**Topic Overview**

With this Playbook, the Healthcare Leadership Council (HLC) strives to help healthcare providers, community leaders, and elected officials by sharing a compilation of COVID-19 vaccination-related best practices. Practices were derived and shared by HLC members; they also include insights from interactions between HLC regional directors and community leaders throughout the country.

— Learn how healthcare industry leaders developed effective strategies to accelerate COVID-19 vaccination rates.

— Understand approaches used to move vaccine-skeptical populations to higher rates of vaccination.
A playbook for implementing current best practices

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Introduction

When the COVID-19 pandemic hit the United States in early 2020, the healthcare sector leapt into action. Members of the Healthcare Leadership Council, premier companies from virtually all sectors of American healthcare, immediately rose to the challenge.

More than a year later, these healthcare industry leaders have fought COVID-19, developed several novel vaccines, and deployed a nationwide vaccination effort that by July 2, 2021, had significantly contributed to administering at least one dose to about 67% of the adult population and fully inoculated approximately 156 million (47%) American adults. Their combined efforts curbed both hospitalizations and deaths from COVID-19.

These medical providers, insurers, health information technologists, and others tended to COVID-19 patients in hospitals and other settings while also testing countless citizens for the virus. By the end of 2020, U.S. pharmaceutical firms had discovered, developed, produced, obtained FDA authorization for, and deployed millions of doses of two vaccines, with other vaccines since coming on line—a cycle that normally takes a decade or more for a single vaccine.

Each leading healthcare organization in each healthcare sector has derived learnings from its experience in its lane—whether hospitals, physician practices, laboratories, health IT firms, biopharmaceutical or medical device manufacturers. When the COVID-19 pandemic struck, these organizations moved rapidly in developing best practices and laying the groundwork for the FDA’s emergency use authorization of vaccines. Their efforts have provided a range of successful strategies and tactics, and these approaches are helping us move closer to the goal of COVID-19 immunity.

What follows is a compilation of COVID-19 vaccination-related best practices that HLC members have derived and shared. The effort follows HLC’s meeting in early 2021 with Andy Slavitt, the former Centers for Medicare and Medicaid Services (CMS) administrator who advised the Biden administration on COVID-19 response. Slavitt shared his belief that a multisectoral organization like HLC could have a significant impact on vaccination outreach. Such an undertaking could not come at a better time. The three U.S.-authorized vaccines have seen their initial vaccination surge hit a plateau. This is not unexpected. We already know that many Americans eagerly awaited their opportunity to be inoculated, while others harbored hesitation and needed more information and motivation.

The best practices in this report will help move COVID-19 vaccination toward a level that will allow a full return to normal life. They are organized below under five categories: building trust in novel COVID-19 vaccines, getting vaccination shots in arms despite vaccine hesitancy or other barriers, helping healthcare providers do their jobs in the massive vaccination effort, putting data analytics and real-time data to effective use in vaccination efforts, and getting healthcare employees to choose vaccination for themselves.

These best practices should also be applied toward efforts to recover the sharp declines in recommended vaccination rates caused by the pandemic. With a drop greater than 60 percent in measles containing vaccines for children ages two to eight years old and an over 60 percent drop in HPV vaccination rates among adolescents ages 9 to 12 years old from March to May of 2020 when compared to the same period in 2018 and 2019, the potential for illness and death caused by other vaccine-preventable diseases and conditions is significant. The Centers for Disease Control and Prevention (CDC) has issued a call to action to partners, and leading organizations can play a critical role in protecting public health from the threat of outbreaks even beyond COVID-19.

The Healthcare Leadership Council is pleased for the opportunity to collect this information and to share the lessons its members have learned in such a consequential effort.
Building Trust

Addressing Vaccine Education, Access, and Hesitancy

**Trusted messengers**
- Case managers
- Community leaders
- Cultural brokers / cultural liaisons
- Healthcare professionals
- Medical authorities (federal to local)
- Pharmacists
- Public figures
- Religious leaders

**Trusted locations**
- Community clinics
- Drive-through vaccination sites
- Mass vaccination events
- Mobile vaccination teams
- Support of community programs near vaccination sites

**Trusted messages**
- Accessible, multichannel communications
- Amplification of trusted voices
- Informed approaches
  - Engagement models
  - Research-driven
  - Targeted
- Multilingual, targeted education materials
- Resources that address vaccine hesitancy
- Spotlights on personal stories
- Supporting partnerships to broaden media reach
- Vaccine appointment assistance

**Trust in vaccines**
- Representation in clinical trials
- Robust, accessible vaccine education materials
- Safeguards to ensure vaccine safety
Building Trust

**Reaching the milestone of sufficient vaccination levels** and herd immunity—and a return to normalcy—hinges on enough Americans gaining immunity to COVID-19. And vaccine uptake depends on sufficiently high levels of the population trusting that the vaccines being administered are both safe and effective. That trust must be earned, and every arm in which a COVID-19 vaccine is injected gets our country that much closer to that goal.

HLC members have made concerted efforts and devoted significant attention to developing and executing strategies to inform the public, assure the hesitant, and move to action those who are persuadable.

The first objective is to earn the public’s trust in the safety and efficacy of the COVID-19 vaccines that the Food and Drug Administration has authorized. Achieving trust in the vaccines is something of a victim of biopharmaceutical innovators’ success. It usually takes a decade or more to develop and make a single vaccine available; we have hundreds of COVID-19 vaccine candidates in development and three cleared by FDA as safe and effective in under one year’s time. The companies went by the book, while Operation Warp Speed helped derisk proceeding with preparations for manufacturing and distributing the vaccines as soon as clinical trials were successfully concluded. Additionally, messenger RNA technology isn’t widely known. These factors weigh into how to build trust in these vaccines.

Building trust among skeptical or otherwise hesitant individuals, including those in minority, ethnic, rural, or other communities, requires best practices involving trusted messengers and locations along with informed messages—including information about the new vaccines and why they are safe and effective. Building trust will need to consider how to build and sustain education about the value of all vaccines.

**Trusted messengers**

Reaching minority and other underserved populations in ways and places and with voices these communities trust is a central focus of many healthcare organizations. For example, the Marshfield Clinic Health System has promoted vaccination against COVID-19 through public service announcements in the media. They are designed to reach immigrant communities, tribal nations, and migrant agricultural workers. M Health Fairview engages trusted individuals from the same ethnic communities for outreach about vaccination. “Cultural brokers” know the culture and the community, can interpret the language, and can effectively share reliable information about COVID-19 vaccines through direct outreach and assistance. Blue Cross and Blue Shield of North Carolina (BCBS-NC) has its case managers directly contact those whom it insures to inform them about COVID-19 vaccination, answer their questions, and provide vaccination location and sign-up information. Premier, which provides strategic insights to hospitals and health systems, tailors messenger and message for reaching specific populations with information about COVID-19 vaccines. This involves having someone with the same background, a medical authority, or a faith-based or popular public figure.

**Effective COVID-19 vaccination messages use a customized What, Who, Where, and How approach to reach target audiences. These strategies:**

- base messages on survey data and/or deep knowledge of a specific community (What)
- engage trusted sources such as healthcare providers, pharmacists, and local leaders to endorse the messages (Who)
- deliver messages at specific locations or to targeted media channels (Where)
- invite further dialogue around vaccine hesitancy or logistical barriers as well as providing “next steps” to those ready to take action (How)
associations on a public service announcement campaign geared to people’s personal motivations for getting vaccinated; the campaign directs individuals to trusted CDC and FDA resources, and communications are produced in English and Spanish.

Similarly, CVS Health leverages the facts that pharmacists have high credibility with patients and that more than 40% of its pharmacists and 50% of pharmacy technicians are of racial or ethnic minority communities. These professionals email and text customers from vulnerable communities to encourage COVID-19 vaccination, address hesitancy concerns, and share vaccine safety and efficacy details. Mt. Sinai Health System has provided staff members as speakers at community events and supplied flyers and handouts geared toward various audiences. Advocate Aurora Health developed COVID-19 vaccination PSAs featuring doctors, minority leaders, and other trusted individuals. It also stages virtual community conversations on vaccine topics.

Cardinal Health demonstrated the value of utilizing local cultural icons. Cardinal partnered with Ohio State University Athletics to create public service announcements focused on the importance of vaccines. The PSAs featured prominent Ohio State personalities to appeal to those diverse Ohio communities with lower vaccination rates. The company also coordinated multiple vaccination clinics with OSU Wexner Medical Center and had former Ohio State linebacker Joshua Perry on hand to help the cause.

**Trusty locations**

 Providing familiar, convenient locations for testing, screening, and vaccination constitutes a best practice in building trust with the hesitant. For example, early in the pandemic, Atrium Health deployed mobile units to underserved neighborhoods for COVID-19 testing. These units didn’t require appointments. This approach closed the gap in COVID-19 testing within weeks for Blacks and Hispanics by testing some 30,000 individuals. Now, the mobile units provide vaccines. Atrium advises taking multiple approaches to vaccination in order to achieve equitable distribution: mass vaccination events, mobile vaccination teams, community clinics, and drive-through vaccination sites. These include scheduling free-transportation days in vulnerable communities.

New York-Presbyterian arranged a mass vaccination site, prioritizing 60% of underserved communities in Northern Manhattan and the South Bronx. Similarly, Marshfield Clinic sponsors community-based vaccination clinics. Texas Health Resources partners with local clinics, health centers, and medical ministries for providing COVID-19 vaccine information and vaccine administration.

Supporting community programs, often at or near locations for vaccination, also helps build trust. BlueCross BlueShield of Tennessee has supported community food banks and sponsored vaccine information in minority communications. Healthcare distributor AmerisourceBergen’s foundation has made sizable donations to community organizations, including 28 Boys and Girls Clubs in four states, helping break down barriers to valid information about COVID-19 vaccination.

**Informed approaches**

Tivity Health conducted survey research among seniors in its SilverSneakers program, half of whom reside in rural areas. This yielded valuable information regarding their attitudes about vaccination for COVID-19. For example, primary care providers, health plans, and pharmacists are most influential with this group and CDC is the most trusted public authority. Concerns ahead of vaccine authorizations were about out-of-pocket costs, speed of vaccine development, and potential side effects. Most (84%) preferred vaccination at their doctor’s or the drugstore (60%). However, by February, many (43%) had gone to a mass vaccination site. As 68% of respondents were more likely to get vaccinated if the CDC recommended it and at least 80% had been vaccinated for flu or pneumonia, this information recommended well-targeted messaging in materials, public Q&A sessions with medical experts, and use of phone hotlines.

