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Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy Perspective

UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
Beyster Institute of Nursing

DOCTOR OF NURSING PRACTICE PORTFOLIO

by

Allison Rae B Chico

A portfolio presented to the

FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
UNIVERSITY OF SAN DIEGO

In partial fulfillment of the
requirements for the degree

DOCTOR OF NURSING PRACTICE

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Documentation of Mastery of DNP Program Outcomes

Manuscript Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy Perspective

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Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy Perspective

Abstract

Background: COVID-19 disproportionately affected Hispanic/Latinx populations exacerbating systemic health inequities. In San Diego County, 44.7% of COVID-19 cases are among Hispanic/Latinxs compared to 31.1% Whites. Community-centered, culturally tailored vaccine programs are essential to close the gap in COVID-19 disparities.

Purpose: This health policy project aimed to explore barriers to COVID-19 vaccination across Hispanics/Latinx in San Diego, communicate findings and seek assistance from elected officials, and collaborate with a community-based organization to provide vaccines utilizing the PRECEDE-PROCEED model.

Implementation: Our project utilized a multicomponent approach. We conducted a screening of 200 participants to identify common barriers for vaccine hesitancy among Hispanics/Latinx individuals across San Diego. We also sought additional assistance from local elected officials and community organizations to disseminate educational brochures to the public. Finally, we designed and furnished educational pamphlets at four community vaccination events where participants received a COVID-19 vaccine.

Results: Questionnaires revealed that 36% of participants were vaccinated, while 36% were unvaccinated. Among unvaccinated individuals, 36% reported a knowledge deficit, 19% expressed misinformation, and 7% identified other reasons as barriers to vaccination. We distributed 412 educational pamphlets at four vaccine events, with 57% of individuals outreached receiving a COVID-19 vaccine.

Keywords: *COVID-19, vaccination, vaccine barriers, Hispanic/ Latinx, San Diego, PRECEDE-PROCEED*

Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy perspective

Introduction

The coronavirus pandemic of 2019 (COVID-19) highlighted severe public health issues worldwide (Moore, 2021). Here in the United States of America (USA), the pandemic exacerbated stark inequalities suffered by underserved minorities, including Hispanic/Latinx (Cuellar et al., 2021; Garcia et al., 2021; Macias Gil et al., 2020). Thus, demonstrating the detrimental effects of health inequality and social determinants of health (SDOH) that continue to plague minorities of color (Balasuriya et al., 2021).

According to the Centers for Disease Control and Prevention (CDC), as of 2022, Hispanic/Latinx in the USA had 1.6 times the number of COVID-19 cases, with rates of hospitalizations and deaths twofold compared to Non-Hispanic Whites (Balasuriya et al., 2021; CDC, 2022; Cuellar et al., 2021; Marquez et al., 2021). In California, 44.9% of confirmed deaths are among Hispanic/Latinx compared to 33.3% of Non-Hispanic Whites (COVID-19 California, 2022b). According to the County of San Diego Health and Human Services (SDHHS; 2022a), confirmed COVID-19 cases among Hispanic/Latinx as of February 2022 are 276,066 and 2,094 deaths compared to 193,166 occurrences with 1,768 fatalities in Non-Hispanic Whites.

As the pandemic progressed, scientists worldwide produced vaccines to stop the number of cases using blueprints from previous coronaviruses, thus, making COVID-19 vaccines the most potent tool to combat the pandemic (Bateman et al., 2021; CDC, 2021e; Marquez et al., 2021). Initially, Hispanic/Latinx made up a low percentage of those vaccinated; however, in the Summer and Fall of 2021, more Hispanic/Latinx were vaccinated once restrictions were lifted (Weis, 2022). According to the Kaiser Family Foundation (KFF), as of March 2022, 75% of Hispanic/Latinx have been vaccinated, followed by 73% of Non-Hispanic Whites and 72% of African Americans (KFF, 2022).

However, significant barriers to vaccination continue to influence vaccine uptake, including lack of knowledge, lack of access, and misinformation (Balasuriya et al., 2021; Garcia et al., 2021; Moore, 2021). Therefore, many grassroots organizations in the USA continue vaccination programs designed to go directly to communities affected and provide services, including education and vaccination (Marquez et al., 2021). Thus, multicomponent community strategies backed by elected officials at all levels of the government can aid in closing the gap in COVID-19 vaccinations, including Hispanic/Latinx communities (Marquez et al., 2021).

Background

Moore (2021) stressed the role of health inequities and longstanding social determinants of health (SDOH) as causal factors associated with outcomes related to COVID-19 and its harmful effect on Hispanic/Latinx communities. CDC (2021a) defined health equity as “the opportunity for each person to attain their full health potential regardless of social position or socially determined circumstances” (para. 1). On the other hand, The World Health Organization (WHO; n.d.) defined SDOH as “Conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems, such as social norms and policies, that shape the conditions of daily life” (para. 1). Examples of SDOH include: (a) safe housing, (b) racism, (c) discrimination, (d) pollution, (e) access to education and jobs, (f) access to health care and nutritious foods, and (g) language and literacy skills (Cuellar et al., 2021).

Macias Gil et al. (2021) argued health inequities plaguing communities of color had been documented since the founding of colonial USA, while further exacerbated by both historical and contemporary SDOH. Thus, Cuellar et al. (2021) proposed Hispanic/Latinx came into the pandemic disenfranchised while experiencing increased risks of SDOH exacerbated by years of social inequalities. Consequently, Hispanic/Latinx have a higher burden of poverty with a rate of 14.9% compared to 9.6% among Non-Hispanic Whites, high risk of comorbid conditions (including obesity, kidney disease, and heart disease), crowded housing, and lack of access to health care due to

immigration status or lack of resources (COVID-19 California, 2022a; Cuellar et al., 2021; Macias Gil et al., 2021). Moreover, Hispanic/Latinx have the lowest medical insurance coverage rates, with 19.8% of individuals uninsured compared to 5.4% of non-Hispanic Whites; therefore, preventing Latinx from accessing preventative and primary care that could preclude or treat comorbid conditions associated with COVID-19 outcomes (Cuellar et al., 2021; Macias Gil et al., 2021).

On the other hand, discrimination, immigration status, and lack of concordant language education can create barriers to COVID-19 vaccination (Macias Gil et al., 2021). Garcia et al. (2021) argued that lived experiences of structural discrimination and implicit bias could create behaviors leading to mistrust in the medical establishment and fear in the health care model. A phenomenological study of African American and Hispanic/Latinx individuals by Balasuriya et al. (2021) identified pervasive mistreatment and mistrust of health care as barriers to COVID-19 vaccination due to:

1. Legacy of structural discrimination.
2. Fears of being denied medical care.
3. Concerns related to becoming subjects of experimental vaccines.

Also, immigration laws and anti-immigration rhetoric may discourage individuals from seeking care due to their legal status and lack of official identification (Balasuriya, 2021; Cuellar et al., 2021; Garcia et al., 2021; Macias Gil et al., 2020; Marquez et al., 2021). Conversely, a lack of language-concordant education can further impede access to COVID-19 education and prevention, therefore, leading to inadequate health prevention messaging and risk of misinformation (Macias Gil et al., 2020; Moore, 2021).

Therefore, agencies across all levels of government continue to address barriers to COVID-19 vaccination in minorities, including Hispanic/Latinx (CDC, 2021c; Weis, 2022). According to the CDC (2021c): “Health and vaccine equity are essential parts of CDC’s mission” (para. 4). Therefore, the CDC collaborated with national, state, local, tribal, and community partners to promote COVID-

19 vaccinations (CDC, 2021c). As a result, the CDC provided \$2.25 billion in funding to health departments (including the California Department of Public Health) to collaborate with community partners to close the gap on COVID-19 disparities (CDC, 2021c). Also, in collaboration with state, local, and community stakeholders, the CDC created the Federal Retail Pharmacy Program for COVID-19 (CDC, 2021b). The Federal Retail Pharmacy Program is a partnership with retail and independent pharmacies designed to increase access to COVID-19 vaccinations (CDC, 2021b).

Similarly, Bruckhaus et al. (2021) argued that California allocated 40% of COVID-19 vaccines to the hardest-hit communities. Meanwhile, McConville (2021) denoted efforts from California's policymakers to provide equitable access to vaccines, including access to school sites to boost vaccination rates. Also, due to the importance of Medi-Cal managed care plans in providing vaccinations, the California Department of Health Services allocated \$350 million for a vaccine incentive program with \$100 million to be used for incentives, including grocery gift cards. (McConville, 2021). Furthermore, California partnered with mobile clinics to provide vaccination in local school districts and places of worship while providing free transportation to vaccine sites (COVID-19 California, 2022a).

The spread of misinformation in social networks and through word of mouth among communities in the USA can affect vaccine confidence and vaccination uptake in vulnerable communities, including Hispanic/Latinx (CDC, 2021b, Weis, 2022). However, despite efforts to bridge access to vaccines, targeted misinformation continues to be a pervasive barrier to COVID-19 vaccination in Hispanic/Latinx populations (Garcia et al., 2021; Weis, 2022). Often, the topics of misinformation include COVID-19 denialism, conspiracy, and vaccine safety (CDC, 2021d). According to WHO (2022), the spread of misinformation via digital and physical environments during the COVID-19 pandemic is an example of an infodemic. Therefore, infodemic management involves the systematic use of evidence-based approaches, including (a) listening to community concerns, (b) providing expert advice about risk and health, (c) acting against misinformation, and (d)

empowering communities to act (WHO, 2022). Locally, in collaboration with medical experts, the San Diego County Board of Supervisors declared misinformation a public health crisis in August 2021; thus, periodically reviewing claims for accuracy to provide the public with accurate information (SDHHS, 2022b).

Purpose

Successful immunization efforts are dependent on culturally sensitive strategies that quickly mobilize community-based organizations to address the gap in COVID-19 vaccinations and overall morbidity and mortality rates suffered by Hispanic/Latinx (Bateman et al., 2021; Marquez et al., 2021). Thus, community-based partnerships can effectively address barriers such as vaccine hesitancy while providing vaccine administration to vulnerable populations (Bruckhaus et al., 2021; Marquez et al., 2021). One example involves using a mobile vaccine program at a soccer tournament in Denver, which resulted from a partnership between the State of Colorado and local community partners to make COVID-19 vaccines more accessible (Daley, 2021).

Bruckhaus et al. (2021) concluded that improved accessibility to vaccinations among underserved populations in California led to an increase in vaccine uptake. Therefore, this health policy project aims to explore barriers to COVID-19 vaccination across Hispanics/Latinx in San Diego, communicate findings, seek assistance from elected officials, and collaborate with a community-based organization to provide vaccines utilizing evidence-based theory and methodology.

Literature Review

A literature review was conducted to explore how COVID-19 has disproportionately affected the Hispanic communities of the United States. The two databases utilized for this literature review included PubMed, CINAHL, and Google. Search Terms included COVID-19, vaccine hesitancy, Latinos, Hispanics, Multicomponent, Policies. Three subjects of interest to this project included

barriers to vaccination, other preceding multicomponent projects addressing COVID-19 and Latinos, and information about current policies addressing barriers to vaccination.

Barriers to vaccination

Numerous barriers to COVID-19 vaccination exist in the United States, but the most troubling is the growing vaccine hesitancy due to misinformation. As discussed by Rifaul Biswas et al. (2021) in their scoping review, the Hispanic/Latinx community is among the ethnic minority groups that have a mistrust of government facilities due to their experiences with discrimination in education, employment, and injustice in politics. During the pandemic, this mistrust has now grown to mistrust healthcare systems, and because of this, many people have postponed getting vaccinated. National surveys assessing vaccine hesitancy have shown that 55% of hesitant respondents say they lack trust in the government to ensure vaccine safety and effectiveness (de Albuquerque Veloso Machado et al., 2021). Having a mistrust in the government has led people to seek information from sources that are not evidence-based, which has further increased vaccine hesitancy.

