CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF MINORITY HEALTH

DATA SNAPSHOT
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Annual Influenza Vaccination Disparities in Medicare Beneficiaries

Why should people get vaccinated against influenza?

Influenza (flu) is a potentially serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently, but millions of people get the flu every year, hundreds of thousands of people are hospitalized and thousands to tens of thousands of people die from flu-related causes every year. An annual seasonal flu vaccine is the best way to help protect against the flu. Vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations, and even the risk of flu-related death in children.[1]

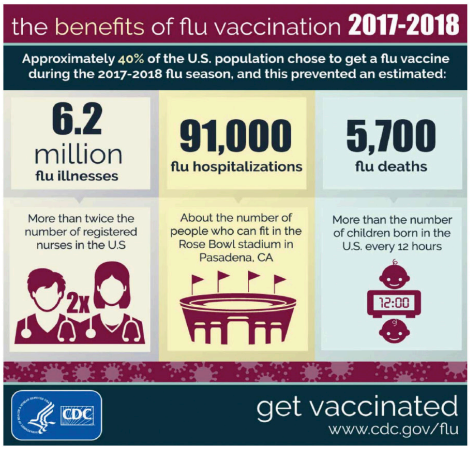
Who should get vaccinated this season?

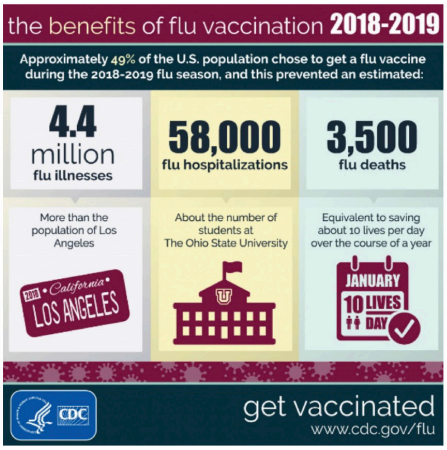
Everyone 6 months and older should get a flu vaccine every season with rare exception. Vaccination to prevent flu is particularly important for people who are at high risk of developing serious flu complications. It has been recognized for many years that people 65 years and older are at high risk of developing serious complications from flu compared with young, healthy adults.[2] This is in part because human immune defenses become weaker with increasing age. While flu seasons can vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease. In recent years, for example, it is estimated that between about 70 percent and 85 percent of seasonal flu-related deaths have occurred in people 65 years and older, and between 50 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in this age group. Thus, influenza is often quite serious for people 65 and older.[3]

What are the benefits of the flu vaccine?

As shown in Figure 1, it is important that individuals get a flu vaccine, especially those who are in the high risk bracket. In 2017-2018, the flu vaccine prevented 6.2 million flu illnesses, 91,000 flu hospitalizations, and 5,700 deaths. In 2018-2019, the flu vaccine prevented 4.4 million flu illnesses, 58,000 flu hospitalizations, and 3,500 flu deaths as provided.[4]

