

Continuing Education Information

Learning Outcome: Following this session, learners will report in the closing poll at least one strategy they will apply to their work setting in the next 12 weeks to increase health equity.



During this activity, the presenter will:

1. Acknowledge and discuss barriers to COVID-19 vaccine booster uptake, including within marginalized and disadvantaged nursing home communities.
2. Demystify the data trends and scientific information around the COVID-19 vaccine booster.
3. Identify equitable and actionable strategies for increasing COVID-19 vaccine booster confidence in nursing homes.

Nursing Professional Development: ANCC Contact Hours and Accreditation Statement

This activity is accredited through a joint providership between Alliant Health Solutions and the Wound, Ostomy, and Continence Nurses Society™. The Wound, Ostomy, and Continence Nurses Society is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. The Wound, Ostomy, and Continence Nurses Society is approved by the California Board of Registered Nursing, Provider Number CEP 15115.

This activity awards 0.5 contact hours and 0 hours of pharmacology.

Instructions for obtaining credit

After the event, learners will be invited to complete a closing poll. Those that complete the poll will receive a certificate for contact hours to the email address provided in the poll.

Financial Disclosure Statements

There are no relevant financial relationships for this activity.

Disclosure of Commercial Support

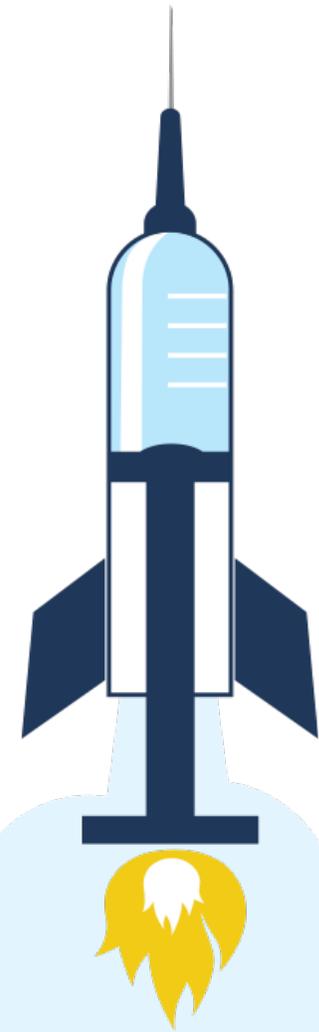
The providers did not receive any commercial support from ACCME-defined ineligible companies to support this event.

Give the BOOST a Shot

Presented by:
Rosa Abraha, MPH

 **ALLIANT**
HEALTH SOLUTIONS

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Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAL SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP



Rosa Abraha, MPH

HEALTH EQUITY LEAD

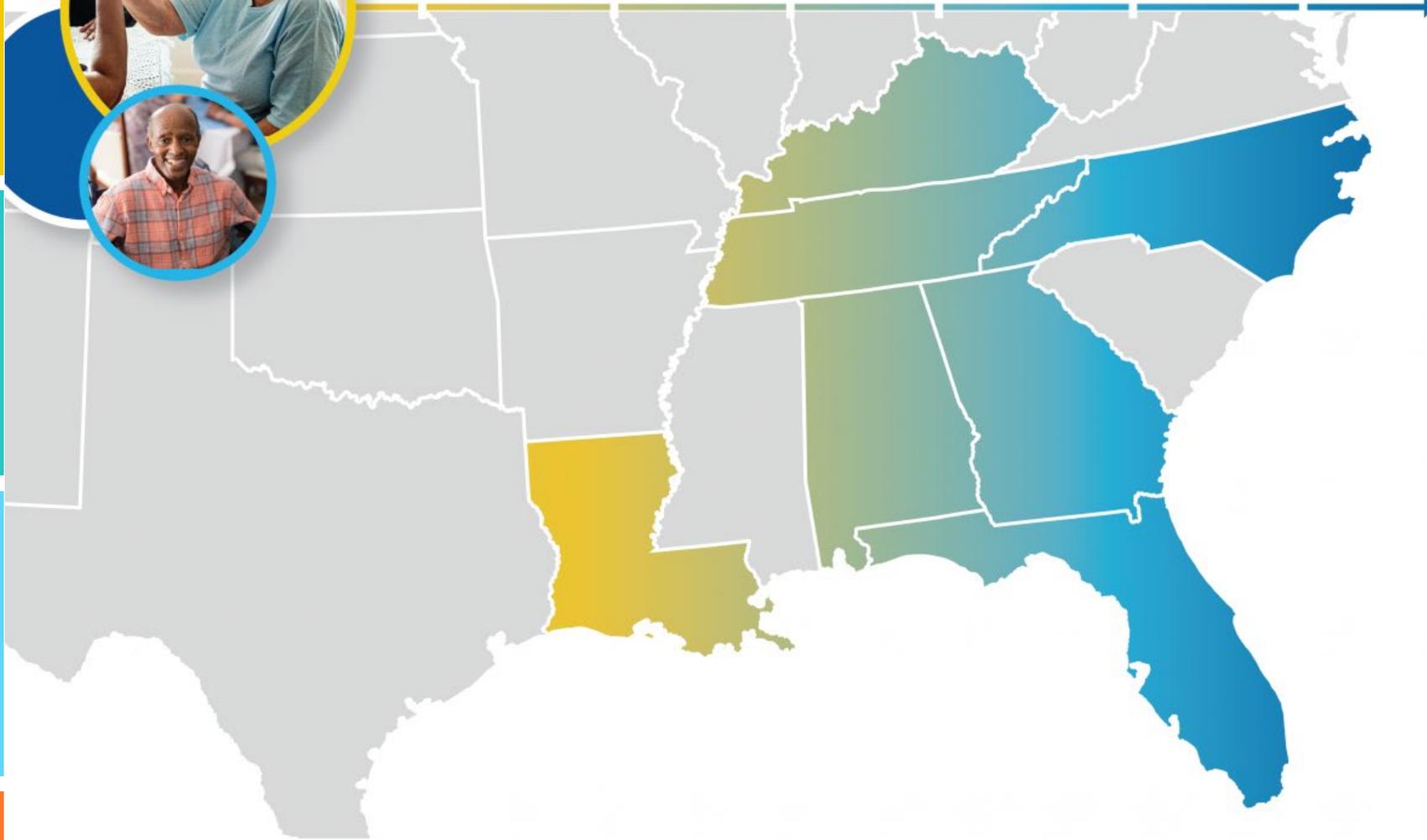
Rosa Abraha is the Health Equity Lead for Alliant Health Solutions. Abraha has over 10 years of experience in public health consulting and advising for premier public health agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and the Food and Drug Administration (FDA).