SCAN Health Plan’s initiative to build vaccine trust involves targeted outreach. Its surveys found that 71% caregivers in racial and ethnic minority communities harbored safety concerns about the vaccines. SCAN has conducted town hall meetings for Black audiences in local churches, involving respected leaders of the Los Angeles area AME churches. The health plan has held Tele-Talks for Black and Hispanic enrollees in SCAN’s Medicare Advantage plan. These programs featured minority medical professionals speaking about the vaccines. The events were widely attended, with 30,000 Black and Hispanic individuals participating in a Tele-Talk session; events directed at Hispanics were conducted in Spanish. In addition, as of August 2021, SCAN placed 95,000 telephone calls (15k outreach calls, 80K robo calls) to the targeted population members. Caregivers were also a priority for outreach to help overcome patients’ vaccine hesitancy.

36,000

Number of targeted telephone calls made by SCAN Health Plan.

SCAN surveys revealed 71% of respondents in racial and ethnic minority communities had safety concerns about the COVID-19 vaccine.

Milwaukee-based Advocate Aurora Health developed a COVID-19 vaccine plan centered on an engagement model that stresses social impact and shared benefit from vaccination. The plan’s underlying principles include equity, local context, both internal and external partnerships, and fostering relationships, trust, and respect. This trust-based approach employs a vaccine education framework that focuses on four target audiences: clinicians; minority patients; community members; and its partners in community, faith, and business organizations. The plan customizes key messages, delivery channels, and key considerations for each audience. For instance, Black and
Hispanic audiences receive information addressing vaccine hesitancy in a culturally nuanced manner; phone calls and mail are preferred over emails with these groups. Translation services and accessibility to vaccination sites are considerations for its minority-directed vaccination educational and administration initiatives. Premier has adapted previously successful strategies employed for other vaccines’ uptake.

Trust in vaccines
Building trust in COVID-19 vaccines is one of the most critical aspects to ensure sufficient vaccine uptake. Vaccine innovator Pfizer selected investigator sites for COVID-19 vaccine clinical trials in diverse communities. This was especially important given that its and Moderna’s COVID-19 vaccines use novel messenger RNA technologies for prompting an immune response. The mRNA vaccines have proven to be safe and highly effective. Still, the public needs to feel confident in and comfortable with any new type of medical technology. Thus, Pfizer worked with trusted organizations such as the National Black Nurses Association to increase minority trial participation, achieving 30% of clinical trial participants from diverse backgrounds. The company says “increasing clinical trial diversity in terms of race, ethnicity, age, and gender across our entire research portfolio as a key scientific variable . . . enable[s] us to ensure that our study populations are reflective of the epidemiology of the diseases we strive to treat with our medicines.” Premier’s Safety Institute curates reliable information from credible sources, which may be consulted for building trust in vaccines. The material straightforwardly addresses concerns, rumors, and myths, as well as distinguishes between normal reactions to a vaccination and side effects such as anaphylaxis.

Pfizer worked with trusted organizations such as the National Black Nurses Association to increase minority trial participation, achieving 30% of clinical trial participants from diverse backgrounds.

Johnson & Johnson (J&J) has put multiple safeguards in place to ensure COVID-19 vaccine safety, and follows all guidelines from U.S. and international ethics boards for its clinical trials. These efforts are characterized by transparency and thoroughness. Redundancies for assuring vaccine safety involve several oversight layers, including the Janssen Research and Development team, J&J’s Global Medical Organization of medical professionals, and the independent Data and Safety Monitoring Board. These and other internal and external trial monitors, ethicists, and on-site overseers have followed precise study protocols. A dedicated website contains extensive information about J&J’s COVID-19 vaccine, with resources for both medical professionals and lay persons. Clearly marked safety information provides important details about allergic reactions and adverse events.

Moreover, the COVID-19 pandemic has significantly affected communities of color and older populations. J&J has ensured that these populations are included in the ENSEMBLE trials, which tested the Janssen vaccine, as study volunteers. Having a diverse and representative group of study volunteers as efficacy and safety are determined provides greater understanding of how differences such as age, race, and ethnicity may interplay with these measures. The ENSEMBLE Phase 3 and ENSEMBLE Phase 2 clinical trials have enrolled a diverse pool of participants globally. For example, the U.S. trial for the single-dose vaccine candidate includes 13% Black, 15% Hispanic, 3% Asian, and 34% age 60 and older study volunteers.

Trustworthy messages
Accessible, multichannel communications play an important part in supplying trust-building information about testing, treatment, precautions, vaccination, and other topics related to COVID-19. For example, Mt. Sinai Health System maintains a dedicated public website containing news items, FAQs, blogs, brief testimonial and informational videos, podcasts, and other on-demand content. These are intended for patients, caregivers, and others seeking to schedule vaccination appointments. Health system Atrium Health gears outreach to specific underserved population groups. It partners with trusted source organizations and individuals, who bring COVID-19-related communications to those groups, addressing reasons for vaccine hesitancy particular to each distinct population group.

City of Hope utilizes multiple means of communicating information about COVID-19 vaccination. These include regularly updated FAQs, a telephone hotline, monthly emails to patients bringing inoculation information, social media content, and blogs. City of Hope medical experts regularly provide mass media outlets, such as Reader’s Digest and The Healthy, with COVID-19 vaccination-related facts. Similarly, J&J produces and disseminates clear, accurate, scientific information about COVID-19 and its COVID-19 vaccine through multiple channels. For instance, J&J produces a video series, “The Road to a Vaccine,” which is available at JNJ.com and on Facebook, LinkedIn, and Twitter. J&J also produces a podcast, “COVID-19: The Nurse Response.”

BCBS-NC sends its members targeted emails about COVID-19 vaccination and promotes vaccination via recorded messages played while one is on hold, information on invoices, and a dedicated website. BCBS-NC has initiated a PSA campaign directed at Hispanic and Black audiences, addressing vaccine hesitancy and amplifying trusted voices. Taking on vaccine hesitancy directly uses many channels, including social media like LinkedIn and Twitter, as well as blogs. Posts range from debunking myths about COVID-19 vaccines, to testimonials like one of an intensive care patient who enrolled in a Phase 3 clinical trial, to an Army doctor getting vaccinated for COVID-19. Similarly, AmerisourceBergen delivers messaging designed for diverse communities about the importance of the vaccine. The company
works with its community partners and stakeholder groups in disseminating this targeted information.

**CVS Health** has produced bilingual educational materials about COVID-19 vaccination, geared to target audiences. **CVS** is a supporting partner of the Black Information Network, a commercial-free iHeart all-news channel that also provides news to AM and FM radio stations in the hip-hop, gospel, and R&B genres. Also, **CVS** has joined the Ad Council’s COVID-19 Vaccine Education Initiative. The Premier Safety Institute website has a section geared toward COVID-19 vaccine hesitancy. This part of the website contains elements specifically about the Pfizer, Moderna, and Johnson & Johnson vaccines and provides links to source materials that substantiate each statement. It provides highly credible information for medical professionals and others to use in communicating with vaccine-hesitant patients. For example, **Premier** answers concerns about the rapid development and approval of COVID-19 vaccines by explaining the robust standards the FDA required, the high levels of transparency in the clinical development and trial process, and the diverse makeup of clinical trial participants.

As part of its COVID-19 vaccine equity strategy, **Texas Health Resources** has produced informative collateral materials covering COVID-19 prevention and vaccines, as well as addressing vaccine hesitancy concerns. These awareness and education initiatives have focused on Black and Hispanic audiences. **Texas Health Resources** has distributed more than 30,000 pieces of material to community partners, along with providing digital and online availability. Community outreach efforts and vaccination registration have included more than 30 registration events offering assistance getting vaccination appointments. **Advocate Aurora Health** provides vaccine hesitancy materials in English and other languages.
Shots in Arms

Focusing on Logistical Solutions for Places and People

Efficient, precise vaccine distribution
- Agile ancillary kit production
- Pilot projects to ID and remove roadblocks
- Public-private sector coordination
- Regional hubs and other strategies for underserved populations
- Task forces that integrate providers, pharmacies, and community partners

Proactive patient outreach, assistance, and opportunities
- Free transport to vaccine appointments
- In-home vaccination
- Mobile vaccine clinics
- Multifront approach to vaccine appointments
Shots in Arms

Getting vaccines injected into people’s arms at scale is clearly the top priority following the compression of efficient vaccine development, production, authorization, and distribution cycles into less than one year. This stage has involved multiple players filling different roles in a complex production that has hit critical milestones in rapid succession since the Pfizer and Moderna vaccines secured FDA authorization, followed soon after by the Johnson & Johnson vaccine. A number of best practices have enhanced efficiency and helped convince millions of Americans to become vaccinated against COVID-19.

While the numbers have been encouraging, those yet to be vaccinated are likely to have stronger concerns or face greater accessibility barriers. Key lessons learned include gathering information and designing outreach and educational efforts to address specific groups’ specific concerns. These involve: vaccine distribution; multipronged proactive measures to enable patients’ vaccination, such as convenient, familiar locations and free transportation; careful planning, preparation, and coordination to execute mass vaccination events; and outreach and assistance to a provider’s or plan’s own patients and members, such as senior citizens.

Efficient, precise vaccine distribution

Vaccine administration relies on efficient, effective distribution. This part of the national vaccination effort requires skill, precision, and diligent care. Because mRNA vaccines need ultracold storage, including in the warehouse, in transit, and at local vaccine administration sites, HLC members in the medical supply sector have provided expertise and services.

For example, Pfizer designed and employed a four-state pilot project for its novel COVID-19 vaccine. The lessons learned from the pilot project helped improve Pfizer’s distribution model throughout the country mitigating health disparities with respect to COVID-19 vaccination. McKesson, the U.S. government’s central vaccine and ancillary supplies distributor, closely coordinates with all levels of government, public health agencies, vaccine manufacturers, and medical providers to ensure the right amount of vaccine for each location’s stage of vaccine rollout. By April 2, 2021, McKesson had shipped 100 million doses to U.S. administration sites.

In addition to McKesson’s ability to meet complex, ever-changing logistical requirements, the company also assembles the ancillary supply kits that accompany each dosage. Kit assembly began in the fall of 2020, during Phase 3 clinical trials, so McKesson could get ahead of schedule for kit production, storage, and shipment. When the FDA recommended additional dosages per vial of Pfizer’s vaccine, McKesson could quickly adjust, retrofitting kits already assembled for 5 doses/vial to 6 doses/vial. This adjustment occurred in less than a week, and the entire supply of kits was retrofitted in less than a month. Preparations for adjusting ancillary kits for an increase in Moderna’s dosage per vial were ready when the FDA approved this change April 1.Supplying vaccines to underserved populations began in December, when McKesson started with largely rural independent pharmacies in the Health Mart network. The company first supplied pharmacists in four states and scaled up distribution from there through this channel.

Cardinal Health serves as a vaccine network administrator for the CDC, enabling independent retail, small chain, and long-term care pharmacies in widely dispersed, outlying parts of the country to reach citizens with COVID-19 vaccines. As of September 1, 2021, the Cardinal Health Vaccination Network had allocated over 3.5 million doses of vaccine to more than 3,500 enrolled pharmacies. Cardinal Health’s OptiFreight logistics unit has successfully delivered COVID-19 vaccines, same-day, to 350 locations in all 88 Ohio counties.

