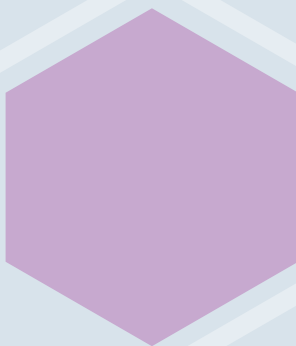


Building Public-Private Partnerships to Support Efficient and Equitable COVID-19 Vaccine Distribution, Access, and Uptake



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EXECUTIVE SUMMARY

As vaccine supply continues to increase and becomes more readily available to the public in the coming weeks, President Biden has called for a “wartime effort” to increase the pace of vaccinations to limit the spread of COVID-19. Leveraging the full potential of the private sector and supporting improved mechanisms for public-private coordination will be essential to ensuring more efficient and equitable distribution of COVID-19 vaccines. However, additional work is needed to identify remaining gaps that private sector resources can address and determine how these resources can most effectively complement and enhance ongoing state and local efforts to distribute, provide convenient access to, and support equitable uptake of COVID-19 vaccines. This white paper highlights key opportunities and promising practices for public-private partnerships to support improved efficiency and equity in COVID-19 vaccine distribution, as well as considerations for public and private sector leaders in building multi-sector approaches to address emerging challenges.

To foster further advancement of innovative public-private partnerships for COVID-19 vaccine distribution and uptake, the Duke-Margolis Center for Health Policy and COVID Collaborative began convening vaccine experts, health systems, pharmacies, payers, employers, state leaders, and other private sector leaders for a series of virtual roundtables on opportunities for the private sector to partner with policymakers to address key challenges in vaccine distribution (see appendices for a list of roundtable participants and strategies highlighted in the white paper). The roundtables have been supplemented with more extensive follow up on examples of promising practices. Main opportunities identified in these discussions and described in this white paper include:

- ▶ **Building bridges between the public and private sectors:** Given the demands of the pandemic, states can expand capacity by determining how private sector expertise and resources can fill identified gaps in state and local vaccination efforts. The Washington State Department of Health’s [Vaccine Action Command and Coordination System \(VACCS\) Center](#) provides a potential model for collaborative efforts. The VACCS Center is able to assess private sector resources and match relevant offerings with state needs. To support coordination and communication with the private sector, states can establish an identified point of contact or coordination structure to help convene public and private sector stakeholders, develop solutions, and direct resources where they can have the most impact.
- ▶ **Expanding capacity for vaccinating the public:** Expanding existing capacity to meet the goal of vaccinating millions in the weeks and months ahead, and to do so equitably, requires new or strengthened partnerships and collaborations. In collaboration with community-based partners, such efforts can help ensure that vaccines will be accessible in a variety of safe and convenient community-based locations, including pharmacies, community health centers, mobile clinics, mass vaccination sites, and pop-up clinics in workplaces, schools, and community organizations. In addition to expanding vaccination locations and workforce, private sector partners also may provide resources and technical expertise to address challenges in vaccine delivery, such as supply chain logistics, efficiency of mass vaccination sites, or registration and scheduling processes.
- ▶ **Leveraging opportunities to support workforce vaccine access and education:** Employers can be trusted sources of vaccine information for employees and can increase employees’ potential vaccine uptake through hosting on-site vaccination clinics; creating incentives to get vaccinated; addressing potential barriers to access, such as transportation or paid time off; and providing information from trusted sources, including health care providers.
- ▶ **Promoting equity and engaging higher-risk populations:** Private sector organizations, such as health care providers and health plans, can play unique roles in ensuring that populations at additional risk of poor outcomes from COVID-19 have access to vaccinations. As vaccine supply increases, targeted outreach efforts and community-based approaches will be critical to reach people who have not yet been vaccinated and those who may face barriers to access. Through data sharing, for example, health systems and health plans can collaborate with states to engage patients and enrollees who have not yet been vaccinated in order to conduct outreach, schedule appointments, and offer transportation. Promising approaches include linking data on immunization status from immunization information systems, and using health information exchanges to share data.



INTRODUCTION

With the increasing supply of authorized vaccines, the Biden Administration has [directed](#) states, Tribes, and territories to make the COVID-19 vaccine available to all adults by May 1, 2021. While states have steadily increased vaccination capacity to over [3 million doses per day](#) as of early April, projections suggest that the pace of vaccination needs to increase even more to keep pace with supply and vaccinate every adult in the U.S. by the end of June 2021.¹ Accomplishing this goal will require unprecedented efforts and coordination of traditional stakeholders in the vaccination community—including state and local public health officials, health systems, providers, pharmacies, and community-based organizations—while also leveraging additional private sector expertise, innovation, and resources to augment public health capacity.

Responding to the Administration’s [Call to Action](#) to the private sector, companies and employers have increased commitments support the vaccine effort by helping stand up public mass vaccination sites, providing paid time off for employees to get vaccinated, developing solutions to some vaccine access barriers like transportation, and helping connect [higher-risk](#) and medically underserved communities to vaccination appointments. However, additional work is needed both to identify gaps that can be meaningfully addressed through private sector action and to develop coordination structures to efficiently “match” state and local public health needs with available private sector resources.

In early 2021, the Duke-Margolis Center for Health Policy and COVID Collaborative began convening vaccine experts, health systems, pharmacies, payers, employers, state leaders and other private sector leaders for a series of virtual roundtable discussions (see appendices for a list of roundtable participants and strategies highlighted in the white paper). Reflecting these discussions, this white paper highlights key examples of promising practices for public-private partnerships to support improved efficiency and equity in COVID-19 vaccine distribution, as well as considerations for public and private leaders in building multi-sector approaches to address emerging challenges.

