

Community Partnerships Affinity Group

Affinity Group Overview

To support members through its Member Assistance Program (MAP), the Association of Immunization Managers (AIM) offers an affinity group series featuring facilitated discussion on how immunization programs can effectively collaborate with local and regional community partners. Affinity group participants meet monthly in a small group setting to share challenges and strategies for identifying, building, and maintaining strong community partnerships. The objectives of the affinity groups series are to:

- Discuss challenges related to establishing and maintaining relationships with community partners
- Explore strategies for addressing challenges associated with community partnerships
- Collaborate and learn about promising solutions from other immunization programs through active discussion

This summary captures insights from affinity group participants' experiences implementing and operating immunization programs and key takeaways from the affinity group meeting series.

Contents:

Date	Meeting
January 24, 2021	Understanding Essential Community Partnerships
February 28, 2022	Exploring Priority Partners
March 28, 2022	Collaborating with Non-traditional Partners
April 25, 2022	Building Coalitions
May 23, 2022	Building Vaccine Confidence Coalitions

Understanding Essential Community Partnerships – January 24, 2022

Meeting Overview

The first meeting focused on understanding the community partnerships Program Managers consider most essential in supporting immunization program objectives. Affinity group participants also discussed challenges they experienced in establishing or maintaining these partnerships. The facilitator opened the meeting with introductions and a description of the focus and expectations for the affinity group series.

Following the introduction, the facilitator guided participants to a Mural page (Exhibit 1) to lead the discussion. Participants started by responding to the question, “What do you hope to take away from this affinity group series?” Participants then completed a brainstorming exercise where they identified the community partnerships that were most essential to their organization, noting challenges they had encountered in establishing or maintaining these partnerships. Participants ranked the partnerships identified in the previous exercise based on importance and feasibility of addressing associated challenges.

The following sections outline key takeaways from the discussion.

Participants:

Name	Role	Jurisdiction
Alexandra Kreft	Community Health Nurse	Nebraska
Angie Lewis	Grants Management Specialist	Philadelphia
Annie Fedorowicz	Adolescent and Adult Immunization Coordinator	Minnesota
Carmen Combs	Health Equity Project Manager	Kentucky
Dr. Fauzia Khan	Program Manager	Oklahoma
Holly Scheer	Community Partnership Coordinator	Wyoming
Rachel Azanieko-Akouete	Public Health Nurse	Wisconsin
Sai Teja Paruchuri	Vaccine Specialist	Oklahoma
Claire Hannan	Executive Director	AIM
Bradley Ward	Programs Director	AIM
Dr. Diadra Biles	MAP Project Manager	AIM
Katie Palmer	CDC Public Health Associate	AIM
Katelyn McCullough	Public Health Associate	AIM
Lori Linstead	Consultant	AIM
Candice Talkington	Project Director	Mathematica
Dave Yeh	Deputy Project Director	Mathematica
Kathleen Shea	Scribe	Mathematica

Key Takeaways

What do you hope to take away from this affinity group series?

- “New ideas on how to engage partners we have not worked with on immunization”
- “Hearing from others about what’s going well; space to discuss challenges”
- “To understand different ways to form strategic partnerships”
- “Sharing challenges and strengths to enhance community support”
- “Learn effective ways to establish relationships and trust with non-traditional partners”
- “Ideas to engage with new partners, ideas to enhance relations with existing partnerships”

What community partnerships are essential to your immunization program, and which have been the most difficult to establish or maintain?



Participants identified a varied list of community partners essential to their immunization programs and noted them on the Mural board (see Exhibit 1). These included: local health departments, community-based organizations, faith-based organizations, pharmacies, schools, private clinics, and other public health program areas (e.g., home visiting programs, WIC, and cancer programs). One participant noted that finding natural touchpoints in other public health programs—where immunizations are already being discussed—is a helpful way to connect with people about immunizations. Another noted that existing community-based organizations can serve different roles; some are vaccine providers and others act as trusted community messengers and can be partners for sharing evidence-based information and dispelling misinformation.