AmerisourceBergen and its network of Good Neighbor Pharmacies have also served as a vaccine network administrator as part of the Federal Retail Pharmacy Partnership Program. More than two million doses of COVID-19 vaccine have been distributed to roughly 1,600 member pharmacies, 50% of which service highly-indexed socially vulnerable populations. AmerisourceBergen has also

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100 million

Number of COVID-19 vaccine doses shipped by McKesson to U.S. administration sites by April 2, 2021.
recently partnered with the state of California to redistribute the Pfizer-BioNTech COVID-19 vaccine. This collaboration enables small public and private physician practices enrolled in the state’s COVID-19 vaccination program to access smaller minimum quantities of the vaccine. Marshfield Clinic Health System has served as a regional hub for vaccine distribution, making its storage facilities available, thus ensuring available supply.

To support providers’ equitable vaccine distribution, SCAN Health Plan formed a provider integration task force, including provider organizations, pharmacies, and community partners. The task force relays data to medical providers about specific patient characteristics, such as chronic conditions, low-income subsidy, homebound, race, ethnicity, and language spoken. It also communicates vaccine distribution approaches providers find effective in specific patient communities.

**Proactive patient outreach, assistance, and opportunities**

Convenience and familiarity, along with a friendly offer of assistance, are making a difference. For example, SCAN Health Plan identified, through member and caregiver surveys, that patients found scheduling vaccination appointments on various websites to be overly challenging. SCAN has responded with a multipronged approach—phone calls, a vaccine hotline, appointment assistance, transportation arrangements, and delivering meals and supplies.

Best practices in vaccination strategy include overcoming logistical barriers. Minnesota-based Fairview Health Services has operated a mobile flu vaccination program (which in 2020-21 administered about 6,700 flu vaccinations at 105 events in minority neighborhoods) for 15 years. Fairview adapted this mobile vaccinations model to COVID-19 vaccinations. By April 2021, it had administered 7,457 shots at 41 pop-up events; 81% of those vaccinated were minorities, 28% were uninsured, and more than half spoke a language other than English. These mobile COVID-19 vaccine clinics occur where convenient for local residents, generally where they live, work, and worship. They are also held when convenient, including after work hours and on weekends. Messaging about these events trumpets the fact vaccinations are free. Sites have included churches, parks, a Catholic Charities homeless center, and the Mexican consulate. BCBS-NC overcomes transportation barriers by joining with the state transportation department, ride-sharing service Lyft, and United Way in setting up a dedicated telephone number for low-income residents needing free transportation to and from COVID-19 vaccination appointments. RIDE UNITED NC serves seniors, the uninsured, minorities, and the unbanked statewide.

In a similar vein, SSM Health has brought vaccination directly to Wisconsin communities. The organization has teamed up for a vaccine clinic with the Urban League of Greater Madison and Black firefighters, gone on site at schools to vaccinate educators, and headed to an area known for its tourism—and water slides.

SCAN Health Plan initiated sending emergency medical technicians to homebound patients, and has worked with the state health department to vaccinate the homeless as well as those in nursing homes and adult day care facilities. Additionally, it has supported vaccination at Black community locations, such as AME churches.

MemorialCare Health System adopted a strategy early on of meeting patients where they live. MemorialCare leaders worked directly with school districts, community colleges and cities to identify unique community needs. Much of this work focused on addressing health inequities of underrepresented and underserved communities of color disproportionately impacted by the pandemic. MemorialCare set up pop-up clinics at churches and community centers close to neighborhoods with the greatest need. Also, partnering with organizations like NAACP, Latino

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**141,454**

Number of fully vaccinated patients* to date due to Texas Health Resources’ mission to serve and its partnership with area clinics, health centers, ministries with a medical facility, and faith leaders. Of the 141,454 fully vaccinated individuals, 3,949 are members of underserved communities.

*287,528 doses administered from January 1–August 3, 2021.
PRIORITIZING THE VULNERABLE: CVS HEALTH USES DATA TO DRIVE VACCINATION EFFORTS

Retail pharmacy chain leverages its resources and reach

CVS Health’s vaccination strategy incorporated CDC’s Social Vulnerability Index along with population density and demographic data.

In-store COVID-19 vaccination through March 2021
- 10 million doses administered
- 2,000 stores across 44 states
- 34% of appointments were with Black, Hispanic, or Native American customers
The chain plans to expand its in-store inoculation capacity to 25 million shots per month.

Long-term care and skilled nursing facilities COVID-19 vaccination (late December 2020 to mid-March 2021)
- 7.8 million COVID-19 vaccine doses administered
- 97% drop in COVID-19 cases
- 94% reduction in COVID-19 deaths

Additional outreach
- Mobile vaccine vans
- Community-based pop-up vaccination clinics
- Engagement with Lyft’s universal vaccine access campaign and local nonprofits to support rides to and from vaccination appointments

Health Access, and the Orange County Asian & Pacific Islander Community Alliance enabled trust-building in vaccine education, registration, and administration. Further, virtual and in-person education events with local elected leaders, school districts, business chambers, and churches played a key role in educating the community on the efficacy of vaccines.

By serving as COVID-19 vaccination sites, retail pharmacies have made vaccines more accessible across the country. CVS Health has modeled a robust strategy for vaccine education and proactive outreach, particularly to racial and ethnic populations in the communities CVS serves. CDC’s Social Vulnerability Index along with population density and demographic data guide CVS’s outreach prioritization, which is focused on underserved pharmacy patients, Aetna health plan members, and CVS Caremark members. These contacts involve providing information about the vaccines, vaccination options, and assistance making vaccination appointments. This vaccination outreach strategy leverages CVS’s contacts through local organizations and leaders, including nonprofits, health clinics, faith-based organizations, and the YMCA. It coordinates scheduling appointments and stresses the importance of getting inoculated. CVS Health administered 10 million doses through March in 2,000 stores in 44 states, with 34% of in-store appointments being with Black, Hispanic, or Native American customers. The chain is expanding inoculation capacity to give 25 million shots per month. Its seamless digital scheduling has led to high customer satisfaction with COVID-19 vaccinations.

Striving for convenience, CVS’s vaccination strategy extends well beyond the bricks and mortar of its pharmacies. CVS deploys mobile vaccine vans, stages community-based pop-up vaccination clinics, and engages with Lyft’s universal vaccine access campaign and local nonprofits to provide free or discounted rides to and from vaccination appointments at local vaccination sites. A late December vaccination initiative took COVID-19 vaccinations to long-term care and skilled nursing facilities. By mid-March, CVS had administered 7.8 million shots in these senior care sites, achieving a 97% drop in COVID-19 cases and a 94% reduction in COVID-19 deaths in those nursing homes. Such multipronged approaches constitute best practices, both for upping vaccination rates and for overcoming vaccine hesitancy.

Employees at drugmaker Bristol Myers Squibb (BMS) have volunteered their time with the COVID-19 vaccination initiative of Team Rubicon, a veteran-led nonprofit whose primary mission is boots-on-the-ground disaster relief. Team Rubicon has adapted its normal logistical capabilities to organize and conduct mass COVID-19 vaccination events. These drive-through clinics have been held in towns and cities nationwide and have administered more than 1.4 million shots. BMS employees and other volunteers help with everything from site set-up and take-down to patient registration and traffic control. Similarly, Johnson & Johnson gives employees with medical training time off to volunteer in local community COVID-19 vaccination events.

Marshfield Clinic, a Midwestern health system, has long-established credibility in its region. The Wisconsin state health department has looked to Marshfield for advice during this crisis. Marshfield has led vaccine administration in conjunction with

SMALLER SCALE, LARGE IMPACT: MINNESOTA’S MODEL MOBILE VACCINATION PROGRAM

Fairview Health Services adapts existing program to reach traditionally underserved community members

Pop-up events: 41
COVID-19 vaccinations administered: 7,457 by April 2021*

Client demographics:
- 81% minority
- 28% uninsured
- Over 50% spoke a language other than English

Where and when:
- Vaccine clinics held where residents live, work, and worship
- Availability includes after hours and weekends
- Messaging focuses: Free / no-cost
*compared to 6,700 flu vaccinations in 2020-21
school districts, large employers’ health clinics, and smaller clinics. In addition, Marshfield has filled an unsung role ensuring that full vaccinations are completed—a key need, given that two of the three authorized vaccines require two doses three or four weeks apart. Marshfield serves as a backup second-dose provider for people having difficulty getting their second shot at their first-dose location. Similarly, Southern California clinical research center and hospital City of Hope has administered 23,000 shots of the COVID-19 vaccine. City of Hope’s vaccine recipients include faculty and staff, as well as their households, its patients and educators, and community members in ten surrounding school districts.

Planning and coordination of vaccination events
When vaccines became available, Atrium Health—along with Honeywell, Tepper Sports & Entertainment (Carolina Panthers), and NASCAR’s Charlotte Motor Speedway—kicked off a mass vaccination initiative aiming to administer 1 million COVID-19 vaccines by July 4, 2021. The partnering organizations had developed a “Leader’s Guide to Safer, Faster, and More Equitable Community Vaccination Events” with its own well-considered guidelines and best practices for conducting fast, safe, efficient, and equitable mass vaccinations. These best practices include naming a task force for event planning and execution and engaging experts in nursing, informatics, process flow, emergency management, and logistics. Each person leads in his or her lane, such as technology for managing resources or streamlining patient processing. They establish clear, simple goals to maximize shots in arms, testing and refining plans through small pilots as well as using real-time data to make adjustments and solve problems that may arise in the course of a vaccination event. Early mass events were held at the Speedway and at Charlotte’s Bank of America Stadium, achieving 1,500 vaccinations per hour.

Atrium’s collaborations with churches and minority community organizations have put mobile teams, community clinics, and drive-up sites where underserved people have easier access. Another effective practice for boosting vaccinations in underserved communities is to hold vaccination events, such as mobile units and pop-up clinics, at alternative hours that accommodate essential workers’ work schedules. These efforts together have led to 350,000 vaccinations, including 21% for people of color, administered by March 22, 2021.

Similarly, Vizient, which serves nonprofit health systems, created a COVID-19 vaccine clinic toolkit for its hospitals. The toolkit is designed to reduce risks and enhance efficient vaccine administration at drive-through or drive-up vaccination events in open-air settings attended by those with more than one person per vehicle.

Seniors and vaccination
Taking the initiative with elderly patients is a particularly important best practice. Tivity Health found in surveys that at least 95% of seniors’ motivation for getting vaccinated is to protect their own health, their family members, and their community. This motivation, along with customized messaging and catering to the demographic subset’s preferences and concerns, has moved the needle on vaccine uptake. Evidence-based vaccine information delivered through credible sources regarding major and minor side effects is a large part of the solution. Side effects became seniors’ main concern as out-of-pocket costs and vaccine safety and efficacy concerns were alleviated. Tivity Health’s research highlighted the importance of messaging by trusted community leaders and accessible, convenient vaccination locations, such as gyms, community centers, and churches. These and other tactics targeting seniors have proven fruitful; Tivity Health’s April survey found 93% of seniors had received at least one vaccine shot.