Figure 1

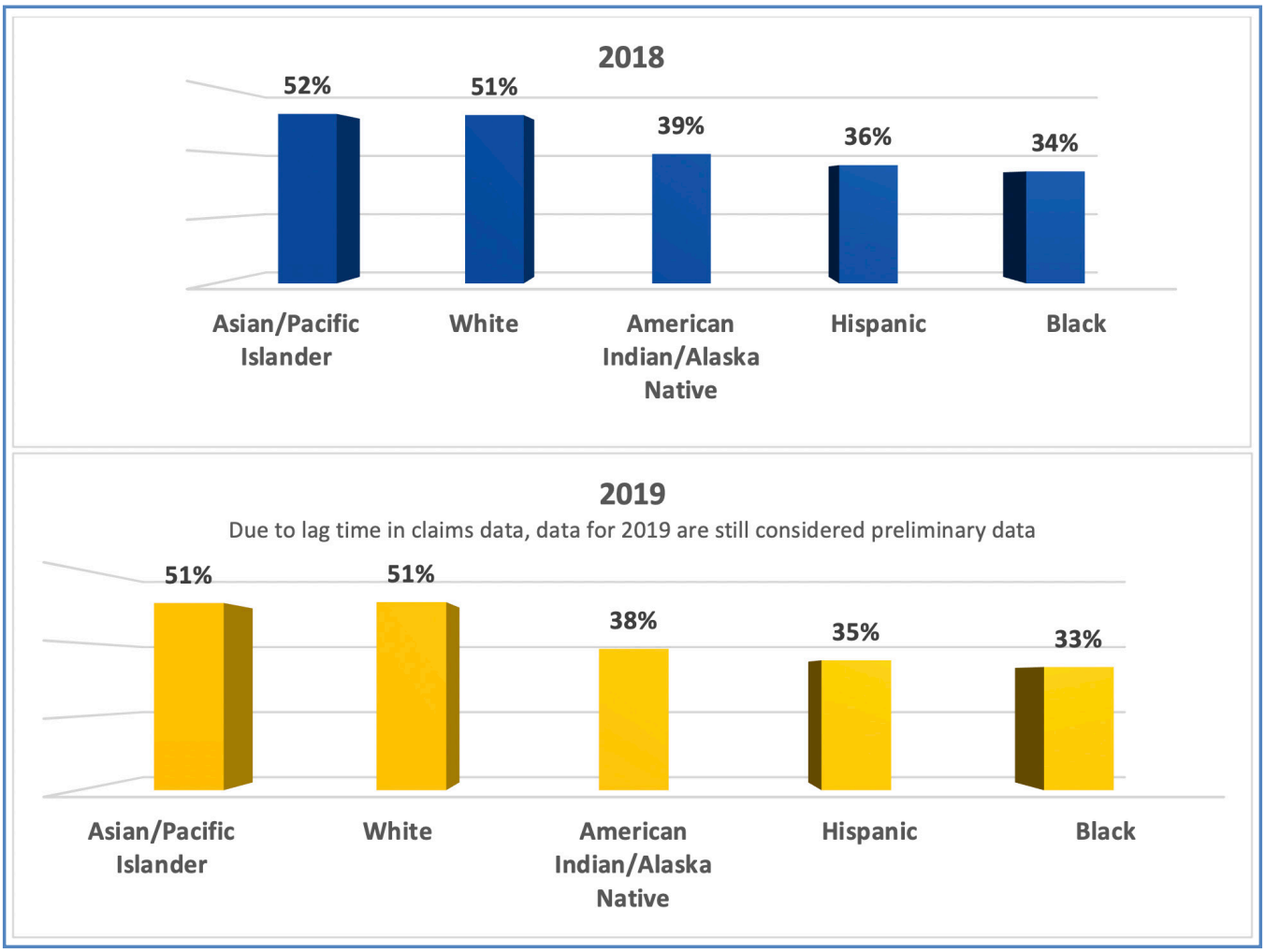




Are there any disparities in Medicare beneficiaries who are getting the flu vaccine?

In 2018, the rate of Medicare fee-for-service (FFS) beneficiaries who received the flu vaccine was highest among Asian/Pacific Islanders (API) at 52 percent, followed by Whites at 51 percent. American Indian/Alaska Natives (AI/AN) was at 39 percent followed by Hispanics at 36 percent. Blacks had the lowest number of flu vaccines at 34 percent as depicted in Figure 2 below. Similarly, in 2019, APIs and Whites received the highest number of flu vaccines at a rate of 51 percent for both groups while AI/AN was at 38 percent, followed by Hispanics at 35 percent. Black beneficiaries continued to receive the lowest number of flu vaccines at 33 percent.[5]

Figure 2 - Influenza Virus Vaccine Rate Among Medicare FFS Beneficiaries by Race and Ethnicity, 2018 - 2019



Using data from the Mapping Medicare Disparities Tool, we also looked at the flu vaccination rate by geographic across the minority groups.[6] Figure 3 shows flu vaccination rate among Medicare FFS beneficiaries for 2018. The darker the shade the higher the rate of vaccination.

