**INTRODUCTION**

- Vaccination for preventable diseases is a high-value healthcare intervention, yet rates remain below US Centers for Disease Control and Prevention (CDC) benchmarks, especially among minorities.  
  - The complex American healthcare system is difficult to navigate, contributing to underuse of vaccination.  
  - Decreased trust in the system resulting from a history of discrimination further exacerbates low vaccination rates (VR) among African Americans (AA) in particular.  
  - Senior centers (SC) are an accessible, trusted venue for AA, presenting an opportunity to increase VR.

**OBJECTIVE**

To describe the evolution of three innovative vaccine education models developed in partnership with a nationally accredited Philadelphia SC.

**RESULTS**

- These models differ in complexity and resource requirements, but both target education to AA at risk for nonvaccination in a familiar, trusted, and accessible environment.  
  - Focus group input indicated that intervention quality and participants’ receptivity is maximized by including components developed and/or delivered by AA peers.  
  - Components included in each of the three models are illustrated in Figure 1.  
  - PHARM+PEER, a hybrid model built from elements of PHARM and PEER, was implemented in the Pharmacists’ Pneumonia Prevention Program (PPPP), a prospective cohort pre/post study (n=203).  
  - PPPP was delivered in 4 urban locations in Philadelphia, PA, USA  
  - Key success factors for PPPP included:  
    - Participant focus:  
      - Main advantage of this program was participant centricity  
      - Speak with participants, not at them  
      - In-person learning is preferred in this population  
      - Live performance engages participants with messaging from their own population  
      - Accept the fact that beliefs must be nurtured

**LIMITATIONS**

- These educational models were specifically designed to appeal to older AA; thus, they may be less effective in other populations.

**CONCLUSIONS**

- PHARM, PEER, and PHARM+PEER represent novel, culturally appropriate educational interventions that draw on SC strengths to reach an older AA population.  
  - Operationalizing vaccination education through SC is a novel approach which US healthcare policymakers should consider to increase VR.  
  - Future work will elucidate the comparative effectiveness of PHARM and PEER versus PHARM+PEER.

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**REFERENCES**