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Addressing Influenza in Rural Communities: How to Increase Vaccination Rates

Announcer Introduction

You're listening to *Clinicians Roundtable* on ReachMD, and this episode is sponsored by CSL Seqirus. Here's your host, Dr. Turck.

Dr. Turck:

Welcome to *Clinicians Roundtable* on ReachMD. I'm Dr. Charles Turck, and joining me to share strategies for improving influence of vaccination rates in rural communities is Dr. Kimberly McKeirnan, who's an Associate Professor of Pharmacotherapy and the Director of the Center for Pharmacy Practice Research at Washington State University. Dr. McKeirnan, thanks for being here today.

Dr. McKeirnan:

Hey, thank you for having me.

Dr. Turck:

Let's start with some background, Dr. McKeirnan. How do vaccination rates in rural communities compare to other regions?

Dr. McKeirnan:

Good question. So I'd say generally, the data that I've seen is that they're quite a bit lower than they are in more urban areas. I think there's probably a lot of factors involved in why that is, but we saw some substantial concerns around the COVID vaccine, even though rural communities have a lot less people living in them. So you really need to reach less people to have pretty good vaccination rates. We still saw that kind of the opposite was true. Here in Washington State counties like King County, which is where Seattle is located, they had much better immunization rates, even though they had a higher number of people living in those counties.

Dr. Turck:

And as a quick follow-up to that, what kind of impact do those low vaccination rates have on patients and the larger healthcare system?

Dr. McKeirnan:

It's a great question. I would say a concern related to that is that in rural areas, patients often have less access to healthcare in general. So for example, I grew up in a small town, and in that community, to get to a large medical center or hospital it was about two hours away. So when people get sick, this can be a lot more impactful because they're not feeling well and then they have to work harder to travel to somewhere to get access to healthcare. That's definitely an issue with it because if you see less people vaccinated, there's potentially more illness and less access to that care.

Dr. Turck:

Now, Dr. McKeirnan, you touched on this a little bit before, but would you tell us a little bit more about some of the factors contributing to this disparity in vaccination access?

Dr. McKeirnan:

Sure. So I think there's several pieces related to this. And I've done some research, particularly around COVID. But I think it's pretty applicable with influenza too. Some of it is the roll out of vaccination efforts. So if these are done in a way that is sort of less appealing or less palatable to people in rural communities, they're probably not as likely to access those. And what we see is a lot of vaccination rollout efforts are designed for large urban areas because that's where the majority of people in a region are living. So that's certainly one piece of it.

Another factor that I've seen contribute to this is certainly politics, beliefs, faith, and religion; it can be a lot of different things. But if the

community leaders, which in some cases could be like a spiritual leader or a community organizer, if they don't have a lot of conviction for getting vaccinated, sometimes that can lead to the people that respect that person being less likely to get vaccinated as well. Or I think in an urban community, you maybe see less of an impact with that piece.

I guess access in general sometimes it's an issue we've seen. There's less of that in the area where I live, but I've read about studies with this related to vaccination in rural communities and other parts of the United States and in other countries, they have less vaccines. So the vaccine is distributed more in the urban areas earlier on. And again, that kind of makes sense because there's a lot more people that need to be vaccinated, but sometimes it does take longer for a vaccine to sort of trickle into rural communities so they can get vaccinated as well.

Dr. Turck:

For those just tuning in, you're listening to *Clinicians Roundtable* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Kimberly McKeirnan about influenza vaccination in underserved rural communities.

Now, Dr. McKeirnan, you've mentioned the COVID-19 pandemic before. What were some of the successful vaccination strategies used that we could potentially apply to our influenza vaccination efforts in rural communities?

Dr. McKeirnan:

Yeah, that's a great question. So it seems like there are a lot of partnerships with health departments that have gone really well. And so I think some of that is because different communities have the opportunities to sort of customize how they offer vaccinations and identify local community sites that are a good fit for a lot of people to attend. For example, in the county that I'm from, they had vaccinations offered actually at the fairgrounds because that was a large outdoor community area that a lot of people can congregate without being really close together. And they could do a mass vaccination effort at that location. So I think that was an example of one that it went really well, being able to offer it that way wherein, you know, each location has a little bit of autonomy, perhaps to identify ways to do that. So I think really one of the best ways to optimize vaccination rollout, whether it be COVID or influenza, is to give a lot of consideration to the community; what resources do they have, and what are the particular needs? Are there hesitations among particular groups in that community? You know, giving some consideration to the different patient populations and demographics would certainly be worthwhile as well to really optimize how we are approaching people with vaccinations.

Dr. Turck:

And what are your thoughts on using things like mobile health clinics and drive-through testing and immunization sites for something like influenza vaccination?

Dr. McKeirnan:

Sure. So let's see. A couple of different things. So mobile health clinics are something that we see quite a lot in rural communities. And I think there are pros and cons to them. At the area where I work, there are some mobile health units that go out to different rural communities, which is wonderful because when the mobile health unit is present, it's a great opportunity to engage with patients. However, that doesn't really help the patients as much when the mobile unit is not present. So I think it's also very important to consider who are the healthcare providers in each unique rural community. And how can we best support those healthcare providers, rather than bringing mobile services in that would be able to be helpful, you know, maybe once a week or once a month or something like that.

I think that relationship between patients and providers, whether they be physicians or pharmacists, is hugely important and critical to patient care. You know, building that rapport and trust. And so if a provider is in a mobile van that comes, you know, once a month, that maybe doesn't help establish the same kind of rapport that you could get with providers who live in your own community, you know, who are there, and you see them around town and things like that. So I think mobile units for vaccination purposes are great because you can go in with influenza, for example, going to vaccinate everybody for the year and then leave, and that's fine. But I think we have to be careful utilizing those as a healthcare tool just because they can limit that patient-provider relationship.

Dr. Turck:

And before we close, Dr. McKeirnan, do you have any final thoughts on influenza prevention, particularly in rural communities, that you'd like to share with our audience?

Dr. McKeirnan:

Sure. So I think it's been such an interesting couple of years. We haven't seen a lot of influenza in the last few years, in large part because of all the great precautions that have been taken. The ones that work against COVID generally work against influenza, too, with having patients masked, lots of hand washing, and social distancing. But it seems like this fall, we're seeing a lot more of that sort of phased out. So do you have a lot of concerns about, you know, is this going to be a potentially really problematic influenza year? So I have a lot more concern than I suppose I did about influenza going into the last two years.

Dr. Turck:

Well as those final thoughts bring us to the end of today's program, I want to thank my guest, Dr. Kimberly McKeirnan, for joining me to discuss how we can improve influenza vaccination rates in rural communities. Dr. McKeirnan, it was great having you on the program.

Dr. McKeirnan:

Thank you.

Announcer Close

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