

Stanford Vax Crew Collaborative: A Model for Healthcare Delivery through Community-University Partnerships

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Background

The authorization of the first COVID-19 vaccines in December 2020 introduced the need for efficient and equitable vaccine dissemination on an unprecedented scale.

Community-university partnerships have historically offered one model for social service delivery to local communities through stakeholder alignment and resource coordination.

Stanford Vax Crew is a team of healthcare students, undergraduates, and physicians that has operated since 2001 to provide free influenza vaccines in medically underserved communities throughout California in partnership with community-based organizations (CBOs), including the United Farm Workers (UFW), the nation's first and largest farm workers' union.

Together, Stanford Vax Crew, the UFW, and other partners reimaged their existing infrastructure to enable rapid COVID-19 vaccine distribution to vulnerable communities. **This case study provides one example of how universities and CBOs can build long-term partnerships that can be adapted and scaled during public health emergencies.**



Images 1 & 2. Members of Stanford Vax Crew at influenza and COVID-19 vaccine clinics.

Objectives/Aims

This case study seeks to:

- Describe the partnerships and interventions utilized by Stanford Vax Crew to advance vaccine equity;
- Explore themes that enabled Vax Crew to rapidly scale up its operations in response to the COVID-19 pandemic;
- Provide recommendations for future community-university partnerships.

The Stanford Vax Crew Collaborative

Stanford Vax Crew was founded in 2001 to increase access to vaccines in California. In its first year, Vax Crew administered 20 free influenza vaccines to farmworkers in the Salinas Valley. Since then, the operation has expanded greatly and in the past 22

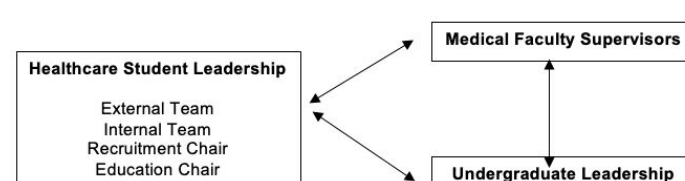


Figure 1. Stanford Vax Crew Leadership Structure.

years, **Vax Crew has administered over 80,000 free vaccines in 15 California counties.** To organize its university operations, Flu Crew utilizes a three-pronged leadership approach that consists of medical faculty supervisors, a healthcare student leadership team, and an undergraduate leadership team (Figure 1).

Stanford Vax Crew has built a **network of 30+ community partners.** Community partners include **Monterey Mushrooms, the United Farmworkers Foundation, the Archdiocese of San Jose, the YMCA, and the Salvation Army among many others.** These generous organizations encourage vaccination among their constituents, and host on-site Stanford Vax Crew clinics. In response to the pandemic, these partnerships served as the foundation for the organization's growth. Vaccination events are coordinated by all stakeholders and are often followed by debriefs on ways to improve future events (Figure 2).

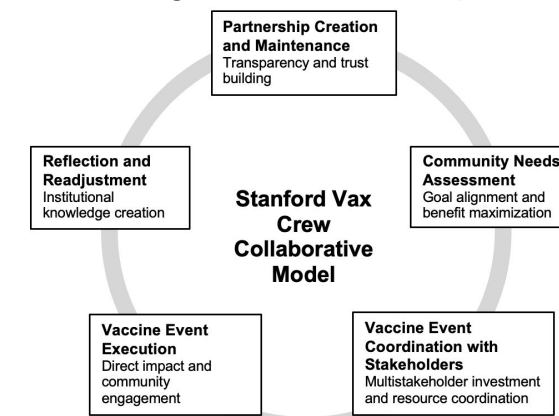


Figure 2. Stanford Vax Crew Collaborative Model.

Results & Discussion

Results: Stanford Vax Crew expanded its operations, both in terms of the number of clinics and the workflow utilized at events, from 2018 to 2022 in order to respond to new community needs presented by the COVID-19 pandemic.

Year	Number of Events	Number of Community Partners that Hosted Events	Number of Student Volunteer Shifts	Types of Vaccines Offered
Fall 2018- Spring 2019	22	10	127	Influenza Vaccine
Fall 2021- Spring 2022	39	18	279	Influenza Vaccine; COVID-19 Vaccine

Table 1. Expansion of operations from 2018 to 2022. Data provided from Stanford Vax Crew archives.

