



“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

Moderator: Laura Blake, Outreach & Development Manager, Women In Government

Panelists: Abby Bownas, Manager, Adult Vaccine Access Coalition
Adriane Casalotti, MPH, MSW, Chief, Government and Public Affairs at National Association of County & City Health Officials

Voiceover: Welcome to the Women in Government Podcast. Whether discussing important issues or policies of the day, this is the place where lawmakers and decision-makers unite to get the conversation started.

Laura Blake: Vaccines are not just for children, adults can be protected from 14 deadly diseases. Including Hepatitis A and B, Measles, and the Flu. According to the CDC, over 20 years, vaccines will prevent more than 700,000 deaths and 21 million hospitalizations.

Hi, I’m Laura Blake, Outreach and Development Manager for Women In Government. Thank you for listening to the latest Women In Government Podcast. Today, we’re talking about how ***You’re Never Too Old: The Importance of Adult Vaccination***. We have two guests joining us: Abby Bownas, Manager for [Adult Vaccine Access Coalition or AVAC](#), representing nearly 60 diverse organizations working collectively to bring federal policy changes to increase adult immunization rates.

Abby Bownas: Thanks so much for having me. It’s great to be on the podcast today!

Laura Blake: We also have Adriane Casalotti, MPH, MSW, Chief, Government and Public Affairs at [National Association of County & City Health Officials](#) comprised of nearly 3,000 local health departments across the United States. Their mission is to serve as a leader, partner, catalyst, and voice with local health departments.

Adriane Casalotti: Yes, thanks for inviting us.

Laura Blake: Before we dive in, I want to thank everyone who’s listening and remind you to like or share our podcast. You can also email us by visiting [Women-In-Government-dot-org](#).

It’s been found that vaccines save lives, but only if we actually use them. Unfortunately, the numbers are not looking good. Across the board, adult vaccination rates are low and far below the Healthy People 2020 targets for five vaccine preventable diseases: Hepatitis B, HPV, Flu, Pneumococcal Disease and Shingles. The health and medical communities are trying their best to get the averages up. There are many different types of outreach efforts going on, including vaccination clinics in schools, immunization community outreach and public communications. All of them are focused on the importance of getting immunized against vaccine-preventable diseases.

To get the conversation started - Abby, why is adult vaccination so important?

Abby Bownas: Of course we’ve the seen the benefits of child vaccination and vaccination overall. We have a strong federal and state infrastructure to support this. So now we have a growing emphasis on



Podcast Transcript

“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

ensuring people of all ages can share the benefits of immunization, and despite those well-known benefits, more than 50,000 adults die from vaccine preventable diseases each year.

As you know we are far behind our goals for the [Healthy People 2020](#) target for almost every one of the commonly recommended vaccines. Part of it is that right now adults seeking access to and coverage for vaccines encounter a confusing healthcare system. There’s multiple barriers, there’s a lack of information about which vaccines are recommended and when.

There are financial hurdles as well as technical and logistical obstacles, so we need to change them and that’s what AVAC is trying to do in a federal space. Our coalition represents provider groups, doctors, nurses, pharmacists, patients, public health, innovators and IIS experts (immunization information system experts) and we are all working together to raise awareness and improve access and increase the utilization of vaccines among the adult population.

Laura Blake: There are a number of people at an increased risk of developing vaccine-preventable diseases. Can you tell us who makes up the special populations of adults who need certain vaccines?

Abby Bownas: Sure, there’s a number of at-risk populations as you noted. These include older adults who have chronic illness. The pregnant populations all need to be vaccinated, and we need to underscore the need to educate these populations who are at increased risk. So, for example, people with chronic illnesses - say diabetes or heart disease - we need to help them to understand the importance of establishing vaccines as part of a routine part of preventative care. We know that currently less than half of adults get their flu shots and so some people may choose not to get vaccinated because they might not think it would work. But for people with chronic illness and everyone else, we can reduce severity, prevent the duration and serious complications and these could lead to heart attack and stroke for these at-risk populations.