Taking the initiative with elderly patients is a COVID-19 vaccination best practice according to Tivity Health’s ongoing research. A combination of customized messages and ease of access helped break down barriers to vaccination: by April 2021, 93% of surveyed seniors had received at least one shot.

Similarly, SCAN Health Plan mobilized Senior Care Navigators to assist elders who experience health disparities and other challenges, such as being homebound or being able to do only limited daily activity. The navigators call these seniors, provide information about COVID-19 vaccines, assist with scheduling vaccination appointments, and coordinate insurance benefits and transportation to and from vaccinations.

In working with local cities and Orange and Los Angeles counties, MemorialCare Health System was able to focus significant energies on vaccinating seniors. It became clear that many of these older residents had limited transportation options or mobility issues. MemorialCare identified a senior center in a city that provided outreach and transportation for a one-day clinic. The health system even sent physicians to the homes of seniors who did not have transportation in order to administer vaccines.
Helping Healthcare Providers

Empowering Providers and Reducing Bureaucracy

**Resources and materials**
- Education on reporting adverse vaccination events
- Information on vaccines and cost-sharing
- Instructions about enrolling patients into the CDC’s V-Safe program
- Links to the VAERS database of searchable reports on adverse reactions
- Turnkey educational tools for general audiences

**Sufficient staffing**
- Attention to alternative care sites and telehealth
- Contracts for both long-term and short-term roles
- Dedicated project managers
- Qualified medical and nonclinical professionals

**Reimbursement**
- Flexibility regarding charges for hospitalized COVID-19 patients
- Payment for second-dose follow-ups
- Waivers that streamline clinical care

**Labor-saving devices**
- Patient-controlled vaccination appointment scheduling
- Provider prompts for scheduling second-dose appointments
- Streamlined, wireless vaccination management ideal for nontraditional sites
- Vaccination notifications to primary care physicians and state immunization registries
People hold healthcare providers in great respect, considering them credible and trustworthy. Thus, enabling providers to help build trust in the vaccine and reduce patient hesitancy has proven tremendously effective in improving the vaccination rate, including among targeted subpopulations. Empowering healthcare providers and easing barriers to their performing roles in COVID-19 vaccination constitute best practices. These include getting resources and materials to providers, establishing payment for related services medical providers now render, ensuring sufficient staffing levels for conducting vaccinations, and bringing labor-saving technology to bear.

Resources and materials
Tivity Health shared its vaccine survey data with health plan partners, providers, industry organizations and policymakers to help inform strategies, including the importance of putting easy to read materials in providers’ hands. Advocate Aurora Health has developed a vaccine education library of materials. It contains various communications materials specific to Advocate Aurora Health’s four target audiences under its vaccination plan. These items include talking points, scripts, patient and community letters, graphics, public service announcements, newsletters, email messages, and social media content.

Similarly, Vizient created a Vaccine Resource Center, putting reliable, valid information about COVID-19 vaccines into the hands of healthcare providers. This resource includes information from the CDC, instructions for enrolling patients into CDC’s app-based V-Safe program and on reporting adverse vaccination events, and links to the VAERS database of searchable reports on adverse reactions. These tools link hospitals with the CDC and their patients, giving assurance to those who may have concerns about vaccine safety and want to be prepared just in case they fall into the very small minority of vaccine recipients who experience an adverse event. These are practical means of reducing vaccine hesitancy.

Reimbursement
Importantly, best practices that reimburse providers for new COVID-19 vaccination-related services and address new bureaucratic burdens help providers perform better during the pandemic. BlueCross BlueShield of Tennessee allows providers flexibility to charge in-patient rates in the emergency department or wherever a COVID-19 patient needs to be housed. This insurer has also waived certain supplemental clinical information normally required for prior authorization to admit emergency patients when COVID-19 is involved, as well as extending this waiver for postacute care.

Sufficient staffing
Widespread COVID-19 vaccination is dependent upon having sufficient numbers of qualified medical and nonclinical staff (e.g., operational managers, interpreters, billing specialists). This human element can make or break effective, efficient vaccine administration efforts. Qualified staff, in certain cases in addition to normal medical institution staffing, has proven essential to the COVID-19 efforts. These medical professionals have filled both long-term and short-term needs, staffed alternative care sites, and provided delivery of telehealth, which has mushroomed during the pandemic period.

For example, AMN Healthcare has staffed, and in several cases operated, multiple vaccination sites with Kaiser Permanente. AMN provided full operational and clinical staff at vaccination clinics in California. Six hundred vaccination sites, which included interim C-suite leaders, administered vaccines to 4,500–5,000 patients daily. Meanwhile, AMN has reported having more than 13,000 personnel standing by for new sites to open. Similarly, Epic deploys dedicated project managers who support the implementation of vaccination plans, while Labcorp supplies clinical personnel to staff vaccination events.

SSM Health participated in multiple collaborative mass vaccine efforts in Oklahoma utilizing SSM Health employee volunteers. The Pandemic Taskforce in St. Louis pooled employees from SSM Health and other major health systems to ensure coverage at all vaccine events.

Technology tools
A best practice for supporting the healthcare providers involved in administering COVID-19 vaccinations is to employ information-sharing technologies. One example is Epic’s interoperable HIT software, which can be set to send automatic notifications of
vaccinations to state immunization registries. The HIT software also lets patients schedule both of their vaccination appointments in a single self-scheduling session; alternatively, the program may be set to prompt staff to initiate scheduling the second-dose appointment when the patient is present for the first dose.

Another best practice is ensuring notifications that a patient has been vaccinated. Pharmacies are playing a large role in administering COVID-19 vaccines to people from different healthcare organizations, physician practices, and health plans. Technology tools make this easier and, thus, more likely to be done and done efficiently. For example, tools such as Surescripts’ Clinical Direct Messaging lets pharmacists communicate the administration of vaccinations to primary care physicians, other clinicians, and public health agencies through electronic medical record systems. Surescripts notes increased security, reliability, and accuracy from the elimination of duplicative messages and medications.

**Epic’s** Rover mobile tool serves as another example. The Rover mobile app aids vaccine administration, recordkeeping, and reporting from locations such as shelters, churches, jails, schools, community centers, and patients’ homes. By enabling administration and recording of vaccinations from remote or nontraditional locations, staff and volunteers can run vaccinations wirelessly, including inputting new inoculation data into a patient record and automatically sending a report to immunization registries.

**Leidos’s COVID-19 vaccination support app has proven to be an efficient tool at the mass vaccination events the technology company has administered along with Labcorp.** These events **Leidos** has conducted span mobile, pop-up, and ongoing vaccination events for large employers, and **Labcorp’s** vaccination sites have occurred at employers’ facilities, municipal vaccination program expansion, and a state vaccination center.

Accurate recordkeeping and documentation are vital for quality control, and the easier it is for providers to accomplish these tasks, the higher quality the resulting data. **Epic** deploys the Rover mobile app to aid these functions. It scans a barcode from a confirmation email, opening the correct patient’s appointment. Each vaccination is incorporated into the patient’s record. In addition to accuracy, barcode usage with the mobile tool enables faster patient processing and service. The **Leidos** app similarly tracks vaccinations and securely shares accurate vaccination data with agencies, state registries, and electronic health records.

In a broad-based show of support for healthcare providers’ efforts, **Johnson & Johnson** companies and foundation committed $50 million to support frontline health workers in the global fight against COVID-19. This commitment follows an earlier $250 million multiyear commitment.

**Leveraging Data Analytics and Real-Time Data**

Data analytics can help to steer and adjust vaccination efforts, track COVID-19 vaccinations, address health equity needs, and leverage resources for better efficiency and impact. Best practices in this area include tracking and forecasting COVID-19 cases, identifying eligible patients, and monitoring vaccine safety and effectiveness.

**COVID-19 tracking and forecasting**

Best practices regarding tracking COVID-19 and forecasting its next hot spots come from applying cutting-edge analytical tools incorporating both historical and real-time data. For instance, healthcare technology firm **Change Healthcare** collaborated with Carnegie Mellon University’s Delphi Research Group to create the create the real-time COVID-19 tracking and forecasting dashboard. Using deidentified COVID-19 claims data and self-reported COVID-19 symptoms, this dashboard gives “a more complete, multidimensional picture of the pandemic and its impact.” COVID-19 forecasting at the county level employs machine learning and statistical analytics. **Premier’s** real-world data analytics is used to recruit sites and patients for COVID-19 vaccine clinical trials.

**Identifying vaccine-eligible patients**

Evidence-based surveillance and data mining pinpoint eligible patients, using HIT systems such as **Epic’s**. The technology identifies patients eligible for vaccination, pulling data already in the chart, such as age and chronic condition. The types of patients being identified are adjusted with shifts in vaccination phases. Health information technology firm **IQVIA’s** real-world data and analytical tools have enabled COVID-19 immunization monitoring, using pharmacy and medical claims data.
Medicare Advantage provider **SCAN Health Plan** has analyzed patient data to identify vulnerable members. The California health plan’s data analysis populates its COVID-19 Vaccination Dashboard, which tracks number and percentage of vaccinations of health plan patients by demographics, socioeconomic status, and county. **SCAN** has developed social vulnerability indexes and assesses community needs, including race and English language proficiency. Its health equity indexes have informed vaccination strategies and outreach.

**When epidemiology and technology merge, public health benefits.** Effective COVID-19 vaccination efforts use innovative tools and real-time data to improve everything from pinpointing eligible patients to tackling hot spots to addressing health equity issues. Once shots are in arms, technology aids big-picture insights by tracking vaccine safety and effectiveness and providing key information for research studies.

**Monitoring safety and effectiveness**
Health institutions and public health agencies now track vaccine safety and effectiveness through longitudinal outcomes using technologies developed by companies like **IQVIA**. Immunization reports and hypothesis-based research studies examine vaccinations by age, sex, state, comorbidities, adverse events, vaccine brand, and number of doses.

**Change Healthcare’s** collaboration with Amazon Web Services applies data science to gauge COVID-19 treatment efficacy and therapeutic compliance among underserved populations. This approach uses deidentified patient data with social determinants of health analytics for more granular, nuanced assessments. Similarly, **Premier** performs prospective and retrospective research, such as for cohort studies.

**Tracking vaccination rates and directing operations**
Information in real-time and useful form improves COVID-19 vaccination rates and operational efficiency. For instance, **Atrium Health**, a regional health system in the Southeast, tracks COVID-19 cases and deaths by age, race, ethnicity, and test location through its COVID-19 Electronic Dashboard, which **Atrium** developed early on in 2020.