Figure 3 - Influenza Virus Vaccine Rate Among Medicare FFS Beneficiaries, 2018

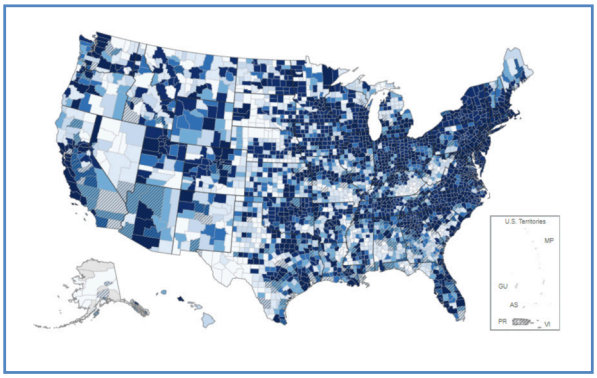
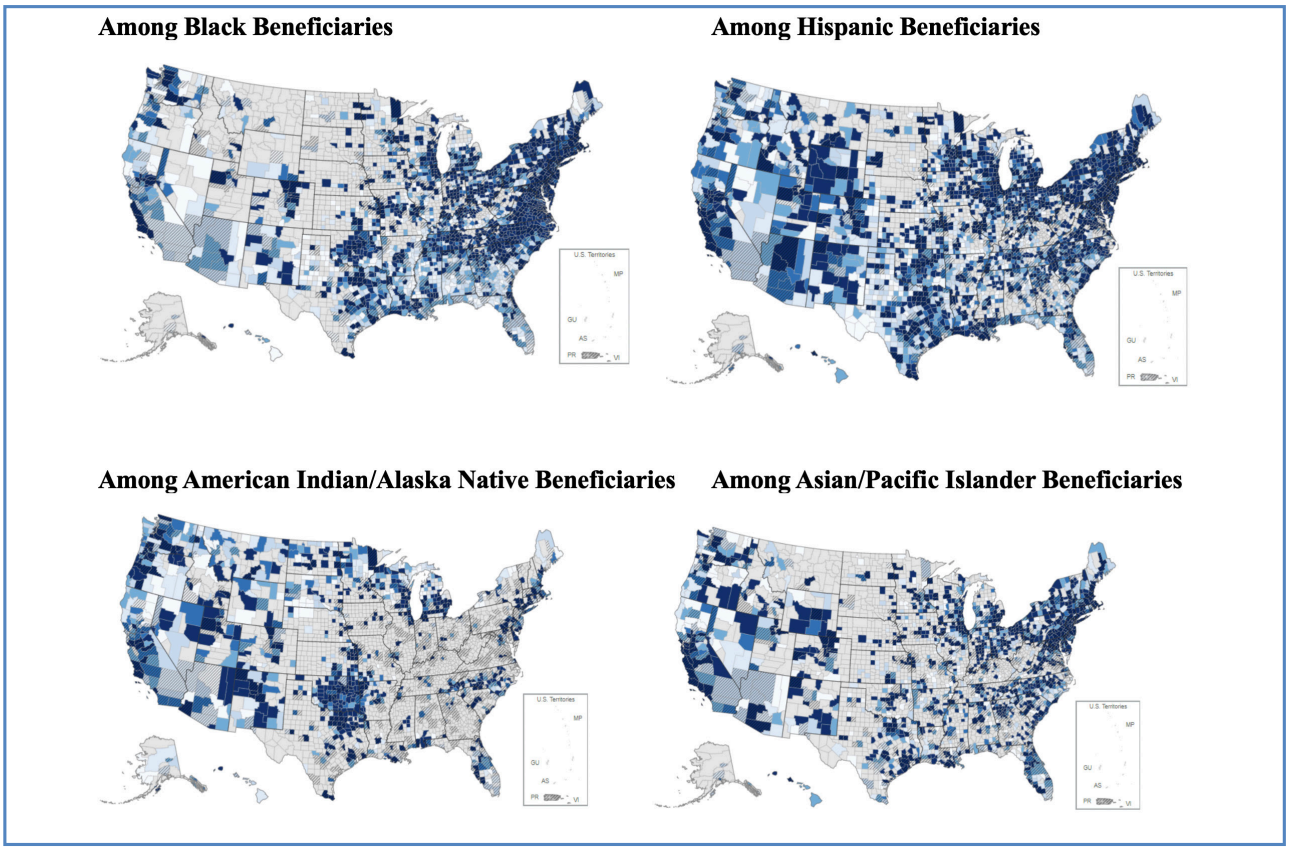


