Module 1: Case Study

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Principles of Public Health

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All three core public health functions are present within the description of the vaccine booster roll-out. Assessment is used to determine disparities in those who had not gotten vaccines but wanted to and those who didn’t have access to the vaccine, policy development shows the negative effects of public health defunding on vaccination status, and assurance to show that there is no right answer when it comes to enforcement of rules and regulations. Assessment is used multiple times within the description, including graphs that show disparities between household income, vaccination interest and the different reasons why individuals had or had not gotten the vaccine/booster (Covert, 2022). There are clear policy development changes between the beginning of the pandemic and the vaccine booster, decidedly that “Democrats cut Covid funding from a March spending package in response to Republican oppositions, and the ongoing lack of funding means there’s little to push shots out and ensure people can get them easily and affordably” (Covert, 2022). The description also stated “That means dwindling numbers of vaccine sites, less outreach and certainly fewer creative solutions for raising awareness and increasing access. There is $550 million for FMA vaccination efforts for this year, compared with the $8.5 billion last year” (Covert, 2022). This means that rather than policy development helping to create a higher likelihood of vaccine administration and booster administration, the new policies are creating a hinderance for those disparities within the assessment portion to get access to the vaccine/booster.

Lastly, assurance is also shown in a negative light within the description. An example is low-income workers being unlikely to get vaccination due to inability to be absent from work if they develop side-effects or to even get vaccinated in the first place. In the beginning of the pandemic, rules and regulations were put in place to give incentives to employers to allow time off for vaccination and paid leave if side effects are developed, which ended a year prior (Covert, 2022). Policy development and assurance are in the forefront and are explicit public health functions. Assessment does work behind the scenes to bring disparities to the forefront and plan for what future policy development and assurance can use as a roadmap for future vaccination and booster outreach.

In the article, seventy-two indicators within five domains were addressed. In all of these, the United States health system scored as one of the lowest in “access, equity, and health care outcomes, and next to last in administrative efficacy, as reported by patients and providers” (Schneider, Sarnak, Squires, Shah, & Doty, 2017). This is shown in the disparities of vaccination and the how law makers have changed, leaving the responsibility in the hands of the healthcare system and lowering funding to public health programs. As seen in Missouri public health programs, funding is shifting back to previous years prior to the pandemic, with less funding to Covid vaccine assessments. Because there is less funding, there is less reporting, which will affect what will be seen as inequities and how deaths are affecting different demographics. While actual positive rates and deaths are being reported, there is still less funding towards these programs.

The biggest flaw in the description is the burden to the U.S. healthcare system. By placing efforts solely on this system for outreach, it is creating a system for failure on an already burdened system since the start of the pandemic. By increasing the funding towards vaccine/booster outreach and placing this in the care of the public health program, there can be an increase in access to the vaccine. When the pandemic first started, there were testing sites happening across the state of Missouri, which would also help with vaccination/booster rates across the country if these were still funded, but more focused on vaccines and boosters.

# References

Covert, B. (2022). The new covid boosters are incredible, and everyone should get one. *The New York Times*, 1-7.

Schneider, E. C., Sarnak, D. O., Squires, D., Shah, A., & Doty, a. M. (2017). Mirror Mirror 2017: International comparison reflects flaws and opportunities for better U.S. healthcare. *The Commonwealth Fund*, 1-30.