**Atrium** couples the dashboard with its Geographic Information System Map, which helps ensure equitable COVID-19 care. The GIS Map shows COVID-19 geographical spread, hot spots, and testing density in relationship to population density, median income, higher poverty zip codes, and Black or Hispanic populations; the data help **Atrium** teams gain granular insights on health disparities. Additionally, it shows the location of churches, schools, certain businesses, and bus routes. Such real-time and granular data enable timely adjustments and mobilization of resources to areas of need. It employs informatics, data mapping, and real-time demographic data at vaccination events to hit benchmarks.

Similarly, **AMN Healthcare** deploys proprietary workforce technology that performs comprehensive COVID-19 vaccination reporting. It includes a work dashboard, customized analytics, exportable reports of workflow, open positions, and financials. **Premier** uses its HIPAA-compliant database and analytics tools to comb real-world data for such applications as capturing its hospitals’ health IT coding for COVID-19 vaccination. As of May 3, this discovered that 744,282 patients had received a vaccine from 264 providers with **Premier** hospitals.
Healthcare Institutions’ Own Employees

Understanding Perspectives, Motivations, and Barriers

**Relationship-oriented communication**
- Newsletters and emails that provide vaccine education
- Surveys that gather information and inform strategies
- Tactics and messaging that acknowledge diverse viewpoints
- Testimonials from vaccinated colleagues
- Town halls, forums, and leadership meetings

**Inclusive, convenient, and compensated vaccine appointments**
- “One family” approach; open to all roles/contract employees
- On-site vaccine clinics that support wide-ranging schedules

- Options for mass vaccination sites or regional locations
- Paid time off for vaccination and time to recover from any side effects

**COVID-19-centric employee task forces**
- Current local and national government guidance
- Plans for safe and strategic return-to-office
- Understanding of key issues (tracking, protected health information, self-disclosure)
- Vaccination protocols and policies
Encouraging medical staff and caregivers to get vaccinated for COVID-19 is important, both from the standpoint of the protection of an institution’s own employees and in setting a positive example that helps assure others to choose vaccination for themselves. Best practices for boosting healthcare workers’ vaccination acceptance include learning what groups of employees think about COVID-19 vaccination and developing strategies based on that information, peer-to-peer approaches, convenient and schedule-friendly tactics, and employee involvement.

Who’s in, who’s not
The Cleveland Clinic identified through survey research “disparate rates” of vaccine uptake among types of caregivers. Doctors (86%) and nurses (64%) led the way, while others such as those in nursing support roles (41%) and in security (36%) lagged. The survey of Cleveland Clinic staff shed light on reasons clinic staff would or would not get vaccinated.

This information enlightened the institution’s vaccine strategy toward its own employees. Of those employees who “definitely will” be vaccinated, altruism was a strong motivating factor. Some 37% would do so to protect the people around them, while 27% view it as part of their duty to the community in the fight against COVID-19. Those hesitant (“probably will not,” “definitely will not” get vaccinated) about the COVID-19 vaccine primarily worried about long-term side effects (72%); 61% feared the vaccines were developed too fast. Respondents who were hesitant but less definitive about it wanted to see how the vaccines affected other people first (59%) or wanted to know more about the inoculation (55%).

To encourage employees to get vaccinated, Advocate Aurora Health builds on its existing relationships with hesitant clinicians. Empathy and listening skills play key roles with this internal audience. These medical professionals are informed through newsletters and similar communication, but also through forums with the chief medical officer and leadership meetings. Topics of discussion include the vaccine itself, hesitancy, and associated risk. Clinicians also have talking points, patient-centered scripts, and culturally centered talking points made available for discussing COVID-19 vaccination with patients. Similarly, Premier facilitates webinars, calls, and email newsletters to institutions’ employees to keep them apprised with credible information and updates.

Peer-to-peer
BCBS-NC has taken a peer-to-peer approach to encouraging its employees to take the COVID-19 vaccine. The health plan featured testimonials by staff who have been vaccinated. These testimonials appear on Facebook, Instagram, and Twitter, and they feature photos, videos, quotations, and content from state health and federal agencies.

The health plan has found several tactics useful for promoting employee vaccination. It has joined with pharmacies in hosting vaccine clinics for its staff. Extra sick time is allowed in case of side effects from COVID-19 inoculation. Also, internal communications channels, such as the employee newsletter, continually deliver educational messages about the vaccines, including their trustworthiness; they also contain firm encouragement to be inoculated. Similarly, Mt. Sinai Health System has facilitated peer-to-peer COVID-19 vaccination education opportunities at its facilities to promote and increase vaccine uptake among staff.

COVID-19 vaccination strategies in employee populations require multiple tactics in general. When reaching out to employees in healthcare institutions, the organizational need to serve as vaccination role models must be balanced with a sensitivity to individual rights. Logistical solutions can eliminate common barriers, while clear-cut policies and procedures can help create a fair and transparent work environment that prioritizes collective safety.
Convenient and schedule-friendly
The Cleveland Clinic's survey results referenced above informed its employee vaccination efforts. Vaccination clinics are held on site and have a variety of scheduling options to maximize convenience, and schedules rotate to include early morning and evening hours. Caregivers are also offered regional and mass vaccination site options.

Notably, employees can schedule vaccination during work hours, and contractors are extended local vaccination opportunities. Cleveland Clinic staff engages in vaccine clinic operations, and hospital management provides vaccine messaging through a range of communication tools that target specific concerns and highlight vaccine benefits.

Practices like these involve clinical personnel at their workplaces and with their peers, and are designed to address vaccine concerns and appeal to altruistic motivations.

In the same vein, AmerisourceBergen, a drug wholesale and distribution company, has adopted a “fair, equitable and transparent approach” to its vaccination readiness for its employees. It has undertaken education efforts that facilitate employee vaccination access. Tactics have included company-wide town hall meetings, time off for vaccination (2 hours per dose, 8 hours per dose if there are side effects), and use of internal communications tools, such as a COVID-19 intranet, updated messages, and FAQs.

Employee task force
Employers, including healthcare organizations, may want their own employees to get vaccinated as a precaution against COVID-19. They wisely involve their people in developing protocols and policies relating to employee vaccination and return-to-office. For example, Cotiviti has assembled a cross-departmental task force to track national and local government guidance and market practices for vaccinations (e.g., tracking, protected health information, self-disclosure). Its vaccination response has involved ascertaining legal or corporate requirements and cost, coverage, and reimbursement issues. Cotiviti’s task force has undertaken a range of matters to consider in regard to reopening offices, including vaccine availability, employee privacy and sentiment, employee safety, and facility reconfiguration.

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HLC COVID-19 Vaccine Readiness Project: Field Reports from Across the U.S.

In spring 2021, the Healthcare Leadership Council launched a three-month community collaborative designed to understand the reasons for vaccine reluctance in certain populations and gain perspectives on the strategies and tactics that can increase vaccination numbers. The Vaccine Readiness Project ran from May 1 to July 31, 2021, and focused on six key populations:

- 18–30 year-olds
- African American faith community
- Hispanic community
- Low-income American Indian populations
- Nonhealthcare essential workers
- White evangelical conservatives

The project took place in multiple states and metropolitan areas:

- North Carolina
- Georgia (Atlanta Metro Region)
- Appalachian Ohio
- Eastern Kentucky
- Tennessee
- Southern Indiana
- California (Central Valley)
- Oklahoma

COVID-19 EFFORTS FOR NATIVE HAWAIIAN, PACIFIC ISLANDER, AND ASIAN AMERICAN COMMUNITIES

The Healthcare Leadership Council’s Vaccine Readiness Project also collected perspectives on vaccine acceptance within the Native Hawaiian, Pacific Islander, or Asian American communities.

To enhance outreach to these communities, this Playbook highlights COVID-19 prevention and vaccination efforts by two organizations:

- The Association of Asian Pacific Community Health Organizations (AAPCHO). AAPCHO is a national association of community health organizations dedicated to promoting advocacy, collaboration, and leadership that improves the health status and access of Asian Americans, Native Hawaiians, and Pacific Islanders in the United States.

- The Asian and Pacific Islander American Health Forum (APIAHF). APIAHF and 27 national and community Asian American, Native Hawaiian, and Pacific Islander (AA and NH/PI) organizations, in partnership with the Centers for Disease Control and Prevention, launched the National AA and NH/PI Health Response Partnership (the Partnership) to offer culturally and linguistically accessible resources for AA and NH/PI communities.

For a brief overview of related resources, please see Appendix A: Spotlight on COVID-19 Efforts by the Association of Asian Pacific Community Health Organizations (AAPCHO) and the Asian and Pacific Islander American Health Forum (APIAHF).
### Vaccine Readiness Project: At a Glance Guide to Locations and Populations

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<thead>
<tr>
<th>Category</th>
<th>Location</th>
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<tr>
<td>Non-Healthcare Essential Workers</td>
<td>Appalachian Ohio</td>
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<tr>
<td>African-American Faith Community</td>
<td>North Carolina and Tennessee</td>
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<td>18-30 Year-Olds</td>
<td>Atlanta Metro Region</td>
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<tr>
<td>White Evangelical Conservatives</td>
<td>Rural Eastern Kentucky and Southern Indiana</td>
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<tr>
<td>Low-Income American Indians</td>
<td>Oklahoma</td>
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<tr>
<td>Hispanic Community</td>
<td>Central California</td>
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### Key Learnings: Building Trust
- Support and empower individuals as well as local resources, agencies, and leaders.  
- Address misinformation thoughtfully.  
- Acknowledge and respect cultural norms, especially building and valuing personal relationships over “arbitrary” deadlines.  
- Hold listening and education sessions with the community and have professionals available to address concerns or issues.  
- Hire staff from the local community and neighborhoods.  
- Provide a tangible, valuable benefit to community members.

### Key Learnings: Trusted Messengers
- Find, educate, and support ambassadors for the vaccine among local health providers, retailers, employers, and government officials and agencies.  
- Use hyperlocal community spokespeople to engage in dialogue about the vaccine and the science of the vaccine.  
- Encourage leaders and local celebrities such as sports figures to promote vaccination and encourage others to get the vaccine.  
- Maximize resources with key partnerships.  
  - Use cultural leaders—both formal and informal—within the target audience to communicate about the critical need for vaccination.  
  - Engage with schools and community-based organizations.  
  - Team up with local and national religious leaders.  
- Publicize vaccine-related testimonials from trusted authority figures, whether medical or faith-based.  
- Invite testimonials from members of the targeted audience.  
- Know the target audience or community. You may need to maintain a strictly nonpolitical message and image for larger vaccine acceptance, meaning no political figure should be held up as an influencer.  
- Evolve the strategies. Early vaccine acceptance was fueled by elected officials and respected elders who participated in vaccination events. Now, physicians, nurses, and even dentists are encouraging unvaccinated patients who come in for other reasons also to receive a COVID-19 vaccine.

