

**Centers for Disease Control and Prevention**  
National Center for Immunization and Respiratory Diseases



# **Rural Vaccination Disparities Update & Partner Successes**

**National Adult and Influenza Immunization Summit**  
**November 14, 2024**

**Julie Zajac, MPH**

Immunization Services Division

National Center for Immunization and Respiratory Diseases

# Agenda

- CDC Rural Health Initiatives & Partnerships
- Rural Adult Vaccination Coverage Disparities
- Factors Affecting the Rural Immunization Landscape
- What can be done?
- National Rural Health Day – November 21, 2024
- EXCITE Project Overview
- EXCITE – University of Idaho Extension – Poverty-Informed Approach



# CDC Rural Health Initiatives & Partnerships

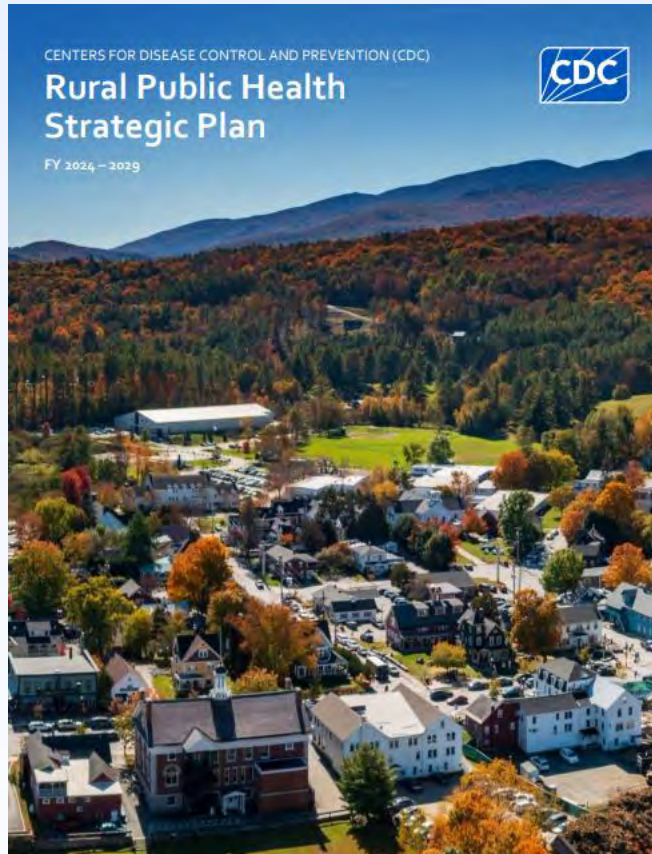
# CDC Office of Rural Health Report: 5 Leading Causes of Death



[Preventable Premature Deaths from the Five Leading Causes of Death in Nonmetropolitan and Metropolitan Counties, United States, 2010–2022](#) (MMWR, May 2024)



# CDC's Rural Public Health Strategic Plan



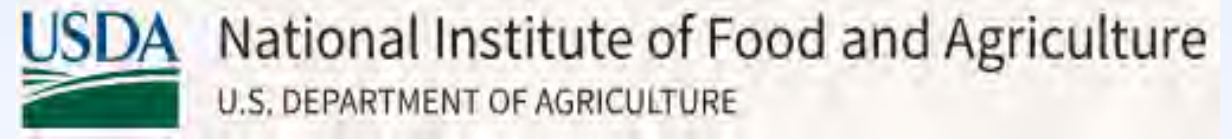
# National Partners Addressing Rural Health



