Objectives

1. Collect challenges and construct solutions to the challenges associated with increasing vaccination rates.

2. Identify barriers and define solutions that promote equitable vaccine distribution.

3. Examine approaches to addressing vaccine hesitancy, differentiating among diverse patient populations.

Health Equity

- Assurance that all members of society have the opportunity for health – a sense of well-being and the ability to lead full, productive life-
  - Regardless of SES, race/ethnicity, gender, sexual orientation, geography, etc., or other social factors that might contribute to inequity.

Inequity

Systemic issues affect populations to create the conditions that lead to differences in exposures, risks & access; these are the social determinants of health.

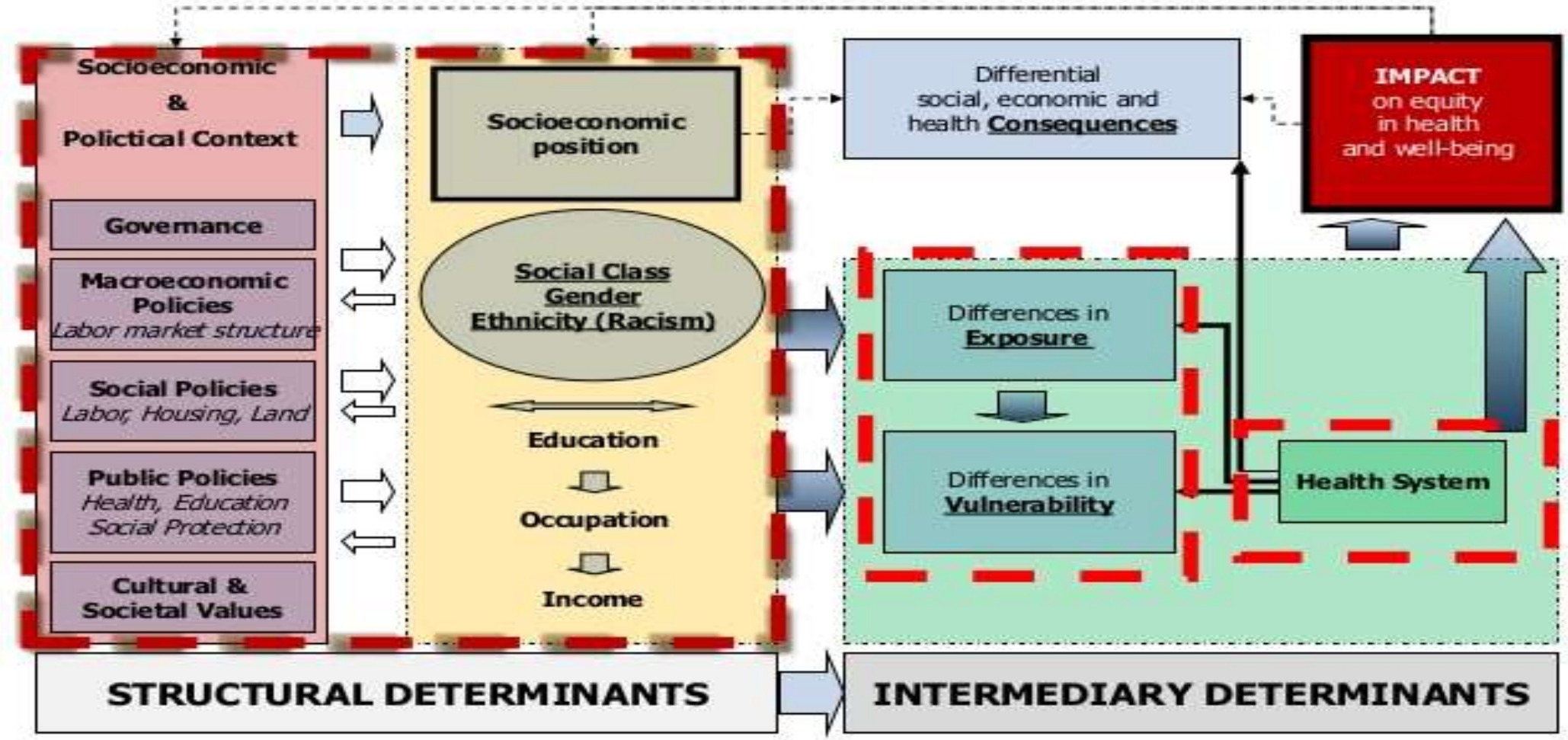
Inequity

According to the World Health Organization:

> Social determinants are “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.”

