

Episode 25 – Overcoming Barriers to Getting a Shot

With Dr. Lacey Cavanaugh

Diane (00:00):

Today, many folks are hesitant to receive a vaccine or perhaps just can't access one, but the reasons why vary. In Vax Matters, we're going to explore that specific topic.

Clay (00:19):

The question we're asking today, is why do so many people face barriers when it comes to getting a shot? And why do so many remain hesitant to get vaccines in the first place? The reasons may not be so obvious. Dr. Lacey Cavanaugh joins us to provide an expert's perspective. A Regional Medical Director for the Louisiana Department of Health, Dr. Cavanaugh, oversees the Office of Public Health's Region 5. Dr. Cavanaugh, it's so good to have you on the show today. How are you?

Dr. Cavanaugh (00:51):

Hi. I'm doing well. Thanks for having me.

Diane (00:54):

We're looking forward to a great conversation, uh, today, Dr. Cavanaugh, and I think what we want to do is to begin obviously at the beginning. Tell us about what some of the most common barriers might be to getting people vaccinated, Doctor.

Dr. Cavanaugh (01:10):

Well, I do think there are quite a number of them. Uh, one that we've heard a lot lately is that people are very busy. Specifically, this summer, folks are out and about and traveling and enjoying time, uh, that they haven't been able to do, um, for a few years. So I think that's, uh, one thing that a lot of folks mention. Another thing that we see a lot, at least where I'm at. I'm in Southwest Louisiana. We got hit by two major hurricanes over the last two years.

Dr. Cavanaugh (01:38):

And that has created a lot of work for folks in just fixing their homes and, um, dealing with their insurance companies. And so there are just a lot of competing priorities that people have. And I think, um, sometimes they, they feel too busy to stop and make time and to make health a priority. Um, especially with the, the state of the economy right now, um, people are also very busy working, sometimes working multiple jobs. And sometimes it can be difficult for people to get off of work in order to prioritize their health including getting vaccinated.

Dr. Cavanaugh (02:15):

Um, so, you know, those are all some. Um, I also sometimes hear of cost being a barrier. Not so much for COVID vaccine but sometimes for other vaccines, cost can be a real barrier. Um, some patients are afraid for various reasons. They cite safety concerns. Sometimes they're afraid of needles. Sometimes they're afraid of doctors. Um, and then we also are a pretty rural and remote area. And so a lot of people feel like access to a doctor's office or to a pharmacy is not easy 'cause they have to travel a long r- a long way. Or there's unreliable transportation, or there's a lack of primary care doctors. So, um, those are probably some of the most common ones I hear.

Clay (02:59):

So before we started the show today, there was probably about a 20-minute conversation in this room about needles and the fear thereof. And I won't get into all of the (laughs) details about it although it would be entertain-

Diane (03:14):

It was pretty graphic, Doctor.

Clay (03:15):

... it would be-

Diane (03:15):

It was really graphic.

Clay (03:16):

... entertaining to do so.

Diane (03:18):

Yeah.

Clay (03:18):

But, um, what about the fear of needles as one barrier people are facing and, and not getting vaccines or, or getting some of the various vaccines out there?

Dr. Cavanaugh (03:28):

Well, I'll just say it's, it's legitimate and it's real. And it's relatively common. It is actually an officially recognized medical condition.

Diane (03:37):

It is?

Dr. Cavanaugh (03:39):

Yes, in order, uh, you know, phobias are, are common. People have-

Diane (03:42):

Oh, my gosh.

Dr. Cavanaugh (03:43):

... phobias of all kinds of things. Needles are one of those, but people also are more commonly ... Um, you might hear about phobias of getting on a plane or a phobia of a certain type of bug. So, um, this is definitely real when, when folks have a phobia. I would encourage people to talk to their doctor, um, because there are quite a number of options, um, available for, for people who have a fear of needles.

Clay (04:07):

Okay. Let's talk through that. That's gonna help a lot of people listening.

Dr. Cavanaugh (04:11):

Sure. Um, well, I'll start by saying that some vaccines actually come in other forms beside from an actual shot. For example, um, flu vaccine can be given nasally, right? Rotavirus vaccine, uh, in children can be given orally. So there are other ways for some types of vaccines that, that people can receive it. So there may be an option depending on what vaccines a person might need. Um, another thing I'll say is that, you know, especially for kids who are afraid of, of getting a vaccine, um, seeing trusted adults in their family-

Diane (04:46):

Hmm.

