Thank you for joining

The presentation will begin shortly
Rise to Immunize™ Monthly Webinar

Vaccine Equity: Putting Strategies into Practice
Laura Lee Hall, PhD, Iyabode Beysolow, MD, MPH, FAAP, and Sandra Quinn, PhD
Today's Webinar

Campaign Updates
• Data updates
• Adolescent Immunization Action Week
• Annual Conference and RIZE Meet & Greet Breakfast
• Bonus Webinar

Setting Up Your Clinic for Success: A Patient Safety Program
• Laura Lee Hall, PhD
• Iyabode Beysolow, MD, MPH, FAAP
• Sandra Quinn, PhD

Q&A Session
Webinar Reminders

Today’s webinar recording will be available the week of 03/20

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → “Resources” → “Webinars”)

Ask questions during the webinar using the Q&A feature

- Questions will be answered at the end of the presentation
Rise to Immunize™
Blinded Comparative Report

February 28th, 2023

Group-weighted average of vaccination rates across all organizations, year-over-year
Cumulative Measurement Year (MY) rates as of Q4 in each year

Data submission deadline: April 14
TUESDAY, APRIL 4 2023 | NOON-1:00 PM EDT

A CONVERSATION ABOUT VACCINATIONS WITH YOUNG ADVOCATES

A webinar panel discussion

DR. CHELSEA CLINTON
Vice Chair of the Clinton Foundation

DR. PAUL OFFIT
Children’s Hospital of Philadelphia
RIZE Meet & Greet Breakfast

Thurs., March 30 at 6:45am CT

Located in Randolph 1AB
Bonus Webinar: Save the Date!

Held during World Immunization Week

“Prioritizing Respiratory Health in Your Adult Patients”

Thurs., April 27 2-3pm ET
Today’s Speakers

**Laura Lee Hall, PhD**  
Founder and President, Center for Sustainable Health Care and Equity, *National Minority Quality Forum*

**Iyabode Beysolow, MD, MPH, FAAP**  
Pediatrician and immunization subject matter expert

**Sandra Quinn, PhD**  
Professor and Chair, Department of Family Science, Senior Associate Director, Maryland Center for Health Equity, *School of Public Health at University of Maryland*
Vaccine Equity: Putting Strategies into Practice

Laura Lee Hall, PhD
President, Center for Sustainable Health Care Quality and Equity
AMGA Webinar
March 16, 2023
Agenda

• Who?
• Why?
• How?
• Questions
Welcome to the National Minority Quality Forum

Controlling Health Outcomes through Scientific Collaboration

Our Mission

“The National Minority Quality Forum was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations.”
Center for Sustainable Health Care Quality and Equity

- **Vision:** Sustainable healthy communities in every ZIP code
- **Mission:** Promote sustainable healthy communities, especially those with diverse and underserved populations, through the provision of actionable data, and engagement/training of clinicians and community leaders.
Sandra Quinn, PhD

Professor and Chair of the Department of Family Science and Senior Associate Director of the Maryland Center for Health Equity at the School of Public Health at the University of Maryland.

Dr. Quinn’s research focuses on COVID-19 and flu vaccine acceptance among African Americans and other communities of color.
Iyabode (Yabo) Beysolow, MD, MPH, FAAP

Immunization subject matter expert with over 20 years of experience as a practicing pediatrician

Former Medical Officer in the Immunization Services Division of the CDC.

Health educator, and as the founder and owner of YB Consultants, LLC, which provides technical expertise to international, national and local organizations including the American Academy of Pediatrics, the Association of Immunization Managers, and Immunize.org
Why Focus on Equity?
Adult Flu Vaccine Coverage: Pregnant Persons

• Pregnant persons:
  • 47.9% for all pregnant persons; lowest among Black, Non-Hispanic pregnant persons = 29.7%
  • Overall coverage is 7.7 percentage points lower compared with the end of January 2022 and 14.9 percentage points lower than pre-pandemic, at the end of January 2020

Adult (18 years of age +) Flu Vaccine Coverage

18 years +

• White, NH = 53.3%
• Black, NH is 38.5%
• Hispanic is 35.3%

National Immunization Survey Adult COVID Module (NIS-ACM) conducted January 2023;
Figure 5. Weekly Cumulative Influenza Vaccination Coverage*, by Flu Season and Race/Ethnicity, Medicare Fee-For-Service Beneficiaries aged ≥65 Years, United States

Data Source: Centers for Medicare & Medicaid Services Chronic Conditions Warehouse

