In the U.S., disparities exist in vaccination coverage between racial and ethnic groups. In general, Whites and Asians have higher immunization rates than people of color. However, these trends are not universal for all vaccines and are affected by a variety of social, systemic, and historical factors.

### Disparities in Vaccination Rates

#### Routine Childhood Vaccinations
Disparities in childhood immunizations put black and brown communities at increased risk of vaccine preventable diseases.

- **Percent of 2-year-olds that are fully vaccinated:**
  - Hispanic: 68%
  - White: 69.6%
  - Asian: 72.3%
  - Black: 63.5%
  - Native American: 61%

#### Influenza Vaccine
More White adults (46.7%) aged 18-64 receive their annual flu shot than Hispanic (33.2%) and Black (36.5%) adults.

- **Percent of older adults (65+) vaccinated for flu in 2015:**
  - Black: 64.3%
  - White: 75.1%

People of color are more likely to be hospitalized for life-threatening influenza. Ensuring equitable access to flu vaccinations could help reduce disparities in influenza disease and death.

#### HPV Vaccine
People of color are 6.1% more likely than Whites to initiate the HPV vaccination series.

- **8.6%** less likely to complete the full HPV vaccination series compared to Whites.
- Hispanic and Black women are twice as likely to die from cervical cancer as white women.

### COVID-19's Disproportionate Impact on Communities of Color

- **In the U.S., people of color are more likely to contract and eventually die from COVID-19.** Compared to non-Hispanic White individuals:
  - American Indians: 2.8X Cases, 1.4X Deaths
  - Hispanics: 2.8X Cases, 1.1X Deaths
  - Blacks: 2.6X Cases, 2.1X Deaths

- **In Colorado, Black and Hispanic individuals are more likely to be hospitalized for COVID-19 than White individuals.**
  - Despite making up only 4.6% of Colorado’s population, Black individuals make up 14% of the state’s hospitalized population.
  - Similarly, only 22% of Colorado’s population is Hispanic, but 38% the state’s hospitalized population is Hispanic.
The anti-vaccine movement historically targeted minority populations with dangerous messaging about vaccine safety. Now, the same movement is targeting the black community with vaccine misinformation, especially about a COVID-19 vaccine. This is particularly dangerous for communities of color because they are disproportionately impacted by the pandemic and stand to gain the most from a safe, effective vaccine. A recent nationwide poll shows that only 28% of Black Coloradans and 56% of Hispanics will accept a novel COVID-19 vaccine due to fears of vaccine side effects, mistrust in the vaccine development process, and pressure from the anti-vaccine community. In order to ensure equitable access and acceptance of a novel COVID-19 vaccine, we will need a holistic community-centered approach that addresses vaccine hesitancy and the root causes of racial and ethnic immunization disparities.

### Social and Systemic Causes of Vaccine & Health Disparities

#### Poverty

Poverty significantly impacts an individual’s access to immunizations by restricting their access to quality healthcare centers, health insurance, and reliable transportation.

**United States Poverty Rates:**
- **Blacks**
- **Native Americans**
- **Hispanics**
- **Whites**
- **Asians**

#### Inadequate Health Insurance

Racial and ethnic minorities in Colorado are disproportionately affected by insufficient health insurance. While only 11% of White Coloradans are uninsured, this number is much higher for people of color.

- **28%** of Black Coloradans and
- **31%** of Hispanic Coloradans do not have health insurance.

Uninsured Colorado children have higher rates of mortality, hospitalization, and incidence of vaccine-preventable diseases than privately insured children.

#### Historical Racism & Discrimination

Systemic racism and historical instances of unethical medical experimentation have fostered widespread mistrust in our healthcare system among communities of color. Because of this, people of color are less willing to seek and accept health interventions, including routine childhood and adult vaccinations.

1 in 3 Black Americans report experiencing racial discrimination in a healthcare setting.

### Barriers to Accessing Childhood and Adult Immunizations

- **Lack of Primary Care** can make individuals less likely to receive on-time vaccinations. 31% of African American and 47% of Hispanic men do not have a regular primary care physician compared to only 23% of white men.

- **Time and Financial Costs** can be substantial barriers to vaccination for low income patients. In addition to direct costs of getting a vaccine, many patients incur indirect costs such as lost wages taking time off work to attend appointments. Many patients are unable to take time off work for fear of losing their job.

- **Lack of Reliable Transportation** is a substantial barrier to receiving on-time childhood and adult immunizations. In one study, approximately 51% of young single mothers reported delaying their child’s immunizations due to transportation difficulties.

### The Anti-Vaccine Movement is Targeting Communities of Color

The anti-vaccine movement has historically targeted minority populations with dangerous messaging about vaccine safety. Now, the same movement is targeting the black community with vaccine misinformation, especially about a COVID-19 vaccine. This is particularly dangerous for communities of color because they are disproportionately impacted by the pandemic and stand to gain the most from a safe, effective vaccine. A recent nationwide poll shows that only 28% of Black Americans and 56% of Hispanics will accept a novel COVID-19 vaccine due to fears of vaccine side effects, mistrust in the vaccine development process, and pressure from the anti-vaccine community. In order to ensure equitable access and acceptance of a novel COVID-19 vaccine, we will need a holistic community-centered approach that addresses vaccine hesitancy and the root causes of racial and ethnic immunization disparities.