



# IHS National **E3** Vaccine Strategy

**Every patient**

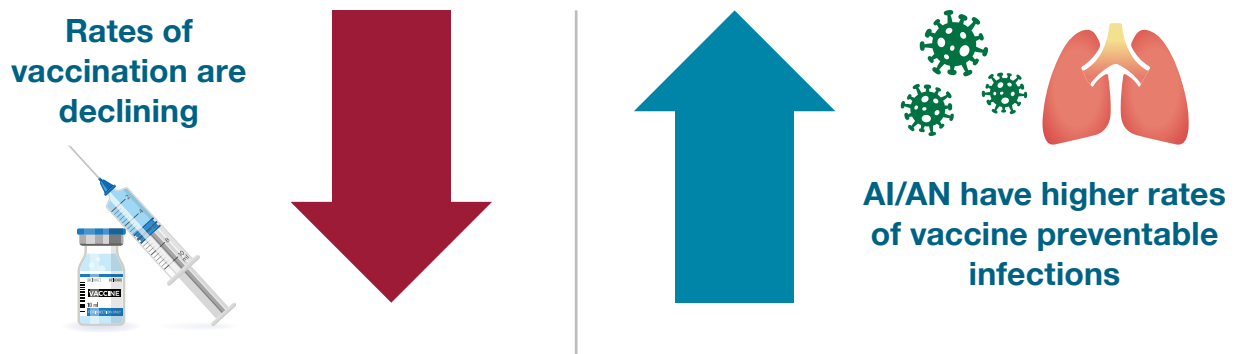
**Every encounter**

**Every recommended vaccine,  
when appropriate**



# Preventing the preventable

FIGURE 1. Increasing vaccination is a powerful way to prevent disease in American Indian and Alaska Native (AI/AN) people.<sup>1</sup>



**The goal of E3 is to reduce vaccine-preventable disease in Indian Country by increasing immunization.**



*E3 is a vaccine strategy across the age spectrum, from infants to elders.*

## The IHS National E3 Vaccine Strategy

- **Every patient**
- **Every encounter**
- **Every recommended vaccine**, when appropriate

## E3 is in action everywhere in Indian Country

- **All age groups**
- **All seasons**, not just when infections peak
- **All settings** (e.g., ambulatory and inpatient care, home visits, community events)

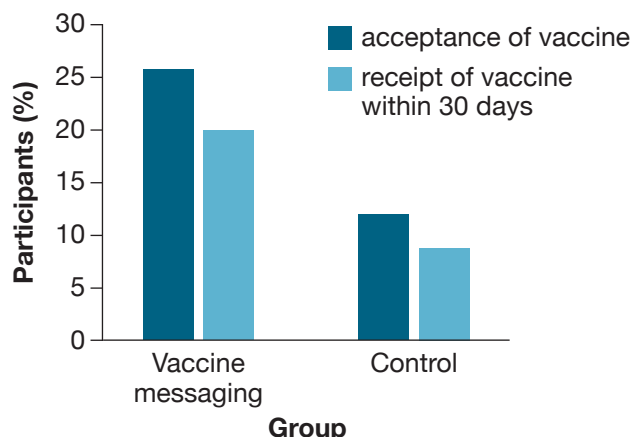
“Vaccination is our agency’s clinical and public health prevention priority, as we work to mitigate the risks of vaccine-preventable illness across the age spectrum in Indian Country.”

Loretta Christensen, MD, MBA, MSJ, FACS, IHS Chief Medical Officer

# A grassroots “shots in arms” approach

## Increasing ACIP\* recommended vaccine uptake is everyone’s job.

FIGURE 2. Getting vaccine information in the emergency department (ED) increased acceptance of the vaccine by 12% and receipt of vaccination by 8%.<sup>2</sup>



### Vaccine messaging occurred via:

- 4-minute video with physicians of different ethnicities
- Single page information sheet
- Scripted interaction with a member of the ED staff

**44% of patients in the study did not have a regular primary care clinician.<sup>2</sup>**

**For patients who interact infrequently with healthcare professionals, any encounter is an opportunity to offer all recommended vaccines.**