Adriane Casalotti: Can I add something? So I think that is completely right but we also have to think about it in this broader space of that actually everyone can and should be getting vaccinated every year for something. The flu vaccine is an excellent example. It’s particularly necessary for certain folks who might be more at risk for some of the more severe issues with flu but everyone is at risk for the flu. We are all at risk for being out of work for a couple weeks, having to find alternate childcare, trying to figure out people who end up in a really severe flu season who have to be hospitalized even if they were completely healthy before. So there is this kind of mixed space of trying to make sure that particular populations really know that they need to be vaccinated but that doesn’t mean that everyone doesn’t have a role to play and a reason to hear these messages either.

Laura Blake: Thank you for pointing out the need for everybody to be vaccinated. It’s certainly a very timely message given that flu season is here.

Laura Blake: As we already know from statistics, immunization rates can be a lot better. Abby, which vaccines are available for adults and is there a recommended vaccination schedule?



Podcast Transcript

"You're Never Too Old: The Importance of Adult Vaccination!"

Recorded: January, 2020

Abby Bownas: As you know there's over a dozen adult vaccines and unfortunately many adults just lack the knowledge about which vaccines are recommended and the adult schedule. The schedule can be complicated because it's based on both age as well as health status. So it's important to look to our providers and those in the community to help make recommendations to patients about which vaccines they should get and when. And as Adriane mentioned, something like the flu is annual but other vaccines come on schedule where it may be necessary once every 10 years or you can get them once and you will be protected forever.

One of the complications there is that adults may not just see one provider; they may see many different providers or they may not see any providers at all. So it can be hard for people to recall what vaccines they've had or when they last had them. That's why the education component will be so important here to help people understand the vaccine schedule. We can also be looking at things like health information technology which can be there to help people know what to get when and help the providers have those messages and reminders to talk about with their patients.

Laura Blake: Something important to point out to our listeners is that health and wellness is governed differently from state-to-state. The majority of local health departments across the United States are units of local government while others are either units of state government, governed by both state and local authorities, or more than one governance type. Now as was mentioned at the top of the podcast, the National Association of County & City Health Officials (NACCHO) is made up of nearly 3,000 local health departments. Adriane, can you explain to us the role local health departments play in health promotion through vaccination?

Adriane Casalotti: Of course, local health departments do so much work across the country in all communities, and depending on where you live or where you are in other public health and healthcare systems in your area, the health department might change a little bit of what it does on a day to day basis. But what's really interesting is that nearly every single local health department across the country engages in immunization services particularly for both pediatric but also adult vaccination. So vaccination is critical to our members and to public health across the lifespan.

Even the folks that aren't giving vaccinations into arms - they are doing other work. You'll have immunization clinics or maybe it's a flu clinic that you have or an older adult clinic or something like that. They do a ton of community outreach and public communications through local media too, with flyers saying "Hey flu season is coming up, and you need to be doing this." "Hey, did you know that there is a shingles vaccine? Talk to your provider about getting one" - that kind of thing. Our members also work with healthcare providers, oftentimes with outreach to them about what the best practices are around not only what vaccinations are out there but also best ways to talk to your patients and also to educate them on changes in the vaccine schedule or that kind of thing.

There's one other thing - local health departments are the chief community health strategist, and so they're working across all different sectors and they're also able to kind of bring these messages outside of health and healthcare. Whether that's working with the judicial system or working with the transportation system about how do we make sure we have bus routes to the places where people need



Podcast Transcript

“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

to be going to be healthy and improve their health – those types of things that can really bring those sectors together to really have these conversations in communities.

Laura Blake: Thank you for giving such a comprehensive response to my question. Now I know that according to the CDC, there are currently 64 funded state, local and territorial immunization programs that include 50 states, 6 major cities, and 8 territories – and all of these assure access to vaccines. Abby, I understand additional vaccines are being developed to help meet the needs of adults. Can you talk a little bit about that?

