Systems for Action National Coordinating Center

Systems and Services Research to Build a Culture of Health



colorado school of public health

Aligning Systems for Equitable Vaccination Access Study of the Aging and Disability Vaccination Collaborative (ADVC)

Amanda Brewster and Jenny Guadamuz University of California, Berkeley

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Seasonal vaccination: health impacts

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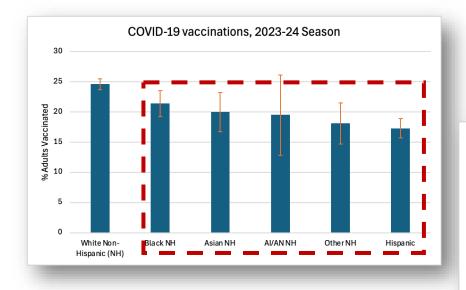
- Deaths:
 - Influenza: 28,000
 - ~70% older adults
 - COVID-19: 76,446
 - ~90% older adults
- Substantial racial/ethnic inequities exist

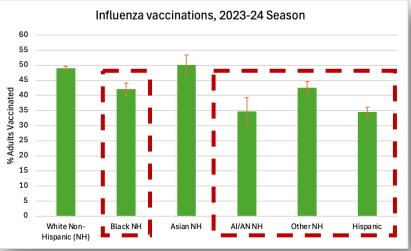
- Influenza vaccination reduces the risk of:
 - Hospitalization: \downarrow ~40%
 - Severe illness:↓ ≥80%
- COVID-19 vaccination reduces the risk of:
 - Severe illness: \downarrow ~50%
 - Long COVID

- Vaccination rates among older adults (2023-2024):
 - Influenza: ~70%
 - COVID: ~40-50%



Continued disparities in vaccination





Potential mechanisms of systemic racism







Vaccination inequities across SDOH



Characteristics	2	≥1 dose	PR (95% CI)	≥ 2 doses	PR (95% CI)	≥ 3 dose	s PR (95% CI)	≥4 dose	s PR (95% CI)
Race and ethnicity	/								
NL-White		÷	1.00 (Ref.)	•	1.00 (Ref.)	•	1.00 (Ref.)		1.00 (Ref.)
NL-Black		•	0.92 (0.90-0.95)**	•	0.94 (0.91-0.97	⁷)** • {	0.78 (0.74-0.83)	·	0.63 (0.52-0.78)**
Latinx	_	+	1.01 (0.98-1.03)	· · ·	1.04 (1.01-1.06	5)** • ¦	0.82 (0.78-0.86)*	* -	0.46 (0.36-0.58)**
NL-Asian			 1.20 (1.19-1.22)** 	•	1.26 (1.24-1.29	9)**	 1.41 (1.35-1.48) 	· -	1.22 (0.99-1.51)
NL-Other		-	0.97 (0.92-1.02)	+	0.99 (0.93-1.05	5)	0.90 (0.80-1.01)		1.07 (0.75-1.54)
Citizenship								;	
US-born citizen			1.00 (Ref.)	•	1.00 (Ref.)	•	1.00 (Ref.)		1.00 (Ref.)
Naturalized citize	en		 1.13 (1.11-1.15)** 	•	1.13 (1.10-1.15	5)**	 1.14 (1.10-1.19) 	-	0.97 (0.81-1.16)
Noncitizen		-	1.03 (1.00-1.06)*	•	1.06 (1.02-1.09	9)** -	0.85 (0.79-0.91)*	*	0.40 (0.27-0.61)**
Sexual orientation								/	
Straight		÷	1.00 (Ref.)	÷	1.00 (Ref.)	+	1.00 (Ref.)	÷	1.00 (Ref.)
Queer			1.08 (1.05-1.11)**	•	1.18 (1.14-1.22	2)**	1.48 (1.39-1.58)*	*	
Educational attainr	ment								
≥ High school			1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)
High school		•	0.83 (0.82-0.85)**	•	0.81 (0.79-0.83	B)** •	0.65 (0.62-0.68)*	• •	0.53 (0.46-0.62)**
< High school		•	0.79 (0.77-0.82)**	•	0.77 (0.74-0.80	• :	0.57 (0.53-0.61)	• •	0.38 (0.29-0.51)**
Income-to-poverty	ratio		, ,						
≥ 200%		÷	1.00 (Ref.)	+	1.00 (Ref.)	+	1.00 (Ref.)		1.00 (Ref.)
100%-199%		•	0.82 (0.80-0.85)**	•	0.81 (0.79-0.84	1)** •	0.64 (0.61-0.68)	-	0.54 (0.44-0.68)**
< 100%		•	0.80 (0.77-0.82)**	•	0.78 (0.76-0.81	• 1)**	0.65 (0.61-0.69)*	*	0.53 (0.41-0.68)**
Food security									
Secure		•	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)
Insecure		•	0.84 (0.81-0.87)**	•	0.83 (0.80-0.87	7)** •	0.63 (0.58-0.68)	· ·	0.46 (0.32-0.64)**
Usual source of ca	are								
Yes		÷	1.00 (Ref.)	+	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)
No	_	•	0.79 (0.76-0.81)**	•	0.80 (0.77-0.83	3)** •	0.61 (0.57-0.65)	·	0.54 (0.40-0.72)**
Health insurance		-							
Private			1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)
Public alone			0.87 (0.85-0.89)**		0.86 (0.84-0.88	3)**	0.76 (0.73-0.79)	-	0.66 (0.57-0.76)**
Uninsured		•	0.69 (0.66-0.73)**	•	0.70 (0.66-0.73	/ 1	0.40 (0.36-0.45)		0.19 (0.11-0.35)**
	0 0	.5 1	1.5 2	0 0.5 1	1.5 2	0 0.5 1	1.5 2	0 0.5 1	1.5 2
1	(ver vaccine uptake Hig	>	Lower vaccine uptake		Lower vaccine uptake	