## Address barriers to vaccination at all levels.

TABLE 1. Opportunities to overcome or educate about vaccination<sup>3</sup>

Barrier level	Expressed concern/issue	Framing the conversation
<b>Patient or parent</b>	<ul style="list-style-type: none"> <li>• Concerns about side effects and long-term safety</li> <li>• Lack of awareness and knowledge about vaccines, including efficacy</li> <li>• Distrust of the medical system and vaccines</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss what is known about safety, which may include what is seen in the community.</li> <li>• Review efficacy information, highlighting benefits to the patient, family, and community.</li> <li>• Acknowledge suspicion and point to trusted sources to provide vaccine information.</li> </ul>
<b>Clinician</b>	<ul style="list-style-type: none"> <li>• Lack of time and/or staff shortages</li> <li>• Didn’t recommend vaccination</li> <li>• Vaccination not a priority</li> </ul>	<ul style="list-style-type: none"> <li>• Preventing illness and disease helps keep patients out of the clinic.</li> <li>• Brief statements to answer common questions can help patients make informed decisions.</li> </ul>
<b>Clinic</b>	<ul style="list-style-type: none"> <li>• Lack of access to clinic</li> <li>• Clinic lacks funding</li> </ul>	Every encounter, everywhere. Vaccination is a team activity that can occur in any setting.

\*Advisory Committee on Immunization Practices

# Develop strategies to increase vaccination

## 1 Be innovative.

- Leverage public health nurses to deliver immunizations.<sup>4</sup>
- Deploy standing orders.<sup>4</sup>
- Use trusted messengers to share vaccine information:
  - Include AI/AN leaders in the planning to ensure messaging aligns with cultural norms.<sup>5</sup>
  - Translate vaccine messages into tribal language and air them on tribal radio broadcasts.<sup>4</sup>

### E3 Best Practices

Get ideas about what may work for your site from your IHS peers.



## 2 Make it specific to your site.

Use a standardized approach to identify and evaluate how a strategy is working. Options include:

- SWOT analysis (Strengths, Weaknesses, Opportunities, Threats)
- PDSA (Plan, Do, Study, Act)

The approach may change over time. Be adaptable and find creative solutions to ongoing community needs.



## 3 Address misinformation or disinformation.

*Misinformation* (false information shared without intent to harm) and *disinformation* (false information shared with malicious intent) have changed vaccination discussions.<sup>6</sup>

### Tips for tackling inaccurate information:

- Pay attention to circulating information and patient concerns.
- Engage with the community to address perceptions and content gaps.
- Share clear, easy to find, and accurate information.
- Use trusted messengers, like healthcare workers or tribal leaders.



# Strengthening the community

## Meet people where they are to move them toward vaccination.

FIGURE 3. Interviews with AI/AN people highlight varied perspectives regarding vaccination, using COVID-19 as an example here.<sup>7</sup>

### Historical trauma/mistrust



*“When it first came out, there was a lot of hesitancy because a lot of people had the idea that we were being used as **guinea pigs for the government once again.**”*

### Protection of family



### Influence of elders led to immunization

*“I come from a family that does not have a lot of trust with [the healthcare system]... At the same time, because of everyone who passed, and **the elders in the family were just like, ‘get the vaccine now, now, now!’** They pushed us all to do it for them. It’s still my motivator.”*

## Become an E3 Champions Pilot Site

This “shots in arms” campaign welcomes participation from clinical and public health teams, both within and outside the four walls of the healthcare facility. All IHS federal direct-care, tribal, and Urban Indian Organization programs are eligible.

To become designated as a pilot site, simply provide:

- Name and location of your team
- Tribal community being served
- A brief description (200 words or less) of your vaccine-related project and goals

**No effort is too small!**

Visit [qrcq.de/IHS\\_E3\\_pilot\\_site](https://qrcq.de/IHS_E3_pilot_site) to learn more.



