Title: Community Collaboration to Implement a Vaccination Clinic in Rural Areas

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Primary care has delivered more vaccinations to people in the US than any other healthcare organization or entity [1]. Patients seek vaccine advice from their primary care clinician, and this is no different for the COVID-19 vaccine. While mass COVID-19 vaccination sites are a critical piece of the greater public health strategy to immunize our communities, reaching older, underserved, and vaccine adverse communities will require engaging primary care and leveraging the trusting relationships practices establish with communities [2]. Oregon Health & Science University Family Medicine Health Center, Scappoose, OR, collaborated with our rural county health department to establish a mass vaccination site at our clinic building. Based on our experience, we also developed a toolkit [3] for decision-makers and implementers of vaccine clinics, designed to be a "vaccination clinic in a box," that could be replicated in, and tailored to, many types of settings.

How this work started

Our clinic was approached by county public health leadership to assist with vaccine administration in this rural county due to limited availability of space and teams at other sites. Our state had a certain number of sub-zero freezers available per county (our county was allocated one freezer), and the county asked us to take this freezer in order to store Pfizer vaccines. We had to commit to delivering at least 1000 vaccines per week. Currently, we also receive and store Moderna vaccines on-site in our normal vaccine freezer/fridge.

Our vaccine clinic was planned, implemented and staffed by a team of clinical and non-clinical volunteers that included researchers and educators. This team leveraged its complementary expertise to gather the materials, and develop the workflows that our team needed to implement the vaccine clinic. During this process we saved documents and tools, and debriefed about what worked and what did not

each week. Since we started, we have implemented several weekend vaccine clinics, and this iterative process allowed us to refine workflow and processes, and to document these refined experiences.

When we started planning, we did not have a set of materials to guide our work. This implementation toolkit documents our experience and the materials we needed, and is designed for community-based sites that serve a smaller number of people, either in a health center/clinic building or another site within a distinct neighborhood (e.g., church, schools). To develop this guide, we started with a prototype model for a vaccine clinic (how to utilize our space, how to receive and where to store the vaccine doses, how to structure the staffing) and pilot-tested it during a clinic weekend, to work out issues in real time, while not getting overwhelmed by volume. We then were able to dramatically scale up from that rate on subsequent clinic days. We used that experience and several subsequent vaccine clinic weekends to refine this guide.

The COVID-19 Vaccine Clinic Implementation Toolkit

The implementation toolkit documents the materials we needed, our routine planning process with the county, the workflows that worked best for our clinic and why, and the lessons that we have learned. The guide is organized as follows: (1) Knowledge and evidence we found useful about the COVID-19 vaccines, including federal, state and county information about vaccination; and (2) information about implementing a vaccine clinic, (e.g., planning and start-up activities; staff roles, responsibilities, and training needs; and workflows that document screening, registration, vaccination, and vaccine documentation). Chapters contain active links to external websites for additional information and handouts, checklists, and other materials that we created for use at our clinic.

What we learned from doing this work

Staff in our department and clinic saw vaccine administration as the "natural territory" of primary care, and were eager and capable of scaling vaccine efforts to meet the weekly vaccine allocation from our county health department partners. Through this work, we vaccinated first responders, teachers, seniors, individuals with severe and persistent mental illness, and many others that would have otherwise been unable to access this critical service. This is evidence that clinic led community-based COVID-19 vaccination sites are an important adjunct to mass vaccination sites, and a critical tool in improving access to underserved and vulnerable populations. This toolkit provides best practices and detailed operational strategies to allow community-based sites to develop their own vaccination sites.

The authors declare no conflict of interest.

References:

1. Westfall J, Wilkinson E, Jetty A, Petterson S, Jabbarpour Y. Primary Care's Historic Role in Vaccination and Potential Role in COVID-19 Immunization Programs. *Annals of Family Medicine.* 29 Jan 21 (online). http://hdl.handle.net/2027.42/166088.

2. Harnden A, Lim WS, Earnshaw A. COVID-19 Vaccination Programme: A Central Role for Primary Care. British Journal of General Practice 2021; 71 (703): 52-53. DOI: https://doi.org/10.3399/bjgp21X714929

3. Center for Primary Care Research and Innovation. "COVID-19 Vaccination Clinic Implementation Toolkit." https://bridgetoinnovation.org/our-initiatives/covid-response/, accessed March 25, 2021.