



INFLUENZA AND THE LATINO POPULATION

Introduction

Influenza is an illness that is not only common, but easily preventable through an immunization. Yet, certain populations such as those from diverse cultures, those with limited English proficiency or non-English speakers, and migrant and agricultural workers have shown to be most vulnerable to this illness.¹ According to the CDC, along with pneumonia, influenza is the 9th leading cause of death in Latinos.² This is a high rate, considering that influenza is easily prevented through a vaccine that has proven to be safe for the past 50 years (licensed by the Food & Drug Administration). Although Latinos have a greater than or equal intent to receive immunization compared to their non-Latino counterparts, they consistently have low influenza vaccination rates and high incidence of hospitalizations and mortalities associated with influenza.³ This disparity is a result of several interrelated factors that prevent access to flu immunizations.

Background⁴

Influenza is a contagious respiratory illness caused by the influenza virus, commonly referred to as the flu. Influenza A and B are the two most common types of the virus, with type A being the most serious. Influenza is generally seasonal, with higher incidence during the winter period; however people can experience it any time of the year. People can also experience it from a wide range of severity and in its more serious cases may lead to death. Though it can afflict anyone, certain populations are at higher risk, this includes: children, pregnant women, older adults, and people with chronic diseases such as asthma, diabetes, or hypertension. CDC recommends the flu vaccine for everyone six months of age and older.

Furthermore, new strains of the influenza virus can emerge at any time and cause serious pandemics worldwide. This can happen when the influenza virus mutates or picks up new genes from its existing form. In the late 1990s an avian strain named H5N1 emerged in Asia, raising concern of a new influenza pandemic. This nearly materialized in the early 2000's, creating panic and fear across the globe. Most recently in 2009, a new flu strain evolved that combined genes from human, pig, and bird flu, initially recognized as the "swine flu," which is now referred to as 2009 H1N1. The 2009 H1N1 received a pandemic level of 6 by the World Health Organization, as did the H5N1.

Symptoms⁴

Common symptoms of the flu consist of: fever, chills, cough, sore throat, runny or stuffy nose, body aches, headaches, fatigue, and sometimes even vomiting and diarrhea. People can experience some or all of these symptoms. In some cases, influenza can cause various complications such as pneumonia or bronchitis as well as worsening current chronic health issues a person may have.

Latinos and Influenza

- Worldwide, approximately 250,000 to 500,000 annual deaths are attributed to the influenza virus.⁶
- Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths range from a low of about 3,000 to a high of about 49,000 people. Annually, 5% to 20% of the total U.S. population get the flu; it is estimated

that up to 9.5 million Latinos contract influenza in an average year.⁵

- According to the CDC, along with pneumonia, influenza is the 9th leading cause of death in Latinos overall, 6th among Latinos ages 1 to 9, and 9th among Latinos 60 to 64 years of age.²
- In the 2009-2010 flu season, 24.7% of Latino adults had received a seasonal influenza vaccine compared to 38.6% of non-Latino white adults.³
- Latino adults aged 65 and older are 20% less likely to receive the influenza than non-Latino Whites.⁵
- Among adult Latinos, ages 18 to 64, only 30% received the influenza shot in 2008.⁵

Latinos and H1N1³

- From April to August of 2009, 15% of people hospitalized with H1N1 (in 13 metropolitan areas of 10 states) were Latino.
- During the 2009-2010 flu season, Latinos represented 30% of all reported H1N1 cases, a drastic number considering they comprise 15% of the national population.
- The 2009 H1N1 influenza pandemic primarily affected adolescents and high-risk populations such as individuals with diabetes, asthma, and pregnant women. These health characteristics disproportionately affect the Latino population.
- According to the California Department of Public Health, Latinos in California were almost twice as likely to die from the H1N1 flu than non-Latino Whites (between April and December of 2009).
- Latino children younger than 18 years of age account for 27% of the reported H1N1 associated deaths in the U.S., a drastic number considering they make up 21% of the total population.

