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Meaningful Lives As We Age

Steps to Increasing Adult Vaccination Rates

Momentum Discussions Podcast from the Gerontological Society of America



Host:
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Guests:
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Announcer:
Welcome to the Gerontological Society of America Momentum Discussion podcast, where we delve into topics that are generating great excitement and advancement in aging.

Karen Tracy:
Welcome to today's podcast, *Steps to Increasing Adult Vaccination*. My name is Karen Tracy, and I am the Vice President for Strategic Alliances at the Gerontological Society of America (GSA). I am pleased to serve as a host for today's podcast. GSA is the only multidisciplinary professional membership organization that represents experts who study all facets of aging. I am delighted to be here with Barb Resnick, distinguished University professor at the University of Maryland, and Julian Ritchey, Vice President, Head of Public Affairs and Patient Advocacy, US Vaccines at Sanofi. Barb and Julian, I have known you for many years and I'm delighted we are here today. Barb, you are a longtime member of GSA and a former GSA President. You have worked with GSA on addressing low adult immunization rates for over a decade, and now are the American Nurses Association Representative to the Advisory Committee on Immunization Practices (ACIP).

Julian, you and Sanofi have supported GSA for over a decade in our efforts to raise adult vaccination rates. We have produced numerous programs and publications through your support, including two well-utilized publications, *Charting a Path to Increase Immunization Rates in the Post-Acute and Long-Term Care Setting*, and *Immunosenescence: Implications for Patient Care*. GSA launched our National Adult Vaccination Program to stimulate an increase in adult vaccination rates. Our program aims to support diverse interdisciplinary teams to increase reverence for vaccines among older adults. We believe that by better understanding the entire environment in which an older adult lives, we can enhance our vaccine rates. And, in addition to addressing the vaccine-preventable disease, we also need to speak to the other health issues an older adult is addressing. We need to discuss the financial impact of illness on the older adult, their family care providers, and coworkers, and we need to address the societal benefits of a society that is immunized. We call this the Concentric Value of Vaccination. Julian and Barb, let's get started with addressing how in 2024 we might increase older adult vaccination rates. Let's start with my first question to you, Barb. What collaborative efforts can healthcare teams implement to champion adult vaccinations, transcending individual roles and responsibilities?

Barbara Resnick:
With all the care we provide, particularly to older adults, but all adults in general, it takes a team. What's exciting about immunizations is that number one, we have a forever increasing opportunity to get immunized and to get protected. We also have an increase in some of the scope of practice that different providers can do. For example, pharmacists in nearly all states now can immunize, and we're looking at other opportunities. There are many ways that a team can help make this happen. We tend to think that providers are the people who need to first raise discussions about immunizations for adults and make sure they're thinking about and receiving their immunizations. Sometimes we can use what I call the PACE model; PACE programs are programs for care for older adults in the community. In those programs, the person who's best suited to help change the behavior in the patient is sometimes the one who talks about it. There are many ways individuals within healthcare teams can help improve immunization rates and make it happen for adults and older adults.

Karen Tracy:
Julian, in 2023, we saw a dip in vaccinations among older adults. In May this past year, the CDC reported that 22.5% of adults had received the 2023-2024 Covid vaccine since September of 2023. They also reported that only 24.4% of adults, sixteen and older, had received an RSV vaccine. And 6.3 million fewer flu vaccine doses were administered to adults, eighteen and older in retail pharmacies and physician's offices, compared to the same time in the prior year. Less than half of the adults got their flu shot last year. In 2024, where complacency and confusion can threaten adult vaccination rates, how can we ignite urgency and awareness among both the public and healthcare providers?

Julian Ritchey:
Karen, you mention several interesting points here. Unfortunately, the indicators have been showing us these decreasing trends. What we're seeing is that it's most important to look at why IZ rates are not where they could be. Unfortunately, the best conclusion we could reach is that it's not a singular reason. There's a lot of different things contributing to this. It's a complex mix of factors that include complacency, over-messaging on vaccines recently and after the pandemic, and simply confusion as we have more vaccines that provide more possibility for protection than ever before.

However, this requires more scheduling and more engagement from patients and that provider team that Barb mentioned, to be sure that folks get all the immunizations that they can and should have to provide the best protection against disease. It's becoming a more urgent issue in older adults because that age segment continues to grow with our aging population.

