Student Introductions

Marymount Final Semester Accelerated Nursing Students
Fall 2020
Background/Overview

Goal: Develop an educational intervention that will address historic mistrust by communities of color, indigenous people and marginalized communities of government public health initiatives and vaccination efforts- with a focus on 55+ population

DC/ PG county Community Assessment: Vaccination Outreach

Tasks completed by our clinical group during this semester

- Environmental scan of 12 areas + Summary Report (Bladensburg, College Park, Coral Hills, Hyattsville, Langley Park, Mt. Rainier, New Carrollton, Anacostia, Brentwood, Congress Heights, Ward 7 & 8)
- Tip Sheets and Resource Tools
- Blog posts
- Literature / Research Article Review
Older Adult, Young Senior, Older Seniors

- Young-old (55-65 years old)
  - Grandparents
  - Empty Nest Syndrome
  - Mild sensory decline
- Middle-old (66-84 years old)
  - Erikson’s Integrity vs Despair
  - Retirement age
  - Physical and Cognitive decline
- Old-old (over 85 years old)
  - Impacted by chronic disease
  - Further physical and cognitive decline
  - End of life

Challenges Facing Seniors

- Lack of transportation
- Social isolation
- Financial instability
- Loss of independence
- Food Insecurity
- Chronic health conditions
Degree of Personal Life Investment at Different Points in Life

- **25 to 34 Years**
  - Work
  - Family
  - Independence

- **35 to 54 Years**
  - Family
  - Work
  - Cognitive fitness

- **55 to 65 Years**
  - Family
  - Health
  - Cognitive fitness

- **70 to 84 Years**
  - Family
  - Health
  - Thinking about life

- **85 to 105 Years**
  - Health
  - Family
  - Cognitive fitness

(Santrock, J. W., 2006)
Clinical Issues Within the Elderly Population

Chronic Disease

- Heart disease
- Cancer
- Chronic lung disease
- Stroke
- Alzheimer’s disease
- Diabetes
- Chronic kidney disease

Risk Factors

- Cigarette smoking
- Lack of physical activity
- Excessive alcohol use
- Overweight/Obesity
- Genetics

(CDC, 2020)
Physiological Changes in the Elderly

- Decreased cardiac output
- Decreased creatinine clearance
- Decrease muscle mass
- Impaired immune function
  - Decrease B and T cells
  - Diminished function of mature lymphocytes
- Higher blood pressure
- Impaired gas exchange
- Impaired mobility
- Altered hepatic metabolism
- Skin atrophies
- Degenerative changes in joints
Vaccination Recommendations for the Elderly Population

- From patient education; level of incr anxiety,
- Seasonal flu (influenza) vaccine
- Shingles
- pneumococcal polysaccharide vaccine (PPSV23)
- pneumococcal conjugate vaccine (PCV13)
- TD or Tdap vaccines
- Zoster recombinant

(CDC, 2020)
Wards 7 & 8 are geographically isolated from the rest of DC by the Anacostia River, with hilly terrain, and several historic parks and greenspaces.

- 32% & 26% of residents are aged 50+.
- Predominantly Black residents (92%/89%) who speak English.
- Median Household income $41k and $34k.
- 86% have a high school diploma or higher level of education.
Key Findings Community Assessment: Washington DC

Challenges/Barriers related to vaccine access:

- Half of the population of Wards 7 & 8 do not have use of a personal car.
- Lack of Metro rail, bus, & Circulator stops.
- Highest amount of traffic fatalities & pedestrian accidents in the district.
- Lowest number of pharmacies in the district.
- Closure of United Medical Center.
- Documented food desert.
- History of mistrust in medical research related to Tuskegee Syphilis Study & Henrietta Lacks.
Key Findings Community Assessment: PG County Characteristics

● Communities Assessed
  ■ Bladensburg
  ■ College Park
  ■ Coral Hills
  ■ Hyattsville
  ■ Langley Park
  ■ Mt. Rainier
  ■ New Carrollton

● Population of about 910,000 people
  ○ 111,152 over the age of 65
● Population per square mile- 1,789
● 64.4% Black or African American
● 32% hold bachelor’s degree or higher
● Median household income $81,969
Key Findings Community Assessment: PG County Statistics (2018)

- Ozone Air Quality of 5 (red zone)
- 71.3% Overweight or Obese
- 20.3% Public Health Insurance (medicaid)
- 70.8% 65+ received Pneumonia vaccine
- 50.6% 65+ received Influenza vaccine
- 34.4% Adults received Influenza vaccine
Key Findings Community Assessment: PG County

