Creating a Balanced Healthcare Landscape

Disclosures

Marlene Battle, PharmD, MS
Director of Education/Health Equity Coordinator

No Financial Disclosures

Learning Objectives

1. Discuss the societal and ethical implications of unequal vaccine distribution

2. Recognize common barriers that prevent equal access to vaccines, such as socioeconomic factors, geographic locations, and misinformation

3. Discuss different strategies and policies that can enhance vaccine accessibility.

4. Identify ways to engage communities in vaccine education

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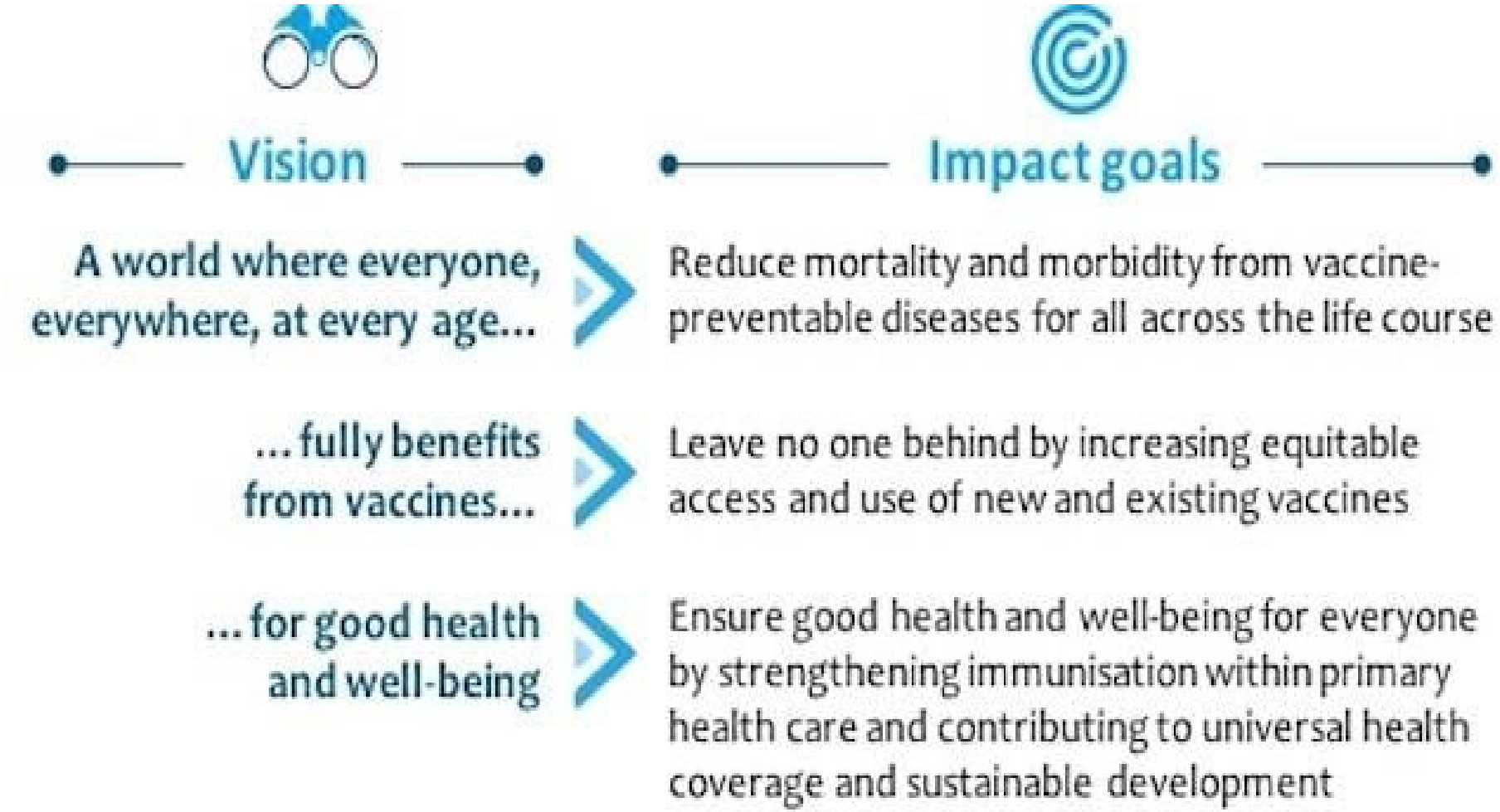

