National Adult and Influenza Immunization Summit

SPOTLIGHT ON

Adult Immunization Disparities

Status Check

Childhood Immunization Disparities: Good News

> **"Eliminating the burden of racial and ethnic health disparities is not easy, but it can be done. For example, 20 years ago the Vaccines for Children (VFC) program was created to provide vaccines at no cost to eligible children. It is now one of our country's most successful public health initiatives. By removing cost barriers associated with vaccines, the VFC program has protected millions of children from diseases – both those who participated directly in the program and others – and has helped to virtually eliminate disparities in childhood vaccination rates."**
>
> CDC Director Thomas R. Frieden in *CDC Health Disparities and Inequalities Report, United States*, 2013[1]

Significant success has been achieved in reducing disparities in vaccination coverage for young children. The disparities in vaccination coverage have declined for childhood vaccines routinely recommended since 1995. Several vaccination disparities between racial/ethnic minorities and white children have been non-existent since 2007.[2]

Adult Immunization Disparities: Persisting, May Be Widening

However, disparities persist within adult immunization rates. And in some cases, such as with zoster and pertussis vaccination, new data suggest the differential in vaccination rates may be getting worse.

Racial/ethnic gaps in immunization coverage have been shown for seven major vaccines: Pneumococcal, hepatitis A, hepatitis B, herpes zoster (shingles), influenza, human papillomavirus (HPV) and the tetanus/pertussis/diphtheria vaccines. The recent 2013 data suggests these disparities may be getting worse for Tdap and herpes zoster vaccination.

Beyond racial and ethnic disparities, disparities also exist for other vulnerable populations, such as among persons who lack health insurance and people with disabilities. Regardless of the underlying cause, adult immunization disparities are systemic, avoidable, and unfair.[4]

This March 2015 fact sheet is an effort of the Provider Workgroup of the National Adult and Influenza Immunization Summit, with thanks to LJ Tan, Sonja Hutchins, Virginia Caine, Tamera Coyne-Beasley, Megan Lindley, Jennifer Heath, Annie Federowicz, Lydia Pan and Walter Williams. It does not constitute an endorsement from any of the organizations that participate in the Provider Workgroup or the NAIIS. For more information, go to www.izsummitpartners.org.

Key Facts about Adult Immunization Disparities

The Provider Workgroup of the NAIIS Has Identified Important Disparities [3, 5, 6]

Disparities Among Older People: Whites aged ≥60 years had higher shingles vaccination coverage (27.4%) compared with blacks (10.7%), Hispanics (9.5%), and Asians (22.6%). Disparities persist in the influenza and pneumococcal vaccination rates of this older population as well.

HPV Vaccination Disparities in Young Women: Among women aged 19–26 years are: Non-Hispanic blacks (30.6%), Hispanics (30.3%), and non-Hispanic Asians (19.8%) each had lower coverage compared with non-Hispanic whites (41.7%). Disparities in HPV vaccination coverage among young women is a different trend compared to HPV vaccination rates of teens. Among teens, the higher coverage among some racial/ethnic minorities and those living below poverty level might be partly attributable to the continued effectiveness of the Vaccines for Children program (VFC), which provides recommended vaccines at no cost to eligible children.

Disparities in Vaccination Rates of Healthcare Personnel: During 2005–2013, Tdap vaccination of health-care personnel (HCP) aged ≥19 years was 37.3%. White HCP had higher Tdap coverage (39.9%) compared with black HCP (32.2%) and Hispanic HCP (29.5%). Hispanic HCP has lower hepatitis b vaccination coverage (54.0%) compared with white HCP (62.9%).

Adult Immunization Disparities Associated with Lack of Health Insurance: Uninsured people have lower immunization rates than insured people. The Affordable Care Act holds the promise of eliminating lack of insurance as a barrier to immunization. By design, ACA will give the previously uninsured access to immunization services with no-out-of pocket costs to the patient. However, whether these newly-insured adults will indeed receive their recommended vaccines remains to be seen.

What Can Be Done to Reduce Adult Immunization Disparities?

There Is No Single Intervention

Rather than focusing on a single solution, there is a need for broad collaborative attention and efforts, sustained over time. The complex causes of health disparities must be addressed with the involvement of many individuals and organizations in a cross-disciplinary approach that leverages housing, transportation, education and employment.[4]

Immunization disparities, like other healthcare disparities, are rooted in the social determinants of health. According to the World Health Organization, the social determinants of health – the conditions in which persons are born, grow, live, work and age – are mostly responsible for health inequities.[7]

Know the Numbers

Improvement demands good surveillance. “Identifying disparities and monitoring them over time is a necessary first step toward the development and evaluation of evidence-based interventions that can reduce disparities.”[4]

Evidence-based Interventions

CDC Office of Minority Health states that the use of evidence-based interventions targeted at reaching minority populations, including the use of reminder/recall systems, standing orders for vaccination, regular assessments of vaccination coverage among provider practices, immunization registries, and improving public and provider awareness on the importance of vaccines for adults – are needed to eliminate these disparities. A recent study by Maurer et al notes that "routine offering of influenza vaccine to amenable patients in office-based settings has the potential to increase the uptake of influenza vaccine among all adults and cut racial and ethnic disparities by one half.[8]