While at CDC, Abraha served as the public health advisor in the Center for Preparedness and Response (CPR). She led the Center's first health equity portfolio and managed cross-cutting strategic planning, legislative and partnership-related projects. Abraha also led CPR's Health Equity Leadership Council to develop short-term and long-term preparedness and response health equity goals and related evaluation metrics. In addition, she managed CPR's first social determinants of health five-year action plan to promote health equity and resiliency in disadvantaged communities during emergency response settings, such as the COVID-19 pandemic. Abraha was also deployed to the COVID-19 response as the special advisor to the CDC's first chief health equity officer and supported COVID-19-related congressional briefings and vaccine policy efforts. Abraha previously deployed in the international Ebola response, leading government affairs and policy efforts. Additionally, Abraha represented the CDC at the 2019 National Governors Association Conference, 2021 Board of Scientific Counselors Meeting and served as the Healthy People 2030 CDC Lead for the Emergency Preparedness Workgroup.



Contact: Rosa.Abraha@AlliantHealth.org

Making Health Care Better *Together*



About Alliant Health Solutions

Agenda

01

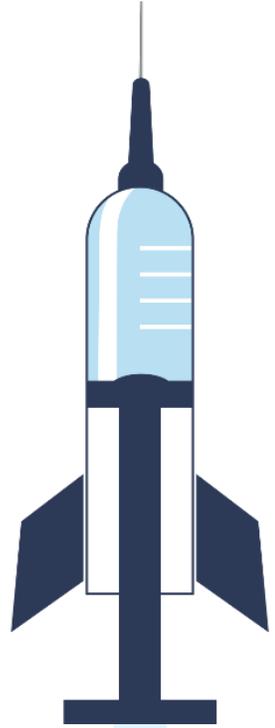
Highlight data trends around the COVID-19 vaccine booster in older adults and within nursing homes.

02

Discuss barriers to health equity and COVID-19 vaccine booster uptake amongst nursing home residents.

03

Utilize the Right Size Problem Statement Method to develop meaningful and targeted interventions for increasing COVID-19 vaccine booster confidence in nursing home residents.



Nurse Appreciation

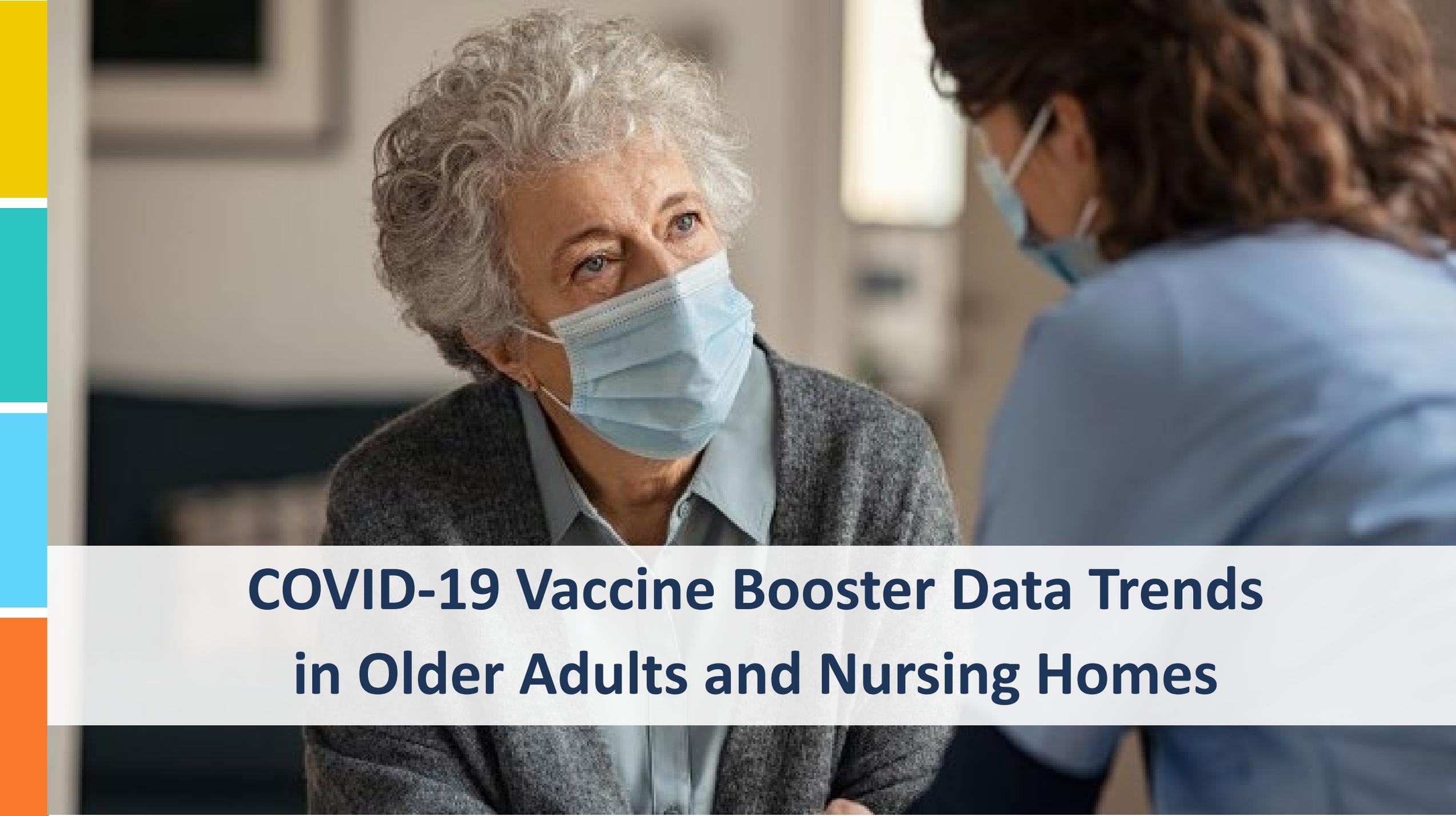
MANY THANKS TO ALL NURSES FOR BEING OUR TRUE FRONTLINE HEROES!



