

Vaccine Reluctance Among Older Adults with a History of Trauma: Diverse Concerns, Trauma-Informed Strategies, and Lessons for the Future

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The Jewish Federations®
OF NORTH AMERICA

Center on Aging
and Trauma

Objectives

1

Describe the impact of trauma on older adults with a history of trauma.

2

Identify trauma-related concerns of getting the COVID-19 vaccine.

3

Understand how the Person-Centered, Trauma-Informed (PCTI) approach can be implemented to address older adults' concerns of getting the COVID-19 vaccine.

4

Plan how to provide PCTI care when responding to older adults with a history of trauma who are reluctant to get the COVID-19 vaccine.

Presenters



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What is Trauma?

Individual trauma is a result of an event, series of events, or set of circumstances which present physical or emotional harm to an individual, or are life threatening, and have lasting adverse effects on an individual's functioning and wellbeing.*

What is a Trauma Trigger?

A trigger is a stimulus that sets off a memory of a trauma or a specific portion of a traumatic experience.***

90%

of adults in the United States have been exposed to at least one traumatic event in their lifetime.**

* SAMHSA (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS publications no. 14-4884.

**Kilpatrick et al. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-4 and DSM-5 criteria. *Journal of Traumatic Stress*, 26(5), 537-547.

***SAMHSA (2014). *Trauma-informed Care in Behavioral Health Services*, TIP 57, Chapter 3.

Trauma and Health Are Linked

Trauma exposure has been associated with an increased risk for:

Physical Health

- Lung disease
- Gum disease
- Fibromyalgia
- Chronic fatigue
- Cardiovascular disease
- Gastrointestinal disorders
- Endocrine disorders
- Reproductive disorders

Mental Health

- Anxiety
- Depression
- Suicidal Ideation
- Mood Disorders
- Eating disorders
- Substance abuse

Cognitive Health

- Dementia
- Sleep Disorders
- Cognitive Impairments



Trauma Affects Aging

Trauma impacts individuals of all ages and the effects of trauma evolve over time.

- Symptoms of trauma can evolve after long symptom-free periods.
- Symptoms of trauma can emerge for the first time during older adulthood - decades after exposure to traumatic events.
- Symptoms of trauma emerging in older adulthood can be more extreme than previously experienced.

Trauma Reemergence

- 1 Changes of Familial Roles
- 2 Beginning of Retirement
- 3 Emergence of Health Problems
- 4 Loss of Independence
- 5 Loss of Loved Ones
- 6 Changes in Coping Mechanisms

Center on Aging and Trauma

Mission

Expand the nation's capacity to provide Person-Centered, Trauma-Informed (PCTI) services and supports for Holocaust survivors, older adults with a history of trauma, and family caregivers.

Goal 1

Develop Innovations. Fund and support subgrants to develop PCTI programs for Holocaust survivors, older adults with a history of trauma, and their family caregivers.

Goal 2

Build Capacity. Increase the knowledge and skills of aging service providers to implement PCTI care for Holocaust survivors, older adults with a history of trauma, and their family caregivers.

Grant Making



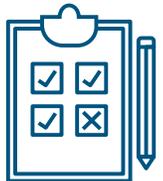
Training



Coaching



Evaluation



Research



Person-Centered, Trauma-Informed Care

Holistic approach to service delivery that promotes trust, dignity, strength, and empowerment of all individuals by incorporating knowledge about trauma into agency programs, policies, and procedures.*

* Eisinger, M., & Bedhey, B. (2018). *Teaching About Trauma: Models for Training Service Providers in Person-Centered, Trauma-Informed Care*. Kavod. Issue 8, Spring.
<http://kavod.claimscon.org/2018/02/teaching-about-trauma-models-for-training-service-providers-in-person-centered-trauma-informed-care/>