BUILDING BRIDGES BETWEEN THE PUBLIC AND PRIVATE SECTORS



Collaborations between the public and private sectors can benefit from a centralized point of contact at the state level with expertise and relationships across sectors who can serve as a “broker” among entities and facilitate ongoing communication. Engaging the private sector in public health efforts often requires state officials to invest a significant amount of time and resources, with the potential for additional complications due to contractual, procurement, or other regulatory hurdles. State and local officials must determine whether private sector solutions can provide sufficient added value to outweigh these obstacles. Additionally, without a centralized point of contact or coordination structures for exchanging information between private and public sector entities, private sector leaders have struggled to have a clear understanding of what practical solutions are most needed or reach the appropriate state and local decisionmakers with new ideas. Washington State’s VACCS Center offers a model for public-private collaboration. The VACCS Center has a governance model and workgroup process that surfaces the needs of the public sector first, and then leverages the collective resources and expertise of participating private sector partners to design solutions that respond to these identified needs (see case example below).

State and local organizations, such as chambers of commerce, also can play an important role in coordinating business interests and organizing forums for collaboration. Throughout the pandemic, a number of third-party entities emerged to help identify gaps and coordinate efforts between the public and private sectors. For example, in earlier stages of the pandemic when providers faced shortages of personal protective equipment (PPE) and other supplies, [Healthcare Ready](#) supported real-time information-sharing and coordination between

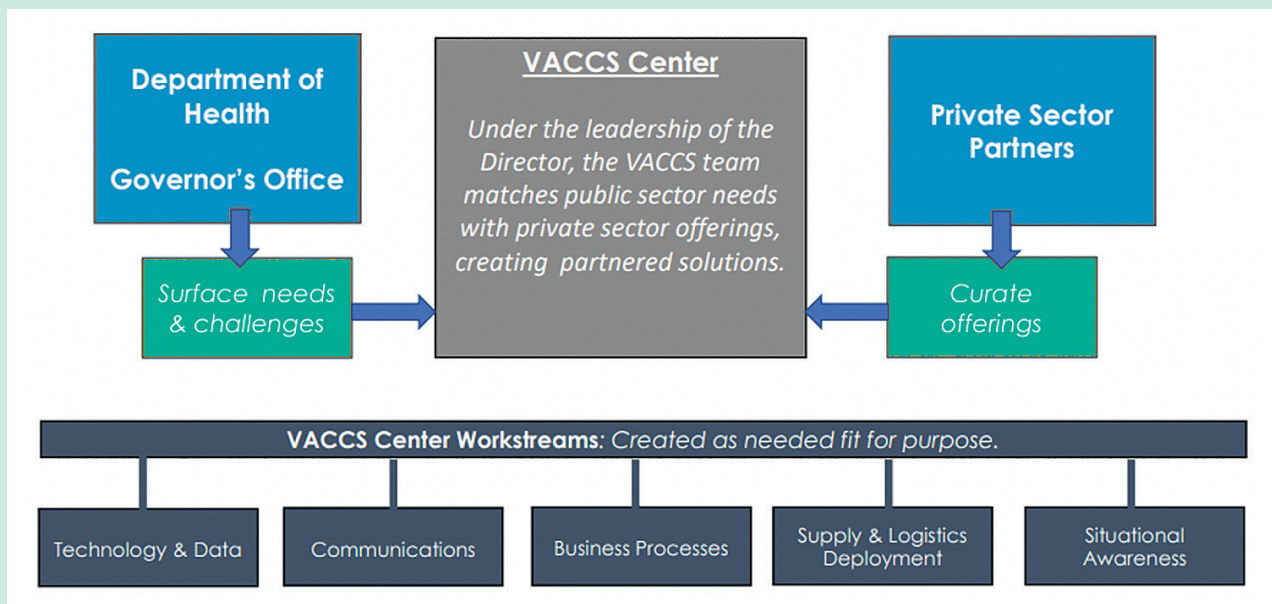
¹ Projections based on [projected vaccine supply](#), [population size](#), and [daily vaccination rates by vaccine type](#).



the Federal Emergency Management Agency (FEMA), the U.S. Department of Health and Human Services (HHS) and health sector leaders to direct medicines and medical supplies to the areas of greatest need. The organization also worked with the National Governors Association and the Association for Healthcare Resource & Materials Management to vet suppliers and route PPE to over 22 states. [U.S. Digital Response](#) has connected government partners with pro bono private sector volunteers skilled in technology, policy, communications, and operations to support COVID-19 rapid response. Such models can also be employed for vaccine efforts.

CASE EXAMPLE: Washington State's VACCS Center Leverages Private Sector Partners to Match Needs with Solutions

The VACCS Center is a public-private partnership launched in early 2021 to support efficient and equitable access to COVID-19 vaccinations across Washington state. This effort builds on a history of public-private coordination in Washington State through [Challenge Seattle](#), a coalition of regional employers that has worked closely with Governor Jay Inslee to address regional challenges throughout the COVID-19 pandemic. Stakeholders **include** state government entities, including the Department of Health and Governor's Office; health care organizations, including Kaiser Permanente; and Washington businesses, including Costco, Microsoft, and Starbucks. The VACCS Center has five complementary workstreams co-led by representatives from the public and private sectors: technology and data, communications, business processes, supply and logistics deployment, and situational awareness (see the figure below). Since launch, the partnership has created multiple integrated solutions to address early challenges, including an enhanced [vaccine locator tool](#), an expanded 211 Call Center, and a [Vaccine Playbook for Public-Private Partnerships](#). The team is now working to anticipate needs that will arise with increased supply and eligibility and is developing additional tools to build necessary capacity and infrastructure.



