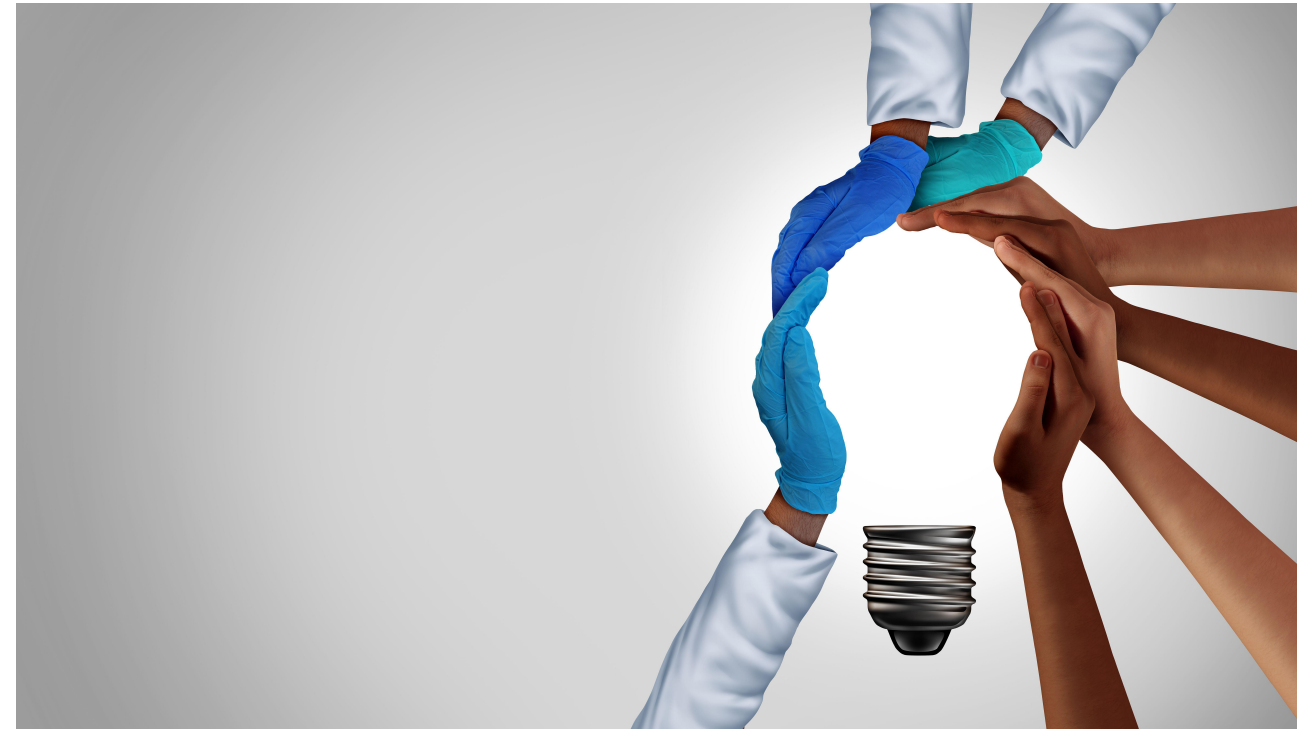


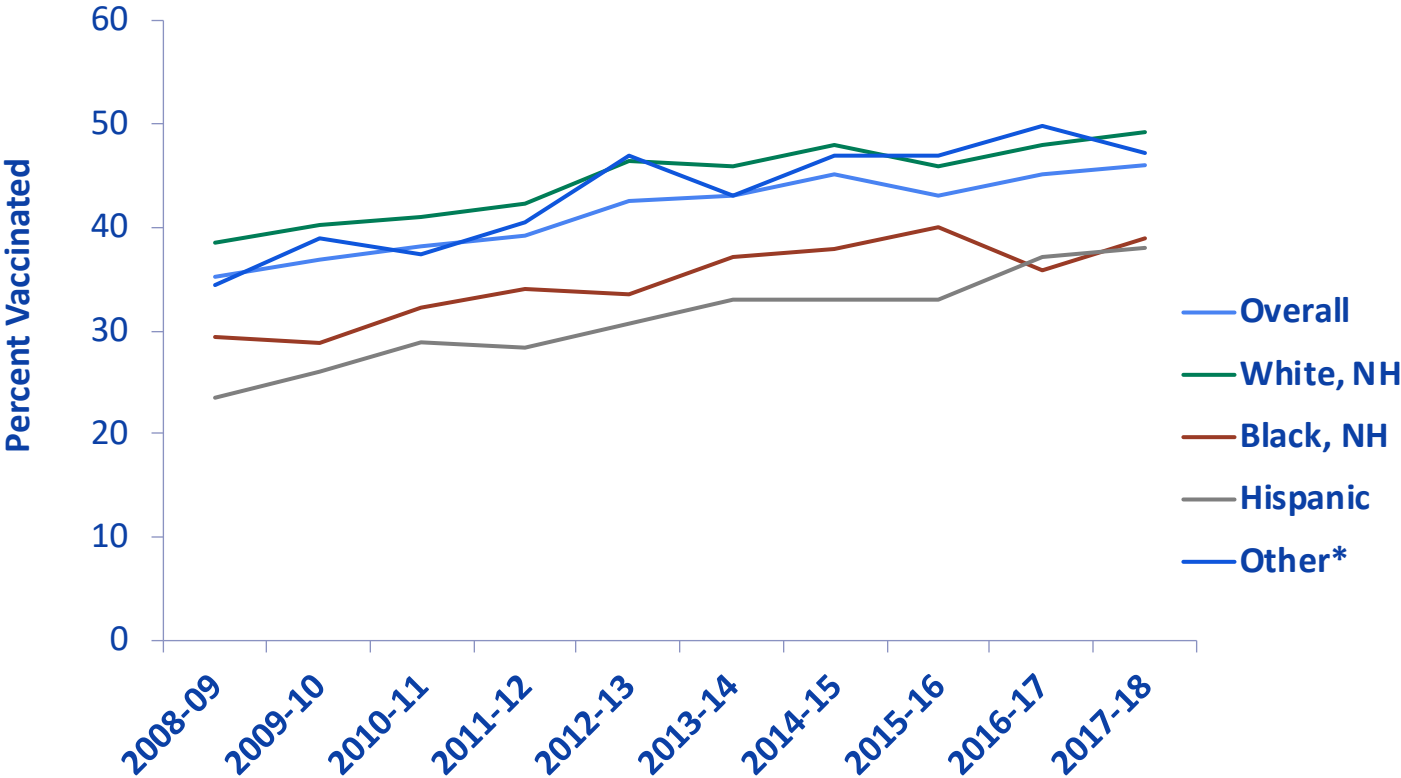
Addressing Racial and Ethnic Disparities in Flu Vaccination

LCDR Tara C. Jatlaoui, MD MPH
Immunization Services Division



Racial and ethnic minority persons have consistently lower adult vaccination coverage, a trend that has remain relatively unaddressed.

Influenza Vaccination Coverage, ≥18 years, by Race/Ethnicity: 2008-09 – 2017-18



*Other includes Asian, American Indian/Alaska Native, and multi-race.
Source: Vaccination Coverage among Adults in the United States, National Health Interview Survey, CDC, 2017. NH = Non-Hispanic.
Vaccinations included in this assessment include influenza, pneumococcal, Td, Tdap, Zoster, HepA, HepB, and HPV.

Even as the influenza vaccination coverage rate across groups has increased, the disparities still remain.

Estimated Influenza Vaccination Coverage Among US Adults by Race and Ethnicity of 2017-2018 and 2018-2019 Influenza Seasons

Group	Vaccination coverage, %	
	2017-2018	2018-2019
Overall	37.1	45.3
Non-Hispanic		
White	40.2	48.7
Black	32.3	39.4
Hispanic	28.4	37.1
Asian	42.0	44.0
American Indian/Alaskan Native	33.1	37.6
Other or multiple races	32.4	39.7

Source: Grohskopf LA, Liburd LC, Redfield RR. Addressing Influenza Vaccination Disparities During the COVID-19 Pandemic. *JAMA*. Published online August 20, 2020. doi:10.1001/jama.2020.1584

Data also show that vaccination disparities exist within a broad landscape of health inequities for racial and ethnic minority groups, particularly African Americans.