Abby Bownas: The pipeline is really exciting and I think it will really help to save lives in the adult space. There is a number of different things that are being worked on that would be making improvements to existing vaccines and those are really being developed to be more effective, particularly for older adults whose immune systems are not as strong as they age. Then there’s brand new vaccines that are being worked on. There’s one that will counter anti-microbial resistance such as C. difficile. There is a respiratory disorder called Respiratory syncytial virus (RSV). There’s also the very contagious virus called norovirus that can cause vomiting and diarrhea - sometimes people think of it as the cruise virus. These are all things that could be online in the next 5 to 10 years so the future is bright for vaccines. We’re really excited about those new adult vaccines coming in the pipeline.

Laura Blake: That’s really exciting that there are so many new vaccines that are coming along. I’m sure we will all be paying attention to see when those start to get rolled out. Although vaccines are highly recommended, there are reasons why adults decide to go unvaccinated. Some don’t believe the vaccines work, some say it goes against their faith, and others worry about side effects. Abby, what are the broader consequences if people decide not to get immunized against vaccine-preventable diseases?

Abby Bownas: Certainly there are medical consequences, right? Getting ill, suffering from pain, disability, and even death. But it’s also important to protect those around you. Some may not be able to get vaccinated - whether they’re too young or they’re immuno-compromised, or they just can’t get vaccinated themselves. So when we’re thinking about immunizing we want to be thinking holistically. Parents and grandparents need to go get their Tdap vaccine which will protect against whopping cough or pertussis. Tetanus diphtheria is the full name of the vaccine. For instance, whopping cough can spread really easily. It can cause severe illnesses and even death, and it’s especially dangerous for those under six months of age who are too young to be well protected by vaccinating. So again we want to think about vaccinating for ourselves but also those around us.

Adriane Casalotti: And just to jump in, depending on who is listening to the podcast, as people who are making policy decisions, there are all of these individual level complications and consequences but there are also broad consequences to the healthcare system as a whole. We know that we are trying to do more with less funding and these are preventable illness that even if you’re okay with the suffering, and even if you’re okay with the time off from work and that kind of thing, the costs do add up too. If you are running up big medical bills, that can have consequences down the road so it’s important to recognize the individual and their situation as it looks in the broader societal view as well.



Podcast Transcript

“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

Abby Bownas: So many great points there, Adriane! Just on the cost one, I want to throw out some numbers. So the U.S. spends about \$26.5 billion annually treating four of the major vaccine preventable diseases for adults. Those include flu, pneumococcal, shingles, and pertussis. So you really have to think if we invest in vaccinating we can be saving billions of dollars each year.

Laura Blake: Those are some very sobering statistics. To throw out a few more, an average of 50,000 U.S. adults die from vaccine-preventable diseases each year, and millions more suffer from illnesses that are entirely preventable through vaccination. Adriane and Abby, can you both explain what can be done to increase access to adult vaccines?

Adriane Casalotti: There’s a couple buckets here, right? There’s the individual bucket and also there are the structural pieces. So we know from the individual’s perspective - I think we mentioned this earlier - whether or not you know what vaccines you need, whether or not you have a health provider that you go to and if that person talks to you about these things, do you have the time to take off work to get there, questions about cost. There can be real barriers placed on people and also perceived barriers about what’s that cost going to be to me out of pocket and there are some broader structural challenges too - things like laws that address whether or not we should be even capturing the information about who is getting vaccinated in the adult space, questions about how your electronic health record talks to other providers that you may see so that you actually are getting asked the right questions and getting vaccinated on time and on schedule. And then some funding issues around does your community have the money to have those broad vaccination campaigns that can tell you what’s going so you know that you need to be asking your provider. Do they have a campaign around grandparents to say “Hey did you get your Tdap vaccination?” and how important this is for your new grandbabies? Those all come out of funds, and if those aren’t available, then those messages might not be heard.