A key feature of the VACCS Center is its hands-on leadership. The VACCS Team acts as an intermediary between the public and private sectors, ensuring that private sector solutions are relevant to the needs of the Department of Health and the Governor's Office. The VACCS Team's multidisciplinary workstream structure works to surface problem statements and needs, and then works across participating organizations to identify opportunities to leverage resources and expertise. The VACCS Team serves as a "translator" between sectors and matches the public sector's needs with the private sector's capabilities. This coordination structure has been critical for the facilitation of meaningful and pragmatic partnerships.



Lastly, as stakeholders continue to advance the types of innovative public-private partnerships highlighted throughout this paper, public and private sector leaders can help identify lessons learned and promising practices to inform resources and guides for others that may want to adopt similar strategies. For example, Honeywell [partnered](#) with Atrium Health and other entities in North Carolina to host drive-through events capable of vaccinating over 5,000 people per day. Individuals leading these efforts translated their learnings into “[A Leader’s Guide to Safe, Fast and Equitable Community Vaccination Events](#)” to allow others to build on their model and adapt it to local conditions. Entities such as the Centers for Disease Control and Prevention (CDC), the Cybersecurity & Infrastructure Agency (CISA), state public health departments, and other organizations have developed resources to support private sector leaders in standing up mass vaccination sites, holding workplace vaccination clinics, and communicating with employees and the public about vaccines (see Appendix A for examples).

ADDRESSING CRITICAL CHALLENGES IN COVID-19 DISTRIBUTION

Expanding Capacity for Vaccinating the Public



Although states continue to make progress in increasing the [efficiency of vaccine distribution](#) and administration along with increased weekly allocations, the primary limiting factor to wider vaccination coverage in the early months of 2021 has been a vaccine supply insufficient to meet demand. In addition to allocations to states, territories, and several large cities, this limited supply is also being allocated to other entities through the [Federal Retail Pharmacy Program](#), [Health Center COVID-19 Vaccine Program](#), FEMA mass vaccination sites, and dialysis centers. With a significant increase in supply anticipated in the coming weeks, states and vaccination partners will need to scale their vaccine administration efforts. Private sector partners can play a critical role in the shorter-term challenge of meeting initial demand as states expand eligibility and can also support the longer-term goals of making vaccines more widely available in a range of clinical, community, and workplace settings. Multi-sector efforts should also focus on ensuring equitable vaccine access and uptake by engaging and serving higher-risk populations and socially vulnerable communities.

With traditionally under-resourced public health departments already strained from months of pandemic response, private sector companies have directed resources to address emerging workforce, technology, and capacity challenges. Key opportunities and examples of innovative partnerships to bolster public health capacity include:

- ▶ **Augmenting the vaccinator workforce and facilitating vaccination efforts:** Traditional vaccinators, such as local health departments, health care facilities and systems, local providers, and pharmacies, are playing a growing role in vaccination. With approximately 90 percent of the population living within 5 miles of a [community pharmacy](#), the [Federal Retail Pharmacy Partnership](#) will expand in April to include more than 40,000 pharmacies across the United States. These partners, along with primary care providers, community health centers, EMTs and paramedics, and [qualified providers](#) shielded from liability under the HHS Secretary’s PREP

CASE EXAMPLE: North Carolina’s Public-Private Partnership for Mass Vaccination Events

In January 2021, Honeywell, Atrium Health, Tepper Sports & Entertainment, and Charlotte Motor Speedway [announced](#) the formation of a public-private partnership to support vaccine distribution in North Carolina. These business and health care leaders are working with state and local authorities to administer vaccines to the public, with each partner [leveraging](#) critical expertise, relationships, and resources to play a crucial role in efficiently reaching at-risk populations.

The partnership already has hosted several mass vaccination clinics for eligible populations at large sports venues in Charlotte, North Carolina. Between its first two events, over 36,000 vaccinations were administered to residents of more than half of the counties in the state, making it one of the largest and most efficient vaccination events in the country.



Act declaration will play expanded roles in bolstering vaccinator capacity, especially as states receive significantly increased vaccine allotments. However, given the volume and speed by which millions need to be vaccinated, new partnerships and collaborations are needed to expand opportunities for vaccination in many community settings to increase equitable distribution.

Public-private partnerships have already developed to support mass vaccination clinics in stadiums and community-based clinics hosted in collaboration with community organizations. As vaccine supply increases, these partnerships can help reach diverse populations by supporting accessible vaccine clinics in a variety of trusted and convenient community-based locations, including community-supported mobile and pop-up clinics in workplaces, schools, churches, and other trusted locations.² Tailored outreach also is needed to facilitate vaccine access for individuals who continue to face barriers, such as the homebound, people who are disabled, and historically marginalized populations.

Private sector companies also have provided locations, resources, and staffing to support critical tasks for managing mass vaccination sites (e.g., logistics, traffic control, screening and registration, vaccine administration, data reporting, and outreach to eligible populations). The National Football League, a partner of the COVID Collaborative, has opened all 30 stadiums for use as mass vaccination sites. Google is making spaces available for public vaccination sites in partnership with local jurisdictions and health providers. [Blue Cross Blue Shield Arizona](#) partnered with the Arizona Department of Health Services and the Arizona Department of Emergency and Military Affairs to manage volunteers at a mass vaccination site at State Farm Stadium in Glendale, Arizona, one of the largest sites in the country. Health plans, pharmacies, and other private and non-profit entities across the country also have volunteered staff and resources to support state and local health departments in these efforts.

