

HEALTH EQUITY AND VACCINATIONS IN MA

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MA Adult Immunization Coalition

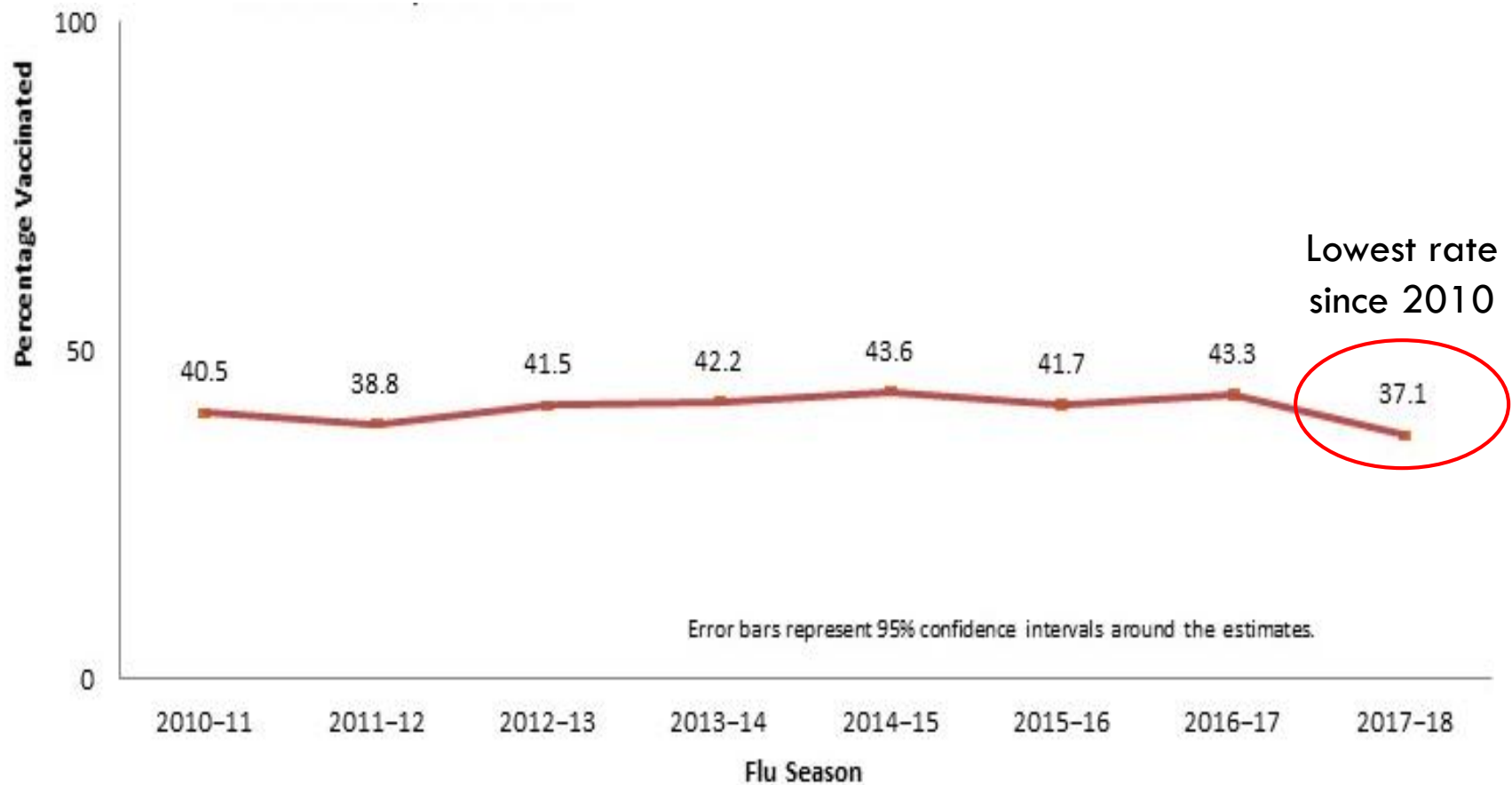


Agenda



- Racial/ethnic disparities in vaccination coverage for adults
- How providers can reach historically under-immunized (HUI) populations
- Resources for providers to reach HUI?
- Services the Office of Health Equity offers