Abby Bownas: I agree with all the things that Adriane said there. I think these are a lot of the pieces that as a coalition that works from a federal space AVAC is trying to think about it in terms of how we can make policy change to help support those different pieces that need to get done. And just as an example, you mention the financial barriers, and we believe that vaccines should be equally accessible among all populations and so there’s already so many complications here. There’s things we can do things we can do to try to improve that so financial barriers don’t become one of them.

Laura Blake: One of the top reasons that adults go without getting vaccinated is health insurance. People without health coverage have vaccination rates that are 2 to 5 times lower than people with health insurance for flu, shingles, HPV, and other diseases. Out-of-pocket costs also influence Medicare vaccination rates. Adriane, what other barriers exist to getting more adults vaccinated?

Adriane Casalotti: I think I talked about these a little bit before but there are these real and perceived access barriers. Cost yes is a huge one – and one of the things that we focus on a lot as members of AVAC are trying to level the plane field around these out of pocket costs of vaccination. So if the out of pocket cost goes up to \$160 for a Medicare part D vaccine out of pocket, put that into perspective of if you have a commercial insurance plan, you should be paying \$0 out of pocket for all CDC recommended



Podcast Transcript

“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

vaccines. If you have Medicaid - so that’s the program that help support low income people - you might have an out of pocket cost that’s under \$5 for vaccines depending on what your state covers.

There are some Medicare vaccines that have a \$0 out of pocket cost because of just how they are characterized by the federal government in Medicare Part B versus Part D silos. If you are a Medicare beneficiary you’ve got enough on your plate, then having to figure out “Which part does this vaccine go in?” and “How is going to be the cost share?” and what might happen is you don’t get any of your vaccines because you are afraid that all of them are going to be super high cost.

On the other hand you might only have a patchwork because of the actual cost issues, not to mention the amount of time it takes to get to a provider and ensuring that the provider has in stock those vaccines that you are looking for. For as many barriers as there are, there are a lot of people working on trying to reduce those barriers and eliminate them to try and make this the easy choice, really helping to improve the health of the nation.

Abby Bownas: Again, I agree with everything that Adriane just said. I would just add that for those that are listening that are of the Medicare age that Part B vaccines include flu, pneumococcal, and Hepatitis B. The other vaccines fall under Medicare Part D generally - things like shingles which now everybody 15 and above is recommended to get, things like Tdap which I mentioned earlier that are really important not just for yourself but to be protecting your grandbabies. Those fall under Part D, and you’re getting this divide within the community and what you see is that the numbers tell that story. When you look at the rates in Medicare, we see that those Part B vaccines have much higher coverage rates than the Part D vaccines. And of course we started this conversation really saying how we need to improve the rates for all vaccines but if you can have something like flu that has for the 65 and older population about 70% of people getting it versus shingles which is in the low 30’s, it really kind of shows that divide between what cost sharing can do to people’s access points.

Laura Blake: Thank you for touching on cost sharing, and I really appreciate your very thorough answers on Medicare patients. Can you explain who else faces financial barriers and how cost impacts uptake?

Abby Bownas: One population that we didn’t talk about before is the uninsured. If you’re uninsured it is almost and maybe even more important that you have your vaccinations so you’re not trying to seek medical care later for a vaccine preventable illness. Oftentimes those are some of the folks that are coming to the local health department -for example, our community health centers for access to vaccines. At the same time it’s the folks who even if they have insurance, they can’t get in to see their providers or the distance is too far often coming into our doors. In general the country is taking some really big steps to try and reduce barriers to vaccination. There have also been unique opportunities through pharmacies and others who are trying to expand access points for vaccination, but it really easy to take the access to these things for granted because not everyone is able to always afford them or access them.



Podcast Transcript

“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

Laura Blake: Thank you. According to the Adult Vaccine Access Coalition, a strong immunization infrastructure also increases and sustains vaccination rates. Abby, what are the components of immunization infrastructure and how is it funded?

