

V.I.P.: Vaccinate for Influenza Prevention

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INTRODUCTION

Influenza is the most vaccine preventable disease yet only 35 – 45% of minority older adults are vaccinated each year, well below rates for whites and the Surgeon General's recommended level of 90% for non-institutionalized adults over 65 years of age. Vaccination can prevent about 70% of influenza infections, as well as the cost and severity of secondary illnesses and influenza related deaths.

What happens when people over 65 get the flu

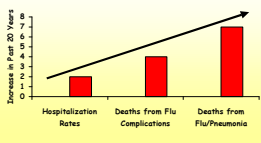
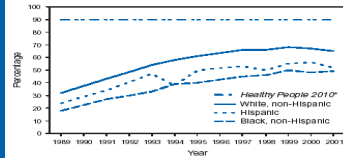


FIGURE 1. Percentage of persons aged ≥65 years who reported receiving influenza vaccination during the preceding 12 months, by race/ethnicity and survey year — National Health Interview Survey, United States, 1989–2001



* Source: U.S. Department of Health and Human Services. Healthy people 2010, 2nd ed. With understanding and improving health and objectives for improving health (2 vols). Washington, DC: U.S. Department of Health and Human Services, 2000.

Innovative, community-based and culturally appropriate approaches to improving vaccination rates must be developed in collaboration with older minority adults that enable them to act and advocate for reducing health and other disparities. These strategies must consider building culture, social norms, cultural beliefs, vaccination practices, structural barriers and sustainability.

The V.I.P.: Vaccinate for Influenza Prevention Project addresses these needs by empowering multi-ethnic residents of senior housing to understand and promote the importance of influenza vaccinations and other public health activities in their building communities and to develop and carry out other public health promotion activities with residents.

METHODS

- Recruitment and training of a voluntary resident committee of 9 peer health advocates (the V.I.P. Committee) using empowerment, social construction of knowledge and communications theories.
- 12 formal training sessions to integrate resident and scientific knowledge that included:
 - Team-building
 - An introduction to flu and flu vaccination
 - Development of flu education messages and materials
 - Role plays to test and reinforce message communication
- 5 more meetings to plan and organize a building-wide flu campaign
- Resident implementation of a pro-vaccination education campaign and “Flu Fair” with the following activities:
 - Distribution of flyers and posters with Committee-generated flu education and pro-vaccination messages
 - Pro-vaccination resident testimonials and pro-health presentations
 - Q and A session with medical professionals
 - Instructional games and poster contest
 - Resident-produced flu vaccination movie
 - 2 on-site VNA-administered flu clinics
- Organization of a city-wide Influenza Strategic Alliance
- Evaluation
 - Process evaluation - ethnographic documentation of training sessions, flu campaign, clinic activities and V.I.P. focus groups
 - Outcome evaluation - quasi-experimental evaluation design with pre and post-intervention surveys in treatment and control buildings (matched by size and ethnic composition). Surveys administered pre and post-flu season (Sept, 2005-Jan, 2006 and May-Aug, 2006, T1 N=180, T2 N=189).



STUDY SAMPLE DEMOGRAPHICS AT BASELINE

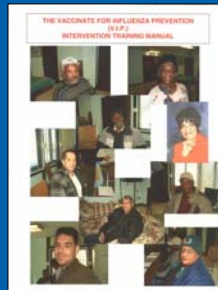
	Intervention (n=107)	Control (n=73)
Gender	35% female 65% male	44% female 56% male
Age (mean)	57 years	63 years
Ethnicity	33% AA 51% Latino 9% W/Caribbean 7% White/Other	18% AA 66% Latino 1% W/Caribbean 15% White/Other
Education	57% < HS grad	70% < HS grad
Monthly Income	80% < \$800	70% < \$800



The flu is a serious health problem.

AIMS

- Create a multi-level collaborative intervention with residents of senior housing around pro-flu vaccination beliefs, norms, behaviors and culture.
- Implement the intervention with public housing management, an empowered resident committee and a supportive city-wide organizational alliance.
- Document the intervention process for feasibility and acceptability.
- Evaluate the intervention using a pre-post quasi experimental design in two buildings.
- Build a curriculum for broader testing and national dissemination.



The V.I.P. Curriculum



V.I.P. Committee - Flu Fair 2005

RESULTS

Baseline Equivalences

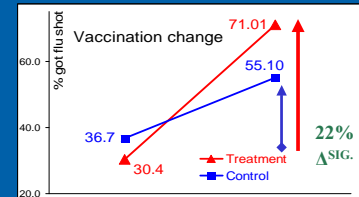
A MANOVA test of equivalence found overall equivalence of key measures at baseline (Wilk's lambda .833, $p=.196$). Individual tests of equivalence found significant variation across buildings in age, ethnicity and beliefs about influenza, which were used as covariates. All other key variables were equivalent.

Cultural Beliefs, Norms & Attitudes

In the treatment building compared to the control, post-intervention data showed significant increases in accurate knowledge about flu ($\beta=-.13$, $p=.06$), decreased concerns about the consequences of the flu ($\beta=.18$, $p=.03$), increased recognition of the consequences of vaccination ($\beta=-.19$, $p=.009$) and a trend toward fewer perceived barriers to getting a flu shot ($\beta=-.10$, NS).

Vaccination Rates

The intervention resulted in a 22% increase in vaccination rates in the treatment versus the control building (T=40.6%, C=18.4%; $p=.023$).



All outcomes were moderated by the language of the survey (English, Spanish). The intervention had a greater effect on Spanish than English speakers.

SUMMARY AND CONCLUSIONS

- A resident committee can gain management & local public health alliance support and implement a building level pro-vaccination flu campaign.
- The campaign improved beliefs about influenza, perceived consequences of influenza and vaccination, reduced perceived barriers to vaccination, and increased vaccination rates in the treatment building.
- An empowered resident committee has continued its pro-vaccination work in the building and through presentations in other senior buildings and regional health conferences, and has mobilized around other public health issues (exercise and community gardens).
- Next steps: test all-Spanish administration, scale up and evaluate the intervention in other, similar settings, with resident collaborators and supportive alliances.