2018 NMQF Leadership Summit on Health Disparities

Vaccines and Equity in Disease Prevention

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Angela K. Shen, ScD, MPH
CAPT, U.S. Public Health Service
National Vaccine Program Office
angela.shen@hhs.gov
Outline

I. National Adult Immunization Plan (NAIP)
II. Disparities in Adult Vaccination Coverage
III. Resources
National Vaccine Program Office

12 Public Health Offices of OASH

- Immediate Office
- National Vaccine Program Office
- Office of the Surgeon General
- Office on Women’s Health
- Office on Minority Health
- Office of Adolescent Health
- Office of Population Affairs
- Office of Disease Prevention and Health Promotion
- Office of HIV/AIDS and Infectious Disease Policy
- Office of Research Integrity
- Office of Human Research Protections
- Presidential Commission for the Study of Bioethical Issues
- President’s Council on Fitness Sports and Nutrition

- Established by Congress under the Public Health Service Act in 1986 to guide and coordinate all aspects of the vaccine enterprise
- The ASH serves as the Director of the National Vaccine Program
- NVPO supports the ASH in ensuring coordination and leadership among federal and non-federal partners in supporting the priorities of the Program
I. National Adult Immunization Plan
The National Adult Immunization Plan

- Recognizing the importance of adult immunization and the lack of sufficient progress in increasing rates, NVPO worked with partners to develop the first ever National Adult Immunization Plan (NAIP).
- The NAIP outlines four goals for advancing U.S. adult immunization efforts:
  - **Goal 1**: Strengthen the adult immunization infrastructure
  - **Goal 2**: Improve access to adult vaccines
  - **Goal 3**: Increase community demand for adult immunizations
  - **Goal 4**: Foster innovation in adult vaccine development and vaccination-related technologies

Read the Report: www.hhs.gov/nvpo/national-adult-immunization-plan
Goal 1: Strengthen the adult immunization infrastructure

- **Objective 1.1.2:** Identify coverage gaps and disparities among racial and ethnic minorities and develop targeted strategies to reduce disparities

- **Key Indicator:** Adult vaccination coverage for Healthy People 2020 measures and racial/ethnic disparities in coverage

Goal 3: Increase community demand for adult immunizations

- **Objective 3.1.1:** Conduct research on public awareness and acceptance of adult vaccines (including vaccine financing, vaccine effectiveness, and vaccine safety concerns) among the public, with a focus on racial, ethnic, and economic disparities
II. Disparities in Adult Vaccination Coverage
Disparities in Adult Vaccination Coverage

There is lower vaccine coverage among:

• Hispanics and African Americans
• Uninsured individuals
• Individuals with lower incomes

Source: Williams WW, et al. MMWR 2017

Opportunities

• Consistent provider vaccine assessment and recommendations may help reduce disparities
• Affordable Care Act (ACA) requires non-grandfathered private plans to cover ACIP-recommended vaccines with no cost-sharing, or at no cost to the patient in the form of deductibles or copays
Adult Vaccination Coverage 2016

Vaccination coverage in 2016 similar to estimates from 2015, except for:

- Influenza vaccination 2015–2016 season for ≥19yr: 43.5% (-1.3)
- Pneumococcal vaccination for ≥65yr: 66.9% (+3.3)
- Tdap vaccination for ≥19yr: 26.6% (+3.4)
- Hepatitis A vaccination among 19-49yr with chronic liver condition: 23.7% (+14.8)
- Shingles vaccination for ≥60yr: 33.4% (+2.8)

Racial and ethnic disparities persisted – lower coverage among blacks, Hispanics, and Asians compared with whites for selected vaccines

Trends in Influenza Vaccination, ≥ 65 years, by Race/Ethnicity: 2008-09 – 2015-16 Seasons, NHIS, United States

*Other includes Asian, American Indian/Alaska Native, and multiple race. (Courtesy of Walter Williams, CDC)
Blacks, Hispanics, and Asians had lower vaccination coverage than that of non-Hispanic whites for all of the vaccines routinely recommended for adults, except for:

- Influenza 19+ years – Asians had coverage similar to whites
- HepB 19-49 years – Asians had coverage similar to whites
- HepA 19-49 years – Hispanics and Asians had coverage similar to whites
- HPV 19-26 years females – Hispanics and Asians had coverage similar to whites
- PPSV/PCV13 19-64 years -IR – Blacks and Hispanics had coverage similar to whites

Health Care Personnel (HCP) – Black HCPs and Hispanic HCPs had lower coverage than white HCPs for Tdap and HepB vaccinations

### Snapshot Status on New Quality & Performance Measures Work

<table>
<thead>
<tr>
<th>Measure Subgroup</th>
<th>Vaccines included</th>
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</thead>
<tbody>
<tr>
<td>Prenatal Immunization*</td>
<td>Tdap and influenza</td>
</tr>
<tr>
<td>Adult Immunization*</td>
<td>Tdap, pneumococcal, influenza, and zoster</td>
</tr>
<tr>
<td>End-Stage Renal Disease**</td>
<td>Influenza, pneumococcal, and Hepatitis B</td>
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*National Committee for Quality Assurance (NCQA) tested, developed and assessed these measures for the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) using the Electronic Clinical Data Systems (ECDS) domain

- HEDIS is used to assess the quality of health plans
- ECDS is a new reporting method that leverages the use of electronic clinical data
- Electronic clinical data includes administrative claims, electronic medical records, case management systems and registries

Contributing Factors to Racial and Ethnic Disparities in Adult Vaccination

• No single factor explains all of these disparities
• Among those factors that contribute are differences in:
  • Access to care, including insurance coverage
  • Likelihood that providers recommend vaccination
  • Quality of care received
  • Attitudes toward vaccination and preventive care
  • Concerns about vaccination, including vaccine safety
  • Propensity to seek and accept vaccination
Strategies for Reducing Racial and Ethnic Disparities in Adult Vaccination

- No single intervention will eliminate these disparities
- Partnerships are essential
- Good surveillance is required for development and evaluation
- Focus on the use of targeted, evidence-based interventions
  - Reminder/recall systems for patients and providers
  - Standing orders
  - Implementation of adult vaccination standards
  - Regular assessments of vaccination coverage within practices
  - Improved provider and patient awareness of adult vaccination
  - Combined interventions (that can include messaging) are strongly recommended vs. messaging alone
III. Resources

NVAC Disparities in Adult Immunizations

ACIP Recommendations for Specific Vaccines
http://www.cdc.gov/vaccines/hcp/acip-recs/index.html

AdultVaxView
http://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/index.html