Adult Immunization Rates, US - Flu



Source: CDC National Ctr. For Immunization, Ram Koppaka, MD, PhD, Vaccine Advisory Committee, Feb 8, 2018

Immunization Disparities, US - Flu

Flu Vaccination Coverage* Adults, by Race/Ethnicity, US† 2017–18 Season

| Race/Ethnicity¶ | % | Difference from 2016–17 Season |
|---------------------------------|------|--------------------------------|
| Overall | 37.1 | -6.2 |
| White only, non-Hispanic | 40.2 | -5.7 |
| Black only, non-Hispanic | 32.3 | -5.1 |
| Hispanic | 28.4 | -8.5 |
| Other, non-Hispanic Overall | 36.7 | -6.9 |
| - Asian | 42.0 | -5.1 |
| - American Indian/Alaska Native | 33.1 | -4.4 |
| - Other or multiple race** | 32.4 | -9.3 |

* Estimates based on interviews conducted Sep 2017 through June 2018, and reported vaccinations July 2017 through May 2018.

† Excludes U.S. territories.

% Weighted to U.S. population. Month of vaccination was imputed for respondents with missing month of vaccination data.

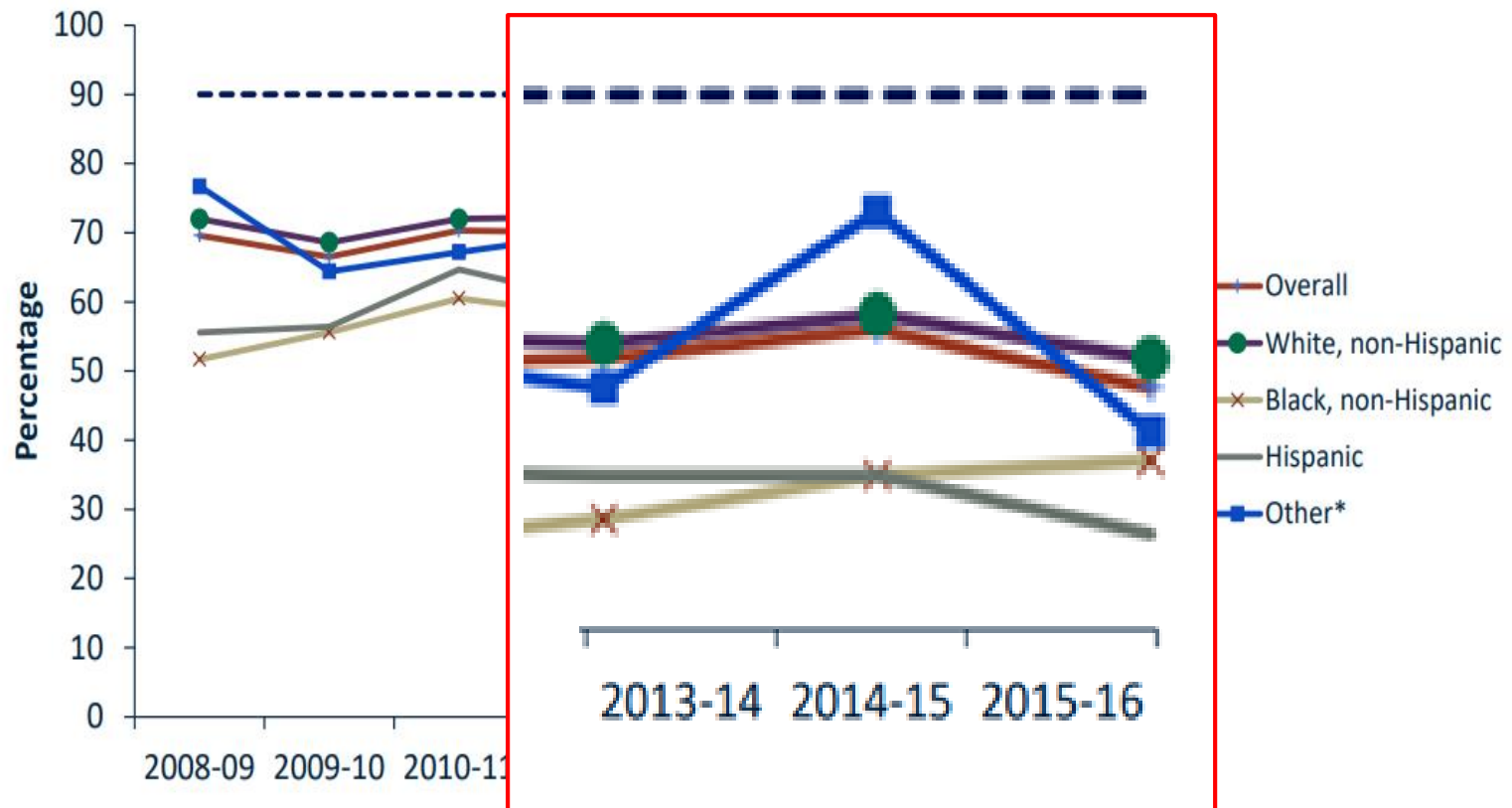
¶ Race is reported by respondent; people of Hispanic ethnicity may be of any race.