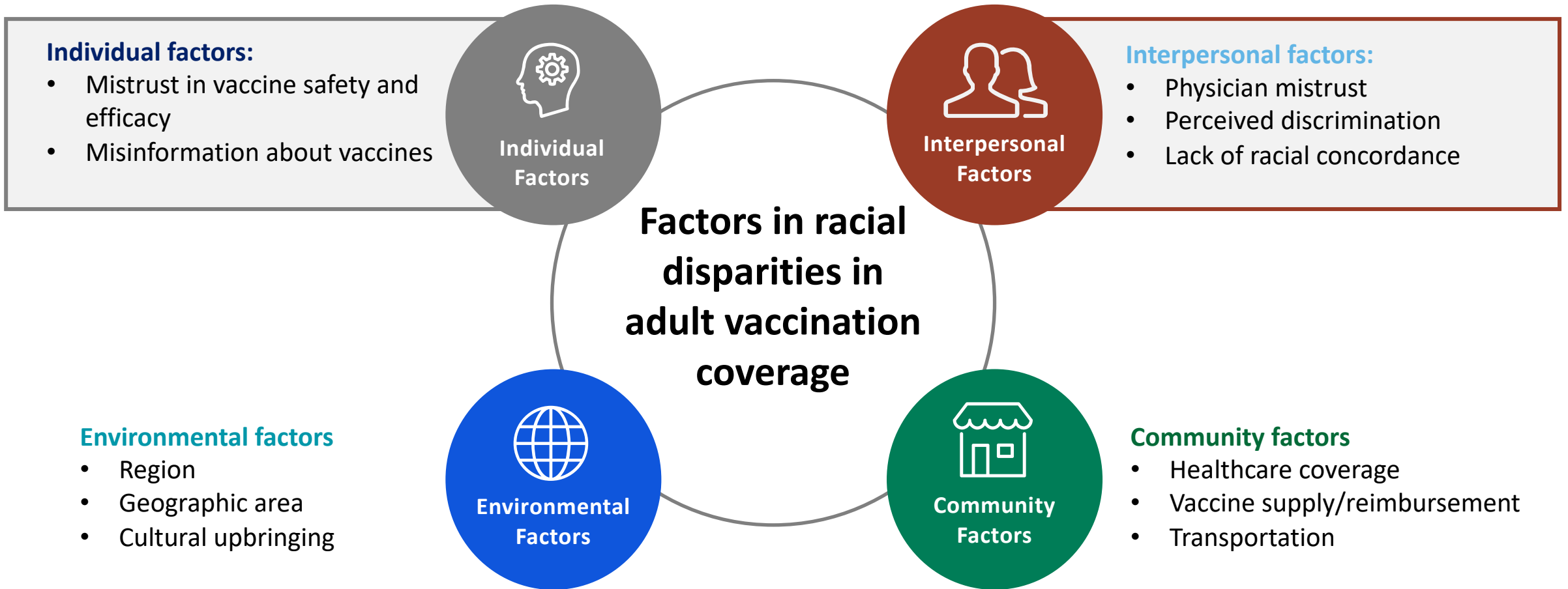
Compared with whites:

- **20%** — African American persons are 20% more likely to **report psychological distress**, yet 50% less likely to receive mental health treatment or counseling (HHS, Modified 2014; McGuire, 2008).
- **30%** — Black men are 30% and Black women are 60% more likely to have **high blood pressure** (CDC, 2017).
- **80%** — African American persons are 80% more likely to be **diagnosed with diabetes** and 1.7 times more likely to be **hospitalized** because of diabetes (CDC, 2019).
- **2.5x** — Black women are 243% or almost 2.5 times more likely to **die from pregnancy or childbirth-related causes** (CDC, 2017; MacKay, 2001).
- **3x** — African American infants are 3 times more likely to **die before their first birthday** (Alexander, 2008; Collins, 2009).
- **6x** — African American persons aged 18–24 are 6 times more likely to **contract chlamydia**, 7 times more likely to **contract HIV**, and 10 times more likely to **contract gonorrhea** (Aral, 2008; CDC, 2020; Friedman, 2009).



These statistics highlight how vaccinations are just one facet of a larger system of structural inequity, discrimination, and mistrust in health care faced by African American persons.

Research shows that this lower vaccination coverage is strongly linked to individual and interpersonal factors that impact vaccine confidence.



Note: These categories are from the Social-Ecological Model (SEM).