- ▶ **Addressing logistical and operational challenges:** Private sector experience and expertise has also played a pivotal role in addressing logistical and operational challenges. A number of states, such as Washington, have leveraged private sector expertise and technical assistance from companies like Microsoft, Amazon, Starbucks, and others to help address logistics, supply chain, or technology challenges to improve operational efficiency of vaccine distribution. Other states have partnered with private sector partners to support specific aspects of vaccine distribution and administration. For example, California [contracted](#) with Blue Shield of California to act as the state's Third Party Administrator to expand its existing provider network and is using state-developed criteria and improved access to real-time data to allocate vaccines to communities disproportionately affected by COVID-19. To improve the efficiency of mass vaccination sites, the state of Oklahoma [partnered](#) with the University of Oklahoma and IMMY Labs to design a process for their mass vaccination clinic with user experience in mind and examined real-time analytics to improve their process, resulting in 10,000 people vaccinated in one day with only 150 staff.
- ▶ **Building user-friendly digital tools to connect the public to vaccines:** While demand for vaccines eclipses current supply, a critical challenge for states is communicating with the public about vaccine availability and how to register for vaccine appointments. As vaccines become more widely available, a simple appointment scheduling process for vaccination at a convenient time and place can increase access for individuals who might otherwise not get vaccinated. Although many states have created centralized vaccine locator and registration or pre-registration systems, eligible individuals attempting to obtain vaccine appointments often must navigate multiple providers' registration systems that lack necessary and desired functionality. The challenge of navigating or accessing these disconnected systems creates unnecessary frustration for the public and creates barriers for people without WiFi, computer access, or comfort with this technology. Supplemental strategies to complement digital tools, such as call centers, direct outreach, and "navigators" to assist with sign-ups, can help augment these efforts and guard against exacerbating the digital divide.

²For additional strategies and examples for supporting community-based vaccination, see the Duke-Margolis Center and National Governor's Association's publication "[Prioritizing Equity in COVID-19 Vaccinations](#)"



To ease the sign-up process for users, significant opportunity exists for states to collaborate with technology companies to develop user-friendly eligibility tools, registration or pre-registration systems, and vaccine locators that can aggregate information across a variety of sites and assist with or schedule appointments. For example, Google is working with partners like [VaccineFinder](#) – an initiative of Boston Children’s Hospital, CDC, and retail pharmacies – to gather vaccination location information and make it available in Google Search and Maps. Currently, VaccineFinder allows users to search for available vaccines in a limited number of states, with other states scheduled to be added in the coming weeks.

Centralizing vaccine location information and reducing the number of “clicks” needed to find available appointments can reduce inefficiencies and barriers to access for individuals. Washington’s VACCS Center supported the state’s new user-friendly [Vaccine Locator](#) tool, which compiles data from a large segment of all vaccine providers in Washington. Users can search by ZIP code to find vaccine sites with available appointments close to where they live. In many states and cities, volunteer third-party developers have developed online “vaccine aggregator” resources that can scrape data from online appointment websites and display it on a single searchable website. Moving forward, opportunities exist for states to work with pharmacies, health systems, and other vaccine providers to support information exchange through Application Programming Interfaces (APIs) to aggregate available vaccine appointments to reduce barriers to scheduling.

Leveraging Opportunities to Support Workforce Vaccine Access and Education



As the COVID-19 vaccination campaign continues to gain momentum, public confidence and willingness to receive the vaccine has [steadily increased](#). Nationally, 69 percent of the public has either received a vaccine or intends to get one, up from 60 percent that intended to receive the vaccine in November. However, not all of those individuals will follow through without convenient options, and levels of vaccine reluctance remain among certain [groups](#), with about one third of non-health care [essential workers](#) reporting that they will “definitely not” get vaccinated or will “only get it if required.” As states continue to expand eligibility to essential workers and the general public, employers will play an increasingly important role as trusted sources of information on vaccines for employees, while also directly facilitating workplace vaccination sites and reducing barriers to access.

Recent public opinion surveys showing high levels of trust in CEOs and businesses indicate that employers have a vital opportunity to promote vaccine confidence among both employees and the public. According to a recent opinion [survey](#), 72 percent of Americans trust their employer to “do what’s right” and information from “My Employer CEO” is more trusted (60 percent) than government leaders (33 percent) or journalists (48 percent). Many employers have already undertaken efforts to understand and address employee questions and concerns about vaccines, and developed strategies to provide ongoing information on vaccine safety, efficacy, and availability. According to a survey of companies whose CEOs participate in the American Heart Association’s (AHA) [CEO Roundtable](#), representing some of the country’s largest companies, 21 of 26 responding companies intend to launch a communications campaign to encourage employees to be vaccinated against COVID-19, often leveraging multi-channel outreach (video, email, social media, townhalls), testimonials from trusted messengers, and evidence-based information to support confidence and informed decision-making for employees.