Mom, 22 Years in Nursing



Sister, 19 Years in Nursing



COVID-19 Vaccine Booster Data Trends in Older Adults and Nursing Homes

Booster and Additional Primary Dose COVID-19 Vaccinations Among Adults Aged ≥ 65 Years — United States, August 13, 2021–November 19, 2021

Weekly / December 17, 2021 / 70(50);1735-1739

On December 10, 2021, this report was posted online as an MMWR Early Release.

Hannah E. Fast, MPH^{1,2}; Elizabeth Zell, MStat^{2,4}; Bhavini Patel Murthy, MD^{1,2}; Neil Murthy, MD^{1,2}; Lu Meng, PhD^{2,5}; Lynn Gibbs Scharf, MPH^{1,2}; Carla L. Black, PhD^{1,2}; Lauren Shaw, MS^{1,2}; Terence Chorba, MD^{2,3}; LaTrece Q. Harris, MPH^{1,2} ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Although COVID-19 vaccines are highly effective, vaccine effectiveness wanes over time, and adults aged ≥ 65 years are at increased risk for severe COVID-19–associated illness. Booster and additional primary vaccine doses increase protection.

What is added by this report?

During August 13–November 19, 2021, 18.7 million persons aged ≥ 65 years received a booster or additional primary dose of COVID-19 vaccine, constituting 44.1% of eligible persons aged ≥ 65 years. Coverage differed by primary series vaccine product and race/ethnicity.

What are the implications for public health practice?

Strategic efforts are needed to encourage eligible persons aged ≥ 18 years, especially those aged ≥ 65 years and those who are immunocompromised, to receive a booster and/or additional primary dose to ensure maximal protection against COVID-19.

Article Metrics

Altmetric:



News (22)
Blogs (1)
Twitter (126)
Facebook (2)

Citations: 1

Views: 43,100

Views equals page views plus PDF downloads

[Metric Details](#)

TABLE 1. Characteristics of COVID-19 booster or additional primary dose vaccination recipients aged ≥65 years as percentage of eligible population* aged ≥65 years with a completed primary series, by primary series vaccine product,[†] sex,[§] age group, and race/ethnicity,[¶] — United States, August 13, 2021–November 19, 2021



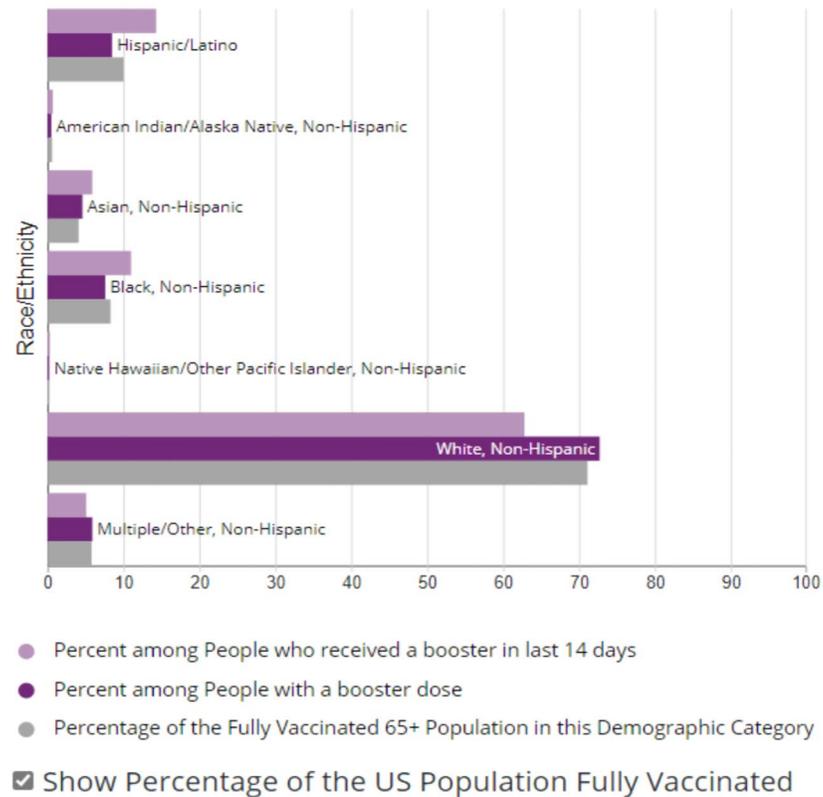
Characteristic	No. (% eligible population)			
	Total	Pfizer-BioNTech	Moderna	Janssen (Johnson & Johnson)
No. of eligible persons	42,521,211	19,896,380	20,396,160	2,175,205
Overall received additional primary or booster	18,745,803 (44.1)	9,925,719 (49.9)	8,425,884 (41.3)	369,260 (17.0)
Sex				
Women	10,287,072 (44.5)	5,492,894 (50.0)	4,585,645 (41.8)	195,356 (17.4)
Men	8,406,212 (43.8)	4,410,192 (49.9)	3,812,071 (40.9)	172,212 (16.7)
Age group, yrs				
65–74	11,074,114 (44.1)	5,829,039 (50.0)	4,974,541 (41.5)	257,412 (17.8)
≥75	7,671,689 (44.1)	4,096,680 (49.8)	3,451,343 (41.0)	111,848 (15.3)
Race/Ethnicity				
AI/AN, non-Hispanic	59,539 (30.3)	29,729 (33.8)	28,851 (28.4)	898 (13.2)
Asian, non-Hispanic	367,868 (40.2)	208,873 (45.4)	151,259 (36.4)	7,453 (18.6)
Black, non-Hispanic	912,059 (37.8)	504,594 (42.8)	382,590 (35.6)	23,790 (15.4)
Hispanic/Latino	900,097 (34.4)	501,804 (39.9)	377,341 (31.6)	19,761 (12.1)
NHPI, non-Hispanic	17,465 (35.0)	10,511 (42.4)	6,609 (29.9)	328 (11.3)
White, non-Hispanic	10,472,303 (46.6)	5,637,792 (53.1)	4,615,302 (43.1)	203,570 (18.5)