Source: Guadamuz, 2023.

System alignment to support access

 Emerging evidence that vaccination strategies involving community-based organizations and assistance that spans multiple needs can support access and equity.



Rationale and priorities for ADVC

- Older adults and people with disabilities face disproportionate risks from respiratory illness but relatively low uptake of updated vaccines.
- ADVC intended to prioritize reaching people who have faced additional barriers, including aspects of identity such as:
 - Race/ ethnicity
 - LGBTQ+
 - At risk of institutionalization
 - Have low income
 - Limited English proficiency
 - Live in rural areas





System Alignment Approach: ADVC



\$75 M federal grant

Hosts ADVC (begins 2023)

Funding to AAAs, CILs, & other nonprofits Vaccination events, support & education (2023-25)

Potential to disrupt racial inequities



Accurate, tailored information about vaccines Locally-trusted CBOs

Disrupt channels that suppress intent

Vaccination events designed to overcome practical access barriers (transport, caregiver support, co-located services, convenience)

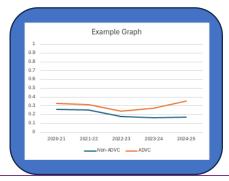
Disrupt channels that prevent vaccine access

Determining Impact





Aim 1. Descriptive analysis examine activities and partnerships associated with increased vaccination of minoritized populations



Aim 2. Quasi-experimental study testing whether vaccination rates for minoritized racial/ ethnic populations increased in ADVC-recipient counties, after ADVC began.