https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030

Strategic Priority: Coverage & Equity

- Goal
  - Everyone is protected by full immunization, regardless of location, age, socioeconomic status or gender-related barriers.

- Key areas of focus
  - Disadvantaged populations
  - Barriers to vaccination
  - Learning from disease-specific initiatives
  - Implementation research

https://cdn.who.int/media/docs/default-source/immunization/strategy/ia2030/ia2030-draft-4-wha_b8850379-1fce-4847-bfd1-5d2c9d9e32f8.pdf?sfvrsn=5389656e_69&download=true

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Benefits of Vaccines

1. Vaccines have saved lives for over 100 Years

2. Vaccines are the best way to protect yourself and your loved ones from preventable disease

3. Vaccines can prevent serious illness

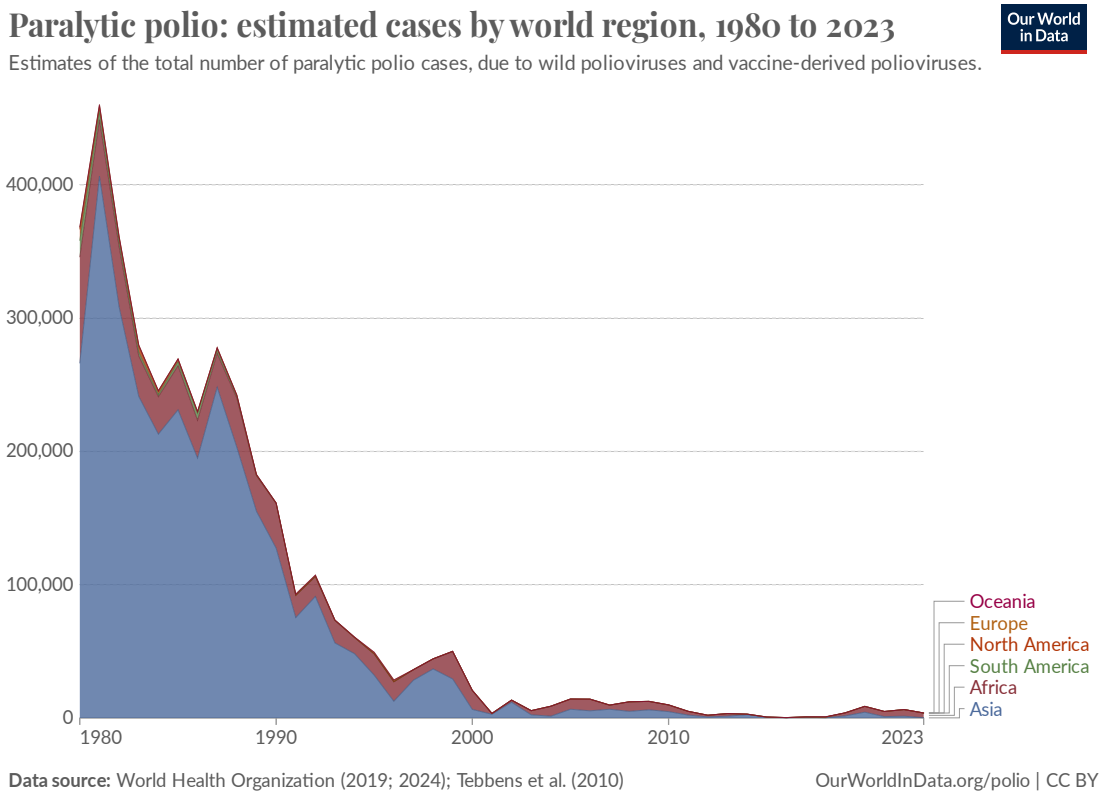
4. Vaccines you receive are safe

5. Vaccines may be required

https://www.cdc.gov/vaccines/adults/reasons-to-vaccinate.html

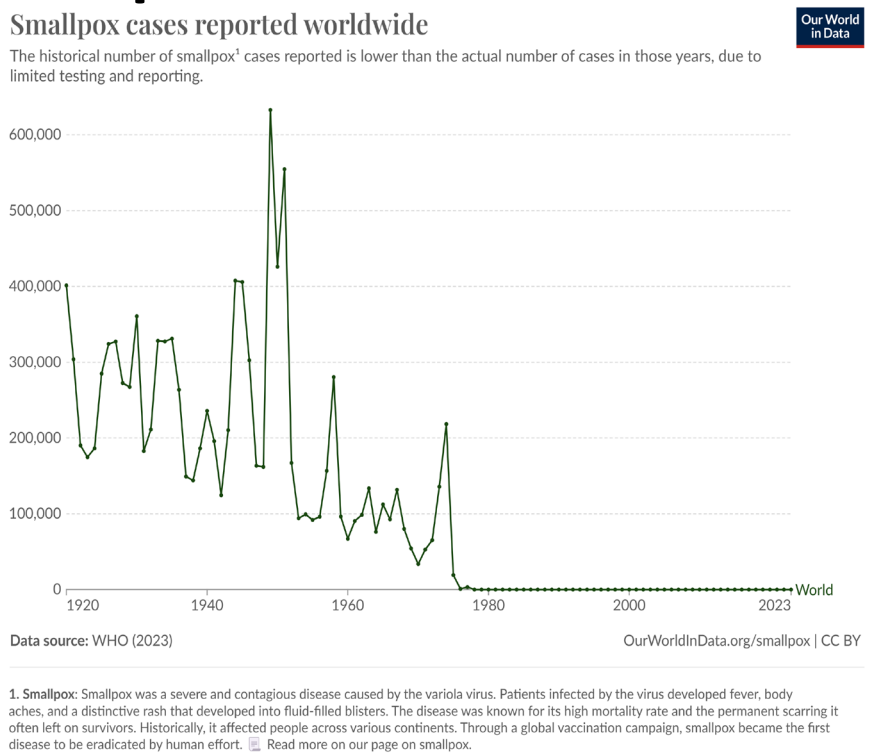
Vaccine Achievements:

