Successful collaboration within state departments of health and with other leaders and community partners.

Pointing to the future, leaders in health equity and vaccination highlight the following considerations for continuing to build successful collaboration within state departments of health and with other leaders and community partners.

1. Move from a "come to us" to a "go to the community" approach. Be a consistent presence at events, worksites, or areas where people congregate. When possible, consider bundling vaccination with other mobile services such as mammogram vans, bookmobiles, or Meals on Wheels.

2. Capitalize on momentum. The COVID-19 pandemic compelled health equity and immunization teams to work closely together. States are capitalizing on abundant funding and are motivating partners by increasing personnel and formalizing practices, policies, and partnerships to build internal capacity and advance health equity. Moving forward, these newly formed relationships can be expanded to include other departments and focus areas.

3. Bring all levels of government to the table. Achieving health equity is everyone’s job. Leadership at every level of the state, and in coordination with other sectors (non-governmental and private), is essential to ensure that health equity is truly integrated into the public health system. Health equity and immunization leaders should be part of the decision-making team at the highest levels. The strongest departmental structures occur when public health officials engage governors and legislators who enable or reinforce the work through programming and legislation.

4. Express your values, extend your reach. Some states are embedding health equity and vaccination goals and requirements (e.g., hiring strategies, engagement metrics, accountability) into contracts and agreements with vendors, providers, and community-based organizations. This practice expresses public health values and extends reach and impact. Requirements should include complete data records and detailed reports.

5. Be in it together. Effective organizational structure supports collaboration between state healthy equity and immunization teams. There will be times when they need to learn from, be guided by, or lean on each other’s expertise with full recognition of the shared commitment to improve public health for everyone. Meaningful participation in goal setting, planning, budgeting, and joint meetings create the foundation for synergy and mutual support. Collaborative work environments ensure that equity and immunization teams respond quickly and efficiently to future health emergencies.

6. Build communities. Collaborative leaders have a strong presence in the communities they serve. They seek the advice of community members during design, development, implementation, evaluation, and follow-up of vaccination efforts. They bring in external partners who add technical expertise. States should build teams that are recruited from and reflective of the communities they serve.

7. Make data central. States that use health disparity data to inform decision-making can measurably improve health equity. Health equity and immunization teams that come together weekly to review the latest data are able to measure progress and adjust programs to improve results. These teams can identify successful innovations that should be replicated.

8. Go public. The intersection of COVID-19 and the social justice movement have increased interest in COVID-19 disparities and health equity. Making data and progress transparent engages others, builds trust, and holds states accountable. Public-facing dashboards are powerful tools; use effective graphics that clearly reveal any differences in vaccination among populations.

9. Recognize excellence – measure performance. Individuals and teams should be recognized for successful performance. Cross-departmental goals and individual performance measures help drive accountability. For instance, individual job descriptions should identify activities essential to improving health equity.

10. Know we are in the business of trust. Eliminating vaccination disparities requires each community to believe we have their best interests at heart; that we will listen and act accordingly. Building trust requires deliberate effort from government, with time and funding devoted toward shifting power to the community. This shift must occur in both mindset and strategic approach.