Disparities Exist in Immunization Rates and Vaccine-Preventable Diseases

- **Children who live in low-income areas are under-immunized.** Children living below the poverty level are less likely to receive vaccines than those from families at or above the poverty level.¹

- **Hard-to-reach populations, including immigrants, elderly shut-ins, homeless people and drug users, are often overlooked when it comes to vaccinations.** These U.S. populations include as many as 12 million undocumented immigrants, 1.5 million drug users and nearly 750,000 homeless people.²

- **Vaccination is less common among elderly minorities compared to whites.**
  - Only about 45 percent of Hispanics and African-Americans received flu vaccinations in 2006, compared to 67 percent of whites.³
  - Only about a third of Hispanics and African-Americans received pneumonia vaccinations in 2006, compared to more than 60 percent of whites.³

- **Cervical cancer, which can be prevented with a vaccine, occurs most often among minority women.**
  - Cervical cancer occurs more frequently in Hispanic women. The rate is more than twice that in white women.⁴
  - African-American women develop cervical cancer about 50 percent more often than white women. They are twice as likely as white women to die from cervical cancer.⁵
  - American Indian women are 20 percent more likely to die from cervical cancer compared to white women.⁶
  - Vietnamese women in the United States have cervical cancer more than five times more often than white women.⁸ Asian-American and Pacific Islander women have the lowest screening rate for cervical cancer resulting in a high incidence of cervical cancer.⁴

Racial, Ethnic and Socioeconomic Factors Contribute to Disparities

- **Lack of health insurance and not having a regular provider keep people from getting immunized.**
  - Nearly 20 percent of adults ages 19 to 64⁷ and about 25 percent of children lack health insurance that fully pays for vaccines.⁸ Even families eligible for the Vaccines for Children Program are likely to face other barriers, including lack of transportation and jobs that don’t offer time off with pay to take children to get vaccines.
  - About one-third of Hispanics and Native Americans are uninsured, compared to about 20 percent of African-Americans and 15 percent of whites.⁷
  - While 80 percent of white adults have a primary care provider, the percentage is only about 70 percent for Asian-Americans and African-Americans and 57 percent for Hispanics.²

- **Health care provider cultural and linguistic competencies need improvement.** Barriers to immunization include the lack of a health care work force that reflects the diversity of populations being served and poor communication between patient and provider.

- **Patient attitudes and beliefs can be a barrier to getting immunized.** Patients’ knowledge and attitude toward immunizations differ by race and ethnicity. For example, some studies suggest that African-Americans have a greater mistrust of physicians, which may cause them to avoid immunization.
Disparities Can Be Overcome

- Distributing vaccines in nontraditional sites, including shopping centers, health clinics within retail stores, street corners and community centers, can improve immunization rates.9
- Traditional immunization providers can send patient reminders and recall notices through automated mailings and autodial telephone messages to increase vaccinations in high-risk populations.9
- In hospitals and nursing homes, standing orders for nurses and pharmacies to administer vaccines to all people of certain ages or with certain risk factors without a physician’s exam improve immunization rates among adults.9
- Offering vaccines at health departments when Women, Infants and Children (WIC) vouchers are picked up helps improve immunization rates in low-income populations.9
- Employers, faith-based organizations and community service groups can educate their constituents and sponsor immunization drives and mobile clinics to improve vaccination rates in minority communities.10

What Can State Legislators Do?

- **Increase funding.** Provide funding for projects that promote culturally appropriate, community-based public health immunization programs.
- **Educate the public.** Support community-based educational campaigns to change attitudes and increase motivation for receiving vaccines. Ensure that educational materials are culturally and linguistically accessible to a wide range of ethnic and racial minorities.
- **Immunize the elderly in health facilities.** Sponsor legislation to require health care facilities to offer elderly patients flu and pneumonia vaccines.
- **Improve insurance coverage.** Require insurers to cover immunizations without co-pays or deductibles. Providing free vaccinations eliminates disparities in adult immunization but low-cost vaccinations do not.11
- **Work with communities to reduce barriers.** Understand the barriers that cause immunization disparities in your community and develop effective culturally competent partnerships to eliminate them. Include county health departments, community health centers and community and faith-based organizations that serve targeted populations.

State-level estimates for 2006 of children ages 19-35 months who are immunized are available by race and Hispanic origin from the State Health Facts Web site of the Kaiser Family Foundation at http://www.statehealthfacts.kff.org/comparebar.jsp?ind=55&cat=2

For more information, see the Healthy States Immunization Tool Kit available at http://www.healthystates.csg.org/NR/rdonlyres/4D6399F9-DD2E-42CB-9BC4-DC60F68D8A69/0/ImmunizationsToolkit.pdf

If you would like more information or references:
- Send your inquiry to http://www.healthystates.csg.org/ (keyword: questions/comments) or
- Call the CSG Health Policy Group at (859) 244–8000.

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Sources:
10 Daniels, et.al “ Effectiveness of Adult Vaccination Programs in Faith-Based Organizations,” Ethnicity & Disease, Volume 17, Winter 2007.