Abby Bownas: The way I view it our nation’s immunization structure infrastructure is really the vessel for surveillance, reporting, response activities, and a wide variety of stakeholders across the health system participate in these response activities when needed. Vital functions include vaccine purchase, storage and handling of vaccines, safety, provider and community education and outreach, and it also include these immunization information systems, formally known as registries, which provide the disease surveillance and pieces and components for outbreak response. So we kind of bucket it as immunization infrastructure but there are so many different pieces that are a part of it.

Much of the funding for our nation’s immunization infrastructure comes through the Centers for Disease Control and Prevention as well as the limited budgets for state and local public health programs across the country. One of the things that AVAC does is that we’re working to support the dollars as well as the various components of immunization infrastructure. We’re especially honing in on things like the immunization information systems, which we think that if we can improve monitoring of vaccine preventable disease it will really help improve vaccine coverage rates. That can be done in real time at the population level and will help it better address the gaps in vaccination coverage, and it can help - if we get this right - we can exchange data between the different providers. The doctors and the pharmacists and the public health departments could all be, in a sense, through the technology world coordinating and talking to one another. That will be a great way to help get who’s receive what vaccinations when, and then we can work together to try to make sure everyone has those.

Laura Blake: So you mention many different pieces of the immunization infrastructure. Can you tell us who benefits from having a strong immunization infrastructure?

Abby Bownas: We all do - seniors, adults, adolescents, and children. You can also go broader - the healthcare system, doctors, nurses, pharmacists, the public health community - and that includes state and local immunization program managers, preparedness officials, epidemiologists...so the answer is we all do.

Laura Blake: As we look all across the country, disparities exist for many reasons. Abby, where are the gaps in getting people vaccinated? What disparities exist and where?

Abby Bownas: We see disparities by geographic, by race and ethnicity, by socioeconomic status, and that goes across the country. So it’s one of our key priorities in everything that we’re working on through the Adult Vaccines Access Coalition - how can we change it? How can we shoot for a future where no matter who you are and where you are, everybody has the chance to reach those vaccination rates along with the federal Healthy People targets.

Laura Blake: As we know, adults are at risk of illness, hospitalizations and even death from vaccine-preventable diseases. However, many still opt-out from getting life-saving medication. My next question



Podcast Transcript

“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

is for both of you. What do you think is the most effective way to speak about vaccines and convey their importance to adults 19 and older?

Adriane Casalotti: Well the population covering adult vaccines varies so much, and it’s important to tailor the messages for those populations. Pregnant people might need to have particular messages around that part of what’s going about their health status, older Americans might have a little bit different messaging, but in general we have some common themes that we know. One is the most important voice is that healthcare provider in the room with them. So not only is the healthcare provider bringing it up, but how do they talk about vaccines? Do they talk about it as a normal course of this is just part of your healthcare? Is it something that’s seen as optional or additional? That one on one interaction is critical. We know as was mentioned before that these diseases can have some serious consequences and so is that adult motivated to get vaccinated to protect themselves? Maybe it’s that they are really focused because they want to protect their loved ones or maybe it’s a grandma who’s taking care of her grand baby and wants to make sure she’s healthy enough to be taking care of those kids.

Abby Bownas: Just to build on that we could be looking to our providers to offer a strong recommendation because we that people trust what they hear from their providers. There’s a whole work flow strategy that was developed by the National Vaccine Advisory Committee on the standards for adult immunization practice, and those are for every patient that comes through the door that you assess what vaccinations they’ve had, you make a strong recommendation of what they need, you administer that vaccine or you refer them, and then you document the vaccine that the patient may or may not have received during the office visit in the immunization information system. If we can just build in these work flow practices as regular practice, I think that’s a really effective way to make sure that people are understanding what they need and also it will lead to the access point.

Laura Blake: We see more and more vaccines are becoming available for adults, particularly seniors whose immune systems are weakened by age, as was mentioned earlier. Abby, how do we reassure older Americans about the safety and effectiveness of new vaccines to encourage uptake?

