International Federation on Ageing

Vaccines 4 Life

Bringing Canadian Patient Advocacy Organizations Together in the Fight Against Influenza

A Qualitative Report

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Abstract

Influenza is among the leading causes for hospitalization in older adults in Canada.[1] In the 2018-2019 influenza season, only 69 per cent of older adults and 43 per cent of adults with chronic disease were vaccinated against influenza in Canada.[2] This falls well below the World Health Organization target rate of 75 per cent[3] and the National Advisory Committee on Immunization target of 80 per cent.[4]

Civil society organizations including patient, professional and seniors' organizations have the ability to positively influence influenza vaccine uptake rates for at-risk populations.

Despite the awareness of influenza risk, patient and seniors' organizations are challenged in prioritizing adult vaccination. Increasingly smaller budgets, limited expert knowledge in the area, competing priorities and insufficient human resources impact their ability to have a stronger voice in health promotion and prevention including immunization.

Civil society are powerful and trusted voices with the ability to communicate evidence-based messages directly to their members many of whom are in the highest risk category for influenza. Attention and action is needed to help build their capacity and capability to be champions in improving adult influenza coverage and healthy Canadians.

Key Words: Adult Influenza, Patient Organizations, Vaccines, At-Risk

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Introduction

Canada has an ageing population. In 2019, over 6 million Canadians were aged 65 years or older, representing 15.6 per cent of Canada's population[5]. By 2036—in less than two decades—the number of seniors could reach between 9.9 and 10.9 million people. Those aged 80 years and older are expected to more than double to 3.3 million.

As a person ages the likelihood of chronic diseases such as those referred to as noncommunicable diseases (NCDs) increases. Every year more than 150,000 Canadians die from four major noncommunicable diseases: cancer, heart disease and stroke, diabetes and chronic respiratory diseases. Together NCDs account for 65 per cent of all deaths in Canada and 60 per cent of deaths globally – an estimated 35 million deaths worldwide. About one in three Canadians live with at least one major chronic disease, and this proportion is expected to rise with population ageing.

At the heart of every comprehensive public health strategy is the goal for healthy populations, and this does not change with ageing. Healthy ageing, "the process of developing and maintaining the functional ability that enables wellbeing in older age"[6] requires environments including health systems that enable people of all ages, and in this context older people, to maintain and improve their functional ability.

Vaccination is an effective public health action that combats the life-altering consequences of infectious diseases such as influenza and is critically important for at-risk populations of older people and those with chronic conditions.

Despite the evidence, rates of adult influenza vaccination in Canada are far below recommendations made by the National Advisory Committee on Immunization (NACI). In turn this has a direct effect on the already escalating health and social care costs in acute settings, as well as home care services and premature admissions to long term care facilities. For at-risk groups in Canada, influenza can lead to serious complications, significantly diminished functional ability and death. Sixty per cent of hospitalizations due to influenza in 2018 occurred among adults over 65 years of age, and 87 per cent of those had more than one chronic condition.[7]

The Public Health Agency of Canada (PHAC) 2018-2019 Departmental Results Report on Infectious Disease and Control shows that influenza vaccination of older adults and those with underlying chronic diseases was not a priority.[8] A handful of organizations have however been actively engaged with and consistent in their promotion of influenza vaccination, but it is a challenge within an already crowded agenda.

Immunization is the cornerstone for preventing adverse health outcomes from influenza. Vaccination programs are timed to optimize protection during the annual influenza season. Every year rates are historically well below national targets amongst those most at-risk. From 2018 to 2019, the proportion of older Canadians and those with a chronic medical condition who were not vaccinated against influenza reached 69.8 per cent and 42.8 per cent respectively, with the lowest uptake rates among at-risk groups without an evidence-based explanation.[9]

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The overarching goal of the work of the International Federation on Ageing is to improve the uptake rates of adult vaccination. The study entitled "*Bringing Patient Advocacy Organizations Together in the Fight Against Influenza"* contributes to this goal and most specifically targets issues and barriers in Canada.

The study explores the perspectives of Canadian patient, healthcare professional and seniors' organizations on influenza vaccination with respect to its relevance to constituents, barriers to prioritization, and potential resources and support needed in order to successfully promote the value and importance of adult influenza vaccination.

