Protecting Our Communities:
Programs to Reduce Adult Immunization Disparities

The burden of vaccine-preventable diseases in adults in the United States is staggering. Pneumonia and influenza were the fifth leading cause of death in all people over age 65, based on 2000 national mortality data. About 36,000 people in the United States die from influenza each year. In 2002, an estimated 5,700 people died of invasive pneumococcal disease. That same year, only 66 percent of adults over 65 received the influenza vaccine, and 56 percent received the pneumococcal vaccine. The rates for high-risk people 18 to 64 were 32 percent for the influenza vaccine and 19 percent for pneumococcal disease.

Most funding for state immunization programs is dedicated to children and comes from federal sources, but states are actively exploring ways to boost immunization rates among adults and elderly people, particularly among Hispanics and African-Americans.

Why Adult Immunizations Matter
It’s not hard to understand why states are motivated to improve adult immunization rates. Consider:

- Every year in the United States an estimated 40,000 adults die from diseases that vaccines could have prevented easily.
- Influenza and pneumonia cause more than 200,000 hospitalizations among the elderly, costing states more than $3 billion.
- Vaccines are cost-effective. For example, the flu vaccine saves $182 in medical costs for every person over 65 who gets vaccinated.
- While childhood immunization coverage rates are above 90 percent in the United States, adolescent and adult immunization rates are less than 70 percent.
- Among the elderly, there are troubling disparities in who receives vaccinations. For example, nearly 69 percent of elderly white Americans get a flu vaccination, but only 48 percent of African-Americans and 45 percent of Hispanic-Americans in the same age range are vaccinated. And there are similar disparities for other vaccine-preventable diseases, including pneumonia.

What Problems are States Facing?
While states may be motivated to immunize more adult residents, successfully doing so requires overcoming some challenges. Although Medicare covers influenza and pneumococcal vaccines for those 65 and older, many other adults who lack Medicare or other health insurance—or are underinsured—can find getting vaccinated too expensive.

But lack of insurance isn’t the only barrier. Many adult patients don’t realize they need to get vaccinated.

Another key challenge to boosting adult immunization rates is reaching minority populations. Many older minority people fail to get immunized because they:

- Have misconceptions about the health risks of vaccines;
- Lack access to clinics, hospitals and other settings that offer vaccinations;
- Are without health insurance or are underinsured;
- Often aren’t exposed to culturally compelling messages about the importance of getting vaccinated;
- Don’t get the right recommendations from health care providers; or
- Don’t understand why immunizations are needed.
What States are Doing

States depend heavily on the federal purchase of vaccines for all ages. In FY 2005, the Centers for Disease Control and Prevention (CDC) awarded approximately $1.5 billion in federal funds to state, local and territorial public health agencies for operating immunization programs and purchasing vaccines through the Vaccines for Children (VFC) program as well as the Section 317 program. However, only a small portion of these funds are being used by states for adult immunization programs. Most vaccines for adults are distributed through the private sector.

States are exploring various methods to increase immunization levels among the elderly, especially elderly Hispanic and African-American people.

For example, in 2005 Texas lawmakers enacted legislation (Senate Bill 1330) aimed at eliminating disparities in adult immunization rates. This bill requires health care facilities such as hospitals, dialysis centers and doctors’ offices inform elderly patients of the availability of pneumococcal and influenza vaccines and be equipped to vaccinate every elderly patient who requests a vaccination. In 1997, Texas had enacted legislation (Senate Bill 786) to allow qualified pharmacists to administer prescribed vaccines.

Finding New Ways to Reach Out

According to Texas state Sen. Leticia Van de Putte, a key champion of the Texas laws aimed at ending disparities in adult immunization rates, creative and nontraditional methods of delivering immunizations sometimes are the best approach to reaching certain populations. Pharmacists across the nation, says Van de Putte, a pharmacist, are becoming more involved in immunization activities by educating their clients about the importance of immunizations and are acting as vaccine promoters, facilitators and administrators. According to the American Pharmacists Association, 44 states allow pharmacists to actively administer immunizations.1

To reach goals of eliminating immunization disparities among minority seniors, Van de Putte says it is imperative to work with partners to determine which strategies work best within these communities.