# Promoting vaccine acceptance is essential

## Understand sources of mistrust.

- historical trauma
- unethical experimentation (e.g., Havasupai tribe/Arizona State diabetes project 1989)<sup>8</sup>
- distrust of Western medicine<sup>5</sup>
- suspicion of motivation of pharmaceutical companies<sup>9</sup>
- lack of cultural competency on the part of treating clinicians<sup>10,11</sup>

## Build vaccine trust.

**Vaccine trust** is when an individual assumes another individual (or system) is acting with competence and without bias in exchange for an assurance of their health, safety, and wellbeing.<sup>12</sup> A combination of factors are needed to improve vaccine trust:

- transparency
- accountability
- empathy and listening
- mutual trust and personal responsibility



Ultimately, patients want to be presented multiple options and personalized recommendations from their healthcare provider.<sup>12</sup>

## Find hubs of information.

Finding hubs of community can provide opportunities to distribute and share accurate, culturally relevant information about immunization.<sup>13,14</sup> These events may include **powwows, swap meets, festivals, and other community events.**



**Healthcare providers, family and friends, and cultural organizations are among the most trusted sources of vaccine information.<sup>12,7</sup>**

# Effective language

## **Keep it positive.**

**Gain-framed messages are more favorably viewed than loss-framed.** Patients preferred messages focusing on what vaccination can prevent versus what you lose if you don't get vaccinated.<sup>15</sup>

## **Focus the message on what is relevant to the patient.**

### **A healthy community:**

- AI/AN people reported that a significant motivator for receiving an immunization is the **desire to protect the Native community** and preserve cultural ways.<sup>16</sup>

### **A relevant health condition:**

- Patients with cardiovascular conditions were more likely to receive an influenza vaccine when the benefit to their cardiovascular health was highlighted.<sup>17</sup>

## **Personalize the communication.**

**Reminders such as phone calls can engage patients** in taking an active role in getting vaccinated.

## **Tell the patient their vaccination is waiting for them.**

Letting the patient know that they have a **date and time for an immunization** appointment increases vaccination more than a reminder alone.<sup>18</sup>

## **Share vaccine messages online.**

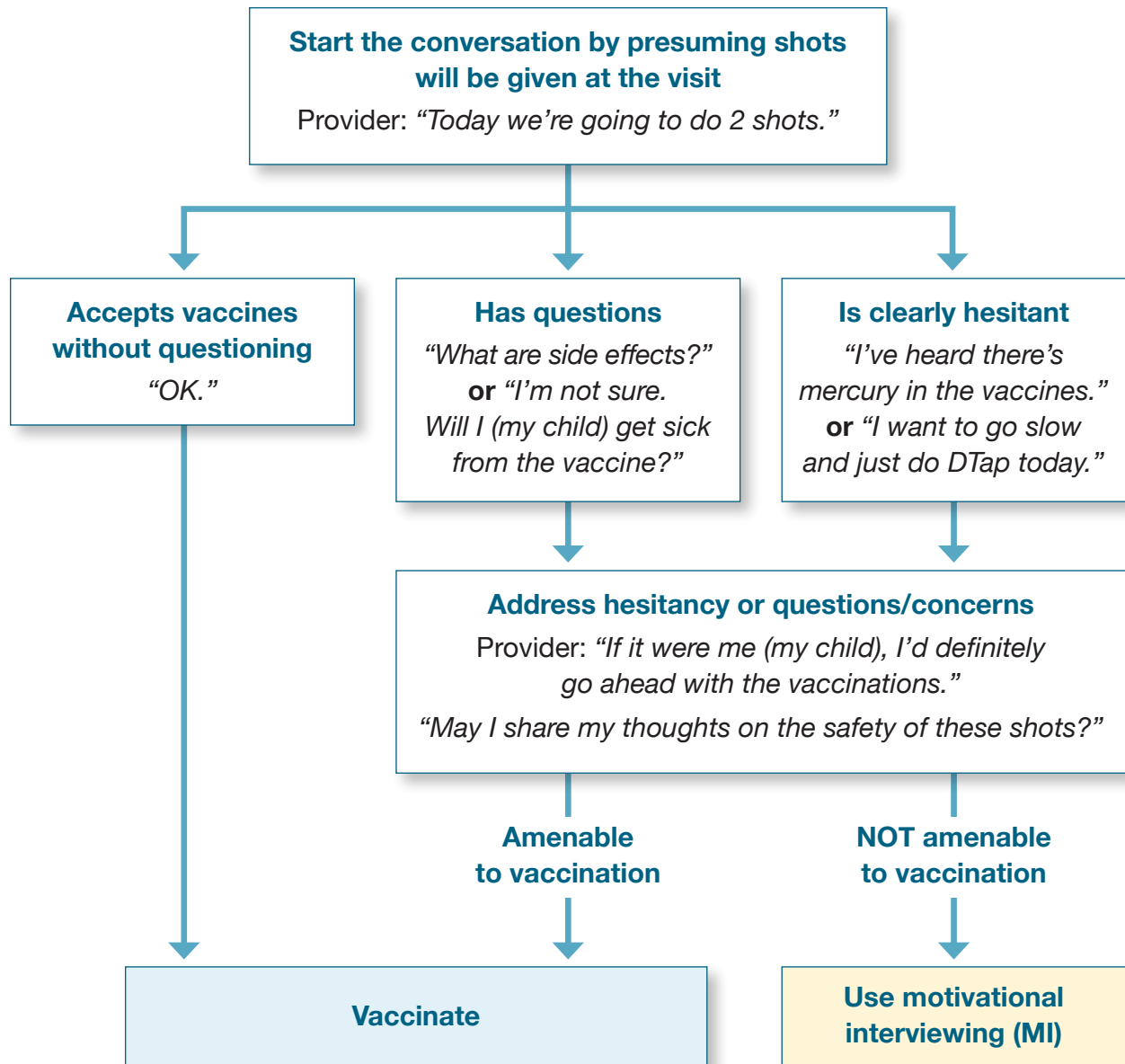
Online vaccine information, with or without social media, helped increase receipt of influenza vaccination in pregnant persons more than usual care.

