

05-04

STATEMENT OF POLICY

RACIAL AND ETHNIC INEQUITY IN IMMUNIZATION COVERAGE RATES

Policy

The National Association of County and City Health Officials (NACCHO) urges increased federal commitment of resources to eliminate inequity in immunization rates among low income, racial and ethnic populations across the lifespan, including the following:

- Additional support to local health departments (LHDs) for epidemiologists and other staff to continually measure the impact of policies and interventions on the equity of outcomes, and to disseminate local-level data to document changes in inequities in immunization rates and their causes;
- Increased funding to enhance LHD capacity for outreach and education to populations with disproportionately low immunization rates and to the health care providers who serve them;
- Additional support to help LHDs identify and address the connections between social determinants of health inequity and immunization inequity;
- Increased support to identify and disseminate best practices to address immunization inequity, including those which address access to care, improved surveying and surveillance techniques, expanded use of immunization registries, and creating strategic and sustainable community health coalitions; and
- Enhanced support for LHDs to explore and institute strategies to better capture local-level immunization rates.

Justification

Through *Healthy People 2010*, the federal government set goals of eliminating racial and ethnic inequity in health outcomes, including immunizations¹. Although the rates of successful age-appropriate immunization among children in historically under-vaccinated groups have risen significantly, much progress remains to be made in achieving equity in immunization rates in people of all ages in these groups.^{2,3} In addition, potential wide variations in immunization rates at the local level are not well represented by national data because they remain unmeasured.^{2,4}

Closing the gaps in immunization rates will require a tremendous infusion of resources and national attention to the myriad underlying social inequities associated with these disparities. It will be essential to collect standardized and comprehensive data both nationally and at the local level to characterize better the factors associated with these inequities and to identify all affected groups and sub-populations. LHDs have a responsibility to assess communities and identify pockets of need, but many lack the infrastructure and capacity to do so. Support that builds such epidemiologic, educational, clinical and staffing capacity in LHDs, along with



the necessary community collaborations whose partnerships are essential for successful interventions, will assist LHDs in developing tailored interventions to work towards equity in immunization. There are many reasons for inequities in immunization: varied barriers to access, including but not limited to inconvenient locations of services; need for complicated or expensive transportation options to get to the office or clinic; and/or lack of appropriate levels of insurance coverage; underestimation of personal risk and overestimation of risks posed by vaccine safety by both the public and medical care professionals; and a mistrust of the health care system, government directives, and pharmaceutical industry motives.⁵ These reasons will require varied outreach and educational strategies, each one of which will require resources such as personnel, time and planning. A system that can equitably serve the immunization needs of all regardless of race, ethnicity, language, gender, sexual orientation, age, socio-economic status, immigration status, and/or any other characteristic will benefit all aspects of public health and medical care. It will also make any emergency response more robust and effective.⁶

1. Healthy People 2010: Objectives for Improving Health. Part A. Focus Area 14: Immunization and Infectious Diseases
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3. Healthy People 2010. Progress Review. Immunization and Infectious Diseases. 21 July 2007. Obj. 14-24a
4. US Department of Health and Human Services Advisory Committee on Minority Health (ACMH). Ensuring that health care reform will meet the health care needs of minority communities and eliminate health disparities. Accessed on August 15, 2010 from http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMH_HealthCareAccessReport.pdf
5. Logan JL. Disparities in influenza immunization among US adults. *J Natl Med Assoc.* 2009 Feb; 101(2):161-6
6. Andre FE, Booy R, Bock HL, Clemens J, Datta SK, John TJ, Lee BW, Lolekha S, Peltola H, Ruff TA, Santosham M, Schmitt HJ. Vaccination greatly reduces disease, disability, death and inequity worldwide. *Bull World Health Organ.* 2008 February; 86(2):140-146

Record of Action

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