

# What Works to Improve Adult Immunization?

## What They Did:

### What's Been Done to Eliminate Childhood Disparities

"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<sup>(1)</sup>

### What Needs to Be Done To Reduce Adult Immunization Disparities:

"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."<sup>(2)</sup>

"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." CDC Office of Minority Health.

The National Adult Immunization Standards are a call to action to healthcare providers to standardize and routinize adult immunization services for all their patients. Routine standardized assessment, routine offer of vaccine, and the electronic documentation of vaccination: These new standards hold the promise to improve immunization rates among disparate groups.<sup>(3)</sup>

## Results:

### Status Check on Childhood Immunization Disparities: Good News

Significant success has been achieved in reducing disparities in vaccination coverage for young children. Coverage among non-Hispanic black and Hispanic children has improved, and is either similar to, or slightly higher than, coverage among non-Hispanic white children.

The 2014 Walker article reported that 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.<sup>(4)</sup>

The Zhao article reported on disparities associated with race and ethnicity; as well as disparities associated with other factors. Estimated disparities among most socio-demographic groups tended to decline from 2001 to 2010 and most of these declines did reach significance.<sup>(5)</sup>

### Status Check on Adult Immunization Disparities:

What works for reducing adult immunization disparities? Good surveillance is a necessary starting point. Evidence-based strategies and collaborative efforts of groups like the NAHS can contribute.

Immunization disparities, like other health disparities, are rooted in the social determinants of health. "Much can be accomplished within the health and public health arena; however, the multiple and complex web of causes of health disparities can be fully addressed only with the involvement of many partners in fields that influence health such as housing, transportation, education, and business."<sup>(2)</sup>

The Affordable Care Act: As noted by Andrusis, 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.'"<sup>(6)</sup>

### Relevant Projects:

The National Institute on Minority Health and Health Disparities (NIMHD) is partnering with the National Vaccine Program Office (NVPO) to support community intervention activities targeting disparate immunization rates. Projects are now underway at Boston Children's Hospital, Boston Medical Center, University of Puerto Rico Medical Sciences Campus, Wake Forest University Health Sciences, and Medical College of Wisconsin.<sup>(7)</sup>

### 2012 National Healthcare Quality Report

Discusses prevailing disparities as they relate to racial factors and socioeconomic factors in priority populations.<sup>(8)</sup>

CDC Health Disparities and Inequalities Report - United States, 2013 was published in December 2013<sup>(9)</sup>

### Upcoming publications from CDC will focus on:

- 1) Documenting racial/ethnic disparities in adult vaccination.
- 2) Interventions and best practices shown to reduce these disparities.

## Spotlight on Immunization Disparities:



**Childhood Immunization Disparities: Virtually Eliminated**

Racial/Ethnic Vaccination Disparities -- NHIS 2012				
Vaccination Group	% Vaccinated Whites	Disparity Blacks	Disparity Hispanics	Disparity Asians
Pneumo, HR 19-64 yrs	21	-2	-8	-8
Pneumo, ≥65 yrs	64	-18	-21	-23
Tetanus, 19-49 yrs	70	-14	-16	-15
Tetanus, 50-64 yrs	68	-15	-15	-19
Tetanus, ≥65 yrs	58	-13	-13	-12
Tdap, ≥19 yrs	16	-6	-7	-1
Tdap, 19-64 yrs	18	-8	-9	-2
Tdap, ≥65 yrs	9	-3	-6	-5
HepA, 19-49 yrs	12	-1	-2	+7
HepB, 19-49 yrs	38	-3	-10	+2
Herpes Zoster, ≥60 yrs	23	-14	-14	-6
HPV, Females 19-26 yrs	42	-13	-24	-27
Tdap, HCP ≥19 yrs	33	-11	-8	+6
HepB, HCP ≥19 yrs	66	-4	-5	+7



**Adult Immunization Disparities:**

**Persisting, May Be Widening**

This "What Works" vignette is one in a series of examples collected by the Provider Workgroup of the National Adult and Influenza Immunization Summit. For more information or to nominate an example of "what works" to improve adult immunization, go to <http://www.izsummitpartners.org/>. This vignette does not constitute an endorsement from any of the organizations that participate in the Provider Workgroup or the NAHS.

#### Source Information:

1. [http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a1.htm?cid=su6203a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a1.htm?cid=su6203a1_w)
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3. <http://www.cdc.gov/vaccines/hcp/patient-ed/adults-for-practice/standards.html>
4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a3.htm>
5. <http://www.sciencedirect.com/science/article/pii/S0264410X13003022>
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7. <http://grants.nih.gov/grants/guide/pa-files/PA-13-226.htm>
8. <http://www.ahrq.gov/research/findings/nhqrdr/nhq12/highlights.html>
9. <http://www.cdc.gov/minorityhealth/CHDIReport>

