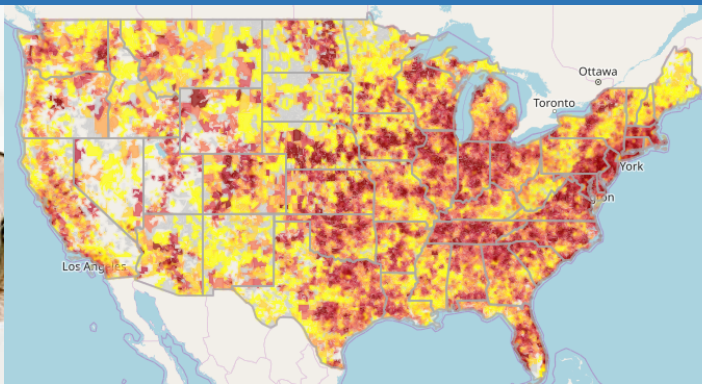


Influenza Vaccination Disparities and COVID-19 An Urgent Need for Targeted Action

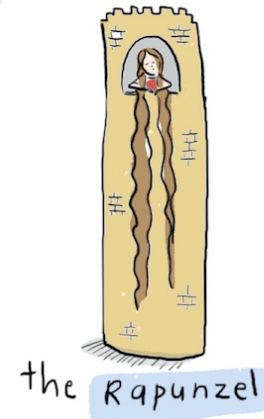
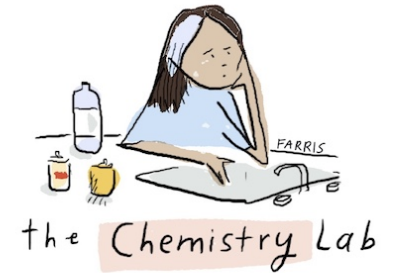
Laura Lee Hall, PhD

President, Center for Sustainable Health Care Quality and Equity



So many calls during the pandemic

pandemic hair



Acknowledgements

- Sanofi Pasteur
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- Dr. Poland and the Action Planning Group, including Claire Hannan and Sandra Quinn

Gary A. Puckrein, PhD, Founding President and CEO

Welcome to the National Minority Quality Forum

Controlling Health Outcomes through Scientific Collaboration

Our Mission



“The National Minority Quality Forum was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations.”

Center for Sustainable Health Care Quality and Equity

- Vision: Sustainable healthy communities in every zip code.
- Mission: Promote sustainable healthy communities, especially those with diverse and underserved populations, **through the provision of actionable data**, research, and engagement/training of clinicians and community leaders.



Thank You

For your
invitation and
time today

For the
important
work you do

Get To the Point



A Call for Equity in Flu Vaccination

INCREASING FLU VACCINATION HAS NEVER BEEN MORE IMPORTANT TO
COMMUNITIES OF COLOR

Nor has building trust between health care and community

- Low flu vaccine rates in communities of color with highest COVID-19 impact
- Largely the same population at risk of poor flu outcome as COVID-19 infection, morbidity and mortality