Examples of Trauma-Informed Practice



SAMHSA Principles of Trauma-Informed Care

Trauma-informed care is grounded in six principles:*

1 Safety

2 Trustworthiness
and Transparency

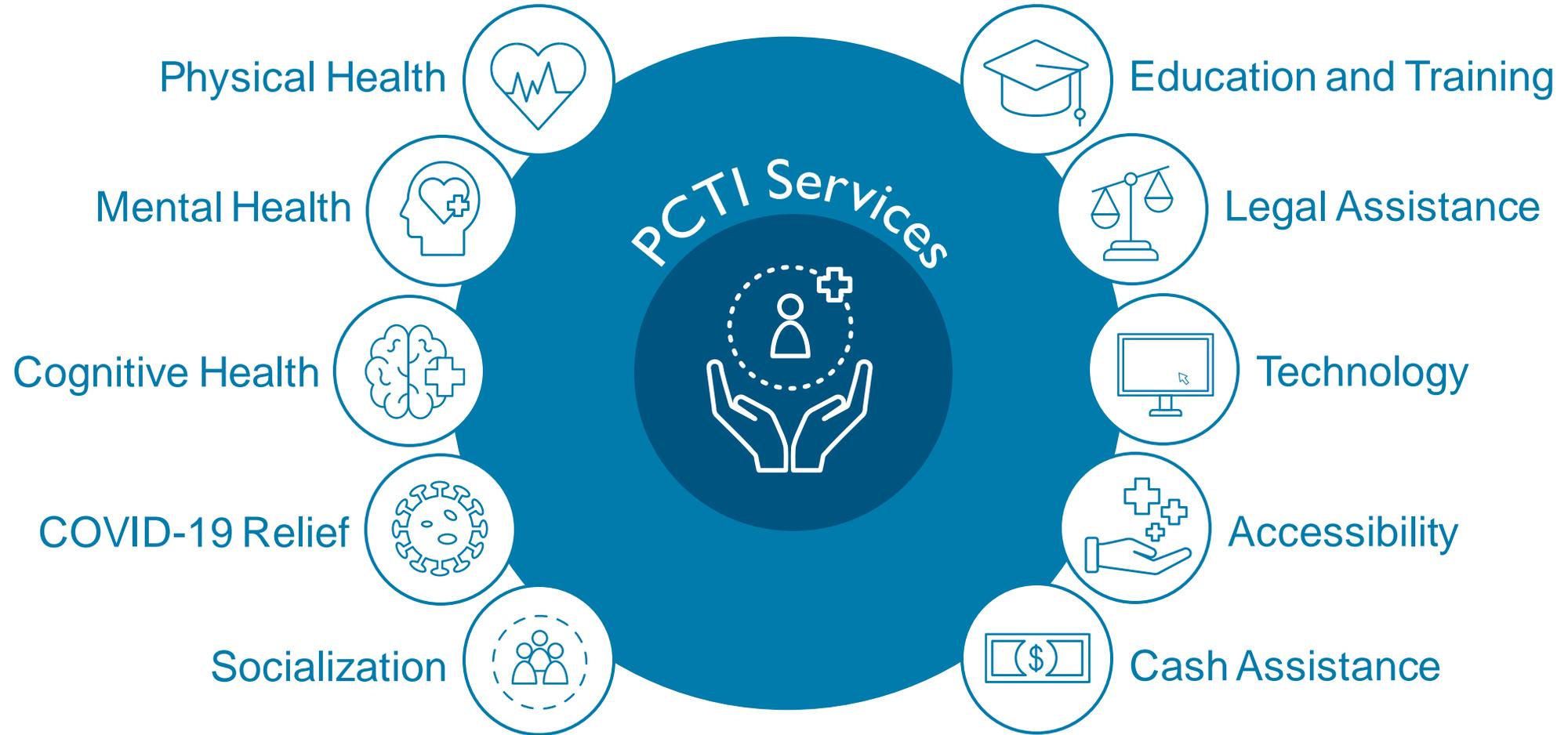
3 Peer Support

4 Collaboration
and Mutuality

5 Empowerment,
Voice, and Choice

6 Cultural, Historical,
and Gender Issues

Providing PCTI Care for Older Adults



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Interaction between Holocaust Survivors' Past Trauma and Aging: Key Features

