

Background

Founded in January 2020, the Salinas Valley Health Mobile Clinic is dedicated to improving the health of the community by increasing access to care for those in medically underserved areas, and providing preventive, urgent and primary care. This state-of-the-art 40-foot vehicle features two exam rooms, Wi-Fi, and laboratory capabilities. It is staffed with a healthcare provider, medical assistant, community support coordinator, and a community health advocate. Since its launch, the mobile clinic has delivered free, high-quality care to underserved areas across Monterey County, bringing culturally sensitive medical services to those who otherwise may not access healthcare. Most mobile clinic patients are uninsured and often have not sought healthcare services in many years, or since childhood. In June 2024, the first full-time provider of the mobile clinic was hired. This family nurse practitioner (CM) replaced part-time providers staffed by the health system's Doctors on Duty network. In July 2025, the mobile clinic reached a major milestone in providing 20,000 patient visits.

Problem Identification

At a follow-up visit, an uninsured patient previously seen for his annual physical expressed his desire to be compliant with his medications and recommended vaccinations; however, he shared that he could not afford the shingles vaccine series. We learned that the cost of one shingles vaccine can range from \$220.65 up to \$457.00 with a GoodRx coupon (www.goodrx.com), and two vaccines, at least 2 months apart, are needed to complete a shingles vaccine series. According to the Centers for Disease Control (CDC), herpes zoster vaccination coverage was only 34.4% among eligible adults, including those aged 50 years and older or younger adults with weakened immune systems (Hung et al., 2024). Not only does the shingles vaccine prevent shingles, but it has also been found to decrease risk of myocardial infarctions (Parameswaran et al., 2023). After attending the American Academy of Nurse Practitioner's conference in June 2024, where patient assistance programs were highlighted, the project lead (CM) conducted a search for resources to support mobile clinic patients to obtain shingles vaccines. She found the GlaxoSmithKline ([GSK], 2024) Patient Assistance Program for Vaccines, which offers shingles, tetanus toxoid, reduced diphtheria toxoid, acellular pertussis (Tdap) and hepatitis B vaccines to uninsured patients who meet criteria and income guidelines (see Figures 1 and 2).

Figure 1

Eligibility Criteria	
To qualify for the GSK Patient Assistance Program for Vaccines, you must:	
<ul style="list-style-type: none"> Have no third party coverage for vaccines Be an adult, 18 or older Live in the United States or Puerto Rico 	<ul style="list-style-type: none"> Not be eligible for Puerto Rico's Government Health Plan Mi Salud or have applied and been denied
Medicare patients are not eligible for the GSK PAP Vaccines Program.	

Note. From GSK Patient Assistance Foundation, (n.d.). *GSK Patient Assistance Program for Vaccines*. Retrieved September 14, 2025, from <https://gskpaf.org/gsk/vaccines-patient-assistance/>
GSK = GlaxoSmithKline; PAP = Patient Assistance Program

Figure 2

Income Guidelines	
48 States and DC	
Household Size	Maximum Annual Gross Income
1	\$46,950
2	\$63,450
3	\$79,950
4	\$96,450
For each additional person, add	\$16,500

Note. From GSK Patient Assistance Foundation, (n.d.). *GSK Patient Assistance Program for Vaccines*. Retrieved September 14, 2025, from <https://gskpaf.org/gsk/vaccines-patient-assistance/>

Purpose Statement

The purpose of this leadership initiative was to increase access to recommended vaccines for low-income, uninsured mobile clinic patients.

Methods

Prior to submitting patient applications for this program, CM was required to apply to become an approved provider. Ten approved patient applications for the same vaccine are required to have 10 doses of that GSK vaccine shipped to the medical center. Once these eligibility criteria were met, GSK vaccine eligibility screening was incorporated into each patient encounter. If eligible, patients were given the option to apply for the program. Approval or denial took one to two weeks once applications were submitted. Mobile clinic staff were educated on patient eligibility criteria and were key drivers in the implementation of this initiative. See Table 1 for team role descriptions. The team worked together to explain program eligibility to patients, submit applications, schedule patients to return to the clinic for vaccination, and ensured proper temperature storage of vaccines during transport. The project lead and her medical assistants (MG and AM) tracked patient applications, contacted patients to provide additional income verification if needed, and contacted patients to return to the clinic for vaccination once approved. To help track applications, a tracker log was created and reviewed every two to four weeks.

Table 1

Role Descriptions		
Name	Role	Description
Celina Medina	Family Nurse Practitioner, Mobile Clinic Primary Provider	<ul style="list-style-type: none"> Project lead and approved program provider Screened patients for eligibility during patient encounters Educated on importance of vaccination Contacted patients to inform of approval/denial of program eligibility Ordered approved vaccines Tracked patient enrollments
Miguel Garcia	Medical Assistant	<ul style="list-style-type: none"> Submitted patient applications Contacted patients to inform of program approval/denial Scheduled vaccination appointments Educated patients on program eligibility Tracked patient enrollments
Alejandra Mendoza Ortiz	Community Support Coordinator (former Medical Assistant)	<ul style="list-style-type: none"> Submitted patient applications Contacted patients to inform of program approval/denial Scheduled vaccination appointments Educated patients on program eligibility Transported vaccines from medical center to mobile clinic in coolers to maintain proper temperatures
Victor Benitez	Mobile Clinic Supervisor	<ul style="list-style-type: none"> Educated patients on program eligibility Transported vaccines from medical center to mobile clinic in coolers to maintain proper temperatures
Yesenia Garcia Olga Morales Maira Vargas	Community Health Advocate	<ul style="list-style-type: none"> Educated patients on program eligibility Submitted patient applications Notified project lead of approvals
Robert Ruiz, Jr.	Pharmacy Buyer	<ul style="list-style-type: none"> Received vaccine shipments Ensured proper storage of vaccines Notified project lead of vaccine delivery
Lynette Fitzgerald	Mobile Clinic Manager	<ul style="list-style-type: none"> Received vaccine shipments Ensured proper storage of vaccines Notified project lead of vaccine delivery
Orlando Rodriguez, MD	Mobile Clinic Medical Director	<ul style="list-style-type: none"> Provided clinical oversight



Results

The first patient application was submitted in September 2024. As of September 2025, 77 applications have been submitted, and 58 have been approved. Since implementation, 39 shingles vaccines, 26 hepatitis B vaccines, and 28 Tdap vaccines have been given. At a per vaccine cost ranging from \$70 to \$339, this has resulted in a total patient savings of \$17,521 (see Table 2). The mobile clinic will continue to make improvements to increase free patient access to recommended vaccines.

Table 2

Vaccine Costs and Patient Savings			
Vaccine	Vaccine Cost with GoodRx Coupon	Number of Vaccines Provided by GSK	Cost Savings
Shingrix	\$339/vaccine	39	\$13,221
Tdap	\$70/vaccine	28	\$1,960
Hepatitis B	\$90/vaccine	26	\$2,340

Note. Data for September 2024 to September 2025.

Conclusions

Since implementation, 75% of patients offered the vaccine assistance program have qualified. The goal for next year is to increase the acceptance rate to 85%. Despite strong recommendations and high vaccine efficacy, shingles vaccine adherence is only 34% (Hung et al., 2024). These data demonstrate that there is substantial room for improvement in shingles vaccination coverage. The high acceptance rate suggests that patients will obtain recommended vaccines when resources are provided. This program has the potential to be replicated in other outpatient and mobile clinic settings and can improve patient access to healthcare services, especially those who are socioeconomically marginalized and underserved.

References

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