To better understand and act on these data, NCIRD held an expert listening session in July to gather input on how to meaningfully address the disparities.

Participants – representing clinical, academic, faith-based, and community leaders - underscored:



The **urgency** of addressing these disparities, given the disproportionate impacts of COVID-19 on racial and ethnic minority groups



The importance of **working directly with community organizations** with reach to racial and ethnic minority groups



The need for **sustained engagement** – not a one-time funding offer – to truly combat mistrust and misinformation

Flu Vaccination Planning for 2020-21

Increasing Seasonal Influenza Vaccination Coverage to Decrease Health Care Utilization, 2020-21

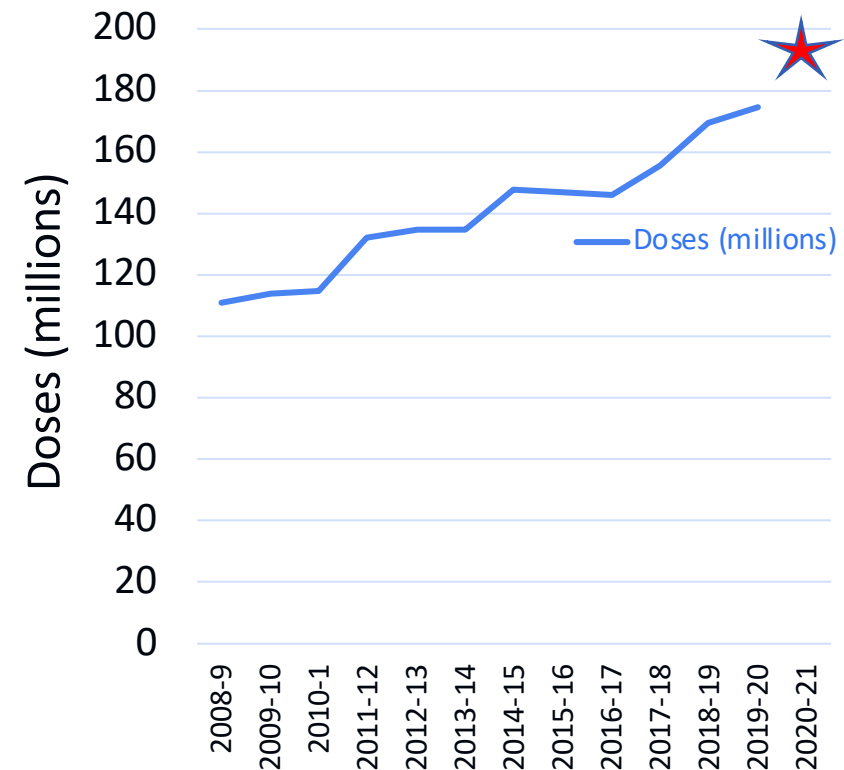
- Expect SARS-CoV-2 to continue to circulate in the fall
- Increasing flu vaccination coverage will reduce stress on the health care system.
 - Decrease doctor visits and hospitalizations
 - Reduce influenza diagnostic testing
- Focus on adults at higher risk from COVID-19.
 - Staff and residents of long-term care facilities
 - Adults with underlying illnesses
 - **Disproportionally affected populations**
 - Adults who are part of critical infrastructure



Influenza Vaccination Planning for 2020-2021 Season

- Maximize available vaccine supply.
 - Expect >190M doses for U.S. market
- Operational considerations
 - **Outreach to those at higher risk**
 - Planning for need to physical distance
 - Extending influenza vaccination season (September through December or later)
- Enhance communication.
 - Align with COVID-19 messaging.
 - Messaging for individuals

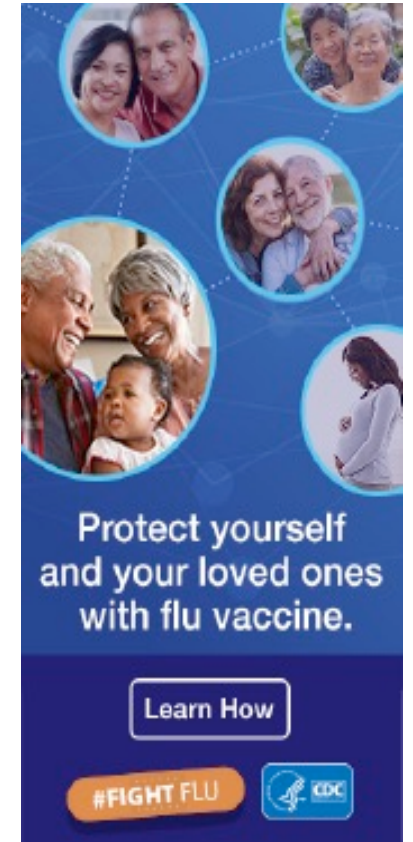
**Influenza Vaccine Doses
Distributed By Season, 2008-09 to
2019-20, and Projected, 2020-21**



Flu Vaccine is More Important Than Ever this Season!

