NC Medicaid Quality Fact Sheets

Fact Sheet
Racial Disparities in Vaccination

Introduction

By teaching your immune system how to fight infections quickly and efficiently, vaccinations are one of the most effective ways to prevent illness, disease and death.[1] Although vaccinations are important for all, significant racial disparities in vaccination rates persist across the United States.[2,3] NC Medicaid's performance mirrors national trends, with beneficiaries of historically marginalized racial groups generally reporting lower rates of vaccination. While there are multiple factors contributing to these disparities, varying levels of education and income impact access to and utilization of healthcare services, and higher rates of vaccine hesitancy and misinformation within certain populations are driving these disparities.[3] NC Medicaid is dedicated to reducing these disparities.

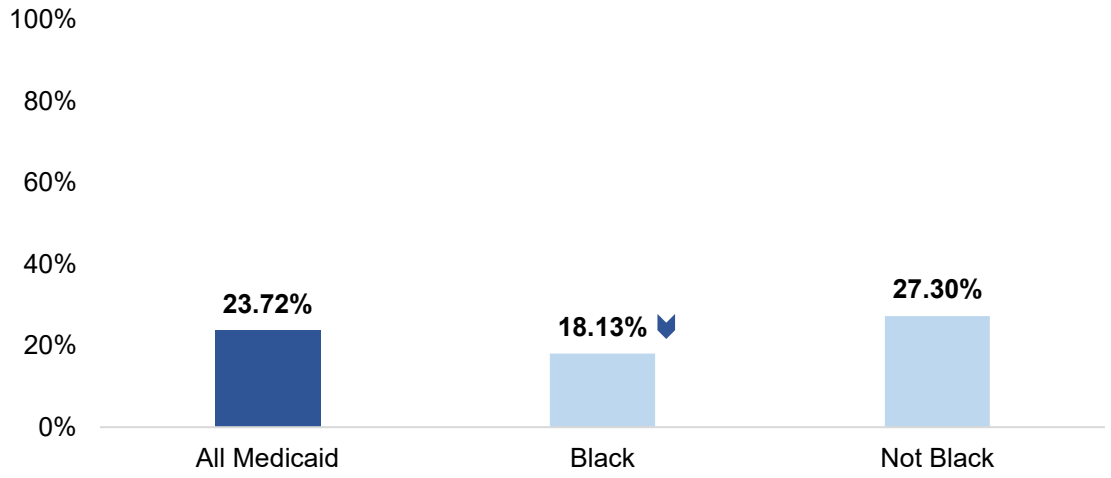
This fact sheet uses quality measure and survey measure data to observe vaccination differences by race among NC Medicaid beneficiaries. As a result, race is classified differently depending on the data source, with quality measure* data utilizing Black and non-Black demographics and survey measure data utilizing Asian, Black, Native American, White and Other for race and Hispanic or non-Hispanic for ethnicity.[4] Disparities in quality measures are identified by a relative difference of more than 10% between the group of interest (Black) and the reference group (Not Black), while disparities in survey measures are determined by tests that identify statistically significant differences between each racial demographic and their counterpart (Asian versus Not Asian, Black versus Not Black, etc.). If you would like to learn more about how to read and interpret this fact sheet, see the Reader's Guide.

*Quality measures are a set of data-driven measures, created and endorsed by external measure stewards (such as Centers for Medicare & Medicaid Services or National Committee for Quality Assurance) as well as internal measures specific to the NC Medicaid population (developed by NCDHHS), that evaluate Medicaid beneficiaries' access to quality and effective health care services.

CHILDREN AND ADOLESCENTS

Fewer Black children received the full set of recommended childhood immunizations (known as Combination 10) by their second birthday when compared to non-Black children (as seen in Figure 1). The relative difference between these two groups exceeds 10% and meets NC Medicaid's disparity treshold.* The Combination 10 includes vaccinations for DTaP, Polio, MMR, H. influenza type B, HepB, Chicken Pox, Pneumococcal, HepA, Rotavirus and Flu.[5]

