Addressing Racial Disparities in Influenza Vaccination

November 11, 2021
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Our Panelist

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Flu Vaccination Disparity in Minority Groups: Why It Occurs and What To Do About It

American Medical Group Association Webinar

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Overview of flu vaccination disparity in racial and ethnic minority groups

1. CDC data reveal disparity in influenza vaccine uptake. Disparity appears in several racial and ethnic minority groups.

2. Addressing disparities in flu vaccination rates can help prevent negative outcomes. Comorbidities put unvaccinated individuals at higher risk for negative outcomes.

3. Evidence that disparity is reinforced by sociodemographic factors including age, gender, income, and education. Health systems must be proactive in undertaking systemic efforts to address biases.

4. Some best practices to improve vaccination rates. There is a key predictor that can help healthcare professionals facilitate improved vaccination rates.

A note on inclusive and culturally sensitive language

Include both race and ethnicity, if necessary\(^1\)

- Race includes characteristics such as skin, hair, and eye color (ie, Black people, White people)
- Ethnicity encompasses cultural factors (Hispanic, Latino, etc)

Description of people as being of a regional descent (eg, of African, Asian, European, or Middle Eastern or North African descent) is acceptable if those terms were used in formal research\(^1\)

- However, it is preferable to identify a specific country or region of origin when known and pertinent to the study
- Latino or Latina are broad terms that have been used for people of origin or descent from Cuba, Mexico, Puerto Rico, and some countries in Central America, South America, and the Caribbean, but again, individuals may prefer to specify their country of origin

Demographic data reveal a disparity in influenza vaccine uptake.\(^1\)

None of the racial/ethnic groups achieved their national flu vaccination goal of 70%\(^1,2\)

While no group reached the 2030 Healthy People goal of 70% annual influenza vaccination rate, non-Hispanic Black, Other, non-Hispanic, and Hispanic populations consistently had lower influenza vaccine uptake than their non-Hispanic White counterparts\(^1,2\).

**Flu Vaccination Coverage by Racial/Ethnic Group,**
Adults 18 years and older, United States, 2010-2020

Data Source: Behavioral Risk Factor Surveillance System (BRFSS).
Error bars represent 95% confidence intervals around the estimates.

Flu vaccine uptake lower in several populations of color

Flu Vaccination Coverage by Racial/Ethnic Group, Adults 18 years and Older, United States, 2019-2020

- Black, non-Hispanic: 41.2%
- Hispanic: 38.3%
- White, non-Hispanic: 52.8%
- Other, non-Hispanic: 45.9%

Source: CDC estimates during the 2019-2020 flu season.

Addressing disparities in flu vaccination rates can help prevent negative outcomes\textsuperscript{1,2}

Several racial and ethnic minority groups experience higher flu-related hospitalization rates in the US$^1$

Patients with cardiovascular disease are at increased risk for severe flu-related complications\textsuperscript{1,2}

In a study from 2008-2016, pooled Medical Expenditure Panel Survey (MEPS) data from 131,881 adults aged 40+ with atherosclerotic cardiovascular disease (ASCVD) revealed a stepwise increase in the prevalence of adults with CVD who lacked influenza vaccination as the number of sociodemographic risk factors increased\textsuperscript{2}.

- Sociodemographic risk factors increased disparities in flu vaccination even among adults with ASCVD in the US\textsuperscript{2}.

- A lack of flu vaccination was found in nearly 1 in 3 adults in the US with established ASCVD\textsuperscript{2}.

- Several sociodemographic subgroups are at greater risk of not receiving a flu vaccine\textsuperscript{2}.

- Influenza vaccination in high-risk adults aged 40+ with ASCVD is even lower in those with sociodemographic risk factors\textsuperscript{2}.

Study limitation: Cross-sectional nature of MEPS data could limit the ability to assess causal relationships between sociodemographic characteristics and influenza vaccination within the past year.\textsuperscript{2}

Vaccination against influenza is important for people in racial and ethnic groups already at high risk

Improving on the low rates of vaccination, demonstrated in the same MEPS study, may help decrease:

- Overall morbidity and mortality\(^1\)
- Severity of infection\(^1\)
- Hospital readmissions among individuals with ASCVD due to a vaccine-preventable disease\(^1\)

Increasing access to and use of influenza vaccinations is vitally important among higher-risk sociodemographic subgroups with underlying cardiovascular conditions\(^1\)

Further evidence that disparity is reinforced by sociodemographic factors including age, gender, income, and education\textsuperscript{1,2}

Vaccine hesitancy plays a role in influenza vaccine uptake\textsuperscript{1}

World Health Organization defines vaccine hesitancy as the delay in acceptance or refusal of vaccines despite availability of vaccination services\textsuperscript{1}

