

Transcript Details

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Equity in Flu Vaccine Rates: Bridging Racial & Ethnic Gaps

Announcer Introduction

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

Dr. Turck:

This is *VacciNation* on ReachMD, and I'm Dr. Charles Turck. Joining me to discuss how we can address racial and ethnic disparities in flu vaccine uptake is Dr. Keith Ferdinand, who is a professor of medicine at the Tulane University School of Medicine in New Orleans. Dr. Ferdinand, welcome to the program.

Dr. Ferdinand:

Thank you.

Dr. Turck:

So to start with some background, Dr. Ferdinand, what do we know about flu vaccination rates in different racial and ethnic communities?

Dr. Ferdinand:

Well, first of all, we should all recognize that flu vaccines are wonderful. It's the best way to reduce death and disability related to influenza. Now if you look across the various racial ethnic groups in the United States there are variations, the highest uptake being in those who self-identify as white adults and those who self-identify as Asian adults, with the lowest rates being those who self-identify as black adults and those who self-identify as Hispanic or Latino adults. And I should recognize that this is not related to any genetic or biologic marker. It's related to a wide range of effects, mainly driven by help-seeking behavior and the social determinants of health where people work, live, play, and pray.

Dr. Turck:

Let's zero in on some of the barriers contributing to these disparities. How big a factor is easy access to vaccination?

Dr. Ferdinand:

Easy access, of course, is the first barrier that we have to overcome. We need to ensure that the population knows where they can get vaccination. We now can have it at pharmacies, community centers, and of course, individual private clinicians. But if we don't know, then we won't seek it, so I think it's important also to consider going to community interventions. That is, we've done vaccination drives at churches, community centers, or even in parks. For many years, we had the Healthy Heart Community Prevention Project here in New Orleans in which we went out and screened patients for hypertension, cholesterol, diabetes. But more recently, we also have embraced going to the community and getting the message that getting flu vaccination is one of the best things you can do to prevent death and disability.

Dr. Turck:

Now another common challenge is that there may be some misinformation out there about flu vaccines. What more could you tell us about that?

Dr. Ferdinand:

Well, misinformation about health is one of the big problems in the United States now. We, as clinicians, can come up with our ideas on what is appropriate—someone can put a post on social media and really wash away any good knowledge that we would hope to promulgate to the community—that being said, I think it's important to recognize the CDC sees vaccination **especially** to reduce death and disability of those older adults who have comorbid conditions. I'm a cardiologist, and we know the same people who have heart attacks, strokes, and heart failure are the same people who die from influenza.

Dr. Turck:

So aside from access to vaccination and vaccine misinformation, what are some of the other big barriers to care that you see in this issue?

Dr. Ferdinand:

One of the big barriers, additionally, is some of the areas where you have some of the higher complications related to flu because of comorbid conditions, like heart disease, chronic kidney disease, pneumonia, or diabetes, also have less understanding of where to get flu vaccinations. It's important that we educate our patients, that we go out and reach into those communities; community centers, churches, or even parks. For many years, the Healthy Heart Community Prevention Project here in New Orleans has screened persons for diabetes, hypertension, high cholesterol, but we now have embraced going to the community and bringing flu vaccination where people work, live, play, and pray. It's important, especially, for our older adults. We know that 90 percent of mortality from the flu are persons who are 65 years of age and older. For those patients, higher doses and adjuvanted flu vaccines may actually be better.

Dr. Turck:

For those just tuning in, you're listening to *VacciNation* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Keith Ferdinand about racial and ethnic disparities in flu vaccine uptake. So, Dr. Ferdinand, now that we have a better understanding of the challenges surrounding flu vaccines, let's focus on some solutions. How could we improve access to vaccination for members of racial and ethnic minority communities?

Dr. Ferdinand:

I think what you're doing today is one of the main ways. We need to get good, solid, positive information out to clinicians so that they can transmit it to their patients and to the general community. We need to fight against misinformation. It's important that patients understand the benefits of science, and flu vaccination is one of the leap forwards that we have to prevent death and disability. I'm a cardiologist, and the same people we see with heart failure, heart attacks, and strokes are the persons who have higher death and disability related to flu vaccine. So if we can get patients to understand it's not just a bad cold, but it's a condition that can cause death and disability, I think they will embrace flu vaccination.

Dr. Turck:

And what messaging or counseling strategies could we use to address the common misconceptions we discussed earlier to foster patient confidence in flu vaccines?

Dr. Ferdinand:

Well, we need trusted messengers and hope all of us who work as clinicians in the community, whether we be physicians, doctors, nurses, pharmacists, social workers, all of us are able to be trusted messengers. That means that we have shown good faith with the community. We have given good health care, and when it comes time for vaccination they believe us that this is something that's good. The data are overwhelming that persons who get influenza don't just feel bad but often can die, and this again is especially, the same patients I see in cardiovascular medicine. Persons who are over 65, 90 percent of mortalities in that group. These are the people who have hypertension, diabetes, heart disease, chronic kidney disease, pneumonia. These are the persons who are going to have an unfortunate loss of life, which is unnecessary because flu vaccine saves lives.

Unfortunately, in the United States, we have ongoing disparities related to race, ethnicity, socioeconomic status, and geography. You can look across the United States and see higher rates of death and disability related to hypertension, heart disease, and stroke, especially, in African Americans. But these are not driven by so-called genetic or biologic factors. They're mainly the social determinants of health. We need to educate our patients. That is not in the stars, it's not our destiny that they have more complications related to the flu, and the flu vaccination, especially, for these patients who have other comorbid conditions and higher risk, can prevent death and disability. It's a powerful message, and it means that using flu vaccination is not just about avoiding a common cold but helping people live better lives.

Dr. Turck:

Before we close, Dr. Ferdinand, are there any final thoughts you'd like to leave with our audience today?

Dr. Ferdinand:

Yes, I think related to flu vaccination, we should recognize that these disparities are unacceptable. We should not have these differences in outcomes related to race, ethnicity, socioeconomic status, and geography, and if we don't do that, we won't have a just society.

The flu is not a common cold. It's not something that we can just overcome with a little over-the-counter medication. For our older patients and those who have comorbid conditions, which are higher, especially, in racial and ethnic populations, such as hypertension, heart disease, diabetes, pneumonia, and asthma, it's important that we tell our patients it's in their best health to get influenza vaccination, **especially** for older individuals who are 65 years of age. We know now that adjuvanted and higher doses of the vaccinations can be the best way that they can do to prevent death and disability.

Dr. Turck:

Well, given the role flu vaccination plays in ongoing health disparities that impact members of different racial and ethnic patient communities, I want to thank my guest, Dr. Keith Ferdinand, for joining me to discuss strategies to address this issue. Dr. Ferdinand, it was great having you on the program.

Dr. Ferdinand:

Oh, thank you. It was my pleasure.

Announcer Close

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