



Caregiver Flu TOOLKIT

Promoting Flu Vaccination for
Caregivers of Older Adults



Flu Prevention

According to the CDC and American Lung Association, “the best way to prevent the flu is by getting a flu vaccine each year.”⁵ While no vaccine is 100% effective, the flu vaccine drastically reduces the chance you become seriously sick, end up in the hospital or die.

As in previous seasons, non-clinical personnel and assistants/aides, HCP working in LTCF or home healthcare settings and HCP with less than a college degree had the lowest coverage among all occupations, work settings and education levels, respectively.⁶ However, those HCP surveyed agreed that if they are required by their “employer to be vaccinated for influenza, then the vaccination coverage was nearly 90%.”⁷

In addition to vaccination, the CDC recommends these everyday preventive actions.

- Wash your hands with soap and water for at least 20 seconds.
- Don’t touch your eyes, nose or mouth.
- Cover your cough and sneeze with a tissue or your arm.
- If you think you have the flu, tell your supervisor and stay home from work.⁸

Benefits of Flu Vaccination

The best way to protect you, your loved ones and the people your care for from the flu is to get a flu shot. Let’s discuss some benefits of seasonal flu vaccination:

For Communities at Large/LTCF

- Decrease spread of disease, keeping the HCPs and LTCF staff and families, home (patients’ families) and communities healthy.
- Avoid possible flu complications, such as pneumonia and hospitalization.
- Prevent costly medical appointments and prescriptions due to illness.

For Healthcare Providers

- Get vaccinated at low or no cost through health insurance coverage (if comprehensive insurance coverage is offered).
- Reduce absences due to illness.
- Improve morale.

Caregiver Basics

Definition of Caregiver

The National Cancer Institute (NCI) defines caregiver as

A person who gives care to people who need help taking care of themselves. Examples include children, older adults, or patients who have chronic illnesses or are disabled. Caregivers may be health professionals, family members, friends, social workers, or members of the clergy. They may give care at home or in a hospital or other healthcare setting.⁹

NCI's definition doesn't explain which immeasurable qualities, responsibilities and skills are required for the caregiver profession. Whether a caregiver is a family member, a healthcare professional, or someone that gives indirect care (kitchen workers, housekeeping, etc.), they may be seldomly thanked for their efforts.

A caregiver "must bring the qualities of patience, strength, and creativity to their tasks."¹⁰ In its December 2020 blog, *Easy Living*, a home care and care management agency in Florida, discussed the heroic traits of caregivers.

Caregivers face all kinds of adversity. When they walk into the job each day (which in itself can be an uncertain environment, going into different homes), they never know what the day will bring. Will their client be feeling depressed and anxious because of all the loss they're facing? The caregiver may need to be reassuring and calming. Their client might act out these feelings by refusing to take a bath or cooperate with other tasks. A client might be having a bad day physically or not be able to express that they're feeling pain. Caregivers have to know how to be empathetic in these circumstances, while also cleverly finding proactive ways to turn the situation around.

A doctor can prescribe treatment, but a caregiver helps make sure it is carried out. Caregivers make sure clients take their medications, eat properly, and drink enough water. They help them to the bathroom, assist with bathing, and keep them from falling or getting injured. Without a caregiver, many clients wouldn't be able to get to appointments or manage their daily needs.¹¹

Caregivers are truly the "unsung heroes of the healthcare system." Thank you for your commitment, compassion and skills to care for our elders. We recognize that you may have questions and concerns about the flu vaccination, and we hope this toolkit will help you make an informed healthcare decision.



Direct Care

Clinical or Medical Caregivers

Direct care is a clinical term for caregivers who “treat patients or provide direct patient care of any type.”¹² Healthcare providers who offer direct care include doctors, physician assistants, nurses (e.g., N.P., R.N., B.S.N., L.P.N.), nurse anesthetists, patient care technicians, nursing assistants (e.g., C.N.A.), medical assistants (e.g., M.A) and allied health professionals (e.g., respiratory therapists, physical therapists, occupational therapists, recreational therapists, speech pathologists, social workers or licensed mental/ behavioral health therapists).¹³

Clinical caregivers are most often associated with clinics and hospitals, as well as long-term nursing care and short-term rehabilitation care facilities.