Barriers to Vaccination

Barriers to vaccination are well known and varied. Misconceptions about the adverse effects of the vaccine,[10] poor awareness of the serious nature of vaccine preventable diseases (VPD), the opinion that only childhood immunization programs are a priority,[11] beliefs that actions such as exercise and good nutrition boost the immune system to provide protection against influenza infection,[12] an inadequate availability of the vaccine, and limited entry points to vaccinators for some more marginalized and remote populations[13] have been widely reported in the literature for many decades.

Older people and those with chronic comorbid conditions are represented by and through civil society such as patient associations, senior organizations, service clubs and professional associations. These organizations are trusted sources of information with a significant role to play in conveying critical messages about healthy ageing and more specifically the importance of influenza vaccination and its protective effects. Civil society has considerable outreach to individuals and communities which can manifest in numerous ways including:

- Patient organizations can form a national movement.
- Canadian seniors join and are represented through national organizations such as the policy think tank CanAge and CARP which alone has more than 320,000 members.
- Professional associations such as the Canadian Medical Association, the Canadian Pharmacists and the Victorian Order of Nurses are often a unifying voice around important public health messages.

Civil society organizations, through their networks and member base have the potential to improve awareness and influence the health outcomes of millions of adults who are at increased risk for influenza. Unfortunately, many of these organizations do not prioritize influenza vaccination as part of their health promotion or advocacy. This study aimed to answer the question of 'why'?

Vaccination is one of the most powerful public health tools in the fight against influenza and has the potential to save millions of lives. Understanding why some civil society organizations are not able to prioritize the promotion of influenza vaccination can lead to more meaningful dialogue and actionable steps that help to improve uptake rates in at-risk populations and reduce influenza related morbidity and mortality.

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Methods

The study *Bringing Patient Advocacy Organizations Together in the Fight Against Influenza* used qualitative methods to examine the experience of key decision makers and leaders of civil society in Canada on their knowledge, views, and prioritization of adult influenza vaccination within the broad mandate of health promotion. Within the sample of advocates, two represented seniors' organizations, three were associated with at-risk patient organizations and two were members of professional organizations. At-risk populations were defined as older adults and those with underlying chronic conditions represented by organizations that operated on a national or provincial/territorial level.

Participants were in executive leadership positions to ensure adequate knowledge of organizational priorities, practices, and procedures; and recruited via personal invitation to participate in a semi-structured conversation on the topic of adult vaccination and at-risk populations in Canada.

A formal topic guide covering questions about the organizations' views and work with adult influenza vaccination was developed prior to the interview and adapted to respond to the nuances of the organization. Interview questions focused on three areas: views about influenza vaccination and its relevance to their constituents, barriers that may prevent adult vaccination from being a priority, and resources / support that may be required to enhance capability and capacity.

Organizations interested in participating were sent consent forms and an information sheet outlining the study design, purpose, objectives, and the pending communication strategy. Participants had the option of remaining anonymous in the study report, being partially identified, or being fully identified. In total seven representative organizations were interviewed, and all participants provided written consent to being recorded for the purposes of collecting information.

Interviews were voluntary, and participants could withdraw from the interview at anytime without reason. Interviews were held via a virtual communication platform and varied in length from 40 to 60 minutes. Participants were briefed on the purpose and ethics of the study and all questions about the process, outcome and outputs were answered before the interview started. Discussions were conversational in nature and guided by the questions in the topic guide. Each conversation was recorded using a digital recorder and supplemented with notes from the interviewer.

Recordings of the semi-structured interviews were transcribed and analyzed into initial coding categories, followed by more specific themes. Although the sample size was appropriate given the diversity of respondents, there was a need for a consistent protocol to explore local level issues.

For confidentiality purposes, participants are referred to by their organization name or type including patient, senior organization, or professional association. Quotes from the interviews supporting these findings are similarly identified unless the confidentially agreement allows full disclosure of name, title, and/or organization.

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Findings

Older Canadians and those with chronic conditions such as respiratory and cardiovascular diseases, and diabetes are at risk of serious and often life-threatening complications of seasonal influenza. Knowing that vaccination is an effective public health intervention against the infectious disease, a decline in influenza vaccination rates of the most at-risk populations is disturbing not only for individuals and families but for population health planning.