The concerns about the vaccine are many and can vary among different groups of the United States population. Some of the most common concerns are fear of possible side effects of the COVID-19 vaccines. A systematic review by Wang and Liu (2021) revealed that people worried that the vaccine's side effects would be worse than getting COVID-19. Other concerns included vaccine safety and doubts about the effectiveness of the vaccines Wang and Liu (2021). Furthermore, there exist beliefs that the vaccines are unnecessary, there is not enough information about the duration of immunity, and that the vaccine was developed too quickly (de Albuquerque Veloso Machado et al. 2021).

Other contributing factors to vaccine hesitancy include demographic determinants such as age, income, health literacy, educational attainment, and rurality (Hudson & Montelpare, 2021). Yasmin et al. (2021) noted generational differences in vaccine hesitancy, as Baby Boomers and Gen X are more likely to get vaccinated than Millennials. Khubchandani and Macias (2021) highlight certain factors

observed in the Latino population that make them more likely to experience vaccine hesitancy. These factors include having a larger household, fear of racial discrimination, fear of past mistreatment, lack of time, costs, and greater exposure to conspiracy theories via media. The endorsement of conspiracies alone puts individuals at a 74% reduced likelihood of accepting the COVID-19 vaccine (Wang & Liu, 2021). Roozenbeek et al. (2020) noted that misinformation about COVID-19 is perceived as most reliable in Mexico due to a lack of trust in science, age, and political ideology. Moreover, the researchers found that a one-unit increase in susceptibility to misinformation is associated with a 23% decrease in the likelihood of receiving the vaccine and recommend vaccination to family and friends (Roozenbeek et al., 2020). There is a dire need for more education about the vaccine in Latino communities, as misinformation has a measurable impact on their likelihood of becoming vaccinated.

Multicomponent Approach to Increase Vaccination Rates

A multicomponent approach is necessary to combat COVID-19 misinformation and increase vaccination rates in the Latino population. Marquez et al. (2021) found a multi-component community-centered vaccination strategy was used to reach the Latino population in San Francisco. Existing Latino social networks within communities were used to boost vaccination acceptance. Marquez et al. (2021) noted that one of the reasons that Latinos chose to get vaccinated at a certain vaccination location was because of a recommendation from someone they trusted. Also, vaccinated individuals were likely to personally reach out to people they knew to encourage them to get vaccinated. Therefore, using vaccinated individuals in the Hispanic/Latinx community as ambassadors to encourage family and friends to get vaccinated can effectively increase vaccination rates (Marquez et al., 2021). A study by de Albuquerque Veloso Machado et al. (2021) also found that sharing knowledge through trusted sources, such as peers and community members, can bypass the mistrust in authority contributing to vaccine hesitancy. Peer-led initiatives are effective in the Latino community because existing and trusted social networks are used to promote discourse.

Other important aspects of a multi-component approach for increasing vaccination rates in the Latino community include directly addressing the barriers and concerns of the communities facing vaccine hesitancy. Marquez et al. (2021) demonstrated the need and effectiveness of well-structured interventions to address the barriers that are being faced by the Latino population. Like using bilingual and monolingual Spanish-speaking community members to provide vaccine-related education. It is important to note that outreach is done face-to-face, and including written educational materials in the participant's preferred language was most effective. Equally important was disseminating the information via handouts and social media (Marquez et al., 2021).

Existing Policies and Collaborations

In California, Assembly Bill 35 (AB-35) prohibits individuals from disseminating untrue or misleading information over the internet and social media; therefore, these platforms must provide users with disclosure regarding the spread of false information (California Legislative Information, 2021). Although legislation targeting misinformation is valuable, there could be more value in local, state, and federal officials promoting evidence-based information. During this pandemic, authority trust has fallen, greater in federal than state or local governments (Lin et al., 2020). Therefore, community-led education and outreach with active endorsement from local government representatives and other trusted community members can increase trust in vaccine safety, effectiveness, and healthcare systems (Marquez et al., 2021). Rifaul Biswas et al. (2021) noted a need to increase public awareness through strategically implemented campaigns that promote vaccination. Although numerous vaccine campaigns have been launched all over the United States, there still exist barriers due to a generalized approach to vaccination education. Therefore, considering cultural and ethnic reasoning for vaccine hesitancy is necessary.

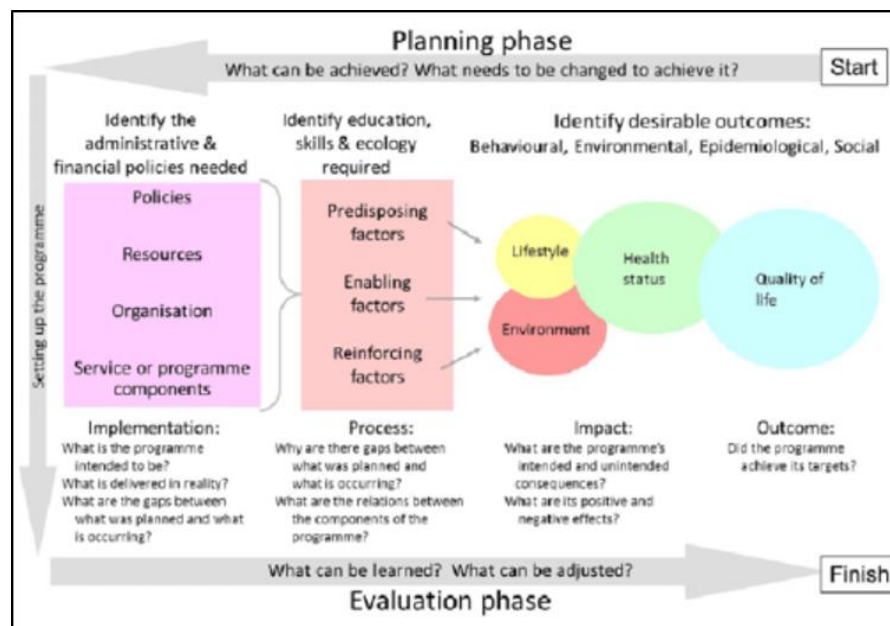
Evidence-Based Model/Framework

Model

This project utilized a comprehensive participatory model to demonstrate that long-lasting community change starts when participation is voluntary. The participatory model utilized by this EPPP was the PRECEDE-PROCEED model. The PRECEDE-PROCEED model is a nine-step framework separated into two phases; the first phase, PRECEDE, has five steps, and the second phase, PROCEED, has four steps (See figure 1). PRECEDE is an acronym for predisposing, reinforcing, and enabling constructs in educational diagnosis and evaluation (Saulle et al., 2020). PROCEED is an acronym for policy, regulatory and organizational constructs in educational and environmental development. The steps of PRECEDE systematically recognize social needs, health, barriers, and resources in public health. On the other hand, PROCEED covers the implementation and the careful evaluation of the intervention to reach the desired outcome of the process (Jirathananuwat & Pongpirul, 2017; Saulle et al., 2020).

Figure 1

Precede-Proceed Model



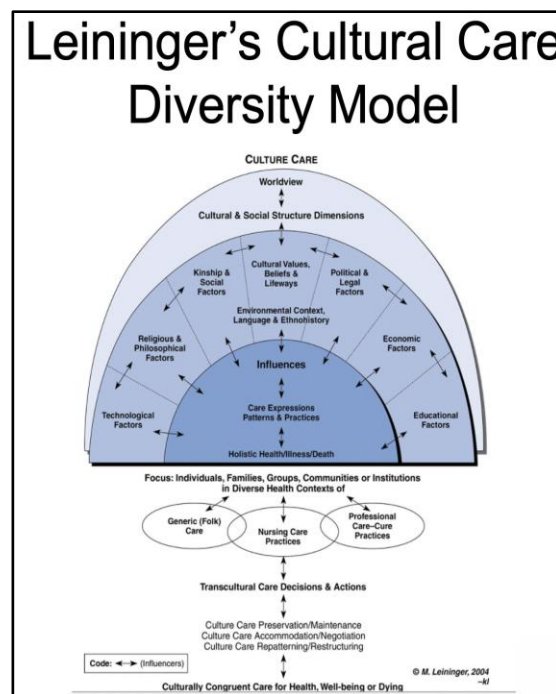
Theoretical Framework

The theoretical framework for this health policy project will be Leininger's Cultural Care Diversity and Universality, also known as Culture Care Theory (CCT; McFarland & Wehbe-Alamah,

2019). McEwen and Lewis (2010) describe the primary goal of the CCT is to provide culturally congruent care while understanding the client's beliefs and perception of illness. Furthermore, the CCT is grounded on cultural factors providing a context for developing health policy models to address health outcomes in social justice (McFarland & Wehbe-Alamah, 2019). Therefore, it allows knowledge to be generated based on cultural backgrounds and practices while understanding barriers related to COVID-19 vaccines among Hispanic/Latinx communities in San Diego as integral components aligned with the purpose of this project.

Figure 2

Leininger's Cultural Care Diversity and Universality



Description of Practice Change

The primary objectives of this evidence-based policy perspective project (EPPP) were addressing vaccine hesitancy and increasing vaccine acceptance in Hispanic/Latinx communities in San Diego county. As discussed, the participatory model utilized by this EPPP was the PRECEDE-PROCEED model. The first two steps of the framework assess the social problems of a given population and the health determinants of the identified problems to set priorities and goals (Saulle et

al., 2020). This project focused on the social problems and health determinants contributing to COVID-19 hesitancy in the Hispanic/Latinx community. Information was collected by administering a questionnaire to random participants in predominantly Hispanic/Latinx communities. The questionnaires were available in English and Spanish and inquired about the participants' COVID-19 knowledgebase, sentiments towards COVID-19 vaccines, and regular health maintenance practices. Each questionnaire was identical, and Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant. Sensitive patient identifiers were not collected except for age and ethnicity, and there was no information collected from minors under the age of 18. There were 200 surveys collected in the central and southern areas of San Diego over the span of 3 months. These areas were ideal for questionnaire administration due to the high Hispanic/Latinx population concentration, as determined by a review of updated census figures.

The next step in the model identifies the predisposing factors that can affect attitudes towards the COVID-19 vaccine and contribute to COVID-19 vaccine hesitancy (Jirathananuwat & Pongpirul, 2017; Saulle et al., 2020). Through a comprehensive analysis of the questionnaires, it was evident that the leading obstacles to COVID-19 vaccination were knowledge deficit and misinformation. Knowledge deficit was identified when participants chose the "I don't know enough about the vaccine" or "I don't know where/how to sign up for a vaccine" as a barrier to vaccination that they faced. Furthermore, participants identified misinformation by choosing "Someone told me the vaccine is dangerous" and "My family told me no to get it."

The fourth step in the model is identifying administrative and policy factors that influence what can be implemented (Jirathananuwat & Pongpirul, 2017; Saulle et al., 2020). Subsequently, with the intent to address the identified barriers, an educational pamphlet was created. Using solely the CDC evidence-based recommendations, the educational pamphlet addresses the prominent concerns. The pamphlets were available in both Spanish and English. Additionally, to increase the accessibility

of the pamphlet information for the greater San Diegan community, the pamphlets were translated into a QR code that could be easily shared between electronic devices.

Additionally, policies and resources needed to address vaccine hesitancy were identified. Institutional involvement would be crucial to achieving multi-level behavioral change and overall community buy-in. Local legislators, a community health foundation, and the San Diego chapter of the National Association of Hispanic Nurses were identified as pivotal factors to disperse evidence-based vaccine information to the greater San Diegan community. Among the legislators contacted were Governor Gavin Newsom, Chair Nathan Fletcher, Vice Chair Nora Vargas, Mayor Todd Gloria, Councilmember Joe LaCava, Councilmember Jennifer Campbell, Councilmember Stephen Whitburn, Council President Pro Tem Monica Montgomery Steppe, Councilmember Marni von Wilpert, Councilmember Chris Cate, Councilmember Raul Campillo, Councilmember Vivian Moreno, and Council President Sean Elo-Rivera. The community vaccine events hosted by the community health foundation Champions for Health were pivotal in the implementation plan. As was the collaboration with the San Diego National Association of Hispanic Nurses (SDNAHN).