Abby Bownas: Vaccines go through a very rigorous process to get to the market through the FDA, and then they go through a second process with the CDC and The Advisory Committee for Immunization Practice. So, they are absolutely coming to the market as safe and effective but again I would point people back to their providers to have these conversations so that they can have their questions answered and get that information. There’s wonderful resources on the CDC around immunization so people could go there to look for information and CMS does have some great information as well - a lot of it links back to the CDC.

Laura Blake: In the United States the public health system includes a collection of schools, civic groups, doctors and hospitals, faith institutions, nonprofit organizations, elected officials - the list goes on and on. Adriane, what role do policy makers play in promoting access to and uptake of adult vaccination?



Podcast Transcript

“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

Adriane Casalotti: Sometimes I think policy makers are like “Oh, I have nothing to do with this. I am not a doctor, I’m not a nurse, I’m not a public health professional.” But in reality there’s a real role that policy makers play. So the way that our public health system works and our healthcare system as a whole is this partnership from the federal, state, and local level. As part of that partnership, decisions are being made all the time around these infrastructure questions, data questions, research questions, how much is going to be paid through certain insurance company questions. Those are all decision points that have a direct impact on whether or not someone at the end of the day is going to be able to get vaccinated for what they need.

It was mentioned before there are federal funds that help support vaccine infrastructure, and most of those dollars go to states. It’s only a few local communities that are directly funded; so when you have that system you need all of the policy makers themselves to work together too. So local policy makers helping to inform decisions made at the state level, state level officials making sure if the money gets down into communities to really make that difference, and those programs are working on things like outreach and education. Are we going to spend money to make sure people know that the vaccine schedule has changed, now this population also needs to be accessing the HPV vaccine even though we used to just think of it as more of a pediatric vaccine, or how do you promote vaccine confidence when there’s a lot of mixed messages out there that aren’t evidence based and science based? How do we work together to correct the record and really communicate to our communities? How are we going to take our limited resources and figure out which vaccines we need to really be putting into some sort of special campaign that we’re paying for and which other things are being handled very well using the traditional private healthcare provider model?

There are a lot of decisions that are made. A lot of it just asking policy makers to really understand the value of these vaccines and in the broad scheme of all the things and all the decisions that have to be made really prioritizing this evidence-based, relatively inexpensive innovation that can really have such great impact in the long run.

Laura Blake: Adriane, can you tell me some of the policy challenges to improving adult vaccination?

Adriane Casalotti: Yes, so all that being said, there’s so many opportunities but there are definitely some challenges. The first is piggy backing on what I just said about how funding can influence what’s available in state and communities - we need the funding. The federal funding program – it’s called the 317 vaccine program so not the flashiest name - up until this year has been pretty relatively flat funded for the past 6 years. When you have that issue, and that’s despite one of the worst flu seasons we’ve ever seen with tens of thousands of people who died, the funding really didn’t change. So you have the same amount of money, and with enhanced challenges, you can only do so much.

Another big one especially in the public health sphere is workforce. The local health departments themselves have lost almost a quarter of their workforce in the decade since the recession and those jobs have not necessarily come back. Take that and think about immunizations; you need to have a skilled professional who’s there to be able to administer the vaccine, someone who’s able to answer questions to help people talk through these things and sometimes some tricky parts of their life to talk



Podcast Transcript

“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

about what’s best for them medically. When you have those questions you need time and you need the people to do it, so workforce is huge.

Messaging and confidence have become a really big issue recently. The measles outbreak is a perfect example - we thought that everyone was on the same page and we were kind of trucking along when it came to high levels of immunization - and really this information has led to some real pockets of under-immunization. This year we saw we almost lost our nation’s measles immunization status because of those pockets of under-vaccination, let alone the pain and suffering and high healthcare costs that were associated with that outbreak.