** Includes Native Hawaiian or other Pacific Islander, multiracial, and other races.

Source: CDC analyzed data from BRFSS for adults ≥18 years: <https://www.cdc.gov/flu/fluview/coverage-1718estimates.htm>

Immunization Disparities – Older Adults

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.

Disparities (continued)

Average Change in Racial/Ethnic Vaccination Disparities 2010-2016

| Vaccination Group | Average Change in % Vaccination Coverage Differences Compared with Whites | | | |
|------------------------|---|----------|-------|-------|
| | Black | Hispanic | Asian | Other |
| Pneumo., IR 19-64 yrs | -0.2 | 0 | 0.2 | -0.5 |
| Pneumo., ≥65 yrs | 0.3 | 0 | 0.5 | 0.5 |
| Tetanus, ≥19 yrs | -0.8 | -0.4 | 0.3 | -0.2 |
| Tetanus, 19-49 yrs | -0.9 | -0.5 | 0.5 | -0.4 |
| Tetanus, 50-64 yrs | -0.5 | 0.2 | -0.2 | 0.9 |
| Tetanus, ≥65 yrs | -0.4 | 0.3 | 0.6 | -0.3 |
| Tdap, ≥19 yrs | -2.7 | -1.8 | -1.8 | -1.1 |
| Tdap, 19-64 yrs | -2.8 | -2.2 | -1.9 | -0.1 |
| Tdap, ≥65 yrs | -2.5 | -1.2 | -0.2 | -1.7 |
| HepA, 19-49 yrs | -0.5 | -0.4 | -0.6 | -0.9 |
| HepB, 19-49 yrs | -1.0 | -0.7 | -0.4 | -0.5 |
| HepB, HCP ≥19 yrs | -1.7 | -0.9 | -1.4 | -2.2 |
| Herpes Zoster, ≥60 yrs | -2.0 | -1.4 | -2.1 | 0 |

Source: CDC National Ctr. For Immunization, Ram Koppaka, MD, PhD, Vaccine Advisory Committee, Feb 8, 2018

What Can Providers Do?

Initial learning from the H1N1 flu pandemic revealed the following are critical steps:

1. identify and understand HUI populations
2. secure funding and personnel to...
3. facilitate community outreach and education activities
4. make vaccines available and easily accessible for HUI

What Can Providers Do?

1. Study the demographics of your community.

- Identify the HUI populations
- Slice data: age, race/ethnicity, language, housing, immigration, employment, health insurance status

1. Meet community members: ask questions and listen

- Understand attitudes toward vaccination
- Engage and partner with:
 - ▣ Local leaders, including spiritual, especially health champions
 - ▣ Businesses patronized by HUI: salons, barbers, restaurants, grocery
 - ▣ Community organizations working directly with and trusted by HUI populations
- Where do HUI community members congregate?
 - ▣ Neighborhood associations or other civic groups
 - ▣ Informal social groups: book clubs, sports leagues, etc.
 - ▣ Faith-based or religious temples



YOU DON'T HAVE TO DO IT ALONE!

