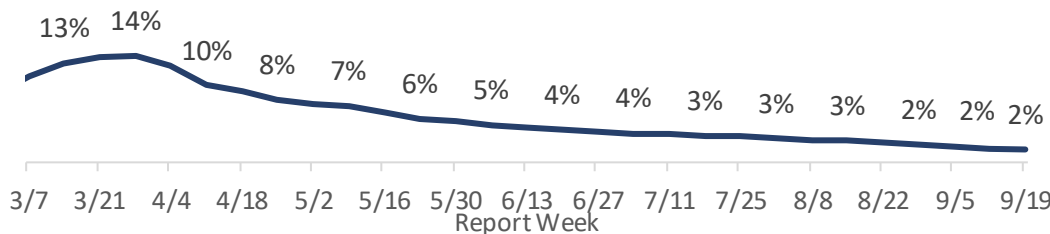


Vermont COVID-19 Vaccination Rates by Race and Ethnicity

September 24, 2021

The population of Vermonters who are Black, Indigenous, and people of color (BIPOC) have faced disparities throughout the COVID-19 pandemic. BIPOC Vermonters continue to have a lower vaccination rate (77%) than those who are non-Hispanic white (79%) as of September 24, 2021. This gap decreased from 13% over the months of March and April but remained around 6% through May before dropping to 4% in June and July, 3% in August, and 2% in September.

While non-Hispanic whites have higher vaccination rates than BIPOC Vermonters, the gap has decreased from a peak of 13% to 2%.

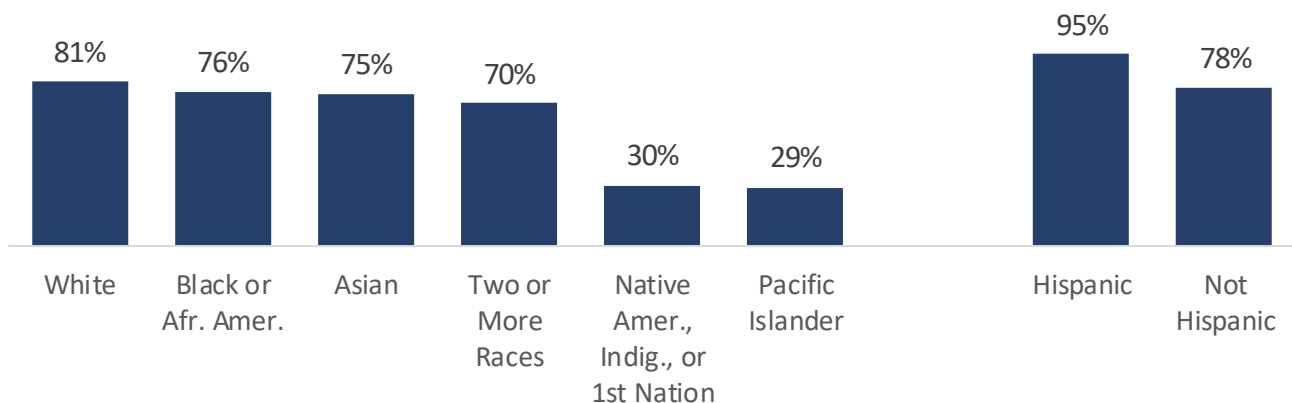


KEY POINTS

- **Non-Hispanic whites have higher COVID-19 vaccination rates than BIPOC Vermonters, overall and for those age 65+.**
- **Differences in rates exist in more counties for ages 31+ than for ages 12-30.**

White Vermonters (including Hispanic white Vermonters) age 12 and older have the highest vaccination rates (81%), followed by Black Vermonters (76%) and Asian Vermonters at 75%. Vermonters who identify as Pacific Islander are the least likely to be vaccinated, with only 29% of this population having received at least one dose of the COVID-19 vaccine. A higher proportion of Hispanics (95%) received a vaccine than non-Hispanics (78%).

For Vermonters 12+, whites have the highest vaccination rates.



Note: Race/ethnicity information is missing for 5% of people vaccinated.