Several types of partnerships have proven difficult to establish or maintain, but the reasons for these difficulties have differed by potential partner. Some of the specific challenges that participants shared included:

- Many small, local rural health departments have not been active and have engaged very little with the larger state-based vaccine effort.
- Small, local organizations (including some faith-based organizations) have more entrenched behaviors and ways of working.
- Many communities of color have deep-rooted public health mistrust, which increases the difficulty of building trust in these communities.
- Local public health partners have limited resources and many competing priorities.
- Outside of metropolitan areas, there are many geographic and cultural challenges, including lack of confidence in the healthcare system, lack of available workforce, and more vaccine hesitancy.

Prioritizing importance and feasibility of addressing difficult community partnerships

Participants ranked essential partners based on their level of importance and feasibility of addressing associated challenges as shown in Exhibit 1. Many of the potential community partners were given similar prioritization in terms of both importance and feasibility. Priority partnerships and the associated challenges with engaging with those partners will become the focus for the next few affinity group meetings.

Partners prioritized by the participants included:

- Community-based organizations working with communities with low vaccine coverage
- Communities of color
- Public health nursing
- Local health departments, especially those in rural areas
- Pharmacies
- Schools
- Private Clinics
- Faith-based organizations
- Immigration rights groups
- Local disability rights groups

Challenges prioritized by participants included:

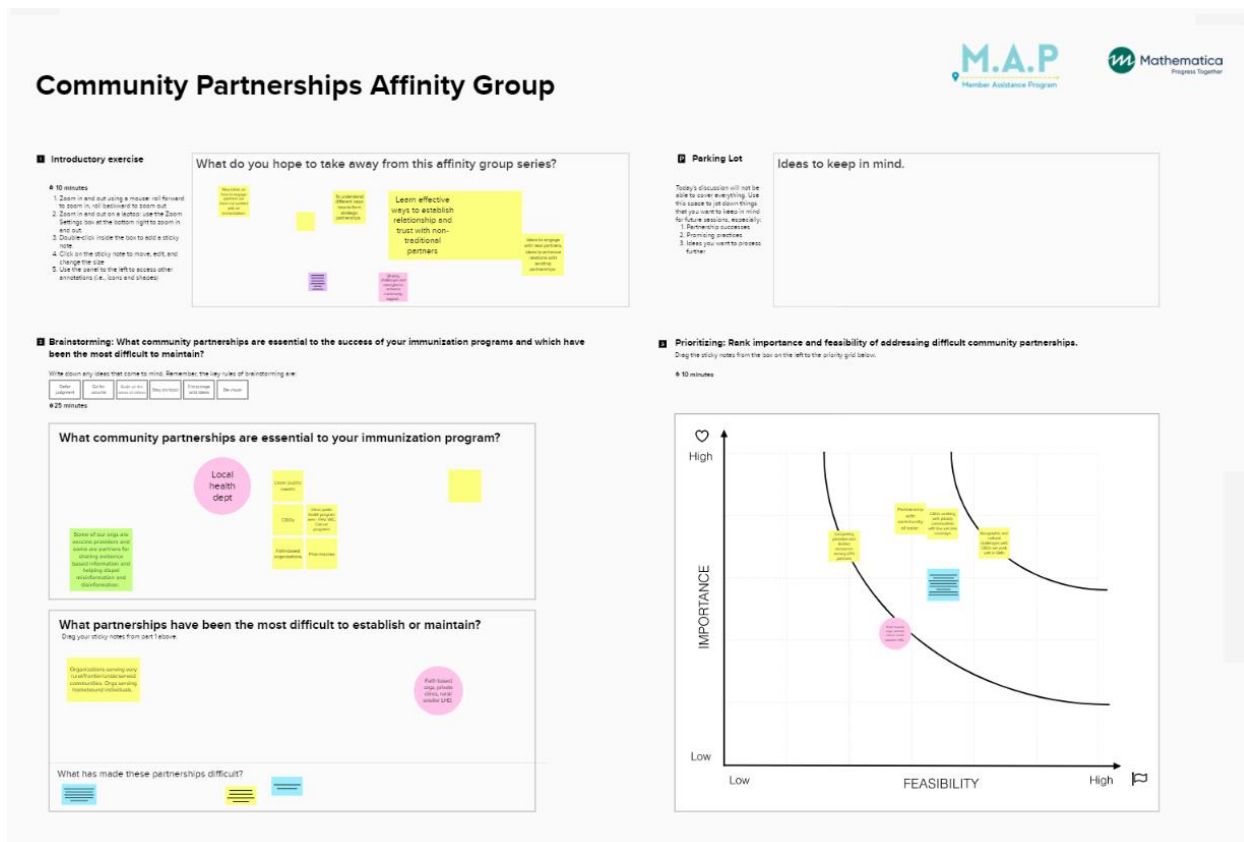
- Geographic and cultural challenges
- Competing priorities and limited resources