The second phase of the PRECEDE-PROCEED framework, PROCEED, emphasizes action and continuous reevaluation in the community context (Saulle et al., 2020). The first step of PROCEED, Implementation, was devoted to leadership buy-in and community outreach. Meeting requests were drafted and sent to local and national organizations and to local and state elected officials. Two organizations agreed to meetings, and of the 13 elected officials contacted, five responded, and two committed to a meeting. The meetings with the two local elected officials were with District 6 councilmember Chris Cate and with District 1 councilmember Joe LaCava. During each meeting, the data collected from the initial questionnaire was presented. The goal of the presentations was to disclose the main factors contributing to Hispanic/LatinX vaccine hesitancy in San Diego communities and to emphasize the need for more leadership involvement in promoting the COVID-19 vaccinations. The ultimate purpose of these presentations was to educate local officials

about the barriers faced by the Hispanic/Latinx population in San Diego and to recruit their assistance in increasing the promotion of evidence-based educational materials that address the knowledge deficit and misinformation barriers related to COVID-19 vaccination. Essentially, the elected officials were asked to promote the informational pamphlet and QR code on their media outlets. Furthermore, the need to implement sponsored reoccurring COVID-19 information booths that medical volunteers could staff was discussed.

The next part of the implementation stage included disseminating the pamphlets and QR codes at four different vaccination events hosted by the organization Champions for Health. The events took place at a local grocery store in the University area, a sports and recreation center in South San Diego, an open lot in the Normal Heights area, and a high school in east San Diego. The pamphlets and QR codes dissemination occurred right before and during the vaccination events. Bilingual English and Spanish-speaking medical volunteers distributed pamphlets along with QR codes. Additionally, the medical volunteers provided face-to-face education and answered questions related to concerns surrounding the COVID-19 vaccine. In providing education, the volunteers encouraged the participants to receive the educational materials to proceed to the vaccination event and register to receive a vaccine. The number of pamphlets and attached QR codes was counted, and the number of people who proceeded to get vaccinated after receiving the education was also tallied. Furthermore, participants who received the educational pamphlets were encouraged to share the QR code with friends and family members who were not present during the vaccination event. Scans of the QR code were quantified using the QR-code-generator software.

In the sixth and seventh steps, Process evaluation and Impact evaluation, it was determined that outreach to politicians would not produce the necessary outcomes. An emphasis should be put on in-person community outreach (Saulle et al., 2020). Therefore, four vaccine events were identified in different areas of San Diego that have a predominantly Hispanic/Latinx population. After careful evaluation of the first vaccination event, it was evident that the face-to-face education with the

educational pamphlets at community events was beneficial to the community as most participants were forthcoming with questions or concerns, they faced regarding COVID-19. Furthermore, the impact was noted by the willingness of Latino residents to receive a COVID-19 vaccine after being presented with educational materials.

It was also determined that further support would be needed from local and national organizations, which prompted further communication with SDNAHN requesting support for future projects to address the barriers to vaccination faced by Hispanic/Latinx communities. Members were invited to present at SDNAHN's General Membership Meeting in March 2022. This meeting will thoroughly discuss Latino vaccine hesitancy findings, educational materials, and implications in clinical practice.

The final step was Outcome Evaluation (Saulle et al., 2020). The model's guidance members of the EPPP identified limitations and areas in need of modification (Saulle et al., 2020). The limitations include a limited commitment by local officials to actively support programs that help disperse evidence-based educational materials to underserved populations most affected by COVID-19 vaccine hesitancy and misinformation. Furthermore, although the vaccination events are invaluable to providing vaccines to the community, the members of the EPPP were the only people providing participants with education at the events. Therefore, similar events could benefit from informational booths that offer education and provide a space for people's questions regarding the COVID-19 vaccine to be answered. After reviewing the number of people willing to accept education and the number that agreed to receive a vaccine, it is clear that in-person education at similar events would be beneficial to increasing vaccine acceptance. A decline in vaccine hesitancy among the San Diegan Hispanic community was achieved and documented through the visual confirmation of participants accepting educational materials, registering to be vaccinated, and receiving the vaccine at the vaccine events. Unfortunately, as evident by new variants, a fissure remains between health promotion and disease prevention of COVID-19. A multi-level approach is paramount to fully closing

the gap, as discussed in the articles located in the literature review. More community-based organizations and government involvement are vital. Local officials cannot rely solely on private organizations to promote COVID-19 vaccination as it restricts the reach of needed health promotion to the Hispanic/LatinX and greater San Diegan community.

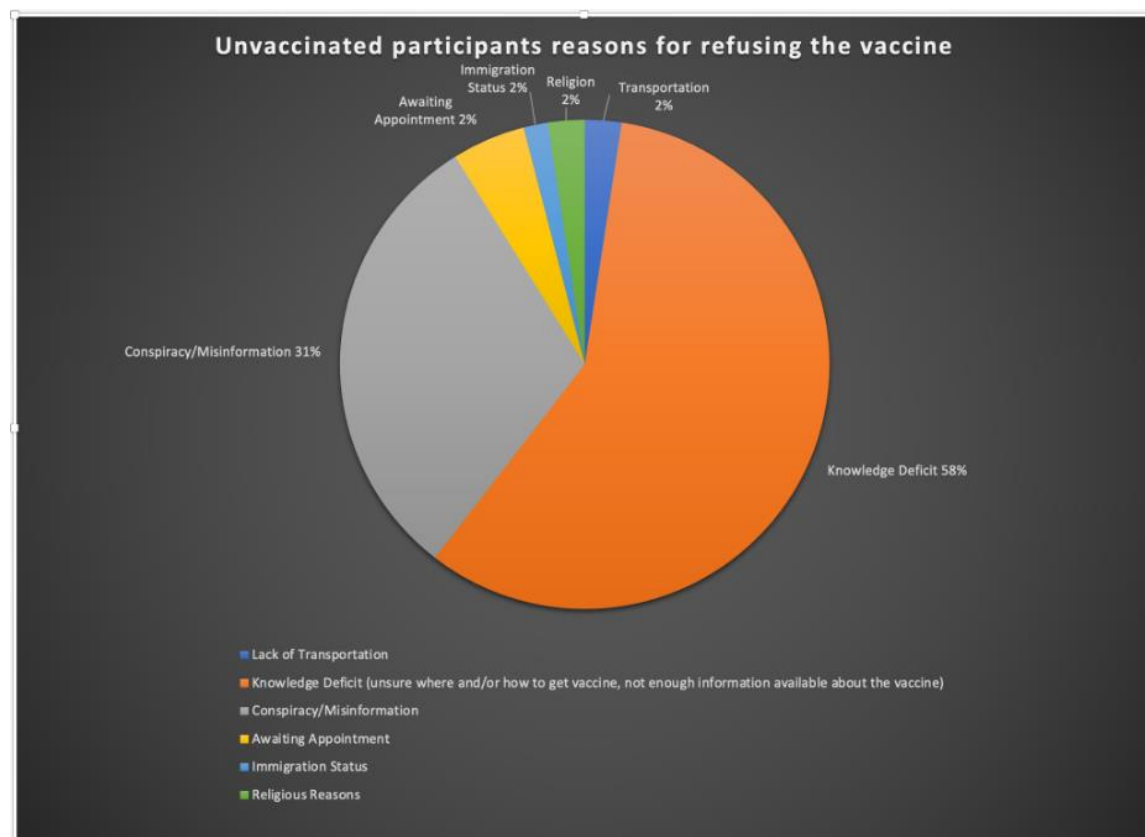
Evaluation of Outcomes

Identification of Barriers to Vaccination

Of the 200 participants that completed questionnaires, 36% identified a knowledge deficit, 19% identified misinformation, and 7% identified additional barriers such as awaiting appointment, immigration status, transportation issues, or religious reasons as barriers to not receiving the COVID-19 vaccine (see figure 3). There were 36% of participants identified as vaccinated, and 2% of participant indicators were excluded due to questionnaire completion errors.

Figure 3

Unvaccinated Participant's Reasons for Refusing the Vaccine



Policy Outreach

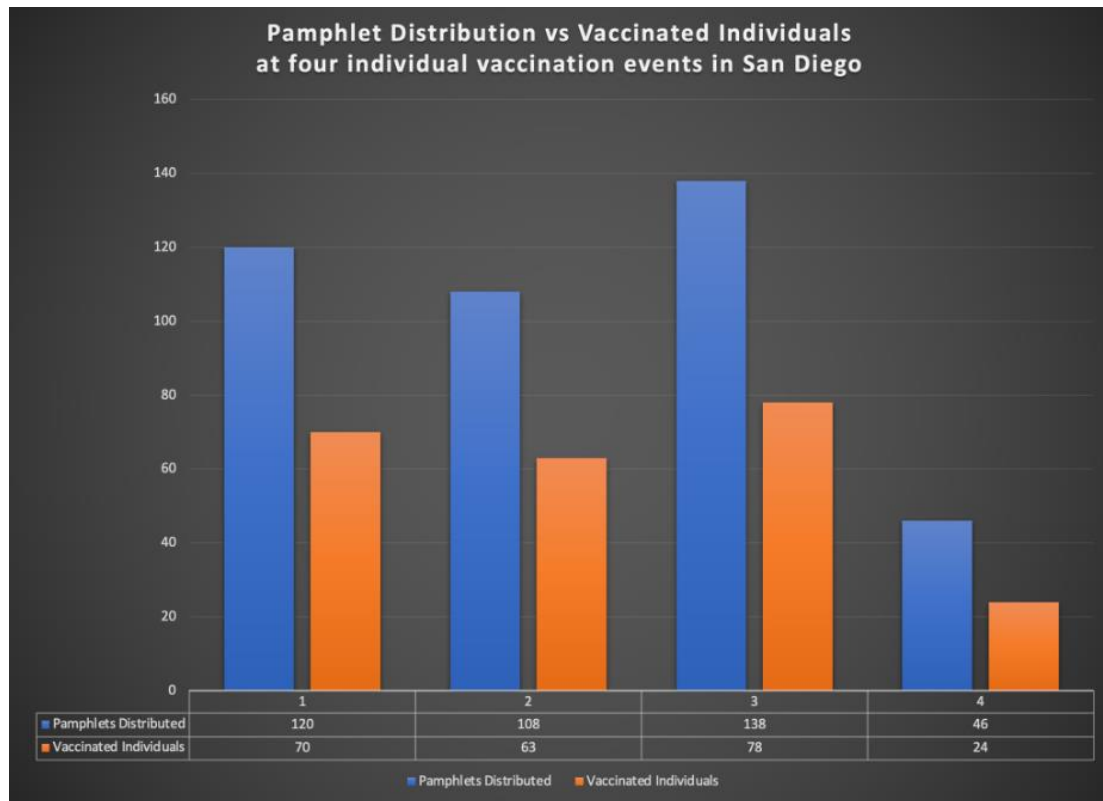
Vaccine hesitancy indicators were presented to local elected officials, but buy-in was limited. Of the 13 elected officials contacted, two officials agreed to a meeting, and only one local official agreed to share the educational pamphlets with their constituents via social media. The Spanish version of the education pamphlet was shared by city council member Joe LaCava's team on his Facebook and Instagram accounts. No further support or commitment was agreed to for community outreach.