Dr. Cavanaugh (04:46):

... or people that, that they trust, watching them can, can help to alleviate their fears when they realize that maybe it's not as, as bad as what they imagine. I mean, I've experienced this with my own children. You know, I have a, um, seven and a nine-year-old. And taking them to the, the doctor to get their shots, um, they were very, very upset and concerned.

Diane (05:08):

(laughs)

Dr. Cavanaugh (05:09):

And crying 'cause, you know, of course, they didn't want to but then-

Diane (05:11):

Right.

Dr. Cavanaugh (05:12):

... you know, they saw me get my flu shot. And they were like-

Diane (05:14):

Oh.

Dr. Cavanaugh (05:15):

... "Oh, it's not that big of a deal." Um, and actually now they're not afraid of, of vaccines at all after, you know, seeing me and my husband, um, receive vaccines-

Diane (05:24):

I have, I-

Dr. Cavanaugh (05:24):

... so, um ... Yeah, go ahead.

Diane (05:28):

No. I was just gonna, uh, Dr. Cavanaugh, one of my earliest memories of getting shots. Okay, this is gonna go back a ways 'cause I'm probably the oldest one in this entire room-

Clay (05:36):

(laughs)

Diane (05:36):

... probably on the entire podcast. But nonetheless, I remember when I was, uh, a tiny little girl, petite, cute little girl, I might add. I was in the hospital. I had gotten my tonsils out. And I remember, I mean, distinct memories as probably a five or six-year-old laying in the hospital bed. And a nurse walking past my little hospital window with a tray that had three shots on it.

Clay (06:00):

Yeah.

Diane (06:00):

And I remember consciously saying, "Oh, gosh. Who's gonna get those?" And she turned into my room, turned into my hospital room. And I was the one getting the three shots. I, I thought, you know, even as a child, it was just like a sheer terror.

Clay (06:16):

You thought Michael Myers had ducked into the room then.

Diane (06:18):

Oh, my gosh. Well, that was even before him.

Clay (06:19):

(laughs)

Diane (06:19):

You know, that was a long time ago but, you know, things ... My point being, things have changed a lot-

Clay (06:25):

Yep.

Diane (06:26):

... as from when I was, a little, little tiny, you know, petite young girl, uh, getting the, the three shots to where we are now. So much has changed. The, the understanding, the, you know, the adults going before you-

Clay (06:38):

Mm-hmm.

Diane (06:38):

... your family coming together. Your friends doing it, you know, you'd go all together to get your flu shot. Or people come to your place of work to give your shots. It's, it's a whole different conversation now. But I just kind of wanted to share that with you because that's my, that's my earliest memory of getting shots. The three on the tray that was supposed to walk past my window-

Clay (06:58):

Yeah.

Diane (06:58):

... but the nurse turned into my room, and they were for me. Not a very pleasant remembrance.

Clay (07:02):

Well, it's, it's interesting, Dr. Cavanaugh, that you say the fear of needles is a recognized phobia, which probably contributes to people not getting it. But do you believe that there are people who don't want it known that they have a fear and maybe they say they're worried about some of the impact of the virus when in, when in truth, it's really more about the fear of needles?

Dr. Cavanaugh (07:29):

Oh, yes. I absolutely think that, that can and probably does sometimes happen. But, you know, for folks who are afraid of needles and, you know, but who still, you know, feel compelled to receive vaccines, there are other things we can do, um, especially, you know, with, with adults. Um, a lot of times, just practicing deep breathing exercises if you're in the doctor's office. Sometimes if you're lying down, um, using distraction, you know, can sometimes help. Um, I've on occasion used even topical anesthetics, um-

Diane (08:03):

Oh, interesting.

Dr. Cavanaugh (08:04):

... you know, for, for people before they've received a vaccine like a, um, Lidocaine jelly or spray, um, which sometimes makes people feel more comfortable 'cause sometimes it's not the needle they're afraid of. But they're afraid that-

Diane (08:14):

Yes.

Dr. Cavanaugh (08:15):

... it's gonna hurt, right, the pain that comes with that and, uh, makes people feel better.