Social Determinants of Health Inequities

A Conceptual Framework for Action on the Social Determinants of Health, World Health Organization, 2010



COVID-19

What is collected affects what we know.

- CDC reports demographic characteristics for COVID-19 vaccination (race/ethnicity) on just over 55% of those who have received at least one dose of the vaccine;
- Only 47 states and Washington, DC report race/ethnicity data; differences in how states report their data.
- CDC is not currently reporting data by state
- Limited samples affect some groups such as American Indian and Alaska Native

- Difficult to identify some of contextual factors that are important to planning for equitable distribution.

https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/

Missouri

Missouri Data based on Kaiser Family Foundation Analysis

- African American/Black: 8% vaccinations, 25% of cases, 12% of deaths; 11% of the population;
- Hispanic: 5% vaccinations, 13% of cases, 2% of deaths; 4% of the population;
- Asian American: 3% vaccinations, 2% of cases, 1% of deaths; 2% of the population;
- White: 83% vaccinations, 54% of cases, 83% of deaths; 82% of the population.

Disparities in Adult Vaccination

- Vaccination coverage generally lower among adults without health insurance than those with health insurance.
  - Adult vaccination coverage differed by the type of health insurance (private vs. public except influenza & pneumococcal);
- Adults with a usual place for health care more likely to report vaccinations than those without a usual place for care (health insurance did not affect);
- Vaccination among U.S.-born adults was significantly higher than in foreign-born adults including influenza vaccination; large gaps in pneumonia and tetanus.
  - Recent immigrants are less likely to receive recommended vaccinations.

Lu P, Hung M, Srivastav A, et al. Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018. MMWR Surveill Summ 2021;70(No. SS-3):1–26. DOI: http://dx.doi.org/10.15585/mmwr.ss7003a1

Disparities in Adult Vaccination

- ≥1 physician contact during the preceding year has been associated with higher vaccination coverage.

- Black, Hispanic, and Asian adults had lower vaccination coverage than Whites for all vaccines routinely recommended for adults;
  - Differences for influenza, Tdap, and hepatitis B vaccination among HCP,
  - White HCP generally have higher vaccination coverage compared to Black & Hispanic HCP.

Disparities in Adult Vaccination

- Disparities based on socio-economic status are often observed, but can be influenced based on how it is measured.

- Studies have noted urban/rural differences in influenza and hepatitis B immunization.
  - Studies often tie rural disparities to socioeconomic status
  - Racial and ethnic disparities exist in rural areas just as they do in urban areas

Equitable Distribution of Vaccines Requires Equitable Access to Societal Resources

Strategies to Achieve Equity

- Consistent implementation of the Standards by medical specialty providers.
- Enhancing provider access to IIS could help improve vaccination coverage because IIS can provide consolidated immunization histories for use by a vaccination provider in determining appropriate client vaccinations.
- History and data suggest that these and the EMR system will not eliminate disparities.

Strategies to Achieve Equity

- Geographic access to services affect rural, urban, low income, and racial/ethnic/immigrant communities, but likely have different solutions.
  - Creative solutions might suggest mobile vaccination vans that operate based on the best available EMR and IIS data on patients & use schools, churches, etc.
  - Increased use of pharmacies, community health nurses,etc. to distribute and record vaccination.
  - Community health workers to provide education on vaccine safety and resources.
- Employment & income, health insurance & insurance type matter in urban and rural areas.
  - Increased access to health insurance, standards for insurance coverage of adult vaccines, or universal coverage of all recommended vaccines.
- Older patients who knew that Medicare covered the costs were more likely to be vaccinated.

Thomas, T. L., DiClemente, R., & Snell, S. (2014). Overcoming the triad of rural health disparities: How local culture, lack of economic opportunity, and geographic location instigate health disparities. *Health education journal*, *73*(3), 285-294.

Van Amburgh, J. A., Waite, N. M., Hobson, E. H., & Migden, H. (2001). Improved influenza vaccination rates in a rural population as a result of a pharmacist-managed immunization campaign. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, *21*(9), 1115-1122).

Enhanced Culturally & Linguistically Appropriate Standards (CLAS)

- 15 Standards that instruct individuals and organizations on how to implement & maintain culturally and linguistically appropriate services.

- All 15 Standards are necessary to advance health equity, improve quality, and help eliminate health care disparities.

CLAS Standards

The Principal Standard

Provide Effective, Equitable, Understandable & Respectful Quality Care & Services

Standard 1 is the principal standard because the ultimate aim in adopting the remaining Standards (2- 15) is to achieve Standard 1.

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (2012)

- Principal Standard
- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability