Concern of drug use | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Tobacco Exposure | | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Exposure to toxic chemicals | |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Excessive Hunger | |
| <input type="checkbox"/> Asthma | | |

Has anyone in the Childs Family Had: (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Skin disease | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Stomach or colon problems | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Eye/Ear Problems | <input type="checkbox"/> Muscle or bone disease | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Genetic Problems |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Anemia | <input type="checkbox"/> Learning problems |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Thyroid disease | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Tuberculosis | | |

Previous Hospitalizations/Surgeries/Illness/Injury: _____

Developmental History (For children under the age of 3)

Please note age of your child when he/she:

Cried _____	Walked _____	Spoon fed _____
Rollled over _____	Dressed self _____	First word _____
Sat up _____	Drank from cup _____	Toilet trained _____
Stood up _____	Finger fed _____	

Pediatric Annual Health History (up to age 12)

Continued

Do you have firearms at home? YES NO

If yes, are they locked away? YES NO

Does your home have a working smoke detector? YES NO Carbon monoxide detector? YES NO

TV time per day: _____ Computer and/or gaming time per day: _____

Does your child always ride in an appropriate car seat for age/weight? YES NO

Are there any stressors in the home that may be of concern? : YES NO

If yes, please explain:

The Importance of Vaccinating: Vaccines have been extremely successful in reducing the number of people who become ill and die from vaccine preventable diseases. However, in recent years there is a dangerous trend toward increasing numbers of people deciding not to vaccinate. History has shown that when this happens, the number of people at risk for getting these diseases increases and eventually an epidemic occurs. With the large number of visitors to our area and the long incubation time (time from infection to illness) for some of the diseases, our community is at risk for an epidemic if we choose to continue not to vaccinate. Please protect those most vulnerable to these preventable diseases and their possible serious consequences including: brain damage, blindness, deafness, lung damage, physical disabilities, inability to have children and death. Even the less severe symptoms come at a cost: discomfort, time out of school/work, side effects to medications and medical costs. Elders, people with impaired immune systems (diabetics, cancer patients, etc), pregnant women, and newborns are particularly vulnerable. It is also important to know that for some of the vaccine preventable diseases medication must be started very early to be effective. Other diseases have no treatment once a person becomes ill. We can only treat the symptoms.

Due to the low rates of vaccination in our community, it is necessary for the clinic's providers to do more tests and use more medications. Testing may involve invasive procedures. For instance, young infants may need to be sent to the hospital for spinal taps, x-rays, blood work and antibiotics in the form of shots. Since it may take several days or weeks to get results of tests, providers are forced to use more antibiotics and antivirals, which can lead to the development of resistance. To promote healthy communities and protect our loved ones, your health care provider will encourage vaccinations as recommended by the Alaska State Epidemiology vaccination schedule. Please feel free to discuss any questions or concerns regarding vaccinations with your child's health care provider.

Please check the appropriate statement that best applies to your child:

- My child is up to date.]
- My child is not up to date and I would like to immunize.
- I decline immunizations at this time. Why?: _____
 Would you like additional information? Yes No



Parent/Guardian Signature: _____ Date: _____

For more information regarding vaccinations, you can contact the:

Alaska Immunization Program
 In Anchorage: 1-907-269-8000
 Toll Free: 1-888-430-4321
 Or online @: <http://www.epi.alaska.gov/immunize>

Revised 3/2/10

Expectations from an Office Visit

- Documentation, particularly if parent declines vaccines
- Provider Productivity
- Administrators concerned about impact on provider productivity

Health Providers are not
factories.....



Patients are not widgets

The background of the slide features a dark orange gradient with various shades of orange leaves scattered across it. The leaves are in different orientations and sizes, creating a natural, autumnal feel. The text is centered in the upper half of the slide.