The value of prevention as older adults remains as important on an individual level, but the sheer number of older individuals who need to get immunized is another reason to rethink and improve our immunization efforts. Unfortunately, this comes at a time in society where we have more challenges than ever before with issues like distrust in science and questioning medical authority. Providers of all stripes know that patients now ask more questions. Part of the meeting is the challenge to engage patients in a discussion that dignifies their questions and yet helps them reframe that understanding and their thinking as to why immunization is so important for them and for those around them. The public health goal of immunization is to prevent serious disease, hospitalization, and death, and to preserve patient independence.

This can seem counterintuitive because we like to think that when we get immunized against something, we won't get that illness at all. In many cases, we don't. With respiratory illnesses, that's unfortunately not always the case. Many illnesses have “flu-like symptoms,” making it easy for people to perceive that the vaccine isn't doing its job. This also illustrates the importance of having trusted local voices and providers, like the team that Barb mentioned. It's essential to help patients sort through the factors that are most important to help patients be more confident and ultimately get them immunized.

Karen Tracy:
We're all facing a lot of information coming at us all the time. Julian, how might we break through vaccine misinformation and hesitancy?

Julian Ritchey:
A couple of things that we see through experience and feedback that work is simply being transparent in sharing the development process for a vaccine, the rigorous attention to safety and monitoring that are always in place, and explaining what reaction they might experience after immunization so that there's no confusion or undue concern on the patient's part. All of this is about their immune system ramping up and learning how to protect against the disease they're being immunized against and helping them understand that through transparent conversation. Listen to their concerns and address them directly. As I mentioned before, validating, and dignifying the questions of the patient. Questions aren't a bad thing. It's important because that means that the patient is engaging in their healthcare journey. How can we help them do that? While we can't spend an inordinate amount of time with the patients, we can help them do that by giving them resources. That's something we try to do provide resources that can help educate them so that they can ask the most important questions when they come in.

I think the single most important thing is to make a confident recommendation to assure the patient is receiving a vaccine that will be their decision, but at the same time have a clear understanding that the medical advice of their provider that they're standing in front of, is to get that vaccination. This is message is made clear when the providers themselves are immunized and can reference that “I follow my advice; I get immunized!” Those are a couple of the things that stand out that I think can help cut through some of the confusion.

Karen Tracy:
Barb, I'm sure you've had an experience where you've had to motivate patients and help bridge that gap between their beliefs and evidence-based practice. Can you share some of your experiences?

Barbara Resnick:
A big part of the work I do is motivating people to get immunized. I think we raised an important point. First, people don't act on what they know, but on what they believe. While we can provide the information and it's important to give some of the numbers, we know there's "data" out there and "facts" out there that may or may not be true, but it's what the person believes. It is critically important to learn what they believe. My favorite question when I'm trying to motivate anyone to do anything is always, "What stops you from getting immunized?" We may be assuming what their barrier is. However, it might be access to the location, "I can't get a ride to anywhere where I can get immunized." No problem. I got a house-calls program, I'll come out and get it to you.

Or it might be that someone says, "I'm afraid of needles." Well, I'll hold your hand. It's finding out what their concern is. Every morning, I ask my husband what stops him from exercising. There's a reason. He knows it's good for him. People may know it's good for them, but something is stopping them. My favorite, of course, is always time. "Do you have time to have the flu or Covid for a few weeks?" Probably not. It's finding that out and saying what you can do to address those concerns. All we can do is try. The other big part is to make sure we never give up trying. This is the biggest problem with providers. Not only do we know that they're not having the conversation once, but we also know that if somebody refuses to get immunized, nobody ever asks again.

It's critically important to keep asking because if I keep asking you at every visit or talking with you about immunizations, it shows that this must be important enough for her to take her time and energy. That's why I keep discussing this. Those are the three most important motivational tricks of the trade. There are other things around some altruism and reasons why they should get immunized. Some people care and some don't. Keeping your family safe and keeping your friends safe is certainly important to some, but it's important to find out what's stopping them.

Julian Ritchey:
Barb, can I echo your point about the importance of that continued conversation? One of the challenges we see is that this has become tough for providers, and they have stopped having the conversation. In some cases, they feel like they don't need to immunize anymore since it can be handled somewhere else, in a pharmacy or grocery store. The sanctity of that relationship with the patient and helping them get from what they believe to what they know is so important. I think it can't be emphasized too much that the provider stays in the fight to help there be clear messaging and clear information to address concerns because people do change over time. In some cases, if they are continued to be given information and educated on this, we see repeatedly that they will change their position, and that might be the visit where they might get immunized.

Barbara Resnick:
I would also add, it doesn't have to be a major time constraint. It can be as simple as at the end of a visit say, "It's September 16th, you are due for your flu and COVID booster and we're going to give it to you today," if that's an option, or "Here's a list of where you can go," depending on your population. It doesn't have to be a long conversation, and it can be incorporated into the entire 15-minute visit. I think it's more important for providers to get into the habit of this routine conversation that they're comfortable with. They have to believe in it as well.

Julian Ritchey:
A clear, confident recommendation. Absolutely.

Barbara Resnick:
Exactly.

Karen Tracy:
I love that we're having this conversation, Julian and Barb. It's really critical. Julian, a lot is going on with vaccinations. This is a crowded landscape these days and we're very thankful for it. How can we implement some flexibility in our vaccination schedules without compromising patient adherence or overall acceptance of vaccination?

Julian Ritchey:
You're certainly right. We're at a point where we're lucky enough to have multiple preventative products, but we do need to put a little time into thinking about how we make sure we implement it fully. It doesn't do any good if it stays in the vial. A vaccine is only valuable when it becomes a vaccination. It's important to remember that not every vaccine needs to be given at one visit. There is time to separate the doses to make the patient's experience more positive and less stressful due to that confusion factor. There are a lot of tools that are becoming available that are starting to educate more on this because of the changing adult landscape, the additional products that are available there, and the scheduled opportunity to be able to focus. For example, it is best to give flu vaccines in the September-October period to get protection on board, but they can be given at any time until the flu hits your area, which most frequently is February through March throughout most of the country.

The Covid vaccine can be given a little earlier or at the same visit. There's good data now that supports that. Based on the epidemiology of the Covid disease that can be given a little bit earlier to help space things out. RSV is a newer entrant, which can be given year-round, and it's not recommended for an annual booster, so there's a little more flexibility there as well. Shingles and pneumonia are flexible and can fit into the schedule of other visits because most of these patients have multiple visits throughout the year. Very often we think of immunization during respiratory season in the Fall and that's when suddenly we're focusing on all the immunizations. With a little more thought and planning into a fuller schedule, looking for some of these opportunities can increase our flexibility and make it a better process for everyone.

Karen Tracy:
Barb, I have one more question to ask you. Earlier in the podcast I mentioned the lower rates of vaccines for flu, Covid, and pneumonia. We've also seen that the availability of some vaccinations that were offered at the provider's offices has also decreased. Can you talk a little bit about the whole vaccine neighborhood and the importance of a provider?

Barbara Resnick:
Thank you. I'm sitting here and reflecting that the idea of getting people immunized is to make it as easy as we possibly can. We know that. I do a lot of work with staff and long-term care, and we have to make it easily accessible so that they can walk by it because if they have to walk down the hall, it might not happen; it's too far to go. Ideally, we want to make it in a neighborhood close to their home. I think there may be certain vaccines that we can provide in a provider's office because of insurance and many other factors, and it's easier to do.

There may be some immunizations that are easier for us to take to senior housing or home care, or wherever the person lives. Then there are others where it may be easier to make the referral.

That's where it's important to know the neighborhood that the patient lives in and what might be accessible, down to how they are going to get there. I work with an older, frailer population who can't walk to the pharmacy, even if it's down the block. It's necessary to think through all of those barriers. It's important that we do whatever we can to make it easy, and fun, and bring it to people. I know that we've done an amazing job bringing immunizations, everything from COVID to shingles to RSV, to senior housing, and it brings people down from their apartments to get immunized because it's easy.

Julian Ritchey:
Building on that, while there are various places where people might get immunized, there are a number of different factors that go into that. I think what everybody can take away is that everyone has a role in the education and recommendation process. To your point, keep that neighborhood small and tight and make sure that folks follow through and do what you recommend for them to do. If they're going to go to the pharmacy instead of doing it in the office is part of the oversight. There's a critical role for all providers in making sure that the patient has a clear recommendation from them. The second step about where they get it has some more flexibility based on the service.

Karen Tracy:
Barb and Julian, this has been a wonderful podcast. We've heard about ways to stimulate our interdisciplinary team and instill a sense of urgency, how to motivate our patients, steps to address hesitancy and misinformation, how to be flexible, and that all providers have a role in recommending a vaccine. I'm so glad you're able to join us today, Julian and Barb. Your insights and observations are so incredibly important. Thank you also to those listening to this podcast. We hope you found it informative and enjoyable. This podcast received funding support from Sanofi. I encourage our listeners to check out other GSA Momentum Discussions podcasts and webinars in our library on geron.org. Thank you.

Announcer:
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