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148.

EXPLORING THE IMPACT OF COLLEGE STUDENTS' COVID-19- AND CAPITOL INSURRECTION-RELATED HORIZONTAL AND VERTICAL COLLECTIVISM/INDIVIDUALISM ON EMOTIONAL REACTION TO THOSE EVENTS

Brandon H. Sorge, MS, PhD¹, Grant Fore¹, Francesca Williamson¹, Julia Angstmann², Devon J. Hensel, MS, PhD, FSAHM³

¹Indiana University Purdue University Indianapolis; ²Butler University; ³Indiana University School of Medicine.

Purpose: While many studies have explored individuals' feelings related to recent national events, none have explored the relationship of individualism and collectivist leanings caused by these events on the individuals emotions related to those events. For this research we specifically focus on the COVID-19 Pandemic and the January 6 Capitol Insurrection.

Methods: Data were collected from college students at a small, private midwestern private university over a 10-day period at the end of January and the beginning of February 2021. A Qualtrics survey was sent to 1,041 students who had completed a similar survey 5 months earlier related to their feelings about the COVID-19 pandemic. We used a subsample (N=314 students; 74.2% female; 83.4% White; 0.6% freshman, 24.5% sophomores, 34.7% juniors and 29.3% seniors) who provided complete data. Measures included horizontal ("We are the same, high freedom, equality") and vertical ("I am different, Authority ranking, high freedom") individualism as well as horizontal ("We are the same, share, less freedom") and vertical ("I am different, sharing, authority ranking") collectivism. Participants also provided data on the positive and negative affective responses to COVID-19 and to the January 6 Capitol Insurrection. Structural equation modeling was used to investigate the direct effects between individual and collectivism and the affective responses to each event (all standardized; Stata v. 17.0). Global fit was evaluated using the chi-square test and the root mean square error of approximation (RMSEA). Local fit was addressed using the Comparative Fit Index (CFI) and the Tucker Louis Index (TLI). We also investigated group differences by gender (male/female) and race (minority/white) where significant overall direct effects were observed.

Results: Fit indices (Chi-sq[df]: 60.99[31], $p < .001$; RMSEA[90% CI]: 0.046[0.035-0.076]; CFI: 0.972; TLI: 0.905) suggested the specified model provided a good fit to the data. Higher COVID VI was associated with higher positive ($B=0.12$) and negative ($B=0.15$) affective reactions to COVID ($B=0.12$). Higher Capitol HI and HC were both associated with higher positive (both: $B=0.21$) and higher negative ($B=0.12-0.23$) affective reaction to the capitol riots. Higher COVID VI was associated with lower negative affective response ($B=-0.16$) to COVID. We observed no gender or race/ethnicity differences in these significant effects.

Conclusions: Students who felt more strongly that people were the same (horizontal individualism and horizontal collectivism) were more likely to have both strong positive and negative emotions to the January 6th insurrection. For COVID-19 negative feelings, students whose feelings towards COVID were more individualistic had mixed results. Those who believed people are different (vertical individualism) were more likely to have lower negative feelings towards COVID-19 while those who believed people are the same (horizontal individualism) had greater negative feelings. These data have implications for scaffolding young adult support in advance of future socio-political emergencies.

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RESEARCH POSTER PRESENTATION II: COVID/ VACCINES/HEALTH PROMOTION

149.

TURNING THE HOSPITAL INSIDE OUT: EXPANDING ACCESS TO COVID-19 VACCINATIONS FOR UNDERSERVED ADOLESCENTS USING MOBILE OUTREACH

Priya Sarin Gupta, MD MPH¹

¹Massachusetts General Hospital / Harvard Medical School.

Purpose: There exist clear disparities in COVID-19 vaccination rates for adolescents and young adults in Massachusetts and across the United States. Massachusetts Department of Public Health data demonstrates that where social vulnerability is high in our communities, COVID vaccination rates for adolescents and young adults lags. With community engagement as the backbone, we implemented a low-barrier, mobile walk-in COVID-19 vaccination unit using a community health van in the greater Boston area from May 2021 to present to help address disparities in vaccination for this vulnerable population.

Methods: From May 20, 2021 to August 18, 2021, using a double equity model, we situated the mobile COVID-19 vaccination unit in Chelsea, Everett, Revere, all communities with high social vulnerability index and a disproportionately high burden of COVID-19 illness. We chose sites in concert with local partners based on the volume of foot traffic and proximity to public parks, beaches, and community-based services that attract adolescent and young adult populations. Our mobile clinic was run at youth events and community run sports programs. Publicity around the vaccination efforts was youth focused. Community partners who had long standing relationships and partnerships with youth in the area helped guide our efforts. We collected demographic and clinical data for mobile vaccination services, including participant age, sex, race/ethnicity, insurance status, and zip code. We use participant zip code to estimate median salary and social vulnerability index. We used the online Massachusetts Department of Public Health COVID-19 Vaccination Dashboard (link) as the data source on the general vaccinated population in Massachusetts as well as to assess disparities in adolescent vaccination rates. We report continuous variables as median (interquartile ranges) and categorical variables as frequencies (percentages). We use Wilcoxon rank sum testing to compare the socio-demographic characteristics of persons vaccinated through the mobile COVID-19 vaccination unit with the general vaccinated population in the three target cities and in the general vaccinated population in Massachusetts.

Results: From May 20, 2021, to August 18, 2021, the mobile MGH Kraft COVID-19 vaccination unit administered 937 doses of Pfizer vaccine. About ninety percent of participants returned to complete their second dose. The median (IQR) age of participants were 20 (14-40) years, 477 (51%) were males, 768 (82%) were non-white, and 580 (62%) were Hispanic.

Conclusions: A mobile COVID-19 vaccination unit, implemented with community and stakeholder engagement and support, has the potential to improve vaccine access among racial/ethnic adolescent minorities and medically underserved adolescent populations. Compared to the overall population of the target cities, participants in the mobile vaccination unit were younger, more likely to be male, and more likely to have non-commercial insurance. Compared to the remainder of the vaccinated population of Massachusetts, participants in the mobile vaccination unit were younger and more likely to be male, non-white, and covered with non-commercial insurance. This prototypical model shows that when you bring services to the