

Addressing COVID-19 Immunization Disparities Through Targeted Primary Care Outreach

Emmeline Ha, MD

Grace Chen Yu, MD

Bridget Harrison, MD, MPH

Stanford-O'Connor Family Medicine Residency, San Jose, California

Ann Fam Med 2022;20:90. <https://doi.org/10.1370/afm.2766>.

THE INNOVATION

Despite the availability of coronavirus disease 2019 (COVID-19) vaccinations in the United States, vaccine hesitancy and care gaps exist among patients. A community health clinic developed an outreach process utilizing primary care to eliminate COVID-19 vaccination barriers and misconceptions for their most vulnerable patients.

WHO AND WHERE?

This innovation was conducted at a community health clinic in San Jose, California, which had access to COVID-19 vaccinations and initiated immunization distribution in January 2021. The participants involved were continuity patients of this clinic and their primary care clinicians (family medicine resident physicians).

HOW

By the time of this intervention, our clinic system had ample vaccine availability for all patients aged 16 years and over for several months.¹ The clinic had undertaken multiple automated outreach efforts to all vaccine-eligible patients via mass text, flyers, and other means. Therefore, the remaining unvaccinated patients were those who had either some barrier to or hesitancy about vaccination.

We identified zip codes of the highest COVID-19 case prevalence using public data posted online from the Santa Clara County Public Health Department.² These zip codes included primarily low-income communities. Focusing on one clinician's patient panel as a model, we identified all of that physician's unvaccinated patients living in these high-incidence zip codes through electronic medical record review in

Conflicts of interest: authors report none.

Corresponding author

Emmeline Ha

455 O'Connor Drive, Suite 250

San Jose, CA 95128

hae@gwmail.gwu.edu

early March 2021. Thirty-six unvaccinated patients were identified. These patients received a personal telephone call from their primary care physician to offer a vaccination appointment and to answer any questions regarding the COVID-19 vaccine. The personal targeted outreach successfully reached 20 of 36 eligible patients, 15 of whom (75%) were referred to COVID-19 vaccination appointment ([Supplemental Figure 1](#)). Sixteen unvaccinated patients were unreachable despite multiple phone call attempts by the primary care physician. By April 15, 2021, 14 of 15 referred unvaccinated patients (93%) had received at least 1 dose of the vaccine through the clinic. Common themes among unvaccinated patients included the following: (1) lack of awareness about vaccine eligibility and appointment availability, (2) concern for vaccine safety and desire to "wait," and (3) general distrust/disbelief in the COVID-19 pandemic and/or vaccines. Due to the success of our innovation, an institutional staff-based outreach program has been initiated to scale this to the larger clinic population.

LEARNING

Our findings support the critical role of primary care in increasing access, equity, and patient uptake of COVID-19 vaccines. Although this innovation was limited by physician-intensive intervention, it was highly effective because patients valued input from their primary care physician. Similar outreach protocols could also be implemented in other areas of vaccine disparities, such as racial and ethnic groups.

[Read or post commentaries in response to this article.](#)

Key words: vaccination; COVID19; primary care; health care outreach

Submitted June 20, 2021; submitted, revised, August 7, 2021; accepted September 1, 2021.

Acknowledgements: The authors would like to thank the Indian Health Center of Santa Clara Valley, a Federally Qualified Health Center whose Family Medicine Center site served as the primary location for this innovation. The project was exempted by the Stanford Health Care Institutional Review Board.

Previous presentations: Stanford Medicine 2021 Quality Improvement & Patient Safety Symposium; May 17, 2021; Palo Alto, California.

 [Supplemental materials](#)

References

1. Hughes MM, Wang A, Grossman MK, et al. County-Level COVID-19 Vaccination Coverage and Social Vulnerability - United States, December 14, 2020–March 1, 2021. *MMWR*. 2021;70(12):431-436. 10.15585/mmwr.mm7012e1
2. Novel Coronavirus (COVID-19) Cases by Zip Code and City. [Covid19.sccgov.org](https://covid19.sccgov.org). Published Apr 1, 2021. Accessed Apr 1, 2021. <https://covid19.sccgov.org/dashboard-cases-by-zip-code-and-city>