<table>
<thead>
<tr>
<th>Flu Season</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple selections</td>
<td>Multiple selections</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Select all</td>
<td></td>
</tr>
<tr>
<td>2022-2023</td>
<td></td>
</tr>
<tr>
<td>2021-2022</td>
<td></td>
</tr>
<tr>
<td>2020-2021</td>
<td></td>
</tr>
<tr>
<td>2019-2020</td>
<td></td>
</tr>
</tbody>
</table>

Flu Season and Race/Ethnicity
- 2022-2023, Overall
- 2022-2023, Asian, Non-Hispanic
- 2022-2023, Black, Non-Hispanic
- 2022-2023, Hispanic
- 2022-2023, Other, Non-Hispanic

Percentage Vacc:
0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 11% 12% 13% 14% 15% 16% 17% 18% 19% 20% 21% 22% 23% 24% 25% 26% 27% 28% 29% 30% 31% 32% 33% 34% 35% 36% 37% 38% 39% 40% 41% 42% 43% 44% 45% 46% 47% 48% 49% 50% 51% 52% 53% 54% 55% 56% 57% 58% 59% 60%

Current Season Interview Ending Date:
- 8/01/2022
- 8/11/2022
- 8/17/2022
- 8/21/2022
- 8/24/2022
- 8/28/2022
- 9/01/2022
- 9/04/2022
- 9/09/2022
- 9/12/2022
- 9/19/2022
- 9/23/2022
- 9/26/2022
- 9/29/2022
- 10/09/2022
- 10/13/2022
- 10/16/2022
- 10/20/2022
- 10/23/2022
- 10/30/2022
- 11/03/2022
- 11/06/2022
- 11/10/2022
- 11/13/2022
- 11/20/2022
- 11/23/2022
- 11/27/2022
- 12/04/2022
- 12/08/2022
- 12/11/2022
- 12/15/2022
- 12/18/2022
- 12/22/2022
- 12/25/2022
- 12/29/2022
- 12/30/2022
- 12/31/2022
Figure 2. Overall Age-Adjusted Rates of Hospitalization, Intensive Care Unit (ICU) Admission, and In-Hospital Death by Race and Ethnicity

A) Hospitalization

B) ICU admission

C) In-hospital death

[Bar charts showing rates per 100,000 population for Black, American Indian or Alaska Native, Hispanic, White, and Asian or Pacific Islander for each category.]
The gap in COVID-19 vaccination coverage between urban and rural areas* has **more than doubled** since April 2021.

Addressing barriers to vaccination in rural areas can help achieve vaccine equity and decrease COVID-19 illness and death.

* Among people aged 5 years and older who received a dose of a COVID-19 vaccine during December 14, 2020–January 31, 2022

[的时间里/ MMWR7109a2]
% of total population with an updated (bivalent) booster dose of A Counties in US

Wed Mar 15 2023 08:23:43 GMT-0400
Zoster (Shingles) Vaccination Coverage among Adults, United States, BRFSS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Geography</th>
<th>Dimension</th>
<th>Coverage (%)</th>
<th>95% CI (%)</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoster (Shingles) Vaccination</td>
<td>United States</td>
<td>Black, Non-Hispanic</td>
<td>25.8</td>
<td>23.9 to 27.6</td>
<td>10,562</td>
</tr>
<tr>
<td>Zoster (Shingles) Vaccination</td>
<td>United States</td>
<td>Hispanic</td>
<td>27.7</td>
<td>24.6 to 30.8</td>
<td>5,614</td>
</tr>
<tr>
<td>Zoster (Shingles) Vaccination</td>
<td>United States</td>
<td>Overall</td>
<td>40.5</td>
<td>39.9 to 41.1</td>
<td>165,123</td>
</tr>
</tbody>
</table>

Survey Year
How?
The DRIVE Toolkit: Promoting Health in Underserved Populations

DRIVE: Demonstrating Real Improvement in Value and Equity
A free online toolkit to support quality improvement, education, and community engagement in your location.
• Program can include:
  • Educational/coaching webinar
  • Implement activities to improve quality and equity using a PDSA model
  • QI library
  • Opportunity for community partnership
  • Focus to date on flu vaccination, diabetes, lupus, diversity in clinical research; coming soon – all adult vaccines
Our DRIVE
Flu QI Library

https://issuu.com/nmqf-shc/docs/flu_pdsa_library
DRIVE has been implemented in more than 23 health systems and Federally Qualified Health Centers, including 104 clinics.
# Table 1: Recommended Adult Immunization Schedule by Age Group, United States, 2023