Booster or additional primary dose coverage varied by race/ethnicity, with the lowest coverage among eligible American Indian/Alaska Native persons (30.3%), and highest coverage among eligible non-Hispanic white persons aged 65+ (46.6%).

Race/Ethnicity of People 65 Years and Older with a Booster Dose:

 Download 

Data from 30,487,373 people aged 65 years and older with a booster dose administered.
Race/Ethnicity was available for 27,177,980 (89.1%) people with a booster dose administered.



COVID Data Tracker as of 1/24/2022

Of all persons 65 years or older who are boosted, over 70% are non-Hispanic white.



Percentage of Residents in Nursing Homes with Complete COVID-19 Vaccination Receiving Additional Primary or Booster Dose, by State and Week – United States



Complete Vaccination: The percentage of residents who received all doses required to be fully vaccinated. **Additional primary or booster dose:** An additional dose refers to a subsequent dose of vaccine administered to people who likely did not mount a protective immune response after initial vaccination. A booster dose refers to a subsequent dose of vaccine administered to enhance or restore protection by the primary vaccination which might have waned over time.

Select By Region
Region 4

Select By Week
Latest Reporting Week

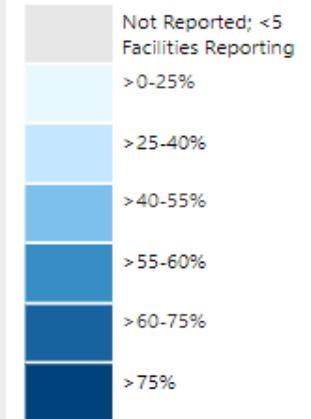
**NHSN Data
as of 1/17/2022**

Percentage of Residents with Complete Vaccination Receiving Additional Primary or Booster Dose, 1/10/2022 - 1/16/2022, Region 4



FL	49.9%
TN	55.9%
MS	58.4%
GA	58.8%
AL	59.7%
KY	67.0%
NC	67.5%

% of Residents with Complete Vaccination Receiving Additional Primary or Booster Dose



For weeks ending 8/29-9/26, facilities reporting 100% of fully vaccinated individuals received an additional primary or booster dose were excluded. Data for the most recent week are still accruing.

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network: Accessibility: [Right click on the graph area to show as table]

For more information: <https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>

Data as of 1/17/2022 5:30 AM



Percentage of Staff in Nursing Homes with Complete COVID-19 Vaccination Receiving Additional Primary or Booster Dose, by State and Week – United States



Complete Vaccination: The percentage of staff who received all doses required to be fully vaccinated. **Additional primary or booster dose:** An additional dose refers to a subsequent dose of vaccine administered to people who likely did not mount a protective immune response after initial vaccination. A booster dose refers to a subsequent dose of vaccine administered to enhance or restore protection by the primary vaccination which might have waned over time.