Van de Putte, the immediate past president of the National Hispanic Caucus of State Legislators, says adult immunization programs need to be culturally relevant to the communities experiencing the disparities. Being relevant, she adds, sometimes means using nontraditional education and prevention methods. Such methods may, for example, include delivering bilingual flyers on the subject of immunization to seniors in the Meals on Wheels programs; operating health clinics in public housing complexes and administering vaccines at local shopping malls, grocery stores, voting sites and senior centers.

Julie Morita, a medical doctor with Chicago’s public health department, agrees with Van de Putte about the importance of providing education and immunization services in non-traditional settings.

“The Chicago Department of Public Health and community groups provided increased access to immunizations in high risk community (by providing education and immunization services in) settings including churches, park districts and Chicago aldermanic offices,” Morita said.

What State Legislators Can Do

For state legislators who want to do more to tackle adult immunization disparities in

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—Texas state Sen. Leticia Van de Putte

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their states, public health experts and champions offer this advice:

- **Don’t Stop at Translation.** “Being culturally sensitive doesn’t just mean putting something in English and Spanish and making sure it’s readable,” Van de Putte says. “Being culturally-sensitive should include looking at family structure and making the system more accessible with the realities faced by our minority populations.”

- **Be a Role Model.** “Legislators can set an example by getting vaccinated themselves,” says Morita. “Legislators can also distribute immunization education messages and material to their elderly constituents and can sponsor immunization clinics.”

- **Harness the Power of Your Community.** Increase awareness and education by involving a range of community groups suggests Christine Long, a senior researcher at the Center for Rochester’s Health in New York. “We should all continue to harness the power of our existing institutions.”

- **Stay Close to Your State Health Department.** “Legislators should establish and maintain a close relationship with their state health department,” says Tamara Kiscera, a project coordinator with CDC’s Immunization Services Division.

### National Efforts

While states such as Texas are working on their own solutions to address the lack of adults being vaccinated, national measures are being discussed. CDC worked with the Centers for Medicare and Medicaid Services (CMS) to establish a rule that all nursing homes enrolled in Medicare/Medicaid programs must provide influenza and pneumococcal vaccinations to all eligible residents unless there is a documented medical contraindication, or they or their families choose not to have the vaccine(s). But despite some action at the federal level, many public health advocates believe that states will have to do much of the work to reduce disparities in adult immunization rates.

### Notes

Healthy States Web Conferences and Issue Briefs for State Legislators

- Colorectal cancer prevention in minority communities
- Coordinated school health programs
- Heart-healthy and stroke-free states
- Immunization disparities
- Preventing diabetes in the Hispanic community
- Promoting oral health
- Preventing youth sexual risk behaviors
- Proven anti-smoking strategies for states
- Vaccine safety

Access archives and downloadable issue briefs, at www.healthystates.csg.org, keyword: web conferences

resources

CDC's National Immunization Program
www.cdc.gov/nip

CDC's Racial and Ethnic Adult Disparities in Immunization Initiative (READII)
www.cdc.gov/nip/specific/readii

Agency for Health Care Research and Quality 2004 National Health Care Disparities Report
www.qualitytools.ahrq.gov/disparitiesreport/browse/browse.aspx

Guide to Community Preventive Services
Policy Recommendations
www.thecommunityguide.org

Institute of Medicine report: “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care”
www.iom.edu/report.asp?id=477

National Institute of Health's Center on Minority Health and Health Disparities
www.ncmhd.nih.gov

Partnership for Prevention's Immunization Policy Web Page
www.prevent.org/content/view/17/17

Texas Immunization Web Sites
www.ci.sat.tx.us/health/
www.immunizeTexas.com

U.S. Department of Health and Human Service's Office of Minority Health
www.omhrc.gov

Recommended Adult Vaccines
- Influenza
- Pneumococcal (PPV)
- Hepatitis B
- Hepatitis A
- Tetanus-diphtheria or Tdap
- Measles-Mumps-Rubella
- Varicella (Chickenpox)
- Meningococcal
- Human Papillomavirus (HPV)

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The NHCSL represents more than 600 Hispanic state legislators from all states, commonwealths and territories of the United States. For information, please visit www.nhcsl.com.

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