



Reaching American Indian and Alaska Native Communities



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American Indian/Alaska Native Population

- 2000 Census
 - AI/AN race alone: 2,447,989
 - AI/AN alone or in combination with other races: 4,315,865 (1.5% of US population)
 - 560+ federally recognized tribes in 35 states
 - Mostly urban
 - 36% live on reservations
 - 64% live in urban areas
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Risk Factors for H1N1


- Pneumonia and Influenza hospitalization and mortality rates
 - 2 x higher for AI/AN compared to US population
- Underlying chronic disease
 - Diabetes rates 2x higher compared to whites
- Younger age
 - 33% of AI/AN population <18 years compared to 26% of the U.S. population

Risk Factors for H1N1 continued

- Higher fertility rates
 - AI/AN birth rate 22.2/1000 women vs. 14.7/1000 women in the general U.S population
- Household Crowding
 - Crowding rates 5 times higher among AI/AN in some remote rural areas compared to other populations

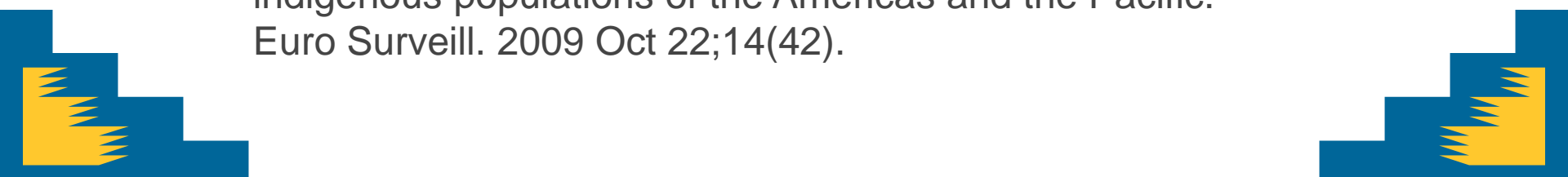
Impact of H1N1 in Indigenous Communities

- Australia
 - 13% of H1N1 hospitalizations in indigenous Australians who comprise 2.5% of the population
- New Zealand
 - Hospitalization rates in the Maori 43.0/100,000 vs. 14.1/100,000 among Europeans
- US
 - AZ – AI/AN population 4.9% of total state population
 - 19% of hospitalized H1N1 cases
 - 17% of H1N1 deaths
 - Alaska – AI/AN hospitalization rate in Anchorage 50/100,000 vs. 11/100,000 for Whites





“ . . . increased vulnerability of indigenous populations [to H1N1 infection] justify specific immediate actions in the control of the current pandemic including primary prevention (intensified hygiene promotion, chemoprophylaxis and vaccination) and secondary prevention (improved access to services and early treatment following symptoms onset) of severe pandemic H1N1 influenza infection.”

La Ruche et al. The 2009 pandemic H1N1 influenza and indigenous populations of the Americas and the Pacific. Euro Surveill. 2009 Oct 22;14(42).





Challenges to reaching AI/AN Communities


- Variable Tribal/State relationships
 - Remote/isolated communities
 - Access to healthcare
 - Rural populations – distance, transportation
 - Urban populations – lack of IHS/Tribal healthcare facilities
 - Language barriers
 - Telephone coverage
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Outreach Strategies

- State distribution to tribal communities based on population at risk, not census
 - AZ – 10% of state H1N1 vaccine allocation for tribes
 - Alaska – vaccination of an entire remote island community
- Walk in clinics
- Vaccination in the community
 - WIC
 - Parent/Teacher conferences
 - TANF office at the 1st of month
 - Family fun night
 - Fall Farmer's Market
- Mass Vaccination Clinics



Communication Strategies

- Radio
 - Information in local papers
 - Community Education
 - Community Health Representatives
 - Community Health Aides (Alaska)
 - Tribal Council Meetings
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