Vaccine History of Polio and Smallpox



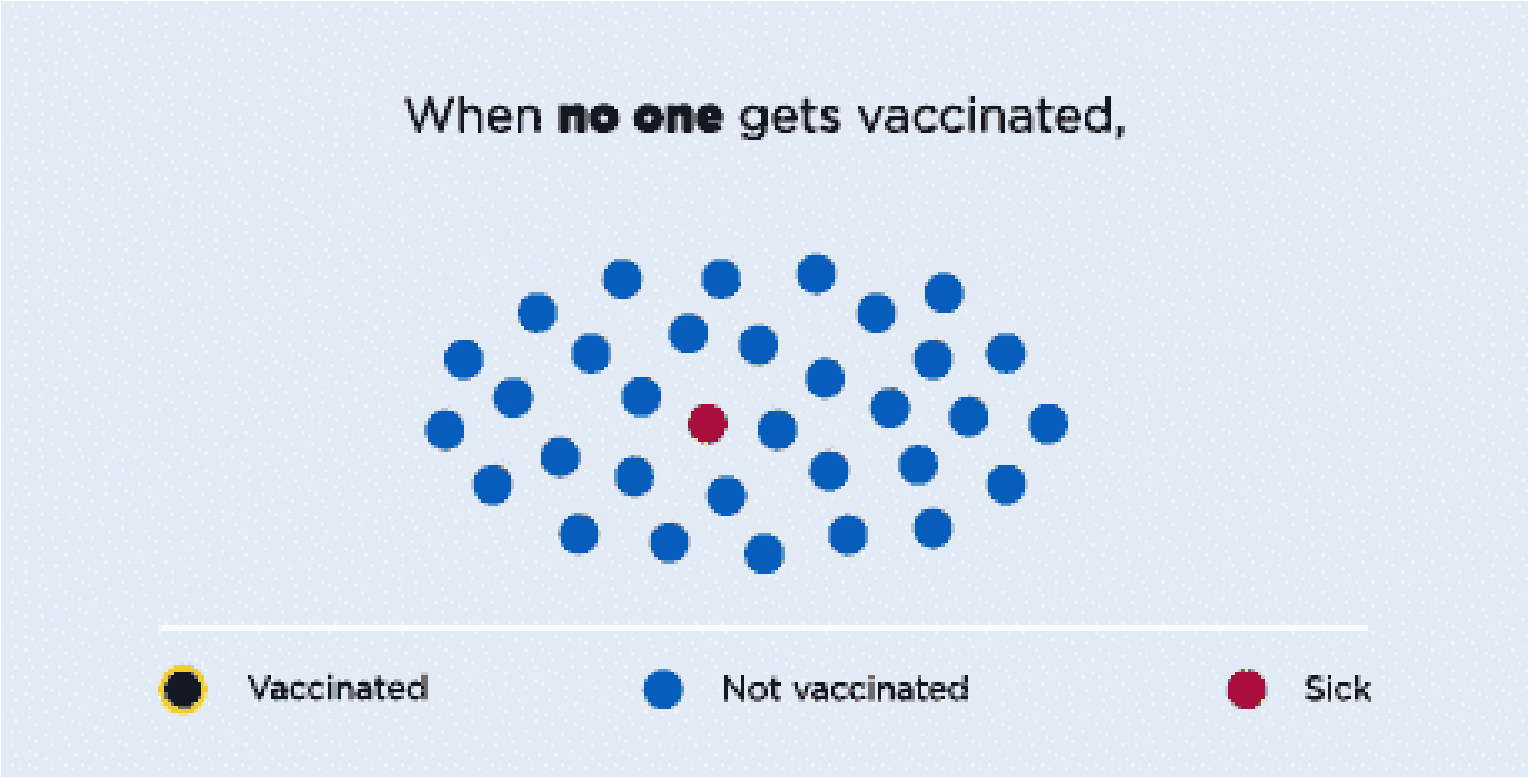
https://ourworldindata.org/grapher/number-of-estimated-paralytic-polio-cases-by-world-region

Smallpox



https://ourworldindata.org/grapher/global-smallpox-cases

What would happen if we did not have access to vaccines?



Graphics | HHS.gov

Unequal Vaccine Distribution

Societal Implications
Increased Morbidity and Mortality
Strain on Healthcare Systems
Public Distrust
Global Health Security

Ethical Implications
Fairness/Right to Health
Vulnerability and Prioritization
Global Solidarity
Transparency and Accountability

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Types of Barriers

- Structural
- Behavioral
- Informational

https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-strategies.pdf

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Structural Barriers

Equity	**May not be equally distributed, administered, or accessed in communities, especially those under-resourced**
Cost	**Figuring out where to get vaccinated; time off from work, recovery time if side effects experienced; child care; transportation**
Access	**Transportation access; vaccination clinic hours; internet access/technical skills; homebound and long-term care patients**
Policy	**Health insurance requirements; service restrictions for non-citizens and undocumented residents**

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https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-strategies.pdf

Behavioral Barriers

Inertia	Difficulty making decisions-instead of deciding, they do nothing-which leads to individuals not being vaccinated
Prevailing social norms	If trusted sources in a community are against getting vaccinated, others will likely follow suit
Misperception	Individuals may have vaccine opinions and beliefs based on scientific inaccuracies that can lead to fear, resistance, or mistrust
Mistrust	Lack of trust in institutions such as government, medial institutions, and media can affect decisions about vaccines

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https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-strategies.pdf

Informational Barriers

Cultural Relevancy	**Information about the vaccines is not always communicated in ways that reflect sociocultural norms, beliefs, and realities.**
Health Literacy	**Individuals may not understand the vaccine information being shared; may have difficulty understanding the difference between factual and false health information**
Misinformation	**False and misleading information can lead to individuals not getting vaccinated.**
Lack of Adequate Information	**Individuals lack the information they need to understand the risks, benefits, and background of vaccine**

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https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-strategies.pdf

- Fewer than 1 in 4 adults aged 19 or older received all their recommended vaccines in 2019.