Community Outreach

During the outreach events, 412 educational pamphlets and QR codes were distributed at the vaccination events. Of those who accepted the pamphlets and QR codes, 235 were vaccinated (see figure 4). More specifically, 58% of participants that received pamphlets and QR codes at Event 1 and Event 2 received a vaccine that day. During Event 3, 56% of participants that received educational pamphlets and QR codes were vaccinated. At the last event, 52% of participants received pamphlets and QR codes that received a vaccine. The first three events were in more community-based areas with more foot traffic and more opportunities to educate the public.

Figure 4

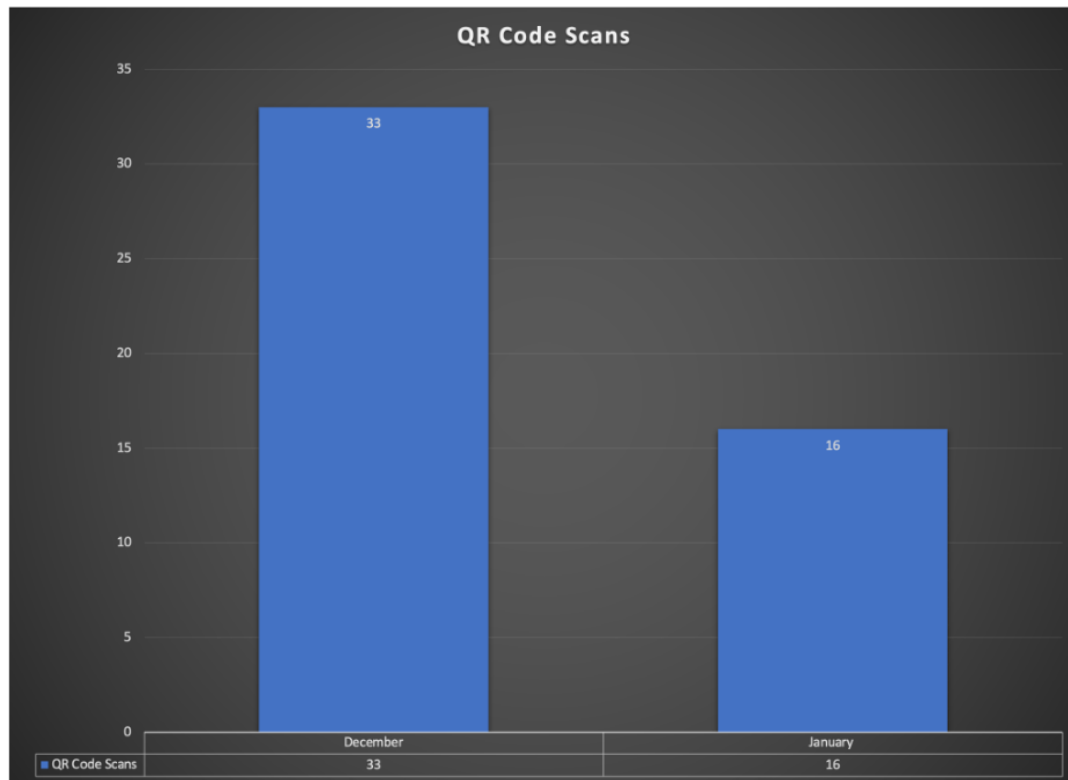
Pamphlet Distribution vs. Vaccinated Individuals



Using software from [QR-code-generator.com](https://www.qr-code-generator.com/), we tallied the QR code scans done on the days of the event and days following the event; therefore, people who accessed the educational information after the event furthered access to COVID-19 information even after the vaccination events were over. In December, there were 33 scans of the QR codes, and in January, there were 16 scans of the QR codes provided to participants (see figure 5).

Figure 5

QR Code Scans



Cost-Benefit Analysis

Medical institutions have estimated that 690,000 unvaccinated COVID-19 patients were hospitalized between June and December 2021 (Amin & Cox, 2021). According to CDC sources, hospitalization costs averaged about \$20,000 per stay, with a median length of stay of 6 days (Amin & Cox, 2021). Last year, COVID-19 hospitalizations among unvaccinated adults cost over \$13 billion, many of which could have been prevented if they had been vaccinated (Amin & Cox, 2021). The total cost for implementing the COVID-19 Vaccine Awareness Among Hispanic Families policy project was estimated at \$3882.25, including the QR code, 412 pamphlets printed in both English and Spanish, and two registered nurses present at all four Champions of Health community outreach. As a result, the cost-benefit analysis was determined by taking those 177 unvaccinated participants and multiplying it with the average cost of hospitalization stay. The total financial healthcare cost for 177 unvaccinated patients was \$3,540,000. Therefore, for every dollar spent on raising awareness and educating patients to get vaccinated, there will be a \$911.84 cost-saving. Considering the limitations

and assumptions outlined above, raising public awareness is a much more economical method of increasing vaccine uptake and preventing COVID-19 hospitalizations.

Implications for Practice

Hispanics are at higher risk of morbidity and mortality from COVID-19, and it is imperative that they are vaccinated against the virus (Marquez et al., 2021). Based on the data collected at all four sites, this project is recommended to be implemented as community outreach to promote COVID-19 awareness and education to Hispanic communities in San Diego County to reduce vaccine hesitancy. The most important factor for increasing vaccination rates was directly reaching out to the community and actively conducting surveys to address the barriers and concerns encountered by Hispanic participants. This community outreach proved to be most effective when conducted in person, and educational pamphlets with evidence-based resources explicitly tailored to the CDC and available in Spanish were provided (Guzman-Holst et al., 2020). Furthermore, it is crucial that bilingual Spanish-speaking health professionals and volunteers also be present to provide vaccination-related education and dispel any misinformation in a culturally meaningful manner (Marquez et al., 2021). A strong focus should also be placed on social media to disseminate evidence-based information and notify potential locations where vaccination for COVID-19 will take place (Guzman-Holst et al., 2020). There was also a recommendation to engage in an outreach program directed at undocumented residents in the community to know that their immigration status will not be affected and that they are eligible to receive free COVID-19 vaccinations and testing (Guzman-Holst et al., 2020).

A multimodal approach utilizing the nine-step PRECEDE-PROCEED framework model has been recommended for overcoming vaccine hesitancy and increasing rates (Saulle et al., 2020). To mitigate the barriers of COVID-19, local government and academic partnerships should proactively strategize to apply this multimodal interventional approach. As a result of the data collected at all four

sites, this doctoral project suggests that elected officials pay greater attention to minorities such as Hispanic/Latinx and increase their efforts towards vaccine uptake.

Conclusion

In the initial stages of the pandemic, it became evident that Hispanics/Latinx, especially those living in South Bay communities in San Diego, were affected mainly by COVID-19. Lack of awareness and vaccination only contributed to the disproportionate rise seen among the Hispanic communities. Formulating an effective multimodal approach to address barriers and concerns while gaining trust among the Hispanic community, resulted in more than half of the participants receiving their COVID-19 vaccination. As vaccines and boosters continue to be distributed, it is the responsibility of health care professionals to disseminate culturally appropriate and accurate information to patients. Lawmakers must consider the immediate actions needed to prevent further financial hardship and suffering among the Hispanic community in San Diego. While the study did produce significant results, only 58% of participants outreached were registered and vaccinated, which implies there is still work in the Hispanic community to combat the COVID-19 pandemic.

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Appendix B
Letter of Support from Clinical Site



To: Institutional Review Board, University of San Diego

From: Mollie Nunn, BSN, R.N., PHN, CNOR
President

Re: Use of Clinical Data

During the year 2021, Claudia Aguayo, Jose Rozo, Allison Chico, and Iris Vazquez, conducted surveys in San Diego County as part of their coursework for the Doctor of Nursing Practice (DNP) Program at the University of San Diego. The students above are now requesting the use of data from this clinical residency for an evidence-based class project and possible presentations and publications.

All data have been cleansed of any patient or institutional identifiers. I am supportive of Ms. Aguayo, Ms. Chico, Mrs. Vazquez, and Mr. Rozo using these pre-collected data.

If you have any questions, please do not hesitate to contact me at 619-261-5761 or sdnahn@outlook.com.

Sincerely,

Mollie Nunn, BSN, R.N., PHN, CNOR
President
San Diego National Association of Hispanic Nurses

P.O. Box 3770, San Diego, CA 92163
www.sdnahn.org sdnahn@outlook.com

Appendix C

Poster Abstract

INCREASING COVID-19 VACCINE AWARENESS AMONG HISPANIC FAMILIES: A POLICY PERSPECTIVE

by

Claudia Aguayo, DNP student, BSN, RN, Allison Chico, DNP student, BSN, RN, Jose A Rozo, DNP student, BSN, RN, CCRN, Iris K Vazquez, DNP student, BSN, RN

Advisors

Joseph Burkard, DNSc, CRNA, AACN Health Policy Fellow, Razel B. Milo, Ph.D., DNP, FNP-C

Background: COVID-19 disproportionately affected Hispanic/Latinx populations exacerbating systemic health inequities. In San Diego County, 44.7 % of COVID-19 cases are among Hispanic/Latinxs compared to 31.1% Whites. Community-centered, culturally tailored vaccine programs are essential to close the gap in COVID-19 disparities.

Purpose: This health policy project aimed to explore barriers to COVID-19 vaccination across Hispanics/Latinx in San Diego, communicate findings and seek assistance from elected officials, and collaborate with a community-based organization to provide vaccines utilizing the PRECEDE-PROCEED model.

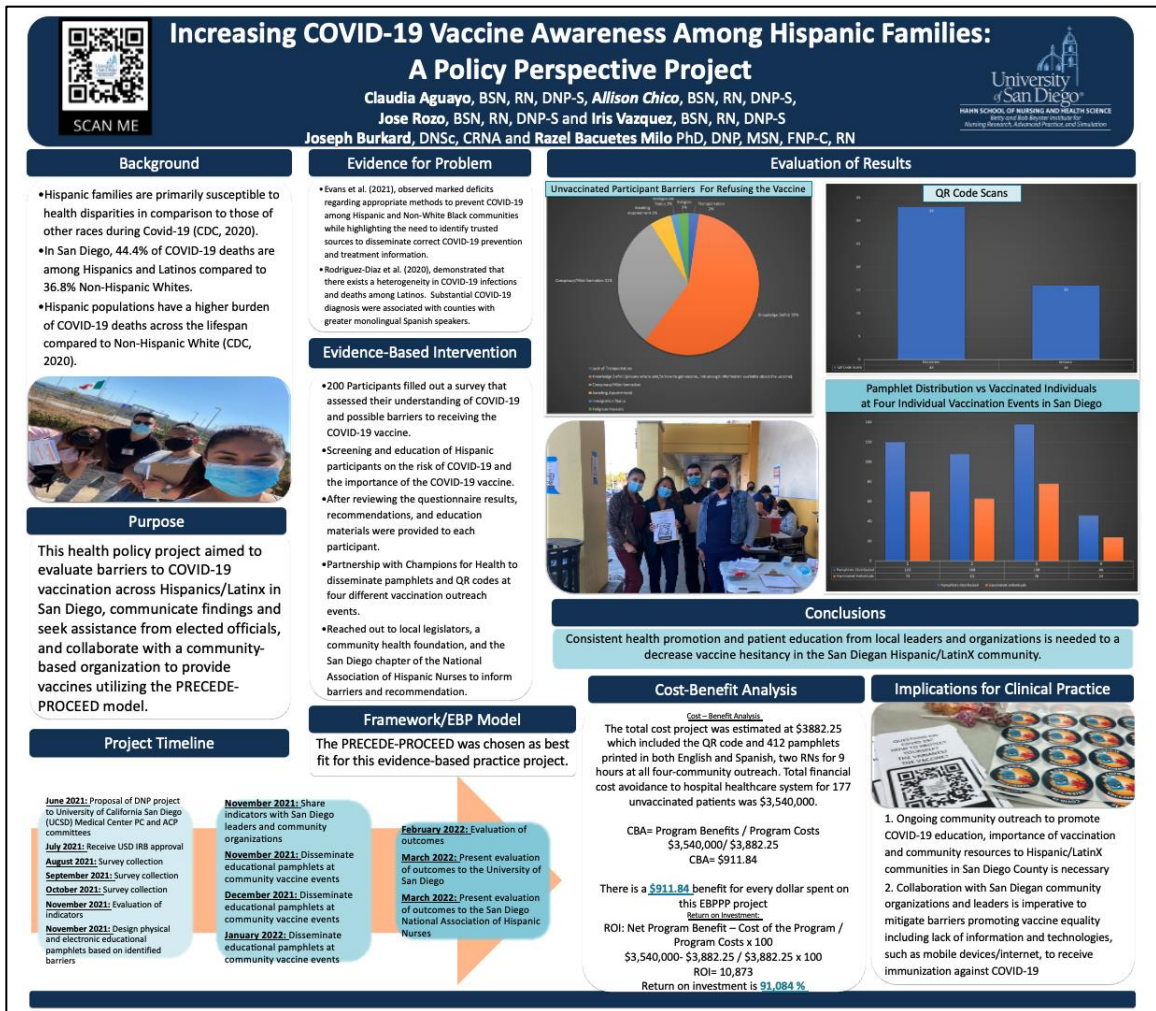
Implementation: Our project used a multicomponent approach. We conducted a screening of 200 participants to identify common barriers for vaccine hesitancy among Hispanics/Latinx individuals across San Diego. We also sought additional assistance from local elected officials and community organizations to disseminate educational brochures to the public. Finally, we designed and furnished educational pamphlets at four community vaccination events where participants received a COVID-19 vaccine.

