

Overcoming COVID-19 vaccine disparities among disadvantaged older adults

Rachel Murphy¹, Sarah E. Tietz MD², Tyler Wick³, Christine Azelby MD², Bennett Parnes MD², Elizabeth Juarez-Colunga³, Hillary D. Lum MD, PhD²

¹ University of Colorado School of Medicine, Aurora, Colorado, USA

² Division of Geriatric Medicine, University of Colorado School of Medicine, Aurora, Colorado, USA

³ Department of Biostatistics and Informatics, Colorado School of Public Health, University of Colorado Anschutz Medical Campus, Aurora, Colorado, USA

Objective

Organize a student intervention aimed at increasing access to the COVID-19 vaccine among older adults at the UCHHealth Seniors Clinic.

Introduction

- The COVID-19 pandemic has disproportionately impacted older adults and racial/ethnic minority groups
- At UCHHealth, patients were offered vaccination scheduling by lottery online portals, with invitations expiring after 48 hours
- Many older adults missed their opportunity to schedule their vaccination
- Particularly affected older adults with lack of access to technology or limited English proficiency

Methods for Intervention

- Recruitment of students from health professions schools
- Phone outreach occurred January 11th -April 14th, 2021
- Training sessions, question & answer sheets
- Adaptions were required due to evolving resources and policy changes
- Interpreter services
- Partnerships with local clinics & community partners

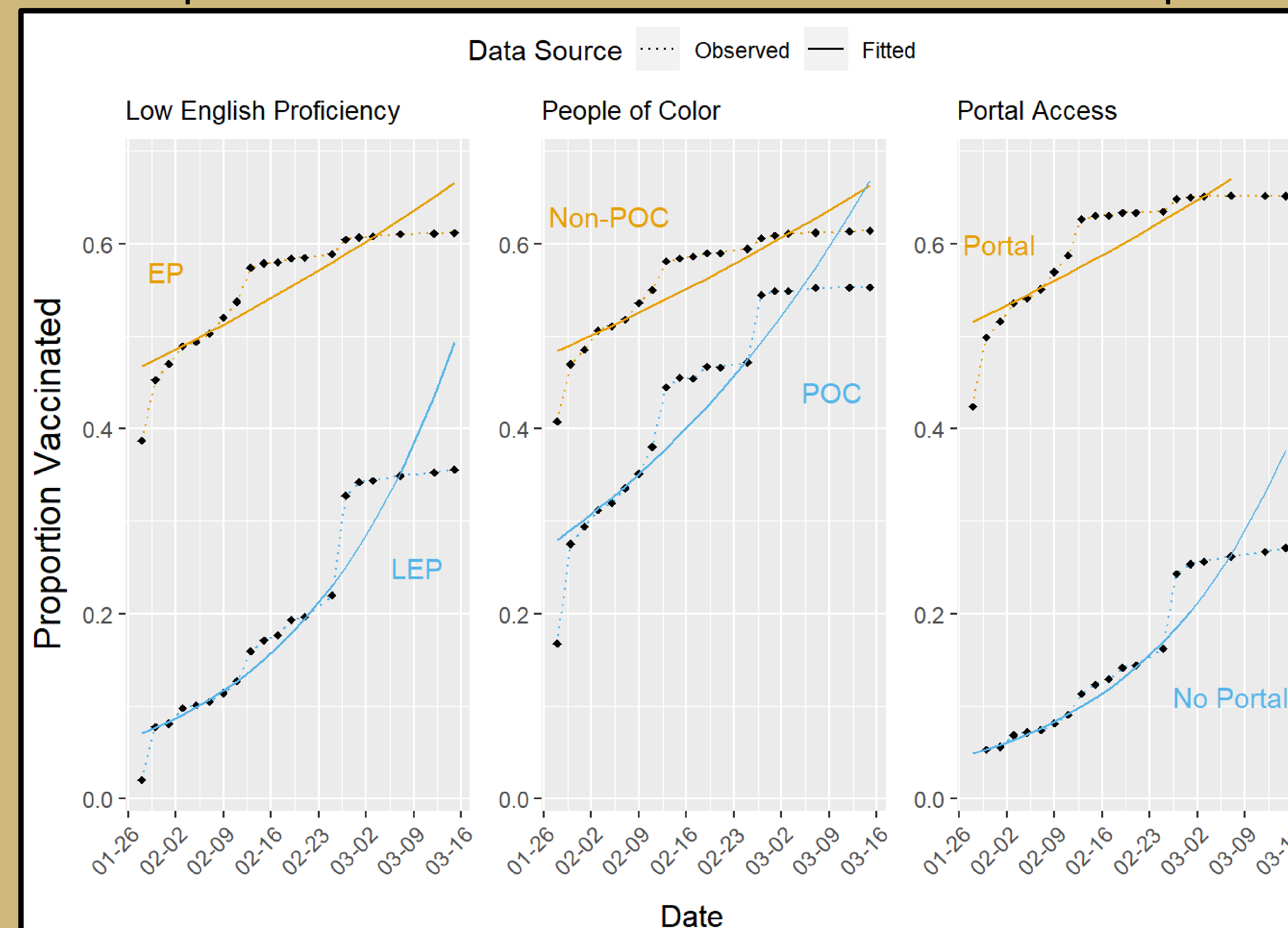
Methods for Data Analysis

Poisson regression was used, adjusting for autocorrelation and overdispersion. Predictors were time and group indicator, and their interaction to assess whether vaccination proportions differed in complimentary groups. Analyses performed using R.

Results

- Thirty-two students from the School of Medicine, Nursing, and Pharmacy at University of Colorado donated 500+ hours to call 2,263 patients
- Expected growth of vaccination proportion per day:
 - **Limited English proficiency: 1.035x [95% CI: (1.029, 1.042)] faster**
 - **Persons of color: 1.012x (1.009, 1.015) faster**
 - **Patients without portal access: 1.038x (1.031, 1.045) faster**

Proportion of Patients Vaccinated over Time for Three Underserved Groups



Legend. EP = English Proficiency, LEP = Low English Proficiency, Non-POC = Non-person of color, POC = Person of Color, Portal = Patient has access to the online portal, No Portal = Patient without access to online portal

References

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Discussion

The effectiveness of this multi-component outreach relied on dedicated interprofessional student volunteers alongside community partnerships. Constant change in public policy and access to resources during an evolving pandemic required flexibility and adaptability for this intervention to succeed. Students worked on short notice and 48-hour invitation deadlines to quickly contact patients with an active portal invitation. Mass vaccination events and outreach clinics for underserved patients provided opportunities for students to directly schedule patients.

Conclusions

- This outreach project is a successful example of a person-centered approach to overcome health inequities in vaccine access
- We advocate for overcoming systems that may unintentionally cause gaps in vaccination proportions among vulnerable groups, particularly in context of COVID-19 booster vaccinations.

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