The more people vaccinated, the more people protected.

- **This season, flu vaccine is more important than ever.**
 - Flu vaccine protects you, your loved ones, and your community from flu.
- **This season, flu vaccine is more important than ever.**
 - Flu vaccine can flatten the curve of flu illnesses, save medical resources, and protect essential workers from flu.



#SleeveUp to Fight Flu

- As part of this season's flu vaccination campaign, on October 1st, CDC is publishing a suite of digital resources encouraging everyone to #MaskUp, #LatherUp, and roll their [#SleeveUp](#) for a flu vaccine this flu season.
- These resources include social media frames to put your own #SleeveUp photo in, graphics, and social media content.
- These resources are available in the [CDC Flu Communication Resource Center](#).
- We encourage you to share these new resources with your colleagues and communities.



Flu Vaccination Campaign Timeline

- Mid-September
 - Soft-launch of digital campaign aimed at high risk persons.
 - 9/24 Radio media tour
- October 1
 - NFID press conference launching the vaccination season (October 1), and social and digital media.
- October 6
 - Ad Council Phase 1 launch (dedicated campaign website, digital & social assets, possibly radio)
- Week of October 19
 - Ad Council Phase 2 launch (TV and other materials)
- December 6-12: National Influenza Vaccination Week
- Campaign activities continue through March 2021

Key CDC Campaign Links and Resources

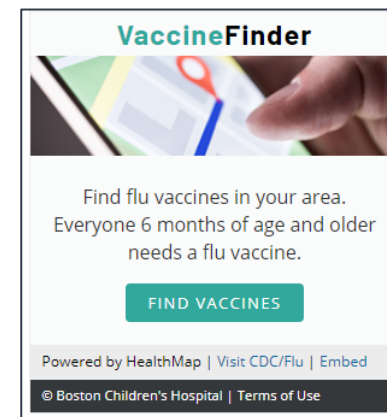
- Clinician Resources
 - [Fight Flu Toolkit](#)
 - [Make A Strong Flu Vaccine Recommendation](#)
- Campaign and Social Media Toolkits:
 - [Campaign Toolkit](#)
 - [Social Media Toolkit](#)
- Videos
 - [Roll Up Your Sleeve for Your Annual Flu Vaccine](#)
 - [Flu Can Be Very Serious – Flu Vaccine Protects](#)
- VaccineFinder (a tool you can place on your website to help them find vaccination locations near them)
 - [Download widgets from CDC website](#)
- Key Consumer Web Resources
 - [Protect Your Health This Season](#)
 - [What You Need to Know for 2020-21](#)
 - [The Difference between Flu and COVID-19](#)
- Multi-Language Resources:
 - [Multi-Language Factsheets](#)
 - [Spanish Communication Resources](#)



Prepare Your Practice to Fight Flu

Get materials and resources to improve your influenza vaccination rates this year.

[Get the Toolkit ▶](#)



