VaccineLink/La Salud Conexion: Successful Innovations With Vaccine Health Navigators (VHNs) to Identify and Overcome Vaccination Barriers in Underserved Communities

Jamie Morano  
*University of South Florida*, jmorano@usf.edu

Meghan Borysova  
*University of South Florida*

Viviana Delgado  
*University of South Florida*

Mimi Roopini Ghosh  
*University of South Florida*

April Schenck  
*University of South Florida*

See next page for additional authors
Follow this and additional works at: [https://digitalcommons.usf.edu/intmed_facpub](https://digitalcommons.usf.edu/intmed_facpub)

Scholar Commons Citation
Morano, Jamie; Borysova, Meghan; Delgado, Viviana; Ghosh, Mimi Roopini; Schenck, April; Castro-Borobio, Manuel; and Sultan, Dawood, "VaccineLink/La Salud Conexion: Successful Innovations With Vaccine Health Navigators (VHNs) to Identify and Overcome Vaccination Barriers in Underserved Communities" (2016). *Internal Medicine Faculty Publications*. 107.  
[https://digitalcommons.usf.edu/intmed_facpub/107](https://digitalcommons.usf.edu/intmed_facpub/107)

This Article is brought to you for free and open access by the Internal Medicine at Digital Commons @ University of South Florida. It has been accepted for inclusion in Internal Medicine Faculty Publications by an authorized administrator of Digital Commons @ University of South Florida. For more information, please contact scholarcommons@usf.edu.
Authors
Jamie Morano, Meghan Borysova, Viviana Delgado, Mimi Roopini Ghosh, April Schenck, Manuel Castro-Borobio, and Dawood Sultan
VaccineLink/La Salud Conexión: Successful Innovations With Vaccine Health Navigators (VHNs) to Identify and Overcome Vaccination Barriers in Underserved Communities

Jamie Morano, MD, MPH1; Meghan Borysova, PhD2; Viviana Delgado, MA3; Coni Williams, MS4; Mimi Roopini Ghosh, MPH5; April Schenck, MBA6; Manuel Castro-Borobio, MD7; Dawood Sultan, PhD8; 1Division of Infectious Diseases and International Medicine, University of South Florida, Morsani College of Medicine, Tampa, Florida; 2University of South Florida College of Public Health, Department of Health Policy and Management, University of South Florida, College of Public Health, Tampa, Florida; 3University of South Florida, College of Public Health, Tampa, Florida; 4Medicine, University of South Florida, Morsani College of Medicine and Public Health, Tampa, Florida; 5Internal Medicine, University of South Florida, College of Medicine, Tampa, Florida; 6University of South Florida, College of Medicine, Tampa, Florida; 7University of South Florida, College of Public Health, Tampa, Florida; 8Health Policy and Management, University of South Florida, College of Public Health, Tampa, Florida

Session: 75. Vaccines: Improving Delivery
Thursday, October 27, 2016: 12:30 PM

Background. In Florida, 4.07 million adults (20.1%) under the age of 65 remain without reliable health insurance. Two of the largest Florida counties (Hillsborough and Polk) have witnessed an increase in influenza and pneumococcal mortality reaching 9.4 and 12.5 per 100,000 population, respectively, from 2005 to 2012. However, reasons for low vaccination uptake is unclear, especially among underserved and minority populations.

Methods. Using a pre- and post-intervention 40-item bilingual Spanish/English cross-sectional, 4-point Likert scale questionnaire on attitudes, beliefs, and barriers regarding adult vaccination, two Vaccine Health Navigators (VHNs) were deployed in Hillsborough and Polk counties, Florida, from January 2015 to June 2015 to diverse community centers to present consented educational interventions on adult vaccination using either spoken or video information on the Big 5 Vaccines (influenza, pneumococcal, Tdap, HPV, and meningitis) using a new “5 A’s” educational approach (Awareness, Additives, Autism Myth, Assist Others, and Accessibility).

Results. Of the total 2143 interventions (224 mobile tablet and 1919 paper surveys), 1033 (53.8%) female, 836 (42.6%) African American, and 392 (20.4%) Latino. Of the 1791 (93%) in English, PreTest showed 428 (25%) agreeing that vaccines caused autism, and 1052 (59%) worrying about vaccinations safety. Vaccination barriers: "nothing" (n = 872; 49%), money (n = 439; 25%), and uncertainty for correct vaccination (n = 318; 18%).

PostTest. showed 95% agreeing that the Big 5 can cause sickness and death with a decrease to 370 (20%) agreeing that vaccines caused autism and 795 (45%) worrying that vaccinations were safe. PostTest vaccination barriers: "nothing" (n = 965; 54%), money (n = 409; 23%), and vaccine uncertainty (n = 154; 9%). Vaccination information was mostly from a physician (n = 1339; 76%) and least commonly per Facebook/social networks (n = 168; 9%). Positive motivational factors contributing to vaccination were self-interest to protect oneself against disease (n = 1325; 75%) followed by desire to protect others (n = 528; 30%).

Conclusion. Intensive educational interventions on vaccine readiness are effective. Barriers to vaccination can be identified and decreased among diverse populations using culturally and linguistically appropriate educational interventional tools.

Disclosures. J. Morano. Pfizer, Inc.: Grant Investigator, Salary