**Federal Office on Rural Health  
Policy (FORHP)**



**CDC Office of Rural Health**



**USDA Rural Development Centers  
Address Rural Health**



**National Organization of State  
Offices of Rural Health**



**National Association of  
Rural Health Clinics**



**National Rural Health  
Association**

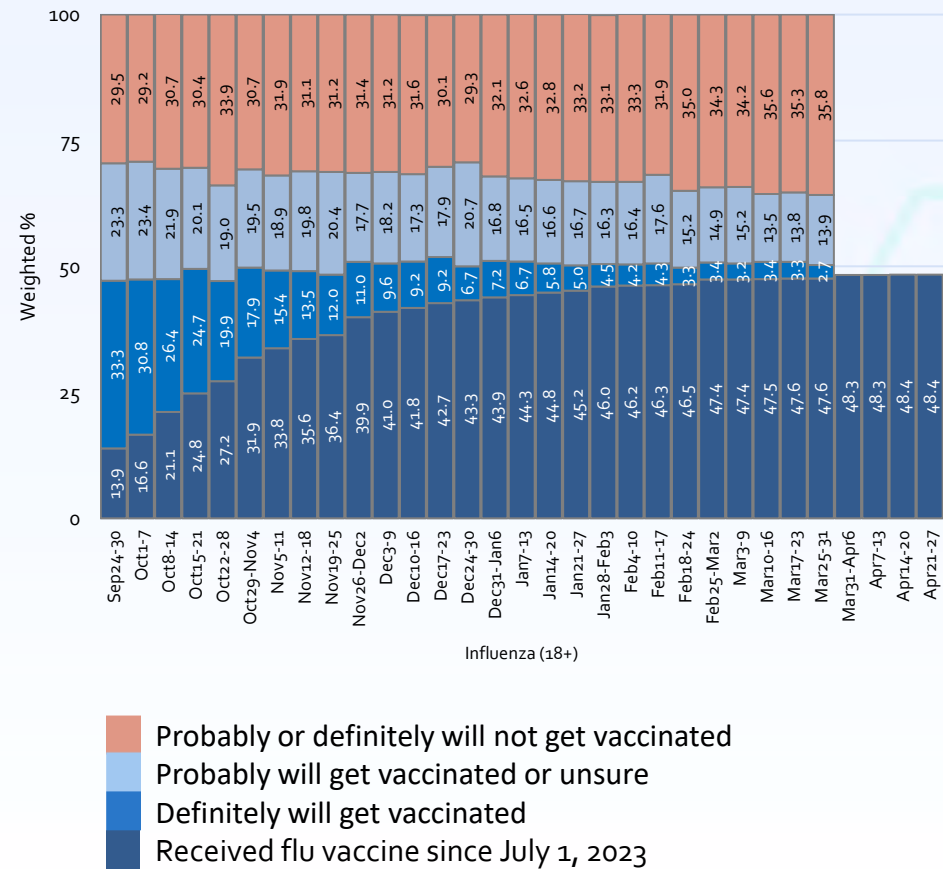


**Extension Collaborative on  
Immunization Teaching and  
Engagement**

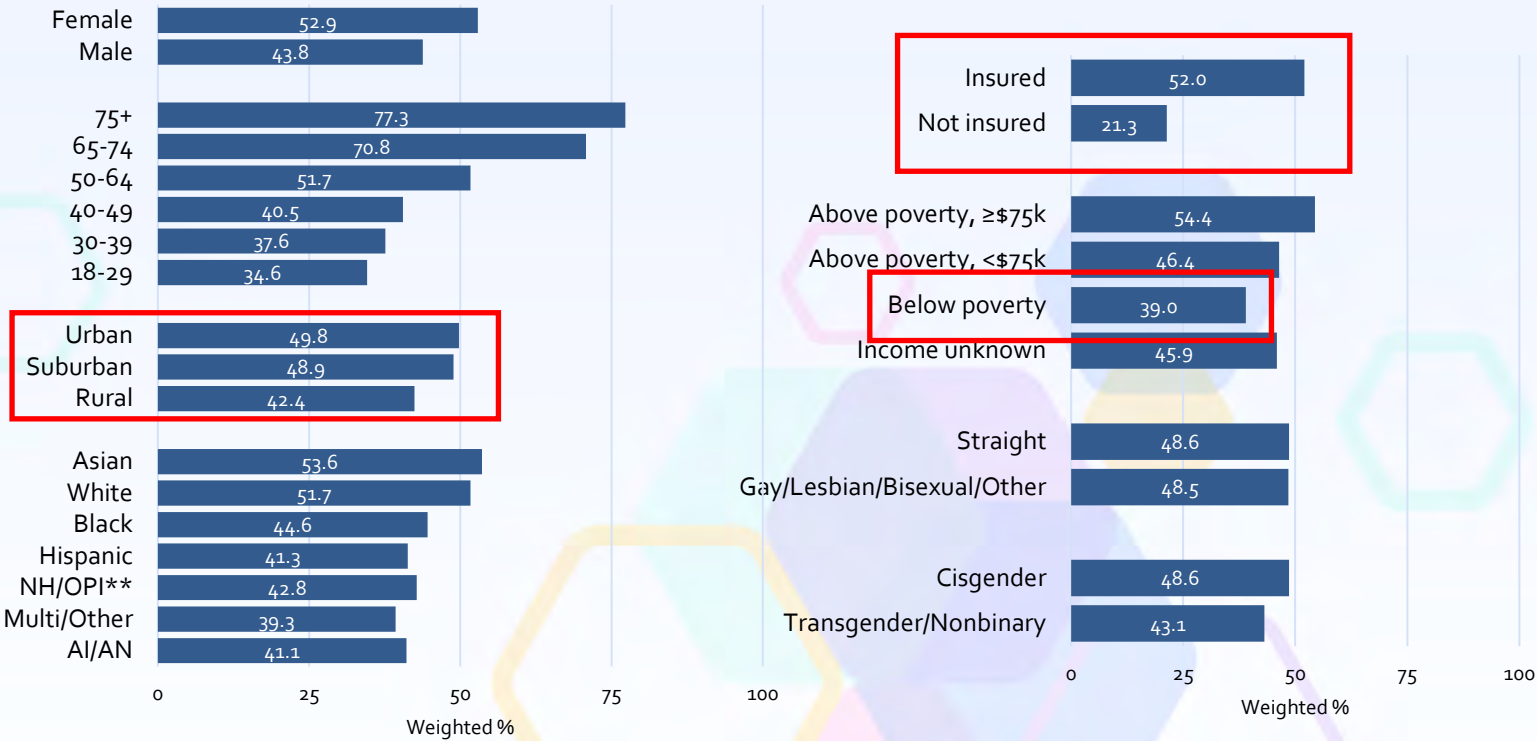
# Rural Adult Vaccination Coverage

# Flu Vaccination Status and Intent Among Adults ≥18 Years of Age, NIS-ACM (April 2024)

Weekly Flu Vaccination Status and Intent\* Among Adults Age ≥18 Years, NIS-ACM (n = 414,307)



Flu Vaccination Status Among Adults Age ≥18 Years by Demographics, NIS-ACM, Through April 27, 2024



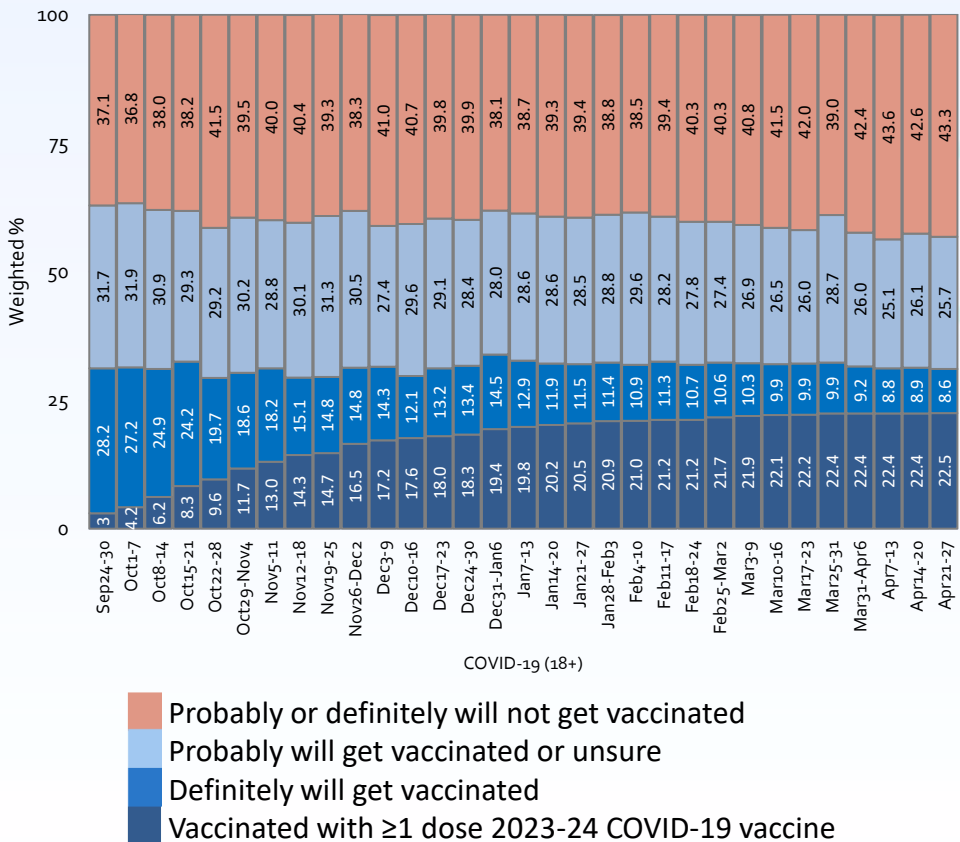
\*\*Due to small sample size results should be interpreted with caution.  
AI/AN: American Indian or Alaska Native; NH/OPI: Native Hawaiian or Other Pacific Islander.