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19-26 years</th>
<th>27-49 years</th>
<th>50-64 years</th>
<th>≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>2- or 3-dose primary series and booster (See Notes)</td>
<td>2- or 3-dose primary series and booster (See Notes)</td>
<td>2- or 3-dose primary series and booster (See Notes)</td>
<td>2- or 3-dose primary series and booster (See Notes)</td>
</tr>
<tr>
<td>Influenza inactivated (IIV4) or Influenza recombinant (RIV4)</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
</tr>
<tr>
<td>Influenza live, attenuated (LAIV4)</td>
<td>or</td>
<td>or</td>
<td>or</td>
<td>or</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap or Td)</td>
<td>1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
<td>For healthcare personnel, see notes</td>
<td>For healthcare personnel, see notes</td>
<td>For healthcare personnel, see notes</td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td>2 doses (if born in 1980 or later)</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
</tr>
<tr>
<td>Zoster recombinant (RZV)</td>
<td>2 doses for immunocompromising conditions (see notes)</td>
<td>2 doses for immunocompromising conditions (see notes)</td>
<td>2 doses for immunocompromising conditions (see notes)</td>
<td>2 doses for immunocompromising conditions (see notes)</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>2 or 3 doses depending on age at initial vaccination or condition</td>
<td>27 through 45 years</td>
<td>27 through 45 years</td>
<td>27 through 45 years</td>
</tr>
<tr>
<td>Pneumococcal (PCV15, PCV20, PPSV23)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>See Notes</td>
<td>See Notes</td>
<td>See Notes</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>2, 3, or 4 doses depending on vaccine</td>
<td>2, 3, or 4 doses depending on vaccine</td>
<td>2, 3, or 4 doses depending on vaccine</td>
<td>2, 3, or 4 doses depending on vaccine</td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
</tr>
<tr>
<td>Meningococcal A, C, W, Y (MenACWY)</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
</tr>
<tr>
<td>Meningococcal B (MenB)</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>19 through 23 years</td>
<td>19 through 23 years</td>
<td>19 through 23 years</td>
<td>19 through 23 years</td>
</tr>
</tbody>
</table>

- **Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection**
- **Recommended vaccination for adults with an additional risk factor or another indication**
- **Recommended vaccination based on shared clinical decision-making**
- **No recommendation/Not applicable**
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Immunocompromised (excluding HIV infection)</th>
<th>HIV Infection CD4 percentage and count</th>
<th>Asplenia, complement deficiencies</th>
<th>End-stage renal disease, or on hemodialysis</th>
<th>Heart or lung disease; alcoholism*</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Health care personnel*</th>
<th>Men who have sex with men</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>See Notes</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>2 doses</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap or Td</td>
<td>1 dose Tdap each pregnancy</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>2 doses</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>Contraindicated*</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>3 doses through age 26 years</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAR</td>
<td>Contraindicated*</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>3 doses through age 26 years</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RZV</td>
<td>2 doses at age ≥ 19 years</td>
<td>2 doses at age ≥ 50 years</td>
<td>2 doses at age ≥ 50 years</td>
<td>2 doses at age ≥ 50 years</td>
<td>3 doses through age 26 years</td>
<td>2 doses at age ≥ 50 years</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>Not Recommended*</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV15, PCV20, PPSV23)</td>
<td>Not Recommended*</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA</td>
<td>3 doses (see notes)</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB</td>
<td>3 doses (see notes)</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>2, 3, or 4 doses depending on vaccine or condition</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB</td>
<td>Precaution</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td>1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>Precaution</td>
<td>3 doses HSCT recipients only</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection.

**Recommended vaccination for adults with an additional risk factor or another indication.

---

*Contraindicated or not recommended—vaccine should not be administered.

*Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction.

*Vaccinate after pregnancy.
Adult Vaccination Rates. Where are we?

FIGURE. Estimated proportion of adults aged ≥19 years who received selected vaccines, by age group and risk status — National Health Interview Survey, United States, 2010–2020

Abbreviations: Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

## Flu and COVID-19 vaccination rates

A table showing vaccination rates for different demographic groups.