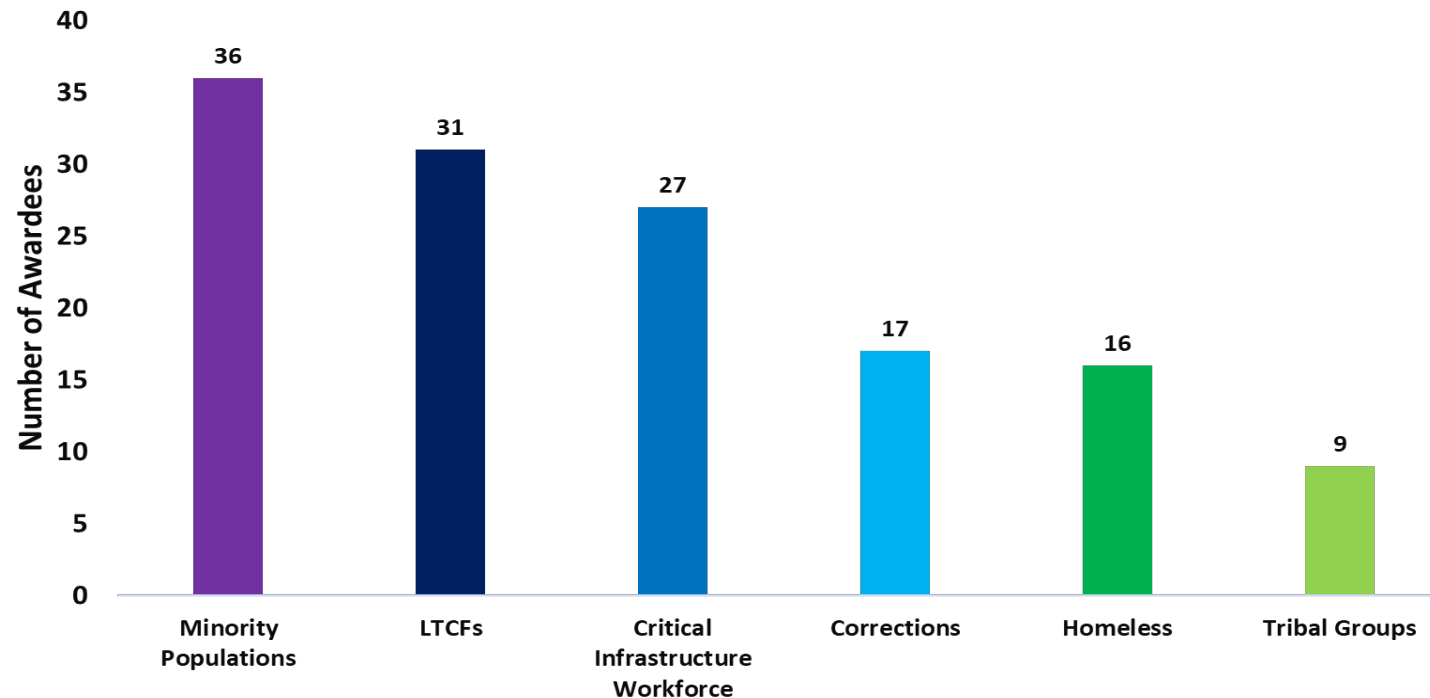
Amplification of Efforts for 2020-21 Influenza Season

- 9.3 million additional adult flu vaccine doses available late-season to jurisdictions
- \$141 million in supplemental funding distributed among 64 jurisdictions
- Intended to support activities designed to increase flu vaccination coverage
 - Plan activities with partners that serve focus populations
 - Build or enhance adult vaccination programs
 - Promote reminder/recall activities
 - Improve provider allocation and ordering
 - Organize or fund mass vaccination clinics
 - Implement vaccine strike teams

Optimizing Use of Federally Procured Vaccine

- Promotion of flu vaccination within the VFC program
- Immunization programs strongly encouraged to focus on disproportionately affected adult populations, including collaboration with CHCs
- NACHC to facilitate collaboration with awardees and networks

Awardee Target Groups of Vaccination Activities and/or Promotion (n=64)



Racial and ethnic minority groups have been disproportionately affected by COVID-19, emphasizing the need to ensure equal uptake of the 2020-2021 flu vaccine.

CDC/NCIRD plans to act on insights from the expert listening session and deploy funding through CDC's Racial and Ethnic Approaches to Community Health (REACH) program to implement **priority actions focused on increasing flu vaccination coverage among racial and ethnic groups** in the 2020–2021 flu season.



Priority Action 1: Support national and local community organizations for immediate outreach to racial and ethnic groups experiencing disparities, as well as **state and local health departments** to accelerate existing efforts.



Priority Action 2: Rapidly establish a **learning hub** that provides resources to community partners to share and access real-time tools and technical assistance



Priority Action 3: Rapidly establish a **data hub** to inform decisions on where to focus, segment populations and track interventions and community-level progress.

REACH recipients will focus on flu vaccine activities with a diverse set of communities and partners across the nation.



