

Has the ACA done enough to promote equitable Access to Life-Saving Vaccinations for Vulnerable Populations as demonstrated through flu vaccinations?

Vaccinations are important in preventing disease and maintaining the health of citizens. As a result, all citizens should have an equal opportunity to be vaccinated. Current vaccination rates in the U.S. are only about half of the goal set by the healthy people 2020 plan that aims for all age groups to have an 80% seasonal flu vaccination rate (Avery, 2014). Immunizations are important in today's health care because they provide huge cost savings to individuals and to the health care system. Influenza vaccines have been demonstrated to be 50% to 79% effective in preventing hospitalizations (Mayo, 2004). Flu vaccines have also been associated with significant reductions in outpatient visits (Mayo, 2004).

Negative effects from not receiving vaccinations beyond costs include catching a preventable disease, easily spreading the disease to others, and dying from an avoidable disease. At least 36,000 deaths per year in the United States are attributed to influenza (Chen, 2007). Populations of especially low social economic status (SES) have lower rates of immunizations, such as for the flu vaccine, and are being unfairly put at higher risk of health care inequalities. Certain races and ethnicities are also disproportionately less likely to be vaccinated. A 2009 study discovered that African American citizens achieved much lower vaccination rates compared to other racial and ethnic groups (Avery, 2014). Latinos over 65 years are also less likely to be vaccinated compared to Whites (Chen, 2007). It is important to recognize the SES of these races because the poverty rate for African. Considering the concentration of poverty in minority populations, these statistics are not surprising (Mode, 2016). Besides, low household income creating barriers to receiving flu vaccines, the perception of the vaccine itself influences the decision to get immunized. Approximately 32% of unvaccinated African-Americans believed that influenza vaccination causes influenza or serious side effects (Chen, 2007). Educational attainment has also been found to be correlated with receipt of vaccinations among Hispanics. These studies highlight the need for an intersectional solution to closing the vaccination gap for low income minorities.

The Affordable Care Act (ACA) was passed to promote health care access and decrease health care costs and presents a potential solution to increasing immunizations for low-income minorities. The ACA has enabled millions gain access to health care through several avenues, including expansion of Medicaid, thus benefitting low-income Americans. All health insurance marketplace plans and most private insurance plans are required by the ACA to cover a list of immunizations without charging a copayment or coinsurance when provided by an in-network provider. Most states decided to expand their Medicaid program, however 19 states have opted out of the expansion, leaving millions of people uninsured (Han, 2015). Compared to the individuals in the expansion group, those in the non-expansion group were less likely to have flu vaccinations as well as a common source of health care (Han, 2015). Furthermore, states that opted out of the expansion have significantly higher population rates of females, blacks, people who were less educated, unemployed and, uninsured (Han, 2015). Ultimately, this distinction greatly widens the gap of health care inequalities between the Medicaid expansion states and non-expansion states.

The ACA's provisions contributed to expanding health care access, but that expansion did not extend to all Americans who needed it most. Also, the ACA did not sufficiently address the barriers to vaccinations identified in the population in this study. The ACA did not address health literacy needs to correct the misconceptions about the vaccinations. Evidence-based interventions targeted at reaching minority populations such as education on vaccinations through schools or public services are warranted. Improvements in public and provider awareness of the importance of immunizations for adults and children will also help diminish health care inequalities ("Fact Sheet," 2011). State governments, especially in non-expansion states need to increase the access to medical care and capacity of providers to work with multilingual, multicultural, rural, poorer populations and provide discounted or no cost vaccinations for residents with no insurance. As a society, we need to implement these changes in our health care system, while also setting up more clinics or health care facilities specifically in low SES areas of the country in order to effectively expand lifesaving vaccinations to everyone in the population.

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