The voices and views of patient and advocacy organizations and professional associations give life to the complex nature of vaccine confidence and prioritization of influenza vaccination. Consistent with the interview schedule, the findings are built around key themes including views on influenza, the emerging roles of civil society organizations and barriers to prioritizing influenza vaccination:

1. Perceptions of Influenza Risk

The perception of "risk" that influenza posed to older adults and those with underlying chronic conditions varied across respondents. Organizations with a focus on specific aspects of health and citizenship were aware of the danger of influenza, but less informed about the nuances of adult immunization programs, the state of adult influenza in Canada and the range of barriers some face in accessing vaccinations. Where subject-matter knowledge may have been limited, population-specific knowledge off-set this, making these organizations no less important in raising awareness of the importance of influenza vaccination to those most at-risk.

Respondents that represented patient organizations including the lung and heart health organizations were understandably more cognizant of the burden influenza places on the lives of adults with underlying chronic conditions. These organizations worked closely with medical societies to stay informed and up-to-date and also developed evidence-based resources. Engagement in both provincial and federal topics related to their constituents such as pharma care and vaccination was a priority on their agenda.

As the Lung Health Foundation, staying informed and actively engaged in issues concerning respiratory health is at the core of its responsibilities and mandate. In fact, infectious respiratory disease is one of its core areas of focus. It stands to reason that the LHF is uniquely positioned to be a trusted voice of encouragement and evidence about the importance of being vaccinated against influenza.

Organizational awareness of influenza risk and level of engagement in promotion and advocacy appears to be proportional. Those organizations that were actively involved in campaigns were most often motivated to do so because of the known consequences of influenza to the health of their members. The Lung Health Foundation (LHF) for instance were strong advocates in part because of high hospitalization rates for seniors due to influenza. Longer periods of hospitalization for older adults are known to reduce functional ability, a consequence that can seriously impact the ability to care for oneself. Preventing hospitalization for seniors has become the impetus for the work of LHF in influenza vaccination promotion.

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Seniors organizations such as CanAge and CARP are strong advocates having recently produced an advocacy strategy entitled the "*Canadian Adult Vaccination Initiative*". The initiative was informed by evidence on the long-standing barriers to vaccination uptake for older adults and developed with the broader goal of reducing and eliminating these barriers.

2. Accessibility: Transportation and Mobility

Older adults and people with underlying chronic conditions increasingly experience life-changing consequences from influenza every year.[14] PHAC through an annual campaign recommends that all Canadians over 65 years of age receive the seasonal influenza vaccine. Among older adults, the vaccine is highly effective in preventing severe influenza by up to 60 per cent and death by influenza-associated complications by up to 80 per cent.[15] Despite strong evidence and a robust public health campaign on average, 30 per cent of older Canadians, and 57 per cent of adults with underlying chronic conditions failed to receive their annual vaccination in 2018-2019.[16]

Older adults face real, and in many cases, what may feel like impenetrable challenges in traveling to the doctor's office or even to the pharmacy to receive a vaccination. Poor mobility and frailty, living alone, or even a plethora of doctor and specialist appointments can be reasons for vaccination either being deprioritized or taken off the "to do" list.

Respondents expressed the fact that challenges with a person's mobility is influenced by environmental factors such as limited and unreliable transportation and support services. Limitations in mobility and transport also affect a person's opportunity to receive important health information from their doctor about vaccines. Studies show that older adults that choose to be vaccinated are often motivated to do so because they are prompted by their doctors.[17] These restrictions influence the frequency and opportunity to visit the doctor, a trusted source of information on important health matters.

Access to services within the rural or remote context raise the broader and ever-constant issue of health disparities. There was consensus that many older adults in rural regions face considerable barriers in accessing health services due to a sparsity of clinics, and insufficient public transport. Another such organization based in British Columbia, spoke of the challenges many rural dwellers face in having to travel long distances to access care - a factor that greatly influences their willingness to be vaccinated.

Multiple access points to be vaccinated it critical to improving uptake rates in the most at-risk populations and can also prove beneficial for their caregivers and families. In areas where barriers to access and provision of care persist, the infection of a few individuals has led to large outbreaks of vaccine preventable disease.[18]

3. Supply and Demand

Vaccine shortages and delays have been well-publicized concerns in the past. The balance of supply and demand for influenza vaccines changes to some degree every season and with that comes the risk that certain supplies for the most at-risk populations will not be available. Factors such as the changes in influenza virus strains, revisions in vaccination

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recommendations and changing demographics can all affect the delicate balance between supply and demand.[19]

Yet apart from these factors there are three main reasons for this historically normalized problem every year. First, it is well recorded that provincial governments often do not purchase sufficient supplies of enhanced influenza vaccines. The solution to this supply problem is improved population planning and early purchasing preferably by one source, the federal government. Although vaccination is the jurisdictional responsibility of provinces, a one-point purchasing power could be beneficial to the health of the entire population. Should this not be the preferred mechanism, provinces are accountable to ensure sufficient supplies are purchased. The marked shortage in supply in the 2018-2019 season for the enhanced influenza vaccine particularly in Ontario created confusion and reluctance on the part of older adults to be vaccinated.