Results: Questionnaires revealed that 36% of participants were vaccinated, while 36% were unvaccinated. Among unvaccinated individuals, 36% reported a knowledge deficit, 19% expressed misinformation, and 7% identified other reasons as barriers to vaccination. We distributed 412 educational pamphlets at four vaccine events, with 57% of individuals outreached receiving a COVID-19 vaccine.

Conclusions: A community-centered, culturally tailored multimodal approach identified COVID-19 vaccine barriers among Hispanic/Latinx groups in San Diego. Implementation of an educational intervention targeted to our intended population at vaccine rollout sites resulted in more than half of the educated participants receiving COVID-19 vaccinations.

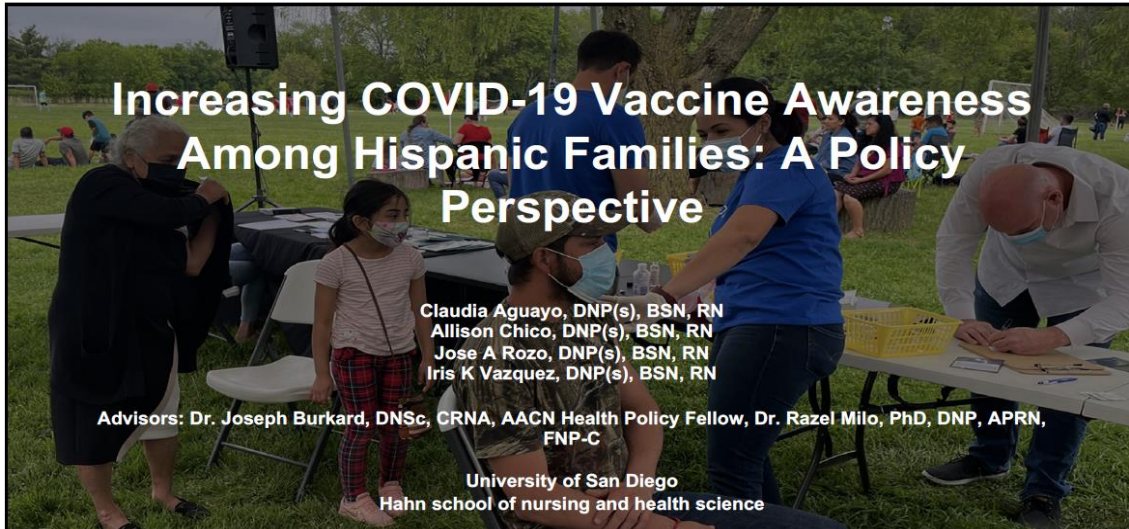
Implications for Clinical Practice: Efforts to address vaccine barriers in Hispanic/Latinx populations require culturally congruent, multicomponent interventions geared to address vaccine accessibility and hesitancy directly in their communities. It is also imperative for community stakeholders to work in partnerships to effectively disseminate evidence-based information and inform potential locations where vaccination rollouts occur.

Appendix D Poster



Appendix E

Stakeholder Presentation




Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy Perspective

Claudia Aguayo, DNP(s), BSN, RN
Allison Chico, DNP(s), BSN, RN
Jose A Rozo, DNP(s), BSN, RN
Iris K Vazquez, DNP(s), BSN, RN

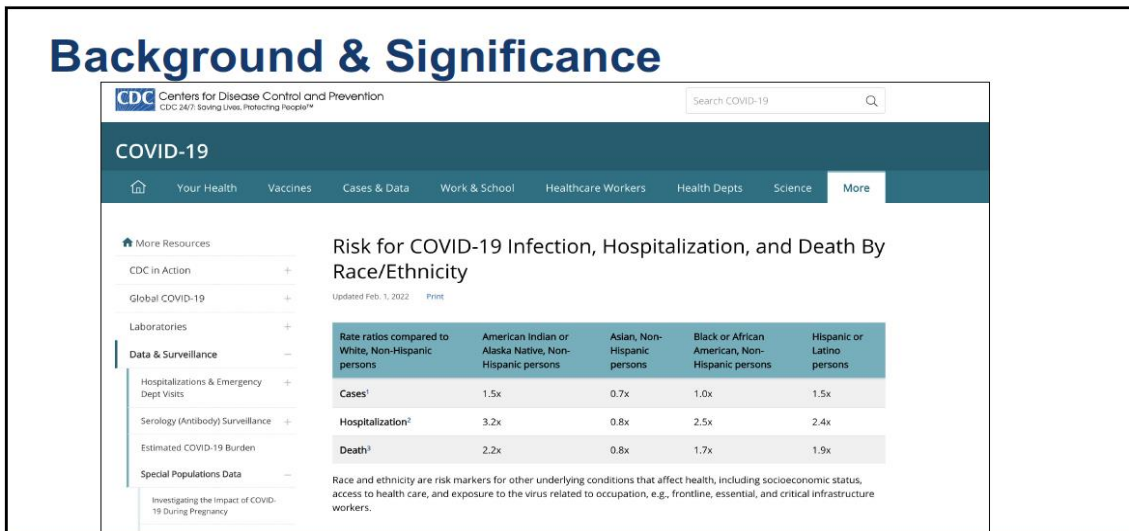
Advisors: Dr. Joseph Burkard, DNSc, CRNA, AACN Health Policy Fellow, Dr. Razel Milo, PhD, DNP, APRN, FNP-C

University of San Diego
Hahn school of nursing and health science

 University of San Diego

1

Background & Significance




Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Updated Feb. 1, 2022

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.5x	0.7x	1.0x	1.5x
Hospitalization ²	3.2x	0.8x	2.5x	2.4x
Death ³	2.2x	0.8x	1.7x	1.9x

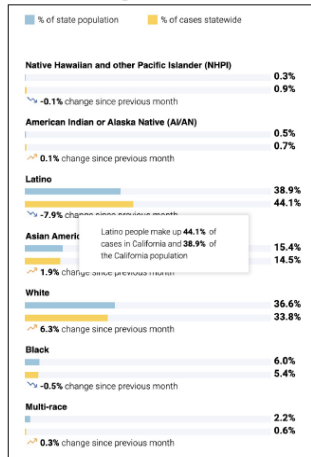
Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

(CDC, 2022)

 University of San Diego

2

Background & Significance



The disparities in our diverse communities are severe

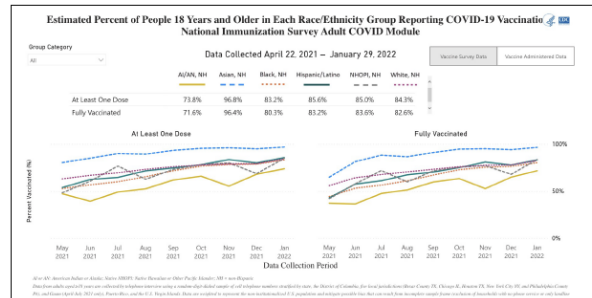
COVID-19 disproportionately affects California's low income, Latino, Black, and Pacific Islander communities, as well as essential workers such as those in health care, grocery, and cleaning services.



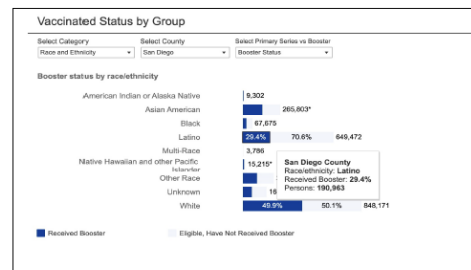
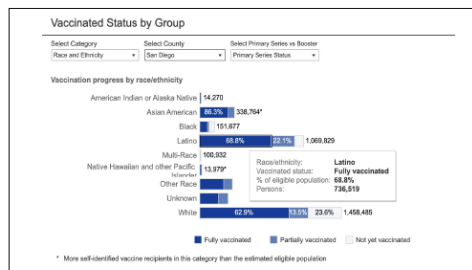
Background & Significance

Race	Cases	Percent of known race*	Deaths	County population
Hispanic or Latino	282,455	44.4%	2,168	32.6%
White	198,518	31.2%	1,852	45.1%
Asian	53,333	8.4%	483	12.8%
Black	29,175	4.6%	200	5.0%
Native Hawaiian/Pacific Islander	6,459	1.0%	40	0.4%
Multiple Race	4,694	0.7%	36	3.2%
American Indian/Alaska Native	2,943	0.5%	21	0.7%
Other	59,077	9	150	0
Unknown	102,522		95	

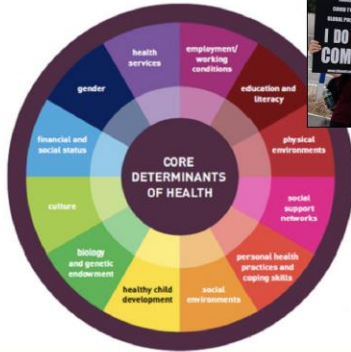
Background & Significance



Background & Significance

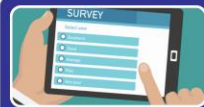


Background & Significance



Purpose

This health policy project is aimed to:



1. Evaluate barriers to COVID-19 vaccination across Hispanics/Latinx in San Diego



2. Communicate findings and seek assistance from elected officials



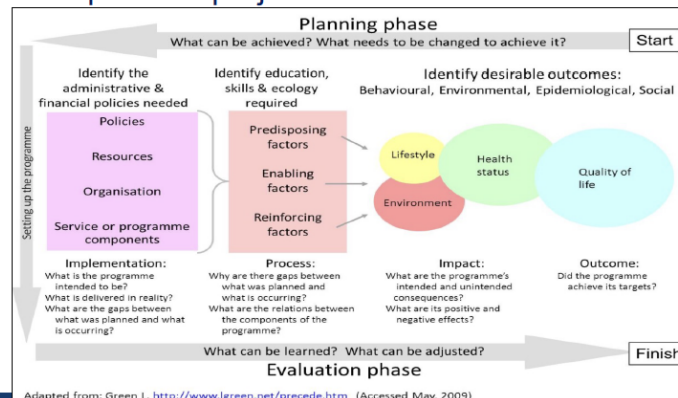
3. Collaborate with a community-based organization to provide vaccines utilizing the PRECEDE-PROCEED model.