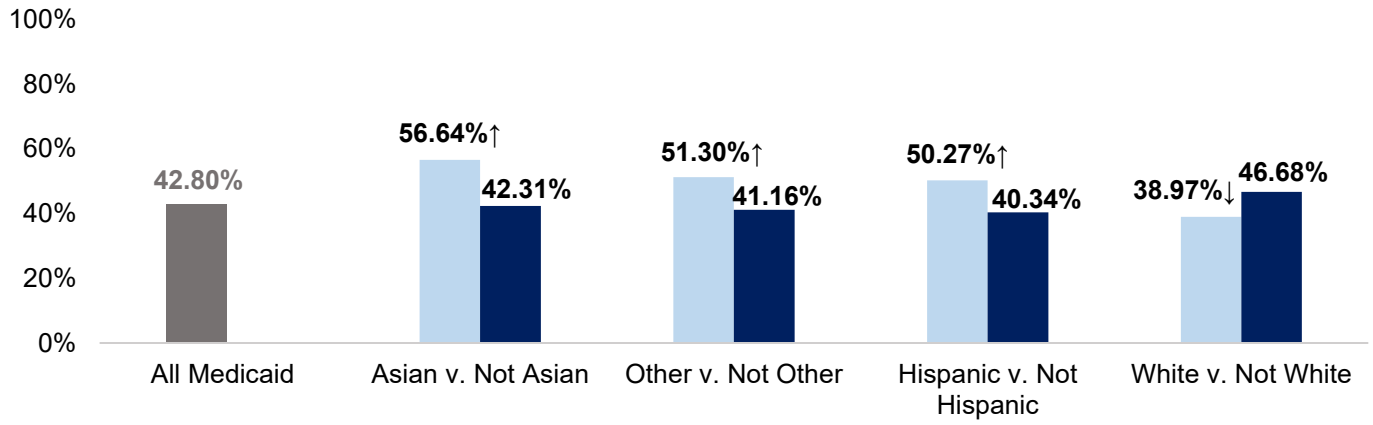
Figure 1: 2024 NC Medicaid Rate of Childhood Immunization Status (CIS-E) Combination 10, Stratified by Black/Not Black



Indicates a disparity (a relative difference greater than or equal to 10%).

However, the parent or caretaker respondent to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey of Asian, Hispanic and Other race (which includes those who identified as "Other race" and Native Hawaiian or other Pacific Islander) child beneficiaries reported that they received the influenza (flu) vaccine at a significantly higher rate than non-Asian, non-Hispanic and non-Other race children (as seen in Figure 2). This is in contrast to White children, who received the flu vaccine at a significantly lower rate than non-White children. There were no significant differences in flu vaccination rate for child respondents who identified their child as Black versus not Black, and Multiracial versus not Multiracial.

Figure 2: 2025 Child CAHPS Respondents Who Reported Their Child Received A Flu Vaccination, by Race

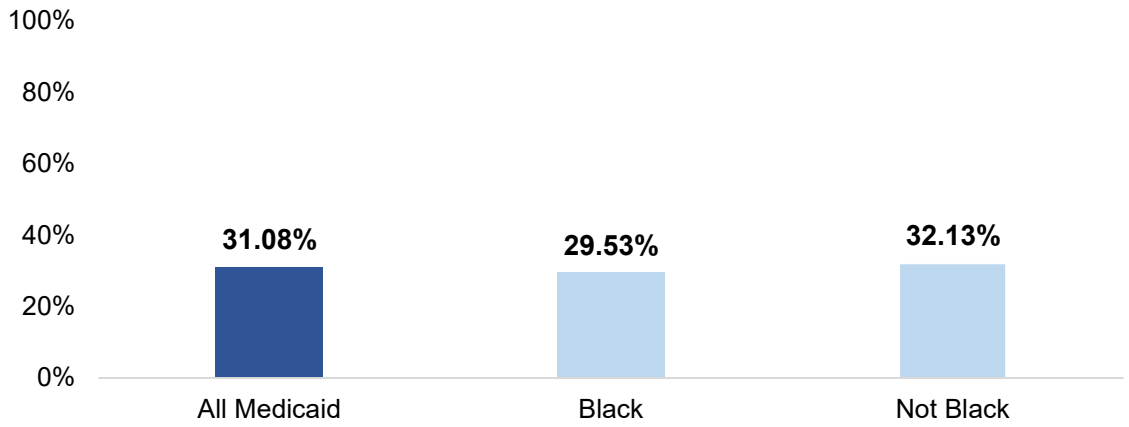


↑ Indicates the demographic category score is significantly higher than the score of their demographic counterpart. Asian respondents were compared to non-Asian respondents, Other respondents were compared to non-Other respondents, and Hispanic respondents were compared to non-Hispanic respondents, not the All Medicaid average.