The Promise of Healthcare Reform

As noted by Andrulis, et al: "Health care reform, as envisioned within the scope and sweep of the ACA, offers the greatest opportunity in at least a generation to improve health equity and reduce disparities. From reducing financial barriers to access and improving quality to its many race, ethnicity, and language-specific provisions, the new law directly targets longstanding, entrenched problems that have frustrated progress in improving patient outcomes and population health. If implementation achieves the intended objectives, this law will have a profound impact on reducing racial/ethnic health disparities for decades to come. At the same time, the ACA is not a "disparities panacea."[8]

Healthcare Providers Can Prompt Action

The reduction of adult immunization disparities is everyone's problem, but healthcare providers have a unique voice with the power to prompt action. They are positioned to collaborate with others on broad-based solutions, as well as find ways to reduce disparities within their own practice or clinic. The Provider Workgroup of the National Adult and Influenza Immunization Summit urges healthcare providers to increase their awareness about immunization disparities and promote solutions aimed at reducing these disparities.

Actions Healthcare Providers Can Take

- Perform standardized routine assessment, recommendation and offering of vaccines for ALL their adult patients.
- Find out what disparities may exist among their own patients. Assess baseline date on the immunization rates among patients in clinics, hospitals or other settings, and identify disparities that they want to reduce. Differential vaccination rates can exist across racial/ethnic groups, but also can exist across other categories, such as among the uninsured or persons with disabilities. A necessary step to reducing disparities in any setting is surveying and tracking differences in immunization rates, whether in a single practice, a healthcare system or on a state or national level.
- Become an energetic immunization champion, a common characteristic of successful immunization programs. Beyond every successful effort is passionate human leadership. When healthcare providers identify disparities in their community or state that they want to address, working with other like-minded persons is a good course of action.

- Carry out quality improvement projects as part of their "Maintenance of Certification" process or residency training. Taking on quality improvement projects aimed at reducing disparities in immunization rates is a concrete commitment to reducing disparities within the providers' sphere of influence.
- Build a diversified workforce of healthcare providers in their clinic, hospital or workplace.
- Target the newly insured patient for vaccination.
- Utilize patient education materials in foreign languages, when appropriate. The Adult Vaccination Resource Database (www.immunize.org/adult-vaccination/resources.asp) offers a searchable database with patient materials in 42 languages. For providers who seek to better target or customize the immunization advice they make to adult patients, here is more information: www.cdc.gov/vaccines/hcp/patient-ed/adults/index.html

It's everybody's problem! The NAIIS and other national collaborative groups can be a forum for continual problem solving discussion on this important issue. Collectively, adult immunization partners must look at evidence-based strategies at hand to reduce disparities, and prompt action in ourselves and in our communities to make a difference.

Related Projects and Resources

CDC Health Disparities and Inequalities Report – United States, 2013: www.cdc.gov/minorityhealth/CHDIReport.html

National Influenza Vaccination Disparities Partnership: www.cdc.gov/flu/partners/disparities.htm

The National Institute on Minority Health and Health Disparities (NIMHD) and National Vaccine Program Office (NVPO) projects to support community interventions targeting disparate immunization rates. http://grants.nih.gov/grants/guide/pa-files/PA-13-226.htm

2012 National Healthcare Quality Report discusses prevailing disparities as they relate to racial factors and socioeconomic factors in priority populations. www.ahrq.gov/research/findings/nhqrdr/nhqr12/highlights.html

Public Health and Faith Community Partnerships: Model Practices to Increase Influenza Prevention Among Hard-to-Reach Populations. From Emory University's Interfaith Health Program: www.interfaithhealth.emory.edu

The Center for Faith-based and Neighborhood Partnerships: www.hhs.gov/partnerships/index.html

REFERENCES

1 www.cdc.gov/mmwr/preview/mmwrhtml/su6203a1.htm
2 www.cdc.gov/mmwr/preview/mmwrhtml/su6203a1.htm
3 www.cdc.gov/mmwr/preview/mmwrhtml/mm6404a6.htm
4 www.cdc.gov/minorityhealth/CHDIReport.html
5 www.cdc.gov/mmwr/mmwr/preview/mmwrhtml/su6203a11.htm?s_cid=su6203a11_w
6 www.cdc.gov/mmWr/pdf/other/su6102.pdf#page=67
7 www.who.int/social_determinants/en/ http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a32.htm?s_cid=su6203a32_w
8 link.springer.com/article/10.1007/s11606-014-2965-z
9 www.jointcenter.org/sites/default/files/upload/research/files/Patient%20Protection%20and%20Affordable%20Care%20Act.pdf
10 www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards.html
11 www.thecommunityguide.org/vaccines/index.html

OTHER INFORMATION

www.cdc.gov/mmwr/preview/mmwrhtml/su6203a11.htm?s_cid=su6203a11_w

www.ncbi.nlm.nih.gov/pmc/articles/PMC3667118/pdf/1471-2458-13-388.pdf