- Minority populations have even lower vaccination rates, with only 15.9% of Black adults and 17.3% of Hispanic adults receiving routine vaccines compared to 23.7% White adults.

- Black (39.0%) and Hispanic (37.5%) Americans, as well as people who identify as other or multiple race (41.4%), also have lower flu vaccination coverage when compared with White (49.3%) adults.

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https://www.cms.gov/priorities/health-equity/minority-health/resource-center/resource-center/health-observances

- In 2019, only 48.9% of Black children and 60.6% of Hispanic children between the ages of 6 months and 4 years old received their flu shot, compared to 64.1% of White children.

- Additionally, fewer children in rural areas received flu vaccines (51.8%) than those in urban areas (64.7%).

https://www.cms.gov/priorities/health-equity/minority-health/resource-center/resource-center/health-observances

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Strategies to Increase Vaccine Access

- Public Education and Awareness
- Community Based Clinics
- Reduced Costs and Financial Incentives
- Expanded Health Care Workforce
- Flexible Hours and Locations
- Transportation Assistance

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Strategies to Increase Vaccine Access

- Simplified Registration and Scheduling
- Addressing Cultural and Language Barriers
- Government and Policy Support
- Monitoring and Feedback Systems
- Global Collaboration

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Vaccines for Children (VFC)

•The Vaccines for Children (VFC) Program provides vaccines to children whose parents or guardians may not be able to afford them.

•Serving as one of the nation's most important contributors to health equity, the program helps ensure that all children have a better chance of getting their recommended vaccinations on schedule and staying healthy.

https://www.cdc.gov/vaccines-for-children/about/index.html

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Benefits of VFC Program

- Covers vaccines recommend by ACIP and approved by the CDC-includes all vaccines for children ages 18 years and younger
- Eliminates or reduces vaccine cost as a barrier to vaccinating eligible children
- Saves parents and enrolled provides out-of-pocket expenses for vaccines.

https://www.cdc.gov/vaccines-for-children/about/index.html

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VFC Program Eligibility Requirements

- Uninsured Children
- Medicaid-eligible or Medicaid-enrolled children (18 years or younger)
- American Indian or Alaska Native children
- Underinsured children

https://www.cdc.gov/vaccines-for-children/about/index.html

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Strong Vaccine Recommendations

- **S**hare the reasons
- **H**ighlight positive experiences
- **A**ddress patient questions
- **R**emind patients that vaccines protect them and their loved ones
- **E**xplain any potential costs

