

Immunization coverage

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Main points

Immunization is a free health service that protects children and communities from disease. In 2006, we audited the immunization services to young children in Prince Albert Parkland Regional Health Authority (RHA).

The RHA needs to work with First Nations and Federal health agencies to increase access to immunization. The RHA needs to find out why parents do not immunize their children and develop a plan to overcome these causes.

In 2008, we assessed the progress the RHA has made to improve practices. The RHA has made progress but needs to do more.

Introduction

Immunization is an essential primary health service that reduces the amount of disease in communities, lowers the severity of illness and the frequency of hospitalization, and decreases health care costs. Governments monitor immunization coverage rates to assess if they have adequately protected the public from communicable diseases. Immunizing young children also introduces young families to free health services that will prevent illness and support positive parenting.

In 2004, the Prince Albert Parkland Regional Health Authority was one of four regional health authorities with low immunization rates. The immunization rates fell below 70% for two-year-old children who received immunization from these authorities. To protect the public, the Public Health Agency of Canada recommends 95% immunization coverage for children by age two.

In 2006, we audited the immunization services to young children in Prince Albert Parkland Regional Health Authority's (Prince Albert Parkland). In our 2006 Report – Volume 3 (Chapter 2D, pp. 91-100), we concluded that at June 30, 2006, Prince Albert Parkland had adequate systems to achieve recommended immunization rates for two-year-old children, except for its processes to create opportunities to immunize by working with others and its processes to monitor immunization coverage. We made three recommendations to Prince Albert Parkland to improve its processes and one recommendation to the Ministry of Health. On June 25, 2007, the Standing Committee on Public Accounts agreed with our recommendations.

We describe below Prince Albert Parkland's progress up to September 24, 2008 towards addressing our recommendations. It needs to do more to improve the rate of immunization coverage for all children in the region.

Immunization rates are improving in the region. These rates reflect only those children registered in Saskatchewan's centralized, internet-based Immunization Management System (SIMS). In 2006-07, Prince Albert Parkland gave at least one vaccine to 74% of the region's children by age two (compared to about 50% in 2004). More specifically, Prince Albert Parkland's immunization rate for diphtheria was 69.8% in 2006-07 compared to 61.4% in 2004. This is good progress.

Maximizing access to immunization

In 2006, we recommended that the Prince Albert Parkland Regional Health Authority work with First Nations and Federal health agencies to maximize access to immunization for children in the region.

Prince Albert Parkland provides health services to about 77,000 people including 1,082 children aged two (2006-07).¹ Prince Albert Parkland and various federal and First Nations health agencies share responsibility to immunize the region's children. For example, First Nations children living on reserves most often receive health services funded by Tribal Councils, First Nations communities, or the Federal Government.

In 2007, Prince Albert Parkland began to meet with other agencies that immunize children. It now meets regularly with representatives of:

- ◆ the Northern Intertribal Health Authority
- ◆ the Saskatoon Tribal Council
- ◆ the Ahtahkakoop First Nation
- ◆ the First Nations and Inuit Health Branch of Health Canada

In working with these partners, Prince Albert Parkland formally shares information including immunization rates and strategies to encourage parents to have their children immunized. These partners also held a joint workshop for field staff who help parents by organizing transportation or caring for other children while an infant is immunized.²

To maximize access to immunization, Prince Albert Parkland should also discuss with its partners the cause of low immunization rates. The partners have not formally identified the factors that cause lower immunization coverage and how they can influence those factors. The partners do not have a plan to work together to provide this essential health service to children.

We continue to recommend that the Prince Albert Parkland Regional Health Authority work with First Nations and Federal health agencies to maximize access to immunization for children in the region.

¹ 2006 Census community profile for Prince Albert Parkland describes the population by age group (www12.statcan.ca/english/census06/data/profiles/community) (01 Oct 2008).

² Field staff refers to community health representatives and public health assistants.

Reporting analysis of immunization rates to the Board

In 2006, we recommended that the Prince Albert Parkland Regional Health Authority regularly report to its Board an analysis of the causes of its low immunization coverage rates.