Figure 4 provides similar geographic rate but for the specific race and ethnicity. While Hispanic beneficiaries prevalent rate tends to be throughout across the county, Blacks have higher rate on the east coast, while for AI/ANs have a higher prevalence on the west coast and especially in Oklahoma. Lastly, APIs have higher rate sporadically on the east and west coasts but less in the mid-west and the south.

Figure 4 - Influenza Virus Vaccine Rate Among Medicare FFS Beneficiaries by Race and Ethnicity, 2018



In addition to disparities in who gets the flu vaccine in Medicare FFS, racial, ethnic, gender, and rural-urban disparities exist for beneficiaries who are enrolled in Medicare Advantage (MA). Among both women and men, Black and Hispanic MA beneficiaries reported worse experiences than White beneficiaries with getting appointments and care quickly and had lower rates of vaccination for the flu.[7]

The data in Figure 5 below illustrates that in 2018, AI/AN, Black, and Hispanic MA beneficiaries were less likely than Whites to have received the flu vaccine. APIs were more likely than Whites to have received the flu vaccine.

Figure 5 - Annual Flu Vaccine for MA Beneficiaries

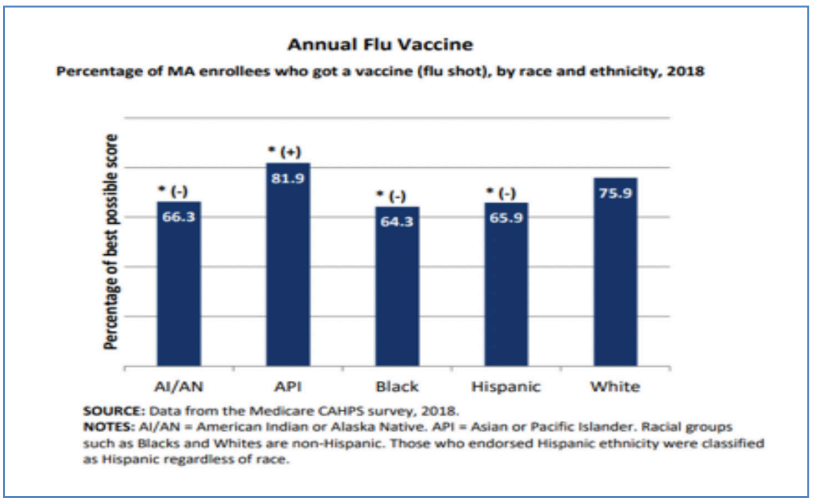
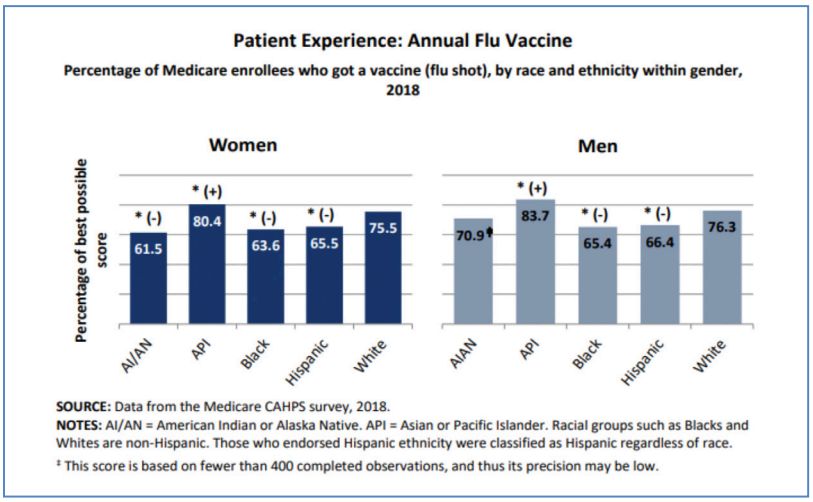