Evidence for Problem

- Evans et al. (2021), observed marked deficits regarding appropriate methods to prevent COVID-19 among Hispanic and Non-White Black communities while highlighting the need to identify trusted sources to disseminate correct COVID-19 prevention and treatment information.
- Rodriguez-Diaz et al. (2020), demonstrated that there exists a heterogeneity in COVID-19 infections and deaths among Latinos. Substantial COVID-19 diagnosis were associated with counties with greater monolingual Spanish speakers.

Framework/EBP Model

The PRECEDE-PROCEED was chosen as the model for this evidence-based practice project



- 200 Participants filled out a survey that assessed their understanding of COVID-19 and possible barriers to receiving the COVID-19 vaccine.

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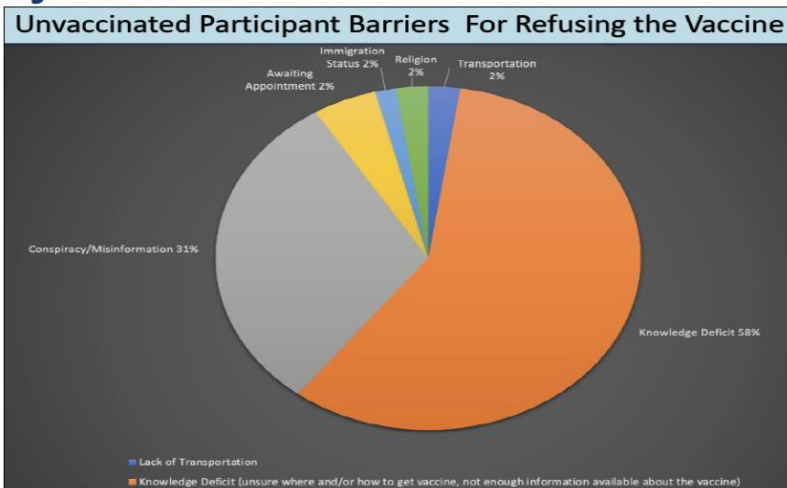
Project Timeline

June 2021: Proposal of DNP project
July 2021: Receive USD IRB approval
August 2021: Survey collection
September 2021: Survey collection
October 2021: Survey collection
November 2021: Evaluation of indicators
November 2021: Design physical and electronic educational pamphlets based on identified barriers

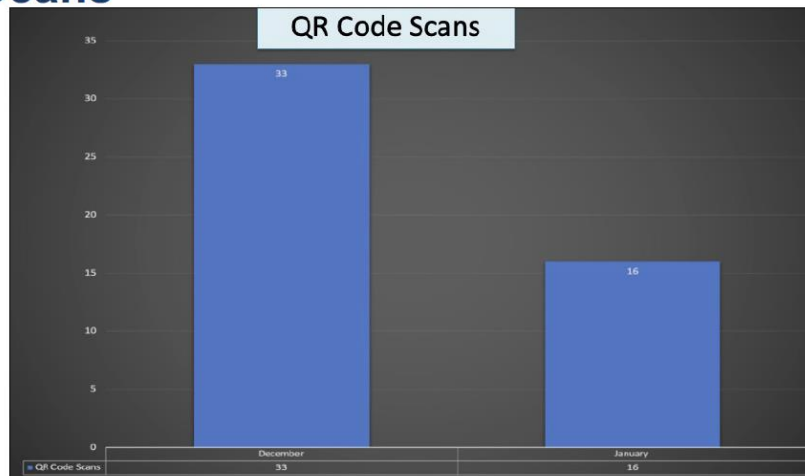
November 2021: Share indicators with San Diego leaders and community organizations
November 2021: Disseminate educational pamphlets at community vaccine events
December 2021: Disseminate educational pamphlets at community vaccine events
January 2022: Disseminate educational pamphlets at community vaccine events

February 2022: Evaluation of outcomes
March 2022: Present evaluation of outcomes to the University of San Diego
March 2022: Present evaluation of outcomes to the San Diego National Association of Hispanic Nurses

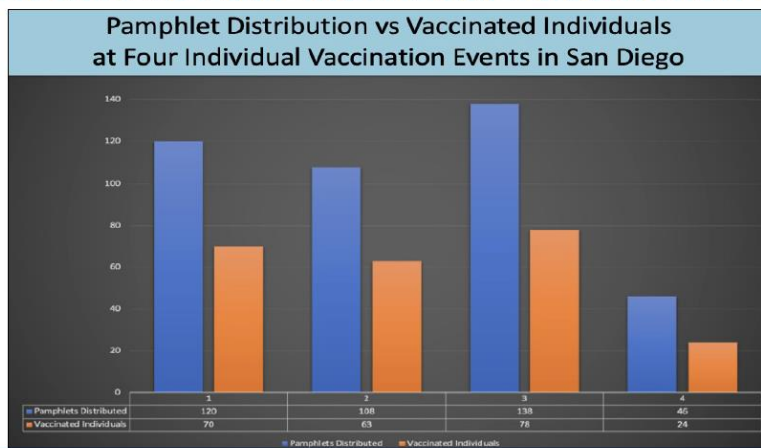
Survey Results



QR Scans



Pamphlet distribution Vs Vaccinated Individuals at Four Individual Vaccination Sites



Cost Benefit Analysis

Cost – Benefit Analysis

The total cost project was estimated at \$3882.25 which included the QR code and 412 pamphlets printed in both English and Spanish, two RNs for 9 hours at all four-community outreach. Total financial cost avoidance to hospital healthcare system for 177 unvaccinated patients was \$3,540,000.



CBA= Program Benefits / Program Costs

\$3,540,000/ \$3,882.25

CBA= \$911.84



There is a \$911.84 benefit for every dollar spent on this EBPPP project

Return on Investment:

ROI: Net Program Benefit – Cost of the Program / Program Costs x 100

\$3,540,000- \$3,882.25 / \$3,882.25 x 100

ROI= 10,873

Return on investment is 91.084 %

Implications for Clinical Practice

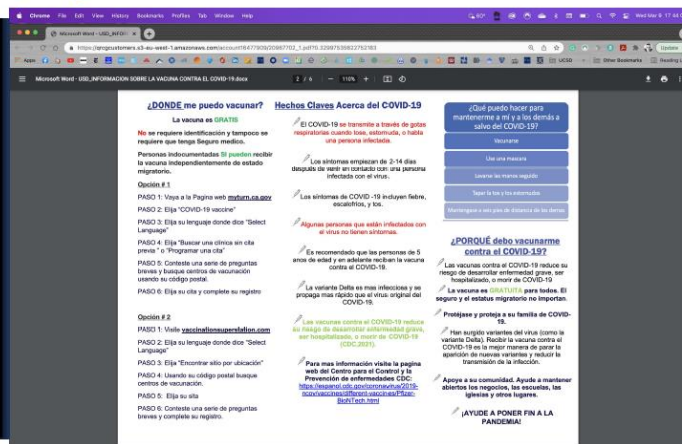
1. Ongoing community outreach to promote COVID-19 education, importance of vaccination and community resources in San Diego County
2. Emphasis on media marketing to disseminate information regarding education and access to COVID-19 immunization to Hispanic communities.
3. Strategize with San Diego leaders to mitigate barriers promoting vaccine equality including lack of information and technologies, such as mobile devices/internet, to receive immunization against COVID-19

Conclusion

Consistent health promotion and patient education from local leaders and organizations is needed to a decrease vaccine hesitancy in the San Diegan Hispanic/LatinX community.



Pamphlet/webpage



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Appendix F Questionnaire

General questions

1. How old are you?	
2. Besides yourself, how many people live in your household?	
3. Do you live with someone who is 65 years and older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Within the past 3 months, have you or anyone in your household been in close contact with anyone who tested positive for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship?
5. Within the past 3 months, have you or anyone in your household tested positive for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, relationship?

COVID-19

1. I understand how to protect yourself and others from contracting COVID-19? A. Strongly Agree <input type="checkbox"/> B. Agree <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Disagree <input type="checkbox"/> E. Strongly disagree <input type="checkbox"/>
2. I understand the current rules on quarantining after being exposed to COVID-19? A. Strongly Agree <input type="checkbox"/> B. Agree <input type="checkbox"/> C. Neutral <input type="checkbox"/> D. Disagree <input type="checkbox"/> E. Strongly disagree <input type="checkbox"/>
3. When in public, how often do you wear a mask? A. Always <input type="checkbox"/> B. Often <input type="checkbox"/> C. Sometimes <input type="checkbox"/> D. Rarely <input type="checkbox"/> E. Never <input type="checkbox"/>

Health Maintenance

1. Have you seen a medical provider within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, have you had issues getting appointments due to COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had the flu shot this season 2020-2021	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been diagnosed with any of the following conditions? A. Diabetes <input type="checkbox"/> B. Hypertension <input type="checkbox"/> C. Kidney disease <input type="checkbox"/> D. Obesity <input type="checkbox"/>	

Vaccine

1. If offered to you, would you get the COVID-19 vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any barriers that would prevent you from getting the vaccine? (circle all that apply) a) Lack of transportation b) I don't know enough about the vaccine c) I don't know where and how to sign up for the vaccine d) Someone told me the vaccine is dangerous e) My relative/ friend told me I should not get it f) Other	

Appendix G

Educational Pamphlets (Spanish)

¿DONDE me puedo vacunar?

La vacuna es **GRATIS**

No se requiere identificación y tampoco se requiere que tenga Seguro medico.

Personas indocumentadas **SI pueden** recibir la vacuna independientemente de estado migratorio.

Opción # 1

PASO 1: Vaya a la Pagina web myturn.ca.gov

PASO 2: Elija "COVID-19 vaccine"

PASO 3: Elija su lenguaje donde dice "Select Language"

PASO 4: Elija "Buscar una clínica sin cita previa" o "Programar una cita"

PASO 5: Conteste una serie de preguntas breves y busque centros de vacunación usando su código postal.

PASO 6: Elija su cita y complete su registro

Opción # 2

PASO 1: Visite vaccinationsuperstation.com

PASO 2: Elija su lenguaje donde dice "Select Language"

PASO 3: Elija "Encontrar sitio por ubicación"

PASO 4: Usando su código postal busque centros de vacunación.

PASO 5: Elija su cita

PASO 6: Conteste una serie de preguntas breves y complete su registro.

Hechos Claves Acerca del COVID-19

El COVID-19 **se transmite a través de gotas respiratorias** cuando tose, estornuda, o habla una persona infectada.

Los síntomas empiezan de 2-14 días después de venir en contacto con una persona infectada con el virus.

Los síntomas de COVID -19 incluyen fiebre, escalofríos, y tos.

Algunas personas que están infectados con el virus no tienen síntomas.

Es recomendado que las personas de 5 años de edad y en adelante reciban la vacuna contra el COVID-19.

La variante Delta es mas infecciosa y se propaga mas rápido que el virus original del COVID-19.

Las vacunas contra el COVID-19 reduce su riesgo de desarrollar enfermedad grave, ser hospitalizado, o morir de COVID-19 (CDC, 2021).

Para mas información visite la pagina web del Centro para el Control y la Prevención de enfermedades CDC: <https://espanol.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html>

¿Qué puedo hacer para mantenerme a mí y a los demás a salvo del COVID-19?

Vacunarse

Use una mascarara

Lavarse las manos seguido

Tapar la tos y los estornudos

Mantengase a seis pies de distancia de los demas

¿PORQUÉ debo vacunarme contra el COVID-19?

Las vacunas contra el COVID-19 reduce su riesgo de desarrollar enfermedad grave, ser hospitalizado, o morir de COVID-19

La vacuna es GRATUITA para todos. El seguro y el estatus migratorio no importan.

Protéjase y proteja a su familia de COVID-19.

Han surgido variantes del virus (como la variante Delta). Recibir la vacuna contra el COVID-19 es la mejor manera de parar la aparición de nuevas variantes y reducir la transmisión de la infección.