\*Vaccination intent not available after March 2024.

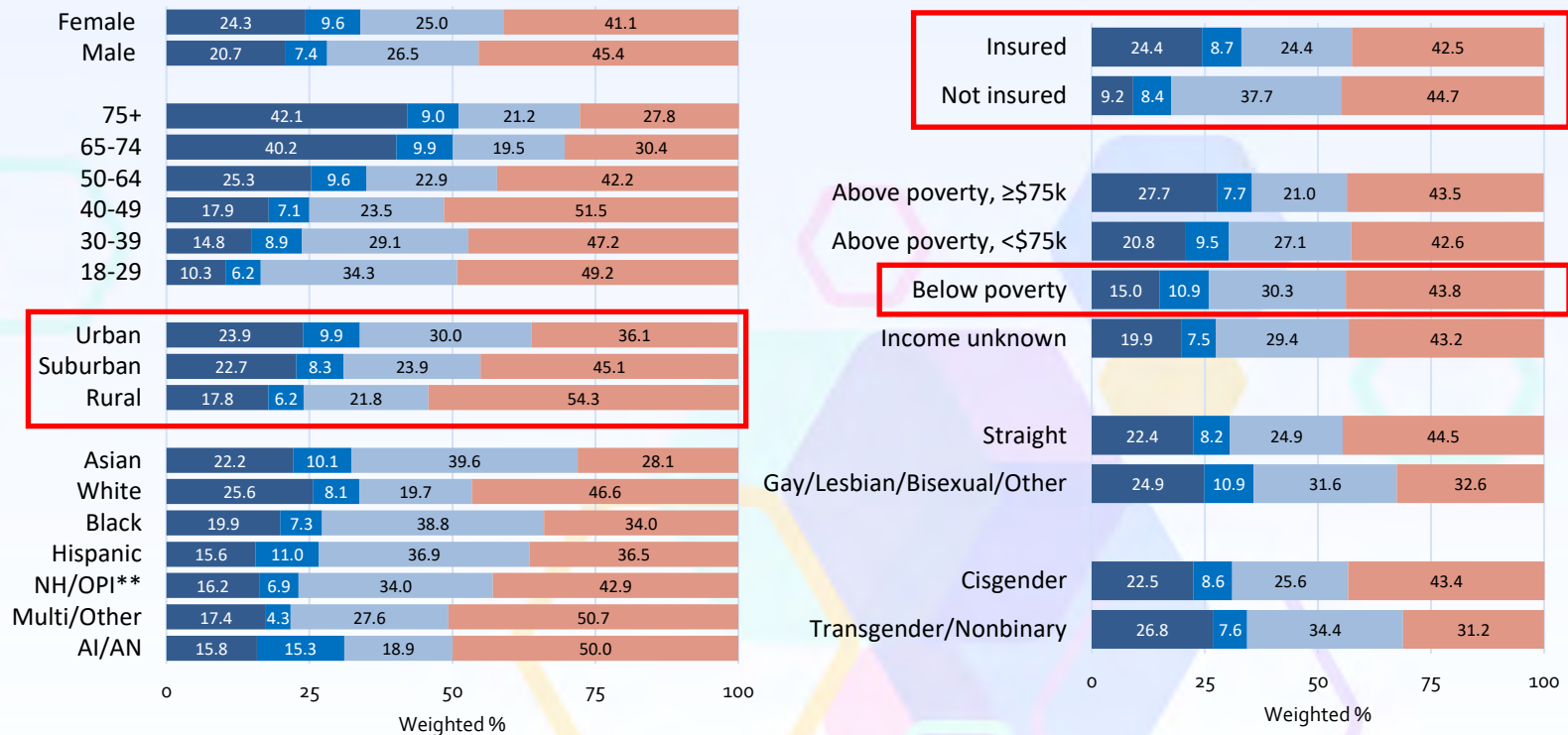


# COVID-19 Vaccination Status and Intent Among Adults ≥18 Years of Age, NIS-ACM (April 2024)

Weekly COVID-19 Vaccination Status and Intent Among Adults Age ≥18 Years, NIS-ACM (n = 414,023)



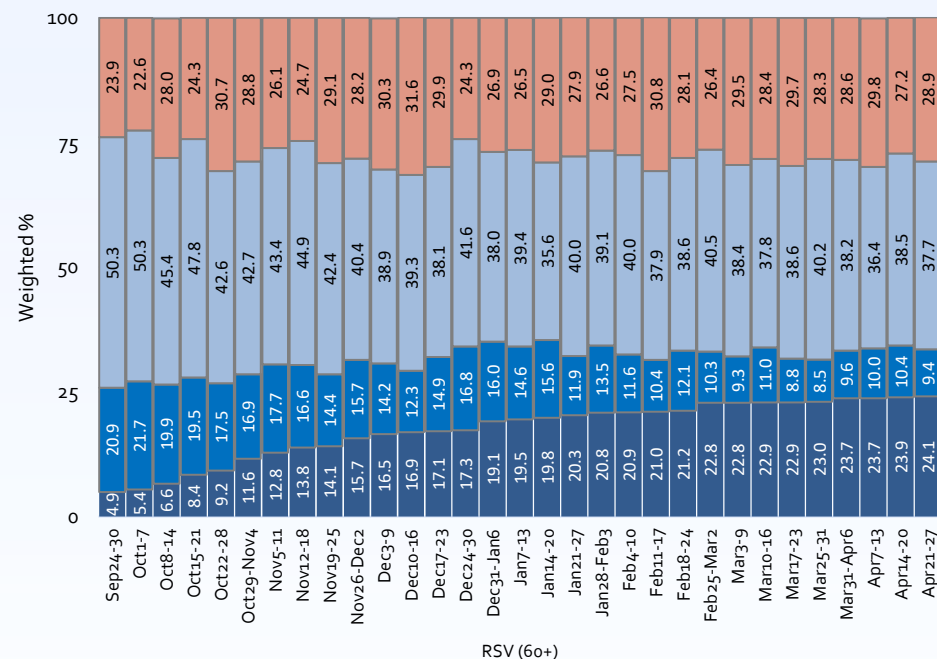
COVID-19 Vaccination Status and Intent Among Adults Age ≥18 Years by Demographics, NIS-ACM, April 21-27, 2024 (n = 12,868)