- Current losses and a decline in health may trigger wartime memories
- Developmental tasks of aging
- Cognitive and psychological aspects
- Fewer distractions
- Delayed onset post traumatic stress disorder (PTSD)
- Environmental triggers that are reminders of original trauma

The COVID-19 Vaccine as an Environmental Trigger: Trauma-Related Concerns

- Loss of identity – numbers tattooed on survivors' arms.
- Tattoos were done with needles with no anesthetic – painful process.
- Mistrust of medical personnel who administer the vaccine.
- Medical experiments: People were injected with foreign substances resulting in lifelong medical illnesses and conditions.
 - Painful Injections and blood drawn from specific individuals such as twins.
 - Camp prisoners were injected with drugs and carbon dioxide to test various methods of sterilization.
 - Experiments to test drugs and treatments, e.g. malaria, typhus, tuberculosis.
- Mistrust of government bureaucracy and authority figures.



Survivors' Reactions to Vaccines

- Survivor community is diverse with Jews from different backgrounds and experiences.
- **Consultations with several social service agencies across Canada indicate that the majority of survivors got vaccinated.**
- Reasons given by survivors who have not been vaccinated:
 - Vaccine rollout challenges in Canada.
 - Conflicting information about vaccines from local and international sources.
 - Health concerns such as pre-existing medical conditions.
 - Lack of trust in countries producing a particular vaccine.
 - Traumatic experiences during the Holocaust and post-war Communist countries.
 - Trust issues related to government institutions and healthcare providers.

Theoretical Framework:

Person-Centered Trauma-Informed Approach (PCTI)

Pillars of PCTI

- Voice
- Choice
- Control
- Empowerment
- Collaboration
- Safety
- Trust

Putting Theory into Practice:

Trauma-Informed Strategies to Address Survivors' Concerns

- Philosophy: Person-centered approach that places survivors, their values and preferences at the center of care.
- Have a resilience-mindset: View survivors as “directors” of their lives capable of making their own choices and decisions.
- Meet survivors where they're at. Give them a voice, listen empathically and validate their concerns.
- Fusion of past and present:
 - Explore if their past traumatic experiences may be influencing their decision about vaccines.
 - Inquire if they're open to making a different choice. If not, respect their wishes. If they are, invite them to collaborate with you and explore ways to become informed decision-makers from a place of safety, agency and allowing in new information.



Putting Theory into Practice:

Trauma-Informed Strategies to Address Survivors' Concerns (cont.)

- If survivors are open to it, provide information about the vaccine from public health sources (available in different languages) so they can make an informed decision.
- After information is provided, follow up with a telephone call to see if they have questions about the material.
- Some survivors access vaccine information from trusted experts within their communities who speak their ethnic languages.
- Provide information about easy access to vaccine sites. Easy access may impact on survivors' decision whether or not to get the vaccine.
- Give survivors permission to refuse the information you offer: choice and control.



Cautionary Notes

- Refrain from persuading survivors. Let them know you're available to answer their questions, book an appointment or arrange transportation.
- Service providers may have their own bias about the vaccine. It may impact survivors' decision whether they receive the vaccine or not. Does your agency have a disclosure policy about whether staff share this personal information?
- Distinguish between survivors' trauma-related concerns and their actual fear of needles. CARD system (Comfort, Ask, Relax and Distract) addresses fear of needles through pain management and coping strategies.

Article (April 30, 2021). U of T expert on anxiety and needles topped to support COVID-19 immunization campaign. Toronto: University of Toronto News. <https://www.utoronto.ca/news/u-t-expert-anxiety-and-needles-tapped-support-covid-19-immunization-campaign>

Conclusion

Determine the reason for vaccine hesitancy/reluctance because each issue will require a different strategy to address it.