Second, the manufacturing process may encounter flaws in the delicate processes of dealing with biologics, which may mean due to safety concerns, the batches are not viable. Third, a lack of systemic distribution channels leads to a significant supply and demand imbalance. For example, standard and enhanced vaccines while being ordered and promised to pharmacies are routinely not delivered on time or in some cases not at all. Anecdotal evidence also suggests that unused quantities of vaccines in general practitioner surgeries are not regularly reallocated.

4. Knowledge

Both misinformation and vaccine hesitancy are referred to as key barriers. However, what seemed even more compelling from the respondents was the overwhelming amount of information which was both complicated and non-specific making it difficult for certain populations to make sense of the options and points of access.

News articles, journals, social media, TV advertisements as well as social media posts on influenza vaccination drive many messages, some of which are slightly different adding to the confusion.

> *"I think people at this point are bombarded with so much information that they just don't know what to trust."*

Misinformation, myths, and misperception all play a part in low vaccination rates. Some Canadians '*believe that being a healthy older adult with no underlying chronic diseases means that a vaccination is not necessary, but rather a good diet and consistent exercise regime will be equally effective.*'

Many older adults are also not convinced that the influenza vaccine is effective and believe that the annual flu shots are merely scientists' best estimate of what the influenza strain would be each year.

The complex nature of vaccines and vaccine schedules can lead to varying and inconsistent messages about adult influenza vaccination. Studies conducted on vaccination messaging, as well as feedback from respondents point to the urgent need to simplify the language of health information as well as frame messages to older people and those with chronic diseases in a clear, consistent, interesting, and understandable manner.

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5. Availability and Affordability

NACI recommends the enhanced influenza vaccine for adults aged 65 years and older, as it contains three influenza strains that are predicted for the upcoming influenza season and contains four times the dose amount of the standard influenza vaccine.[20] The enhanced influenza vaccine is demonstrated to be 24 per cent more effective in preventing influenza than the standard-dose.[21]

Return on investment with respect to the enhanced influenza vaccination for Canadian seniors demonstrates net medical care cost savings on the health care system with the added benefit of improved health.[22] Hence, a decision to fund the enhanced vaccine in adequate amounts at a national scale would be expected to lead to net savings because of fewer hospitalizations, and longer-term care.[23]

Despite the NACI recommendations, some provinces are not aligned in vaccine policy and funding for standard and enhanced influenza vaccine which places this growing population at even greater risk of serious complications and death. Therefore, many older Canadians on fixed incomes are forced to pay out-of-pocket for the enhanxced vaccine which is free in another province. Adult influenza vaccination in Canada is not equitable.

6. National Immunization Plan

Canada does not have a harmonized vaccination program nor is there consistency in the funding for the enhanced vaccines recommended for at-risk populations. To date Saskatchewan, Manitoba, Nova Scotia, Prince Edward Island and Northwest Territories fund the vaccine for residents in long-term care facilities, and since 2018, Ontario has funded it for people over the age of 65 years.[24] The inconsistency in adult vaccination programs across provinces and territories has led to confusion among Canadians.

Individuals most in need of the enhanced vaccine are often those who face intersecting social, economic and health challenges which not only place them at increased risk for disease but also limit their opportunity for prevention. The WHO Report of the Commission for Social Determinants[25] shows that poor health outcomes such as the incurrence of chronic and infectious disease disproportionately affects poorer and marginalized communities through the circumstances in which they live, work, and age. In many cases these populations suffer higher rates of comorbidity putting them at even greater risk for influenza while placing additional strain on their finances.

7. Funding and Governmental Priorities

Supporting the national campaign for adult influenza vaccination requires specific funding whether it is project based or linked to government sponsored support. All patient and advocacy organizations talked of the urgent need to undertake a comprehensive plan of action which is fully funded.