Partner with people and organizations in your community who already have connections to the group you want to educate or vaccinate. You will be more successful, have more fun and build important relationships for the future.

Resources



Flu Vaccine for Everyone!

A Guide to Reaching and Engaging Diverse Communities

Massachusetts Department of Public Health—Office of Health Equity



Resources (continued)

Immunization Equity Technical Assistance (IETA):

14 Case Studies (2014-2015)

- summarized plans, activities, and lessons learned
- template reflects technical assistance received
- examples, not “best practices”
- peer programs can use and adapt

| ATHOL BOARD OF HEALTH Immunization Equity TA FY15 Case Study | |
|---|--|
| Goal | ■ Increase flu vaccination rates by at least 10% for under-immunized and hard-to-reach populations in Athol and surrounding small towns. |
| Objective/s | ■ Develop and/or strengthen local partnerships. ■ Provide educational material and be available to answer questions. ■ Hold one or more flu clinics for our target population. |
| Target Population | ■ Below poverty level, low income, and low literacy populations ■ Families with generational dependency on government aid ■ Focus on men and women 25 and older |
| Partners | ■ Local churches and organizations (Valuing Our Children, Salvation Army, Athol Hospital, Family Pharmacy, Athol Housing Authority, RCAP Solutions) |
| Activities | ■ Provided educational materials and answered questions for residents at the Athol pre-school/Kindergarten screening event, free community meals at St. Francis Church, American Legion and Salvation Army. ■ Held telephone meeting with owner of Family Pharmacy. ■ Met with Sanofi representative. ■ Held a meeting with church board members. |
| Outcomes/Outcome Measures | ■ Developed and strengthened important partnerships with the local organizations that serve the target population. These partnerships are essential to reaching out and understanding underserved adults. |
| Progress | ■ Provided education at three community events, gaining a better understanding of the target population and the organizations that serve them. By meeting people on their own turf, we began to gain trust from individuals. |
| Challenges | ■ Low-literacy and undereducated individuals who have access to Internet often believe “if it’s on the internet, it’s true.” ■ Communication barriers and lack of interest. |
| Learning | ■ Gaining the target population’s trust is important prior to holding a flu clinic. Initially met with resistance but learned that if you have a “value added” item, people are more likely to speak with you. ■ Some individuals needed basic information, such as why the flu vaccine is important and hand washing instructions. ■ After being at more than one function the target population became familiar with me and felt more comfortable. |
| Recommendations | ■ Between now and flu vaccine season (Fall 2015), spend more time at the free meals events, get to really know people so they are comfortable with me. Gain trust by answering questions (and a lot of the questions have nothing to do with vaccine). |

50 | Appendix: Immunization Equity Technical Assistance (IETA): Case Studies

Office of Health Equity

Agency-wide resource:

- *Promoting HE principles and policies across all programs*
- *Informing the way health services are designed, delivered and evaluated*

OHE Vision Statement: *DPH staff, policies, and programs explicitly address inequities through a systems lens.*

Health Disparities / Inequities

Disparities: differences between populations in:

