

Racial and Ethnic Adult Disparities in Immunization Initiative (READII)

WHAT IS THE PUBLIC HEALTH PROBLEM?

- The burden of vaccine-preventable diseases in adults in the U.S. is staggering—approximately 46,000 to 48,000 adults die each year from vaccine-preventable diseases and these diseases cost our society over \$10 billion each year.
- Each year approximately 114,000 people in the United States are hospitalized because of influenza. An average of 36,000 people die annually due to influenza and its complications—most are people 65 years of age and over.
- Annually there are approximately 60,000 cases of invasive pneumococcal disease in the United States and one-third (20,000) of these cases occur in people 65 and older. Approximately half of the 6,000 to 7,000 annual deaths from invasive pneumococcal disease occur in the elderly.
- African-Americans and Hispanics have significantly lower influenza and pneumococcal immunization rates compared to the rest of the population. Influenza vaccination coverage among adults 65 years of age and older is 68 percent for whites, 48 percent for African Americans, and 54 percent for Hispanics. The gap for pneumococcal vaccination coverage among ethnic groups is even wider, with 60 percent for whites, 38 percent for African Americans, and 36 percent for Hispanics. (Source: Behavioral Risk Factor Surveillance System, 1999 & 2001 combined data.) Little is known about the best intervention strategies for these populations.

WHAT IS BEING DONE TO ADDRESS RACIAL AND ETHNIC DISPARITIES IN ADULT IMMUNIZATION?

The Department of Health and Human Services (HHS) has made the elimination of racial and ethnic disparities in influenza and pneumococcal vaccination coverage for people 65 years of age and older a priority. To address these disparities and to assist in reaching the 2010 national health goal of 90% influenza and pneumococcal vaccination rates among persons 65 and over, HHS, in collaboration with the Centers for Disease Control and Prevention (CDC) and other federal partners, launched the Racial and Ethnic Adult Disparities Immunization Initiative (READII) in July 2002.

READII is a two-year demonstration project being conducted in five sites (Chicago, IL; Rochester, NY; San Antonio, TX; Milwaukee, WI; and 19 counties in the Mississippi Delta region) to improve influenza and pneumococcal vaccination rates for African-Americans and Hispanics 65 years of age and older. CDC is implementing the READII project with the support of the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the Administration on Aging, the Agency for Healthcare Research and Quality, and other federal agencies.

READII sites have developed partnerships with public health professionals, medical providers and community organizations (e.g., large health plans, insurers, minority health professional organizations, churches, local community groups, and civic leaders). They are collaborating with these stakeholders to develop and implement two-year community-based plans focusing on evidence-based interventions and innovative approaches to increasing immunization levels. Interventions vary by site and are based on state and local choice. READII interventions include: provider-based interventions (assessment and feedback to providers, multi-component provider education, standing orders, and provider reminder/recall); increasing community demand for vaccinations (client reminder/recall and multi-component interventions including communitywide and clinic based education); enhancing access to vaccination services (expanding access in health care settings and reducing out of pocket costs); and vaccination interventions in non medical settings. Each site has developed multifaceted evaluation plans containing outcome, intervention specific and process measures.

At the conclusion of the two-year demonstration project, CDC plans to share lessons learned from the READII project and, should additional resources become available, replicate “what works” in other sites across the country.

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