Select By Region

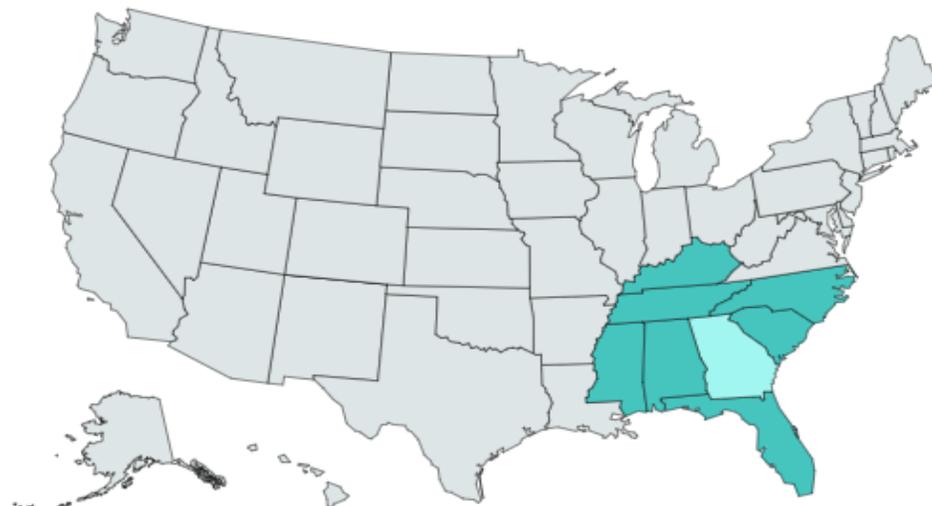
Region 4

Select By Week

Latest Reporting Week

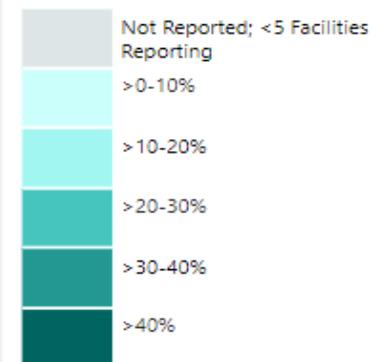
**NHSN Data
as of 1/17/2022**

Percentage of Staff with Complete Vaccination Receiving Additional Primary or Booster Dose, 1/10/2022 - 1/16/2022, Region 4



GA	19.9%
MS	20.3%
FL	21.6%
TN	22.8%
KY	25.2%
AL	26.3%
NC	28.4%

% of Staff with Complete Vaccination Receiving Additional Primary or Booster Dose

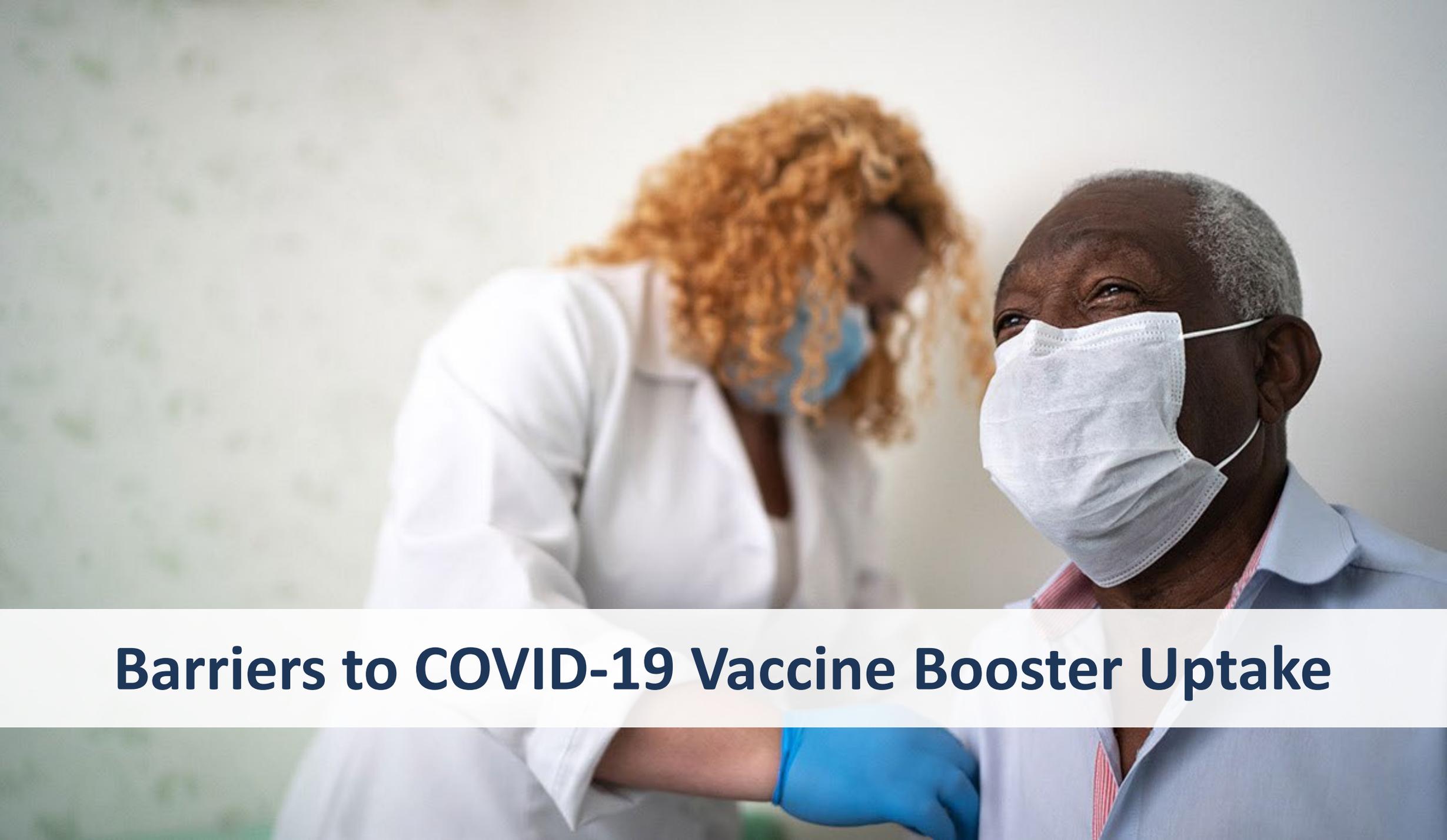


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Data as of 1/17/2022 5:30 AM



Barriers to COVID-19 Vaccine Booster Uptake

Longstanding Systemic Inequities in Health Care



- Collective understanding as a society that the barriers to health equity and vaccine uptake began long before COVID-19.
- Systemic barriers are rooted in racism and discrimination and manifest via distrusts in government and health care and disparities in income, wealth, education, occupation, housing, medical access, utility, etc.
- Systems issues require culture changes—a top-down commitment to understanding and appropriately addressing the cultural, linguistic and environmental needs of all populations.
- Release the undue pressure and burden that you, as a singular individual, can fix an entire broken system.

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Having health care coverage is only 10% of achieving good health.