Next Steps and Action Items

1. Reflect on challenging partnerships identified in the first affinity group meeting and think about other essential partnerships we have not yet discussed
2. Come to the next meeting with ideas about what resources and tools you might find helpful to address challenges related to establishing and maintaining community partnerships

Next Meeting: February 28 at 3:00 pm ET

Exhibit 1: Mural page



Community Partnerships Affinity Group

Introductory exercise (10 minutes)

What do you hope to take away from this affinity group series?

Learn effective ways to establish relationship and trust with non-traditional partners.

Parking Lot

Ideas to keep in mind.

Brainstorming: What community partnerships are essential to the success of your immunization programs and which have been the most difficult to maintain? (25 minutes)

What community partnerships are essential to your immunization program?

Local health dept.

What partnerships have been the most difficult to establish or maintain?

Partnership with... (text obscured)

What has made these partnerships difficult?

Prioritizing: Rank importance and feasibility of addressing difficult community partnerships. (10 minutes)

IMPORTANCE vs FEASIBILITY grid.

Link to Mural board:

<https://mathematica.mural.co/t/health9191/m/health9191/1642524260720/6283f6401666eb09cae0b8913b3c7ca41a52634e?sender=u7e123fcbb1affb07d1d39975>

Meeting Overview

In the second meeting, the facilitator started the meeting with a brief recap of the first meeting by summarizing key immunization program partners and common challenges working with partners.

Members then participated in a Mural exercise (Exhibit 2). As the facilitator captured the examples on the Mural board, members were invited to describe a partnership, share partnership successes, and consider the primary challenge encountered working with the partner. Participants focused on priority partner types and sources of challenges identified during meeting one including (1) community-based organizations serving communities with low vaccine coverage, (2) partnerships with communities of color, and (3) geographic and cultural challenges with partners.

Participants:

Name	Role	Jurisdiction
Abbi Berg	Vaccines for Children Program Manager	North Dakota
Alexandra Kreft	Community Health Nurse	Nebraska
Angie Lewis	Grants Management Specialist	Philadelphia
Annie Fedorowicz	Adolescent and Adult Immunization Coordinator	Minnesota
Rachel Azanleko-Akouete	Public Health Nurse	Wisconsin
Sai Teja Paruchuri	Vaccine Specialist	Oklahoma
Dr. Diadra Biles	MAP Project Manager	AIM
Katie Palmer	CDC Public Health Associate	AIM
Katelyn McCullough	Public Health Associate	AIM
Lori Linstead	Consultant	AIM
Candice Talkington	Project Director	Mathematica
Dave Yeh	Deputy Project Director	Mathematica
Kathleen Kraus	Scribe	Mathematica

Key Takeaways

What is an example of a partners that you have worked with? What worked well and what was your primary challenge?



One participant works with the [Minnesota Immunization Networking Initiative \(MINI\)](#) formed by group of nurses passionate about vaccinating against influenza in the Minneapolis metro area. This group works with the health department to identify regions in the city with the lowest influenza vaccine coverage. The organization works as an intermediary between the health department and trusted community-based organizations (CBO) (such as faith-based organizations, community centers) located in these areas with low vaccination. The group brings clinical expertise and communication strategies to encourage immunization uptake. The primary challenge the jurisdiction noted was documenting the partnership beyond basic quantitative metrics. In response to this challenge, the immunization program developed a standardized list of five open-ended questions to better capture the organization's work in the field. The program also worked with students in a research methods course to code the data gathered and identify key themes for reporting purposes.