Immunization information system, that’s really huge, that’s how we can really move to the next generation of being able to know who has been vaccinated, making sure that people aren’t missing vaccines that they need but also not getting vaccinated twice maybe when they already had what they needed, being able to help you as you move – for example if I move from New Jersey to Arizona and helping my immunization records go with me and having those states be able to talk to each other. If you’re in the military and you get discharged, then you’re going into the VA and then you may also be seeing private health providers – this makes sure that those systems can talk to each other. That immunization information system is so critical for that. It also will help us realize that we need to do more in this corner of the county or this corner of the state because something is going on here and folks here are at risk. Because the rates aren’t high enough let go work on our vaccine programs there.

And finally those access issues - out of pocket cost, folks who are under insured, far away from healthcare provider, and then perceived barriers where folks don’t feel like they can talk to a healthcare provider about what they need. So lots of policy issues to address.

Laura Blake: As we wrap up, and this question is for both of you, what are steps policymakers can take to help support immunization across the life span? Abby, we can start off with you.

Abby Bownas: One thing we haven’t talked too much about that I think is really important is quality measures. There’s an adult composite measure for vaccines and it can be a tool that providers - if they use it – it can help drive those important conversation about making sure the folks coming in are getting vaccinated, so looking to our policy makers to help adopt those as a process. Another area we didn’t talk too much about is there are a number of different provider barriers to offer an immunization. So we can reduce those barriers through policy, make sure that we’re providing adequate reimbursement to our providers who are doing this work - especially when we’re asking them to take time out of these very limited conversations that they’re having with patients to have this important conversation - we want to make sure they’re getting reimbursed for that. In education, I think we stress education around adult immunization and immunization across the lifespan as a necessary piece to really make sure that the policy overall is being conveyed, how important this is.

Adriane Casalotti: I think Abby really touched on all sort of areas that could be improved upon. Just one other area to talk about is we’ve done really great investments in the research side of things. There’s clearly more to be done in that space as well but also that translation - so once things are through the



“You’re Never Too Old: The Importance of Adult Vaccination!”

Recorded: January, 2020

research phase, how are we getting them to providers’ offices and into communities quickly? That translation is also really important so that we can really take advantage of the new innovations quickly once they are approved for use.

Laura Blake: Thank you to both of you for providing such valuable information to our listeners. Now, I’d like to give you both some time for closing statements in case there was something we didn’t touch on in our question and answer back and forth. Abby if you’d like to get started?

Abby Bownas: Thanks so much for allowing me to be a part of this on behalf of the Adult Vaccine Access Coalition. It was really wonderful, and as you can tell we really love talking about vaccines, so I will just recommend that everybody go out there, talk to your provider, and get vaccinated. If you would like more information on the work that AVAC is doing, you can visit our website at adultvaccinesnow.org

Laura Blake: Adriane, any final thoughts?

Adriane Casalotti: I also want to say thank you for including us in this. I know that’s sometimes the work of local public health department is kind of like “We know they’re there but don’t really know what’s going on,” so I know that on behalf of them we are happy to work with anyone if they have any questions about getting in touch with their local health department so they can really know what’s going on in their communities. And thank you for raising this really, really important topic.

Laura Blake: Well thank you again to both of you; it’s been a real pleasure.

Vaccination can mean the difference between life and death. On average, 50,000 U.S. adults die from vaccine-preventable diseases each year, and millions more suffer from illnesses that are entirely preventable through vaccination. The CDC recommends vaccinations for adults based on age, health conditions, prior history, and other factors. That’s why it’s important to talk to your healthcare provider about vaccinations today. I’d like to thank all of our guests once again for joining us on the latest Women In Government Podcast.

I’d also like to say thank you to all of our listeners for taking time out of your busy schedule to hear this important discussion. Don’t forget to subscribe to or like or share our podcast. You can also email us by visiting Women-In-Government-dot-org.

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Podcast Transcript
“You’re Never Too Old: The Importance of Adult
Vaccination!”

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