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Title: Expansion of a multi-disciplinary immunization program to improve influenza vaccination rates among assisted living home residents: a pharmacy student-driven initiative

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Abstract Text:

Purpose

According to the Centers for Disease Control, each year approximately 100,000 adults, 70 percent who are over 65 years of age, die of vaccine preventable diseases. Despite clinical evidence supporting vaccination, many elders, especially those living in small assisted living homes (ALHs), remain unvaccinated due to limited: access, financial resources, and transportation. Pharmacists, nurses, physicians, and physician assistants can administer influenza vaccine, increasing the number of vaccines that can be administered each year. This clinical demonstration project currently supported by in-kind influenza vaccine donations can not address the growing community need, not all eligible individuals are receiving influenza vaccine.

Methods

To address this unmet and growing need, a student-led pharmacy organization (American Pharmacist Association - Academy of Student Pharmacists "Operation Immunization"), partnered with a multidisciplinary team of volunteer healthcare providers from Providence Health and the community to: 1) administer influenza vaccine to ALH residents, 2) increase the number of eligible healthcare providers to administer vaccine, and 3) collect and analyze vaccination administration data from the past 10 years to use as pilot data to apply for programmatic funding.

Results

In 2017, 9 percent of all ALH residents in the Municipality of Anchorage received influenza vaccine through the ALH Immunization Program. Based on GIS and census data ALH units were primarily in poor (approximately 44 percent exceeding the national poverty rate) and racially diverse communities (approximately 38 percent non-white). Despite the increased number of ALHs supported (four ALHs in 2010 to 64 ALHs in 2017), based on vaccine administration pilot data, 76 percent of homes remain unsupported. Many of the ALHs are not connected to public transportation requiring volunteers and medical professionals to meet residents in their homes. In 2017, approximately 30 volunteers travelled directly to residences; however, the number of qualified volunteers was still inadequate to meet this need.

Operation Immunization increased pharmacist participation by 300 percent and over 1/3 of the local college of pharmacy students travelled to homes and administered vaccines during the 2018 influenza clinics, resulting in approximately 44 percent more elders having access to and receiving vaccinations in 2018 than in 2017. In addition, Operation Immunization leaders, recruited volunteers from other College of Health professions.

Conclusion

Vaccine-preventable disease remain a significant health problem for elderly people. Seniors in small assisted living facilities greatly benefit from outreach services that increase access and adherence to preventive vaccines shown to decrease expensive hospital visits and untimely death. Pharmacists should continue to seek out opportunities, working with interdisciplinary teams, to change the public perception of what their role in healthcare is, working within the ALH Immunization Program and College of Pharmacy to identify and apply for available programmatic funds to support similar vaccination programs in underserved and underrepresented communities.