Diane (08:19):

I've never heard of that-

Dr. Cavanaugh (08:19):

You know, and-

Diane (08:20):

... option before. I've never heard of that, Doctor.

Dr. Cavanaugh (08:21):

Yeah.

Diane (08:21):

Wow.

Dr. Cavanaugh (08:22):

Um, I mean, we probably don't use it all that commonly across settings but definitely I have used it before, um, in conversations with patients. And, you know, the other thing is in severe cases, there are, there are even options for, you know, taking a dose of an antianxiety medicine-

Diane (08:38):

Hmm.

Dr. Cavanaugh (08:38):

... prior to receiving-

Diane (08:40):

Yeah.

Dr. Cavanaugh (08:40):

... prior to receiving a vaccine or a procedure. Um, we do that for a lot of other procedures and, uh, we do that even for people sometimes to be able to get on a plane if they have a phobia of flying, right? You hear that, um, sometimes they may take a little medication before, so that's also an option. I would just encourage people, don't let that be a barrier. Talk to your doctor because there are some different ways that we could try to make people feel more comfortable, so.

Diane (09:03):

And then after you get that shot, you get that cute little bandage with the smiley faces and you're so proud (laughs) of yourself that you've done it, Dr. Cavanaugh.

Dr. Cavanaugh (09:11):

(laughs) Yes, for sure. And, um, you know, uh, I will always say too, with my kids, uh, motivation-

Diane (09:18):

(laughs)

Dr. Cavanaugh (09:19):

... uh, you know-

Diane (09:22):

Yes.

Dr. Cavanaugh (09:22):
... is always helpful. So I'll-

Diane (09:22):
The smallest motivation.

Dr. Cavanaugh (09:22):
... offer them an ice cream like, "If you're good for your shots, I'll give you an ice cream." (laughs)

Diane (09:25):
I like it. (laughs)

Clay (09:27):
Well, what about, um, what about misinformation? I mean, there's, uh, we've done a number of these and had, and have had conversations with medical doctors and people who are around the medical profession. And there's so much information out there and not a lot of it is accurate. What, what impact is it having on people avoiding vaccinations?

Dr. Cavanaugh (09:47):
Well, I definitely think misinformation is, is huge and, you know, a lot of that comes from trusting sources that are not necessarily reliable when it comes to medical care, right? Um, so I think that's one of the things that we really try to do is, is to provide people with where you can get reliable sources of, of medical information. Um, and so a lot of times that includes talking with your own doctor, you know, if you have a family doctor. Or, or, um, a nurse practitioner or PA that you're familiar with, um, a nurse that you trust, a pharmacist that you trust.

Dr. Cavanaugh (10:25):
Um, so getting your medical information from medical sources within the community is important and not necessarily getting it from people that you don't know especially on social media. Um, I'll also say that, you know, someone is not just gonna trust you, um, especially if you're not listening to their concerns, so that's a conversation that I'll often have with providers in the community, you know? Um, many of our physicians, you know, will try to engage, um, in talking with patients about vaccines but don't necessarily fully listen to all of the concerns that they have 'cause we already sort of have our mind made up that the vaccine is helpful, right?

Dr. Cavanaugh (11:06):
And so, um, I think it's really important that we listen to people's concerns, um, and, you know, that, that trust is built over time. It doesn't happen in a day. It doesn't happen in a week. It doesn't necessarily happen in a one-time conversation, um, and so, you know, I, I really think that, um, providing reliable sources of information and building trust with people. And really listening to their concerns can help us to sort of combat some of this.

Diane (11:34):

And we've been talking about too, over the course of the, oh, forever it seems like, Dr. Cavanaugh, that everybody is just weary. Just weary of everything that's been going on and, and that, that things change that, that guidelines change. Information changes, so there, uh, constantly it seems like new questions that pop up that we want to address with our physician. And we've, on our podcast before, we've said, "There is no question too small, no question that's stupid. Just ask your doctor." That's what our health care professionals are there to do. To calm fears, to reassure and to make certain that we're going the, on the right I- line for us to know what we need to do for our own health.

Dr. Cavanaugh (12:18):

Absolutely. And, you know, it definitely hasn't, hasn't helped that guidelines in terms of who should be vaccinated and when and how often. You know, they've changed a lot as we've learned, you know, although it seems like we've been dealing, for example, with, with COVID forever, it's only three years old. And, and compare that to say the flu that is hundreds of years old. We've had hundreds of years to learn about, about it and about how it works. And how, you know, all of the science behind it.