Apoye a su comunidad. Ayude a mantener abiertos los negocios, las escuelas, las iglesias y otros lugares.

¡AYUDE A PONER FIN A LA PANDEMIA!

¿QUIÉN puede recibir la vacuna?

Actualmente en San Diego, se recomienda que **todas las personas de 5 años o más** se vacunen contra el COVID-19.

Esto incluye a las personas con condiciones médicas como diabetes, hipertensión, enfermedades cardíacas, obesidad EPOC, asma y enfermedad renal crónica.

Esto también incluye a las personas que están embarazadas, amamantando o tratando de quedar embarazadas ahora o en el futuro.

Qué se puede esperar al recibir la vacuna?

Un profesional capacitado lo guiará a través del proceso

La vacuna de Pfizer y la Moderna requieren dos dosis. La persona que le administre la vacuna le dirá cuando debe recibir su segunda dosis

Después de recibir la vacuna, será supervisado de 15 a 30 minutos para detectar algún efecto secundario

Recibirá una tarjeta de vacunación después de recibir su primera vacuna. Asegúrese de traer esta tarjeta para su segunda vacunación

¿CÓMO sé que las vacunas son seguras?

Las vacunas contra el COVID-19 se probaron rigurosamente en grandes ensayos clínicos para asegurarse de que cumplen con los estándares de seguridad antes de ser aprobadas para uso de emergencia.



Se reclutaron varias personas para participar en estos ensayos para ver cómo la vacuna protege a las personas de diferentes edades, razas, etnias y personas con diferentes afecciones médicas. 32,000 personas afroamericanas, latinas, indígenas americanas y asiáticas participaron en estos estudios (CDC, 2021).

Las vacunas están **aprobadas** por la Administración de Alimentos y Medicamentos (FDA). Fueron evaluados cuidadosamente y cumplieron con los estándares científicos de seguridad, efectividad y calidad de fabricación.

Desde el 14 de diciembre de 2020 hasta el 1 de noviembre de 2021, se han administrado con éxito más de **423 millones de dosis** de la vacuna COVID-19 en los Estados Unidos.

¿Cuáles son los efectos secundarios?

Todos los tipos de medicamentos y vacunas tienen el riesgo de efectos secundarios.

También puede tener efectos secundarios después de recibir la vacuna COVID-19. Sin embargo, para la mayoría de las personas esos efectos secundarios generalmente duran solo 1-2 días.

Los efectos secundarios comunes después de su 1ª, 2ª y vacuna de refuerzo incluyen:

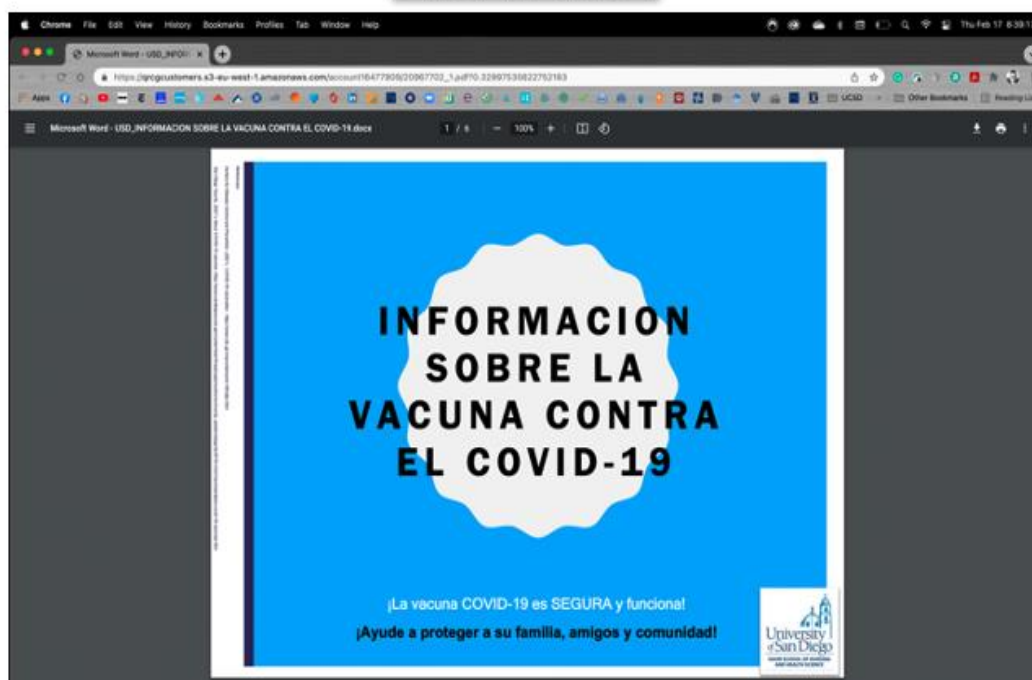
En el brazo donde recibió la vacuna inyectable:	En el resto del cuerpo:
Dolor	Cansancio
Enrojecimiento	Dolor de cabeza
Hinchazón	Dolor muscular
	Escalofríos
	Fiebres
	Nausea

Los efectos secundarios son una señal normal de que su cuerpo está construyendo protección. Para ciertas personas los efectos secundarios pueden afectar su capacidad para realizar las actividades diarias, pero deben desaparecer en un par de días.

Es extremadamente improbable que la vacuna contra el COVID-19 cause efectos secundarios graves que causen problemas de salud a largo plazo. La FDA recopiló datos que monitorean los efectos secundarios de las vacunas autorizadas contra el COVID-19 durante un mínimo de ocho semanas después de la dosis final. Además, la CDC continúa monitoreando la seguridad de la vacuna COVID-19 durante el uso (CDC, 2021).

Appendix H

QR code and Website Caption



Appendix I

Email to Todd Gloria



Jose Andres Rozo <jrozo@san Diego.edu>

COVID-19 Vaccine Hesitancy in Latino California Communities Bordering the United States and Mexico Border

1 message



Jose Andres Rozo <jrozo@san Diego.edu>

Thu, Oct 28, 2021 at 2:13 PM

To: mayortoddgloria@san Diego.gov

Bcc: Allison Rae Chico <achico@san Diego.edu>, Claudia Aguayo <caguayo@san Diego.edu>, Iris Vazquez <ivazquez@san Diego.edu>

The Honorable Todd Gloria

RE: COVID-19 Vaccine Hesitancy in Latino California Communities Bordering the United States and Mexico Border

Dear Mayor Todd Gloria,

Our names are Stephanie Aguayo, Allison Chico, Jose Rozo, and Iris Vazquez. We are doctoral nurse practitioner students with the University of San Diego who reside in your city.

We advocate for promoting COVID-19 vaccination in the Latino community and are very interested in all the work your office has done to increase COVID-19 vaccinations in these communities. The focus of our doctoral project is COVID-19 vaccine hesitancy in the Latino population in communities that border the U.S./Mexico border, and the data that we have collected could be of use to your efforts.

We have been collecting survey data in areas of San Diego that have a population that are predominantly Latino. Our survey data mirrors the local and national numbers that demonstrate that the Hispanic population suffers from vaccine hesitancy. The survey data has also provided us with reasoning for their reticence. We want to share our survey data with your office and discuss some interventions that we may implement to help increase vaccination rates in the communities we have surveyed.

We are very eager to hear back from your office to help further these communities that continue to face the consequences of vaccine hesitancy.

Sincerely,

Stephanie Aguayo

Allison Chico

Jose Rozo

Iris Vazquez

University of San Diego

Hahn School of Nursing and Health Science

5998 Alcalá Park

San Diego, CA 92110

□

Appendix J

Email to Councilmember Joe LaCava



Jose Andres Rozo <jrozo@san Diego.edu>

COVID-19 Vaccine Hesitancy in Latino California Communities Bordering the United States and Mexico Border

1 message

A. Chico <achico@san Diego.edu> Thu, Oct 28, 2021 at 9:48 AM
 To: JoeLaCava@san Diego.gov
 Cc: Claudia Aguayo <caguayo@san Diego.edu>, Jose Andres Rozo <jrozo@san Diego.edu>, Iris Vazquez <ivazquez@san Diego.edu>

The Honorable Councilmember Joe LaCava

RE: COVID-19 Vaccine Hesitancy in Latino California CommunitiesBordering the United States and Mexico Border

Dear Councilmember Joe LaCava,

Our names are Stephanie Aguayo, Allison Chico, Jose Rozo, and Iris Vazquez. We are doctoral nurse practitioner students with the Universityof San Diego who reside in your district.

We are advocates for promoting COVID-19 vaccination in the Latino community and are very interested in all the work that your office hasbeen doing to increase COVID-19 vaccinations in these communities. The focus of our doctoral project is COVID-19 vaccinehesitancy in the Latino population in communities that border the U.S./Mexico border and the data that we have collected could be of useto your efforts.

We have been collecting survey data in areas of San Diego that have a population that are predominantly Latino. Our survey data mirrors the local and national numbers that demonstrate that the Hispanic populationcontinues to suffer from vaccine hesitancy. The survey data has also provided us with reasoning for their hesitancy. We would like the opportunity to share our survey data with your office and discuss some interventions that we may implement to help increase vaccination rates inthe communities that we have surveyed.

We are very eager to hear back from your office so that we may furtherhelp these communities that continue to face the consequences of vaccine hesitancy.

Sincerely,

Stephanie Aguayo

Allison Chico

Jose Rozo

Iris Vazquez

University of San Diego

Hahn School of Nursing and Health Science

Appendix I
AACN DNP Essentials/NONPF Competencies/
USD DNP Program Outcomes Exemplars

AACN DNP Essentials/NONPF Competencies/USD DNP Program
Outcomes Exemplars

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<p>DNP Essential I: Scientific Underpinnings for Practice</p> <p>NONPF: Scientific Foundation Competencies</p> <p><i>The scientific foundation of nursing practice has expanded and includes a focus on both the natural and social sciences including human biology, genomics, science of therapeutics, psychosocial sciences, as well as the science of complex organizational structures. In addition, philosophical, ethical, and historical issues inherent in the development of science create a context for the application of the natural and social sciences.</i></p>	<p>2. Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.</p>	<p>Fall 2019 Applied Rosswurm model to guide PICO question in Evidence-Based Project Proposal. (DNPC 611)</p> <p>Fall 2019 Presented findings and reflection on incorporating Rizzo Parse's Human Becoming theory in clinical setting. (DNPC 611)</p> <p>Fall 2019 Synthesized research on evidence-based practice guidelines on nutrition and physical activity for cancer prevention. Presented recommendations for guideline implementation in the clinical practice. (DNPC 611)</p> <p>SUMMER 2020 Created a 5-minute video presentation depicting my personal methods of reflection and implementation of ethical values and theories in care of others (DNPC 610).</p> <p>Fall 2020 Displayed knowledge on the pathogenesis, environmental stressors, current therapies and investigational interventions for of Familia Hypercholesteremia and similar complex disease states through creation of focused manuscript and presentation on the pathogenesis on Familia Hypercholesteremia and participation in discussion narratives (DNPC 622).</p> <p>Spring 2021 During an OSCE, with an emphasis on the well woman exam, demonstrated the ability to prioritize, compare, and</p>