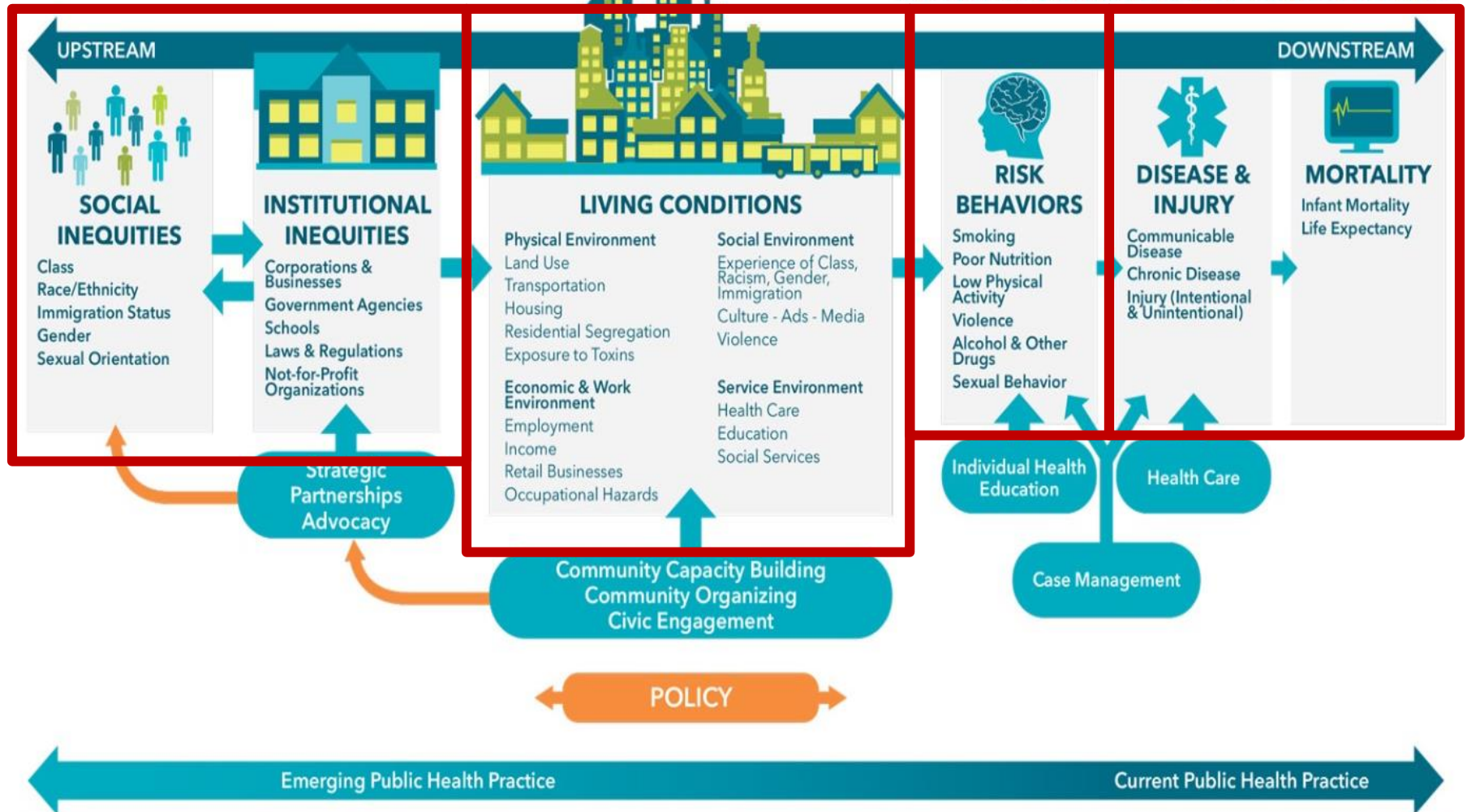
- *Rates of disease*
- *Health outcomes*
- *Mortality*

Inequities: these differences are unjust, preventable and related to social factors, like:

- *Unequal distribution of power*
- *Living conditions*
- *Access to and quality of care*

Inequities result in disparities

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



What is Health Equity?

DPH Definition: *Ensuring that all people have the opportunity to attain (and maintain) their full health potential.*

- Both process and outcome—ongoing
- Must address social determinants of health
- Uses a social justice framework (inequities)





RESTROOM



Public Health



*“Public health is what we, as a society, do collectively to assure **the conditions** in which (all) people can be healthy.”*

—Institute of Medicine, Future of Public Health (1988)

We call these conditions the social determinants of health (SDOH)

Social Determinants Of Health



Office of Health Equity

Programs/Staff/Expertise:

- *Disability Program*
- *Health Interpreters Program*
- *CLAS Standards*
- *Plan-Do-Study-Act*
- *Oral Health Equity*
- *Housing Stability/Homelessness*
- *Racial Equity*

Questions?



Thank you!

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