

Efficacy of Administering Vaccines at a Free Community Health Clinic

Jonathan Shi, BS; Kajal Maran, BS

Pacific Free Clinic, Stanford University School of Medicine

Background

Pacific Free Clinic (PFC) is a student-run free clinic that provides free medical care to underserved and uninsured populations of Santa Clara County. Provision of free vaccines to patients is an important piece in improving community preventive care. We evaluated the successes and challenges during implementation of a free vaccine program for patients of PFC.

Objectives + Aims

1. Provide free vaccine services to uninsured populations of Santa Clara County.
2. Engage medical students in vaccine delivery, patient education, and follow-up care protocols.

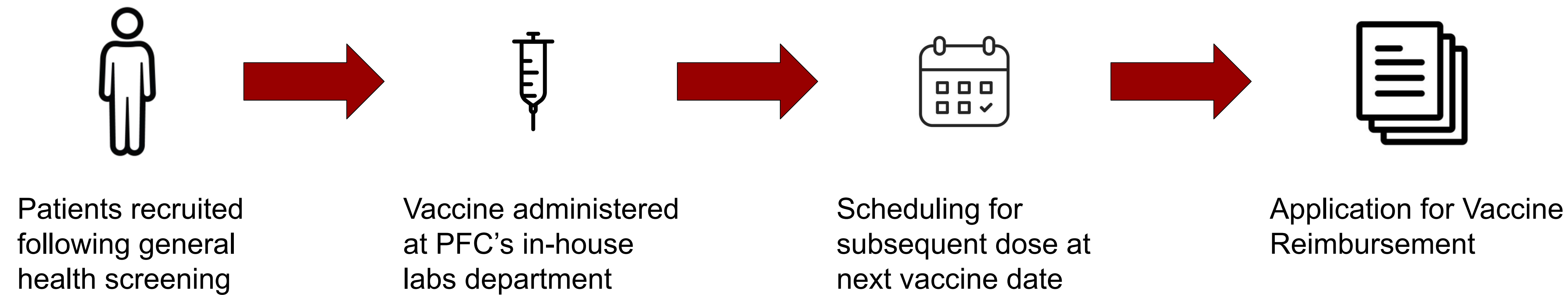
Protocol Methodology

Vaccine patients were recruited from free clinic patients following general health screening.

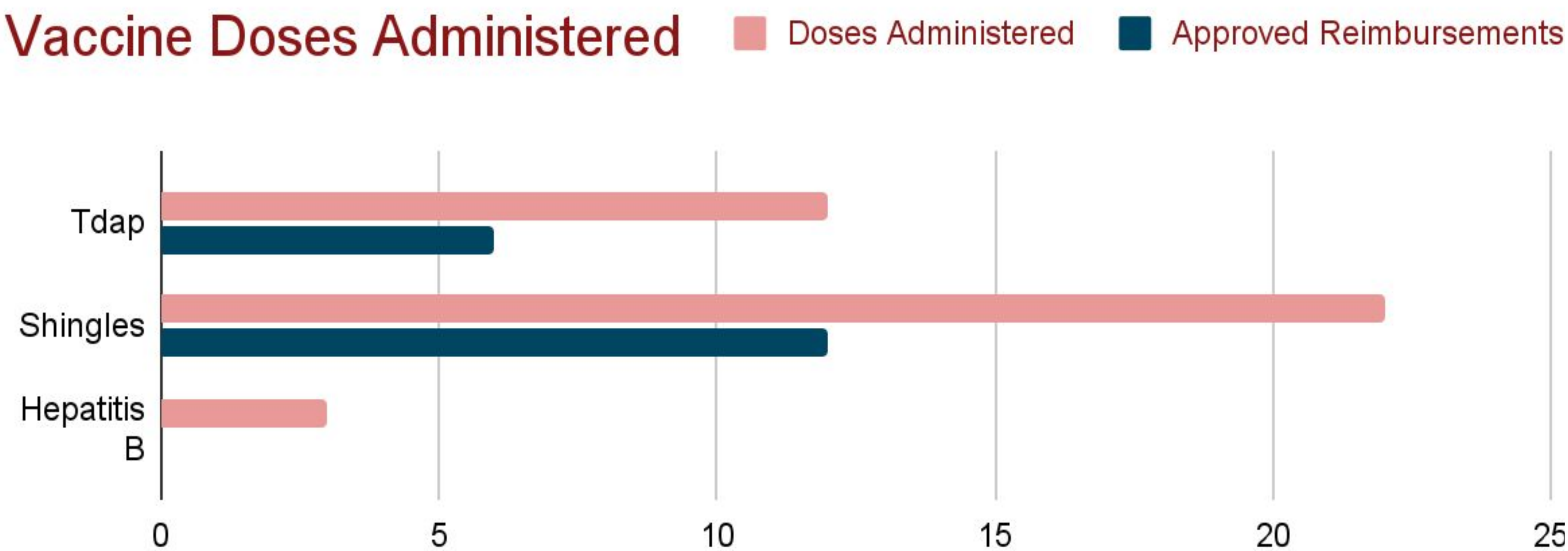
Tdap, Shingles, and Hepatitis B vaccines were administered at Pacific Free Clinic using the GSK Patient Assistance Program.