↓ Indicates the demographic category score is significantly lower than the score of their demographic counterpart. White respondents were compared to non-White respondents, not the All Medicaid average.

Finally, fewer Black adolescents received the full set of recommended adolescent immunizations by their 13th birthday (as seen in Figure 3). While the relative difference is below 10% and does not meet NC Medicaid's threshold of a disparity, the rate among Black beneficiaries is lower compared to non-Black beneficiaries. This set includes one dose of meningococcal vaccine, one Tdap vaccine and the complete set of human papillomavirus vaccines.[6]

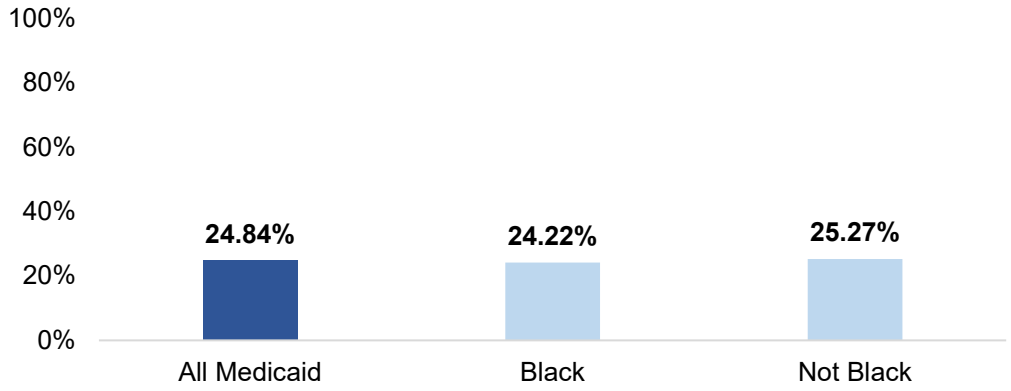
Figure 3: 2024 NC Medicaid Rate of Adolescent Immunization Status (IMA-E) Combination 2, Stratified by Black/Not Black



ADULTS

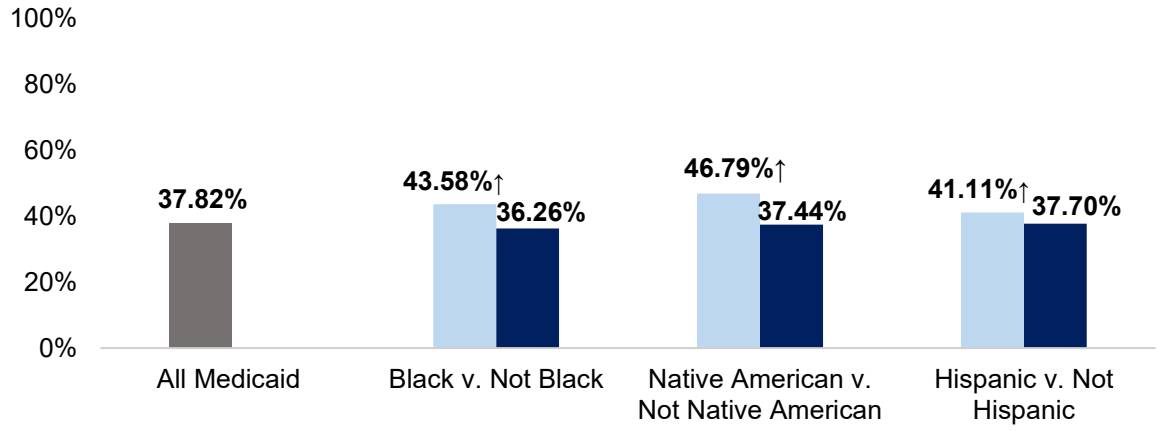
As seen in Figure 4, slightly fewer Black adults (age 19 and older) were up to date on all recommended routine vaccines compared to adults who were not Black. Similar to the rate for immunizations among adolescents, the relative difference between the two rates is below 10% and does not meet the disparity threshold. These routine vaccines include influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and COVID-19.[7]

Figure 4: 2024 NC Medicaid Total Rate of Adult Immunization Status (AIS-E), Stratified by Black/Not Black



As seen in Figure 5, adult CAHPS beneficiary respondents who identified as Black, Native American, and Hispanic received the influenza (flu) vaccine in the last year at a significantly higher rate than non-Black, non-Native American and non-Hispanic adults. There were no significant differences in flu vaccination rate for adult respondents who identified as Asian versus not Asian, Multiracial versus not Multiracial, Other race versus not Other, and White versus non-White.