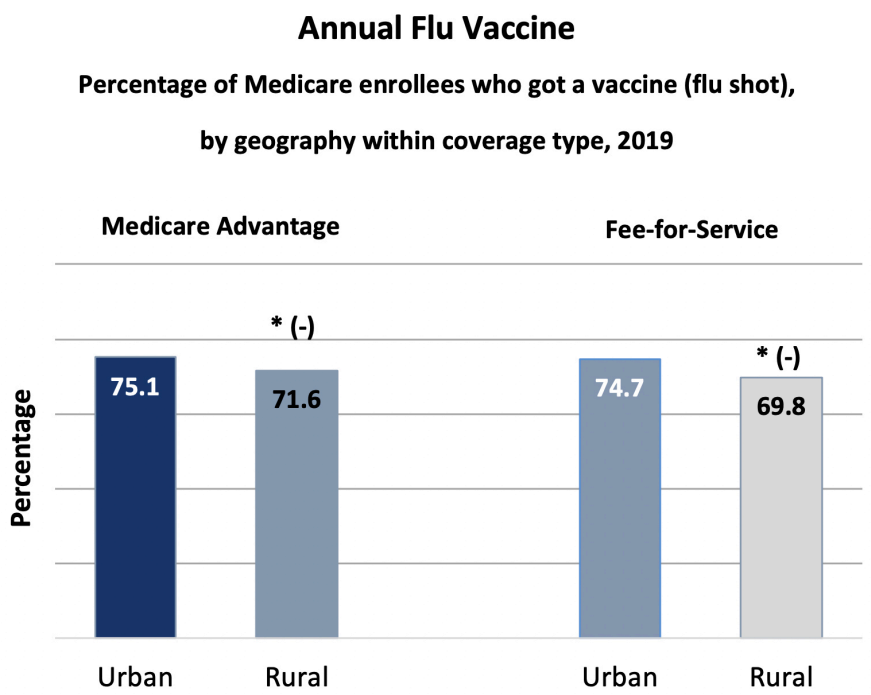
Figure 6 shows that MA beneficiaries who are AI/AN, Black, and Hispanic women were less likely than White women to have received the flu vaccine. API women were more likely than White women to have received the flu vaccine. AI/AN men were about as likely as White men to have received the flu vaccine. API men were more likely than White men to have received the flu vaccine. Lastly, Black and Hispanic men were less likely than White men to have received the flu vaccine. [7]

Figure 6 - Annual Flu Vaccine for MA Beneficiaries, by Race and Ethnicity and Gender



We also compared annual flu vaccination among both Medicare MA and FFS beneficiaries for 2019 by geography as seen in Figure 7-9 below. Figure 7 shows that rural residents were less likely than urban residents to have received the flu vaccine.[8]

Figure 7



SOURCE: Data from the Medicare CAHPS survey, 2019.