The process of data acquisition, knowledge translation, resource development and promotion can be costly, particularly if measures are taken to tailor messaging and outreach to the target populations. One respondent shared that it was easy enough to push information out via social media and e-newsletters but these channels did not reach all the people it should.

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"It is challenging to reach populations outside of urban environments, and especially populations who do not have access to ICTs."

For some, a smaller budget meant they relied solely on social media and e-newsletters to disseminate information. Receiving governmental support for the promotion of adult vaccination has become even more difficult in recent years with the shift toward a population health approach. This shift has led to greater investment in public health programs that are adaptable to every segment of society, and subsequently reduced investment for population-specific health programs and tailoring.

Funding comes at a high cost when small nongovernmental organizations (NGOs) are competing for diminishing resources. One respondent shared,

"Limited funding for infectious disease prevention results in fewer patient and seniors' organizations engaging in adult immunization promotion and advocacy, and fewer avenues for older adults to learn more about influenza vaccinations."

Government priorities also regularly shift as one respondent shared,

"Government priorities also regularly shift. A few years ago, the focus was on the health issues of children and youth, which meant that some seniors organizations had difficulty securing money for adult health promotion".

PHAC prioritization of noncommunicable diseases for the 2018-2019 year meant similar hardships were endured to secure funding for adult immunization for 2020. In 2018-2019, of the 26 funding programs made available through PHAC, only six focused on disease prevention.[26] Of these six, five provided funding for chronic disease surveillance and prevention with preference to projects that promote physical activity and reduce risk behaviours.

Limited funding for infectious disease prevention results in fewer patient and seniors' organizations engaging in adult immunization promotion and advocacy, and fewer avenues for older adults to learn more about influenza vaccinations.

8. Limited Capacity

Having to meet the demands for services, resources, and information on a constrained budget has meant that resources are often stretched thin within organizations. Respondents shared the difficulties of managing national organizations and executing activities with limited full-time staff. Civil society organizations all 'punch above their weight' with a small number of staff full-time, or a mix of part-time and full-time employees with support from volunteers. These constraints impact the nature of organizational priorities and limit both the quantity and diversity of projects.

Amidst these constraints adult immunization while viewed as important was perceived as complex and demanding expertise that extended beyond the capacity of some organizations. This was especially the case for organizations that focussed on knowledge dissemination or mobilization. Rather than viewing this as a limitation, respondents believed that this was an opportunity to partner with larger organizations and use their own tools and resources to complement the broader immunization promotion strategy.

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While barriers to improving influenza vaccination rates for those most at-risk exist many are not insurmountable with the drive and support of civil society organizations.

Emerging Roles of Civil Society Organizations

Collectively, civil society organizations (CSOs) have the potential to influence populations and improve uptake rates for influenza vaccination. These organizations have contributed in recent times to advances in preventive health awareness, care, resource allocation, research and outcomes. As infectious diseases continue to impact vulnerable groups disproportionately, the tools, resources and knowledge civil society organizations possess will become increasingly critical to protecting the health and wellbeing of at-risk populations and helping to influence and shape policy.

CSOs as Knowledge Builders

Organizations, agencies, and networks through their platforms and outreach play an important role in providing relevant and timely evidence to millions of citizens, and bridging the gap between awareness, science, policy and practice. Often times, relevant evidence exists but policy makers and citizens are unaware or unable to interpret or apply it to their own context.

Using the best available research, CSOs are able to guide both citizens and policy makers in their decision-making process and contribute to informed action. As an example, LHF developed a comprehensive educational resource on immunization to encourage patient understanding and awareness of the need for pneumococcal and influenza vaccinations. The resource is targeted to at-risk populations including older adults and those with underlying chronic diseases and aims to demystify vaccines for those who may be less familiar with the public health measure. In addition to facilitating learning of novel and unfamiliar topics, resources such as this galvanize cross-disciplinary and cross-sectoral dialogue through collaboration between subject matter experts, industry, education specialists and population cohorts.

Unfortunately, and despite the strength of such practices, governments rarely leverage the resources of CSOs and revert instead to a top-down approach for health promotion. Through their unique membership base and networks CSOs can convey knowledge to those populations that are not targeted in national campaigns but are nonetheless at-risk for VPDs.

CSOs as Community Mobilizers

Civil society organizations recognize that a 'one-size-fits-all' approach to raising population awareness does not work, and that content must be contextualized, so that it is accessible and made relevant for those that need it. To achieve this, organizations establish a dialogue with their target audience to help inform their messaging, format, and delivery of the evidence-informed content to ensure it will be received by the appropriate audiences. Through this process, organizations are able to learn from the lived experiences of patients and apply this to their advocacy work.

