

ACHIEVING VACCINE EQUITY IN THE UNITED STATES



What is vaccine equity?

Vaccine equity means that everyone has fair and just access to vaccinations.¹

Which groups have the lowest vaccination rates in the U.S.?

Historically, economically disadvantaged populations, ethnic minorities, and nonaffluent white and rural populations have had the lowest immunization rates in the United States.²

What are some of the reasons for low rates of vaccination?

Low vaccination rates are driven by structural and attitude barriers. Structural barriers, such as limited vaccination sites in rural or poor urban areas, hinder access to vaccines. Attitude barriers reflect personal beliefs, including skepticism toward or distrust of the health care system, the pharmaceutical industry or the government. Racial disparities in health care and the historic mistreatment of people of color by the health care system contribute to this mistrust.^{2,3}

How can we improve structural barriers associated with vaccine inequity?

- 01 | Increase the number of mobile and walk-in clinics that offer vaccines.²
- 02 | Conduct local efforts, such as school immunization programs and at-home vaccination drives, to make vaccinations more easily accessible.⁴

- 03 | Ensure health departments are equipped with interpretation services to meaningfully engage with patients with limited English proficiency.⁴

- 04 | Collect data that determines where inequities exist in order to more effectively focus outreach efforts.

How can we improve attitude barriers associated with vaccine inequity?

- 01 | Combat vaccine misinformation by disseminating multilingual, easy-to-understand educational materials and social media posts.
- 02 | Recognize and acknowledge injustices that cause mistrust in communities with low vaccination rates. Approach trusted sources, such as pastors and community leaders, to help deliver messages about vaccine safety.⁵
- 03 | Encourage local leaders to reach out directly to community members about the benefits of vaccines through phone calls, social media, email and direct mail.⁶

¹ Centers for Disease Control and Prevention, <http://bit.ly/3Yi7K1v>.

² Michael Kuehn et al., *BMC Public Health* 22, no. 2263 (2022), <http://bit.ly/3KQOEfP>.

³ Kaiser Family Foundation, <http://bit.ly/3J7ekDv>.

⁴ Centers for Disease Control and Prevention, <https://bit.ly/3KVJ4sN>.

⁵ Debbie Dada et al., *Journal of Urban Health* 99, no. 1 (2022): 12–27, <http://bit.ly/3J4MBn8>.

⁶ World Economic Forum, <http://bit.ly/3YggPI3>.

For more information on vaccines, visit the Vaccines Cause Adults page at: bakerinstitute.org/vaccines-cause-adults.

Funding for the dissemination of research findings was generously provided by the Greenwall Foundation through a Bridging Bioethics Research & Policymaking grant. This is a joint collaboration between the Baker Institute Center for Health and Biosciences Vaccine Project and The Immunization Partnership.

**VACCINES
CAUSE
ADULTS**