

Achieving Health Equity in Early Childhood: Two-year-old Immunization Coverage

Why Is This Important?

Health equity is the principle of and commitment to reducing health inequities, and implies that all people can reach their full health potential, regardless of ethnicity, age, gender, or other social determinant.

Health inequities are defined as unnecessary and avoidable difference in health.

Immunization coverage rates are measures of population health and health service delivery. Ideally everyone should be vaccinated to be protected from vaccine preventable disease.

In 2006, when data revealed stark inequities in coverage rates by neighbourhood, the Region set out ensure that all residents had the same opportunities to access immunization services.

The Deprivation Index is used to monitor socio-economic inequities in health (see [Advancing Health Equity – The Deprivation Index](#)).

The disparity ratio refers to the difference between two areas. A ratio of 1 is equivalent to equity.

What Is Being Done?

[Immunization Activities](#)

To Learn More:

[About the Data](#)

Chief Medical Health Officer's [Call to Action](#)

[Advancing Health Equity in Health Care](#)

Highlights

The Health Care Equity Audit is a tool that has supported Saskatoon Health Region to close the gap in immunization coverage rates (Figure 1).

- In 2016 the deprivation ratio reached 1.06, the lowest reported in 10 years (Figure 1), which indicates near equity between areas of most and least advantage.
- This improvement is a result of a Health Care Equity Audit approach that has been in place since 2007. See *What is Being Done?*
- Two dose MMR coverage in 2016 was 81.7% in areas of most advantage compared to 77.2% in areas of least advantage (Figure 2). The gap has narrowed substantially since 2007.
- In 2009/10 during Pandemic influenza, some immunization resources were redirected to mass influenza immunization; this impacted 2-year-old coverage.

Figure 1: Immunization Disparity Ratio for Two-year-old (2 doses) Measles, Mumps, Rubella between Areas of Most and Least Advantage, Saskatoon, 2007 to 2016

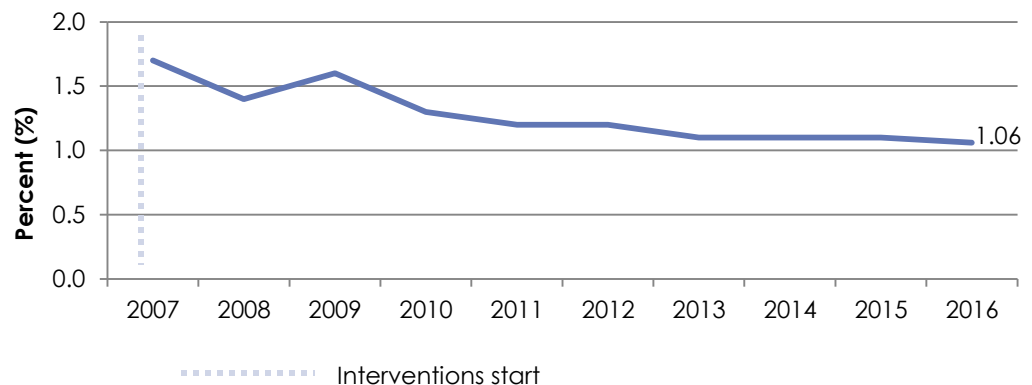
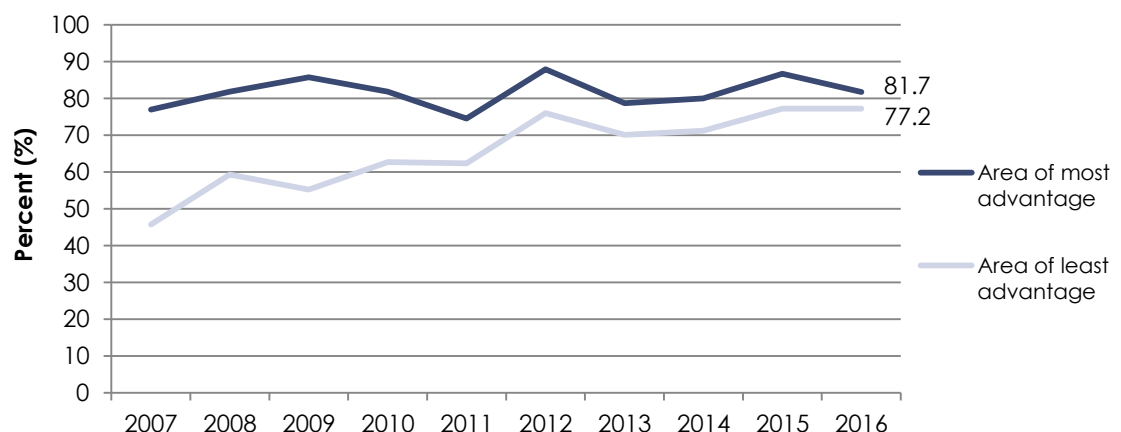


Figure 2: Coverage Percent for Two-Year-Old (2 doses) Measles, Mumps, Rubella (MMR) by Areas of Most and Least Advantage, Saskatoon, 2007 to 2016



Source: [SIMS and Panorama](#)