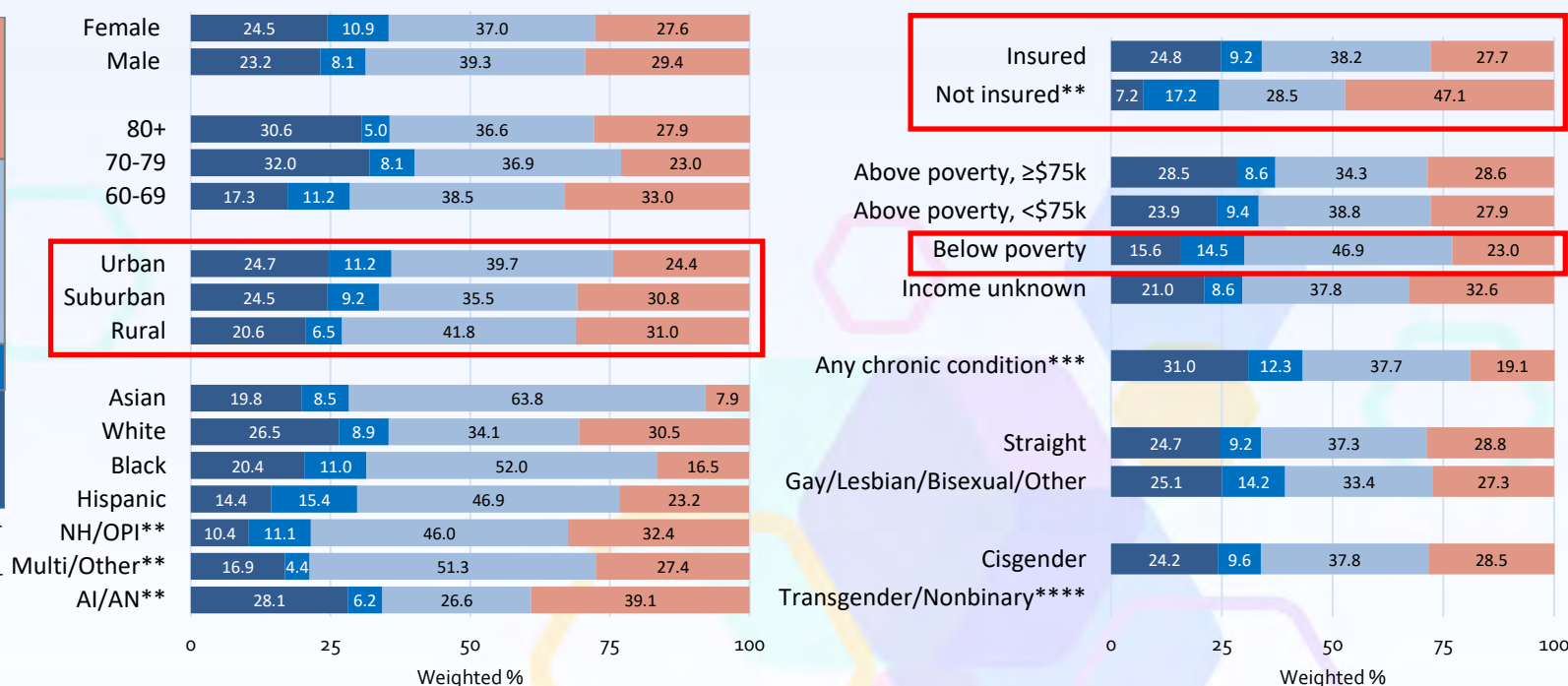
\*\*Due to small sample size results should be interpreted with caution.  
AI/AN: American Indian or Alaska Native; NH/OPI: Native Hawaiian or Other Pacific Islander.

# RSV Vaccination Status and Intent Among Adults ≥60 Years of Age, NIS-ACM (April 2024)

Weekly RSV Vaccination Status and Intent Among Adults Age ≥60 Years, NIS-ACM (n = 156,279)



RSV Vaccination Status and Intent Among Adults Age ≥60 Years by Demographics, NIS-ACM, April 21-27, 2024 (n = 4,822)



\*\*Due to small sample size results should be interpreted with caution.

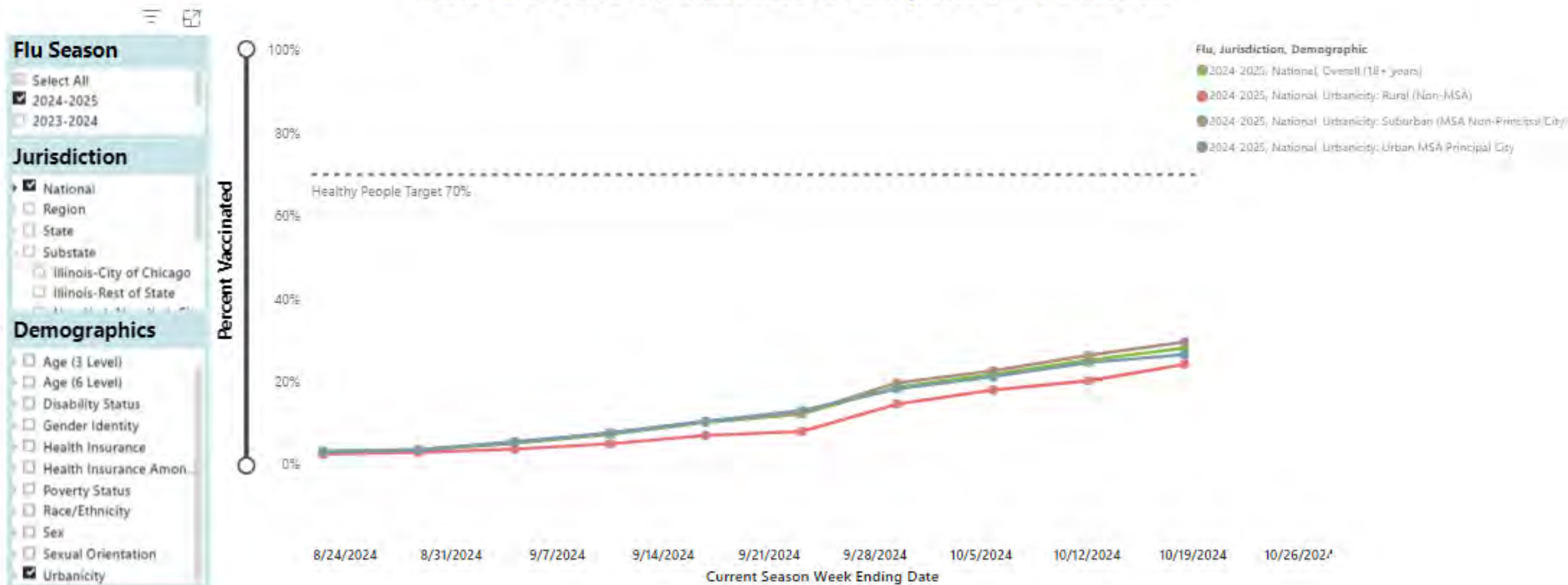
AI/AN: American Indian or Alaska Native; NH/OPI: Native Hawaiian or Other Pacific Islander.