### Key Learnings: Trusted Locations
- Prioritize the free / no-cost element of vaccinations in outreach messaging.  
- Provide transportation to vaccination sites if mobile vaccination units are not available.  
- Know the audience or community and be prepared to shift strategies. Have mobile units going town-to-town and leverage all pharmacy locations with walk-in service (and communicate the ease and availability of vaccines at these locations).  
- Target trusted sites and places where people naturally congregate.  
  - In suburban and rural areas, these places include schools and senior centers.  
  - In the minority community, work with local leaders to obtain better access and expand the reach into local
churches, senior centers, shopping malls, community gathering places, and big community cultural or sports-related events.

- In some communities, other trusted sites proved to be local businesses and restaurants.
- Identify the audience’s media channels and know how they like to engage. One radio PSA ended by encouraging listeners to text their zip code to receive three nearby vaccination sites.
- Partner with trusted crossdisciplinary healthcare providers to increase vaccine acceptance among their patients.

**Key Learnings: Trusted Messages and Informed Approaches**

- Create hyperlocal messages.
- Embed the no-cost aspect into all messaging; add that no documentation is needed.
- Understand the most compelling arguments for an audience may involve individual family units or the broader community.
  - Keeping it simple and personal is fine if it is a good fit: “The vaccine works. You won’t die from COVID-19 if you get vaccinated. Protect your family.”
  - Understand that some younger adults are vaccinating to protect their parents and other relatives.
  - Know the trusted message that continues to be used in tribal nations: “Protect yourself, elders, language, and community.”
  - Messages that talk about how not getting the vaccine will impact their income, employment, family or the value of getting back to pre-COVID life are effective.
- Understand the power of influence a family leader has. In many communities, women are the decision makers on health even if they lack power in other areas. Convincing family leaders will influence the family’s overall decision.
- Consider prioritizing outreach; target those who believe they need more information on the vaccines over those who distrust vaccines in general.
- Employ social media as a tool for vaccine education and acceptance. Provide video testimonials about the vaccine from patients and clinical experts.
- Know that faith-based institutions can be central to vaccine acceptance throughout the process and can be involved in information and education, appointments, vaccine sites, and sharing information among congregations.

**Key Learnings: Trust in Vaccines**

- Avoid one-and-done vaccination efforts in favor of rolling outreach to connect with those who have a “wait-and-see” approach. Know that seeing vaccinated people stay healthy and experience few or no side effects will help make the case for vaccination. The incentive to vaccinate may also come from seeing someone ill or dying from COVID-19.
- Reach younger adults by using social media as well as community or school-based events to emphasize vaccine safety.
- Hold listening and education sessions with the community and have professionals available to address concerns or issues.
- Partner with informal community leaders, patients, and clinical experts to create testimonials on why to get the vaccine and vaccine safety.
- If applicable, leverage a community’s high trust in medical professionals by incorporating “vaccine safety ambassadors” at events or crossdisciplinary medical appointments.
Approach: Analysis of Leadership by State-Based Government Organizations

The region’s Vaccine Readiness Project team focused on studying what state-based organizations, employers, and government agencies were doing to make the COVID-19 vaccine available to and convenient for those in the region. Additionally, it examined how these groups communicated vaccination information.

For context:

— Unlike more urban areas of Ohio, the region’s vaccination rate among those 65 and older is low: just below 60% as of August 1, 2021.

— Once children ages 12-17 became eligible for the vaccine, their rates mirrored those of ages 18 and over fairly quickly; vaccinated parents or guardians likely sought vaccinations for their children. However, numbers in the targeted population for this project remained between 25% and 30% as of August 1, 2021.

Efforts and initiatives to improve Appalachia’s economic vitality, employment conditions, healthcare, and access to technology have been ongoing since the Kennedy administration in the 1960s. As a result, key learnings include strategies that were fully researched pre-COVID-19 and remain relevant today.

Key Learnings

**Building Trust**
— Support and empower individuals as well as local resources, agencies, and leaders.

**Trusted Messengers**
— Find, educate, and support ambassadors for the vaccine among local health providers, retailers, employers, and government officials and agencies.

**Trusted Locations**
— Know the audience or community and be prepared to shift strategies. Having centralized locations or mass vaccination sites was not viable, but targeting individuals works.

— Have mobile units travel town-to-town and leverage all pharmacy locations with walk-in service (and communicate the ease and availability of vaccines at these locations).

— Target schools, colleges and universities, and senior centers.

**Trusted Messages and Informed Approaches**
— Know the audiences’ feelings about the individual family unit versus the broader community.

— Keep it simple and personal if it is a good fit: “The vaccine works. You won’t die from COVID-19 if you get vaccinated. Protect your family.”

— Understand the power of influence a family leader has. In many communities, women are the decision makers on health even if they lack power in other areas. Convincing family leaders will influence the family’s overall decision.
Appalachia, regardless of which state one lives in, has a mindset. It can vary from one county to the next, but the common thread is mistrust of outsiders.

The state of Ohio took the lead via Governor DeWine and his Health Department. Their coordination was seamless, their plan was innovative, and their execution was well done—yet the numbers in these lightly populated counties moved very little.

### Key Takeaway

**Avoid one-and-done vaccination efforts in favor of rolling outreach to connect with those who have a “wait-and-see” approach.**

### Trust in Vaccines

- Avoid one-and-done vaccination efforts in favor of rolling outreach to connect with those who have a “wait-and-see” approach.

- In this region, messaging to the 65 and up age group dropped dramatically after the first vaccination phase moved to younger demographics in March and April 2021. Vaccination rates for ages 65-plus remained stagnant for the most part.

- With the fall flu season pending, a second push to get older Americans vaccinated could boost rates in these counties to almost 70%. Additionally, if recommendations call for a booster for those already vaccinated, messaging could also seek to engage and persuade unvaccinated seniors.

- Know that seeing vaccinated people stay healthy and experience few or no side effects will help make the case for vaccination. The incentive to vaccinate may also come from seeing someone ill or dying from COVID-19.
**Approach: COVID-19 Vaccination Listening Tours**
- Northeastern North Carolina
- Charlotte, North Carolina
- Memphis, Tennessee

The region’s Vaccine Readiness Project team identified key African-American coordinators having a leadership role in their respective communities to assist in identifying community leaders who wanted to voice their opinion and provide critical feedback on the successes and the shortcomings of the current vaccination program roll-out.

Community leaders were from faith-based, civic, fraternal, educational, and cultural organizations.

**Key Learnings**

**Building Trust**
- Support and empower individuals as well as local resources, agencies, and leaders.
- Hold listening and education sessions with the community and have professionals available to address concerns or issues.

There is widespread distrust within the African-American community about the national vaccine program that is historical in nature. The healthcare community must understand and respect that concern, working to break down barriers and building bridges of trust with the African-American community.

**Trusted Messengers**
- Use local community spokespeople to engage in dialogue about the vaccine and the science of the vaccine.
- Encourage leaders and local sports figures and celebrities to promote vaccination—and encourage others to get the vaccine.
- Maximize resources with key partnerships. Use the audience’s cultural leaders—both formal and informal—to communicate about the critical need for vaccination.
- Publicize vaccine-related testimonials from trusted clergy and/or medical professionals.

**Trusted Locations**
- Prioritize no-cost, “free” element in vaccination outreach messaging.
- Work closely with local minority leaders to provide better access to the vaccines. Expand the reach of vaccines by going to local churches, senior centers, shopping malls, community gathering places, and big community cultural or sports-related events.

**Trusted Messages and Informed Approaches**
- Amplify testimonials and stories from trusted clergy and medical professionals who have been vaccinated. This may help persuade community members to get vaccinated. Vaccine distrust remains a significant barrier; telling stories of negative side effects and exaggerating the unsafe narrative reinforces people’s reluctance and nervousness about getting the vaccine.

**Trust in Vaccines**
- Hold listening and education sessions with the community and have professionals available to address concerns or issues.

★ **KEY TAKEAWAY**

*Use hyperlocal community spokespeople to engage in dialogue about the vaccine and the science of the vaccine. Encourage leaders and local sports figures and celebrities to promote vaccination—and encourage others to get the vaccine.*
**Approach: Research-based Information Gathering**

The region’s Vaccine Readiness Project team’s research included findings from a May 2021 Allison + Partners survey of 1,001 individuals between the ages of 16 and 35. It found that only 42% of respondents had received at least one dose of a COVID-19 vaccine.

- 20% of these respondents said they would get the vaccine when they can.
- 22% of respondents said they would not be getting the vaccine at all.

Out of the respondents who have not yet been vaccinated:

- 34% were waiting for more people to get the vaccine to make sure it is safe and effective; of these, 39% said more data and information on side effects would convince them to get the vaccine sooner.
- 30% felt that the vaccine was developed too quickly and has not been tested enough.
- 23% said getting the vaccine simply has not been a priority.

Additional findings from a survey of Atlanta Young Republicans proved highly relevant for messaging. It revealed that most respondents believe:

- the vaccine has not been subjected to enough testing.
- vaccine delivery has been rushed.
- misinformation about the COVID-19 vaccine, including:
  - the vaccine can cause side effects such as neurological defects, heart problems, cancer, fertility problems, and dementia.
  - the vaccine is unnecessary because of “herd immunity.”
  - those who have already had COVID-19 have natural antibodies, which are preferable to those received in the vaccine.
  - the vaccine alters a recipient’s DNA.

**Key Learnings**

**Building Trust**
Design content around known audience barriers. A radio PSA that reached 182,800 listeners in Metro Atlanta and surrounding areas as well as a short video offer information on the safety and efficacy of the COVID-19 vaccine. They emphasize that young adults are the key to “getting back to normal” and encourage listeners to make getting vaccinated a priority.

**Trusted Messengers**
- Find, educate, and support ambassadors for the vaccine among local health providers, retailers, employers, and government officials and agencies.
  - The following people and groups have posted an infographic made by Allison + Partners on their Facebook and/or Twitter accounts:
    - Advocates for Responsible Care;
    - Rx In Reach GA;
    - Dorothy Leone-Glasser: Executive Director, Advocates for Responsible Care;
    - Georgia State Representative Teri Anulewicz (via Twitter).

**Trusted Locations**
- Find the target audience’s media channels and know how they like to engage. One radio PSA ended by encouraging listeners to text their zip code to receive three nearby vaccination sites.
- Include information about how easy and quick getting the vaccination is; emphasize walk-in availability at local pharmacies, clinics, and grocery stores.

**Young adults have gotten comfortable with the idea of getting COVID-19 because they have seen many of their friends recover from COVID-19 without severe complications.**
**Trusted Messages and Informed Approaches**
— Understand that some younger adults are getting vaccinated to protect their parents and other relatives.
— Consider prioritizing outreach; target those who believe they need more information on the vaccines over those who distrust vaccines in general.

**Trust in Vaccines**
— Reach younger adults by using social media as well as community or school-based events to emphasize vaccine safety.

★ **KEY TAKEAWAY**

*Offer information on the safety and efficacy of the COVID-19 vaccine. Emphasize that young adults are the key to “getting back to normal” and encourage audiences to prioritize vaccination.*
Approach: Information Gathering and Analysis
From May 2021 through mid-June 2021, the region’s Vaccine Readiness Project team used various methods to collect information from key leaders throughout Eastern Kentucky and Southern Indiana. The end goal: accelerating vaccination rates among White evangelical conservatives.