**The odds of influenza vaccination doubled after education.**<sup>19</sup> With about 70% of AI/AN people using a social media platform, it may be an effective way to engage the community.<sup>20</sup>

# Improving vaccine uptake through one-on-one discussions

FIGURE 4. Initiate conversations about vaccination.<sup>21</sup>

*This process applies to all ages, whether you are speaking with a patient or a parent.*



**All staff who engage with patients about vaccines, including medical assistants, should be aware of the principles of motivational interviewing.**



# Leveraging motivational interviewing

Improve engagement using MI.<sup>21</sup>



## Use open-ended questions

Explore and understand stance on vaccinations

Avoid “yes/no” questions.

- “Tell me more about what you know.”
- “What are some reasons for getting the vaccination?”



## Give affirmations

Show understanding, support, and appreciation

- “You are a good parent. Your concern shows how much you care about your child’s safety.”
- “You’ve always tried to do what is right for your community.”



## Reflect perspectives

Establish rapport through exploring motivations around vaccination

- “You’re frightened by what you’ve read on the Internet.”
- “You are worried that you may have a bad response to the vaccine.”



## Ask permission to share

Improve receptiveness to information about vaccines

- “Could I provide you with some information based on what you just shared?”
- “May I share what I know about....?”



## Support autonomy

Enhance sense of control to create ease with conversation

- “Only you can choose what is best for your child.”

Discussions about immunizations may need to be repeated in subsequent visits until the patient is ready for vaccination.

# Key points

- **Everyone plays a role** in increasing vaccination. **Every encounter** is an opportunity to offer recommended vaccines.
- **Identify barriers to vaccination** at your facility and implement strategies to mitigate them.
- **Utilize the E3 Best Practices** which highlights vaccine uptake strategies from other sites.
- **Engage patients through motivational interviewing (MI)** to increase vaccination. MI can be implemented by all members of the clinic.
- **Create support for vaccination** beyond the healthcare team, such as through tribal leadership and at community events.