Trust is a major factor in vaccine hesitancy especially for minority groups\(^1\)

A 2015 national survey by Freimuth of 1630 Black and White adults explored how dimensions of trust related to influenza vaccination informs behavior\(^1\)

- In particular, trust in the pharmaceutical industry is low\(^1\)
  - The flu vaccine being offered annually leads to perception that it is promoted for profit\(^1\)
- Therefore, flu vaccine messages are more effective from healthcare providers and public health officials, rather than industry\(^1\)

**Trust influences flu vaccine hesitancy at many levels, including trust in the effectiveness and safety of vaccines, the reliability of the healthcare system, and the motivations of policymakers\(^2\)**

**Study limitation:** Cross-sectional nature of the study can provide more limited results than a longitudinal study.\(^1\)

**However, personal feelings towards the flu vaccine do not tell the whole story**

Evidence of racial bias in healthcare setting

As discovered in a 2018 study of 806 Black respondents, several factors impact vaccine decision-making in Black populations, including:

- Attitude toward and distrust in the healthcare system, partly due to historical events (e.g., Tuskegee Syphilis Study).\(^1\)
- Distrust is associated with lower participation in preventative healthcare, including vaccination.\(^1\)
- Evidence of differential treatment of Black patients by healthcare providers is substantial.\(^1\)

**Study Limitation:** A cross-sectional study can be more limited than a longitudinal study in terms of establishing connections between predictors and outcomes.\(^1\)

Health systems and HCPs must consider the heterogeneity within the Black population when approaching vaccine disparities.\(^1\)

Vaccination rates within communities of color vary according to differing socioeconomic factors

Age, education, and income all play roles in influenza vaccine disparity

- Older adults more likely than younger adults to get vaccinated against influenza
- Social determinants of health, such as education and income levels, can lead to poorer health outcomes

Best practices to improve vaccination rates

A key predictor of improving vaccination rates: provider recommendation

Even among patients with concerns regarding vaccine safety, a **provider recommendation is a key predictor of improving vaccination rates**

- HCPs should adopt recommended practices including client reminder and recall systems, provider reminders, and standing orders

Make a **strong recommendation** and offer the flu vaccine at the same time

- 24% of Black patients reported that ”what my healthcare provider recommends” is somewhat important, 25% fairly important, and 30% extremely important

**Healthcare workers who are reluctant themselves to vaccination translates to lower vaccination rates in their patients**

Communicate what is the bottom-line or “gist” to get point across\(^1\)

Gist is the use of combining factual evidence with a linking phrase (“So, the reason this is important is…”) to create a gist or bottom-line meaning that aids in comprehension and recall\(^1\)

Example:
“We know that the flu vaccine is approved annually ... with only minor side effects for a few people. The reason that is important is that with your heart disease, you are more likely to have serious complications from the flu, and I strongly recommend you take the vaccine.”\(^1\)

Using gist to address critical issues, coupled with a strong recommendation for the flu vaccine at that same encounter, can facilitate improved vaccination rates\(^1\)

Presumptive vs conversational language

In a study of 111 vaccine discussions were analyzed in 9 pediatric practices: presumptive language led to ~18x higher likelihood of getting the vaccine than conversational language.

- Presumptive language uses phrases such as "The nurse will return with the vaccine due."
- Conversational language uses phrases such as "What are you planning to do about the vaccines?"

74% of patients showed acceptance when HCPs utilized a PRESUMPTIVE approach vs 17% when HCPs utilized a CONVERSATIONAL approach.

Parents and patients report the value of a provider recommendation, and stronger recommendations using presumptive language are effective at improving vaccination rates.

Study limitations: Possible that under normal, non-videotaped circumstances, provider-parent interaction involve different communication behaviors than those identified.

Focusing on opportunities for health systems and HCPs

- Establish a practice Chief Immunization Officer tasked with overseeing the entire vaccination process
- Ensure entire team have themselves been vaccinated and can communicate a consistent message when vaccine is available
- Identify high-risk patients in emergency departments or other specialty clinics to avoid missed opportunities
- Target messages to age groups within a demographic
  - Older adults already more likely to receive the flu vaccine because of perceived risk, but still require an honest assessment of side effects
  - Work to build trust through communicating a bottom-line meaning or “gist”
- Use the power of presumptive recommendations to help increase uptake of influenza among patients

Establish metrics to measure influenza vaccine uptake—that which gets measured gets done!

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- Establish metrics to measure influenza vaccine uptake—that which gets measured gets done!

References:
THANK YOU
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