<table>
<thead>
<tr>
<th>Category</th>
<th>Pregnant People</th>
<th>All Adults</th>
<th>Adults &gt; 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>47.9</td>
<td>47.4 (38.2-63.7 across states)</td>
<td>71.2 (Medicare FFS as of 12/31/2022)</td>
</tr>
<tr>
<td>Black, NH</td>
<td>29.7</td>
<td>38.5</td>
<td>38 (Med FFS)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>47.6</td>
<td>35.3</td>
<td>29.9 (Med FFS)</td>
</tr>
<tr>
<td>Other (AI/AN, NH/PI, Multiple)</td>
<td>47</td>
<td>40.5 (Other, Multiple) 42.2 (AI/AN) (?) PI/NH</td>
<td>49.2 (Med FFS)</td>
</tr>
<tr>
<td>White, NH</td>
<td>47.7</td>
<td>53.3</td>
<td>53.6 (Med FFS)</td>
</tr>
<tr>
<td>Asian, NH</td>
<td>65.9</td>
<td>49.7</td>
<td>50.8 (Med FFS)</td>
</tr>
</tbody>
</table>

**CDC** | Data as of March 13, 2023 3:07 PM ET. Posted March 10, 2023 9:07 PM ET


Adult vaccination rates are extremely low.

Most adults are NOT aware that they need vaccines.

Recommendation from their healthcare professional is the strongest predictor of whether patients get vaccinated.

Missed opportunities for vaccination

There is still time to vaccinate with the Flu vaccine

Recommend COVID-19 vaccine booster along with other vaccines

1. ASSESS immunization status of all patients in every clinical encounter.
2. SHARE a strong recommendation for vaccines that patients need.
3. ADMINISTER needed vaccines or REFER to a provider who can immunize.
4. DOCUMENT vaccines administered or received by your patients.

Factors affecting implementation of the Adult Recommended Schedule

<table>
<thead>
<tr>
<th>System Level</th>
<th>Provider Level</th>
<th>Patient Level</th>
</tr>
</thead>
</table>
| • ACIP Recommendations – routine, age-based, risk-based, shared clinical decision making | • Logistics of Vaccinating  
  • Financial: Upfront costs to secure, reimbursement  
  • Storage, Product variety and availability,  
  • Provider Recommendation  
  • Communication  
  • Provider Knowledge  
  • Addressing Patient vaccine questions/concerns  
  • Lack of Community engagement | • Access  
  • Is it easy/convenient to get vaccinated  
  • Is it affordable? Copays, Deductibles  
  • Benefit vs. Harm Debate  
  • Communication  
  • Awareness of vaccine recommendation |
| • Is the vaccine on the Adult Schedule? Coverage by Medicare, Medicaid, Insurance Carriers. Post Inflation Reduction Act | • Lack of Adult Immunization Information systems (Registries) | • Do standing orders exist for stable, hospitalized patients at time of discharge? |
| • Lack of Adult Immunization Information systems (Registries) | • Public /private partnerships | • Public /private partnerships |

• Access  
  • Is it easy/convenient to get vaccinated  
  • Is it affordable? Copays, Deductibles  
  • Benefit vs. Harm Debate  
  • Communication  
  • Awareness of vaccine recommendation |
What can we learn from Pediatrics?

- Immunization Information Systems (Registries)
- Provider Recommendations
- Parental awareness
- School requirements
Factors affecting implementation of the Adult Recommended Schedule

<table>
<thead>
<tr>
<th>System Level</th>
<th>Provider Level</th>
<th>Patient Level</th>
</tr>
</thead>
</table>
| • ACIP Recommendations – routine, age-based, risk-based, shared clinical decision making | • Logistics of Vaccinating  
  • Financial: Upfront costs to secure, reimbursement  
  • Storage, Product variety and availability, | • Access  
  • Is it easy/convenient to get vaccinated  
  • Is it affordable? Copays, Deductibles  
  • Benefit vs. Harm Debate  
  • Communication  
  • Awareness of vaccine recommendation  
  • Vaccine of the month  
  • What questions can I ask my provider? |
| • Is the vaccine on the Adult Schedule?  
  Coverage by Medicare, Medicaid, Insurance Carriers. Post Inflation Reduction Act  
  • Lack of Adult Immunization Information Registries  
  • Do standing orders exist for stable, hospitalized patients at time of discharge? | • Provider Recommendation  
  • Addressing Patient vaccine questions/concerns  
  • Lack of Community engagement | • Access  
  • Is it easy/convenient to get vaccinated  
  • Is it affordable? Copays, Deductibles  
  • Benefit vs. Harm Debate  
  • Communication  
  • Awareness of vaccine recommendation  
  • Vaccine of the month  
  • What questions can I ask my provider? |

• What 1 factor can I address in my organization this quarter?
Intent to receive Flu vaccine.
Survey Feb 10-20, 2023 – Adults (Ipsos and NORC Omnibus)

