Community Catalyst

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Closing the Immunization Gap: Improving Vaccine Accessibility for Uninsured Adults

Acknowledgements

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Background

Adult vaccination rates have been on a steady decline[i] and are now significantly short of Healthy People 2030 goals[ii]. Current estimates show only one in five adults are up to date on recommended immunizations.[iii] The COVID-19 pandemic exacerbated the decline in vaccination rates for both children and adults and vaccination rates have not yet recovered to pre-pandemic levels. From 2020-2021 alone, adults missed more than 37 million recommended immunizations.[iv] The pandemic exacerbated health disparities more broadly, resulting in excess deaths[v], low immunization rates, and health disparities[vi], largely among racial and ethnic minoritized communities. Black and Latinx populations experienced vaccination rates thirteen percent lower than white adults for influenza, shingles, tetanus, and pneumococcal vaccines.[vii] This trend contributes to increased health disparities and a disproportionate burden of vaccine-preventable diseases in racial and ethnic minority populations. Vaccine-preventable diseases in adults account for an estimated 8-10 million disease cases[viii] and approximately 50,000 deaths annually in the United States[ix], resulting in societal costs of nearly $34.9 billion.[x] It is essential to consider the intersectionality of the social determinants of health and access issues that worsen poor health outcomes, particularly among racial and ethnic minoritized communities.

Access Barriers

Ongoing systemic inequities impacting vaccine accessibility have led to poorer health outcomes for racial and ethnic minoritized and/or under-resourced populations. Historically justified mistrust and mistreatment in medical institutions, lack of language access, misinformation, and inequitable distribution of vaccines[xi], among other factors, contribute to vaccine hesitancy and access.[xii] Addressing these barriers requires a multifaceted approach. By acknowledging trust as a predictor of vaccine acceptance[xiii] and willingness to understand reasons for community mistrust, we can build trust through culturally sensitive conversations and partnerships with trusted community leaders. This approach has been shown to improve vaccine behaviors, intentions, and ultimately, uptake.

While the Affordable Care Act (ACA) mandates that private insurance, Medicaid, and Medicare Part B and Part D are required to cover the Advisory Committee on Immunization Practices (ACIP) recommended adult vaccines at no cost[xiv], there are significant disparities in access that impact under-resourced communities more prominently, leading to higher costs, lower vaccine uptake rates, and higher rates of infection. Uninsured or underinsured adults have limited access to no-cost vaccines and are often priced out of access, leaving many to go unvaccinated. Out-of-pocket costs for critical recommended vaccines, such as influenza, shingles, tetanus, and pneumococcal, range from $19 to $287 per dose,[xv] depending on the vaccine. In 2021, 3.4 million older adults paid a collective $234 million in out-of-pocket costs for immunizations.[xvi] Along with cost as a barrier, inequitable vaccine distribution can present access issues in certain communities. During the initial COVID-19 response, only 5.4% of the first 12 million vaccine doses went to Black individuals, and only 11.5% went to Hispanic/Latinx individuals.[xvii] Despite this, at the height of the COVID-19 pandemic, minoritized racial and ethnic communities were more likely to be hospitalized and/or experience death. Additionally, many providers administering vaccinations operate during normal business hours, making it difficult for working people to receive vaccines. Access barriers can be complex and cumulative but must be considered when developing policy recommendations to improve uptake.

Need: Vaccines for Adults Program

Vaccination is an essential evidence-based component of preventive healthcare. While many people associate vaccines with childhood, adult vaccination is equally important for maintaining good health and protecting against preventable diseases. However, many adults are unable to access vaccines due to barriers previously outlined. Creating a Vaccines for Adults Program (VFA) modeled after the widely successful Vaccines for Children Program (VFC) would help fill the gap in care for adults seeking immunizations.

The Vaccines for Children's Program (VFC) was established in 1994 to serve children ages 18 and under to ensure access to vaccinations regardless of their parent or guardian's ability to pay. The VFC program funding is approved by the Office of Management and Budget (OMB) and funds are allocated through the Centers for Medicare and Medicaid to

the Center for Disease Control and Prevention (CDC) which buys vaccines at a discount price and distributes them to providers who participate in the VFC program.[xviii] The substantial benefits of the VFC program are evident in CDC data which found over the past 30 years the program prevented 508 million lifetime cases of illness, 32 million hospitalizations, and 1.1 million premature deaths from vaccine-preventable illnesses. The VFC program also averted approximately $780 billion in direct costs and $2.9 trillion in societal costs by preventing illness and death.[xix]

The last three Presidential budget proposals have called for Congress to authorize funding for a VFA program, the most recent of which proposed dedicating $12 billion over ten years.[xx] This funding, if authorized by Congress, would create a mandatory VFA Program to purchase recommended vaccines for all uninsured adults; create contracts to administer the provider reimbursement process, cover the cost of supplies, patient education, storage, and staffing; and employ CDC staff to create systems for scientific and policy support, program monitoring, and vaccine safety distribution. The goal is to address vaccine accessibility, availability, and confidence, and to increase equity to reduce the spread of preventable diseases.[xxi] If fully implemented, the VFA program could reach nearly 23 million uninsured adults.[xxii] Unfortunately, Congress has yet to include the program in any final appropriations bills.