Private sector employers also are supporting employee access to vaccines through hosting on-site vaccination clinics, providing information on vaccination to employees, creating incentives for employees to get vaccinated, and addressing potential barriers to access. Although experience with on-site workplace clinics has been limited along with supply and eligibility restrictions, employers remain interested in offering on-site vaccinations for employees as supply increases. According to the AHA CEO Roundtable survey, 14 of 26 companies plan to offer on-site vaccination opportunities for at least some company locations, while an additional seven are actively exploring the issue. However, some organizations have raised challenges to supporting on-site clinics, including limited vaccine supply, staffing, and storage, and concerns about liability and varying state requirements.



Taken together, these concerns indicate the need for states to work more closely with employers to coordinate vaccination efforts for essential workers and provide support in standing up vaccination clinics. Such support could include outlining clear guidelines for employers interested in requesting vaccines for on-site clinics, providing regular communication about vaccine allocations or technical assistance to employers, or finding opportunities to streamline regulatory processes where appropriate. For example, in January, Missouri published a [“Vaccinating Missouri’s Workforce”](#) Employer Guide and held webinars for interested employers and healthcare partners about the process to apply for and receive vaccines, previewing likely timelines and setting expectations for how many doses may be available in different regions in the state. This type of advanced outreach and clarity, especially about the method for requesting vaccines, helps employers and their health care partners plan appropriately for on-site clinics.

Employers also have opportunities to support vaccine access and education for their employees and their families when on-site vaccination clinics are not feasible. For example, companies are developing innovative solutions to barriers to access, including the provision of transportation and paid time off to get vaccinated. Key opportunities and examples of innovative steps that employers can take include:

- ▶ **Hosting accessible vaccination events for employees and their families:** The CDC has [asked](#) employers to consider hosting free on-site COVID-19 vaccination clinics for their employees in partnership with local public health officials and providers. Many large employers have indicated that they are interested in hosting [on-site vaccination clinics](#) for their essential employees as they become eligible to reduce barriers to access. As eligibility expands to the broader public, extending opportunities for vaccination to employees’ family members also can promote broader uptake among employees and the community.

With over 800,000 employees across the country, Amazon is building capacity to vaccinate its workforce, including essential grocery, warehouse and delivery workers, and has begun launching on-site vaccination clinics for essential workers in partnership with state and local officials in Missouri, Nevada, and Kansas. Amazon plans to expand these clinics and partnerships across the country as more vaccines become available to employers in other states. Based on lessons learned from running over 1 million tests during the course of the pandemic, Amazon is prioritizing putting the infrastructure in place to support ongoing opportunities for employees to be vaccinated.

- ▶ **Sharing educational and logistical information about COVID-19 vaccination with employees:** Public opinion [surveys](#) by the Kaiser Family Foundation have found that many unvaccinated essential workers report not having enough information about COVID-19 vaccination. Employers can provide credible information about the COVID-19 vaccines, state eligibility criteria, and local vaccination sites. The National Association of Manufacturer’s announced a [Yellow and Red Ribbon Initiative](#) to promote vaccination by providing educational materials and encouraging co-workers, families and communities to wear yellow and red ribbons once they have safely received a COVID-19 vaccination. The Health Action Alliance, a coalition led by the Ad Council, Business Roundtable, CDC Foundation, and others, has developed [resources](#) that aim to guide employers in developing initiatives to share information with employees in order to reduce vaccine hesitancy and barriers to access. The U.S. Chamber of Commerce has also [collected](#) COVID-19 vaccination resources for business leaders.

- ▶ **Reducing barriers and incentivizing employees to get vaccinated:** Individuals may face additional logistical barriers to vaccination, including limited access to transportation, availability during daytime hours, childcare, or time off for vaccination and recovery time as needed. As eligibility and supply expand to all adults, employers can help to reduce barriers to vaccination for their employees by offering approved time off or other incentives. A number of [large employers](#) across the country, including Amazon, Aldi, Apple, Dollar General, Target, and Trader Joe’s, are providing paid time off or incentives for their employees receiving a vaccine. Kroger is offering \$100 bonuses to employees who have been vaccinated, and [Target](#) is providing up to four hours of paid leave and covering roundtrip Lyft rides for employees to receive vaccines.



Promoting Equity and Engaging Higher-Risk Populations



Despite a range of efforts to increase vaccine access and promote equity in vaccine distribution, substantial racial and ethnic disparities remain. States and vaccination partners are working to ensure that Black, Indigenous, and people of color (BIPOC) populations, which have been **disproportionately impacted** by the pandemic, receive equitable access to vaccines. To date, **race and ethnicity data** is known for only 55 percent of vaccines administered, with **47 states** publicly reporting some level of race and ethnicity data. The available data shows **consistent evidence of disparities** in vaccine access and uptake for Black and Hispanic Americans compared to their shares of both COVID-19 cases and deaths as well as the total population. BIPOC communities also may face additional challenges to vaccine access related to transportation, language barriers and lack of translation services, lack of flexibility in employment or childcare, proximity to healthcare providers, insurance status, or stigma within the medical system. These access challenges may be shared or compounded for rural, low-income, elderly, homebound, or disabled populations. States have developed various strategies for allocating vaccines and resources to higher-risk and medically underserved communities, working to reduce barriers to access, and engaging with trusted partners to develop community-based approaches and outreach strategies.