		<p>contrast all types of birth control methods, explain the potential risks and benefits that impact the choice of contraception, summarize patient education, and provide recommendations based on evidence-based practice guidelines (NPTC 604).</p> <p>Spring 2021</p> <p>During an OSCE, with an emphasis on adult respiratory disorders, demonstrated the ability to determine and discuss the rationale for the final diagnosis, summarize recommendations based on evidence-based practice guidelines and create a supportive environment to endorse appropriate health promotion (NPTC 604).</p>
<p>DNP Essential II: Organizational & System Leadership for Quality Improvement & Systems Thinking</p> <p>NONPF: Leadership Competencies/Health Delivery System Competencies</p> <p><i>Advanced nursing practice includes an organizational and systems leadership component that emphasizes practice, ongoing improvement of health outcomes, and ensuring patient safety. Nurses should be prepared with sophisticated expertise in assessing organizations, identifying system's issues, and facilitating organization-wide changes in practice delivery. This also requires political skills, systems thinking, and the business and financial acumen needed for the analysis of practice quality and costs.</i></p>	<p>5. Design, implement, and evaluate ethical health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.</p>	<p>Spring 2020</p> <p>Utilized strategic planning principles demonstrated by Sulpizio Cardiovascular Clinic at UC San Diego Health in the in a SWOT analysis presentation, planning process project, driver diagram and executive summary narrative. (DNPC626)</p> <p>Summer 2020</p> <p>Developed a comprehensive business proposal systematically detailing phases of deploying a Central Venous Catheter Team (CVC) and presented contemporary evidenced-based data specifying the team's efficacy in combating CLABSI and its financial benefits (DNPC 653).</p> <p>Spring 2021</p> <p>Applied my knowledge of change framework and implementing lasting standards to improve patient outcomes in an evidence-based practice model rationale paper (DNP 686).</p> <p>Fall 2021</p> <p>Contacted all nine San Diego district Councilmembers in an attempt to receive verbal buy in to post educational materials and QR code from project "Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy perspective" and ultimately decrease vaccination hesitancy in the San Diego Community (DNPC630).</p> <p>Fall 2021</p>

		<p>Organized and lead stakeholder presentation to Chief of Staff of San Diego Councilmember Joe LaCava and received verbal buy in to post educational materials and QR code materials from project “Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy perspective” on their website. (DNPC630).</p> <p>Fall 2021</p> <p>Organized and lead stakeholder presentation detailing post educational materials and QR code materials from project “Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy perspective” to Deputy Chief of Staff and Budget Committee Consultant of San Diego Councilmember Chris Cate (DNPC630).</p>
<p>DNP Essential III: Clinical Scholarship & Analytical Methods for Evidence-Based Practice</p> <p>NONPF: Quality Competencies/Practice Inquiry Competencies</p> <p><i>Scholarship and research are the hallmarks of doctoral education. Although basic research is viewed as the first and most essential form of scholarly activity, an enlarged perspective of scholarship has emerged through alternative paradigms that involve more than discovery of new knowledge. These paradigms recognize: (1) the scholarship of discovery and integration “reflects the investigative and synthesizing traditions of academic life”; (2) scholars give meaning to isolated facts and make connections across disciplines through the scholarship of integration; and (3) the scholar applies knowledge to solve a problem via the scholarship of application that involves the translation of research into practice and dissemination and integration of new knowledge.</i></p>	<p>4. Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing evidence-based practice guidelines.</p>	<p>Fall 2019</p> <p>Discussed pathophysiology of type two diabetes, related evidence-based research and significant findings from evidence-based studies that involved the benefits of a plant-based nutrition in Clinical Grand Rounds assignment. (APNC520)</p> <p>Fall 2019</p> <p>Conducted literature review, developed and presented a primary screening method for Familial Hypercholesterolemia. (DNPC625)</p> <p>Spring 2021</p> <p>Furthered my knowledge of institutional spending and learned to utilize cost benefit analysis (CBA) and return on investment (ROI) formulas when proposing implementation of evidence-based protocols and improving the patient experience.</p> <p>Spring 2021</p> <p>Composed a query letter that efficiently merged evidence-based literature on hypertension, my passion to improve patient education methodology, my credentials and my intended evidence-based project (DNP 686).</p> <p>Fall 2021</p> <p>Incorporated research into practice through critical appraisal of existing evidence in Doctor of Nursing Practice Project “Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy perspective” (DNPC630).</p>

		<p>Spring 2022 Attended the American Association of Nurse Practitioners Cardiovascular and Acute Care, Health, Wellness and Primary Care, Pediatric, Adolescent, Men and Women's Health and Mental Health, Substance Abuse, Alternative Therapy National Conference (DNPC630).</p>
<p>DNP Essential IV: Information Systems/Technology & Patient Care Technology for Improvement & Transformation of Health Care</p> <p>NONPF: Technology & Information Literacy Competencies</p> <p><i>DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and health care systems, and provide leadership within healthcare systems and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduates apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice along with the design, selection, and use of information systems/technology to evaluate programs of care, outcomes of care, and care systems. Information systems/technology provide a mechanism to apply budget and productivity tools, practice information systems and decision supports, and web-based learning or intervention tools to support and improve patient care.</i></p>	<p>7. Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.</p>	<p>Fall 2019 Completed coursework and acquired Biomedical Research Human Certification: Basic/Refresher Course through CITI (DNPC625) FALL 2020 Demonstrated an understanding of Di George Syndrome and the implementation of evidence-based technologies, risk assessment tools and practice guidelines for microdeletions syndromes in advanced nursing practice through completion of multiple genetic case conference presentations (DNPC 622). FALL 2020 Gained a deeper understanding of the pathogenesis of disease and genetic counseling through the completion of over 15 comprehensive Global Genetics and Genomics Community cases (DNPC 622). Spring 2021 Furthered my knowledge of institutional spending and learned to utilize cost benefit analysis (CBA) and return on investment (ROI) formulas when proposing implementation of evidence-based protocols and improving the patient experience. Fall 2021 Developed educational pamphlet and QR code to facilitate distribution of COVID-19 information related to project "Increasing COVID-19 Vaccine Awareness Among Hispanic Families: A Policy perspective" (DNPC630).</p>
<p>DNP Essential V: Health Care Policy for Advocacy in Health Care</p> <p>NONPF: Policy Competencies</p> <p><i>Health care policy, whether created through governmental actions, institutional decision-making, or organizational standards, creates a</i></p>	<p>3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at all levels of professional practice (institutional, local, state,</p>	<p>Spring 2020 Developed a policy brief on the Treat and Reduce Obesity Act of 2019 with the intent of acquiring support from the American Holistic Nurses Association. (DNPC648) Spring 2020</p>

<p><i>framework that can facilitate or impede the delivery of health care services or the ability of the provider to engage in practice to address health care needs. Engagement in the process of policy development is central to creating a health care system that meets the needs of its constituents. Political activism and a commitment to policy development are central elements of DNP practice.</i></p>	<p>regional, national, and/or international).</p>	<p>Conducted literature review and presented findings on expanding treatment coverage through the Treat and Reduce Obesity Act of 2019. (DNPC648) Spring 2020 Developed health policy analysis on the implications of expanding Medicare coverage in scholarly manuscript, "Expanding Obesity Treatment: The Value of Intensive Behavioral and Long-term Therapy." (DNPC648)</p>
<p>DNP Essential VI: Interprofessional Collaboration for Improving Patient & Population Health Outcomes</p> <p>NONPF: Leadership Competencies</p> <p><i>Today's complex, multi-tiered health care environment depends on the contributions of highly skilled and knowledgeable individuals from multiple professions. In order to accomplish the IOM mandate for safe, timely, effective, efficient, equitable, and patient-centered care in this environment, health care professionals must function as highly collaborative teams. DNPs have advanced preparation in the interprofessional dimension of health care that enable them to facilitate collaborative team functioning and overcome impediments to interprofessional practice. DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate.</i></p>	<p>1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidence-based, culturally competent therapeutic interventions for individuals or aggregates.</p> <p>3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at all levels of professional practice (institutional, local, state, regional, national, and/or international).</p>	<p>Fall 2019 With the intention of invoking support from future stakeholders, presented type two diabetes evidence-based literature and the impact of proposed evidence-based project in focused "Elevator Scenario Speech." (DNPC 611)</p> <p>Spring 2021 Executed a 7-minute presentation, intended for clinical site stakeholders, that displayed the results of a mock evidence-based project that focused on standardizing patient education that spanned over three months and my knowledgebase of implementing evidence-based literature and promotion nursing collaboration to achieve quality improvement in the ambulatory setting (DNP 686).</p> <p>Summer 2021 During a clinical rotation at the Family Health Centers San Diego, developed and proposed an evidence-based project to address the ever-growing population of type 2 diabetic patients seen at the Chase Avenue clinic (NPTC 605).</p>
<p>DNP Essential VII: Clinical Prevention & Population Health for Improving Nation's Health</p> <p>NONPF: Leadership Competencies</p> <p><i>Consistent with national calls for action and with the longstanding focus on health promotion and disease prevention in nursing, the DNP graduate has a foundation in clinical prevention and population health. This foundation enables DNP graduates to analyze epidemiological, biostatistical, occupational, and environmental</i></p>	<p>6. Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.</p>	<p>Fall 2019 Developed and presented a primary screening method for Familial Hypercholesterolemia. (DNPC 625) Spring 2021 During an OSCE, with an emphasis on the well woman exam, demonstrated the ability to prioritize, compare, and contrast all types of birth control methods, explain the potential risks and benefits that impact the choice of contraception, summarize patient</p>

<p><i>data in the development, implementation, and evaluation of clinical prevention and population.</i></p>		<p>education, and provide recommendations based on evidence-based practice guidelines. (NPTC 604)</p> <p>Spring 2021</p> <p>During an OSCE, with an emphasis on adult respiratory disorders, demonstrated the ability to determine and discuss the rationale for the final diagnosis, summarize recommendations based on evidence-based practice guidelines and create a supportive environment to endorse appropriate health promotion. (NPTC 604)</p> <p>Spring 2021</p> <p>Executed a 7-minute presentation, intended for clinical site stakeholders, that displayed the results of a mock evidence-based project that focused on standardizing patient education that spanned over three months and my knowledgebase of implementing evidence-based literature and promotion nursing collaboration to achieve quality improvement in the ambulatory setting (DNP 686).</p> <p>Summer 2021</p> <p>Addressed individual health misconceptions, delivered healthcare maintenance education and provided aid to overcome healthcare service barriers throughout multiple patient encounters during a clinical rotation at Family health Centers San Diego (NPTC 605)</p>
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<p>DNP Essential VIII: Advanced Nursing Practice</p> <p>NONPF: Independent Practice/Ethics Competencies</p> <p><i>The increased knowledge and sophistication of healthcare has resulted in the growth of specialization in nursing in order to ensure competence in these highly complex areas of practice. The reality of the growth of specialization in nursing practice is that no individual can master all advanced roles and the requisite knowledge for enacting these roles. DNP programs provide preparation within distinct specialties that require expertise, advanced knowledge, and mastery in one area of nursing practice. A DNP graduate is prepared to practice in an area of specialization within the larger domain of nursing.</i></p>	<p>1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidence-based, culturally competent therapeutic interventions for individuals or aggregates.</p>	<p>SUMMER 2020 Exhibited my knowledge of reflective practice and professional theories in advance practice nursing through discussions, readings and practice with written narratives (DNPC 610)</p> <p>SUMMER 2020 Created a 5-minute video presentation depicting my personal methods of reflection and implementation of ethical values and theories in care of others (DNPC 610).</p> <p>Spring 2021 During an OSCE, with an emphasis on the well woman exam, demonstrated the ability to prioritize, compare, and contrast all types of birth control methods, explain the potential risks and benefits that impact the choice of contraception, summarize patient education, and provide recommendations based on evidence-based practice guidelines (NPTC 604).</p> <p>Spring 2021 During an OSCE, with an emphasis on adult respiratory disorders, demonstrated the ability to determine and discuss the rationale for the final diagnosis, summarize recommendations based on evidence-based practice guidelines and create a supportive environment to endorse appropriate health promotion (NPTC 604).</p> <p>Summer 2021 Demonstrated cultural awareness while providing care to underserved communities during a clinical rotation at Family health Centers San Diego (NPTC 605).</p> <p>Fall 2021 Implemented advanced knowledge in highly specialized Workers' Compensation Clinic with Concentra. With a large emphasis on acute injuries, suturing and imaging interpretation (NPTC 608).</p>
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