“There were simple metrics to capture such as, how many vaccines were delivered, but capturing the unique qualitative information was something I wanted to do. None of the vaccines would not have gotten ‘into arms’ without the unique relationship building that happened.” – Member from Minnesota



The immunization program from North Dakota partnered with an organization that had no experience contracting with a state health organization and the associated administrative oversight. In an effort to ease reporting burden, the member held a bi-weekly meeting to gather data from the partner and report on the partner's behalf. The immunization program also shared the challenge that some partners didn't have the required startup funds required to work with the state. The health department was able to approve upfront funding for partners so these organizations could get to work without the need to independently secure startup funds.

"[Establishing upfront funding for partners] was a lot of work that I wasn't anticipating! But now that we have the work done, I think it is going to open a lot of doors for us and allow us to secure non-traditional contractors." – Member from North Dakota



The group discussed the complexities of working with communities that have multiple levels (federal, local boards) of approval to formalize partnerships. For example, one immunization program experienced approval challenges when applying for funding to promote routine pediatric vaccinations on tribal lands. The group highlighted the use of tribal health liaisons to promote and coordinate vaccination with tribes as a promising solution.

What topic would you like to focus on in a future meeting?

Participants identified health equity/engaging non-traditional partners and building local coalitions as two topics of interest.

Next Steps and Action Items

1. Select specific partner and activity scenarios for discussion, that we did not get to today.
2. Align on the types of resources or tools you want to focus on for the next session.
3. Identify a volunteer to share a successful experience addressing challenges stated.

Next Meeting: March 28 at 3:00 pm ET



1-A. CBOs serving communities with low vaccine coverage

Description of Partnership

Please think of a specific partnership related to the priority above. Think about bright spots and challenges you experienced with this partnership. If you'd like to share your example with others, the facilitator will take notes using the template below.

Partner Description	Activities and Objectives	Partnership Successes	Primary Challenge Encountered
<ul style="list-style-type: none"> MINI CBO conceptualized by dynamic nurses passionate about addressing influenza vaccination disparities. 	<ul style="list-style-type: none"> Complemented LHD's relationships to get deeper into communities. Eliminating Health Disparities annual grant program Hoped to see growth from pre-covid partnership Nurses sent to each site where community was gathering to understand who the messengers were; 	<ul style="list-style-type: none"> Nurses brought clinical expertise but worked with CBOs to make sure community informed all other aspects of clinic. Faith-based leaders ministering onsite. Customization of flu clinic to reflect community Language of comms materials informed by CBOs found by MIN 	<ul style="list-style-type: none"> Documentation Large number of moving pieces Simpler metrics, e.g. counts were OK Qualitative description of activities, accomplishments, lessons was harder How might we frame a set of qualitative questions to draw out the right stories of our partnerships

Strategies

Now think about the strategies you used to address the challenge above. As you describe your strategies, the facilitator will take notes on sticky notes below. Others who have faced similar challenges can contribute ideas using their own sticky notes.

Historical templates focused on process and output metrics. MINI focused on trusted community influencers. To adjust, used open-ended prompts. Created 9 broad qualitative questions to emphasize stories.	Used students to perform coding analysis on open-ended responses	Used bi-weekly meetings to take care of reporting in small chunks	Worked with accounting, auditing, finance offices to simplify needs, e.g. help orgs to get started that couldn't afford reimbursement-based grant. Secured up-front funding to get work off ground



2-A. Wild Card

Description of Partnership

Please think of a specific partnership related to the priority above. Think about bright spots and challenges you experienced with this partnership. If you'd like to share your example with others, the facilitator will take notes using the template below.

