

COVER SHEET

Abstract Submission to the 3rd International Conference on Urban Health:
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Title: **Project VIVA: An urban, community-based intervention to increase and inform vaccination access and public health preparedness efforts**

Authors: **Sisco S, Glidden K, Monahan P, Vlahov D, Galea S**

1) Presenting Author:

Sarah Sisco, MPH, MSSW
Center for Urban Epidemiologic Studies (CUES)
New York Academy of Medicine
1216 Fifth Avenue
New York, NY 10029
212-419-3590
212-876-6220 (fax)
ssisco@nyam.org

2) Co-authors:

Kay Glidden, RN
Center for Urban Epidemiologic Studies (CUES)
New York Academy of Medicine

Pat Monahan, MPH
Little Sisters of the Assumption/East Harlem Community Health
Committee (EHCHC)

David Vlahov, PhD
Director, Center for Urban Epidemiologic Studies (CUES)
New York Academy of Medicine

Sandro Galea, MD, DrPH
Associate Director, Center for Urban Epidemiologic Studies (CUES)
New York Academy of Medicine

PAPER PRESENTATION requested

Project VIVA: An urban, community-based intervention to increase and inform vaccination access and public health preparedness efforts

Sisco S, Glidden K, Monahan P, Vlahov D, Galea S

Background: For minority populations living in and near poor, disadvantaged urban communities, influenza vaccination coverage is persistently low. For marginalized, hard-to-reach populations such as precariously domiciled/homeless, substance users, sex workers, elderly shut-ins, and undocumented immigrants, vaccination coverage rates are even lower. Developing methods to vaccinate these groups is essential to minimize their collective, and preventable, burden of disease.

Methods: A community-academic partnership of researchers, public health professionals, and researchers, sponsored by the Harlem Urban Research Center's Community Action Board (CAB), has designed a pilot program to enumerate and deliver influenza vaccines to hard-to-reach populations in East Harlem and the Bronx, New York City. Using an outreach-based intervention approach, Project VIVA (Venue Intensive Vaccines for Adults) aims to: 1) identify social and environmental barriers to obtaining vaccinations, 2) improve methods to identify and to enumerate hard-to-reach populations that are more likely to be unvaccinated and susceptible to the medical consequences of potentially preventable infectious diseases, 3) use lessons learned from our evaluation to deliver vaccinations to hard-to-reach populations in eight disadvantaged urban neighborhoods and 4) generalize methods developed in this intervention to extend to other vaccination efforts.

Results: Preliminary results from the enumeration phases of the project (Year 1) will be available for the 3rd International Conference on Urban Health.

Implications: Challenges of conducting reliable enumeration of hard-to-reach populations and of delivering vaccinations to hard-to-reach populations will be discussed. We will also address our use of a community-academic partnership to implement this project.

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