Figure 5: 2025 Adult CAHPS Respondents Who Received A Flu Vaccination, by Race



↑ Indicates the demographic category score is significantly higher than the score of their demographic counterpart. Black respondents were compared to non-Black respondents, Native American respondents were compared to non-Native American respondents and Hispanic respondents were compared to non-Hispanic respondents, not the All Medicaid average.

NC MEDICAID'S WORK TOWARD ELIMINATING THESE DISPARITIES

Performance Improvement and Quality Improvement Projects

As part of a Centers for Medicare & Medicaid Services (CMS) regulation to improve quality assessment and performance, health plans are required to implement performance improvement projects (PIPs); three-year projects that aim to achieve significant, sustained improvement in health outcomes and experience of care. PIPs must measure performance, implement and evaluate interventions, and lead activities to increase/sustain improvement.

Standard Plans implemented four PIPs from 2023 through 2025 that focused on reducing disparities, one of which was the CIS Combination 10 measure. The CIS PIP included providing incentives to parents/caregivers of child Medicaid members who completed the series, launching text message reminder campaigns and hosting vaccine events in areas with lower rates of vaccination.

Standard Plan Withhold Program

NC Medicaid health plans receive a set payment for each beneficiary they provide care for, known as capitation. To further drive quality improvement and address disparities in care for NC Medicaid Managed Care members, NC Medicaid launched the Standard Plan Withhold Program in 2024. Under this model, NC Medicaid retains a portion of each Standard Plan's capitation, and the plan must meet specific performance targets in order to receive these withheld funds.

CIS Combination 10 was included as a measure in the Standard Plan Withhold Program in 2024 and 2025. In addition to incentivizing overall improvement for CIS Combo 10, the program required the health plans to achieve improvements in performance on the measure for the Black population. By tying a portion of plan payment to improved CIS Combo 10 performance among the Black population, NC Medicaid hopes to encourage health plans and providers to decrease racial disparities in vaccine utilization.

ADDITIONAL INFORMATION

The **quality measures** displayed in this fact sheet include:

- Childhood Immunization Status (CIS-E) – Combination 10
- Immunizations for Adolescents (IMA-E) – Combination 2
- Adult Immunization Status (AIS-E)

These quality measures are all created by the National Committee for Quality Assurance.

For more technical information on these measures, please see the NC Medicaid Managed Care Quality Measurement Technical Specifications Manual.

The **survey measures** displayed in this fact sheets include:

- Child Receipt of Flu Vaccine by Race (2025)
- Adult Receipt of Flu Vaccine by Race (2025)

These measures are all derived from the 2025 CAHPS Report. For more technical information on these measures, please see the 2025 CAHPS Full Report.

REFERENCES

1. “Vaccine Basics,” US Department of Health and Human Services, 2022, https://www.hhs.gov/immunization/basics/index.html.
2. “Vaccination Coverage among Adults in the United States, National Health Interview Survey.” CDC, 2026, https://www.cdc.gov/adultvaxview/publications-resources/adult-vaccination-coverage-2023.html.
3. “Recent Changes in Children’s Vaccination Rates by Race and Ethnicity.” KFF, 2025, https://www.kff.org/racial-equity-and-health-policy/recent-changes-in-childrens-vaccination-rates-by-race-and-ethnicity/.
4. For this analysis, the "Other" category includes Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other.
5. “Childhood Immunization Status (CIS).” NCQA, 2025, http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/childhood-immunization-status-cis/.
6. “Immunizations for Adolescents (IMA).” NCQA, 2025, https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/immunizations-for-adolescents-ima/.
7. “Adult Immunization Status (AIS-E).” NCQA, 2025, https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/adult-immunization-status-ais-e/.