

# Vaccine Rollout in the United States

11/20/21

## Executive Summary

In this brief, we discuss vaccine rollout in the states as well as the general public response to the COVID vaccine. Techniques for increasing vaccination rates differ widely across the states - and this difference can be better understood by considering differing political landscapes in our analysis. Public response to the vaccine are sharply divided along vaccination status, political ideology, and occupational status.

## Introduction

The two most populous states in the U.S., Texas and California, have taken radically different approaches to vaccine rollout. California has centered their rollout around [social equity](#), and has taken steps to ensure the state's most vulnerable populations have access to vaccines. Starting March 4th, Governor Newsom's administration [moved 40% of their vaccines](#) to communities that were most affected by the pandemic. The administration also put a hold on making vaccines publicly available until April 15th in order to prioritize at-risk populations.

## Rollout in the States

- The gap in vaccination rates between Trump and Biden counties has grown to 12.9% as of September.

The two most populous states in the U.S., Texas and California, have taken radically different approaches to vaccine rollout. California has centered their rollout around [social equity](#), and has taken steps to ensure the state's most vulnerable populations have access to vaccines. Starting March 4th, Governor Newsom's administration [moved 40% of their vaccines](#) to communities that were most affected by the pandemic. The administration also put a hold on making vaccines publicly available until April 15th in order to prioritize at-risk populations.

Texas, on the other hand, has centered their rollout on individual freedoms and protecting the nation's economy. County health officials have [closed major vaccination sites](#) such as the North Austin drive-through location, and the state has shifted all the responsibilities to individual private health insurers to get people vaccinated. [John Hellerstedt](#), commissioner of the Texas DSHS, claims that "research shows that individual healthcare providers are the most trusted voices for people deciding whether to get vaccinated" - and encourages individuals to speak up and educate their communities about vaccine safety.

[As of November 19th](#), 77.2% of California residents have had at least one dose of the a vaccine, and 62.5% of Texans have done the same. It is important to consider the differing political landscapes when evaluating vaccine rollouts in these states. The overwhelming majority of [Texas](#) counties were red, while the majority in [California](#) were blue, and the gap in vaccination rates between Trump and Biden counties

has grown to 12.9% [as of September](#). Considering political influences, it is difficult to attribute the difference in vaccination rates to any cause.

## Public Response to Vaccine Rollout

- The public tends to support most vaccine mandates, though approval for each mandate varies considerably.
- Those that are vaccinated are far more likely to support vaccine mandates.
- Vaccine mandates have faced challenges from the public and the courts.

Aside from government policies, the public reception to vaccines and vaccine rollout has been greatly varied. In particular, vaccine mandates have been a very controversial subject. In a [national poll conducted by Gallup](#), 61% of Americans favor vaccination requirements for air travel, 53% in the U.S. support them for dining in a restaurant, and 53% support them for staying in a hotel in August 2021. This marks a steady incline in the favorability of vaccine mandates among the public, as the percentages of Americans favoring vaccine mandates in the same three scenarios were 57%, 40%, and 44% in April 2021. In the span of four months, many factors contributed to the public's warmer perception of vaccine mandates: 1) increased vaccination rates that led to greater public trust in the vaccine, and 2) increased pandemic fatigue that resulted in a greater desire for complete normality.

Unsurprisingly, those who are vaccinated are much more likely to favor vaccine mandates; in fact, [approximately by a factor of three](#). Political ideology also heavily influences the reception to vaccine mandates, with Democrats overwhelmingly favoring proof of vaccination status and Republicans opposing. Independents are more evenly divided. When factoring in both party and vaccination status, the variation is quite extreme. For example, 96% of vaccinated Democrats favor proof of vaccination before flying on an airplane, compared with 12% of unvaccinated Republicans. 94% of vaccinated Democrats favor the requirement for attendance at events, compared with 9% of unvaccinated Republicans. Still, vaccinated Democrats, independents and Republicans are in all instances more positive about vaccine requirements than those in each political group who are not vaccinated.

