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### **Abstract**

Thousands of people go each year without access to flu vaccinations. In consideration of the current pandemic, there was a need for vaccinations in order to limit the possibility of a double pandemic. The Visiting Nurses Association (VNA), Community services is a non-profit organization that provides services that range from immunization to wellness programs. The community service department strives to connect with the community and construct programs that will assess their needs. The project consists of no-cost flu clinics working with agencies within the Monterey community. Interim is a transitional housing center for adults with mental illnesses. There was a need within this community based on the lack of access to medical support and needs. The project was performed at all three interim houses in Monterey county and open to all clients and staff at no cost. The results from the project were that the majority of the participants that were expected to attend received a flu vaccine at no-cost. These clinics were a success and it is recommended that the no-cost clinics continue to be performed.

*Keywords:* Flu Vaccine, No-cost, Community

### **Agency & Communities Served**

The Visiting Nurse Association (VNA) was started in 1951, providing a wide range of home health care in the central coast (VNA, n.d). The VNA is a non-profit organization that receives its funding from community members, as well as grants and donations. One branch that falls in the VNA is community services. Community services provide many different services such as immunization, flu clinics, and wellness programs. VNA community service offers no-cost flu clinics to the community, which often included flu, pneumonia, and Tdap vaccines. These are very important programs because they reach populations that may not have access to vaccinations otherwise. The VNA's Mission statements include, "VNA is dedicated to providing the highest quality health care to residents of the Central Coast by meeting their individual needs in a caring, effective, honorable, and accessible manner"(VNA, n.d). VNA community service implements this by providing adequate services that are seen as a need in the community. The community that is served ranges all over the central coast including Monterey, San Benito, Santa Cruz, and South Santa Clara counties. In the past, we have done clinics ranging from Seaside, Soledad, Castroville, and Carmel Valley. The VNA serves a wide variety of individuals that are seeking services, from low income to home visits of all kinds. The VNA strives to provide services to individuals that lack access to immunization, or proper wellness services.

In respect to the clinics, the agency that the clinics will be held at is Interim Inc. Interim is a housing transition service for adults with mental illnesses. The interim house is an agency that provides services for adults that are leaving the hospital for mental illness, and don't have access to safe or adequate housing. The clinic will be able to administer vaccines to clients that are unable to gain access to the flu vaccine otherwise. These clinics are crucial there because it is

a shared living house with multiple people, so on top of COVID precautions, the agency wants clients to also be aware of the Flu and take preventive measures.

### **Problem Description**

There is a lack of people receiving Flu vaccines. According to Forbes, In the most recent years, the vaccination rate in California has increased to 95%, but that's still 5% of the state not vaccinated (Estes, 2020). Not receiving the proper immunization can lead to many Contributing Factors. In the last year, seasonal influenza led to an estimate of 3-5 million cases of severe illnesses that could lead to death. The CDC estimated 34 thousand people would die in 2019-2020 from the flu. Although this is an estimate this is a tremendous amount of people that could have been vaccinated to possibly prevent their death. Being now in 2020, with a global pandemic that shares very similar symptoms and outcomes as the flu it is more now than ever a problem. The ultimate problem is that the millions of people that will require hospitalization due to the flu, won't have access to that because we're in the middle of a pandemic where it's already at max capacity in hospitals. The University of San Francisco released an article, it stated from Charles Chiu, an infectious disease expert, "Even with a mild flu season, the convergence with a COVID surge could very rapidly overwhelm our hospital system" (Bai, 2020).

### **Contributing Factors**

There are many different factors that could impact why individuals are not getting vaccinated. One contributing factor is the lack of access to vaccines. In order to receive a vaccine, you need to go to a clinic or health center. Taking a close look at families' income level breaks down who is really lacking access to vaccination. In an article written by Selena Simmions, she interviewed Dr. Holly Hill, an epidemiologist, who stated, "The highest disparity is among the uninsured compared to those with private insurance"(Simmions, 2019). Hill also

states, “We see large coverage gaps among children who are living below the poverty line compared to those at or above poverty and among children who have no insurance”(Simmons, 2019). Simmons also explains how there are programs out there that target this disparity to eliminate this gap between the children living below the poverty level, still having access to proper vaccinations.

Another main contributing factor to the lack of immunization is lack of knowledge. Being informed on what is needed for your health and safety is always the most important thing. It has been shown that in many cases the lack of information and knowledge around vaccinations has been influential. Individuals are now more likely to hear many different topics from outside people other than their doctor regarding what is the best choice around vaccination. In an article written by Tara Smith about vaccine rejection and hesitancy, she stated: “These updated vaccine myths are then circulated by a variety of influential individuals and organizations and are read and repeated by parents and other media consumers”(Smith, 2017). She explains how the miss information that one person hears quickly speeds among many people which ultimately results in the false information being read by everyone. There is a misconception around the influenza vaccine, in which it will give you the flu. This is false. According to the CDC, the flu vaccine is not a live virus so there is no virus inside the shot being given (CDC, 2020).