Coordination among public, private, and community stakeholders is critical to ensure that vaccine allocations and clinic sites are targeted at high-need areas, vaccination sites and outreach efforts are conducted by organizations with trust and knowledge of the community, and that potential barriers to access are adequately addressed. Private sector organizations can play unique roles in ensuring that vaccine outreach efforts effectively engage with and connect to communities that have been disproportionately impacted by COVID-19. Specifically, health care stakeholders, including health systems, pharmacists, community clinics, and health plans, can leverage robust data and analytics systems and trusted provider relationships to identify and engage individuals that may be most at risk of COVID-19. Key opportunities and examples of innovative public-private partnerships to promote and operationalize equity include:

- ▶ **Improving collection and reporting of COVID-19 vaccination data by race and ethnicity:** Although states have implemented many approaches to require or encourage improved data collection practices, over half of vaccine records **report** “unknown” or “other” for race and ethnicity data. To strengthen the quality of race and ethnicity data, states have partnered with providers through state health information exchanges (HIEs) and provider consortiums to augment state immunization data with data contained in electronic health records (EHRs) and insurance claims. For example, Maryland’s HIE, **CRISP**, is working with the Department of Health to match vaccination data from the state immunization information system (IIS) with Medicare and Medicaid claims and prior hospitalizations from an all-payer claims database. Combining these

CASE EXAMPLE: Health Insurance Providers’ Vaccine Community Connectors Program

In early March 2021, the White House, America’s Health Insurance Plans (AHIP) and Blue Cross Blue Shield Association (BCBSA) **announced** the Vaccine Community Connectors pilot initiative, which aims to vaccinate 2 million people age 65+ in the most vulnerable communities across the country **in 100 days**. Participating health insurance plans will use their data and analytic expertise to identify people age 65+ at higher risk of poor outcomes in areas with inequitable vaccination rates and contact them to answer their questions, assist with registration and scheduling, and coordinate services to facilitate vaccination. Health insurance plans are also working with federal, state, and community partners to assist with vaccination efforts, data monitoring, and providing relevant educational information to eligible populations.

Partnerships with state and local leaders will allow for health insurance plans to provide the services that are most needed in each community – ranging from support for mobile vaccination clinics, transportation, interpreters, or other services. The pilot program will begin in states with large proportions of vulnerable populations, including Arizona, California, Florida, Louisiana, and Minnesota. As eligibility and vaccine supply expand, this work will continue for additional vulnerable communities across the country.



data has allowed the state to leverage more accurate and complete race and ethnicity data. In Minnesota, the Department of Health is partnering with the Minnesota EHR Consortium to work with large health systems across the state to create summary reports on COVID-19 vaccine uptake by race and ethnicity. The combination of the immunization data in the Minnesota Immunization Information Connection (MIIC) and demographic data in the EHR Consortium translates to a robust data set. Race and ethnicity data from these efforts are published on Minnesota's public dashboard and will help inform further equity approaches.

► **Using data to engage individuals and communities at risk of severe outcomes from COVID-19:**

With the built-in infrastructure and existing relationships to identify and engage patient populations identified at increased risk of COVID-19, many health plans and health systems are working to connect vulnerable enrollees and patients to vaccine appointments in their communities. Improving the ability to share real-time state IIS data with commercial and Medicaid partners can help these organizations identify unvaccinated individuals and tailor outreach to engage these individuals and connect them to vaccine providers. Legal and regulatory restrictions that vary by state may limit the ability to share state IIS data, and state data systems may require significant modifications or personnel to implement data sharing. However, federal funding from the American Rescue Plan Act of 2021 provides substantial financial support that could be used to address such obstacles, and a number of states have taken steps to facilitate information sharing with health systems and healthcare payers. For example, in February 2021, the Massachusetts Commissioner of Public Health issued an [Order](#) allowing the Department of Public Health to release IIS records of COVID-19 vaccinations to payers in the state.

In states where direct sharing of IIS data with external entities may be more restricted, other strategies based on immunizations data can support this outreach. For example, Utah's Medicaid program is allowed to share IIS data with Managed Care Organizations (MCOs), care managers, and home health organizations to support "treatment, payment, and healthcare operations" as a permissible activity under the [Health Insurance Portability and Accountability Act](#) (HIPAA). The state provides weekly updates to MCOs and other partners for eligible individuals (e.g., individuals with one or more chronic conditions) to support direct outreach to those who may be at increased risk of COVID-19. With sufficient data, healthcare payer and health system-led strategies to engage unvaccinated populations can augment state efforts to reach unvaccinated individuals. However, these efforts must be complemented by additional strategies and partnerships to engage individuals that may be uninsured or disconnected from the health system, such as individuals experiencing homelessness or individuals living in congregate care settings.

- **Supporting community-led vaccination efforts:** While states and federal partners have worked to allocate vaccines and resources to medically underserved areas, significant public-private collaborations exist to support mobile and community-based sites in trusted and convenient locations, such as churches, schools, community centers, or congregate care settings. For example, as part of its [Vaccine Equity Initiative](#), Walgreens is partnering with civic leaders, advocacy groups, and faith-based organizations to host vaccination events. Developing meaningful collaborations with community leaders and trusted organizations can help ensure that approaches to outreach and vaccination are appropriately tailored, as well as culturally and linguistically responsive. Additional strategies, such as engaging community organizations to conduct direct sign-ups or early pre-registration for vaccination by ZIP code, can increase the likelihood that vaccine appointments are filled by the community members that community-based sites are intended to serve. In Massachusetts, the [Black Boston COVID-19 Coalition](#) – an alliance of business, community, and public health leaders that has mobilized to advocate for Black communities and businesses during COVID-19 – has worked to help ensure that Black communities are served by local vaccination efforts. The Coalition has [partnered](#) with CIC Health, which has reserved half of available appointments at the City of Boston's vaccination sites for use by the Coalition and other community groups. To help fill these appointments, Coalition members canvassed community sites, leveraged existing social networks, and provided direct assistance to individuals who needed help with sign-ups. Further coordinating community outreach efforts with state and local officials can help ensure that efforts are targeted to the areas of highest need, avoid duplication, and help support statewide distribution strategies.