Partner Description	Activities and Objectives	Partnership Successes	Primary Challenge Encountered
<ul style="list-style-type: none"> Native American Org not familiar with reporting requirements 	<ul style="list-style-type: none"> Increase rates for routine immunizations Want to get more funding into tribal land 	<ul style="list-style-type: none"> TEXT 	<ul style="list-style-type: none"> Layers of approvals needed Tribal leadership Federal agency leadership (public health, clinic, tribal chairman, federal)

Strategies

Now think about the strategies you used to address the challenge above. As you describe your strategies, the facilitator will take notes on sticky notes below. Others who have faced similar challenges can contribute ideas using their own sticky notes.

Build on relationships with tribal boards	Hire tribal health liaisons with additional funding	Train liaisons on immunizations (new partnership)	

Link to Mural board:

<https://mathematica.mural.co/t/health9191/m/health9191/1645110418876/427b50b7c8cf31f05a473a97de5e7a658bf5f29d>

Meeting Overview

At the start of the meeting, the facilitator shared the CDC's *Success Framework for Adult Immunization Partner Networks* resource. Next, to recap the previous meeting, the facilitator summarized three partnership engagements shared in February. The immunization program from Minnesota expanded on one of the strategies it used to collect qualitative data from its partner. The immunization program shared a work plan and progress reports for influenza grantees. Specifically, the coordinator demonstrated how a simple format prompting partners to report challenges and successes allowed her to capture rich qualitative data.

The facilitators asked participants to agree on a description of “non-traditional” partners before transitioning to a group discussion about jurisdictions’ current and desired non-traditional partners (Exhibit 3). The meeting concluded with example supporting resources and a poll to identify future meeting topics.

Participants:

Name	Role	Jurisdiction
Abbi Berg	Vaccines for Children Program Manager	North Dakota
Angie Lewis	Grants Management Specialist	Philadelphia
Annie Fedorowicz	Adolescent and Adult Immunization Coordinator	Minnesota
Carmen Combs	Health Equity Project Manager	Kentucky
Marcellina Lopez	Health Program Manager	Arizona
Melissa Haig		Wisconsin
Sai Teja Paruchuri	Vaccine Specialist	Oklahoma
Tammy Wenz	Community Health Nurse	Nebraska
Dr. Diadra Biles	MAP Project Manager	AIM
Katie Palmer	CDC Public Health Associate	AIM
Emily Less	Consultant	AIM
Dave Yeh	Scribe	Mathematica
Kathleen Kraus	Facilitator	Mathematica

Key Takeaways

For a full list of non-traditional partners raised in the discussion, please see the Mural Board in Exhibit 3.

What non-traditional partners does your jurisdiction work with (or has worked with in the recent past)?



State athletic associations. In addition to pursuing other partnerships with adult-focused athletic organizations, Kentucky partners with the Kentucky High School Athletic Association. The Association hosts an annual playoff tournament for high school-aged students that draws an audience of 15,000-20,000 spectators. At this event, the Association broadcasted a vaccine confidence message on the jumbotron to promote vaccine uptake.



Organizations supporting people experiencing homelessness. North Dakota partners with various organization types such as libraries, missions, soup kitchens, and shelters to increase Hepatitis A and COVID-19 vaccination rates in homeless populations. The immunization program works through health departments at the county level and noted a variation in willingness to partner at this level. In general, larger cities were more receptive than less populated counties.



Metro Transit. In the state’s metropolitan areas, Minnesota partners with public transportation services to reach homeless populations for vaccinations. Caring for homeless residents is a shared goal given some look to transportation as respite from the extreme cold, especially when shelters or other alternatives are at capacity.

Because ridership was down due to COVID-19, some buses and trains were out of service. The immunization program collaborated with metro transit to create mobile vaccination units on out of service buses. This allowed the immunization program to offer vaccines to communities with fewer opportunities to receive the COVID-19 vaccine.



Campus Services. Arizona partners with the University of Arizona campus services to support vaccination of adults on campus and facilitate mobile clinics. While the relationship was forged as a result of the COVID-19 pandemic, the immunization program hopes to continue this partnership to increase other immunizations.

What non-traditional partners would you like to formalize a relationship within the next year?



Pharmacies. Arizona shared interest in working with more pharmacies and sought to understand how other jurisdictions collaborate with pharmacies. The immunization program cited lack of funding and coordination challenges with large retail pharmacies as two barriers to the partnership.

