Atlanta University Center Consortium

STUDENT HEALTH AND WELLNESS CENTER

Meeting Students At Move-In: An HBCU–Pharmacy Partnership to Improve Immunization Access and Compliance

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BACKGROUND

College students often arrive noncompliant with required immunizations, resulting in administrative holds, delayed enrollment, and increased risk of vaccine-preventable disease. Persistent gaps—particularly for meningococcal vaccines—highlight the need for targeted, equity-focused interventions. [1]

Traditional clinic-based models may not address barriers related to access, timing, and follow-through, especially in multi-campus settings.

OBJECTIVE

To evaluate the impact of a move-in–based, on-site pharmacy model on immunization access, compliance, and operational efficiency in a multi-campus HBCU setting.

METHODOLOGY

Design: Retrospective evaluation of a pharmacy-led immunization intervention

Setting: AUCC Student Health & Wellness Center serving four HBCU campuses

Intervention: On-site, pop-up pharmacy clinics implemented during move-in and sustained throughout the academic year in partnership with Publix Pharmacy

Workflow: Referral of noncompliant students → on-site vaccination → documentation in GRITS → same-day compliance

Outcomes: Vaccines administered, students served, compliance, student experience, and operational impact

NOTE: Survey responses combine data from two formats (binary Yes and Likert-scale Agree/Strongly Agree).

RESULTS

- 595 vaccines administered to 504 students

TOP VACCINES ADMINISTRATED

- Meningococcal B (n = 270)
- Influenza (n = 186)
- Tdap (n = 72)
- COVID-19 (n = 30)

✓ Enabled same-day compliance
✓ Reduced administrative holds
✓ Minimized move-in delays

Survey findings indicated the pop-up clinic improved students' ability to stay up to date with preventive vaccines, highlighting strong uptake through an accessible, on-site model.

✓ 95% reported improved vaccine compliance with the pop-up clinic

Table 1. Student Experience *(% Agree/Strongly Agree; n= 268)*

Satisfaction	Convenience	Recommend
92.5%	87.7%	93.6%

Table 2. Vaccine Distribution N= 595

Vaccine	Count (*n*)	Precent (%)
Meningococcal B	270	45%
Influenza	186	31%
Tdap	72	12%
COVID-19	30	5%
Meningococcal ACWY	15	3%
Hepatitis B	13	2%
Other (MMR/Varicella)	5	<1%

DISCUSSION

Embedding immunization services into move-in activities reduces key barriers related to access, timing, and follow-through, allowing students to meet requirements at a critical point of campus entry. This approach shifts delivery from a reactive, clinic-based model to a more proactive, systems-level strategy that improves both efficiency and the student experience.

Partnerships with community pharmacies expand service capacity, streamline workflows, and reduce administrative burden on student health staff.

Overall, these findings support a scalable and replicable model for improving immunization compliance in multi-campus and resource-constrained settings.

CONCLUSIONS

A move-in–based, on-site pharmacy model is an effective and scalable strategy to improve immunization compliance among college students.

This approach enhances access, streamlines compliance processes, and improves the overall student experience.

Future efforts will focus on quantifying same-day compliance, evaluating multi-dose series completion, and expanding access for students with out-of-state Medicaid.

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[1] New Jersey Department of Health. (2025). *2024 college immunization status summary report.*