\*\*\*Any of the following chronic conditions: liver disease, kidney disease, diabetes, heart conditions, chronic lung disease, weakened immune system.

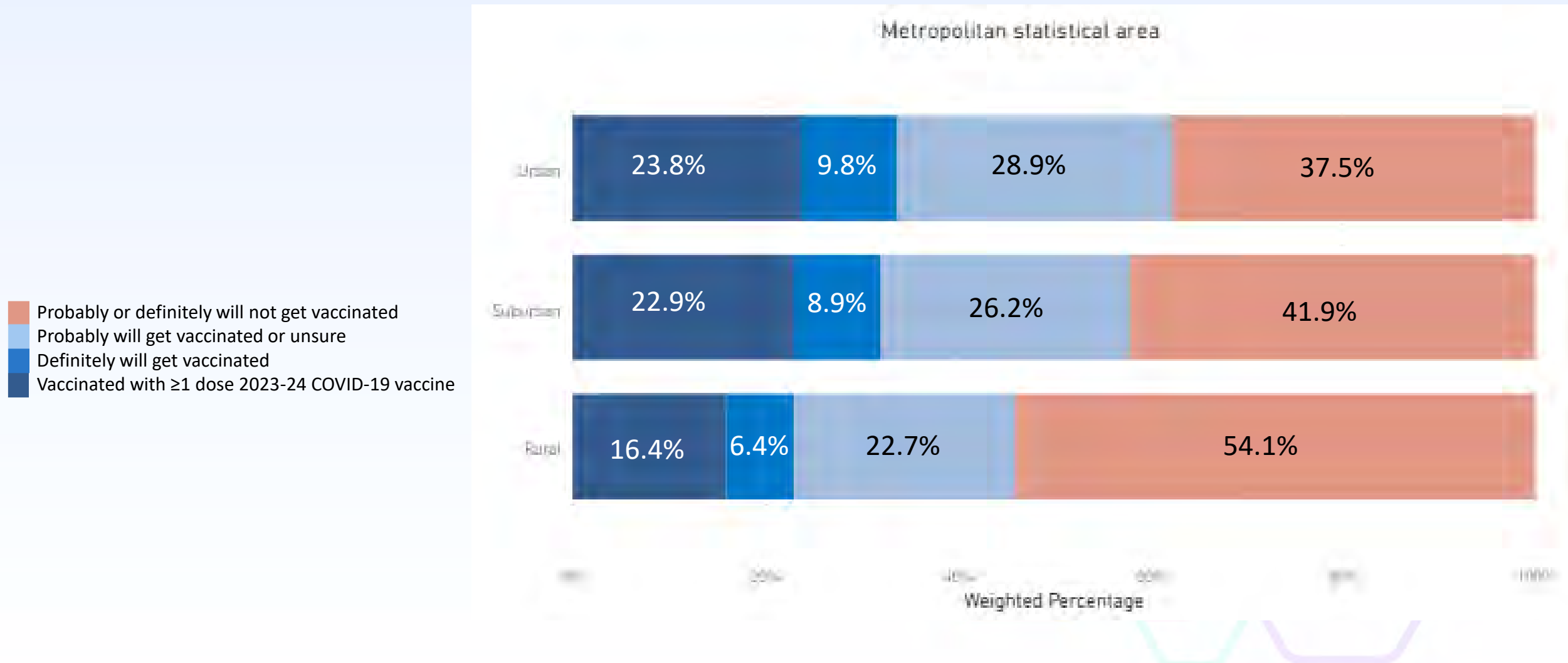
\*\*\*\*Categories with <30 respondents suppressed.

**Figure 4A. Influenza Vaccination Coverage, Overall by Selected Demographics, 2024-25 and Jurisdiction, Among Adults 18 Years and Older <sup>\*,†,‡,§,±</sup>**