Dr. Cavanaugh (12:51):

And we've only had a relatively short time in the grand scheme of things to learn about COVID. So it, it has changed rapidly and that's been, you know, sort of part of the, I think challenge in communicating why things change to people. Um, and it, you know, that's ongoing. Hopefully, I'm hopeful that, um, some of those changes will start to settle down now that, um, you know, we're a few years into this.

Clay (13:13):

You know, uh, one of the things that comes up in this discussion is, is and that's often left out actually, is people being able to get to the doctor. And if you live in an area like the Lake Charles or Baton Rouge or Shreveport where there's public transportation to get you there, I mean, that's one thing. But there are rural areas where people have difficulty getting to the doctor. And then there are people who are homebound. So w- why don't you speak to, Dr. Cavanaugh, the, the difficulty some people in our state are having even getting to see their physician?

Dr. Cavanaugh (13:47):

Well, I'll say that this, uh, a real challenge, especially in a lot of rural areas where there are not as much access, as you said, to transportation, um, and/or medical care. Uh, homebound is, is a little bit easier but as we've really put a lot of effort, um, with, with at least with COVID vaccines, um, into making sure that we meet people where they are. And if they're not able to come out and receive a vaccine at a vaccine site or at a pharmacy or a clinic or they can't get to their doctor's office, they can actually call our vaccine hotline. And we're able to hook them up with our team that goes out and, and is able to vaccinate people in their home. Um, although that's specific to, to COVID vaccines right now.

Diane (14:31):

Oh, okay. Mm-hmm.

Dr. Cavanaugh (14:31):

You know, having, uh, getting other vaccines for example, like a pneumonia vaccine in an elderly person who's homebound is a little bit more of a challenge. Um, I do know that, you know, in some

cases, home health agencies can be of assistance. Um, a lot of times those, uh, homebound folks even though they're homebound, they require medical care of some kind. Whether it be someone coming to, to the home or whether that be they go to the, they manage to find a way to go to their doctor's office, um, you know, once a quarter to receive their medicine refills and whatnot.

Dr. Cavanaugh (15:04):

And so, you know, using those few opportunities when they are out of the house to try to make sure that we update their vaccines at that point in time. That way, they don't have to make a special trip and go through this, you know, twice. Um, some people also rely on public transportation or medical transportation. Um, medical transportation is, is available, um, for a lot of citizens across the state. But I mean, it does come with, with barriers, which include, you know, having to schedule that appointment in advance.

Dr. Cavanaugh (15:33):

Um, sometimes it takes all day for the medical transportation to pick you up, bring you to the doctor's office. You know, it's, uh, it's quite a process. Um, but it is available, and it is a way that, that a lot of people, um, manage to make to their medical appointments and get vaccinated. And so medical transportation is available, um, to a degree for people who are, who are seeking vaccination services 'cause that is a medical service as well. Um, you know, in rural areas, th- that is definitely, um, hard.

Dr. Cavanaugh (16:03):

We, I, I'll tell you, our offices worked really hard to make sure that we have vaccine access in all of our, our parishes. Um, sometimes that's through partnerships with private providers and doctor's offices and pharmacies. Sometimes that's through our public health units. Um, sometimes we even do pop-up events where we offer a particular type of vaccine at fairs, festivals, um, places where people are already at. Um, actually we had some of our staff from our office who were just at the Watermelon Festival in Beauregard, um-

Diane (16:37):

I love it.

Dr. Cavanaugh (16:38):

... you know-

Diane (16:38):

Yes.

Dr. Cavanaugh (16:39):

... just, just here recently, um, offering vaccines. So, you know, I think, uh, sometimes in those rural areas, we, we have to go out and, um, meet people where, where they're already at, so.

Diane (16:52):

I, I know-

Dr. Cavanaugh (16:52):

And, uh-

Diane (16:53):

... I know that recently-

Dr. Cavanaugh (16:53):

Yeah.