https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm

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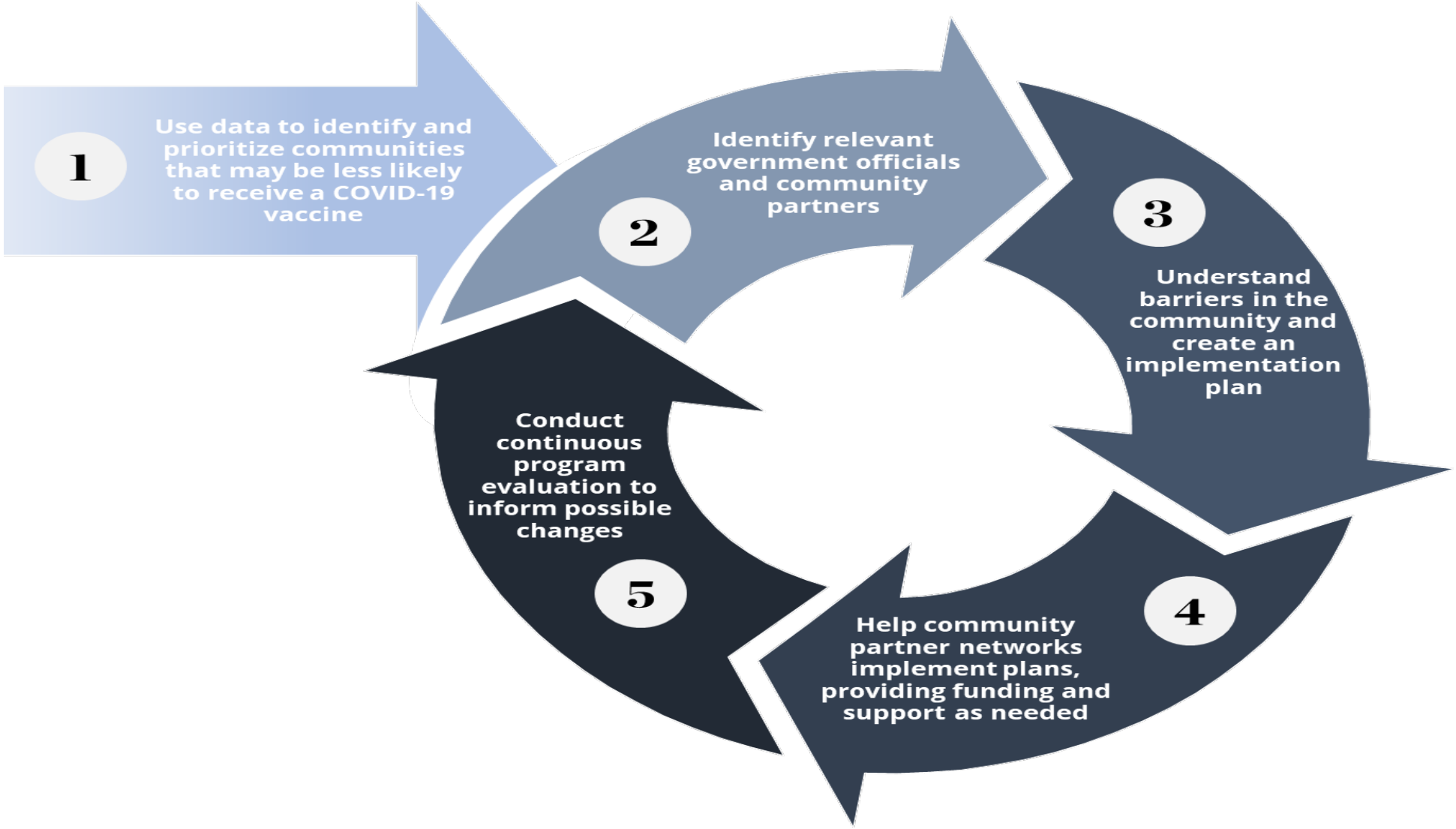
Community Driven Approach



https://www.cdc.gov/vaccines/covid-19/downloads/guide-awardees-community-driven-strategies.pdf

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Community Driven Approach

Step 1: Use data to **identify and prioritize racial/ethnic minority communities** that may be less likely to receive a vaccine.

Step 2: For each community of focus, **identify relevant government officials and community** partners to form a "community partner network."

Step 3: Work with the community partner network to **understand barriers** in the community and **create an implementation plan for vaccination messaging, outreach, and administration.**

Step 4: Help community partner networks **implement plans, providing funding and support** as needed.

Step 5: Conduct **continuous program evaluation** through data collection and analysis to **inform possible change** to the ongoing strategies.

https://www.cdc.gov/vaccines/covid-19/downloads/guide-awardees-community-driven-strategies.pdf

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Community Engagement

- Utilize Trusted Voices
- Train community members to become peer educators
- Culturally Tailored Messaging/Language Accessibility
- Partnership with local organizations and schools
- Community Forums
- Testimonials and success stories

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