The last contributing factor is the overall fear of vaccines. Many people simply have a fear of needles and refuse to get the shot. But there are many people who fear what vaccines could possibly do to them or their child. Clair McCarthy from Harvard Health published one reason people are fearful is due to the side effects. McCarthy explains that with every vaccine there is some sort of side effect. In most cases, the effects are mild such as soreness where the shot went in or a slight fever (McCarthy, 2019). She explains that the severe side effects the

people most often hear about are caused by other things. The fear of side effects and vaccinations result in many individuals refusing to vaccinate.

**Consequences**

One large consequence we can see if people don't get immunized is the increase in outbreaks. These outbreaks would start as small outbreaks like we currently have increasing to larger ones. These diseases could be transmitted by someone who has traveled and not been immunized and brought the disease back now affecting multiple people. In the current state of our world if there isn't an urge to receive flu vaccination among people, then the US may go into a double epidemic due to COVID-19 and influenza. If there continues to be a growth in influence cases, it will not only affect the health of the community but overflow the health care facilities.

**Problem Model**

| <b>Contributing Factors</b> | <b>Problem</b>                                  | <b>Consequences</b>              |
|-----------------------------|---|----------------------------------|
| Lack of access              | Lack of people receiving influenza immunization | Hospitalization, premature death |
| Lack of knowledge           |   | Increase in outbreaks            |
| Fear                        |   | Recurring epidemics              |

## **Capstone Project Description and Justification**

### **Capstone Project**

There is a large gap between people who are not receiving a flu vaccine. The capstone project focuses on the need for people who have a lack of resources to get a flu vaccine. It will focus on a no-cost clinic for Interim which is a nonprofit that supports the community with affordable housing for people who experience mental illnesses. VNA community services received funding from Monterey County Gives where it was decided to run a campaign to administer adult immunization. These immunization clinics will offer a high dose, and normal flu vaccines at no cost.

### **Project Purpose**

One of the major contributing factors is the lack of resources. Many of the people that receive a vaccine at the no-cost clinics have no other resources. By providing them with no-cost clinics they will now have access to the vaccines. These vaccinations could prevent individuals from illness, hospitalization, and death. The CDC estimated that from October 2019 to April 2020, there were between 24,000 – 62,000 deaths (CDC, 2020).

### **Project Justification**

The no-cost flu clinics will be providing an influenza vaccine to adults. The CDC states “It is always better to prevent a disease than to treat it after it occurs”(CDC,n.d). The CDC highly recommends everyone to get vaccinated in order to reduce the risk of disease, especially now during a pandemic, there is a huge urge to limit a double pandemic with influenza and COVID-19.

**Project Implementation**

The capstone project will reach out to organizations that work with targeted individuals that are seen as need for receiving immunization. The agency will then come up with a plan on setting a clinic date and what vaccines we will be administering. A detailed implementation plan and timeline can be seen in the Scope of Work in Appendix A.

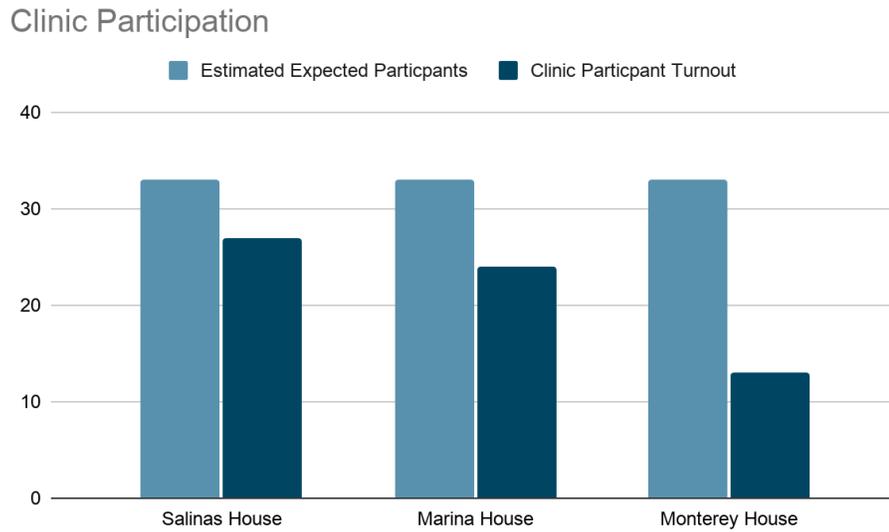
**Assessment Plan**

To measure the outcomes of the immunization clinics, a detailed plan to look at the estimated number of participants at the clinics compared to how many vaccines we administered will be looked at. The flu vaccine is a pre-filled vial, as well as consent forms which will tell us the exact numbers of participants. To tell if the clinic was successful, there will be a comparison to the administered vaccines compared to the estimated number of 100 doses.