Diane (16:53):

... I was at, uh, at an antique show over in Round Top, Texas. And one of the, you know, huge venues they have there, what do they have out in front? But they had people doing vaccinations. They, uh, that, at that, uh, point in time it was COVID vaccinations but again, what you were saying, "Meet the people where they are." And I know that here in, uh, East Baton Rouge, the East Baton Rouge, uh, Parish, Council on Aging, they do a fabulous job-

Clay (17:17):

Absolutely they do.

Diane (17:18):

... of meeting people where they are. And I'm, I'm going to just say this. I'm sure that if listeners this morning have any questions about vaccines or maybe being able s- somebody coming out to their house or getting transportation to doctors that they could call any one of our Council on Aging. And if they don't have the answer, they'll find it out for you.

Clay (17:40):

Yeah.

Diane (17:40):

They will find out what you need to know because it is, uh, they are a huge asset to our communities. I'm sure that Council on Agings across the state would be, Dr. Cavanaugh.

Dr. Cavanaugh (17:51):

Absolutely. And we work pretty closely with our Councils on Aging-

Diane (17:55):

Yes.

Dr. Cavanaugh (17:55):

... across this region as well, so absolutely. They're a wonderful resource. Um, and there are lots of, of great resources, you know, in, in our communities that can really help to direct folks as well.

Clay (18:06):

Well, to that point, uh, before Di's next question, you mentioned pop-up events that you do around the state. Is there any resource people should know about to find out if one's gonna be popping up near them?

Dr. Cavanaugh (18:19):

Well, I will say, people can call our vaccine hotline.

Clay (18:22):

Okay.

Dr. Cavanaugh (18:22):

And that can usually direct them if there's gonna be an event, uh, in their area. Um, but also, you know, I would also encourage, um, that if people, um, have not had access and there's, you know, a need, um, to have a pop-up event in their community. I mean, I know at least at our local level, our office would, uh, be very happy to hear about what that need is and, and see if we can meet it. And, you know, go out and provide a vaccine event if it's, especially if it's somewhere we haven't been, um, so.

Diane (18:54):

A- and, you know, missing work, that seems to likely be pretty high-

Clay (19:00):

Mm-hmm.

Diane (19:00):

... on that priority when you said that sometimes we don't, you (laughs) know, our own health care r-ranks down at the bottom. But some people, you know, you've got the hourly workers. You've got the day laborers, et cetera. They, Dr. Cavanaugh, they can't miss work. That more than likely is also a barrier to getting people vaccinated or at least getting them vaccinated in a timely manner.

Dr. Cavanaugh (19:22):

Absolutely. Um, that is a challenge. We definitely have tried to work closely with employers to encourage employers to allow time for people to go and get vaccinated. I think most employers recognize that if their workforce is healthy that they'll have, you know, better productivity. And that, um, you know, vaccination is one of the ways to stay healthy. So I think a lot of employers are probably supportive. But maybe don't necessarily realize, um, that, you know, they need to give an hour for this particular person off, so they can go and get their vaccine.

Dr. Cavanaugh (20:01):

So I mean, I would encourage people to talk to their employer and see if their employer might have a policy in place. I know a lot of people, um, do have policies in place that allow employees time off to, to go and seek medical care or, um, to be vaccinated. But also, I know at least here, we've worked with a lot of employers to actually bring vaccines, uh, to the workplace-

Diane (20:24):

Yes.

Dr. Cavanaugh (20:24):

... in order-

Diane (20:24):

Yes.

Dr. Cavanaugh (20:24):

... to try to mitigate-

Diane (20:25):

Yeah.

Dr. Cavanaugh (20:25):

... that. Um, and, you know, encourage, uh, vaccine events at, at employer's offices then for wellness, you know? Um, the other thing is, I do often see workers, especially those who may work in outdoor conditions or weather related. Um, you know, if you happen to work in, uh, say, uh, in a construction job and you get a rain day, um, you know, finding a site that has vaccines. Putting it on your to-do list and when a day comes that it rained and you can't work, you know, try to make it a priority for that day. If you kind of do the research before and sort of know who takes walk-ins so you don't have to worry about the appointments sc- scheduling barrier. Um, we do see that sometimes. Sometimes we get a lot of walk-ins, uh, for vaccines on rain days, so.