The Majority of the Movement
Needs to Come Before the Visit

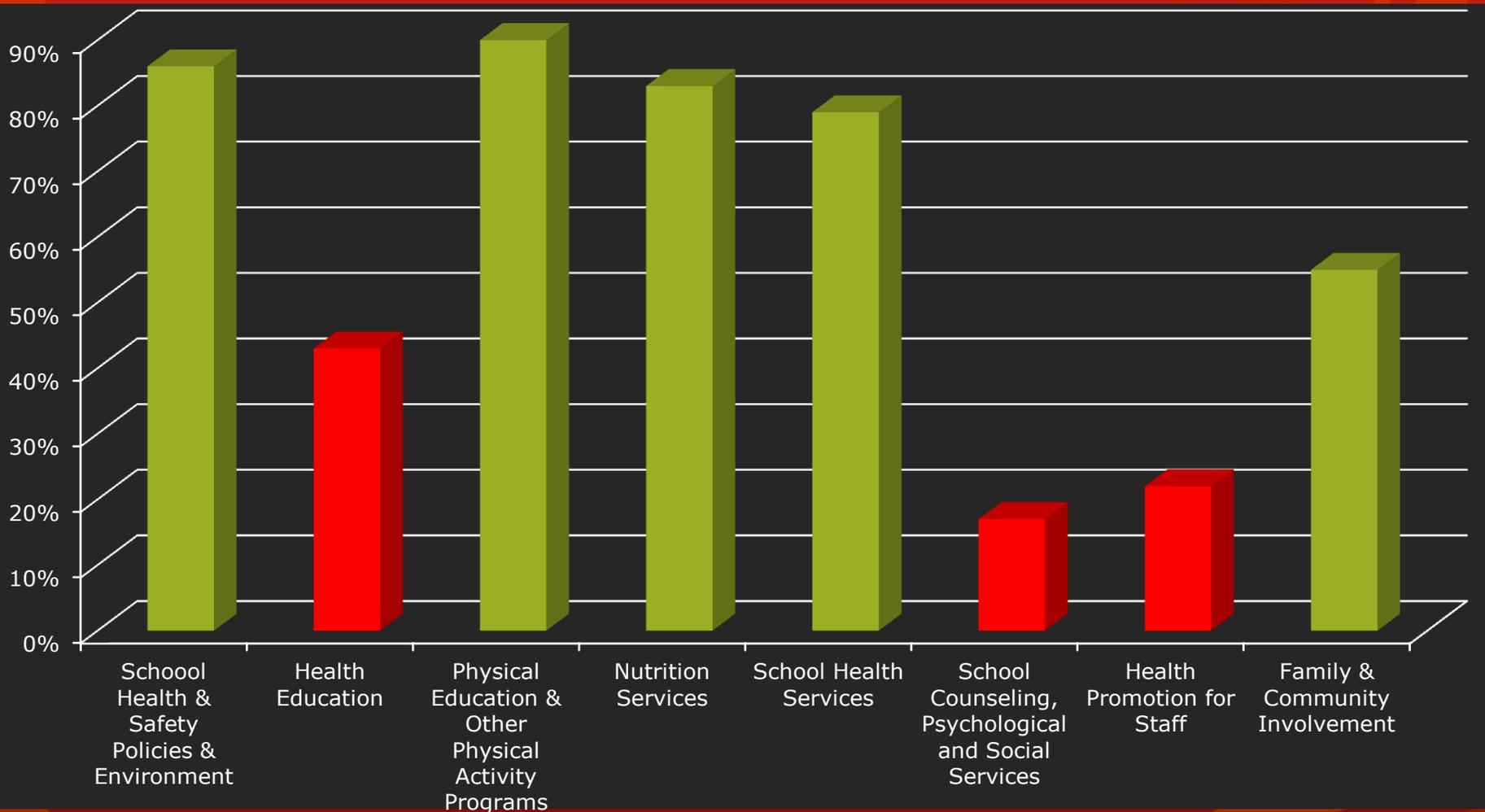
Go Where They Are.....

- The Schools
 - Borough
 - Principals
 - Classrooms
 - ??????? How to get to the homeschoolers
 - Vaccine hesitant parents tend to be extremely active community members
- The Arts

They are not coming to us.....

Partnering With Community
Leaders On Issues That Matter To
Them

Example: School Health Index Project



The Whys.....

The Power of the Story



Remind people why.....