These vaccines require 1, 2, and 3 doses, respectively. Vaccines were available 1x/month, with an average of 9 patients per clinic. Vaccine patients were recruited from free clinic patients following general health screening.

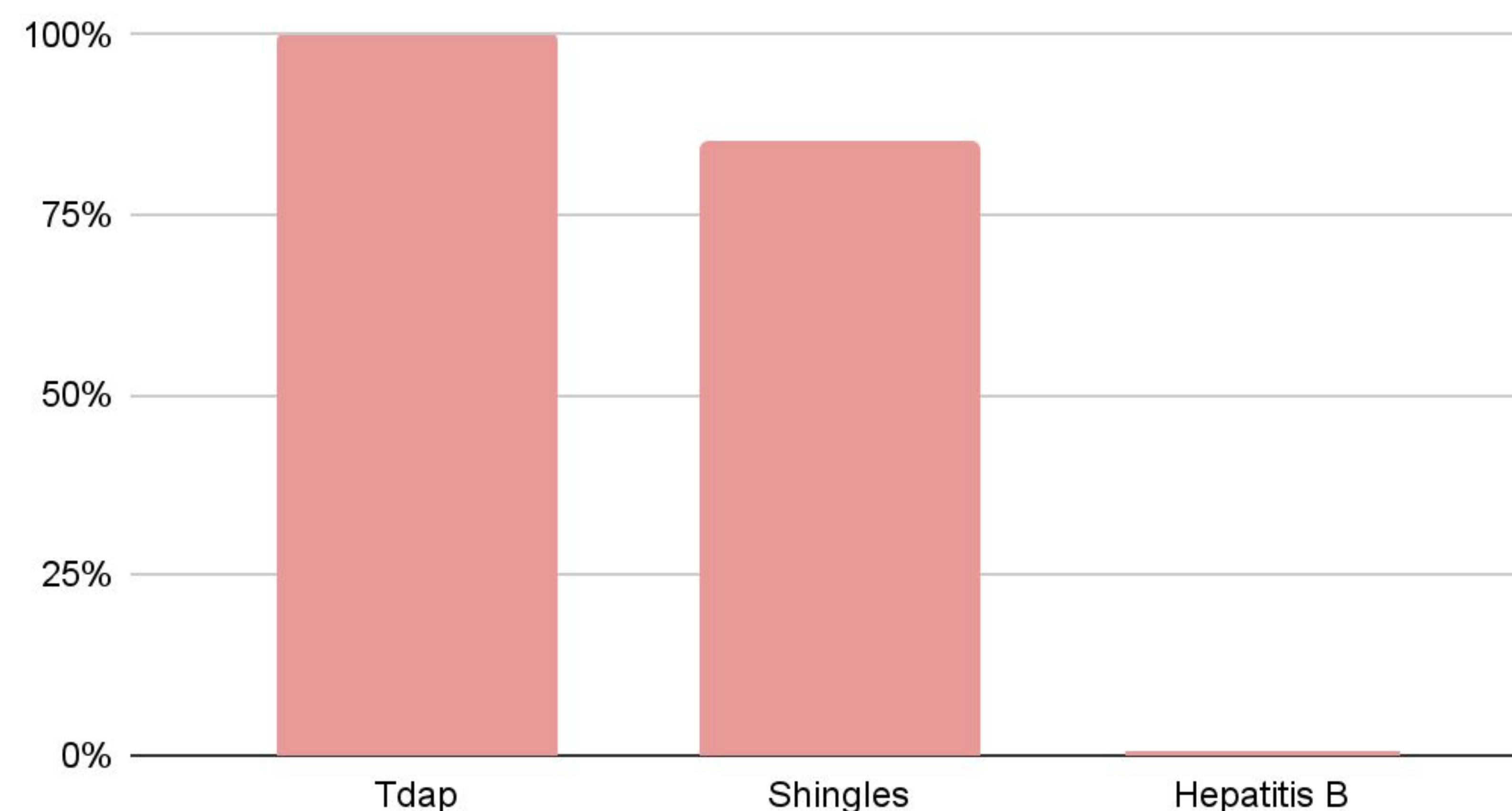
Key Figures



Vaccine Doses Administered



Percentages of Patients Who Completed Their Series



Conclusions + Future Considerations

While delivery of Tdap and Shingles vaccines was successful, our greatest challenges were ensuring that patients complete the Hepatitis B vaccine 3-dose series and maximizing success with vaccine reimbursements. Considerations must be made to ensure responsible and effective delivery of care:

1. **Maximizing Patient Retention**
 - a. Accessibility screening (i.e., transportation, work schedule)
 - b. Patient education on importance of vaccine series completion
 - c. Adjusting follow-up methods for multi-dose vaccines (i.e., appointment reminders via phone and email)
2. **Maximizing Vaccine Reimbursement Success**
 - a. Pre-scheduling patients after eligibility screening (i.e., income, insurance status)
 - b. Proactively requesting required documentation (i.e., tax documents, proof of income)
3. **Establishment of a Dedicated Vaccine Team**
 - a. Well-trained individuals in charge of managing patient care, documentation, and follow-up.

Acknowledgments: The authors would like to thank the numerous Cardinal Free Clinic volunteers for donating their time and specialized skills to those who are underserved in the Bay Area.

Contact Information: Jonathan Shi, jonshi@stanford.edu, MS2, Stanford University School of Medicine.