Recommendations

1. ## Advocate for a mandatory, federal Vaccines for Adults Program

   While there is interest from some members of Congress in creating a Vaccines for Adults Program, leveraging community voice to apply consistent pressure on elected officials can help emphasize the need for federal action to get any proposal over the finish line. Community members and coalitions can advocate through collective action to push for the inclusion of the VFA program in future budget proposals; attend and speak at public hearings, legislative sessions, or town halls to express community concern and support for improved vaccine access; share community data and personal stories to illustrate the need for a

federal mandatory VFA program; and organize vaccine drives or health fairs that local officials can attend to see the direct impact of community-based initiatives.

2. Advocate for further investment in Section 317 of the Public Health Service Act for continued uptake of federal funding for state-level VFA programs.

While there is not currently a federal VFA program, many states use funding from the Section 317 program to establish state or county level programs for uninsured or underinsured adults to obtain recommended vaccinations at approved sites. In Wisconsin, for example, the Wisconsin Department of Health Services created a VFA program that distributes twelve different vaccines to various participating health care facilities, such as local health departments, to improve immunization rates for uninsured or underinsured adults aged 19 and older.[xxiii] Some jurisdictions administer VFA programs on a local level through county or city health departments. However, the addition of recommended vaccines to the adult immunization schedule and the rising costs of vaccines have outpaced the current Section 317 funding allocated annually, limiting the number of doses distributed to uninsured or underinsured adults.[xxiv] While Section 317 funding for adults is a stopgap until a more robust solution can be implemented, like a federal VFA program, check if your state or county has a Section 317 funded VFA program.

3. Build relationships with local and state policymakers and members of Congress.

Engage directly with local and state policymakers to help educate them on the need for and importance of equitable vaccine infrastructure to improve community health outcomes. Sharing community-based initiatives, evidence-based programs, and lived experiences from communities most impacted by vaccine access issues can strengthen the argument in favor of improved vaccine distribution, storage, and provider education. Continued communication with policymakers will help breed champions for equitable vaccine infrastructure and access expansion at various levels of decision-making.

4. ## Invest in community engagement efforts to strengthen trust, accurate information sharing, and education about available vaccines for adults.

   Understanding community needs and hesitancies and using intervention approaches that collaborate with the community at all levels help to remove barriers to vaccine uptake. In community spaces, having trusted messengers such as local leaders, religious figures, and Community Health Workers share accurate, practical information is essential to effective community engagement. Community-based organizations (CBOs) often serve in this capacity due to their proximity to their communities and their ability to develop culturally sensitive health information and resources that address community concerns. CBOs partner with other community leaders, healthcare providers, and advocacy groups to build coalitions to improve reach, host gatherings that provide accurate vaccine safety and efficacy information and educate community members on insurance coverage for vaccines and potential cost savings. In addition to serving as trusted messengers, CBOs are intentional in acknowledging past instances of medical discrimination and can engage in open, honest conversations about healthcare concerns. Funding included in the VFA program needs to include mandatory community investment to strengthen the ability of communities to carry out the above actions.

5. ## Advocate for expanded provider authorization, fair reimbursement practices, and enhanced vaccine infrastructure for providers

   Advocate for policies that allow a wider range of health workers to administer vaccines rather than select providers. Expanding who can administer vaccinations increases equity by allowing providers who have more direct community interaction to reach populations who may not be vaccinated. Included in provider expansion must be a system to ensure adequate reimbursement for vaccine providers to incentivize them to participate in immunization administration. This includes expanding pharmacy benefit coverage parameters so Medicaid programs can reimburse pharmacists at a fair and equal rate to physicians. It is important for the cost of supplies such as improved vaccine storage options, to be covered

under reimbursement benefits. As more providers become authorized to administer vaccinations, infrastructure such as vaccine distribution and provider education need to be equitably considered and strengthened.

Conclusion

The pandemic is now in its fifth year with infection rates continuing, presenting the opportunity for more people to have adverse health outcomes due to COVID-19. Vaccination rates for many infectious diseases, not just COVID-19, have continued to fall during this time. It is critical, now more than ever, to ensure equitable and easy access to immunizations to combat excess morbidity, mortality, and personal and societal costs. Congress and the Administration can and should take action to create a robust Vaccines for Adults Program.

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