**Data Source: National Immunization Survey–Adult COVID Module**

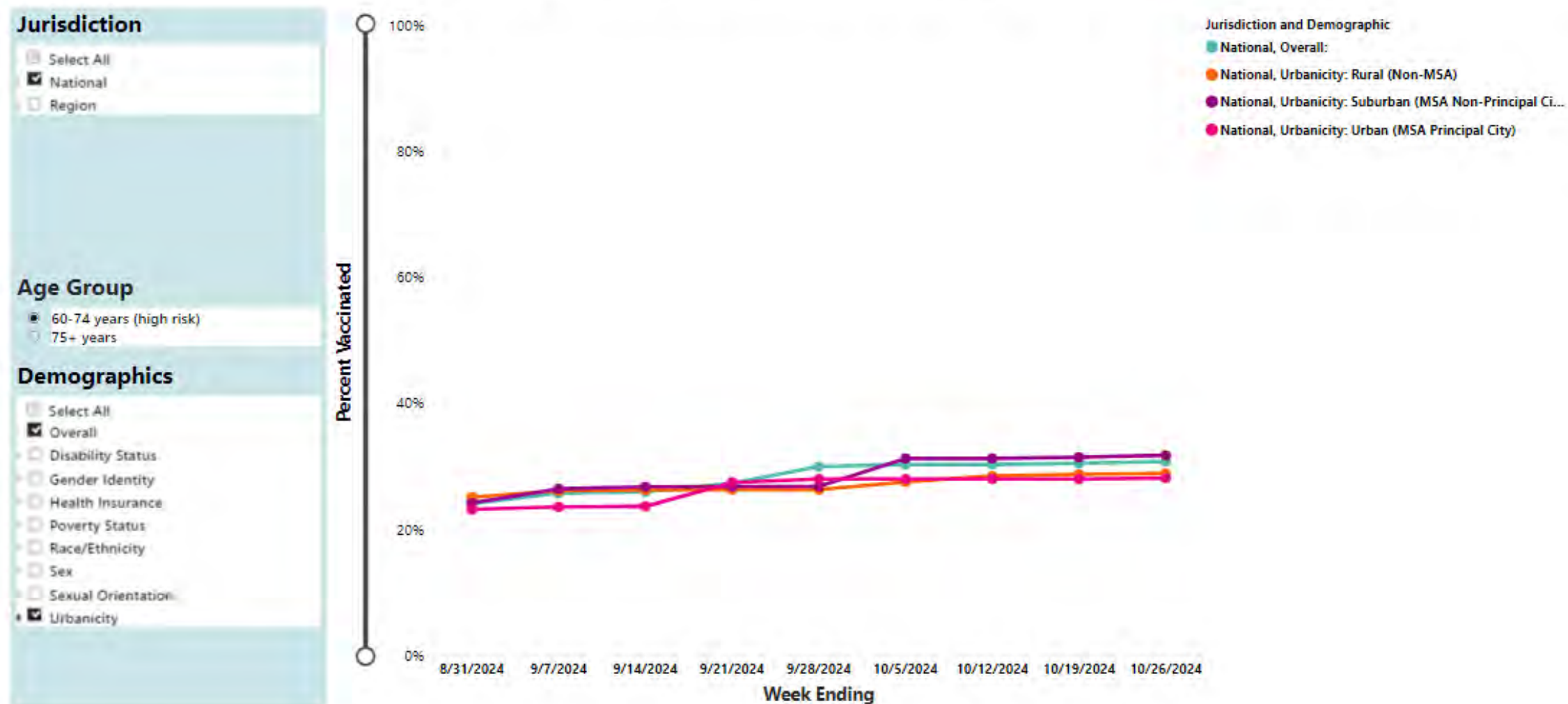


# COVID-19 Vaccination Status and Intent Among Adults $\geq 18$ Years of Age, NIS-ACM (July 2024)





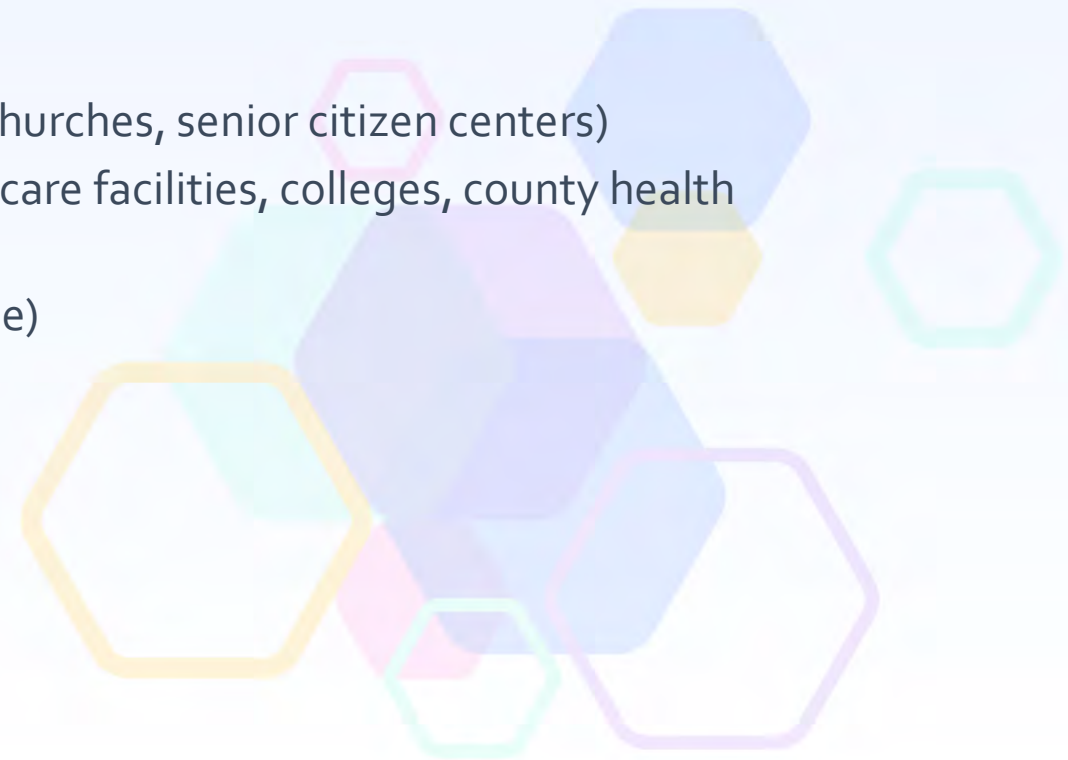
**Figure 1A. Cumulative Percentage of Adults 75 Years and Older and Adults 60–74 Years with High-Risk Conditions Ever Vaccinated with RSV Vaccine, 2024–2025<sup>\*,†,‡,§,^</sup>**  
**Data Source: National Immunization Survey–Adult COVID Module**



# Understanding the Rural Adult Immunization Landscape

# February 2023 Rural Adult Immunization Listening Session

- Purpose: Obtain insights of rural health subject matter experts (SMEs) from different sectors about promising practices or successes that will inform pilot demonstrations in rural settings.
- Participants: 36 SMEs representing rural health care, public health, academics, and community leaders.
- Effective Strategies Identified
  - Use of trusted messengers
  - Public speaking engagements/Open forums (local civic clubs, churches, senior citizen centers)
  - Meeting people where they are (churches, job sites, long-term care facilities, colleges, county health departments, bars/restaurants)
  - Incorporate whole-person health (i.e., don't offer vaccines alone)
  - Frequent touchpoints
  - Ensure privacy or anonymity
  - Provider education on vaccines and confidence messaging
  - Mobile health clinics
  - Partner with pharmacists



# CDC State of Vaccine Confidence (SoVC) Report: Special Rural Edition

- Started during the COVID-19 Response, the SoVC Insights Report identifies major themes influencing general vaccine confidence and uptake.
  - Report methods include social media mining and categorization of themes
  - Includes actionable strategies to address issues
- CDC's special report focused on vaccination in rural America was released in September 2023.





