

Health Equity Coverage Recommendation Form

Title:	Health Equity in Immunizations
Date of Last Review:	3/1/25

Research Section

Background

According to the [World Health Organization](#) immunizations save millions of lives every year.¹ Vaccines reduce the risk of getting a disease by working with the body’s natural defenses to build protection. Immunization currently prevents 3.5 million to 5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles. Vaccines are also critical to the prevention and control of infectious disease outbreaks. They underpin global health security and are a vital tool in the battle against antimicrobial resistance.

Inequities discussed on the [Office of Minority Health Website](#):²

- The mission of the U.S Department of Health and Human Services (HHS) Office of Minority Health (OMH) is to improve the health of racial and ethnic minority populations and American Indian and Alaska Native communities. Additionally, the OMH theme for 2025 is advancing commitments to eliminate health disparities.
- The U.S. Department HHS OMH contains information on their website for vaccination coverage by age, race and origin, poverty level, and location of residence. Information on the website further details population profiles for the following populations: American Indian/Alaska Native, Asian American, Black/African American, Hispanic/Latino, and Native Hawaiian and Pacific Islander. Population information includes information on demographics, language, educational attainment, economics, health insurance coverage, and health.

[American Indian/Alaska Native Health](#)³

- American Indian/Alaska Native adults were 30% less likely to have received the influenza (flu) shot during the 2023–2024 flu season than non-Hispanic white adults.
- American Indian/Alaska Native children born in 2020 were 20% less likely to be fully immunized by age 24 months than non-Hispanic white children.
- In 2021, the leading causes of death in non-Hispanic American Indians and Alaska Natives were COVID-19, heart disease, cancer, unintentional injuries, and chronic liver disease.

[Asian American Health](#)⁴

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- In 2017, Asian/Pacific Islander adults aged 65 years and older were 20 percent less likely to receive the pneumonia shot, compared to non-Hispanic white adults of the same age group.
- In 2017, Native Hawaiian/Pacific Islander children aged 19 to 35 months reached the Healthy People goal for immunizations for hepatitis B, MMR (measles-mumps-rubella), polio and chicken pox.
- Asian/Pacific Islander women were 20 percent less likely to be immunized against HPV, in 2015.
- In 2021, the five leading causes of death among non-Hispanic Asian Americans in the United States were cancer, heart disease, COVID-19, stroke, and unintentional injuries.

[Black/African American Health](#)⁵

- Non-Hispanic Black or African American adults were 10% less likely to have received the influenza (flu) shot during the 2023–2024 flu season than non-Hispanic white adults.
- Non-Hispanic Black or African American children born in 2020 were 10% less likely to be fully immunized by age 24 months than non-Hispanic white children
- In 2022, non-Hispanic Black or African American females ages 19–26 were 20% less likely to have ever received a human papillomavirus (HPV) vaccine than non-Hispanic white females in the same age group
- In 2022, the leading causes of death for non-Hispanic Black/African Americans were heart disease, cancer, unintentional injuries, stroke, and COVID-19.

[Hispanic/Latino Health](#)⁶

- Hispanic American adults are 30% less likely than non-Hispanic white adults to have ever received the pneumococcal (pneumonia) vaccine.
- In the 2021–2022 influenza (flu) season, Hispanic adults were 30% less likely to have received flu vaccines than non-Hispanic whites.
- Hispanic children ages 19–35 months have comparable immunization rates for hepatitis; influenza; measles, mumps, and rubella; and polio as their non-Hispanic white peers
- Hispanic women ages 19–26 were 10% less likely than their non-Hispanic white peers to receive a human papillomavirus (HPV) vaccine in 2018.
- In 2018, Hispanic adults were 20% less likely to be fully immunized against hepatitis B than non-Hispanic white adults.
- In 2021, the five leading causes of death among Hispanics/Latinos (of any race) were COVID-19, heart disease, cancer, unintentional injuries, and stroke.

[Native Hawaiian and Pacific Islander Health](#)⁷

- Specific immunization information on the OMH website were not available for the Native Hawaiian and Pacific Islander population.
- In 2021, the leading causes of death among non-Hispanic Native Hawaiians/Pacific Islanders were COVID-19, heart disease, cancer, unintentional injuries, and diabetes.