**Expected Outcomes**

The project will be successful. It will be able to vaccinate individuals that are at risk for the flu but can't afford or do not have the resources to access the immunization for it. There is an estimate of 100 vaccinations that will be given among all three clinics.

**Project Results**



After completing the three clinics, there was an estimated total of 64 participants that received the flu vaccine. Although the original goal was to achieve 100 vaccinations at the clinics, 64, still is a great impact within the community.

To gather this data, there was an initial email and collection from the agency asking what their expectations were regarding client participation. From this, the VNA prepared and brought enough vaccinations and material to vaccinate over 100 in case there was more. To collect the data of how many participants received a vaccine, it was looked at the consent forms as well as the remaining vaccines.

Overall this project was successful. There was over a fifty percent turnout for all three clinics.

**Conclusion & Recommendations**

Based on the results of the project, it is concluded that there were three successful flu clinics. In total from all three clinics, there were 64 individuals that received a flu vaccine. The program was able to administer these vaccines at no cost to all individuals that participated. The overall conclusion was that these clinics made a large impact on the clients and staff at Interim, and everyone there greatly appreciated what the VNA provided.

The prior research that was conducted for this project, was used and evaluated carefully in order to produce the most effective and useful clinics. This research indicated that these clinics would be beneficial within the community for multiple reasons. Some include reduction of the flu outbreak, providing to underserved communities, and attempting to limit a double pandemic.

There are no large recommendations I have for the agency or the project. Overall the project ran smoothly and was conducted in an effective and timely manner. The only recommendation there would be is to offer more clinics. In consideration of COVID, and other scheduling, if there was a way to provide more clinics at more locations, there would have possibly been an increase of participants receiving vaccinations.

### **Personal Reflection**

As a result of the completion of my capstone project, I've had the opportunity to reflect on the great impacts it has had on the community. At the start of this project, I didn't have the outlook and mindset that I do now. The largest thing I learned from this project was how much of a necessity resources are for high-risk communities. No-cost clinics were something new I heard of when starting at the VNA, but after many hours of learning, I realized that these no-cost clinics can solve a lot of the problems. This project taught me the steps needed to implement clinics, connecting with the community, and budget for an effective turnout.

In order to implement the clinics, it was needed to reach out and connect with agencies within the community that saw a lack of access as a need. I made a great connection at Interim, where we were able to establish 3 set clinics and allow staff and clients access to no-cost flu shots. This method was extremely successful. I was able to reach out, explain our project idea, discuss our plan of implementation, and begin moving forward with the execution of the clinics. A strategy that was extremely helpful throughout this whole process was open communication with everyone involved. I was working closely with my mentor, who was overseeing the project and having weekly meetings to check in and check the progress of the clinics.

The limitations and challenges that came with this project varied. The most challenging problem I encountered was the changes that came with the pandemic. At the start of this project, we had planned to attend multiple agencies, as well as administer more vaccinations than the flu vaccine. When COVID hit we had to shut down, meaning we were no longer able to go to the agencies we had already scheduled. Once things began to open back up it became difficult to get in touch with people and agencies that were still interested and wanted to work with us with the no-cost flu clinics.

The social issue my project addresses is the inequality in access to medical services. Individuals that are living in underserved or low-income communities are lacking the resources and services needed to live a healthy lifestyle. Limitations such as lack of medical insurance, access to medical providers, and unequal treatment can result in a person's health declining dramatically. My project was aiming to address an agency that worked within a community where individuals lacked services. No-cost clinics allow community members to access vaccinations that they would otherwise not be able to.

There is a lot more beyond this project that can be done. This project only took place within Monterey County, but there are places all over that could use these clinics. All over the state and country, people are faced with inequalities related to access to healthcare services. These inequalities lead to greater problems that individuals will later face. By enforcing and providing no-cost clinics, it establishes healthy habits and behaviors in a community that may have not had the chance prior.

For future students working with the VNA and their capstone project, I recommend really taking your time and assessing what you truly see as a need in your agency. Prior to deciding my capstone, I had already thought it was just going to be something that was in place at the agency, but with close work with my mentor and looking at what the current need was we were able to come up with a capstone project that would greatly impact everyone in the community.

**Appendix A**  
**Scope of Work**

| Activities               | Deliverables  | Timeline/Deadlines | Supporting Staff |
|--------------------------|---|--------------------|------------------|
| Influenza Vaccine clinic | Holding 3 no cost clinics- at Interim- lack of access to adults who suffer from mental health | October 29th       | Andrea Zoodsma   |

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