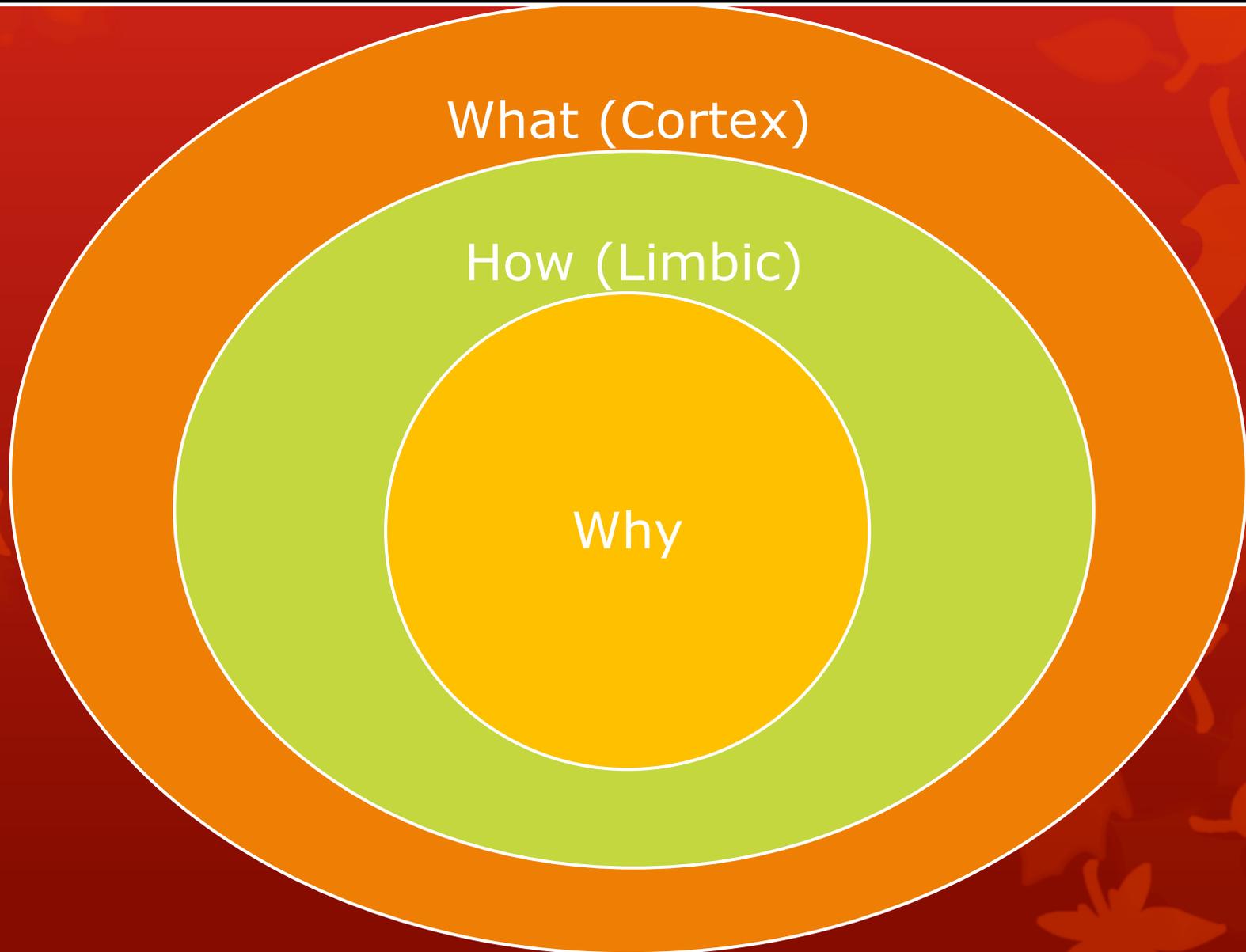
I got Vaccinated today to protect

I got Vaccinated today in
memory of

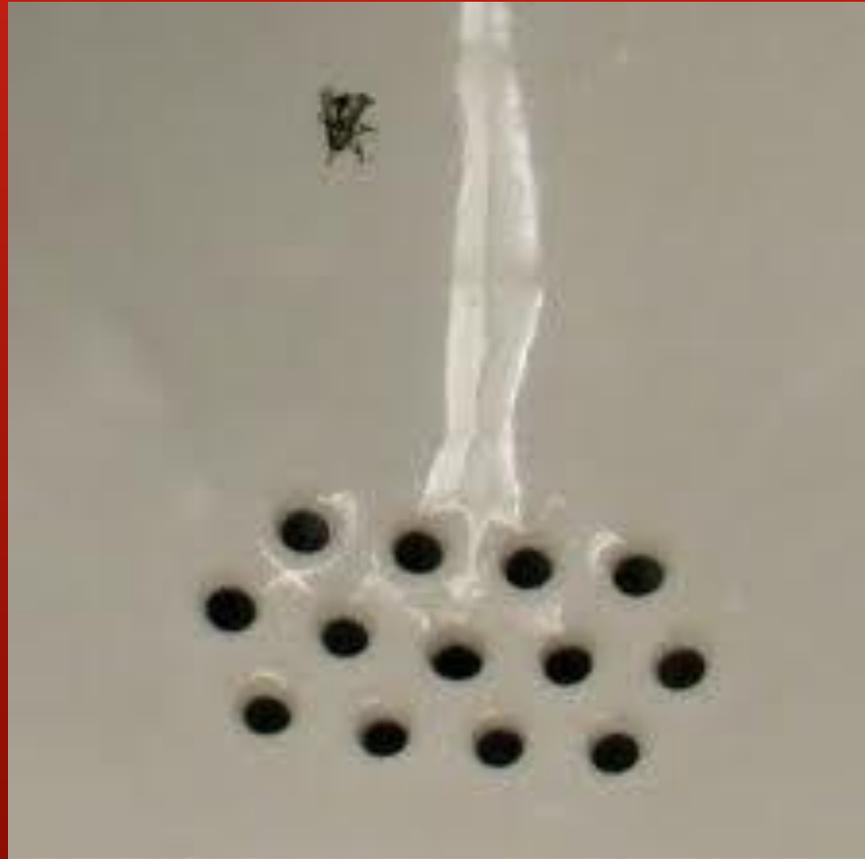
Inspire



How Leaders Inspire Action with the Golden Circle



Where's the fly?



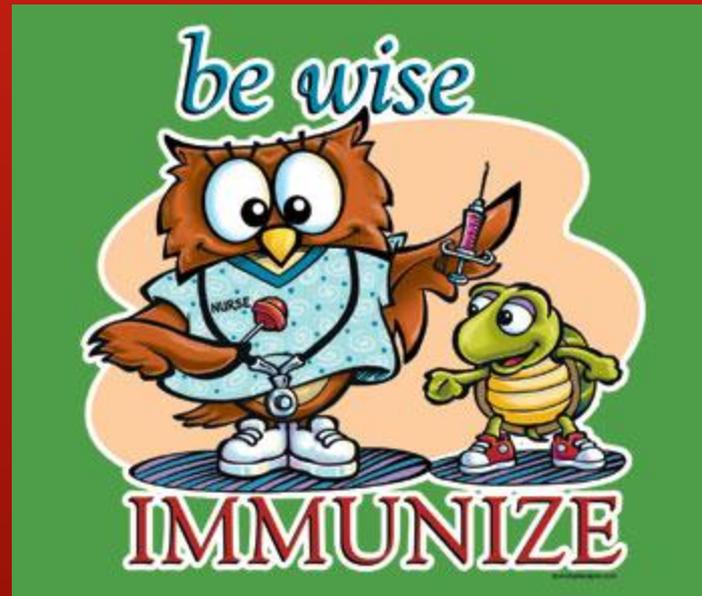
Why the nudge doesn't work with vaccinations.....

We all have to urinate or eat

It's a matter of doing it in a helpful and healthy way.

We don't have to get a vaccine.
Many of these families are avoiding well-child visits.

Does This Message Move You to Action:



<u>Increasing Appropriate Vaccination</u>	Community Preventive Services Task Force Finding	Date
Universally Recommended Vaccinations Enhancing Access to Vaccination Services	Insufficient Evidence	December 1997
Expanded Access in Healthcare Settings when Used Alone	Recommended	March 2009
<u>Home Visits to Increase Vaccination Rates</u>	Recommended	October 2008
<u>Reducing Client Out-of-Pocket Costs</u>	Recommended	June 2009
<u>Vaccination Programs in Schools and Organized Child Care Centers</u>	Recommended	March 2009
<u>Vaccination Programs in WIC Settings</u>	Recommended	April 2011
Increasing Community Demand for Vaccinations	Recommended	February 2008
<u>Client or Family Incentive Rewards</u>	Insufficient Evidence	March 2010
<u>Client Reminder and Recall Systems</u>	Insufficient Evidence	February 2011
<u>Client-Held Paper Immunization Records</u>	Recommended	June 2010
<u>Clinic-Based Education when Used Alone</u>	Insufficient Evidence	March 2010
<u>Community-Based Interventions Implemented in Combination</u>	Insufficient Evidence	April 2011
<u>Community-Wide Education when Used Alone</u>	Recommended	June 2009
<u>Monetary Sanction Policies</u>	Recommended	December 2010
<u>Vaccination Requirements for Child Care, School and College Attendance</u>	Recommended	July 2010
Provider- or System-Based Interventions	Recommended	February 2008
<u>Health Care System-Based Interventions Implemented in Combination</u>	Insufficient Evidence	March 2010
<u>Immunization Information Systems</u>	Recommended	June 2008
<u>Provider Assessment and Feedback</u>	Recommended	December 2009
<u>Provider Education when Used Alone</u>		
<u>Provider Reminders</u>		
<u>Standing Orders</u>		