[COVID-19 Vaccines and Racial and Ethnic Minority Populations](#)⁸

- The U.S. Department of Health and Human Services Office of Minority Health states that available data show that minority populations have lower vaccination rates than Non Hispanic white Americans.
- Per the COVID-19 Data Tracker, minority populations do have lower COVID-19 vaccinations rates with the exception of the Asian American population for at least one dose and the completed primary series of COVID-19 vaccination (final updated posted on May 11, 2023).
- Additional information regarding demographic characteristics is available on the [COVID-19 Data Tracker](#).⁹

Review of current, peer-reviewed evidence from established sources:

[Vaccine access, equity, and justice: COVID-19 vaccines and vaccination \(2023\)](#):¹⁰

Privor-Dumm, Excler, Gilbert, et al. discuss the difficulty of equitable COVID-19 access. They conclude that the global health community must come together to ensure a more just and equitable approach to vaccine access and vaccination is agreed upon prior to the next pandemic.

Review of clinical practices guidelines from professional associations and societies in regard to these findings:

[ACIP Vaccine Recommendations and Guidelines](#):¹¹

- The Advisory Committee on Immunization Practices (ACIP) develops recommendations for U.S. immunizations, including ages when vaccines should be given, number of doses, time between doses, and precautions and contraindications.
- ACIP has vaccine specific recommendations for the following vaccines:
 - Anthrax
 - Cholera
 - Combined DTaP/IPV/Hib/HepB
 - COVID-19
 - Dengue
 - Diphtheria, Tetanus, and Pertussis
 - Ebola
 - Haemophilus Influenzae Type B
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Influenza
 - Japanese Encephalitis
 - Measles, Mumps, and Rubella
 - Measles, Mumps, Rubella, and Varicella
 - Meningococcal
 - Orthopoxviruses (Smallpox and Mpox)
 - Pneumococcal
 - Polio
 - Rabies
 - Rotavirus

- Respiratory Syncytial Virus
- Tick-Borne Encephalitis
- Typhoid
- Varicella (Chickenpox)
- Yellow Fever
- Zoster (Shingles)

Oregon Board of Pharmacy¹²

- In Oregon, pharmacists can immunize people aged 7 years or older with all ACIP recommended vaccines in accordance with posted pharmacy protocols.

Do any of these findings relate to any of our current policies?

None of the above findings are applicable to any of our current medical policies at this time.

Summary:

Minority populations have lower vaccination rates than Non-Hispanic white individuals as per the U.S. Department of Health and Human Services. American Indian/Alaska Native adults and Non-Hispanic Black or African American adults, were less likely to receive the influenza (flu) shot during the 2023-2024 flu season than non-Hispanic white adults. American Indian/Alaska Native children as well as Non-Hispanic Black or African American children born in 2020 were less likely to be fully immunized by age 24 months than non-Hispanic white children. The U.S. Department of Health and Human Services Office of Minority Health also provided further details on population profiles regarding immunizations for the following populations: American Indian/Alaska Native, Asian American, Black/African American, and Hispanic/Latino. Contributing factors that lead to difficulty receiving immunizations may include but are not limited to the following: needing to take time off work to travel to doctor's offices, Oregon pharmacies immunizing only individuals 7 years and older, difficulty taking children out of school to go to doctor's offices, difficulty obtaining doctor office appointments, vaccine hesitancy, and vaccine misinformation. PHP believes in the importance of outreach to vulnerable communities and has provided community vaccination clinics and grant funds to clinics for vulnerable communities in previous years. However, immunization of minority and underserved populations is an area of healthcare that as *Dumm et al.* stated will need the global health community to come together to ensure a more just and equitable approach to vaccine access and vaccination.

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions follow the Centers for Disease Control and Prevention (CDC) recommendations and recommendations by the Advisory Committee for Immunization Practices (ACIP) for immunizations. Two operational policies approved by the Oregon Region Pharmacy and Therapeutics Committee, Vaccine Program - (excluding influenza and pneumococcal conjugate vaccine) Policy - ORPTCOPS068 and Vaccines Influenza and Pneumococcal Policy - ORPTCOPS014, detail policies for immunizations of

which follow CDC and ACIP recommendations. There are no utilization edits that are specific to black and indigenous people, other people of color, or gender in either operational policy. Age edits in place for immunizations follow CDC and ACIP recommendations. Additionally, Medicare and Medicaid guidance is followed in the operational policies, for example Medicaid children 0-18 years of age must get vaccines at participating provider’s office or Vaccines For Children (VFC) program facility as required by Medicaid. Thus, there is no distinct utilization and medical necessity criteria needed for vulnerable populations regarding immunizations at this time.

Recommendation:	No recommended health equity updates to policies at this time. We will continue to review data and professional organization recommendations for future health equity updates.
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12. Immunization resources for Oregon pharmacists. Oregon Health Authority. Accessed 2/25/2025.

CORE Revision History Section	
DATE	SUMMARY OF CHANGES
03/01/2024	Initial Review.
02/24/2025	Annual review. No change in recommendation. Updated to new template.

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