In examining more focused groups of people, parents have generally opposed the mandate. Since the enforcement of the California vaccine mandate, there have been many instances of protest from parents and school districts. For instance, the Calaveras Unified School District Board of Trustees [decided unanimously](#) to "not 'support, enforce or comply with'" the mandate, and many parents have held [statewide sit-outs](#) against the push for mandatory vaccinations. In Montana, [HB 702](#) that essentially made it a crime to "discriminate" based on a person's vaccination status; the only exceptions being healthcare or nursing facilities passed the state legislature and was signed into law. This law has received mixed responses from the public, with some medical providers and Montana residents with compromised immune systems [challenging the law](#). Another major development in the challenge of implementing vaccine developments was that the Occupational Safety and Health Administration (OSHA) recently [suspended the COVID-19 vaccine mandate](#) pushed by the Biden Administration. This mandate required employers with 100 or more employees to [ensure each of their workers is fully vaccinated](#) or tested for COVID-19 on at least a weekly basis. This was in large part due to a three-member panel of the 5th US Circuit Court of Appeals in New Orleans citing "grave statutory and constitutional" concerns in upholding the implementation of the mandate.

## Vaccine Hesitancy

- Vaccine hesitancy varies based on socioeconomic status, political affiliation, education, and geographic location.

Vaccine hesitancy remains a problem that has hindered the efficiency of vaccine rollout, albeit diminishing in scope as the public becomes more trusting in the safety and effectiveness of the COVID vaccine. Vaccine hesitancy is a crucial factor in vaccine inequity. A [study](#) conducted by researchers from Emory University from August and December 2020 and again between March and April 2021, found that participants who were willing to be vaccinated were more likely to have completed either undergraduate- or graduate-level education vs those who were unwilling (76% vs 65%). In deeply conservative areas like Gillette, Wyoming, vaccine hesitancy can be rampant. [Only 23%](#) of the county has been vaccinated, a

microcosm of the cultural attitude that prioritizes self-determination and a grave mistrust in government institutions.

## Conclusion

COVID vaccines have been a dominant area of discussion in the national dialogue on public health. In the push for higher vaccination rates to ensure public safety, stark differences of execution and opinion have arisen, especially along political ideology and vaccination status. Hence, nuanced differences in vaccine rollout and public reception have held great influence on the way individual states and groups of people have reacted.

## Author Information

**Stephanie Wang**

**Public Health Policy Lead**

[stephanie.wang@yipinstitute.com](mailto:stephanie.wang@yipinstitute.com)

Stephanie is a high school senior, researcher, and YIP Public Health Policy Lead and Policy Fellow. She is an advocate of public health literacy and the author of *Epidemiology Unmasked: An Introduction to Epidemiology in Public Health*. Stephanie has conducted and published research on vaccine distribution, Alzheimer's disease, and public health education.

**Samantha Overhauser**

**Public Health Policy Lead**

[samantha.overhauser@yipinstitute.com](mailto:samantha.overhauser@yipinstitute.com)

Samantha is a college student in the final year of a BBA in economics. She serves as a Public Health Policy Brief Lead for YIP, as well as serving on the student union board at Baylor University. She is currently conducting research on health equity and safety net policy and intends to pursue a Master's in Public Health.

**Dan Siddiqui**

**Public Health Policy Analyst**

**Jack Samet**

**Public Health Policy Analyst**

**Adrienne Yue**

**Public Health Policy Analyst**

## Advised by

**Luke Drago**

**Policy Director**

[luke@yipinstitute.com](mailto:luke@yipinstitute.com)

Luke Drago is a committed citizen who has actualized his passion for community change with years of experience in leadership, political strategy, public policy, communications, and organizing. He was raised in Charlotte, North Carolina. He studies Politics & History at the University of Oxford and is a college member of St Edmund Hall. Luke has worked on campaigns at every level of government, from local elections to presidential elections. He has been a successful advocate for numerous policy initiatives, including a district-wide school security overhaul and a historic local investment into attainable housing. He is driven by a conviction that public policy can be a powerful mechanism to change lives and shape the future.

## Contact Information

Institute for Youth in Policy  
1700 Van Ness Ave #1143  
San Francisco, CA 94109  
(715) 469-6884  
[hi@yipinstitute.com](mailto:hi@yipinstitute.com)