Family and Informal Caregivers

Family and informal caregivers are “unpaid individuals such as family members, partners, friends and neighbors who provide care.”¹⁴ Caregivers provide direct care in someone’s home, including services that are not medical or clinical in nature. Some of these services include personal tasks (e.g., bathing, dressing, eating), as well as everyday tasks (e.g., housework, medication management, money management, shopping).¹⁵ Some caregivers commute to their individual’s home in order to provide services.

Cultural Differences Among Caregiving for Adults 65+

Caregiving differs among adults 65+ when factoring culture and ethnicity. For many groups, it is a cultural norm or “an expected part of life that was passed down from generation to generation.”¹⁶ In fact, caregiving was so embedded in the life experience for some of the groups that the decision to care or not to care was irrelevant; caregiving was just something that was done without question.”¹⁷

Not All Cultures Utilize Long-Term Care Facilities for Adults 65+ at the Same Levels

In addition to cultural norms, finances, food, education and housing are all factors people consider when utilizing a LTCF.¹⁸

For the most part, many 65+ populations that participate in long-term care services are non-Hispanic, white. Because some ethnic minorities may not be able to afford long-term care services and some experience “structural, and individual racism, racial/ethnic minority elders are more likely to receive care from family and friends and less likely to rely on formal care compared with non-Hispanic white adults.”^{19,20} These groups believe that family caregiving is an obligation and provides the best care for their elders.

Indirect Care

Indirect care is defined as “services that are related to patient care but do not require interaction between the healthcare provider and the patient.”²¹ Examples of indirect care include charting and scheduling, laboratory tests and infection control.

Indirect caregivers who work in LTCFs interact with community members outside of the facility or center may unintentionally spread the flu to others.





Aging in Place

The National Institute on Aging defines aging in place as the ability to stay in your home as you get older. Some people who age in place take advantage of long-term care services, such as delivered meals, adult day care and transportation services.²² Adults 65+ may decide that living in their current home may be a little too much work or unsafe for them.

Senior living apartments or retirement communities can be an alternative to living in a traditional house that may need yard work, maintenance, etc. These apartments offer amenities that are designed to meet the needs of an older individual or couple such as companions, entertainment and secure buildings.

Access to Healthcare

An issue for some elders aging in place is access to healthcare. Here are some factors that adults 65+ should consider when deciding to get a flu shot.

- Flu Clinics in Senior Living Housing
 - If an older individual lives in a senior apartment complex, he or she may be able to get a flu shot by a visiting nurses or local clinics.²³
- Transportation
 - Depending on their abilities and preferences, adults 65+ may drive or have access to other transportation services. Other services can include taxi, ride share (e.g., Lyft, Uber), bus system and friends and family.²⁴

Flu Vaccination Coverage Among Caregivers of Older Adults

Healthcare providers in a LFCF have lower flu vaccination coverage among caregivers than hospital-based counterparts. “During the 2018–19 influenza season, influenza vaccination coverage was 68% among HCPs working in long-term care settings, versus 95 among HCPs working in hospitals. This has been the trend for the past eight influenza seasons.”²⁵

To lower the risk that adults 65+ in long-term care settings contract the flu, healthcare personnel and caregivers should get an annual flu shot. “Studies in LTCFs have shown that mass staff vaccination against influenza has been associated with reductions in all-cause mortality among residents, influenza-like illness (ILI) and hospitalizations of individuals with ILI. High rates of vaccination among both staff and residents substantially reduced the rate and impact of influenza outbreaks.”²⁶

Since 2015, Americans 65 and older agree with the CDC and it is demonstrated by the numbers of them who received the flu shot compared to Americans 18 years and older, and healthcare personnel in a LTCF. CDC’s data on health care personnel, indirect and direct caregivers, does not include family-based caregiving. There is no government agency that oversees family caregiving.

The table below has been compiled from the [CDC’s FluVaxView](#) data for each year indicated.²⁷

	2020-2021	2019-2020	2018-2019	2017-2018
65 years and older	75.2%	69.8%	68.1%	59.6%
50-54 years	54.2%	50.6%	47.3%	39.7%
18-49 years	37.7%	38.4%	34.9%	26.9%
HCP in hospitals	91.6%	93.2%	95.2%	82.6%
HCP in LTCF	66%	69.3%	67.9%	58.5%

Barriers to Vaccination Uptake

The primary barrier for vaccination among direct and indirect caregivers in a LTCF is vaccine hesitancy. This is partly resolved by sharing science-based facts.²⁸ Once people receive and review information from a trusted source, they tend to reconsider their healthcare decisions, such as vaccination.