Annie (Program Coordinator, Minnesota) shared her expertise on engaging pharmacies as vaccination partners and suggested several pharmacy-focused partners to consider:

- **Board of pharmacy.** Minnesota works directly with the executive director. The program has leveraged the board’s surveyor programs to understand how it regulates pharmacy practice on immunization. This allowed the state identify opportunities introduce best practices and standards to close gaps in adult immunizations. The board can communicate directly with every licensed pharmacist in the state.
- **State pharmacy associations.** Minnesota also engages with the American Pharmacists Association (APA) which has local chapter in most states. The immunization program attends, presents, and offers trainings on practice-related issues at conferences and has established relationships with its leadership.
- **Accredited college of pharmacy.** In Minnesota, the University of Minnesota is the only accredited college of pharmacy in the state and the program coordinator teaches a course on immunization at the university as part of the vaccine delivery curriculum. Students from the university provided vaccines at the height of the COVID-19 vaccinations.
- **Long term care pharmacists.** As a result of COVID-19, the program’s coordinator is connecting with this subset of pharmacists and hopes to expand the program’s engagement with long term care pharmacists.

Next Steps and Action Items

1. Set a goal to engage with a non-traditional partner, either with an existing partnership or by forging a new partnership and come prepared to share the action taken at the next affinity group meeting.
2. Email the CDC at adultvaxconsult@cdc.gov by **Friday, April 1** to volunteer to participate in the pilot for the Success Framework for Adult Immunization Partner Networks!

Next Meeting: April 25 at 3:00 pm ET

Exhibit 3: Mural page

1 Naming non-traditional partners

1a. What non-traditional partners does your jurisdiction work with (or has worked with in the recent past)?

DOC (Department of Corrections)	state athletic association	Drug treatment programs	City Mission
CBOs that serve BIPOC communities	Jail health contractors	U of A Campus services and mobile clinic	Libraries/missions/ soup kitchens and shelters
MCH programs like WIC, FHV, etc	Metro transit	Long-term care organizations	Passport health
School districts	College of Pharmacy	LTC vaccinators	
MN Perinatal Quality Collaborative	YMCA youth programs	FFA and rural youth led orgs	

1b. What non-traditional partners would you like to formalize a relationship with in the next year?

Pharmacies	Trying to get salons and barber shops	Long Term Health Facilities	Homeless shelters
Libraries	College/campus partners		
Tribes, tribal health & IHS			
Religious Organizations/ Leaders			

Link to Mural board:

<https://mathematica.mural.co/t/health9191/m/health9191/1646929154710/47dd9341add82e57b873eecbd850728ba57394c?sender=u7e123fcbb1affb07d1d39975>

Building Coalitions – April 25, 2022

Meeting Overview

This meeting focused on strategies immunization programs implement to build coalitions and the successes and barriers they have faced in their own coalition building experience. The facilitator provided a recap of the previous meeting and continued the discussion by conducting a poll to better understand current non-traditional partners and partnerships of interest in the near term. Next, the facilitator led a group discussion on coalition building and membership experience, including successes and barriers (Exhibit 4) where immunization programs also shared their future goals. The meeting concluded with the facilitator providing resources related to developing and maintaining coalitions.

Participants:

Name	Role	Jurisdiction
Marcellina Lopez	Health Program Manager	Arizona
Carmen Combs	Health Equity Project Manager	Kentucky
Tammy Wenz	Community Health Nurse	Nebraska
Aley Cristelli	Health Equity Project Manager	Oklahoma
Sai Teja Paruchuri	Vaccine Specialist	Oklahoma
Rachel Azanleko-Akouete	Public Health Nurse	Wisconsin
Dr. Diadra Biles	MAP Project Manager	AIM
Katie Palmer	CDC Public Health Associate	AIM
Monica Mayer	CDC Public Health Associate	AIM
Lauren-Ashley Daley	Scribe	Mathematica
Kathleen Kraus	Facilitator	Mathematica

Key Takeaways

For additional coalition resources, please see slides (slide 13).