Racial and Ethnic Disparities in Medicare FFS Flu Vaccination

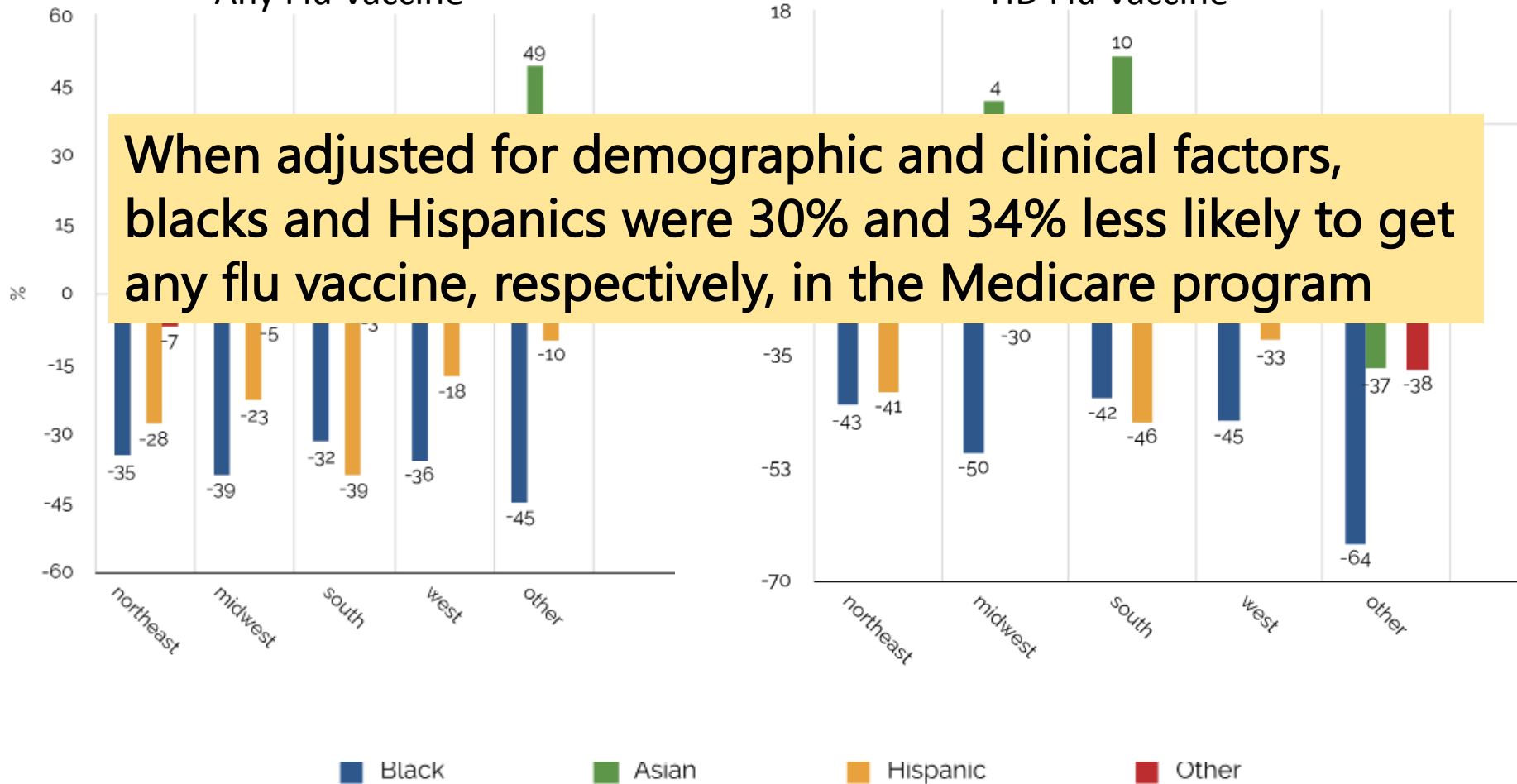
- Flu vaccine rates remain subpar in older adults and especially among blacks and Hispanics
- Non-whites, rural, and poorer beneficiaries, significantly less likely to receive a flu vaccine, especially a newer, more effective formula for older adults
- Vaccination rates vary geographically
 - At state level
 - Down to the ZIP code level

Hall LL, Xu L, Mahmud SM, Puckrein GA, Thommes EW, Chit A., [A Map of Racial and Ethnic Disparities in Influenza Vaccine Uptake in the Medicare Fee-for-Service Program.](#) Adv Ther. 2020 May;37(5):2224-2235.