Today: Some preliminary data

- Understanding where ADVC was implemented.
- Description of vaccinations given in 2023-24, using data on:
 - Characteristics of vaccine recipients
 - Strategies used at the event where a vaccination occurred:
 - Activities to encourage engagement
 - Other services offered alongside vaccination
 - Types of partner organizations involved in the event



Purpose: Illustrate what ADVC has done and process data available for further analysis (not yet trying to draw conclusions or infer causality)

Comparison of counties exposed to ADVC



- ADVC counties generally more urbanized, more diverse in comparison to non-ADVC counties
- Also somewhat higher rates of COVID-19 vaccination

	ADVC Counties (n=165, 5%)		Non-ADVC Counties (n=2969, 95%)		T-test
	%	SD	%	SD	p-value
Demographic Characteristics					
Population 65+	21.0	3.7	23.0	4.7	0.00
Population Below Poverty Line	12.5	4.4	12.8	6.2	0.00
Race / Ethnicity					
White	60.1	15.9	69.8	17.0	0.00
Black or African American	14.0	13.2	11.3	14.5	0.00
American Indian / Alaska Native	0.7	3.9	0.8	8.0	0.15
Asian	8.0	5.2	4.4	2.4	0.00
Native Hawaiian / Other Pacific Islander	0.2	0.3	0.1	0.2	0.00
Some other race	7.5	4.0	4.6	3.9	0.00
Two or more races	7.5	2.8	6.4	3.5	0.00
Hispanic or Latino origin	21.5	12.8	16.7	14.2	0.02
White alone, not Hispanic or Latino	50.7	18.7	61.5	20.3	0.00
COVID-19 Vaccinations					
Administered Dose 1 - 65+	87.4	24.5	85.5	27.2	0.00
Booster Received - 65+	62.9	13.7	58.4	13.8	0.24
Bivalent Booster - 65+	44.2	15.2	32.1	14.0	0.10
County Status					Chi-square
Metro/Non-metro					
Metro	82.4	-	35.4	-	0.00
Non-metro	17.7		64.6	_	

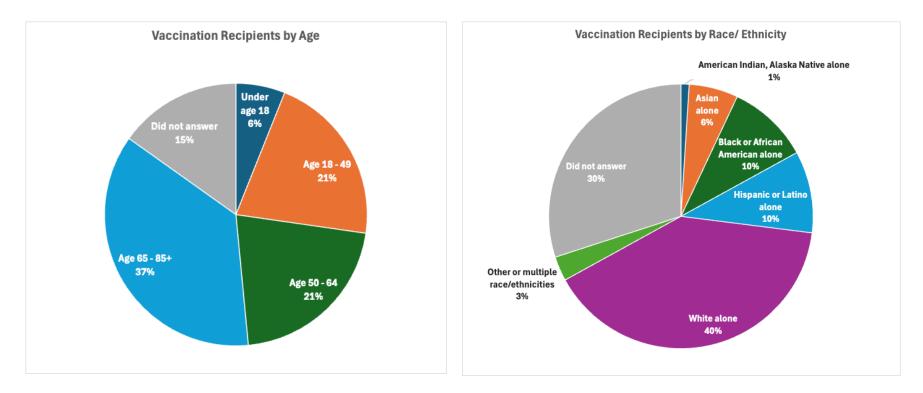
Vaccine recipients, 2023-24

- ADVC grantees documented
 276,265 vaccines administered in the 2023-24 vaccination year
- 238,718 individuals vaccinated (some people received multiple vaccinations)

Number	% of recipients
administered	who received
146,335	61%
10,502	4%
90,749	38%
28,679	12%
276.265	100%
	administered 146,335 10,502 90,749

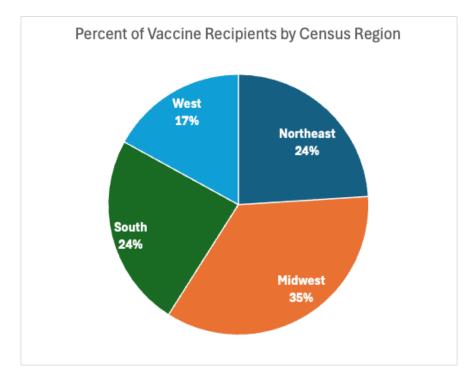
Vaccine recipients, self-reported characteristics