Systemic Disparities in Eldercare



- Assisted living, continuing care retirement communities and private-home health care are expensive and inaccessible to seniors with lower incomes and fewer assets.
- Nursing homes with higher percentages of minority residents receive more citations for violating of health care and safety standards, though the gap may be narrowing.
- A high concentration of minority residents correlates with a lower quality of care and greater dependence on Medicaid, which under reimburses for nursing home care.
- These facilities do not have the resources they need to improve quality.





Strategies for Equitably Increasing Vaccine Confidence

Introducing a New Method: Right Sizing Problem Statements

- Adopted method from Orange Sparkle Ball – founded by a career epidemiologist previously at the CDC.
- Human-centered approach to defining your problem statement based on stakeholders and their experiences.
- Goal is to chip off a more defined chunk of the problem space.

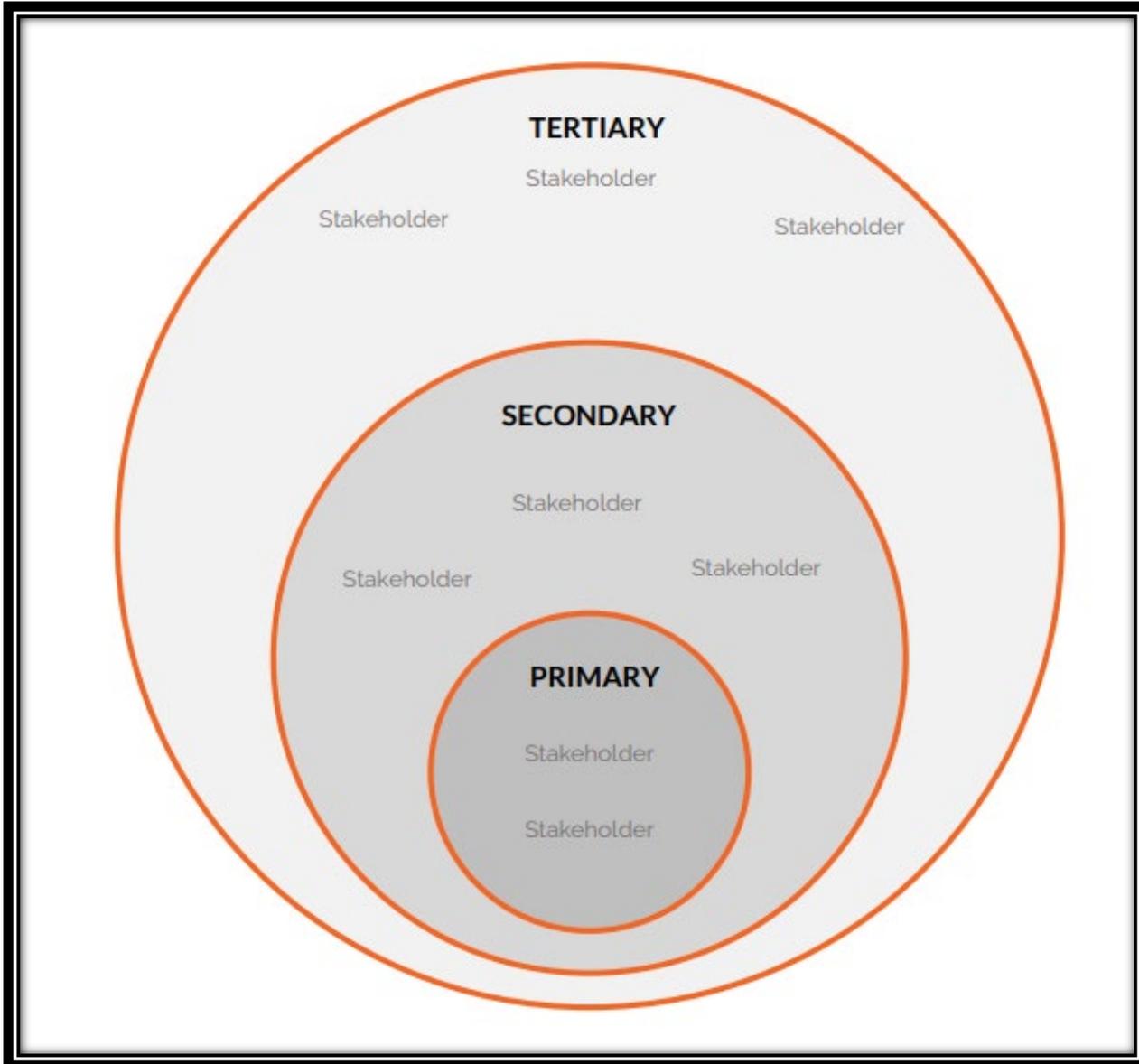


Step 1: Gap Analysis



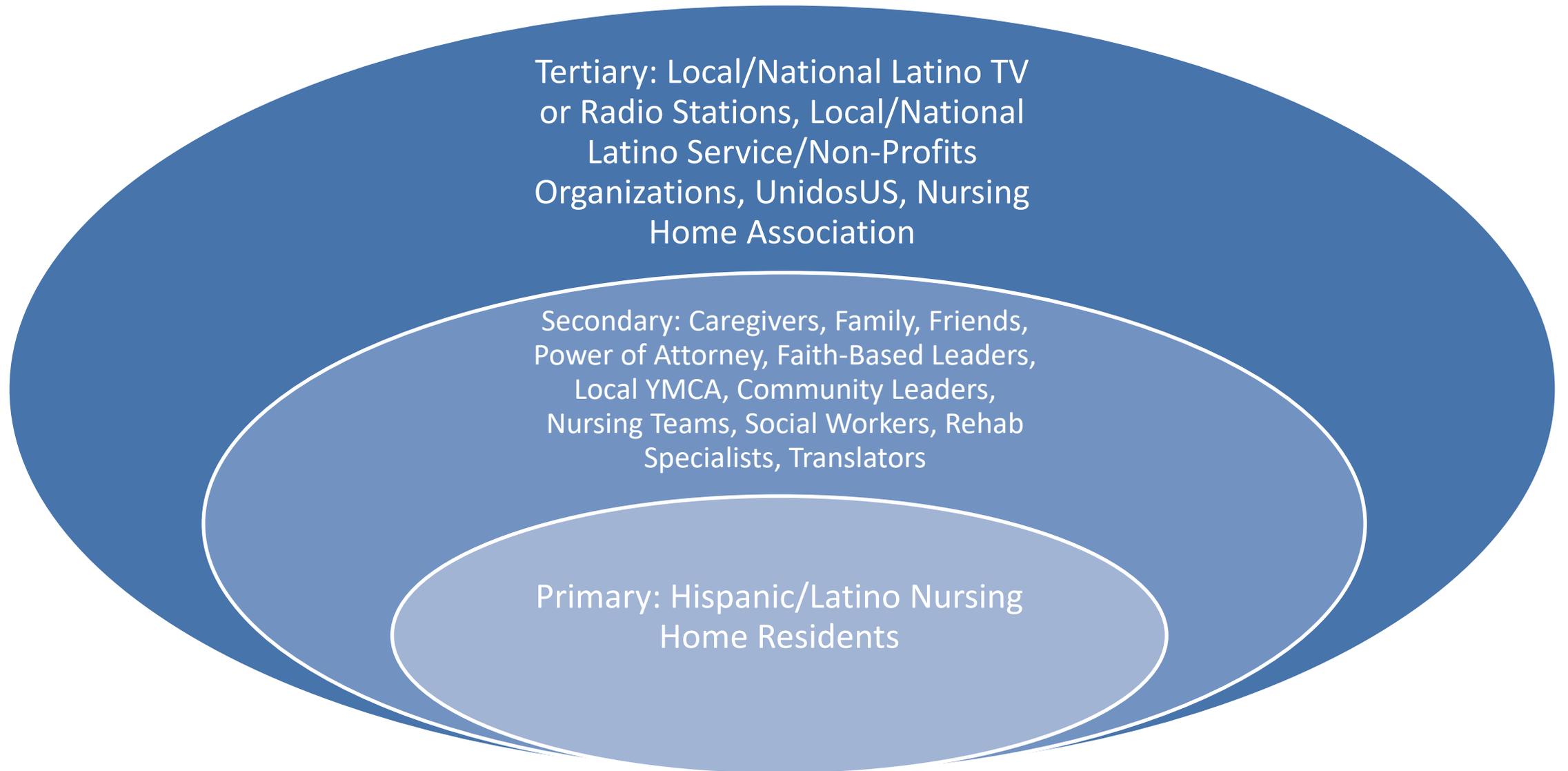
- Analyze the data trends in your nursing homes to identify which population amongst your residents currently have the largest barrier in COVID-19 booster uptake.
- For example, residents 65-75 years of age, women residents, Hispanic/Latino or Black/African- American residents.
- Helps create tailored interventions and prioritizes those who are disadvantaged.

Step 2: Stakeholder Mapping



- Focus on systems thinking in narrowing down the problem statement.
- Helps identify the level of intervention we're operating in.
- Helps us know who should be included in the co-creation of the problem statement and solution.
- Helps us know who should be communicated with and how to approach communications.

Stakeholder Mapping Example



Which stakeholder group are you targeting?

Step 3: Answer The Five Ws

- A ***problem space*** is a broad overarching topic, i.e., vaccine hesitancy or climate change.
- A ***problem statement*** is a sentence or two that hones in on a tangible piece of the problem space.
- An easy way to craft a problem statement is with the five Ws:
 - **What** is the specific problem?
 - **Who** does the problem affect?