22

States



200+

Regions and Counties



12+

Populations

African American/Black
American Indian/Alaska Native
Asian American
Hispanic/Latino
Pacific Islander

Sample additional intersecting populations:

Arab American
Families with children/their caregivers
People who are experiencing homelessness
LGBTQ+
People with lower incomes
Older adults
People without health insurance



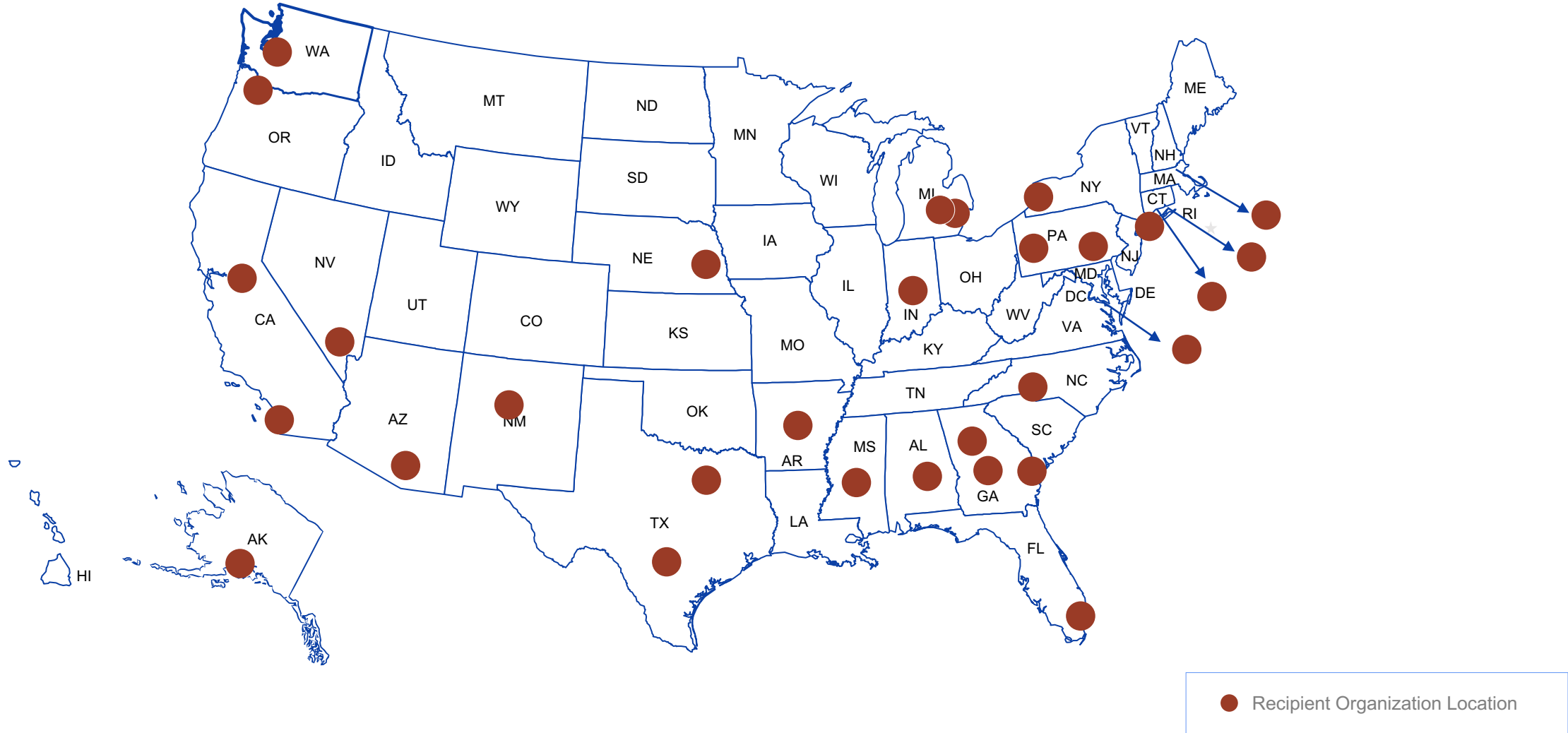
11+

Types of Partner Organizations

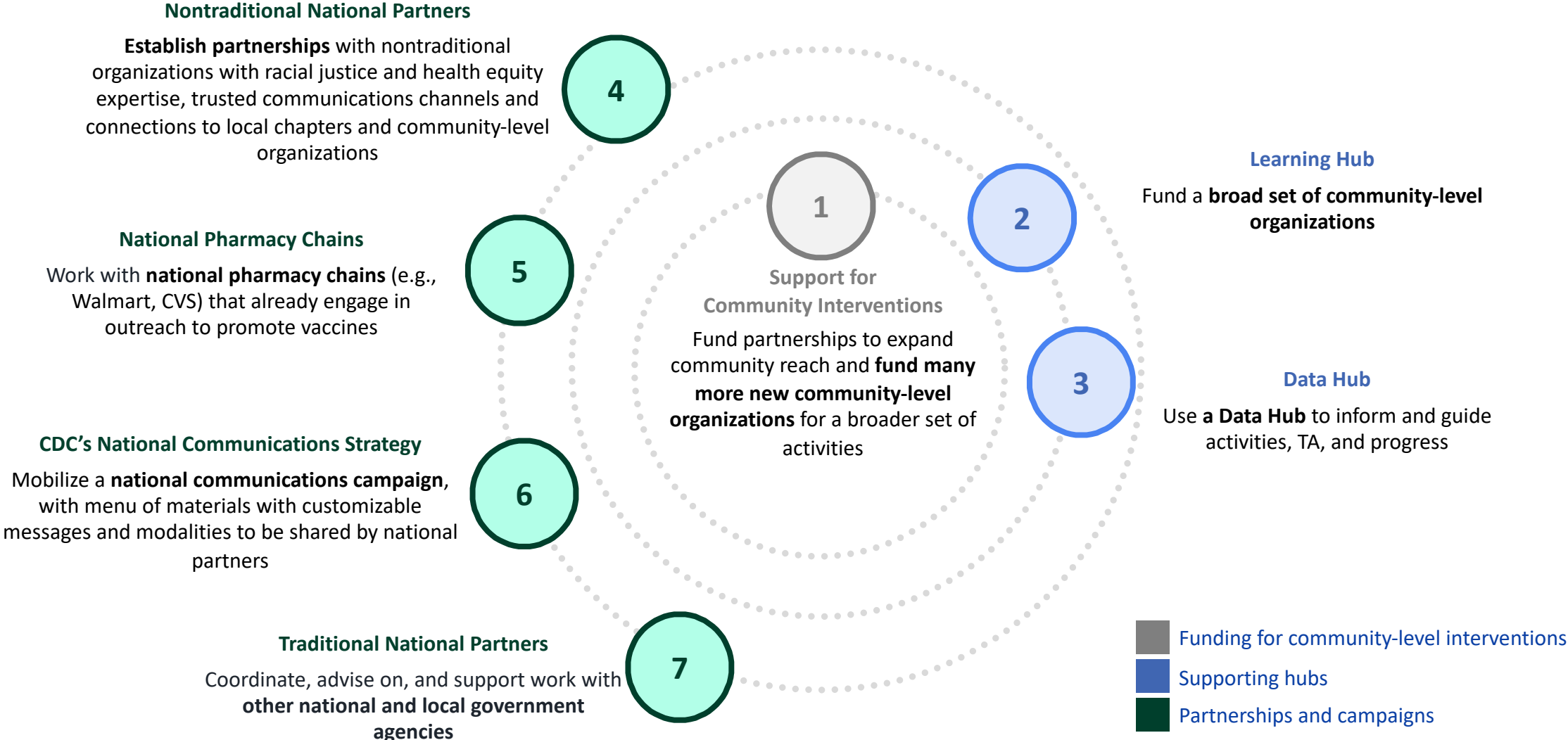
Sample list:

Barbershops/beauty salons
Community based organizations
Community health centers/clinics
County health departments
Faith based organizations
Health coalitions
Medical associations
Pharmacies
REACH coalitions
State health departments
Universities

31 REACH programs will address racial disparities in locations that span the nation.



CDC/NCIRD is leveraging insights from listening session to focus on increasing flu vaccination coverage among racial and ethnic minority groups in the 2020–21 flu season.



Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Photographs and images included in this presentation are licensed solely for CDC/NCIRD online and presentation use. No rights are implied or extended for use in printing or any use by other CDC CIOs or any external audiences.