Clay (21:14):

That's interesting but what about single-employee or single-person businesses? A small business owner who doesn't have anyone who can fill in for, uh, he or she at their job or someone who likes, we have a lot of lawn companies out there that are just a couple people who are out doing the work. That could be a bit more difficult for them. What, what's your encouragement to them about not letting that be, uh, not letting that be a barrier?

Dr. Cavanaugh (21:41):

You know, I will say there are, um, probably a number of sites that would provide after hours or, uh, weekends, you know, vaccinations. Um, but, you know, i- it's definitely difficult and, and I understand that. But I also know that if it's that important for you to be up and functioning. And at work, you know, then that's even more important that, that person makes it a priority to get vaccinated because if you get COVID and you're sick. And you wind up in the hospital, you know, then you-

Clay (22:12):

Hmm.

Dr. Cavanaugh (22:13):

... might be off work for even a longer period of time-

Clay (22:16):

Right, right.

Diane (22:16):

Mm-hmm.

Dr. Cavanaugh (22:17):

... trying to recover. Or have long COVID and have r- have really difficulty sustaining operations at that point. So, you know, sometimes it is a little bit of a sacrifice to take an hour off and make it a priority when you feel like you have competing priorities. And you don't have time to do it but, um, at the same time, think about what happens if you choose not to 'cause you don't make it a priority. It could be even worse, so I just encourage folks to think about both sides of that coin.

Diane (22:42):

And another topic in the same discussion here about the cost, maybe the cost of some vaccines. Now we know the COVID-19, we know that, that's been free, you know, to everyone in the country. But what about some of the other vaccines? Some of them are, you know, are kind of pricey. You were talking, uh, just a moment ago about, uh, like the pneumonia vaccine or the shingles vaccine or what is it, the, uh, DTaP I think, that's another vaccine for, for adults. That can, that can be concerning for some families who are really on a tight budget. What are your thoughts on that, Doctor?

Dr. Cavanaugh (23:17):

Well, I would say absolutely cost has historically, um, been somewhat of an issue for some vaccines. However, the good news is that, um, when health-care reform happened a few years ago, vaccines are almost at this point in time universally covered on most people's insurance. Um, there may be some small charges in terms of like an administration charge to actually give the vaccine. But for the most part insurance companies are pretty good about covering a broad spectrum of vaccines now.

Dr. Cavanaugh (23:51):

So we've made a lot of progress with that, say over the last 10 years. But there are still, um, some people and/or groups that cost is and can be a barrier. Um, for children, the coverage for uninsured and underinsured vaccines is a little bit more broad than for adults. Um, one thing is, is health units across the state can actually provide low-cost vaccines for uninsured and underinsured people. Um, and, and there are, you know, barriers that come with that as well but, um, for the most part that, that is a resource for people. Um, for children though, in addition to being able to come to health units for low-cost vaccines, um, we also have a Vaccines for Children Program across the state-

Diane (24:39):

Hmm.

Dr. Cavanaugh (24:39):

... which our private provider's offices like pediatrician's offices, family doctor's offices, rural health clinics, um, FQHCs. And through this Vaccines for Children Program, the clinics can receive and give, um, vaccines for children that are at reduced cost. Um, there's also Shots for Tots, which also offers, uh, sort of a similar model. Um, so there, there definitely is access even for people who say, don't have insurance or if their insurance at this point is still not covering vaccines. So we've definitely come a long way there.

Clay (25:15):

Well, obviously here on, on this program and, and you there are, we're supportive of being vaccinated. And i- it's important to get us to the other side of what we're dealing with, with COVID. And I'd like you to speak to that for people who really want to get past all of what we're dealing with,

whether it's COVID or some other, uh, uh, uh, virus or disease or, or whatever. Being vaccinated gets, helps us get to the other side of this a bit faster, does it not?

Dr. Cavanaugh (25:46):

Um, absolutely. I mean, look back in history. Um, a hundred years ago infectious diseases were one of the leading causes of death in people.

Clay (25:59):

Mm-hmm.

Dr. Cavanaugh (26:00):

Um, and as vaccines started to become available for some of those leading infectious diseases, um, like measles and mumps, like, um, Haemophilus influenzae, you know, as we developed vaccines for some of these diseases, um, our life expectancy as a population increased dramatically over time. You know, most people I would say in our, um, current generation don't even remember a time when we had people dying due to infectious diseases, um, that are now pretty much eradicated.