Immunization coverage is a performance measure the Ministry of Health monitors. As a result, Prince Albert Parkland's Board annually receives a report that includes the rate of immunization coverage for two-year-old children registered in SIMS with an address in the region. The report compares Prince Albert Parkland's immunization rate to the provincial immunization rate for children registered in SIMS. The report does not explain the causes of the low immunization rate.

Senior management makes periodic immunization related reports to the Board. In January 2008, senior management gave the Board a Health Status Report for the region. The report describes socio-economic factors that may influence immunization rates (e.g., 25% of the region's children live in low-income households, transportation may be an issue, up to 40% of all households with children do not have sufficient access to food). In March 2008, senior management updated the Board on immunization rates, targets, and planned strategies.

Because the immunization rate is not sufficient to protect the community effectively, management should inform the Board what influences the low immunization rate in the region. Management told us it has not yet analyzed all the factors causing the low immunization rates.

To analyze the causes of its low immunization rates for young children, management needs to know why parents do not have their children immunized. Management told us that in future it hopes to survey its residents, jointly with the Ministry of Health and the Northern Intertribal Health Authority. It plans to ask families with unimmunized children about the reasons why.

Management also needs to analyze and inform the Board about causes of low immunization rates related to how it organizes service providers and service locations. Without this information, the Board cannot assess if it allocates sufficient resources to preventing communicable diseases in the region.

We continue to recommend that the Prince Albert Parkland Regional Health Authority regularly report to its Board an analysis of the causes of its low immunization coverage rates.

Setting target rates for immunization coverage

In 2006, we recommended that the Prince Albert Parkland Regional Health Authority set target immunization coverage rates for children in the region and develop plans to achieve those targets.

In 2007, Prince Albert Parkland set a target to increase its immunization rates by 1% per year for five years—up to 74% coverage by 2012, using diphtheria as a benchmark. The target applies only to children in the SIMS register and does not relate to all children in the region. Management views this target as achievable with its present resources.

In March 2008, Prince Albert Parkland approved its strategic plan for 2008-2012. The strategic plan set out actions to strengthen Prince Albert Parkland's immunization coverage rates. Those actions include promoting immunization, developing an outreach strategy, and working with First Nations health agencies to increase immunization coverage, as well as improving immunization rates among Prince Albert Parkland's employees.

In March 2008, a report to the Board outlined five strategies to overcome low immunization rates including: access (e.g., clinic hours and drop-in service), publicity, reminders, partnerships with other service providers, and incentives (e.g., food). As of September 2008, management had not expanded these strategies into a formal plan to achieve immunization rates that are sufficiently high to protect the community. Management should base the strategies in its formal plan on the analyzed causes of Prince Albert Parkland's low immunization rates.

A formal plan would help Prince Albert Parkland assess what resources it requires to improve its immunization coverage. A formal plan would help partner agencies more easily identify the extent of effort required to immunize all children. In addition, a formal plan would help management to evaluate whether it has considered all options, efficiencies, and partners.

We continue to recommend that the Prince Albert Parkland Regional Health Authority develop formal plans to achieve its targets for immunization coverage.

Measuring immunization rates

In 2006, we recommended that the Ministry of Health adjust its immunization performance measure so that it calculates the measure it has defined.

The Ministry of Health re-defined its immunization measure in 2007. It now makes clear that the immunization rates reported are only for children registered in SIMS. Regional health authorities use SIMS to record immunization. The health agencies serving First Nations people on reserves do not use SIMS.

The Ministry now uses clear labels in its reports, showing that the immunization rate is for only part of the total population of two-year-old children. In its own reports about immunization, Prince Albert Parkland also uses labels that recognize the rate applies only to children registered in SIMS.

The Ministry has met our recommendation to define (and label) the measure for immunization rates in a way that reflects how it is calculated.

Next step

Today, the people of Saskatchewan are highly mobile within the province and often travel to other parts of the world as well. Under these circumstances, communicable diseases can spread rapidly. A strong immunization program protects the whole population from disease. In addition, it introduces new parents to preventive health services that can support the well-being of the family and reduce health costs.

We will continue to monitor Prince Albert Parkland's progress towards addressing our recommendations.