Data sources: Vermont Immunization Registry (IMR); Vermont Department of Health Population estimates (2019)

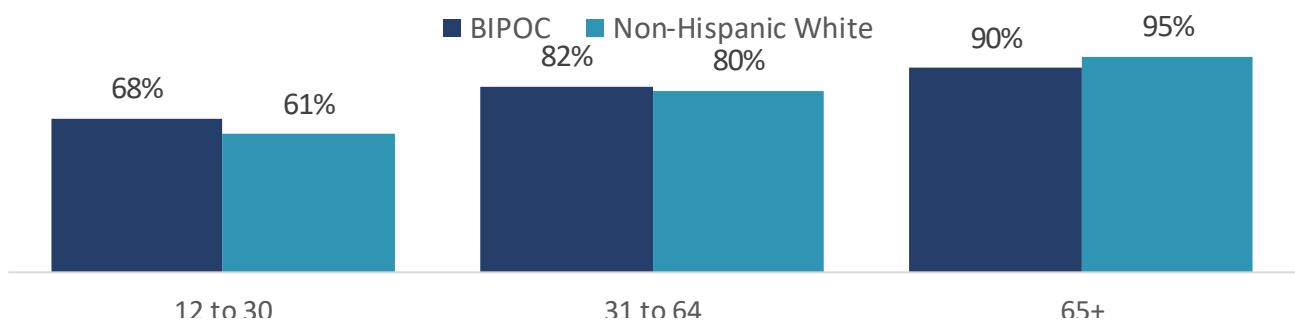
COVID-19 Vaccination Rates by Race and Ethnicity

Race/Ethnicity Patterns by Age Groups (12-30, 31-64, and 65+)

- Native American/Indigenous/First Nation Vermonters have lower vaccination rates than white, Black, Asian and multiracial Vermonters within each age group.
- Hispanic Vermonters have a higher vaccination rate than non-Hispanic Vermonters in all age groups.
- Black Vermonters have the highest vaccination rates for ages 12-30, followed by white and Asian Vermonters who have similar rates for this age group.
- For ages 31-64, white Vermonters have the highest rates. Asian, multiracial and Black Vermonters follow with slightly lower, similar rates.
- White Vermonters have the highest rate for ages 65+, followed by multiracial Vermonters. Black and Asian Vermonters in this age range have rates similar to each other and lower than that of multiracial and white Vermonters.

The gap in COVID-19 vaccination rates between non-Hispanic white and BIPOC Vermonters is inverse in the youngest and oldest age groups.

More than 3,400 of the 3,800 BIPOC Vermonters who are aged 65+ have received at least a first dose of a COVID-19 vaccine. About 14,500 of the nearly 17,500 BIPOC Vermonters aged 31-64 have received at least a first dose. About 11,500 of the nearly 17,000 BIPOC Vermonters aged 12-30 have received at least one dose of a COVID-19 vaccine.



Overall, non-Hispanic whites have higher vaccination rates than BIPOC Vermonters for ages 65+, but rates vary by age group and county.

Rates for non-Hispanic whites are significantly higher than rates for BIPOC Vermonters in these age groups and counties.

Ages 12-30: Grand Isle, Windham

Ages 31-64: Addison, Caledonia, Franklin, Grand Isle, Rutland, Windham

Ages 65+: Caledonia, Franklin, Orange, Orleans, Rutland, Washington, Windsor

County findings are suppressed if either group has fewer than 50 people or if both groups have reached 95%.

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Key Takeaways

The conditions in which we live, work, and play, known as the social determinants of health, affect a wide range of health outcomes. Systems of structural oppression and racism greatly impact social determinants of health. In other words, even before the COVID-19 pandemic, not everyone in Vermont had equal access to the conditions that favor health. COVID-19 shines a light on these inequities. BIPOC Vermonters are at disproportionate risk for poor health outcomes, including COVID-19. In addition, this population is at higher risk for more serious outcomes, such as hospitalization, and may lack access to information and resources. For more information on what the Vermont Department of Health is doing to mitigate racial and ethnic health disparities, please visit www.healthvermont.gov/about-us/our-vision-mission/health-equity

For more information: COVID-19 Vaccination Data Team,
AHS.VDHHSCOVIDVaccinationData@vermont.gov