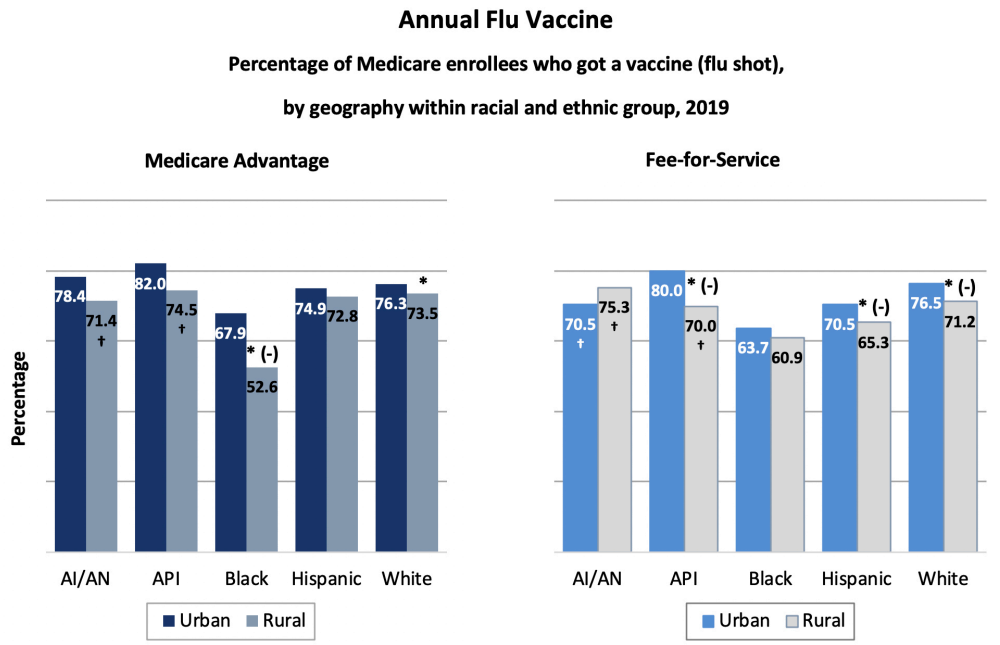
In looking at MA and FFS beneficiaries who got a flu vaccine by geography, broken down race and ethnicity, Figure 8 below illustrates that in 2019 AI/AN beneficiaries residing in rural areas were about as likely as AI/AN beneficiaries residing in urban areas to have received the flu vaccine. API MA beneficiaries residing in rural areas were about as likely as API MA beneficiaries residing in urban areas to have received the flu vaccine. API FFS beneficiaries residing in rural areas were less likely than API FFS beneficiaries residing in urban areas to have received the flu vaccine.

Black MA beneficiaries residing in rural areas were less likely than Black MA beneficiaries residing in urban areas to have received the flu vaccine. Black FFS beneficiaries residing in rural areas were about as likely as Black FFS beneficiaries residing in urban areas to have received the flu vaccine.

Hispanic MA beneficiaries residing in rural areas were about as likely as Hispanic MA beneficiaries residing in urban areas to have received the flu vaccine. Hispanic FFS beneficiaries residing in rural areas were less likely than Hispanic FFS beneficiaries residing in urban areas to have received the flu vaccine.

In both MA and FFS, White beneficiaries residing in rural areas were less likely than White beneficiaries residing in urban areas to have received the flu vaccine.

Figure 8



SOURCE: Data from the Medicare CAHPS survey, 2019.

NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of races selected.