1. Trauma related concerns about past experiences
 - Distinguish past traumatic experiences from the present
2. Information about the vaccine
 - What sources of information are provided
 - How is the information being disseminated?
 - Are service providers educated about the safety and benefits of the vaccine as well as the risks?
3. Fear of needles
 - CARD system: Comfort, Ask, Relax and Distract

Trust, Skepticism, and Rejection

Generational Trauma in Communities of Color and COVID-19 Vaccine Hesitancy

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Photo Credit: istockphoto.com

Juanita C. Grant, MSW Foundation History

- Civil Rights and Civic Activist in Gary Indiana with her husband Dr. Benjamin F. Grant MD 1950's
- Desegregating hospitals to allow African American physicians admitting privileges
- Co-founded Settlement House for arrivals from Jim Crow South
- Co-founded Gary Chapter Jack and Jill Inc.
- National Secretary Alpha Kappa Alpha



Juanita C. Grant Foundation Timeline

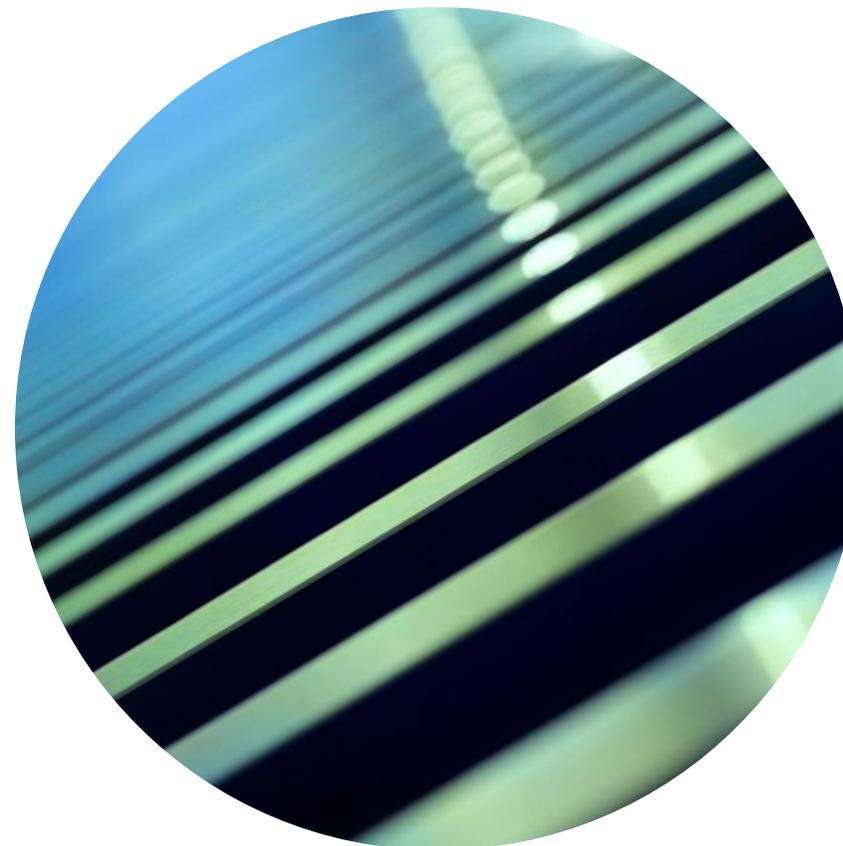
Incorporated 2014-MD Pr. George's County as base

2014-2016 Conducted Research-Focus groups

Interviewed Governor and Advocates, Community Leaders' Census Data and Budget Analysis

Programs/Advocacy
50+ Workforce Initiative
Elder Abuse and Financial Fraud Education Series
Village Connector Experience Structured Call Wellness Intervention

Population Served
Predominantly African American
75% Female—Age 62-80
Underemployment, targeted for scams, economic insecurity, housing insecurity, social isolation



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Surprising pockets of Vaccine Hesitancy

- **Police**
- **Firefighters**
- **Armed Forces**
- **Hospital staff**
- **White Evangelicals**
- **Southern states**
- **Immigrants**
- **Athletes**

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Collective Trauma Experience by Older African Americans



- History of Enslavement Jamestown VA Aug. 20, 1619
- Juneteenth-June 19, 1865
- Jim Crow Era 1868
- US Public Health Tuskegee Experiment 1932-1974
- Greenwood District-Black Wall Street Massacre June 1, 1921
- Rumors/realities AIDS targeting gay African American men by CIA
- Experimentation of vaccines in Africa
- Jim Crow 2.0-2021 Voting Restrictions

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Dr. Altha Stewart, Senior Associate Dean or Community Health Engagement at UT Health Science Center-Memphis. First African American President of the American Psychiatric Association.