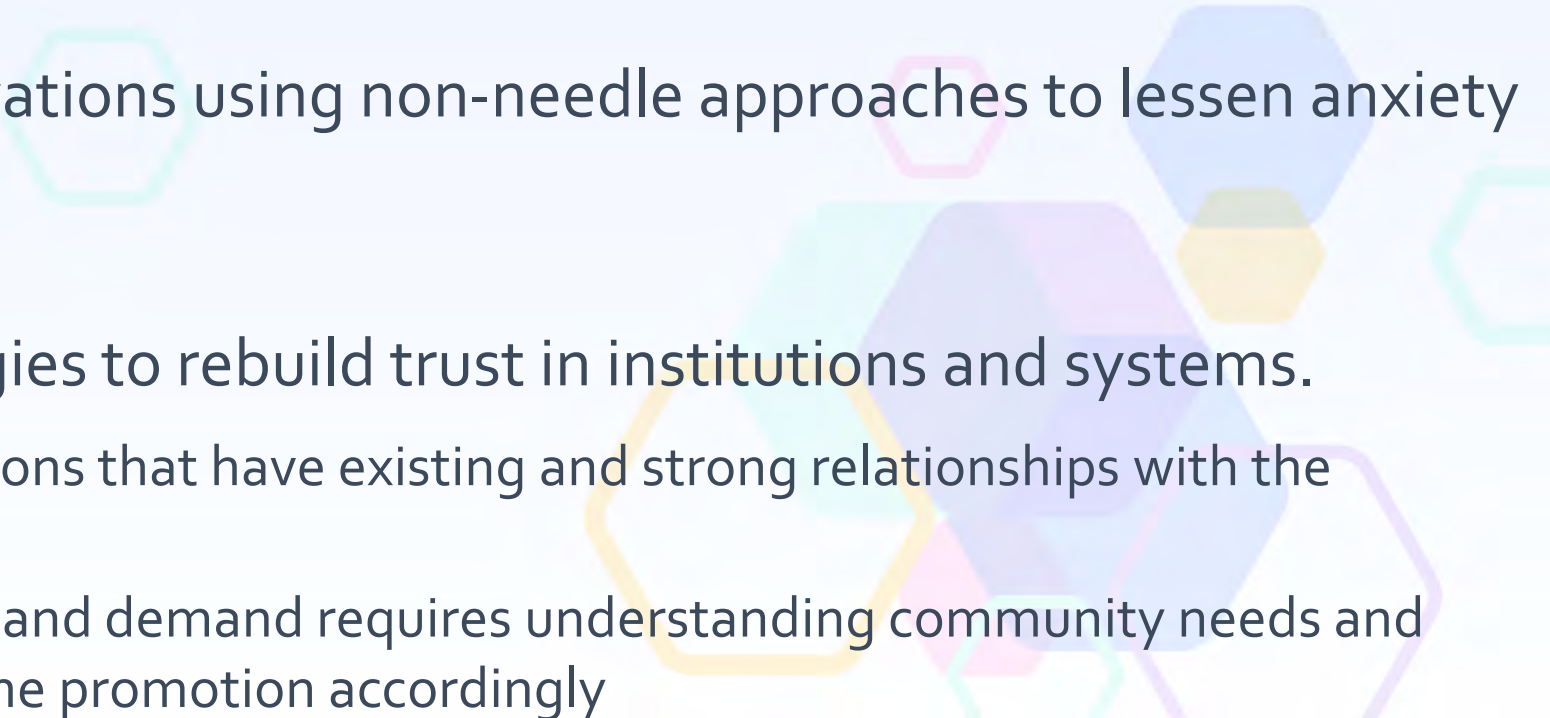
# CDC's State of Vaccine Confidence Insights Report: Vaccination in Rural America Special Report Themes

Residents in rural areas of the U.S. are **more concerned about safety, long-term side effects, effectiveness, and necessity of vaccines** than residents in urban areas.

Rural communities reported **lower levels of vaccine access and vaccine confidence** than suburban and urban communities.

Lower vaccine uptake in rural areas may be due to the lack of government trust and politicization of science. However, **community outreach and utilizing trusted messengers can and has increased vaccine confidence** in rural America.

# What can be done?

- Rural health care providers are trusted messengers—delivery of strong and persistent recommendations on vaccination for patients and families is key.
    - Vaccines promoted as part of a broader “whole person” approach to health opposed to narrow focus on vaccination alone
  - Vaccine technology innovations using non-needle approaches to lessen anxiety and fear.
  - Employ long-term strategies to rebuild trust in institutions and systems.
    - Partnerships with organizations that have existing and strong relationships with the community
    - Building vaccine confidence and demand requires understanding community needs and concerns and tailoring vaccine promotion accordingly
- 

# National Rural Health Day

Celebrating the **Power of Rural!**®



**THURSDAY, NOVEMBER 21, 2024**

[Promotional Toolkit 2024](#)

*Over to our EXCITE partners...*

Michelle Rogers, PhD, EXCITE Program Director

Lindsey McConnell-Soong, Program Manager,  
Idaho's Well Connected Communities Initiative,  
EXCITE Program



# Just the Facts

## **E.X.C.I.T.E.** Extension Collaborative on Immunization Teaching and Engagement

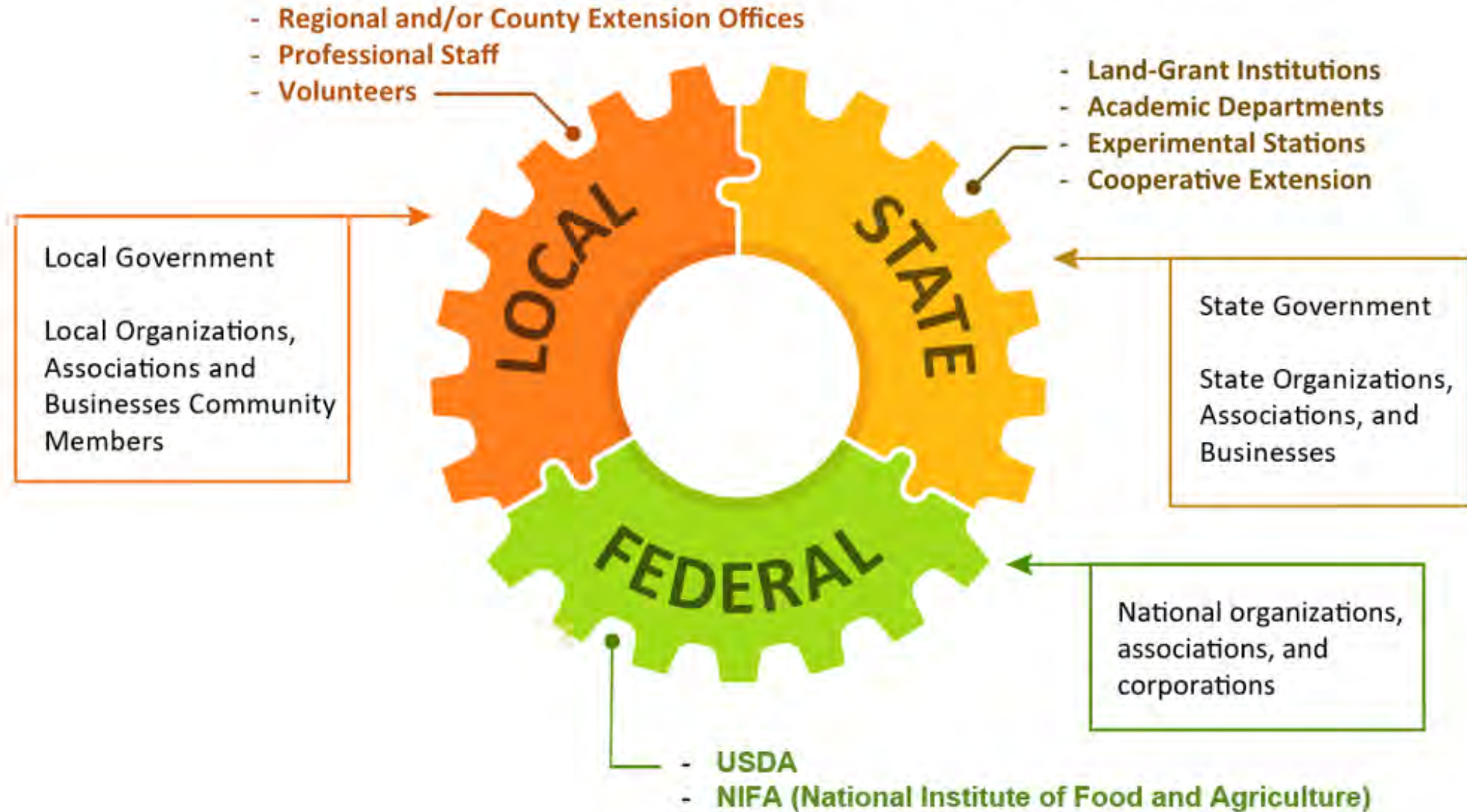
- Interagency Agreement CDC and USDA
- USDA subcontracts to the Extension Foundation for the Cooperative Extension System
- **Focus:** COVID-19 and Adult Immunization Education
- **Goal:** Reduce vaccine hesitancy in medically underserved & rural communities.



