# INFLUENZA DISPARITIES IN MINORITIES AND SENIORS

Influenza vaccine disparities among African Americans, Hispanics and other minority groups have existed for many years. Previous studies estimate that nearly 5,000 African Americans and 2,000 Hispanics die each year due to influenza and pneumonia-related complications in higher numbers when compared to other populations[1]. Influenza coverage among minority populations remains low:

- In 2010, data from the CDC's Rapid Flu Survey showed that influenza vaccination coverage among non-Hispanic whites was 35.8 percent, while vaccination coverage among non-Hispanic blacks was 27.1 percent and 25.4% among Hispanics[2]
- In 2009, vaccination coverage among persons ≥ 6 months, was highest among whites (42.5%) compared to African Americans (32.2%) and Hispanics (33.6%)[3]
- In 2004 and 2005, vaccination coverage was highest among whites (66% and 69%) compared to African Americans (45% and 50%), and Hispanic (48% and 55%)[4,5]

Older adults are especially at increased risk for complications from influenza infections. More than 90% of those who die from the flu are aged 65 and older. Even though Medicare covers the cost of flu shots for seniors, only about two-thirds receive the vaccinations. Approximately, one fourth of hospitalizations and three-fourths of influenza-related deaths occur in people older than 65.

Healthy People 2010 focused on the immunization health of seniors and has set a goal of immunizing 90% of persons aged 65years and older by the year 2020 (www.healthypeople.gov).

- In the 2009 National Health Interview Survey, for all American adults 65 years and older, 50.8% of Blacks and 50.6% of Hispanics reported receiving seasonal influenza vaccine compared to the vaccination rates at 65.6% and 68.6% for non-Hispanic whites.
- In 2008, among persons ≥ 65 years, vaccination coverage was highest among whites (70%), compared to African Americans (51%) and Hispanics (56%).
- Overall 2008-2009 seasonal influenza vaccination coverage was low in seniors across racial and ethnic groups.

## REFERENCES:

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## BARRIERS TO VACCINATION

Socioeconomic and insurance status, language and access barriers contribute to disparities in influenza vaccination among minorities. African Americans are more reluctant to be vaccinated outside of the provider's office[25, 26]. Non-English speaking persons such as Hispanics face insurmountable language barriers in accessing health care (ref). Minorities also have different health-seeking behaviors that impact their decision to seek or delay care. Some health care providers do not provide preventive services such as influenza vaccinations to their clients in minority communities[4,21,31, 32].

However, even if access, language and lack of insurance problems were resolved and resources were more equitably distributed, challenges still remain in persuading minority groups of the importance of the yearly influenza vaccination and in getting providers to adapt systems that will improve vaccination rates. These challenges include the following:

- Reluctance to get vaccinated due to:
  - Negative patient perceptions, fears and mistrust of the influenza vaccine
  - Incomplete and inaccurate information about influenza regarding the safety and efficacy of the vaccine
  - Lack of sufficient provider targeted information regarding the ease and importance of getting the influenza shot
- Lack of physician standing orders
- Lack of recall/reminder systems
- Lack of available consumer-oriented information on influenza from health professionals.
- Lack of electronic medical records to easily access and identify patients requiring influenza vaccination

## STRATEGIES TO INCREASE INFLUENZA IMMUNIZATION RATES

A physician's recommendation is the most often-cited reason people receive immunizations. It is therefore incumbent upon medical professionals to enlighten and educate patients about the availability and effectiveness of vaccines. Other strategies might include:

- **Standing Orders:** Helpful during flu season campaigns when a large number of people need the vaccine and individual physician orders are impractical. Recent research suggests that physicians who wrote standing orders for flu vaccination of all patients 65 and older, improved vaccination rates.
- **Reminder/Recall Systems:** Computers can be programmed to generate a list of patients who need the vaccine. Reminders can be sent via the telephone or mailed as postcards to patients.
- **Home Visits:** Organizations and home health care agencies that offer home visits can include flu shots as one of the services offered.
- **Public Education:** Health providers can use visual aids in their offices to remind patients about flu shots.