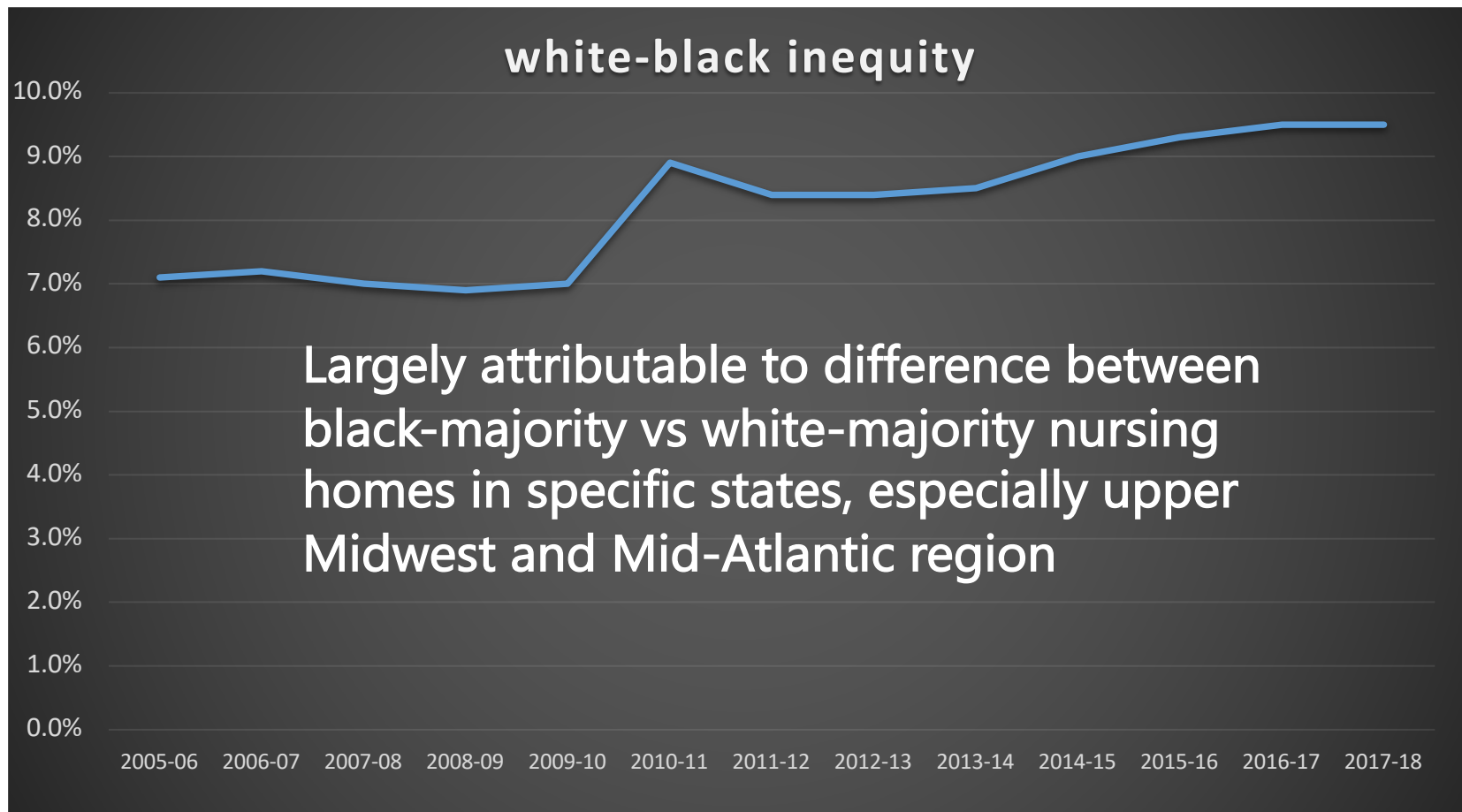
Uptake of Flu Vaccine – Medicare FFS

Any Flu Vaccine

HD Flu Vaccine



White-Black Inequity in Flu Vaccination Rates in Nursing Homes



Bosco E, Zullo AR, McConeghy KW, Moyo P, Van Aalst R, Chit A, Mwenda KW, Panozzo CA, Mor V, Gravenstein S. Geographic Variation in Pneumonia and Influenza in Long-Term Care Facilities: A National Study. *Clinical Infectious Diseases*. 2020 (in press).

What Can Be Done?

- Primary care teams, specialists, pharmacists, community health care providers, community leaders, and patient advocates can close the gap
 - Train health care team to make strong recommendation
 - Increase safe access to the flu vaccine
 - Engage community in vaccine effort

