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Title

Intention for adult vaccination in free clinic patients: predictors and preferences

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Adult vaccination rates in the United States are consistently below goal levels, particularly among persons without health insurance. Free clinics serving these communities may benefit from identifying predictors and barriers for vaccine uptake. Objective: To evaluate barriers to vaccination and determine the proportion and predictors of intention to get recommended vaccines among adults served by a free clinic, including willingness to be vaccinated by cost and location. Study Design: Cross-sectional (paper survey) study. Setting: Mercy Health Center (MHC, free clinic), Athens, GA. Population studied: Adult patients seen at MHC from 2/7/22-3/4/22 (211 eligible, N=97). Outcome Measures: Intention to get vaccines recommended by their MHC healthcare provider by demographics, vaccine beliefs, and previous receipt of vaccines. Analyzed using Fisher exact and logistic regression. For patients due for vaccines, frequency of access issues were noted (cost, location, scheduling, and transportation). Willingness to go to a pharmacy, department of public health (DPH), and MHC to receive vaccines with disclosure of costs was also studied. Results: Reported vaccination rates: COVID-19 (76%), tetanus (45%), influenza (40%), herpes zoster for ≥ 50 (19%), hepatitis B (17%). The largest proportion of adults cited cost (38%) and lack of knowledge of where to access vaccines (31%) as reasons for non-receipt of vaccines recommended by their doctor. Overall, 61% intended to get vaccines recommended by providers, with patients of Hispanic ethnicity associated with higher intention than non-Hispanic (95% vs 59%, $p < 0.005$). Belief that newer vaccines are as safe as older vaccines (OR 4.7) and receipt of COVID-19 (OR 30.8) and flu (OR 3.1) vaccinations were also positively associated with intention to get other adult vaccines. Willingness to get at least one vaccine was 81% at MHC, 46% at DPH, and 38% at a pharmacy, with higher willingness to get each listed vaccine at MHC. Conclusions: Prior COVID-19 vaccination was the most significant positive predictor of intention to receive recommended vaccines. MHC already offers COVID-19 vaccination and has COVID-19 vaccination rates higher than the county average, while other vaccination rates are lower than national averages. Expansion of vaccination programs at MHC and other free clinics could address the main barriers of cost and finding vaccination sites to increase vaccination rates and reduce disparities.