**No effort to improve vaccine coverage rates is too small.**

## References:

- (1) Weatherholtz R, et al. Invasive pneumococcal disease a decade after pneumococcal conjugate vaccine use in an American Indian population at high risk for disease. *Clin Infect Dis*. 2010;50(9):1238-1246. (2) Rodriguez RM, et al. Effect of COVID-19 Vaccine Messaging Platforms in Emergency Departments on Vaccine Acceptance and Uptake: A Cluster Randomized Clinical Trial. *JAMA Intern Med*. 2023;183(2):115-123. (3) Gopalani SV, et al. Barriers and Factors Associated with HPV Vaccination Among American Indians and Alaska Natives: A Systematic Review. *J Community Health*. 2022;47(3):563-575. (4) Traeger M, et al. Bridging disparity: a multidisciplinary approach for influenza vaccination in an American Indian community. *Am J Public Health*. 2006;96(5):921-925. (5) Boyd AD, Buchwald D. Factors That Influence Risk Perceptions and Successful COVID-19 Vaccination Communication Campaigns With American Indians. *Sci Commun*. 2022;44(1):130-139. (6) Centers for Disease Control and Prevention. How to address COVID-19 misinformation. Nov 3, 2021; <https://www.cdc.gov/vaccines/covid-19/health-departments/addressing-vaccine-misinformation.html>. (7) Ignacio M, et al. Narratives from African American/Black, American Indian/Alaska Native, and Hispanic/Latinx community members in Arizona to enhance COVID-19 vaccine and vaccination uptake. *J Behav Med*. 2023;46(1-2):140-152. (8) Pacheco CM, et al. Moving forward: breaking the cycle of mistrust between American Indians and researchers. *Am J Public Health*. 2013;103(12):2152-2159. (9) Calac AJ, et al. Examining Facebook Community Reaction to a COVID-19 Vaccine Trial on the Navajo Nation. *Am J Public Health*. 2021;111(8):1428-1430. (10) Gone JP, et al. The Urban American Indian Traditional Spirituality Program: Promoting Indigenous Spiritual Practices for Health Equity. *Am J Community Psychol*. 2020;66(3-4):279-289. (11) Zestcott CA, et al. Health Care Providers' Negative Implicit Attitudes and Stereotypes of American Indians. *J Racial Ethn Health Disparities*. 2021;8(1):230-236. (12) Masoud D, et al. Vaccine Trust Gauge: Mixed methods research to measure and understand vaccine trust. *Vaccine*. 2023;41(31):4616-4624. (13) Victor RG, et al. A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops. *N Engl J Med*. 2018;378(14):1291-1301. (14) Victor RG, et al. Effectiveness of a barber-based intervention for improving hypertension control in black men: the BARBER-1 study: a cluster randomized trial. *Arch Intern Med*. 2011;171(4):342-350. (15) Satybaldiyeva N, et al. The Association between Message Framing and Intention to Vaccinate Predictive of Hepatitis A Vaccine Uptake. *Int J Environ Res Public Health*. 2024;21(2):207. (16) Urban Indian Health Institute. Strengthening vaccine efforts in Indian Country: Results from a national COVID-19 vaccination survey. 2021; <https://www.uihi.org/projects/strengthening-vaccine-efforts-in-indian-country/>. Accessed July 17, 2024. (17) Johansen ND, et al. Electronic nudges to increase influenza vaccination uptake in Denmark: a nationwide, pragmatic, registry-based, randomised implementation trial. *Lancet*. 2023;401(10382):1103-1114. (18) Milkman KL, et al. Megastudy shows that reminders boost vaccination but adding free rides does not. *Nature*. 2024;631(8019):179-188. (19) O'Leary ST, et al. Efficacy of a Web-Based Intervention to Increase Uptake of Maternal Vaccines: An RCT. *Am J Prev Med*. 2019;57(4):e125-e133. (20) Boyd AD, et al. Social media use among American Indian and Alaska Native peoples. *Int J Indig Health*. 2023;18(1). (21) O'Leary ST, et al. Development of PIVOT with MI: A motivational Interviewing-Based vaccine communication training for pediatric clinicians. *Vaccine*. 2023;41(10):1760-1767.

# Resources

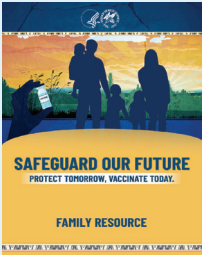
Indian Health Service  
National Pharmacy and Therapeutics Committee

## IHS E3 Vaccine Strategy

Every patient. Every encounter. Every recommended vaccine.



- Patient factsheet
- Patient resources
- Provider resources
- Best practices
- Pilot Community Development Project



### SAFEGUARD OUR FUTURE

This resource guide for parents helps explain why the vaccine is important and what the Advisory Committee on Immunization Practices (ACIP) recommends for immunization.



### ACIP vaccination schedule



### Immunize.org



**These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.**



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