The five A's model below lists barriers to vaccination uptake and some solutions.

- **Access:** The ability of individuals to be reached by, or to reach, recommended vaccines.
 - Employers can provide onsite flu vaccination events.
 - Week-long events in September and October.
- **Affordability:** The ability of individuals to afford vaccination, in terms of both financial and nonfinancial costs.
 - Health insurance that fully covers flu vaccines to caregiver and family members.
- **Awareness:** The degree to which individuals have knowledge of the need for, and availability of, recommended vaccines and their objective benefits and risks.
 - Full campaign and promotion of vaccine events.
- **Acceptance:** The degree to which individuals accept, question, or refuse vaccination.
 - Share credible, timely and science-based information with colleagues, friends and family.
- **Activation:** The degree to which individuals are nudged toward vaccination uptake.²⁹
 - Offer incentives to receive a flu shot if in a LTCF setting.

If access is not readily available, such as vaccine clinics on site, caregivers may be less likely to get a flu shot. Also, if caregivers don't know about the importance of a flu shot for themselves, their family and the people they care for, the less likely they will seek out a flu shot.

The Dual Threat of COVID-19 and the Flu

Adults 65+ who are at higher risk for developing complications from the flu are also vulnerable to severe disease from COVID-19. The flu and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses.

The symptoms may seem similar between both the flu and COVID-19. However, flu symptoms occur very rapidly, where COVID-19 symptoms take longer to show up. Additionally, the flu is less contagious than COVID-19.

Individuals can be infected with both viruses at the same time. The only way to determine which disease someone has is to visit a healthcare provider and take a diagnostic test.³⁰

The Lung Association recommends getting vaccinated against both the flu and COVID-19 to prevent infection of both diseases.³¹ COVID-19 and flu vaccines can be administered in the same visit if the patient is eligible. If a patient or HCP are due for both vaccines, it's good practice to offer both vaccines in the same visit.³²



Flu Vaccination Coverage Among Caregivers

“Vaccinating healthcare personnel working in long-term care facilities is vital for preventing influenza transmission to residents/patients.”³³

As a caregiver, it is important to explain the importance and benefits of flu vaccination to your patients and remind them to get a flu shot in September or October.

Monitoring Flu Vaccination Coverage

Monitoring flu vaccination data helps LTCFs identify flu vaccination trends.

Benefits of Monitoring Vaccinate Uptake

Analyzing trends helps the LTCF identify unvaccinated caregivers and modify educational and promotional efforts to reach them, so the vaccination numbers increase. Another benefit includes the “use of data for strengthening quality improvement activities.”³⁴

Importance of Protecting Older Adults

Risks and Complications of the Flu

The flu makes people feel sick very quickly. Some people with the flu feel feverish or have chills. They may also have a cough, sore throat, runny or stuffy nose, body aches, headaches, extreme tiredness or experience weakness. Sinus and ear infections are examples of moderate complications from flu, while pneumonia is a more serious flu complication causing infection or inflammation of the lungs which in turn blocks oxygen from reaching the bloodstream.

The [Lung Association's website](#) has a list of the complications that can occur when you come down with the flu.

The impact of influenza on LTC facilities can be particularly devastating since the flu can be a serious health threat, especially for people vulnerable to flu complications, including adults 65+ and people living with certain long-term medical conditions. People older than age 65 are at the highest risk for hospitalization and complications from influenza and account for the majority of influenza hospitalizations and deaths in the United States each year.³⁵

Adults at higher risk of getting seriously sick from the flu include:

- Adults 65+
- People with certain conditions or long-term health conditions such as asthma, COPD, heart disease or diabetes³⁶
- People who live in nursing homes and long-term care facilities
- Certain racial and ethnic minority groups, including African Americans, American Indians or Alaska Natives and Hispanics

Hospitalizations and Deaths from the Flu Increase with Age

For adults 65+, hospitalization and death due to flu complications is very real. "In recent years, for example, it's estimated (2017-2019) that between 70% and 85% of seasonal flu-related deaths have occurred in people 65 years and older, and between 50% and 70% of seasonal flu-related hospitalizations have occurred among people in this age group."³⁷

The most important action you can take as a healthcare provider or caregiver is to get an annual flu shot.