(i.e., stakeholder mapping)
 - **When** does this problem present itself?
 - **Where** does this problem occur?
 - **Why** does this problem occur?



Problem Space:
COVID-19 Vaccine Booster Hesitancy



5 Ws:
What is the specific problem? Low vaccine booster uptake in nursing home residents
Who does the problem affect? Hispanic/Latino residents
When does this problem present itself? Currently
Where does this problem occur? Miami, Florida nursing homes
Why does this problem occur? Misinformation about the COVID-19 booster



Problem Statement: There is currently a lack of COVID-19 vaccine booster uptake in Hispanic/Latino nursing home residents in Miami, FL due to fast spreading misinformation about the benefits, purpose and side effects of the booster.

Step 4: Tailor Your Intervention to Address the Specific Problem Statement

Primary Level Intervention: Host a COVID-19 myth vs. fact game night in Spanish to share the purpose, benefits and side effects of the booster with the residents.



Secondary Level Intervention: Partner with the Latino Center on Aging to come in and have an open town hall in Spanish with the Hispanic/Latino residents on their hesitancy regarding the booster and share the truths about the booster.



Tertiary Level Intervention: Partner with the Para Mayores radio show, a weekly broadcast on Spanish radio designed to educate elderly Latinos about existing services and assistance, to share information about COVID booster benefits for seniors on their show.



Take Home Exercise:

Break your nursing or care teams into groups of four or five people. Allow each group to select a particular health equity issue you are experiencing with COVID-19 vaccine booster uptake amongst your residents (i.e., a specific racial/ethnic minority group, gender population or issue with a particular barrier. See Slide 16). Develop a problem statement using the five Ws and select a stakeholder group to target at the primary, secondary or tertiary levels. Afterward, reflect as a team on the below questions:

- What did you find challenging about narrowing the problem statement?
- Do you feel that the problem is more achievable now?
- How does that translate to your work?
- What ah-ha moments did you have?



