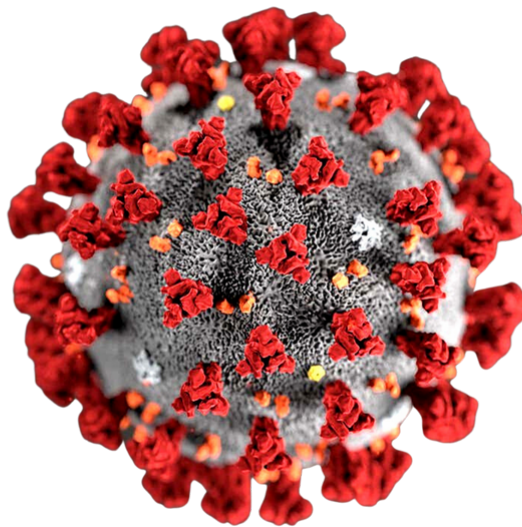




California Pan-Ethnic  
**HEALTH NETWORK**

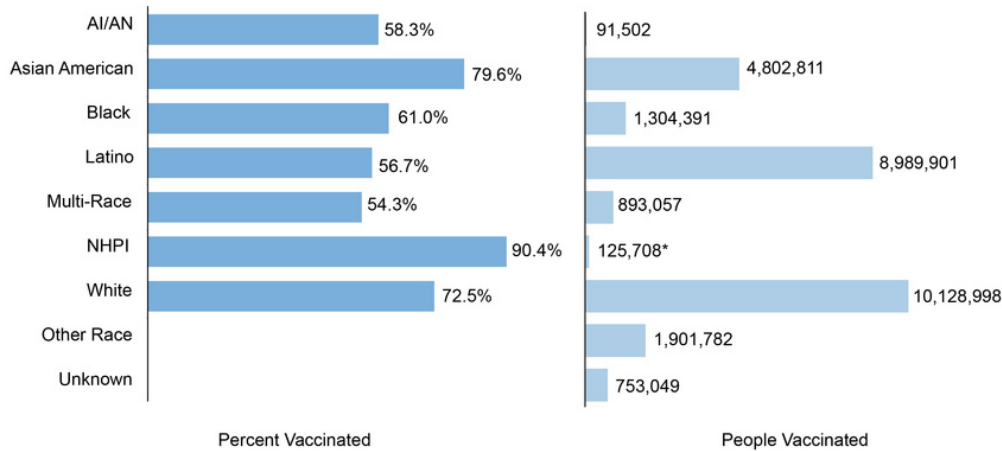
# TWO YEARS AFTER COVID-19 VACCINE, DISPARITIES PERSIST



On December 11, 2020, the federal Food and Drug Administration (FDA) issued the first emergency use authorization (EUA) for a COVID-19 vaccine. That and subsequent vaccines have been proven highly effective for preventing severe illness and death caused by the virus. The first vaccines were limited in availability, and California embarked on a rich stakeholder process to determine priority eligibility. As more vaccine supply became available, California shifted to a broad public education and vaccination campaign with the goal of ensuring that those most at risk were quickly vaccinated.

Two years later, the California Pan-Ethnic Health Network (CPEHN) analyzed publicly available data on vaccination rates, which is summarized in this brief. The data continues to show racial disparities among those who have received a primary vaccine series and those who have received the more recent bivalent booster. In addition, Californians enrolled in the Medi-Cal program have alarmingly low vaccination rates. While state and federal public health emergency declarations may be ending, the pandemic is not over and California has work to do to advance health equity.