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# What is Cooperative Extension?





## Parish

## “First Land Grants”

■ 1994: 35

## Tribal Colleges and Universities

~3,000 County  
Offices

Extension Collaborative on  
Immunization Teaching & Engagemen

# Cooperative Extension: Trusted Community Messengers

- The partnership was formed in spring 2021, early in COVID-19 vaccine rollout.
- Mis- and disinformation about the COVID-19 vaccine was pervasive.
- Trusted messengers at local levels were needed to deliver credible, science-based information about the vaccine to build confidence and demand.



University of Illinois Extension director Jody Johnson (right) exchanges contact information with Lee Wright (left) and son Roman Wright. The extension's office in southern Illinois has launched a vaccination education program that aims to reach this storied city; Johnson knows listening to locals will be key.

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### **EXCITE 3**

Adult immunization education at the local level and directed to identified rural and medically-underserved communities and improve confidence in the COVID-19 Vaccine in their Land Grant University.

### **Bridge Funding**

Expands the existing immunization education scope of work by adding a special focus to provide adult immunization education as part of EFNEP and social media campaigns.

### **20 New Immunization Educators**

Establish a sustainable model for integrating vaccine education across program areas as a core part of Cooperative Extension's ongoing outreach.

### **New Partners**

Immunization Education partnership of National Rural Health Association (NRHA) and Cooperative Extension Service (CES)

### **Adult Immunization Education Integration & Awareness**

**Education:** Integration of adult vaccine education into existing/promising CES programs across all program areas.

**Awareness:** Creation of adult vaccine messaging that may be used in any CES programs and events.

### **H5N1**

Education program focused on Cooperative Extension Dairy Agents and Dairy producers to understand and manage the health risk of H5N1.



**23,445,516** • Reach



**179,954** • Engagement Activities



**1,109** • Vaccination Clinics



**48,909** • Immunizations





# GETTING TO THE HEART AND MIND OF THE MATTER:

A Toolkit to Build Confidence as a Trusted Messenger  
of Health Information

Edition 3 – 2023

## Training Components:

- Science Media Literacy
- Motivational Interviewing
- Neuromarketing



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UNIVERSITY



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**LINDSEY MCCONNELL-SOONG, PROGRAM MANAGER**

**TASHA HOWARD, PI**

**JOEY PEUTZ**



If Not Me, Then Who? Poverty Competency Training for  
Idaho's Health Districts  
2023-2024











## Get the Tdap Vaccine

Adults can pass Pertussis (Whooping Cough) to infants.  
Babies under 1 year are at highest risk for hospitalization or death.  
**Adult boosters are needed every 10 years.**



**DON'T GIVE THEM  
EVERYTHING**

**NO LES REGALES  
TODO**



## Obtenga la vacuna Tdap

Los adultos pueden transmitir la tos ferina a los bebés.  
Los bebés menores de 1 año tienen mayor riesgo de hospitalización o muerte.  
**Se necesitan refuerzos para adultos cada 10 años.**

## Get the Tdap Vaccine

Tetanus bacteria are commonly found in soil, dust, and manure.  
Tetanus has no cure and previous infections do not create immunity.  
**Adult boosters are needed every 10 years.**



**IT'S MORE THAN  
JUST DIRT**

**ES MÁS QUE SOLO  
TIERRA**



## Obtenga la vacuna Tdap

La bacteria del tétanos se encuentra comúnmente en la tierra, el polvo y el estiércol.  
El tétanos no tiene cura y las infecciones previas no crean inmunidad.  
**Se necesitan refuerzos para adultos cada 10 años.**

## Get the Tdap Vaccine

Even a scratch can provide an entry for tetanus bacteria.  
Tetanus has no cure and previous infections do not create immunity.  
**Adult boosters are needed every 10 years.**



**YOUR SAFETY GEAR  
ISN'T ENOUGH**

**TU EQUIPO DE  
SEGURIDAD NO ES  
SUFICIENTE**



## Obtenga la vacuna Tdap

Incluso un rasguño puede permitir la entrada de la bacteria del tétanos.  
El tétanos no tiene cura y las infecciones previas no crean inmunidad.  
**Se necesitan refuerzos para adultos cada 10 años.**



## POVERTY TEACHES . . .

Source: Beegle, See Poverty...Be the Difference, 2007.



### HEALTH CARE

It is non-existent or inadequate to access preventive services. We have to wait too long to get help and only go to the emergency room if we are very sick.



### FUTURE

It is unclear, unpredictable, difficult and painful to envision. It is better to focus on living for now.



### FATE

Life happens. We have no power to change it. All we can do is react to it.



### DOCTORS

If we stay away from them, they can't tell us bad news and we won't owe them money. They are seen as clinically distant and "knowing everything." They do not care about us; they only want money.

## CONSIDERATIONS . . .



**ACCESS** - Poverty barriers unrelated to preventive health impact decision-making and capacity for action – language, schedules, disabilities, transportation, etc.



**SOCIAL NORMS** - Poverty is isolating. Exposure to alternate beliefs, attitudes, and behaviors is limited.



**LOW SOCIO-ECONOMIC POSITION** - Correlates with oral culture communication. Knowledge is located within people and spread verbally. Requires trusting relationships.



**SOCIAL SUPPORT** - Distrust of the government, general sense that nobody cares, lack of assistance and support from others.



**PERCEPTION OF RISK** - From the daily warzone of poverty, a potential illness in the future does not compare to urgent, basic survival needs in the present.



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**University of Idaho**  
Extension

Lindsey McConnell-Soong  
Health Equity Director  
University of Idaho Extension



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**THANK YOU**