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Promoting Influenza Immunizations for Seniors in South Central Kentucky

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Introduction

Influenza is a major health problem causing 250,000 to 500,000 deaths worldwide each year (WHO, 2016). It is estimated that between 71 and 85% of all influenza-related deaths, along with 54 to 70% of influenza-related hospitalizations, are in seniors age 65 or older (CDC, 2016a). In the United States, the death rate has been 823.7 deaths per 100,000 population (CDC, 2016b). Episodes of influenza can exacerbate chronic medical conditions and lead to secondary bacterial pneumonias (Nagata et al., 2013). Influenza has a huge impact not only on the individual but also on society imposing significant economic burden in terms of hospitalization and treatment (WHO, 2003). The key to preventing these unnecessary hospitalizations and premature deaths due to influenza is to increase immunizations among the senior population.

The World Health Organization endorses seasonal influenza vaccination for seniors (WHO, 2016). Immunization is recommended as the first and most effective strategy in preventing influenza; however, the influenza immunization rate among seniors is approximately 60.4% (CDC, 2016b). In addition, studies reveal no significant increase in immunization rates for this population over the past several influenza seasons. Global preventive interventions include measures to increase adherence to influenza immunization recommendations (Nagata et al., 2013). A national health goal identified by Healthy People 2010 is to increase immunization rates in seniors age 65 and older to 90% by the year 2020 (Huminston et al., 2011). Multi-strategy interventions are more effective than a single strategy intervention at increasing influenza immunization rates (Huminston et al., 2011). However, there are limited studies that examine behaviors of seniors residing in south central Kentucky regarding being immunized for influenza and the factors that most influence their decision to "take" or "not take" an influenza immunization. The purposes of this descriptive study were to: 1) describe the influenza immunization rate of seniors visiting a senior center in south central Kentucky, 2) describe the

past influenza history of the participating seniors, 3) determine the factor that most influenced the seniors to be immunized for influenza, and 4) determine the rationale of seniors visiting a senior center who elected not to be immunized for influenza.

Methods

Following institutional review board (IRB) approval at Western Kentucky University (WKU), a cross-sectional descriptive study was conducted at five senior centers located in south central Kentucky (Allen, Edmonson, Logan, Simpson, and Warren counties.). The sample for the study was recruited from attendees at an Immunization Day hosted by the Institute for Rural Health (IRH) in collaboration with the senior centers in each of the counties. Informational flyers announcing the immunizations were free of charge and highlighting the myths and facts about influenza immunization were widely distributed at the senior centers and other familiar sites to seniors in each local community. Upon arrival at the senior center, each potential participant was asked if they would like to participate in a research study by answering four questions to determine their immunization history and factors that influence their decisions to "take" or "not take" the influenza immunization. Following consent, each participant was screened using the inclusion criteria of 65 years of age or over, reside in the service area of the local senior center, and understand the English language. As an incentive, participants completing the questionnaire had the opportunity to enter their name in a drawing for a \$25.00 shopping card. Data were entered into RED-Cap then exported to SPSS 23 software to analyze using descriptive statistics.

Results

Ninety-one participants completed the questionnaire with an age range of 65 to 90 years. Seventy percent of the participants were between the age of 65 to 75. The gender mix was 34 (37.36%) male and 57 (62.64%) female. Seventy-seven (84.62%) of the participants reported receiving the influenza immunization the previous year with seventy-six (83.52%) receiving the immunization at the IRH's scheduled immunization event. Factors influencing the decision of the seniors to take the influenza immunization included publicity (n= 67, 73.63%), educational flyer (n= 31, 34.07%), free service (n=45, 49.45%), and the availability in the local community (n=74; 81.32%). Offering the service in the local community was reported to be the most important factor influencing the decision to take the immunization. Of the total 91 participants, 14 (15.38%) participants reported not taking the immunization the previous year. Primary factors influencing their behavior included the fear of becoming ill or experiencing an allergic reaction or not recognizing the need for the immunization.

Discussion

Findings from this pilot study support those from a previous study which found that multi-strategy interventions are preferred to a single intervention in increasing influenza immunizations among seniors (Huminston et al., 2011). In this study, local availability was the factor that most influenced seniors to take the influenza immunization. Providing the immunization service in the local communities of the seniors eliminated the potential barriers of inconvenience and distance to a health care provider. These findings suggest it may be beneficial to make influenza immunizations available at local sites where seniors visit frequently such as churches, libraries, adult education classes, local pharmacies, and grocery stores. The availability in the local communities and targeted educational programs for seniors may be successful in increasing the rate of adult vaccinations. Publicity of scheduled immunization events should be a focus to provide continual awareness of the availability of the immunization. Also, efforts to limit the cost burden barrier of the immunization are essential as many seniors are on limited incomes.

A review of the literature showed that lack of knowledge, personal beliefs, and other factors led to perceived fears, risks and barriers regarding immunization. Literacy, insurance status, cost,

transportation, gender, occupational roles, fear of legal status, lack of trust in the healthcare system, inconvenience and risk perceptions such as belief that immunization could cause harm are some of the barriers (Daniels et al., 2004). Among the participating senior centers, 15 out of the 91 (16.48%) seniors visiting the centers the day of the event elected to "not take" the influenza immunization. These seniors reported the factors influencing this behavior was 1) the fear of becoming ill following the immunization, 2) the fear of experiencing an allergic reaction, or 3) being unaware of the importance of the influenza immunization. Levels of awareness and knowledge about vaccines play a critical role in terms of acceptance. (D' Souza et al., 2011). The challenge is to develop a creative educational intervention such as social media along with an effective marketing plan to reach all seniors to address the benefits of immunizations and eliminate fears of immunization that are perceived as barriers. Electronic health records and online health portals of seniors may be one avenue to promote awareness and provide education for the need for the influenza immunization.

Limitations/Recommendations

The study was limited in scope and design failing to survey seniors who refuse the influenza immunization each year. The study should be replicated with a larger sample size and at a different venue to capture seniors who "do not take" influenza immunizations. The questions were closed-ended which restricted the seniors to choose among the given options. An open-ended survey would have identified other factors that influence their decision.

Conclusion

The results of this pilot study support offering influenza immunizations in local communities at a minimum cost (eliminating barriers), education to increase awareness of the benefits of immunization and the ill-effects of not being immunized, and publicity for the immunization events. Findings also identified the need for creative interventions to eliminate the fears and myths associated with the influenza immunization which curtail seniors from engaging in an important preventive practice. Increasing the influenza immunization rate of seniors is a major public health challenge and will require multiple, diverse strategies and collaboration among diverse health care professionals to determine the most effective intervention.

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