Additional Resources

Health Equity/SDOH Data Sources:

- [CDC Sources for Data on Social Determinants of Health](#)
- [Kaiser Family Foundation Latest Data on COVID-19 Vaccinations by Race/Ethnicity](#)

Combatting Misinformation Tool:

- [Public Health Collaborative Misinformation Alerts](#)

CDC Resources on Vaccine Confidence, SDOH and Preparedness:

- [COVID-19 State of Vaccine Confidence Insights Reports](#)
- [CDC Tools for Putting Social Determinants of Health into Action](#)
- [CDC COVID19 Preparedness Checklist for Nursing Homes and LTCF](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)
- [COVID-19 Vaccines for Long-term Care Residents | CDC](#)
- [Guides and Resources: Health Equity in Immunization | CDC](#)

Questions?



CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

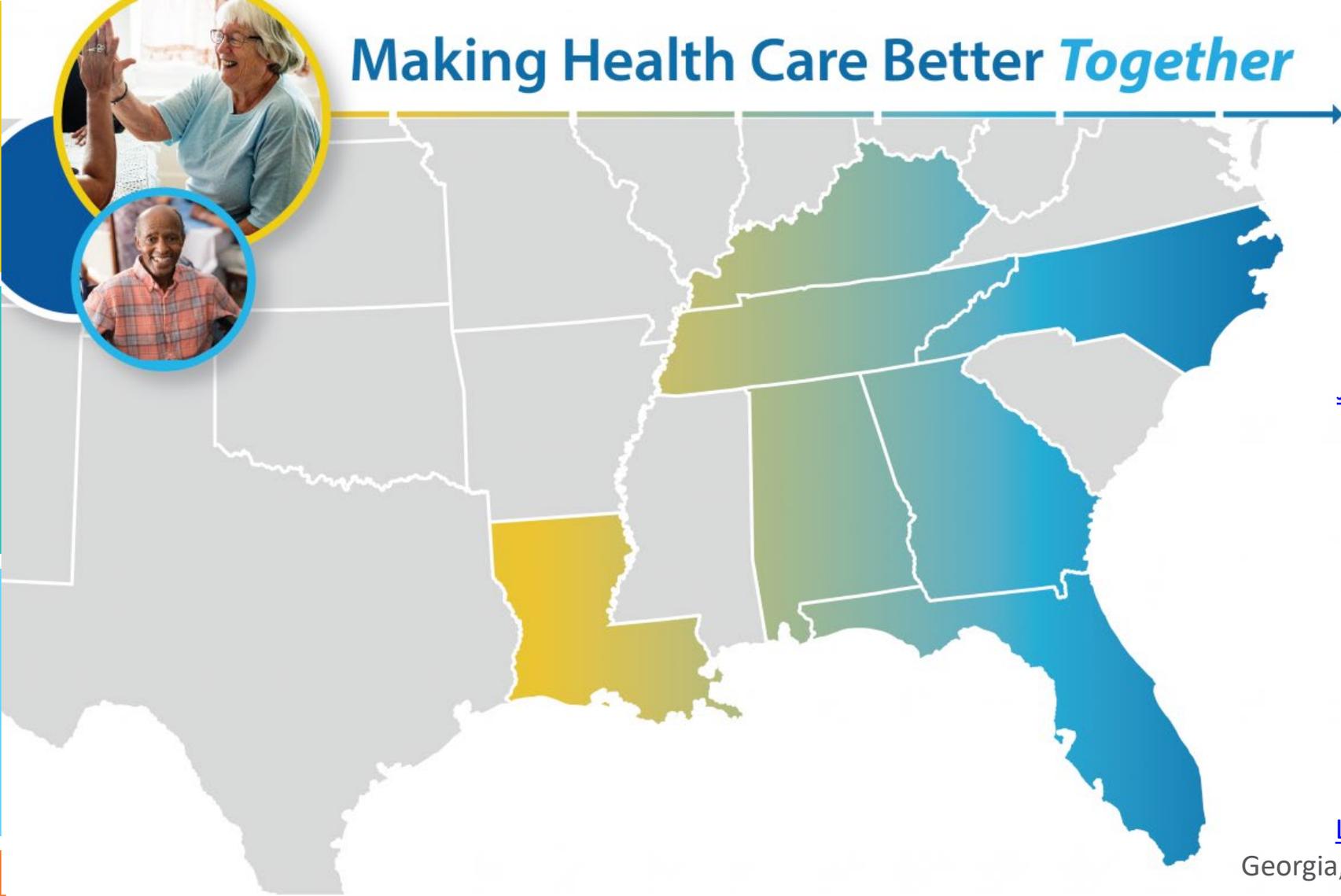
- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

Making Health Care Better *Together*



JoVonn Givens

JoVonn.Givens@AlliantHealth.org

Alabama, Florida and Louisiana

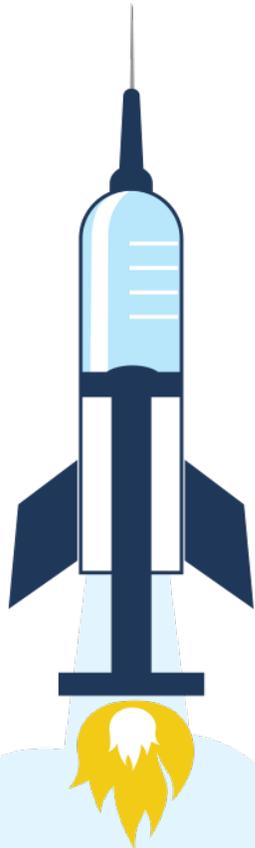


Leighann Sauls

Leighann.Sauls@AlliantHealth.org

Georgia, Kentucky, North Carolina and Tennessee

Program Directors



Thank you



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