



NATIONAL COUNCIL *of*
URBAN INDIAN HEALTH

REPORT ON ADULT VACCINE EQUITY
FOR NATIVE (RAVEN) PEOPLE
NATIONAL COUNCIL OF URBAN
INDIAN HEALTH

April 2024





Acknowledgments

We extend our deepest gratitude to all those who have contributed to the mission of the National Council of Urban Indian Health (NCUIH). Our work is fueled by the dedication, wisdom, and support of many, and it is with profound appreciation that we recognize the following for preparing this report:

- Deidre Greyeyes, Research and Data Manager
- Myca Grant Hunthrop, Public Health Project Coordinator
- Tiffani Stark, Public Health Program Manager
- Thomas Langan, Director of Research and Public Health
- Kimberly Fowler, VP of Technical Assistance and Research Center

This content was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (CDC-RFA-IP21-2107). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the federal government. The views, opinions, and data analysis published in this report are those of the National Council of Urban Indian Health (NCUIH) and do not reflect the policies or positions of any other partner or reviewer. For questions or comments, please contact the authors via <https://ncuih.org/contact/>.

Recommended Citation

National Council of Urban Indian Health (2024). Report on Adult Vaccine Equity for Natives. https://mcusercontent.com/97bf83f5514a3035e7978c5b2/files/273fe7e9-9499-c934-3a7f-9ab1b78794b2/RAVEN_FINAL_2024.pdf





Health Equity and Vaccine Distribution During and After the COVID-19 Pandemic

The COVID-19 pandemic has underscored the critical need for health equity, particularly in vaccine distribution. The general population has become increasingly aware of these issues, as the pandemic highlighted existing disparities and prompted a global response to address them. Health equity and vaccine equity have become prominent concerns, with significant focus on ensuring that vulnerable populations receive adequate healthcare services and vaccinations.

One such vulnerable population is the American Indian and Alaska Native (AI/AN) communities, which have long faced significant health disparities. Historically, this community has experienced higher disease burdens, limited health care resources, and a deep-rooted mistrust in institutions that have consistently failed to meet their needs. The pandemic exacerbated these issues, making it clear that systemic changes are necessary to address these long-standing inequities.

Data Sharing and the End of the Public Health Emergency

During the height of the pandemic, health care providers and public health authorities across the country engaged in extensive data sharing with each other and the U.S. government. This collaborative effort was crucial in providing timely and accurate updates on the pandemic's progression, allowing for a more effective response. However, much of this mandatory data sharing ceased with the end of the Public Health Emergency (PHE). Reporting became optional, creating a significant gap in the data needed to monitor ongoing health trends and vaccination rates.

Shifting Focus to Other Adult Vaccinations

As the response to COVID-19 winds down, there is an urgent need to shift attention to other adult vaccinations. In particular, influenza and respiratory syncytial virus (RSV) have come back into focus as part of yearly respiratory illness vaccinations. The same level of energy and concern that was given to COVID-19 vaccinations should now be directed toward ensuring vaccine equity across all types of immunizations for preventable diseases. However, the persistent gap in data reporting





poses a significant challenge in achieving this goal, particularly for respiratory illnesses. NCUIH will share what is publicly known to update on the current status.

Current Vaccination Rates and Data Gaps

As of March 9, 2024, the Centers for Disease Control and Prevention (CDC) reported distributing 157.72 million doses of influenza vaccines.¹ According to the Indian Health Service (IHS), approximately 30 percent of their patient population received a flu vaccine for the 2020–2021 season.² For RSV, 10,136,699 doses have been administered to adults aged 18 or older.³ Additionally, the CDC estimates that about 21.7 percent of adults aged 18 or older have received an updated COVID-19 vaccination as of March 2024.⁴

While these figures provide an overview of vaccination rates for common respiratory illnesses, they do not break down the data by race or ethnicity. This lack of specificity makes it difficult to determine vaccination rates among the American Indian and Alaskan Native populations. The IHS has not shared its COVID-19 or RSV vaccination rates since 2022, further complicating efforts to assess vaccine equity within these communities.

The Importance of Transparency and Equity in Data Reporting

The absence of transparent and detailed data reporting hinders the ability to identify and address disparities in vaccine distribution effectively. Without accurate data, it is challenging to develop targeted interventions that ensure all populations receive equitable access to vaccinations. To promote health equity, it is crucial for public health authorities to prioritize comprehensive and transparent data collection and reporting.

Conclusion

The COVID-19 pandemic has brought health and vaccine equity issues to the forefront, highlighting the need for systemic changes to address long-standing disparities. As the focus shifts to other





adult vaccinations, it is essential to maintain the momentum and ensure that all populations, particularly vulnerable communities like American Indian and Alaska Native people, have equitable access to vaccines. Transparent data reporting is vital in achieving this goal and addressing the gaps in vaccine distribution. By prioritizing health equity and improving data transparency, we can work towards a more just and equitable healthcare system for all.

Addendum

Between the drafting of this report and publication, the CDC VaxView has published additional data regarding the 2023-2024 COVID-19 and influenza season. This data includes increased demographic data and updated vaccination numbers. NCUIH will continue to utilize the CDC VaxView in all reports moving forward.

References

1. The NIVD is preliminary influenza vaccination data updated weekly. (2024, June 21). Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/fluview/dashboard/vaccination-dashboard.html>
2. January 17, 2024: IHS updates for tribes and tribal and urban Indian organizations | IHS Updates. (n.d.). Newsroom. <https://www.ihs.gov/newsroom/ihs-updates/january-17-2024-ihs-updates-for-tribes-and-tribal-and-urban-indian-organizations/#:~:text=National%20immunization%20coverage%20rates%20for,viral%20disease%20in%20Indian%20Country>.
3. RSVVAXView | CDC. (n.d.). <https://www.cdc.gov/vaccines/imz-managers/coverage/rsvvaxview/index.html>
4. Clinical Guidance for COVID-19 Vaccination | CDC. (n.d.). <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>
5. VaxView | CDC. (n.d.) <https://www.cdc.gov/vaccines/data-reporting/index.html>