Barriers

- **Disparities in access to healthcare and general health**
  - Prince George’s County have much higher rates of years of potential life lost before age 75 compared to the national average

- **Lack of resources**
  - There are about 114 primary care physicians per 100,000 people in DC and 135 in Montgomery County, 56 per 100,000 in Prince George’s County
    - Ratio of 1 Primary Care Provider to 2,000 residents
    - 15.2% able to “afford to see doctor”
    - 1 pharmacy per 6,655 people (per 3 sq miles)
  - 4 Hospitals

- **Higher rates of non-communicable chronic diseases**

- **Food deserts**
  - 54.2% Receiving SNAP benefits with children

- **Language barriers in communities (25.6%)**

- **Public Transportation**
  - 15.4% use public transportation
Foundational Research

Strengthening global vaccine access for adolescents and adults.

Gathering data/evidence to promote communication/awareness and political will

Fostering political will, global/national policies, financing, and programmatic planning

Evidence base for adolescent & adult Immunization → Communication & awareness → Building political will → Global & national policies → Vaccine & vaccine delivery financing → Infrastructure & programmatic planning

Vaccination Psychology Research


- Discover potential influences on parents’ views on vaccination.
  - The primary health care provider is extremely influential with parents
    - Providers need to be taught how to broach the subject with undecided parents because their tone and way of teaching has significant effect.
  - Hesitant parents likely know of a case where a vaccination has caused an adverse effect.
    - Healthcare providers need to teach adverse effects and explain that they are not cause to refuse vaccination

(McClure, Cataldi, O'Leary, 2017). “Vaccine Hesitancy: Where We Are and Where We Are Going”.

- Establish that vaccination is the normative choice.
  - Beware debunking the myth! It can serve to strengthen that very myth.
  - “The Vaccine Sentimeter”
    - Grant Foundation is doing the right thing and needs to keep going.
    - Flood the web with real evidence.
Vaccination Outreach Research


- The Medical-Religious connection is the “gold-standard.”
  - Trusted, safe, reliable community members who all other hold to a high standard thus are trusted disseminating information.
  - Hospitals and Universities reach out to and train:
    - Church leaders
    - Teachers
    - Elected officials
    - Housing association leaders
- This is a proven connection to outreach and should be established in every community.
- JCGF can be an intermediary to create these connections
(Giles, Hickman, Lingam, Buttery, 2018) Results from a mobile outreach influenza vaccination program for vulnerable and high-risk populations in a high-income setting: lessons learned.

- Good stakeholder outreach
- “2015 influenza season, 2,070 patients were admitted with confirmed influenza”
  a. “46% ≥65 years old”
- Set up at homeless shelters, refugee care centers, elderly care centers **
  a. Culmore Clinic example in this area
Based on Findings, Analysis, & Town Hall Feedback

Our student task group puts forth the following recommendations...
Education Recommendations

Provide (Spanish & English) patient education pertaining to the importance of annual vaccines and participating health clinics

- Brochures and flyers distributed by community partners
- Meals on Wheels -- Engages home-bound citizens
- Libraries -- Engages seniors at no cost & with access to internet
- Easterseals -- Engages individuals with disabilities
- Faith-based communities and partnerships (i.e., YMCA)
- Others: Local senior centers, county adult day health center, VNA, Capital Caring, Goodwill, local pharmacies
- Consider other media forums-- social media (Twitter, Instagram, etc.), radio, televised commercials
Recommendations to Mobilize

- Provide transportation options in order to increase access to clinics providing vaccinations
  - Partner with Uber/Lyft to offer rideshare discounts to senior citizens
- Consider mobile vaccination clinics
  - Mobilization in hard-to-reach communities
  - Bilingual providers or translators necessary
Student Closing Project Reflections

Lessons Learned

1. Increase awareness of importance of the flu vaccine, especially during COVID due to increased risk of adverse effects if one was to contract both at the same time
2. Not aware of how pervasive the mistrust in vaccines/research was
3. Difficulty in the changing environment due to lockdowns
4. Increased understanding of the importance of community outreach and how it is more complex and requires more engagement

Overall Experience
As a clinical group we felt that we learned a great deal about community outreach and learned how much time and energy goes into collecting community data, analyzing the findings, recognizing problems, and discussing solutions.
Questions?