What has been your experience with immunization-focused coalition building?



States expressed a range of coalition experience. In Wisconsin, the state has multiple coalitions that are both locally and regionally focused such as the Dane County Immunization Coalition. This coalition was operating prior to the COVID-19 pandemic and worked closely with the state on community outreach initiatives. Arizona is part of a non-profit statewide coalition known as The Arizona Partnership for Immunization (TAPI), which has been in place for nearly 30 years. Other states shared that they are in the early stages of thinking about building or joining coalitions.



Examples of coalition members:

- Community health departments
- Large healthcare provider organizations
- Payers (e.g., BlueCross, BlueShield, Managed Care Organizations)
- Agencies that work with Medicaid
- Well-connected retired doctors
- Fire departments
- Private foundations

What are the characteristics of a successful coalition?



Arizona's TAPI has been operating for nearly 30 years and has grown to over 400 members. The coalition began with a clear mission to improve the rates of fully immunized two-year-old children in the state. Presently, the coalition is working towards a goal of having 90% of age-appropriate immunizations for two-year old children by their second birthday by 2030. The coalition meets every other month, and the meetings are community-focused. Additionally, TAPI is staffed by funded positions and engages in fundraising to support their activities, including funds to pay staff.

What challenges have you faced when engaging, building, or maintaining a partnership with a coalition?



Attendees identified that **maintaining consistent engagement** with coalition partners is a significant challenge. One immunization program noted that at the formation of the coalition, there is buy-in and interest from partners, but that excitement fades over time and it is challenging to sustain initial momentum.

Immunization programs also discussed the challenge of **balancing competing priorities**. As an active member of several coalitions, it can be difficult to give time to these additional tasks while also managing other required program manager duties. There also may be limited flexibility to manage tasks since prioritization often times is determined by leadership.

What are your short-term and long-term goals for engaging, building, or maintaining a partnership with a coalition?

One attendee shared their short-term goal would be to learn more about the coalitions their department already has in place. Another attendee shared their short-term goal is to deploy a survey to providers to define current barriers to immunization messaging. Their long-term goal is to analyze the data and develop strategies with their coalition to overcome barriers identified in the survey data.

Next Steps and Action Items

1. Consider what questions you have about engaging, building, or maintaining partnerships with coalitions and come prepared to discuss with your peers.
2. Email Kathleen (kkraus@mathematica-mpr.com) if you'd be willing to spotlight a non-traditional partner you are working with at a future affinity group.

Next Meeting: May 23 at 3:00 pm ET. An Immunization Branch Manager from Kentucky will share lessons learned on Kentucky's Memorandum of Agreement with statewide non-profits to build vaccine confidence coalitions.

Exhibit 4: Mural page



SUCCESSIONS

What are the characteristics of a successful coalition?

E.g. Transparent decision making	Having a purpose and mission	having clear goals and objectives	Providing rules
Allowing coalition to define goals and objectives	Community led	Include Community Partners	Identifying the problem
Setting schedule for meetings	Assign action items		

CHALLENGES

What challenges have you faced when engaging, building, or maintaining a partnership with a coalition?

E.g. Time required to maintain the coalition	Continued engagement		Getting away from having a political focus
logistics of meetings		Being pulled for too many directions	

Link to Mural board:

<https://mathematica.mural.co/t/health9191/m/health9191/1650032227692/fd51552b3303fc7781b7fa620d46d5e20d876184?sender=u7e123fcbb1affb07d1d39975>

Building Vaccine Confidence Coalitions – May 23, 2022

Meeting Overview

This meeting featured speakers from Kentucky’s immunization program and their experience developing a statewide vaccine confidence coalition. The presentation was followed by a Q&A session, a discussion around promoting health equity in coalitions and partnerships, and a poll on affinity group feedback.

