

# Impact of COVID-19 on African American Female Baby Boomers

**Taniah Andrews** 



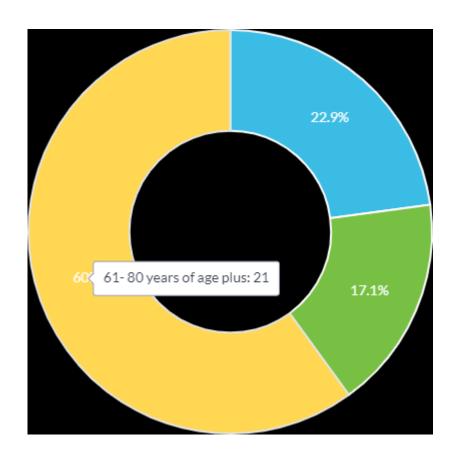


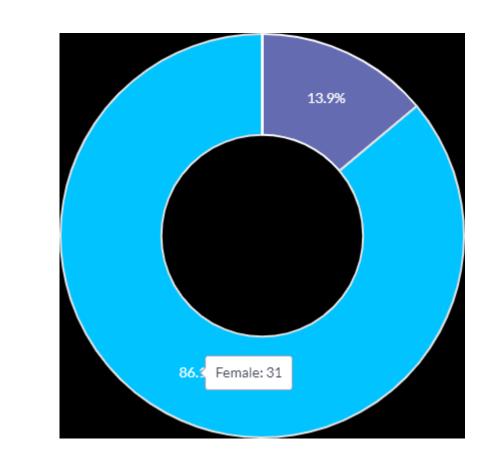
## Purpose

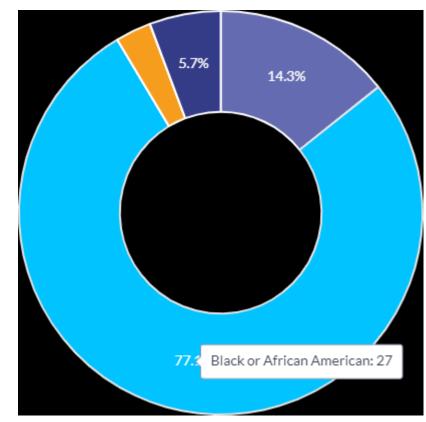
This study's aim is to display the opinions and individual behaviors of African American women from the ages of 57-75 (and up) in Clarksville Tennessee area through community organizations provided to the public. COVID-19 in the city of Clarksville, Tennessee Montgomery County has greatly caused health disparities amongst African Americans females of age.

# **Demographic**

For the target demographic on the impact of COVID-19 in Clarksville Tennessee, through Clarksville-Montgomery County Community Action Agency, is African American women ages 57-80 years plus that come from any socioeconomic background. (Below are pie charts of the percentages of what race/ethnicity(77.1%), age(60%), and gender(86.1%) I surveyed that was most popular.







#### Methods

The 7 steps of implementation COVID-19 Study

Step 1: I identified my community partner (Clarksville Montgomery County Community Action Agency (CMCCAA)) by searching for community centers targeted towards people who need assistance. Spoke with Human resources, S. Finely, to arrange data collection.

Step 2: Conducted a series of meetings through phone calls and emails to discuss the goals and objectives for both parties. Start planning dates to meet with target audience, to produce surveys responses and listening sessions, I began to research survey website tools I can use to sort out my potential data. Human resources agreed on dates to meet with me and added listening sessions to their monthly schedules.

Step 3: Acquire questions from HBCU program staff to ask during listening sessions and survey taking. I also acquired posing questions that CMCCAA may have before and after meeting dates. I figured out ways to host listening sessions through Zoom and by usage of my computer capabilities. I also created and my online survey account to store all collected data and created four demographic questions to better group the target population.

Step 4: Times and location were solidified through community partner. Set a goal of how many participants I expected to reach.

Step 5: Conducted scheduled listening sessions. I assured the population surveyed their rights as in confidentiality.

Step 6: Processing data by interpreting, analyzing, and transcribing each listening sessions. Step 7: Piece together findings of research. Schedule a time and date to send out updated information to the surveyed public on COVID-19.

#### **Outcome**

The outcomes of this project: (Questions asked)

- 1. What is your age range? 2. What is your gender?
- 3. What is your race/ethnicity?4. What do you Identify with as far as your living arrangements? 5. Who has never had the flu vaccine? And if not, why not?
- 6. How many of you are parents? Has your child received a flu vaccine in the past? If not, why not?
- 7. replacement: Did your parents get flu shots?
- 8. What would you like to know about the new COVID-19 vaccine before you consider getting it?
- 9. Where do you receive your news and information? What type of media outlet?
- 10. Once a COVID-19 vaccine is released, how long would it take for you to sign up? Same question for your children. What factors would you consider?

#### Results:

39 people were surveyed and apart of one of five listening sessions. Anyone who was part of the study was allowed to skip any question they refuse to answer.

77.1% of the people that was surveyed was African American. 60% of the population is 61 and older and 86.1% of the population is female

38.6% of families has all had the flu vaccine at some point. 13.6% of parents who have and 51.4% of children who have.

58.3% did not want to know anything about the COVID-19 vaccine 41.7% did. People wanted to know is it safe, what is in it, what are the side effects, does it work, can I still get COVID-19, and what if I have a chronic disease(s)?

77.1% answered where they received news and information 22.9% refused to answer. News (tv), social media, internet, friends and family is where they seek information. Some admitted that they do not trust the sources completely.

69.4% answered if they would get the vaccine or not and how soon versus 30.6% refusing to answer. Majority said they do not want to take it, some had already made an appointment to take it and is waiting, a handful will consider, and a few are not sure.

The target population made up majority of result findings.

### **Student Lessons Learned**

Lessons learned from this project include:

- 1) I learned that people perceptions of what COVD-19 is varies depending on life experiences and where they get their news and information.
- 2) It is important to be sensitive and understanding of the target audience beliefs in health care, policies, and in a crisis. Reassuring the audience that they are entitled to their opinion when it comes to changes in health and ways of living is crucial.
- 3) Offering insight, answers and, reliable resources to the community will be the gateway of change during COVID-19. In the target population there was more to lose than to gain.
- 4) By offering updated resources to the community it will provide possible attitude and behavioral change of the spread of COVID-19 and willingness to receive the vaccine.
- 5) It is easier to persuade and promote health change to target audience when there is more evidence-based information, more research conducted, and less fearbased news provided.

# **Community Partner Acknowledgements**

Austin Peay State University
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Human Resources (CMCCAA)- Sonda Finely

Clarksville-Montgomery Community