Consider



Provider Training

Messaging

Homeschool Access

Teacher Training

Provider Training

- Required for recertification
- Provide consistent message

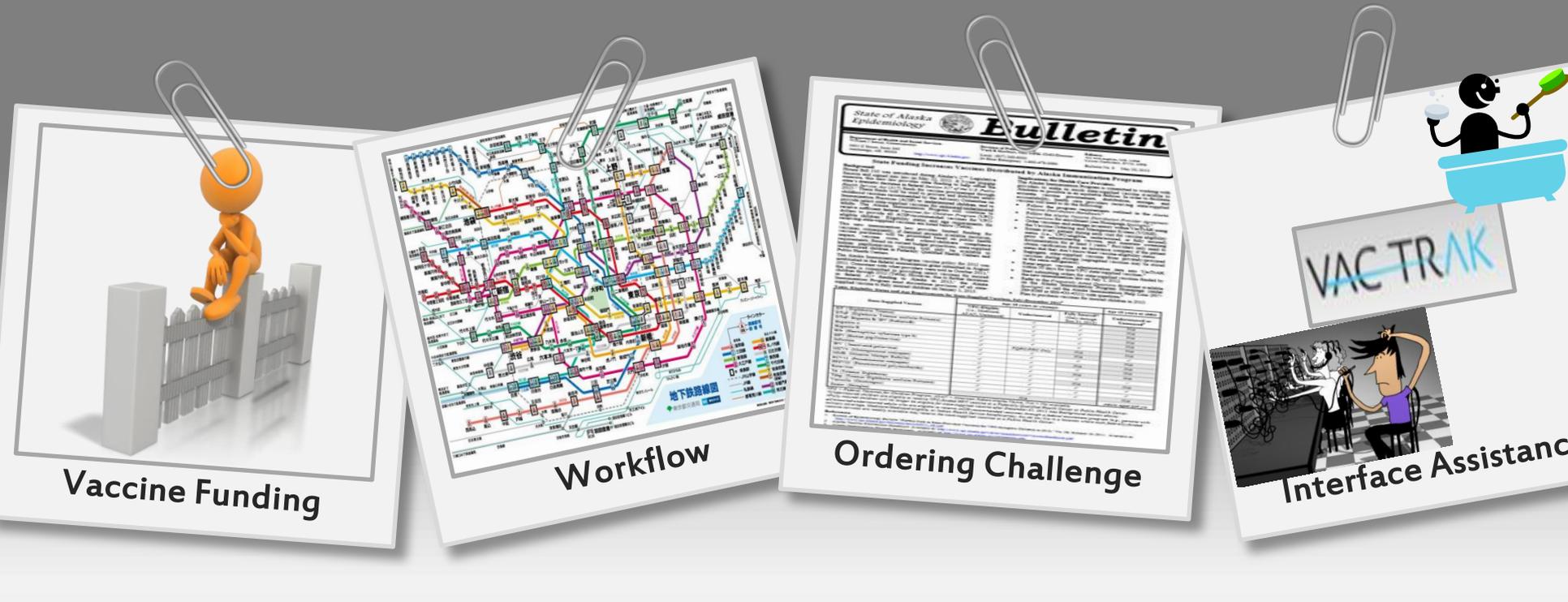
Messaging Research

Homeschool Access

Same Message to homeschoolers

Teacher Training on the importance of vaccinations

Consider 2



Commitment to ongoing vaccine funding

Workflow for Determining Vaccination Eligibility

Challenges of Supply and Demand particularly with remote areas

~3 years working on interface with VacTrak

Roller Coaster Experience the Last Several Years in State Vaccine Access and Funding



- Insured patients having difficulty getting vaccines
- Wasted over 40 doses of state flu vaccine expiring while children with insurance not able to get vaccine

- Scrubbing Data
- Mapping ObsTerms
- Changing protocols
- Changing Vaccine Combinations

Consider 3



Link literacy with vaccinations by providing a new book for each vaccination

Partners

Take Home Points

- Progress is possible
- Diverse educational tools and messaging strategies are needed
- Meet the vaccine hesitant where they are
- Prioritize consistent funding for and availability of vaccines.....Make It Easy! Don't put up unnecessary obstacles.

Love Them

Protect Them



Immunize
Them

Resources

- <http://www.biomedcentral.com/1471-2431/12/154/#bm>
- <http://www.immunizationinfo.org/issues/immunization-policy/vaccine-economics>
- <http://www.ecbt.org/advocates/economicvaluevaccines.cfm>
- All Findings of the Community Preventive Services Task Force:
- <http://www.thecommunityguide.org/about/conclusionreport.html>
- Five-Hundred Life-Saving Interventions and Their Cost-Effectiveness: <http://www.ce.cmu.edu/~hsm/bca2005/lnotes/500-interventions.pdf>
- http://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action.html
- <http://www.toucaned.com/vaccinate/>
- Generations: The Challenge of a Lifetime for Your Nonprofit by Peter Brinckerhoff
- Joseph Campbell and the Power of Myth