### Primary Series Status by Race/Ethnicity



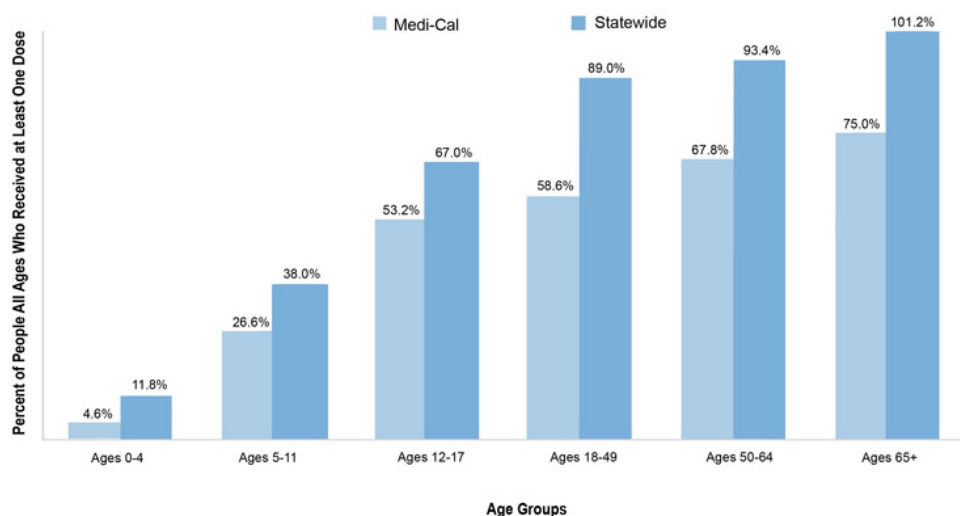
Source: <https://covid19.ca.gov/vaccination-progress-data/#age-ethnicity> data current as of January 27, 2023

## RACIAL DISPARITIES PERSIST IN PRIMARY SERIES COMPLETION RATES

No racial/ethnic group in California has achieved 100% vaccination. Blacks and Latinos have 61.0% and 56.7% of their communities vaccinated, respectively, compared to 72.5% of White and 79.6% of Asian American communities. While the percent vaccinated for persons who self-identify as Native Hawaiian or Pacific Islander is the highest at 90.4%, this group is a relatively small percentage of the total California population and at times the number of vaccinated individuals has exceeded the estimated eligible number of individuals suggesting measurement difficulties. With Latinos currently comprising the single largest racial/ethnic group in California at nearly 40%, if the state's overall vaccination percentage of 72.6 is to significantly increase, greater effort will be needed to reach this group [Exhibit 1].

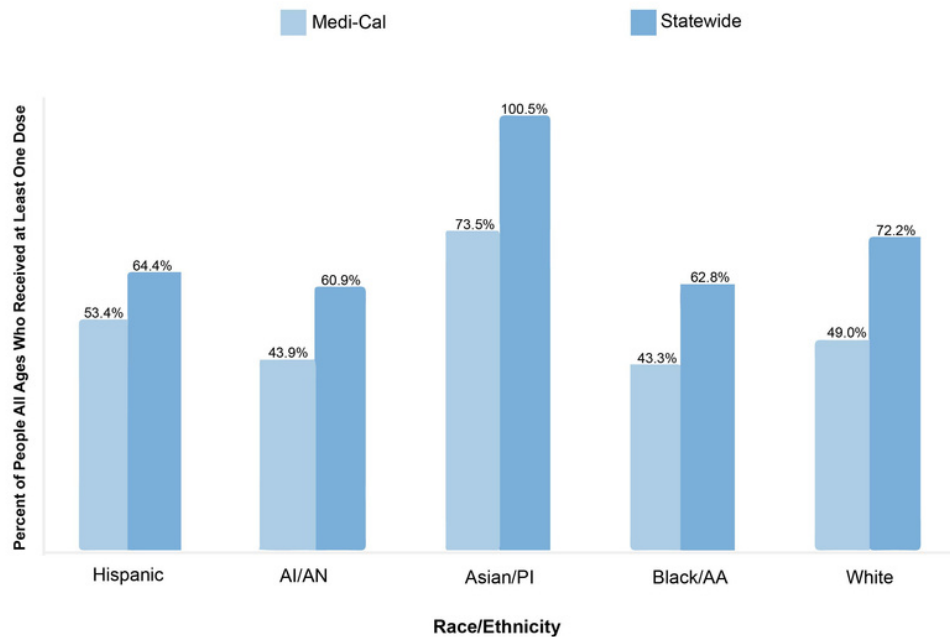
[Exhibit 2]

### Received at least one dose as of January 31 2023 Comparing Medi-Cal Beneficiaries to all Californians



Note: Statewide rates are calculated using the California Department of Finance P-3 projections for the denominator. Estimates may slightly vary from the true value.