“Racist confrontation activates the fight or flight response. When the brain recognizes danger, the chemical Cortisol is released to raise alertness to help navigate the situation. But when faced with such encounters on a frequent bases – that hormone never gets turned off.”

Dr. Altha Stewart, MD



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Current Macro and Micro Aggressions

- Since George Floyd, 181 Black Americans have been killed by police
- Daily affronts, slights to dignity
- Disrespect of older African American adults
- Overwhelming fear of the police
- Systemic inequities in healthcare, education, job opportunities, maternity care, mortgage rates, car insurances, building generational wealth

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Between the World and Me,
Ta-Nehisi Coates
writes that
“racism is a visceral
experience, that it
dislodges brains,
blocks airways,
rips muscle...”

INTERVENTIONS TO AVOID TRAUMA TRIGGERS:

EMPOWER INDIVIDUAL

SENSE OF SAFETY

RESPECT FOR
AGE/RESILIENCE

ENSURE DIGNITY

RECOGNIZE THEIR
HUMANITY

STRATEGIES TO OVERCOME VACCINE HESITANCY

- ❖ Engaging community leaders and advocates in assessing the needs and developing community-based solutions
- ❖ Tap local church leaders, community barbers/salons, community centers
- ❖ Neighborhood pharmacist
- ❖ Identify respected messengers
- ❖ Tailored messaging

Continuing The Journey



Contact Information



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Vaccine Hesitancy among Older Hispanic/Latino Adults with a History of Trauma



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Trauma and Vaccine Hesitancy Among Hispanic/Latinx Older Adults

Mistrust in Western Medicine and Government Agencies

- **Forced sterilizations among Latinas**
 - Puerto Rican and Mexican women subject to forced or coerced sterilizations
 - 1930s -1970s and still happening...
 - Completing consent forms
- **Immigration related concerns**
 - Increased risk for PTSD
 - Fear that the vaccine will bring attention and lead to deportation
 - Mixed status families
 - Identification asked for/must be provided to get a vaccine
 - Mistrust in governments (experiences in home country or in the US)



What is a CHW?

“A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

-APHA



What is a CHW?

In other words...

A CHW is a trusted member of the community who empowers their peers through education and connections to health and social resources.

CHWs/Promotores de Salud and PCTI

Some CHW Core Competencies that relate to PCTI Care

| | |
|---|---|
| Relationship building/establishing trust <ul style="list-style-type: none">• From the community• Active Listening | Empowerment <ul style="list-style-type: none">• Listen to individuals' needs/concerns• Validate concerns |
| Systems Navigation <ul style="list-style-type: none">• Referrals• Follow-up | Advocacy <ul style="list-style-type: none">• Advocate for individuals' needs• Not pushing vaccinations |
| Cultural Mediation <ul style="list-style-type: none">• Cross-cultural communication• Help explain how the vaccine system operates | Culturally Appropriate Health education/information <ul style="list-style-type: none">• Inclusion of cultural values (familismo)• Health literacy |

Strategies: C.A.S.E. Approach

Corroborate

About me

Science

Explain/Advise

Questions?



The Jewish Federations®
OF NORTH AMERICA

Center on Aging
and Trauma

Call to Action

- Check out JFNA's Center on Aging and Trauma website: www.AgingandTrauma.org
- Strategize how you will make your office and service more PCTI
- Participate in our webinars on PCTI care
- If you have questions, please contact Aging@JewishFederations.org