For context, a March 2021 poll by the nonprofit Public Religion Research Institute (PRRI) found that White evangelicals ranked highest among those who are religious and refusing to get vaccinated.

- 45% of White evangelicals said they would get the vaccine, the second-lowest acceptance of any religious affiliation behind Latino Protestant groups.

In addition to White, evangelical, and politically conservative, other key demographic features of this target audience include:
- Underserved / low-income.
- Nonhealthcare essential workers, including teachers, farmers, food service, law enforcement, firefighters, childcare, manufacturing, and transportation.

When the project team’s initial survey to leaders received little response, the team determined that individual conversations provided the necessary detail and grassroots insight needed for practical application of this work. Income level was not a significant factor during information gathering.

Methods included:
- phone calls;
- in-person interviews;
- virtual interviews (on platforms such as Zoom);
- email Q&A.

Key Learnings

Building Trust
- Support and empower individuals as well as local resources, agencies, and leaders.
- Address misinformation thoughtfully.

Trusted Messengers
- Encourage leaders and local sports figures and celebrities to promote vaccination—and encourage others to get the vaccine.
- Maximize resources with key partnerships; team up with local and national religious leaders.
- Invite testimonials from members of the target audience.
- Know the audience or community. Maintain a strictly non-political message and image for larger vaccine acceptance, meaning no political figure should be held up as an influencer.

While health departments, clinics, and hospitals are common throughout the region, these are often associated with the “big government” response and create a barrier for the population.

Trusted Locations
- Bring vaccine opportunities to the target audience via trusted sites. If typical healthcare settings are a barrier for attitudinal or logistical reasons, get creative and partner with faith-based organizations, schools, local restaurants, or other local businesses.

Trusted Messages and Informed Approaches
- Create hyperlocal messages.
- Employ social media as a tool for vaccine education and acceptance. Provide video testimonials about the vaccine from patients and clinical experts.
— Know that faith-based institutions can be central to vaccine acceptance throughout the process: information and education, appointments, vaccine sites, and sharing among congregation.

— Understand there is a sincere need for a positive faith-based approach to encourage vaccines; see below for draft messages and approaches.

**Trust in Vaccines**

— Create a listening environment. Outright denial of misinformation or conspiracy theories impedes progress.

— Consider framing vaccine development as God’s work, and the need to have faith in His desire to protect. Partner with religious leaders who support vaccination.

**Draft messages and Approaches from the Evangelical Christian Perspective**

<table>
<thead>
<tr>
<th>Claim</th>
<th>Potential Message + Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The government is telling me what to do.”</td>
<td>Love thy neighbor. Getting vaccines helps others.</td>
</tr>
<tr>
<td>“If I take the vaccine, then it's saying that I don't have faith in God. It’s unholy.”</td>
<td>Vaccine acceptance is Godly. God created the science to develop the vaccines. This is all possible because of our faith and God.</td>
</tr>
<tr>
<td>Reminder that vaccines are tied to the larger community and world—our brothers and sisters in Christ. This is not political, partisan, or a big versus small government issue.</td>
<td>Vaccine acceptance is about health, your personal health, your neighbors’ health—this is not about religious freedom from government.</td>
</tr>
<tr>
<td>Frustration of mask wearing.</td>
<td>Vaccines are our ticket to not wear masks and return to our normal life and worship.</td>
</tr>
<tr>
<td>Vaccinating is testing God’s will.</td>
<td>God’s hand is in our collective response and creation of vaccines. It’s our duty as Christians to continue that work.</td>
</tr>
<tr>
<td>False information and conspiracy theories. For example, expediency of vaccine creation and use of fetal tissue.</td>
<td>Address individual items, but tie to larger Christian message to speak the same language. Outright denial of misinformation or theories will not create a listening environment.</td>
</tr>
</tbody>
</table>

★ **KEY TAKEAWAY**

*Know that faith-based institutions can be central to vaccine acceptance throughout the process: information and education, appointments, vaccine sites, and sharing among congregation.*
Approach: Data Analysis Crossed With Relationship-Oriented Learning

This region’s Vaccine Readiness Project team analyzed both public data and information obtained from one-on-one conversations with administrators, public health providers, and cultural experts.

Nationally, American Indians are disproportionately affected by the pandemic, with high rates of COVID-19 cases as well as more hospitalizations and deaths per capita than any other racial or ethnic group. According to the Centers for Disease Control and Prevention, as of June 2021, American Indians were:

- 1.6 times more likely than White Americans to contract COVID-19.
- 3.7 times more likely to be hospitalized with the virus.
- 2.4 times more likely to die from the virus.

With COVID-19 hitting the indigenous community harder than most groups and a national vaccine acceptance rate of 75% among American Indians, the team sought to understand why the five Oklahoma counties with the highest percentage of American Indian residents also have the lowest vaccination rates in the state.

The goal: determine the exact hurdles and potential options for overcoming vaccine hesitancy in the Eastern Oklahoma Cherokee and Choctaw nation citizens living in Adair, Cherokee, Delaware, Latimer, and Sequoya counties.

Ultimately, it appears that rural ideals, political leanings, social determinants of health, and cultural behaviors are all factors in the low vaccination rates of Eastern Oklahoma’s American Indians.

The Cherokee Nation Tribal Council approved legislation in late May laying out a framework for how the tribe will spend $1.8 billion in COVID-19 relief funds from the American Rescue Plan Act (ARPA). With proposals to address poverty, broadband infrastructure, food security, vaccine education, and Personal Protective Equipment (PPE), leaders and health experts will have opportunities to address vaccination in the context of protecting future health; additionally, they can continue to reinforce current “safeguard the community” messaging that resonates across tribal nations.

Regional vaccination distribution overview:

- Cherokee officials recently announced the Cherokee Nation Health System has administered more than 65,000 COVID vaccines.
- For the first wave of vaccinations, the Choctaw and Cherokee nations elected officials and health experts focused on preserving culture and language above all by including language speakers over 18 along with elders.
- By April, the nation was vaccinating any willing person over 18 of any race or ethnic background; in May, when the FDA approved the Pfizer option for children 12–18, the nation welcomed both Cherokee and non-Cherokee youth.

Key Learnings

Building Trust

- Acknowledge and respect cultural norms, especially building and valuing personal relationships over “arbitrary” deadlines.
- Don’t underestimate what generations of mistreatment create. While the counties with the lowest vaccination rates also have some of the highest enrollment in state-sponsored health insurance, the past informs the Cherokee people’s attitude toward healthcare.

Poverty, food deserts, discrimination within and outside the health system, lack of diversity and empathy in the healthcare and educational systems, and medical abuses have left many citizens with more concern for the present, and less for future health.

Trusted Messengers

- Evolve strategies. Early vaccine acceptance was fueled by elected officials and elders who participated in vaccination events. Now, physicians, nurses, and even dentists are encouraging unvaccinated patients who come in for other reasons also to receive a COVID-19 vaccine.

Trusted Locations

- Partner with trusted crossdisciplinary healthcare providers to increase vaccine acceptance among their patients.
The issues facing Oklahoma’s American Indians create a “perfect storm” environment in which many of the statistical markers of vaccine hesitancy intersect to create a uniquely hesitant population.

The five counties with the highest concentration of American Indian citizens happen to be in the top eight counties for the lowest vaccination rates. These counties are also typically conservative politically, rural, and have high poverty rates. Add to this cultural differences, lack of insurance and primary care doctors, and an aversion to outsiders and you hit nearly every type of vaccine-averse person in the United States.

There are opportunities to work with tribal nations to support vaccine education, but supporters should be aware of cultural differences and heed advice from community leaders.

★ KEY TAKEAWAY

**Trusted Messages and Informed Approaches**

— Know the trusted message that continues to be used in tribal nations: “Protect yourself, elders, language, and community.”

— Consider how much insularity exists in the community and adapt strategies if needed. Because the Oklahoma counties over which the Cherokee have jurisdiction are 20%–45% American Indian, and the acceptance rate of citizens had been slow, Cherokee leaders determined the best way to keep their citizens safe was to vaccinate the community at large.

**Trust in Vaccines**

— Leverage the community’s high trust in medical professionals by incorporating “vaccine safety ambassadors” at events or crossdisciplinary medical appointments.

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**Know the trusted message that continues to be used in tribal nations: “Protect yourself, elders, language, and community.”**
Approach: Partnership Between Local Government and Community-Based Organizations

This region’s Vaccine Readiness Project team analyzed what has worked in the Central Valley’s Hispanic community to overcome vaccine hesitancy and what barriers still remain.

According to data, the vaccine hesitancy rate stands at 20% or less in the region. Although the number is low compared to other areas across the U.S., it signals there is still much work to do.

Over half the population in Fresno County is Hispanic, compared to 38% in the state. Therefore it’s critical for county officials to focus on this community. Fresno County’s challenge was to make access to the vaccine as easy as possible.

Logistical strategies included:
- Offering vaccination at convenient locations and times;
- Providing multilanguage access;
- Taking a “no required documentation” stance;
- Staffing vaccination sites with culturally competent community members.

Since those who wanted the vaccine have received it, Fresno County has turned its attention to those who want the shot but have not received it yet. As reaching the remaining unvaccinated population largely requires going into rural and remote areas, community-based organizations (CBOs) with slim budgets will benefit from close partnerships with other CBOs, universities, and government agencies.

Key Learnings

**Building Trust**
- Support financially local resources, agencies, and leaders.
- Hold listening and education sessions with the community and have professionals available to address concerns or issues.
- Hire staff from the local community and neighborhoods.
- Provide a tangible, valuable benefit to community members such as a grocery store gift card.

**Trusted Messengers**
- Maximize resources with key partnerships.
- Use the audience’s cultural leaders—both formal and informal—to communicate about the critical need for vaccination.
- Engage with schools and community-based organizations.
- Publicize vaccine-related testimonials from medical professionals.
- Invite testimonials from members of the target audience.
- Hire mission-based, passionate people from the community and train them.
- Contact vaccinated adults to set up a vaccination appointment for their children or younger family members.

**Trusted Locations**
- Use mobile clinics to reach underserved, hard-to-access communities.
- Provide transportation to vaccination sites, especially for seniors and disabled community members, when mobile vaccination units are not available or provided.
- Work closely with local community leaders to provide better access to the vaccines. Expand the reach of vaccines by going to local churches, senior centers, shopping malls, community gathering places, and big community cultural or sports-related events.

California is 40% Hispanic, with a high concentration in the Central Valley. This community faces unique circumstances such as medical access issues, language barriers, cultural norms, varying immigration status, living in multigenerational households, and often working in seasonal workforces or as essential workers during the pandemic.
— Bring vaccine opportunities to your audience via trusted sites. If typical healthcare settings are a barrier for attitudinal or logistical reasons, get creative and partner with schools, local restaurants, or other local businesses.