► **Addressing barriers to vaccine access:** Many individuals face barriers to vaccine access that may include lack of transportation, mobility issues, language barriers, limited internet or computer access, lack of paid time off, or distrust of public health authorities. In coordination with community, state, local, and community partners, private sector leaders have increased commitments and resources to reduce barriers to vaccination, such as transportation to vaccine appointments, translation services, and connections to social services. For example:

- **Facilitating transportation and access to vaccination sites:** Recognizing the barrier that a lack of transportation can pose for individuals to reach vaccine appointments, public and private sector leaders have collaborated on solutions. Uber and Lyft have committed to providing millions of free and reduced rides, and have formed partnerships with pharmacies, local governments, corporations, and community organizations to link individuals with rides to vaccine appointments. In Georgia, the state has [partnered](#) with Delta to hold a mass vaccination site at the Delta Flight Museum, with the Metropolitan Atlanta Regional Transit Authority (MARTA) providing shuttles from nearby rail stations.
- **Overcoming the digital divide:** Amazon Web Services (AWS) helped many states and localities use Amazon Connect to rapidly stand up new call center capabilities to facilitate vaccine appointment scheduling through interactive voice response, chat, and agents. To assist elderly and vulnerable populations with limited internet access, public health agency personnel can act as concierges or navigators to assist callers with determining eligibility, locating vaccines, and scheduling appointments. As states expand eligibility, these call centers can be rapidly implemented and scaled to serve broader populations through multiple modalities. In places where vaccine supply is currently limited, the call centers also can help people pre-register for vaccination and sign up to receive a call back as vaccine appointments become available.

CASE EXAMPLE: Walmart Community Partnerships to Engage Higher-Risk and Socially Vulnerable Communities

In mid-February 2021, the CDC [began to provide](#) Walmart with allocations of COVID-19 vaccines to administer in U.S. Health Resources and Services Administration (HRSA)-defined medically underserved areas across the country. These vaccines are being administered in Walmart stores, at drive-thru vaccination clinics in Walmart parking lots, and at offsite events in partnership with state and local health officials and community partners. Walmart has created informational and promotional materials for these events and has provided web- and phone-based registration systems for scheduling appointments. So far, Walmart has worked with over 200 community partners across 18 states.

In Jackson, Mississippi, Walmart worked with the Jackson County Housing Authority to provide vaccines for low-income seniors in multi-unit housing. To address potential access barriers, the Housing Authority partnered with a non-profit partner to walk door to door with iPads to sign up vulnerable seniors for appointments, which was then held in the community center within the multi-housing unit to eliminate the need for transportation. Additionally, Walmart partnered with Nevada and the Southern Nevada Health District to identify a highly vulnerable ZIP code in Clark County. The surrounding neighborhoods also are home to a large proportion of the area's Hispanic families, who have been disproportionately impacted by the pandemic across the state. Walmart partnered with The Immigrant Home Foundation (Casa del Inmigrante), a trusted nonprofit organization in the area, to establish an accessible, offsite vaccination clinic. In partnership with many community organizations, Walmart publicized the clinic by holding a press event for local media in English and Spanish.



NEXT STEPS

States have made significant progress in overcoming barriers to efficient vaccine distribution encountered in the early phases of the vaccination effort, and are implementing strategies to make vaccine distribution more equitable. As summarized in this white paper, private sector leaders already have played a significant role in improving the efficiency and reach of the vaccine distribution effort. Moving forward, existing and future public-private partnerships can continue to augment vaccination capacity, reduce barriers to access, support equity and outreach strategies, and promote vaccines to employees and the broader public. However, opportunities to build upon existing examples of these partnerships remain. With an increasing supply of vaccines, the current emphasis on quickly administering vaccines not only needs to continue to scale up; it also needs to focus on groups that are less willing or able to be vaccinated, and on building a data and public health infrastructure that can support potential booster shots and future vaccination efforts.

Tailored outreach to populations who have not yet been vaccinated will require the private sector to leverage real-time data to target underserved populations, employ community-based approaches, and provide convenient access to vaccination sites. Enabling more effective public-private partnerships also will require highlighting examples of what has worked well, models of how to address the logistics of this type of coordination (e.g., contracts) and ensuring coordinated communication between the federal government, states, communities, and private entities. As an increasing percentage of the population is vaccinated and proof of vaccination may be required for employment, travel, or other activities, public and private sector coordination will be important to ensuring that potential “vaccine passports” or other verification methods are implemented in a way that is safe, secure, and supports equity. Finally, an understanding of the impact of vaccines on the population’s health is also needed, which will include collecting and analyzing real-world evidence to understand long-term effectiveness, durability of protection, and safety of vaccines. Private entities such as health plans, HIEs, and others with access to health data can play a critical role in following individuals after they are vaccinated to understand their long-term health.