Participants:

Name	Role	Jurisdiction
Emily Messerli	Program Manager	Kentucky
Amy Herrington	Clinical Nurse Educator	Kentucky
Carmen Combs	Health Equity Project Manager	Kentucky
Annie Fedorowicz	Adolescent and Adult Immunization Coordinator	Minnesota
Sai Teja Paruchuri	Vaccine Specialist	Oklahoma
Rachel Azanleko-Akouete	Public Health Nurse	Wisconsin
Katie Palmer	CDC Public Health Associate	AIM
Katelyn McCullough	CDC Public Health Associate	AIM
Lauren-Ashley Daley	Scribe	Mathematica
Kathleen Kraus	Facilitator	Mathematica

Key Takeaways

Presentation with Emily Messerli, Immunization Branch Manager; Dr. Amy Herrington, Clinical Nurse Educator; and Carmen Combs, Health Equity Project Manager from the Kentucky Department of Public Health

Who were Kentucky’s key partners in the Vaccine Confidence Coalition?

Population	Partners
Provider associations	Hospital Association, Nurse Association, and Physician Association
Professional organization	American Academy of Pediatrics
Family organizations	Kentucky Voices Foundation for a Healthy Kentucky
Schools	Department of Education
Athletics	Kentucky “Sweet 16” basketball tournament
Providers	FQHCs

What factors facilitated the coalition?

Leadership Buy-in. At the senior executive level, there was a close partnership between Kentucky’s Governor and Health Commissioner, which helped foster interest and connections among other staff.

Established roles. The immunization program provided subject matter expertise on the vaccine content. The partners were responsible for taking the messages into the community and creating the coalition materials to share across media platforms.

Unified messaging. With all partners in agreement, the coalition was able to send a unified message to the public. Coalition members ensured materials were co-branded to support a collective message delivery (Exhibit 5). Local public health agencies could also add their own branding to media materials.

Supportive culture. Coalition partners relied on each other to share tasks and resources. For example, when the state asked a partner to develop materials, the partner was able to take on this task. Additionally, the state developed materials in languages for refugee populations per a partner’s request.

What are some lessons learned when implementing Memorandum of Agreements (MOAs)?

“Everybody is interested in public health. Everyone wants to sit at our table. That has been what has helped us... [identify] who wants to partner with us.”

Expand on coalition membership through existing member connections. The state used their individual networks to identify additional members. Membership continued to grow as each member drew in new members.

Leverage interest to select responsive partners. As a result of the public health emergency, Kentucky’s immunization program has seen a surge of interest in vaccination related topics from both community and non-profit partners. The state used this platform to identify partners that sought to be actively engaged on shared interests.

A = Agreement. The immunization program recommended that peers be transparent with partners about the fact that the MOA’s purpose is to set ground rules for the partnership and described it as a workplan. At the same time, the immunization program was clear that an MOA is not a legally binding document and distinct from a formal contract but is a step towards a formalized partnership.

Emphasize trust and transparency. The immunization program underwent multiple levels of reviews and revisions across agencies and organizations to secure MOAs over a several months process. The program manager recommended being open with communication, embrace revisions to the agreements, and ask questions, which together will build trust and stronger relationships between the immunization program and coalition members.

Coordination and collaboration. The Office of Health Equity partnered with the immunization program and helped identify partners who could bridge gaps in reaching the state’s entire population. For example, two large non-profits that cover the opposite regions of the state are required in their contracts to collaborate with one another and coordinate the smaller organizations in their area.

What are some practices you’ve established for developing partnerships?

- Facilitate connections between organizations who may need additional funding or grassroots organizing
- Host ad hoc meetings to support partners and answer questions, provide feedback and build partner capacity
- Hold weekly meetings with procurement office and develop checklists to monitor progress
- Attend weekly meetings with providers to share updates and data
- Develop pre-approved materials containing data that can be shared readily with partners to support vaccine confidence

“The positive relationships up front will make them want to return for future partnerships!”

Next Steps and Action Items

1. Reflect on the discussion about coalitions and consider how the lessons Kentucky learned could apply to your immunization program.
2. Consider specific questions you have for next month's meeting on partner highlights.

Next Meeting: June 27 at 3:00 pm ET. Topic will focus on engaging with tribal communities, long-term care facilities, and colleges and universities.

Exhibit 5: Example of Co-Branded Media