**Trusted Messages and Informed Approaches**

— Embed “free” / no-cost into all messaging and explain why the government is making it free to all to eliminate COVID-19 across the country.

— Highlight that COVID-19 vaccinations are open to all, with no proof of immigration status needed.

— Employ social media as a tool for vaccine education and acceptance. Provide video testimonials about the vaccine from patients and clinical experts.

— Encourage more medical institutions to create a limited vaccine medical assistant credential to train community members to provide the vaccine shot. In Fresno, 75 community members trained through UCSF Fresno’s two-day program.

— Stay ahead of rumors. Make easy-to-read vaccine information available in various languages early, especially as new, important information comes out.

— Host facilitated community conversations to determine a community’s information and resource needs in order to provide tailored tools on COVID-19 prevention, testing, and the vaccines/vaccination.

— Coordinate neighborhood canvassing to disseminate information.

— Provide a video of how to get to a vaccine site and what to expect once there.

— Include information on financial resources available if a vaccination reaction makes it impossible to work.

**Trust in Vaccines**

— Hold listening and education sessions with the community and have professionals available to address concerns or issues.

— Partner with informal community leaders, patients, and clinical experts to create testimonials on why to get the vaccine and vaccine safety.

★ **KEY TAKEAWAY**

*Bring vaccine opportunities to your audience via trusted sites. If typical healthcare settings are a barrier for attitudinal or logistical reasons, get creative and consider time, location and language to meet the communities’ needs.*
No one doubted that vaccinating a significant majority of the American population would be a daunting task, given the swiftness with which COVID-19 vaccinations were created and approved and the limited amount of time to conduct public education campaigns.

That so many Americans have received one of the approved vaccines is a remarkable achievement, but much more remains to be done in order to regain normalcy in our society and economy. As both public and private organizations conduct initiatives to encourage vaccinations, the Healthcare Leadership Council offers this Playbook as a valuable tool.

Through HLC members’ successes and HLC regional directors’ interactions with key populations, we have learned that there are certain strategies, tactics, and messages that resonate with the population as a whole. There are, however, certain population subsets that require tailored approaches designed to address the COVID-19 vaccine hesitancy many individuals have. We hope that communicating the lessons learned to date will help ensure that these innovative vaccines achieve their full potential in protecting our people.

We also hope that many of these interventions and outreach strategies outlast the pandemic. With news from the Centers for Disease Control and Prevention (CDC) that COVID-19 has also led to a sharp decline in recommended vaccines, it is incumbent on these institutions and organizations to apply these best practices more broadly in an effort to protect against the spread of other vaccine-preventable diseases and conditions.
The Association of Asian Pacific Community Health Organizations (AAPCHO)

AAPCHO continuously monitors novel COVID-19 disease 2019 (COVID-19) alerts and information from the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), and other health agencies across the United States and its territories.

Their COVID-19 Resource Hub contains frequently updated, tailored resources for community health centers, multilingual and culturally appropriate materials for Asian American (AA), Native Hawaiian (NH), and Pacific Islander (PI) communities, resources to address stigma related to COVID-19, public health considerations, webinar opportunities, and policy updates.

These include:
- Multilingual and culturally appropriate materials
- Resources for health centers
- Resources to address anti-Asian racism
- Cultural humility resources
- Public health considerations
- Webinars
- “What’s in the News”

Featured AAPCHO Resource

Below, find an excerpt from an AAPCHO Partner Social Media Toolkit. It features COVID-19 information in English, Traditional Chinese, and Vietnamese for people to use and share with their networks. AAPCHO provides links to folders with graphics in each language; each graphic is also shown with a suggested corresponding caption above it.

AAPCHO PARTNER SOCIAL MEDIA TOOLKIT

**English**

**Myth:** The vaccine is dangerous

**Here’s the truth:** The COVID-19 vaccine will save lives

*Post Copy:* There are a lot of myths out there about COVID-19.

**Myth:** Masks don’t do anything to protect you.

**Here’s the truth:** Masks help prevent the spread of COVID-19.

*Post Copy:* There are a lot of myths out there about COVID-19.

**Don’t be afraid:** If you feel unwell, seek medical care.

*Post Copy:* If you’re in the Seattle area, click here for resources on safely getting medical care: [https://aapcho.org/COVID-19seattle](https://aapcho.org/COVID-19seattle)
The Asian and Pacific Islander American Health Forum (APIAHF)

APIAHF, in conjunction with its participation in the National AA and NHPI Health Response Partnership, works to increase acceptance of vaccines and increase access to immunization services among AA and NH/PI communities in partnership with CDC National Center for Immunization and Respiratory Diseases (NCIRD).

Its website’s community-specific COVID-19 resources fall into two broad navigational categories (AA and NH/PI) and include multilingual:
- COVID-19 vaccine information
- Data
- Informational materials
- Glossary of COVID-19 terms
- Videos

**Featured APIAHF Resource: Know Your Vaccine Rights**

Together with the National Asian Pacific American Bar Association (NAPABA), the organization has created fact cards for those who may be unsure of their rights to a COVID-19 vaccination. Translated into 26 different AA and NH/PI languages, this resource educates community members on the benefits of getting vaccinated and encourages them to receive their free COVID-19 vaccinations regardless of immigration status, health insurance coverage, and/or Social Security identification.
With Special Thanks to Our Vaccine Partners

Atlanta Growing Leadership of Women (GLOW)
Atlanta Young Republicans
Appalachian Regional Commission
Appalachian Rural Health Institute, Director (Ohio University-Athens)
Bon Secours/Mercy Health Network
California Farmworkers Foundation
California Health Collaborative
Central Valley Health Policy Institute (CVHPI)—Fresno State
Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)
Cherokee Nation Health Services
Choctaw Nation Health Services
Choctaw Nation of Oklahoma Institutional Review Board
Cultiva La Salud
Emory Young Democrats
Faith in Public Life
Fort Valley State University
Foundation for Appalachian Ohio
Fresno Building Healthy Communities
General Baptist State Convention of North Carolina
Georgia Institute of Technology (Georgia Tech)
Georgia Tech Student Government Association
Georgia Young Democrats
Latino Community Fund of Georgia
National Action Network
North Carolina Shelby County Commissioner Willie F. Brooks, Jr.
Office of Governor Kevin Stitt
Ohio Association of Community Health Centers
Ohio Business Roundtable (OBR) (Stop the Spread Coalition)
Ohio Department of Health—Vaccinations
Ohio Farm Bureau
Ohio Grange
Ohio Hospital Association
Ohio Pharmacists Association
Ohio State Medical Association
Oklahoma City Area Indian Health Service
Providence Missionary Baptist Church
Rural Action
University of California, San Francisco (UCSF) Fresno
Voters Vaccine Vision
Young Democrats of Cobb County
APPENDIX C

With Gratitude to Our 2021 HLC Members

MemorialCare Health System
Barry Arbuckle, Ph.D., HLC Chair
President & CEO

AdventHealth
Terry Shaw
President & CEO

Advocate Aurora Health
Jim Skogsbergh
CEO

Aetna, a CVS Health Company
Christopher Ciano
President, Medicare

AmerisourceBergen
Leslie Donato
EVP and Chief Strategy Officer

Amgen
Ian Thompson
Senior Vice President, U.S. Business Operations

AMN Healthcare
Susan Salka
President & CEO

Anthem
Shantanu Agrawal, M.D.
Chief Health Officer

Ascension
Joseph Impicciche
President & CEO

Atrium Health
Eugene A. Woods
President & CEO

Baxter
José Almeida
Chairman, President & CEO

Biogen
Michel Vounatsos
CEO

Blue Cross and Blue Shield of North Carolina
Tunde Sotunde, M.D.
President & CEO

Blue Cross Blue Shield of Tennessee
Andrea Willis, M.D.
SVP & Chief Medical Officer

Bristol Myers Squibb
Adam Lenkowsky
General Manager, Head, U.S. Commercial

Cardinal Health
Mike Kaufmann
CEO

Change Healthcare
Neil de Crescenzo
President & CEO

City of Hope
Robert Stone
President & CEO

Cleveland Clinic
Robert Wyllie, M.D.
Chief Medical Operations Officer

ConnectiveRx
Harry Totonis
CEO

Cotiviti
Emad Rizk, M.D.
CEO

Epic
Judy Faulkner
CEO

Fairview Health Services
James Hereford
President & CEO

Gainwell Technologies
Paul Saleh
President & CEO

Genentech
Alexander Hardy
CEO

Guardant Health
Helmy Eltoukhly, Ph.D.
CEO

IQVIA
Hossam Sadek
Senior Advisor to CEO

Johnson & Johnson
Calvin Schmidt
SVP and Worldwide Leader, Government Affairs & Policy

Labcorp
Brian Caveney, M.D.
President of Diagnostics and CMO

Leidos
Liz Porter
President, Health Group

Magellan Health
Ken Fasola
CEO

Mallinckrodt
Hugh O’Neill
EVP & Chief Commercial Officer

Marshfield Clinic Health System
Susan Turney, M.D.
CEO

Mayo Clinic
Gianrico Farrugia, M.D.
President & CEO

McKesson
Stanton McComb
President, McKesson Medical-Surgical

Medidata Solutions
Tarek Sherif
Chairman & CEO

Medtronic
John Liddicoat, M.D.
EVP & President, Americas Region

Merck
Jill DeSimone
Acting President
U.S. Market

Mount Sinai Health System
Kenneth Davis, M.D.
President & CEO

NewYork-Presbyterian Hospital
Herb Parades, M.D.
Executive Vice Chair of the Board of Trustees

NorthShore University HealthSystem
J.P. Gallagher
President & CEO

Pfizer
Mike Gladstone
Global President, Inflammation & Immunology

Premier healthcare alliance
Michael Alkire
President & CEO

SCAN Health Plan
Sachin Jain, M.D.
President and CEO

Senior Helpers
Peter Ross
CEO & Co-Founder

SSM Health
Laura Kaiser
President & CEO

Stryker
Andy Pierce
Group President, MedSurg and Neurotechnology

Surescripts
Tom Skelton
CEO

Teladoc Health
Jason Gorevic
CEO

Texas Health Resources
Barclay Berdan
CEO

Tivity Health
Richard Ashworth
President & CEO

Vizient
Colleen Risk
Chief People Officer

ZS Associates
Jaideep Bajaj
Chairman
The Healthcare Leadership Council

The Healthcare Leadership Council (HLC) is a coalition of chief executives from all disciplines within American healthcare, who care about a shared vision for the future. We provide the only forum of its kind, convening industry leaders to collaborate on policies, plans, and programs that will bring positive change to the healthcare system. Since HLC was founded in 1988, our purpose has been to bring together key stakeholders and decision makers from across the healthcare industry to create a healthcare system that is accessible, affordable, and patient-centered; that prizes innovation; and that delivers value to all. If you share this vision, please visit www.hlc.org to join us.