APPENDIX A: List of White Paper Examples by Areas of Opportunity

Area of Opportunity	Strategy	Illustrative Examples in this White Paper	Available Resources
Expanding capacity for vaccinating the public	Augmenting the vaccinator workforce	<ul style="list-style-type: none"> Honeywell, Atrium Health, Tepper Sports & Entertainment, and Charlotte Motor Speedway National Football League Google and local jurisdictions and health providers Blue Cross Blue Shield Arizona, Arizona DHS, and Arizona DEMA 	<ul style="list-style-type: none"> Challenge Seattle: Vaccine Playbook for Public-Private Partnerships Honeywell: A Leader's Guide to Safe, Fast, and Equitable Community Vaccination Sites U.S. Digital Response: COVID-19 Vaccine Provider Guide: A Technology Lens
	Providing expertise and technical assistance	<ul style="list-style-type: none"> Washington's VACCS Center California and Blue Shield of California Oklahoma and IMMY Labs 	
	Building user-friendly digital tools to connect the public to vaccines	<ul style="list-style-type: none"> Google and VaccineFinder.org Washington State's Vaccine Locator tool 	
	Improving collection and reporting of COVID-19 vaccination data by race and ethnicity	<ul style="list-style-type: none"> CRISP and Maryland Department of Health Minnesota EHR consortium, Minnesota Department of Health, and Minnesota Veterans Affairs Health System 	
Promoting Equity and Engaging At-Risk Populations	Using data to engage individuals and communities at risk of severe outcomes from COVID-19	<ul style="list-style-type: none"> Massachusetts Department of Public Health America's Health Insurance Plans and Blue Cross Blue Shield Association's Vaccine Community Connectors initiative 	<ul style="list-style-type: none"> Health Evolution: Increasing Vaccine Uptake in Diverse Communities: A Working Guide for Health Care CEOs Johns Hopkins Center for Health Security: Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond WA VACCS Center Resource Guide to Support Community-led Vaccination Efforts (<i>forthcoming</i>)
	Supporting community-led vaccination efforts	<ul style="list-style-type: none"> Walgreens Vaccine Equity Initiative 	
	Addressing barriers to vaccine access	<ul style="list-style-type: none"> Walmart Amazon Web Services Uber and Lyft 	
Leveraging employers to support workforce vaccine access and education	Sharing educational and logistical information about COVID-19 vaccination with employees	<ul style="list-style-type: none"> Health Action Alliance U.S. Chamber of Commerce National Association of Manufacturers 	<ul style="list-style-type: none"> Health Action Alliance: Quick Start Guide: Preparing Your Company for COVID-19 Vaccines CDC: Workplace Vaccination Program Amazon: Pop-up Vaccine Clinic Playbook Missouri DHSS: Vaccinating Missouri's Workforce Against COVID-19: A Guide for Employers CISA: COVID-19 Vaccination Hesitancy within the Critical Infrastructure Workforce WA DOH VACCS Center: COVID-19 Vaccination Planning Resource Guide to Employers in Agriculture, Seafood, and Food Processing
	Hosting accessible vaccination events for employees	<ul style="list-style-type: none"> Amazon 	
	Reducing barriers and incentivizing employees to get vaccinated	<ul style="list-style-type: none"> Amazon Aldi Apple Dollar General Target and Lyft Trader Joe's Kroger 	
ADDITIONAL EXAMPLES OF PUBLIC-PRIVATE COLLABORATION:			
<ul style="list-style-type: none"> U.S. Chamber of Commerce Foundation: Business Response to COVID-19 Vaccine Rollout Business Roundtable: Business Roundtable Member Companies' Action Health Action Alliance: Business Case Studies AHIP: Health Insurance Provider Actions Concerning the COVID-19 Vaccines 			



APPENDIX B: List of Roundtable Participants

Danielle S. Allen, Harvard University

Matt Anderson, University of Wisconsin Health

Georges C. Benjamin, American
Public Health Association

James Blumenstock, Association of State
and Territorial Health Officials

Michael Carney, U.S. Chamber of
Commerce Foundation

Michael Casserly, Council of the Great City Schools

Casey Cesnovar, Walgreens

Stephen Cha, UnitedHealthcare Community & State

Andy Chasin, Blue Shield of California

Gary M. Cohen, Blue Shield of California

Jim Daniel, Amazon Web Services

Carlos Del Rio, Emory University

Joe Dooley, Google

Kathleen Frangione, Amazon

Stefanie Friedhoff, Brown University

Gregg Fromell, HCA Healthcare

Bruce Gellin, Sabin Vaccine Institute

Elizabeth Goodman, America's
Health Insurance Plans

Mary R. Grealy, Healthcare Leadership Council

Charles Greener, Walgreens Boots Alliance

Amy Hill, Walmart

David Horrocks, CRISP

Kathleen Jaeger, National Association
of Chain Drug Stores

Kate Johnson, formerly with the
National Governors Association

Justine Landegger, Resolve to Save Lives,
an initiative of Vital Strategies

Dan Laster, WA COVID-19 Vaccine Action
Command and Coordination System Center

Steve Miller, Express Scripts

Alan Morgan, National Rural Health Association

Miranda Motter, America's Health Insurance Plans

Cheryl Pegus, Walmart

Andrea Polkinghorn, Sanford Health

Christian Ramers, Family Health
Centers of San Diego

Jessica Rhoades, Amazon Web Services

Ashok Roy, Caravan Health

Brittney Roy, National Governors Association

Kenneth Sands, HCA Healthcare

Will Shrank, Humana

Kristen Silverberg, Business Roundtable

Lisa Smith, Walmart

Mark Smolinski, Ending Pandemics

Matt Sonnesyn, Business Roundtable

Sohini Stone, Google Health

Trevor Theunissen, Uber

D. Evan van Hook, Honeywell

Rick Wade, U.S. Chamber of Commerce

Mike Ward, Amazon

Claudia Williams, Manifest MedEx

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