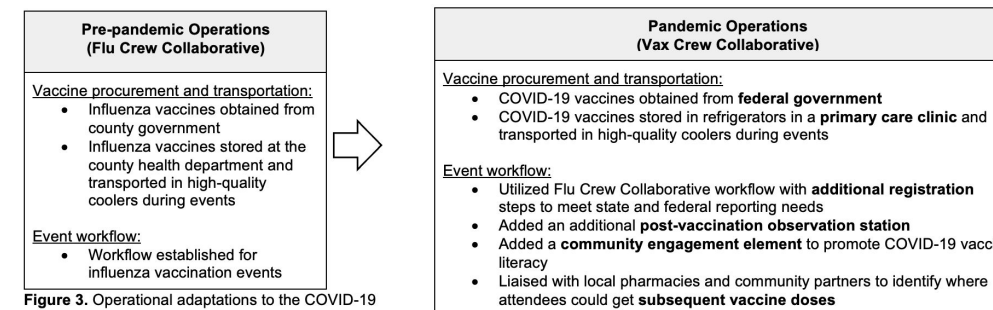


Figure 3. Operational adaptations to the COVID-19 pandemic.

Discussion: Factors that contributed to the Vax Crew Collaborative's COVID-19 response.

Observation 1: Prior decades spent developing vaccination infrastructure and fostering trusting partnerships during non-emergencies provided strong operational and relational foundations that could be rapidly adapted and scaled-up.

Observation 2: Clear alignment of goals, where both student volunteers and community-based partners benefited, enabled stakeholders to overcome historically distinct incentive structures.

Observation 3: A commitment to providing and sharing resources equitably among partners structured horizontal collaboration where all stakeholders were necessary and involved.

Stakeholder	Resources
Stanford Vax Crew	<ul style="list-style-type: none"> • Student volunteers for registration, vaccination, observation, and community engagement • Faculty advisors and clinical supervisors • Vaccination medical supplies (e.g., gloves, syringes, band-aids) • Funding from the medical school and other grants • Administrative support for data entry
Community-Based Organizations	<ul style="list-style-type: none"> • In-depth knowledge of community needs and an established, trusting relationship with community members • Community-based locations for vaccine clinics • Networks for vaccination event promotion • Wrap-around social support services to offer at events
County and Federal Government	<ul style="list-style-type: none"> • Vaccines • Test kits • Some vaccine supplies • Public sector community-based sites (e.g., libraries) • Guidance for state data entry • Grant funding

Table 2. Stanford Vax Crew Collaborative resource-sharing structure.

Recommendations

Promoting strategic community-university partnerships is in the interest of government public health agencies, academic institutions, and CBOs.

Institutions	Recommendations
Government Public Health Agencies	<ul style="list-style-type: none"> • Create funding opportunities for community-academic partnerships • Coordinate and incorporate community-academic partnership efforts into governmental public health efforts
Academic Institutions	<ul style="list-style-type: none"> • Engage in dialogue with local organizations and populations to better understand the health needs of the community • Provide institutional and financial support to students to collaborate with community partners to tackle public health issues • Integrate the educational work of community-academic partnership organizations into the academic curriculum
Community Organizations	<ul style="list-style-type: none"> • Seek out collaborations with academic institutions if there are community health needs that the institution could help meet • Advocate for community members needs and perspectives • Ensure that all materials are accessible to the target audience • Set clear expectations for the partnership • Promote public health efforts amongst the community

Table 3. Institution-specific recommendations for fostering community-university partnerships.

Limitations of Community-University Partnerships

- Community-university partnerships can supplement, but shouldn't replace, the role of the public sector in ensuring access to healthcare for all people.
- Stanford Vax Crew has limitations due to its reliance on medical students in their pre-clerkship years, who phase out as they progress through the curriculum. Stanford Vax Crew has implemented strategies to facilitate knowledge transfer by holding transition meetings at the start of the year and documenting institutional knowledge.

Future Directions

While community-university partnerships are not the ultimate solution to the larger structural issues that underlie the inequities of the healthcare system, **they do offer a meaningful way to respond to public health emergencies and build trust between public health institutions and communities.** This collaborative provides one model for community-university partnerships seeking to adapt and respond to evolving public health priorities. Moving forward, the Vax Crew Collaborative will continue to evolve in response to new health needs presented by communities and federal and state policies that determine access to vaccines.

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