Dr. Cavanaugh (26:36):

Uh, you know, until COVID, we didn't really have experience with that. Um, so I mean, historically, if we really look at, at vaccines they are one of, um, the things that, that really have changed our course, um, as a population in terms of allowing us to live longer, healthier lives, without all the complications of those infectious diseases that we once lived with and dealt with. Um, so, you know, vaccines historically have been extremely affective.

Dr. Cavanaugh (27:08):

You know, right now, um, it is sort of a difficult conversation to have about vaccines because people, you know, do have a lot of fears. And, um, you know, it's hard to encourage to pe- people to get vaccinated when they, they have concerns and, and, um ... So but I, but I just encourage people whenever I have this conversation with people, I always talk about the historical value of vaccines. And look how far we've come compared to say a hundred years ago.

Dr. Cavanaugh (27:39):

Um, and, you know, it, it is the path forward. It is how we keep ourselves healthy and the alternative, although sometimes we feel scared, the alternative, which is, you know, all of those infectious diseases that we've eradicated being present in our population and running around again. That, that is even a scarier picture than, to me than all of the uncertainty and un- unknowns that people bring up with, um, with vaccines.

Diane (28:05):

A- and I believe, Doctor, too, that sometimes, like a lot of times, we take our health for granted. We have taken the vaccines that we got as a child, that was routine. We take, you know, when we go as adults into our doctors, they look at our chart, "Oh, you need this vaccine. You need this or that, you know, just an upgrade. Or as you age, you need the shingles vaccine. This is what we have to do. Do two of them." And, and new things always coming out. And I think that I don't believe that we're lax to a degree, but I believe that we've done so well for so long that our world blew up with COVID.

Diane (28:39):

And now, when you hear the word vaccine, you don't necessarily think of all the other, of, of chickenpox and mumps and measles and the vaccines that are routine. Everybody thinks of COVID and it's just, i- it's been a challenging, challenging two or three years. And we all need to be on the forefront. We need to talk about, you know, there's, uh, about prevention versus treatment in this situation.

Dr. Cavanaugh (29:04):

Right. Absolutely and, you know, we've, um, gotten used to a medical system that really focuses on treatment, you know, that focuses on, "Go in whenever you're sick." But I think sometimes we miss how much value there is in not looking at things from a disease model of, how do we address this illness but how do we prevent it from occurring? How do we focus on wellness instead of-

Diane (29:30):

Mm-hmm.

Dr. Cavanaugh (29:30):

... disease as our-

Diane (29:31):

Yes.

Dr. Cavanaugh (29:31):

... center point?

Clay (29:33):

Wow. You know, I want to kind of put a bow on this, uh, because I know that you have had the opportunity to talk with patients and colleagues about this hesitancy that people have for getting the vaccine. Is there anything we didn't cover or any advice you would give to listeners to help them get to the other side of their fears?

Dr. Cavanaugh (29:53):

You know, I guess the last pieces of advice that I have for folks is, you know, talk to trusted people. Build trusting, trusted relationships with medical providers, you know, recognizing that, um, those conversations are going to happen over time. Being nonjudgmental, whatever side of the fence you're on, being nonjudgmental about, um, the other side and listening to, you know, people's concerns. Um, acknowledging that we don't know everything. But really looking carefully at what we do know.

Diane (30:27):

And we're all just trying to do what is best for ourselves, for our friends and fam- for our community.

Clay (30:33):

Right.

Diane (30:34):

We want our community to be safer and we need to do it one by one, Clay. We need to stand together and do it one by one so we can get as we've been talking about on, on previous podcasts, so we can get over the hill. So we can be on the downside-

Clay (30:47):

Mm-hmm.

Diane (30:48):

... of all this.

Clay (30:49):

That's right. That's right. Dr. Cavanaugh, thank you so much for all of the great work that you are doing and to all of your colleagues across the medical profession from you as a doctor to the nurses to the support staff at hospitals. I think we really, we really have a true understanding, more people do of how important you all are to the essential functioning of our country.

Dr. Cavanaugh (31:10):

Very much appreciate that. Thank you.

Diane (31:12):

Thank you, Dr. Cavanaugh, for being with us today.

Clay (31:14):

So great information today. We hope it was for you as well. We thank you for tuning in and we'll see you on the next episode of Vax Matters.