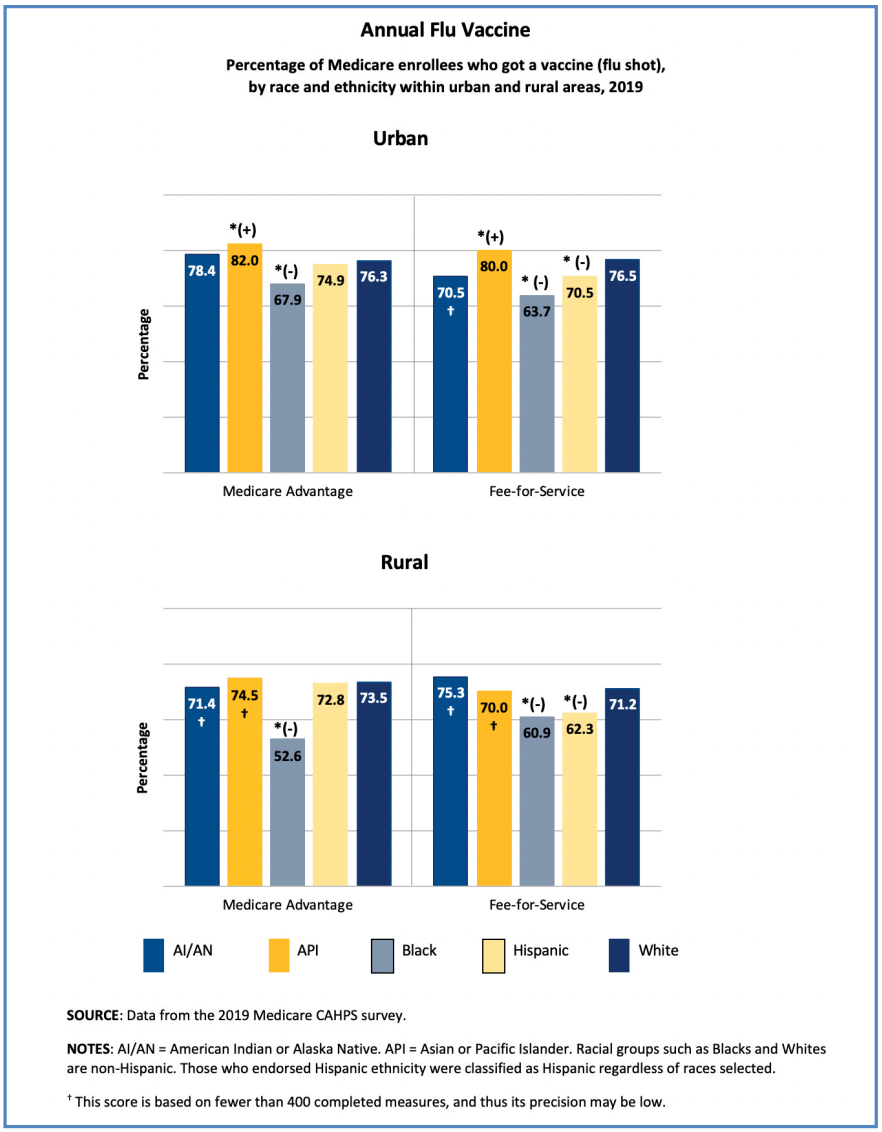
† This score is based on fewer than 400 completed measures, and thus its precision may be low.

In looking at MA and FFS beneficiaries who got a flu vaccine by race and ethnicity, broken down by geography, in 2019 in both MA and FFS, urban AI/AN beneficiaries were about as likely as urban White beneficiaries to have received the flu vaccine, and rural AI/AN beneficiaries were about as likely as rural White beneficiaries to have received the flu vaccine. In both MA and FFS, urban API beneficiaries were more likely than urban White beneficiaries to have received the flu vaccine, and rural API beneficiaries were about as likely as rural White beneficiaries to have received the flu vaccine.

In both MA and FFS, urban Black beneficiaries were less likely than urban White beneficiaries to have received the flu vaccine, and rural Black beneficiaries were less likely than rural White beneficiaries to have received the flu vaccine.

Additionally, urban Hispanic MA beneficiaries were about as likely as urban White MA beneficiaries to have received the flu vaccine, and urban Hispanic FFS beneficiaries were less likely than urban White FFS beneficiaries to have received the flu vaccine. Rural Hispanic MA beneficiaries were about as likely as rural White MA beneficiaries to have received the flu vaccine, and rural Hispanic FFS beneficiaries were less likely than rural White FFS beneficiaries to have received the flu vaccine.

Figure 9



SOURCE: Data from the 2019 Medicare CAHPS survey.

NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of races selected.

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Although there are still disparities by race and ethnicity and by geography for flu vaccination, it is important to remember that Medicare Part B does cover one flu shot per flu season for Medicare beneficiaries. Individuals pay nothing for a flu shot if your doctor or other qualified health care provider accepts assignment for giving the shot.[9] In general, most health insurance plans cover recommended vaccines for both children and adults at little or no cost. Medicaid covers all of the recommended vaccines, including the flu shot for children and some vaccines for adults. There may be a copay or fee for getting vaccinated, depending on what state you live in and the doctor you see to get vaccinated.[10]

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