Barriers

Patient-Provider Communication

- Effective communication between patients and health providers is necessary to convey critical health information, such as the importance of yearly flu vaccination.^{7,8}
- For limited-English and non-English speakers, the ability to effectively communicate with healthcare providers is often very difficult. Most of them need interpreter or translator services.⁹
- In spite of Title VI of the Civil Rights Act of 1964 and Executive Order 13166 that guarantees equal access to all federally funded programs regardless of language, limited-English speakers, like many Latinos, continue to have inadequate access to interpreter and translator services.⁷
- For indigenous immigrants, the availability of an interpreter or translator is scarce. Even when an interpreter or translator is available, effective communication is not necessarily taking place. Many indigenous languages of Latin America, like Mixtec, do not have words for medical conditions such as asthma, tuberculosis, anemia, and diabetes.⁹

Lack of Suitable Educational Materials

- Printing educational materials is a widely used method used to circulate critical information about influenza and other health-related matters. Unfortunately, these are often not produced properly which can lead to confusion and misunderstanding.
- Educational materials are often directly translated from English to Spanish without consideration to appropriate literacy levels and cultural relevance, decreasing their effectiveness.¹¹

- Indigenous people, who often do not speak Spanish, comprise significant portions of the immigrant population from Latin America. Thus, educational materials for this population must be specifically tailored.¹²

Health Insurance and Access

- 34% of Latinos under the age of 65 are uninsured, compared to only 14% of non-Latino Whites.¹³
- This inadequacy is more pronounced in the Latino farmworker population; 77% of California's farmworkers lack health insurance.¹⁴
- Lack of health insurance impedes access to necessary preventive care services such as: vaccinations, state-of-the-art medical procedures after diagnosis of a serious condition, medication access, and earlier mental health treatment.¹⁵

Immigration Status

- During pandemics, such as the 2009-2010 H1N1 pandemic, the protection and vaccination of Latino immigrants and other hard-to-reach populations is important for the overall health and well being of the general population.¹⁵
- Immigration status and fear of deportation greatly hinder many from the Latino community from seeking medical services.^{15,16}
- Even in emergency situations, Latino immigrants are hesitant to seek medical attention which can potentially have extremely negative consequences on the well being of the general population.¹⁶

Associated Expenses

- Limited economic resources, lack of sick leave from work, and the fear of losing wages or even employment for missing days of work often force many Latinos to forgo preventive treatment and other medical attention.²¹

Missed Opportunities

- Missed opportunities are instances in which patients come in contact with medical professionals while seeking other medical care, yet they do not receive all the necessary vaccinations due to unavailability or lack of recommendation.^{18,20}
- Missed opportunities often prevent Latinos from receiving the necessary immunizations, like the seasonal flu vaccine.^{3,19}

Recommendations

The overrepresentation of Latinos in 2009 H1N1 influenza morbidity and mortality confirms that Latinos and other hard-to-reach populations face unique health disparities that must be addressed. It is important to note that Latinos and other hard-to-reach populations are not service resistant, but often face barriers that prevent them from seeking and receiving medical attention. It is estimated that, if the disparities concerning influenza immunization rates were eliminated, 1,880 annual influenza-associated deaths among Latinos and other minorities might be prevented.¹⁵ To eliminate these disparities, barriers that prevent Latinos and other hard-to-reach populations from receiving the flu vaccine must be eliminated. Therefore, it is important to:

- Integrate Latinos into existing influenza preparedness and response plans.
- Establish multi-level partnerships between community-based organizations, local community leaders, governmental agencies, academic institutions, and other stakeholders.
- Establish non-traditional vaccination sites to maximize reach and access and minimize costs. Possible non-traditional sites include churches, mobile clinics, door-to-door campaigns, work-related venues, social gatherings, and other trusted neighborhood venues.
- Provide healthcare services and prepare relevant educational materials that are linguistically, culturally, and literacy appropriate.
- Doctors, nurses, and other medical professionals must make a concerted effort to eliminate the number of missed opportunities for vaccinations. It is essential that providers consistently remind and educate patients about the importance of being up-to date with their vaccinations; providers play an immensely critical role.

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