### Received at least one dose as of January 31, 2023 Comparing Medi-Cal Beneficiaries to all Californians



*Note: Statewide rates are calculated using the California Department of Finance P-3 projections for the denominator. Estimates may slightly vary from the true value.*

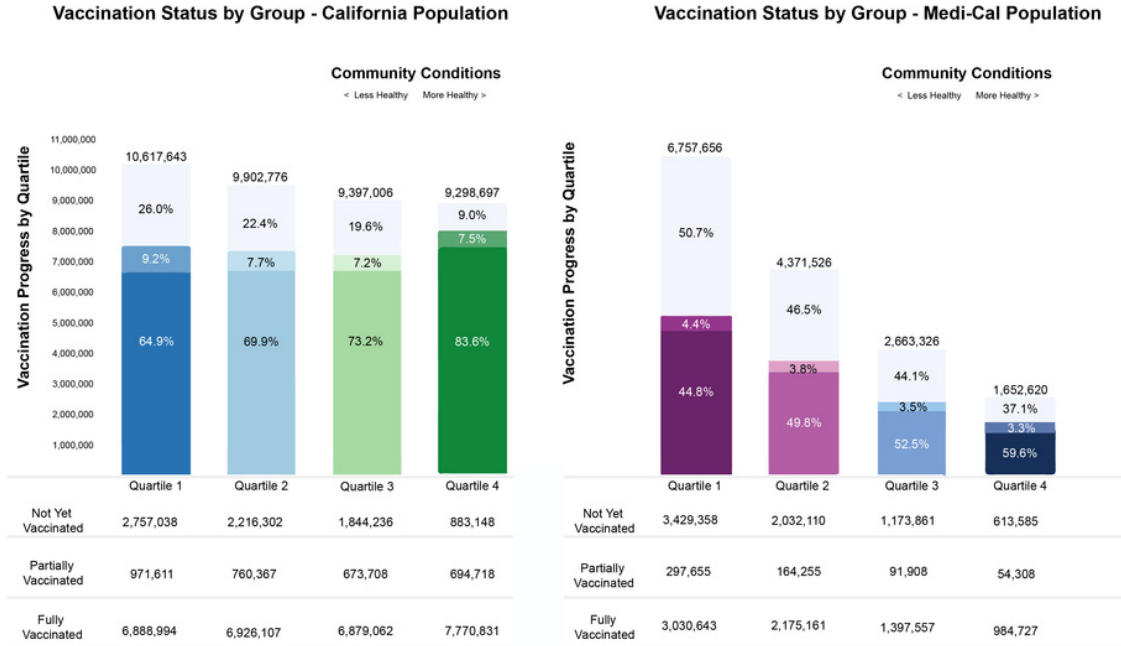
Source for Exhibits 2 and 3: <https://www.dhcs.ca.gov/Documents/COVID-19/DHCS-COVID-19-Vaccine-Stats.pdf> (March 2023)

## THE MEDI-CAL PROGRAM HAS PERFORMED POORLY IN VACCINATING MEMBERS

Medi-Cal beneficiaries are less likely to be vaccinated against COVID-19 when compared to all California residents. Within the same county, Medi-Cal beneficiaries experience lower rates of vaccination when compared to all Californians within that same county -- anywhere from 8 to 41 percentage points lower based on those who received at least one dose (i). For example, the percent of all Californians within Los Angeles County that have received at least one COVID-19 vaccine dose is 82%, but for Medi-Cal beneficiaries only, it is 57%(ii). Medi-Cal beneficiaries are not only lower income, but also more likely to be from communities of color (50% are Latino, 8% are Black) and are younger (42% are age 20 years or younger) than the overall California population (iii).

When stratified by age, the number of adults vaccinated are anywhere from 7 percentage points (ages 0-4) to 30 percentage points (ages 18-49) lower depending on the age group. While approximately 100% of all Asian Californians have received at least one dose, this drops to 26 percentage points to just under 74% for Asians who are also Medi-Cal beneficiaries [Exhibits 2 and 3].