44.3% of adults report they have already received a vaccine this year.
14.7% report they probably or definitely will receive a vaccine this year.
9.4% report they are unsure if they will get a vaccine this year.
31.6% report they probably or definitely will not receive a vaccine this year.
Figure 4D. Influenza Vaccination Coverage and Intent for Vaccination, by Age Group and Race/Ethnicity, Adults 18 Years and Older, United States, 2022-2023#

Data Source: IPSOS Knowledge Panel and NORC AmeriSpeak Omnibus Surveys
IPSOS KP data collected: 2/10/2023 - 2/12/2023
AmeriSpeak data collected: 2/16/2023 - 2/20/2023

Legend:
- Vaccinated for Flu
- Intend to Get Vaccinated for Flu
- Not Sure About Getting Vaccinated for Flu
- Do Not Intend to Get Vaccinated for Flu

Bars display weighted percent. Each entire group of stacked bars sums to 100%.
How Can Health Systems Advance Vaccine Equity?

Sandra Crouse Quinn, PhD
Vaccine Equity: Putting Strategies into Practice
RIZE to Immunize
American Medical Group Association
March 16, 2023
scquinn@umd.edu
Key Questions for Today

1. What are some key issues?
2. What are some system strategies?
3. What are some provider level strategies?
Racial Factors in Health Care Context

- Racial fairness: Is treatment in health care or by government fair to one’s race?
- Racial consciousness: How conscious are you of your race in a health care setting?
- Experience of discrimination: How often have you experienced discrimination in health care?
- Impact of discrimination on access: Has discrimination impacted your ability to get good health care?

How do experiences of racism and discrimination in health care influence vaccine decisions? (N=1643)

- Higher perceived racial fairness associated with more trust and higher vaccine uptake
- Higher racial consciousness associated with lower trust in vaccine and process, higher perceived risk of side effects, less knowledge, greater use of naturalism, belief in conspiracies, greater vaccine hesitancy
- For AA, higher perception of discrimination, associated with higher perceived side effect risk and lower uptake

Quinn et al, 2017
System challenges to system level fixes

1. Do you have expertise in health literacy and clear communication in your team?

2. Do you have community health workers that can represent your system in local communities where they are trusted?

3. How do community members and patients access your services and who gets left behind?
Critical importance of health care providers in vaccine decisions (N=1643)

- 55% reported that the recommendation of their provider was fairly to extremely important.

- Over 50% reported that they trusted their doctor when it came to the flu vaccine.
Role of Health Care Professionals

- Demonstrate empathy
- Acknowledge that it is okay to have questions and concerns.
- Acknowledge what we know and what we don’t know.
- Be ready to answer questions about efficacy and safety, particularly for specific populations.
- Offer credible information without repeating misinformation
- Share specific reasons for getting the vaccine based on your knowledge of your client’s health and life.
- Make a strong recommendation.
- Be a role model & take the vaccine. Talk about why you took the vaccine.

Source: CDC
“We know that the vaccine had very strong safety data and that side effects are short lived, like sore arms, tiredness and minor side effects.

The reason that is important for you is that with your Type II diabetes, you are more likely to have serious complications if you do get infected. The vaccine is effective in reducing cases of severe illness and hospitalizations.

I took the vaccine myself and I'll get my family vaccinated as soon as they are eligible. I know you want to protect your family too. Take the vaccine today.”
Ongoing Actions for Trust, Vaccine Equity and Health Equity

1. Increase access to vaccines through clinics at trusted, hyper-local sites with other services such as food banks, WIC, etc. Make them available in evenings, weekends, and on public transportation routes.

2. Ensure that residents have access to a system to schedule appointments without requiring sophisticated use of computer technology.

3. Hire and train community health workers to serve as vaccine connectors.
Thank you for all you do to keep our communities healthy

Photo credit: Quinn, 2014
Upcoming Webinar

Topic: Vaccinations and Chronic Conditions

Date/ Time: Thursday, April 20 at 2pm ET

Presenters: Alejandro Granillo, MD, Houston Methodist Physician Organization
Questions

• How can health systems and practice teams move to improve vaccine equity among their patients of color?

• What can the health systems and clinical teams do from a practical perspective in terms of implementing the ACIP recommendations and promoting vaccine confidence?

• What do you think are the biggest factors --- from a patient and clinician perspective --- contributing to vaccine disparities?

• Where in the country and in what types of communities is vaccine resistance is especially challenging?

• Do you believe there is vaccine fatigue? If so, how would you advise effectively addressing it?

• Given the stresses that many practices and health systems are facing, in terms of staffing and burn-out, how can health leaders and clinicians achieve improved vaccination rates and vaccine equity?
Questions?

Submit your questions using the Q&A feature at the bottom of the screen.