N = 238,718 individuals



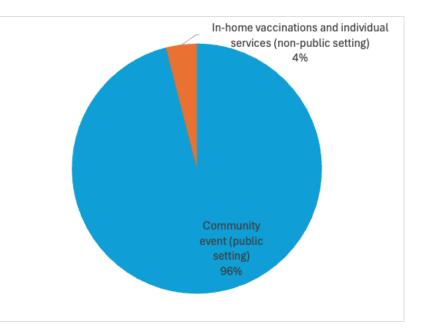
Distribution of vaccine recipients across U.S.



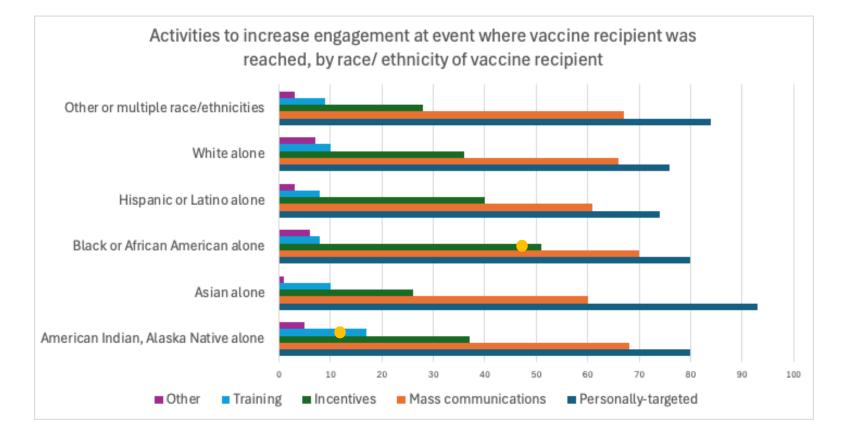


Vaccination events where people were reached

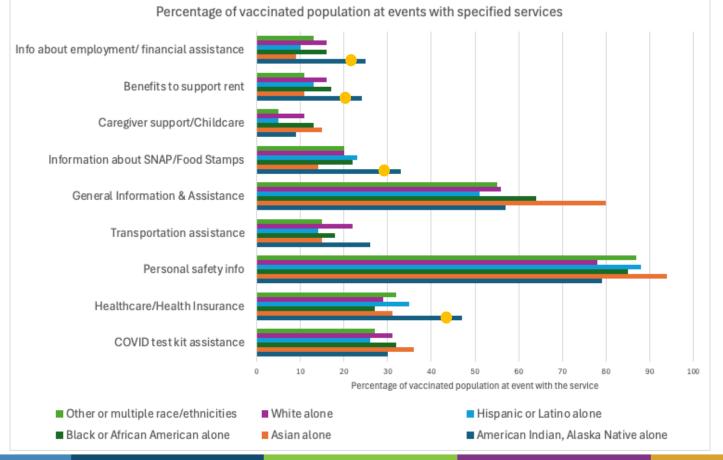
- Majority of vaccinations occurred at community events, in public settings
- 9,500 vaccinations occurred inhome
- 12% of vaccine recipients reported having a disability