## COVID-19 Vaccination Status as of January 31, 2023 CA vs. Medi-Cal - by Community Conditions



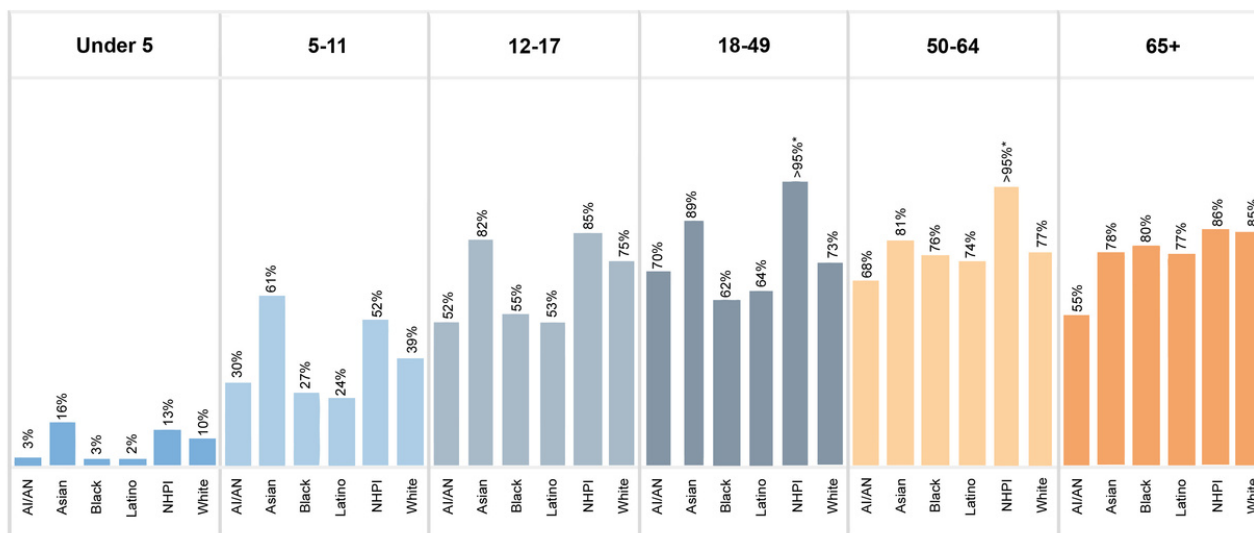
Source: <https://www.dhcs.ca.gov/Documents/COVID-19/DHCS-COVID-19-Vaccine-Stats.pdf> (March 2023)

When classified according to the Vaccine Equity Metric (VEM), those Californians classified in the lowest, least healthy quartile are 64.9% fully vaccinated vs. 83.6% for Californians classified in the highest or healthiest quartile. In contrast, when subset to only Medi-Cal beneficiaries, 59.6% of those classified in the highest or healthiest quartile are now fully vaccinated. For the least healthy quartile, this drops to 44.8% with the majority of Medi-Cal beneficiaries in this quartile having not even received a single dose (50.7% = 3,429,358/6,757,656).

## YOUNG CHILDREN HAVE THE LOWEST VACCINATION RATES

While all age groups are now eligible for vaccination, younger age is associated with a lower likelihood of having completed a COVID-19 primary vaccination series, especially for children under 5 years as shown by Exhibit 5. Only 7.5% of children under 5 years have completed their primary series compared to 35.7% of children ages 5-11 years and 67.2% of children ages 12-17 years. In contrast, 87.9% of persons 65 years and older are now fully vaccinated and racial/ethnic disparities are relatively small, especially when compared to persons aged 18-49 years and children (iv). While COVID-19 vaccination rates are low overall for children, as the 3 bar charts to the left below show, the rates are particularly low for Latino and Black children [Exhibit 5].

## Vaccinated Status by Age and Race-Ethnicity

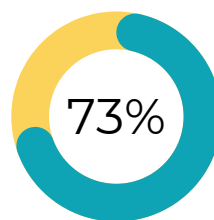


\*More self-identified vaccine recipients in this category than the estimated eligible population.

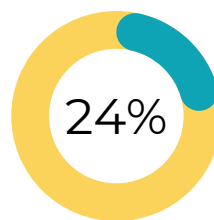
Source: <https://covid19.ca.gov/vaccination-progress-data/#age-ethnicity> data current as of January 27, 2023

## BIVALENT BOOSTER RATES LAG, RACIAL DISPARITIES EXIST

While nearly 73% of all Californians have completed the primary series of vaccinations, only 24% of those individuals have received the bivalent booster. Racial/ethnic disparities exist, especially for Latino and Black communities. While primary series completion among the Native Hawaiian and Other Pacific Islander (NHPI) population is high (90.4%), bivalent booster uptake is much lower (16.7% of eligibles). Bivalent booster estimates are expected to be more accurate than primary series estimates because measurement of the eligible population (those who completed the primary series) is likely to be more accurate than estimates of the total California population by race/ethnicity. Understanding why NHPI persons who have high primary series completion but low bivalent booster uptake is needed [Exhibit 6].