CSOs also have the capability and flexibility to reach isolated and marginalized populations through regional and community level partnerships. As mentioned previously, barriers to

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access is a considerable problem for adults in rural communities, marginalized groups, and individuals with limited access to information and communications technology. Respondents aware of these barriers spoke to the importance of mobilizing community leaders and local health service providers as trusted sources of information. In this way, CSOs are able to combat access barriers and leverage their resources to ensure at-risk populations, regardless of geographical location, and background receive important information.

Discussion

Despite the differences in mandates, the general consensus across the participating organizations was that a collaborative effort is needed to improve adult vaccination uptake. An encouraging note was that respondents, with their organizations representing millions of Canadians, were open to discussions of partnerships with like-minded stakeholders with the intent of putting forward reliable, unbiased, and useful information to their consumers.

Not only do these organizations have a large and distinct membership base, but they also possess unique expertise that when combined with that of other organizations have the potential to improve uptake rates. In their unique positions as trusted sources of information for many Canadian citizens, CSOs feel the responsibility to ensure those at-risk for influenza had the necessary information at their fingertips. Respondents further agreed that a collaborative effort was more likely to influence change than the fragmented efforts currently in place.

A National Strategy on Adult Immunization

The consensus that more concerted efforts would be needed to improve influenza uptake in at-risk populations could take the form of a national, civil society led, strategy on adult immunization. The strategy would require a series of open conversations among leaders of key patient, seniors and professional organizations on the barriers and motivators of including vaccination on their respective agendas.

It was agreed that a common agenda around a life course approach to vaccination would work alongside vaccination programs across Canada. This opportunity to learn from, collaborate with, and complement the efforts of other Canadian organizations could lead to a more cohesive immunization promotion strategy and improvements in both awareness and uptake of vaccines for at-risk populations.

Immunization Health Promotion Toolkit

Respondents also expressed the need for clear and consistent messaging across all knowledge translation platforms that are scientifically informed, PHAC aligned and accessible to at-risk populations. At present there exists a large yet uncoordinated community of potential allies committed to helping influence uptake rates for influenza vaccination in at-risk populations. These include:

- Patient associations whose members are at-risk of VPDs such as diabetes, heart, and lung associations as well as those who represent people who are immunocompromised

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- Seniors organizations in the field of healthy ageing whose outreach is to many millions of older people daily
- Professional associations with direct contact with those most at-risk including pharmacists, nurses, and primary care physicians
- Medical specialists (such as diabetologists) being a point of contact with older people and those with underlying conditions

An immunization promotion toolkit (French and English) would enable organizations to better work together to change conditions that affect the lives of their members. The development of such a toolkit would be informed by stakeholders with the scientific, and population-based knowledge to guide effective and impartial messaging that older adults and those with underlying chronic conditions can benefit from.

There is a need for health promotion efforts to be aligned and for messaging to be consistent across all organizations, so that everyone is "singing from the same song sheet." More importantly, such a strategy actively works against the spread of misinformation and myths; and allows for diverse but like-minded CSOs to promote the improvement of uptake rates of adult vaccination by connecting organizations with the information and support necessary.

Conclusion

"Bringing Canadian Patient Advocacy Organizations Together in the Fight Against Influenza" sought to better understand how Civil Society Organizations could be supported and encouraged to prioritize and promote the importance of adult influenza vaccination as part of the broader remit toward healthy ageing.

Inadequate and / or no funding, insufficient organizational capacity, and limited understanding of the impact of VPDs independently or collectively has prevented many organizations from being actively involved in adult influenza vaccination campaigns.

Prevention is an essential component of an effective public health system. Prevention measures such as vaccination programs that target individuals and populations aim to enhance health status and respond to health risks faced by older adults and those with underlying chronic diseases. Conversely, a lack of investment in prevention measures such as a comprehensive adult vaccination schedule can be directly related to life-altering consequences for older people, and those with chronic conditions.

Strengthening adult influenza vaccination public health policies and campaigns through supporting and scaling up efforts of civil society organizations to promote influenza vaccination also builds community actions necessary to facilitate change. They are invaluable influencers if positive change and with appropriate investment will be powerful drivers of healthy ageing in Canada.

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