Strategies used when populations were reached

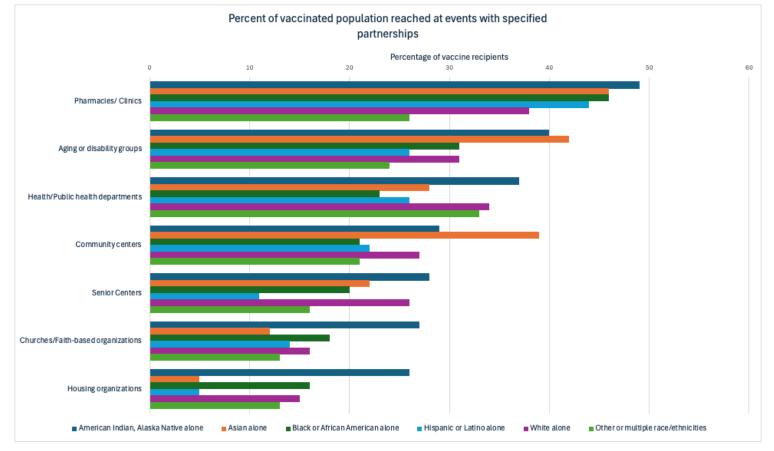


Other services offered alongside vaccination when populations were reached

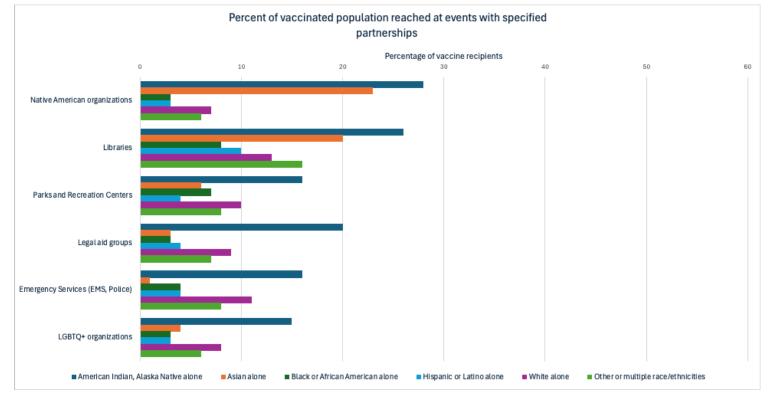


Types of organizational partners involved in event when populations were reached (1)





Types of organizational partners involved in event when populations were reached (2)



S4A

Next Steps

S4A Systems for Action

• (Aim 2) Quasi-experimental study: To assess whether vaccination rates for minoritized populations increased in ADVCrecipient counties, after ADVC began.

• Data:

- IQVIA LRx Claims (2020-2025)
- American Community Survey (2019-2023)

Analytic strategy:

Vaccination rates (ZIP code level)

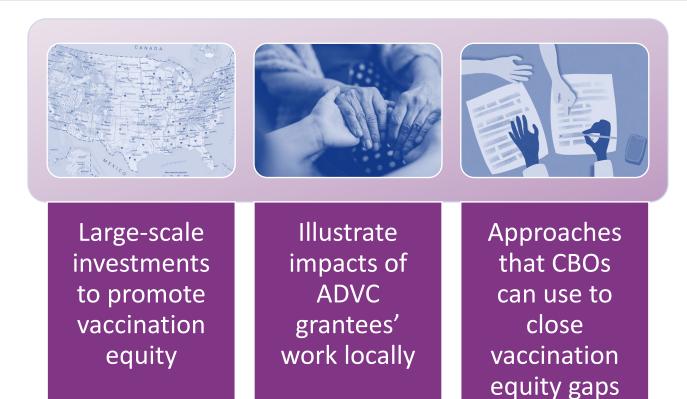
Counties	Pre- (2020-22)	Post- (2023-25)	Difference
ADVC (163)			
non-ADVC (2963)			
D			

• Effect overall and by race/ethnicity

- ZIP code racial/ethnic composition = proxy for race/ethnicity
 - "High" if in the 95th percentile in terms of % of residents that identify as AI/AN, Asian, Black, Latinx, and NHOPI, respectively
- Evaluate approaches that are most effective at reaching minoritized populations

Use of evidence beyond study







Thank you!

- Amanda L. Brewster, PhD | amanda.brewster@berkeley.edu
- Jenny Guadamuz, PhD | jennyguadamuz@berkeley.edu
- <u>Traci Wilson</u> | <u>twilson@usaging.org</u>
- Jennifer Hammer | jhammer@usaging.org

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