Table 1 – DRIVE Year 1 and 2 Reach and Rates

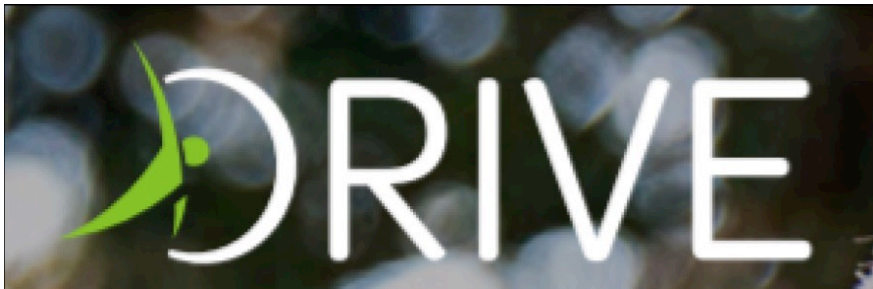
	WAM ChristianaCare	PRISMA Health	Plaza del Sol
Year 1 Participants	7 direct providers (including 3 physicians, 1 MA, 2 RNs, and 1 PM – one clinical treatment pod)	2 clinics - 7 providers (including 2 physicians, 1 NP, 2 RNs, and 2 MAs), 2 PMs	7 providers (including 1 physician, 1 PA, 2 RNs, 2 MA, and 1 patient navigator)
% Increase (additional vaccines)	9% increase in flu vaccination from December to March 2019 (592 additional vaccines)	22.4% increase from October to January (2,408 additional vaccines)	31% increase in general population; 24% increase among patients with diabetes (290 additional vaccines)
Year 2 Participants	Clinicians – 71 (60 Residents, 9 Attending physicians, 2 Nurse practitioners, Nurses – 2, Medical assistants – 12; all 4 clinical treatment pods)	30 clinics, including 72 clinicians (28 physicians, 2 NPs, 30 MAs/RNs, 12 PMs)	29 providers (including 4 physicians, 3 PAs, 8 RNs, 12 MAs, 2 patient navigators)
% Increase (additional vaccines)	18.5% increase over previous year by the end of February 2020 (2,370 additional vaccines)	18.6% increase over previous year (21,481 additional vaccines)	6 percent of previous year (1,665 additional vaccines)

What Can You Do?

- Reach out to providers in your community
 - Educate them about the need
 - Provide resources
 - Partner in communicating with community
- Partner with community leaders
 - Convene groups to discuss and implement vaccine promotion

We Have Some Resources

- Guide to safe vaccination practices
- Grants for community program



WEARING FACE MASKS DURING THE TIME OF COVID-19

Shanina Knighton PhD RN

WEARING A FACE MASK CAN HELP STOP THE VIRUS FROM SPREADING

YOUR TO DO LIST

- ☑ SOCIAL DISTANCING
- ☑ FREQUENT HAND WASHING/SANITIZING
- ☑ AVOID TOUCHING YOUR FACE
- ☑ COUGH/SNEEZE INTO YOUR ELBOW (EVEN WHEN WEARING A MASK)
- ☑ ALWAYS HAVE A FACE MASK IN PUBLIC PLACES

SYMPTOMS OR NO SYMPTOMS - COVID-19 CAN CAUSE HOSPITALIZATION OR DEATH

PUTTING IT ON

WASH YOUR HANDS BEFORE PUTTING ON A CLEAN MASK.

TAKING IT OFF

REMOVE BY THE EAR STRAPS ONLY, EAR TO EAR

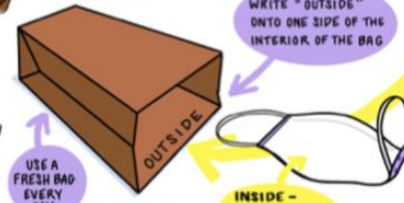
WASHING IT

CLOTH MASKS CAN BE PUT IN THE WASHING MACHINE OR WASH THEM BY HAND AND HANG TO DRY

IF YOU HAVE SENSITIVE SKIN, USE DETERGENT THAT IS FRAGRANCE FREE

TAKING IT OFF IN PUBLIC

DON'T SIT IT DOWN JUST ANYWHERE, STORE IT IN A CLEAN PAPER BAG



USE A FRESH BAG EVERY DAY

TRY NOT TO USE YOUR PHONE - IT CAN CONTAMINATE YOUR MASK, AS WELL AS YOUR HANDS

WEARING A MASK CAN CAUSE A RASH. IF THAT HAPPENS, DECREASE THE TIMES YOU NEED TO WEAR ONE

IF YOU HAVE ANXIETY, BREATHING ISSUES OR FEEL RESTRICTED, TAKE YOUR MASK OFF

KIDS UNDER 2 DON'T NEED MASKS



Thank you



Contact me: lhall@nmqf.org