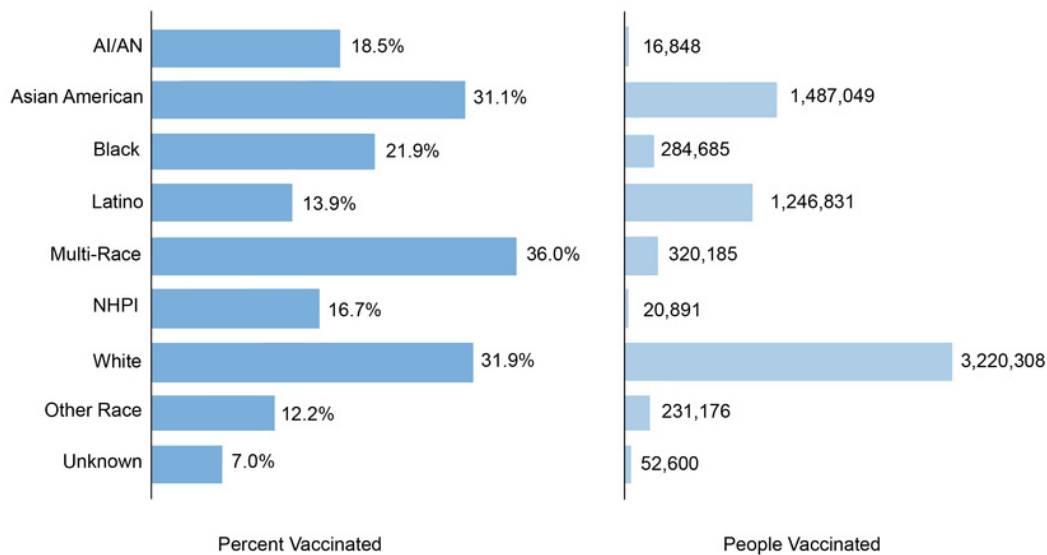


Nearly 73% of all Californians have completed the primary series of vaccinations.



Only 24% of individuals who have completed the primary series also received the bivalent booster.

### Bivalent Booster Status by Race/Ethnicity



Source: <https://covid19.ca.gov/vaccination-progress-data/#overview> data current as of January 27, 2023

## RECOMMENDATIONS

Vaccination remains an essential strategy to protect Californians from the short and long term impacts of the virus. Moreover, California must ensure that those most at risk for serious illness and death are kept up-to-date with booster shots. Vaccination efforts have shifted from campaigns and mass clinics conducted by public health entities to an ongoing primary care responsibility of the health care delivery system. The poor performance of the Medi-Cal program as well as the generally low bivalent booster rates demonstrate the challenge with this transition. If progress is to be made and disparities are to be reduced, a multi-pronged strategy should be implemented with a focus on racial equity:

1. Hold health plans and systems accountable for COVID-19 vaccination of their members through payment incentives and penalties.
2. Continue to address vaccine hesitancy through culturally and linguistically relevant messaging.
3. Maintain funding for community-based outreach, education, and navigation support.
4. Improve data linkages between health care delivery systems and public health for ongoing monitoring and analysis of vaccination rates and gaps.

(i) The percent of a population receiving at least one dose will be higher than the percent who completed a primary vaccination series which often requires 2 doses.

(ii) Data not shown but found at <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91Response.aspx> (see Vaccines updated March 2023).

(iii) <https://www.chcf.org/wp-content/uploads/2019/02/MediCalFactsFiguresAlmanac2019QRG.pdf>

(iv) The vaccination rate for persons 65 years and older is higher than the rates by race/ethnicity due to additional data (e.g., multiracial and unknown race/ethnicity).

**Note:** Vaccination rates are consistently lower for American Indian or Alaska Native persons, a historically marginalized group, but this data excludes vaccines provided to the Indian Health Service by the CDC, which may impact these values.