Trust Inspires Rapid Vaccine Response
How a Primary Care Association (PCA) Leveraged its Partnerships to Respond to a Public Health Emergency

An interview with
Kaitlin McColgan, Senior Vice President, Government. Affairs & Public Policy
Susan Dargon-Hart, Senior Vice President, Clinical Health Affairs

The Massachusetts League of Community Health Centers
April 2021
Trust Inspires Rapid Vaccine Response
How a Primary Care Association (PCA) Leveraged its Partnerships to Respond to a Public Health Emergency

Early in the COVID-19 vaccine roll-out initiative, the Massachusetts League of Community Health Centers (“the MassLeague”), jumped into action after a suspected technical glitch threatened to prevent health centers from receiving vaccine doses. This was not the first time, nor would it be the last time the League would resolve an urgent issue, but this story illustrates the importance of a Primary Care Association’s (PCA) leadership, partnerships, and ingenuity.

In early February 2021, health centers throughout Massachusetts were making plans to deliver COVID-19 vaccine doses, execute vaccine education campaigns, and recruit their most vulnerable patients to receive the vaccine. However, during the week when the first members of the public would be vaccine-eligible, two health centers in Boston, MA and one in Lowell, MA who requested doses through the State Department of Public Health’s online system, were surprised to learn they would not be receiving their vaccine allotment. Due to a suspected technical glitch, the State had not received their requests and had not ordered any doses for these three health centers.

This was a time of high COVID prevalence, and the absence of vaccines presented a risk for vulnerable patients in those communities. The communities served by these health centers had already experienced exacerbated health disparities throughout the pandemic, and the health centers had worked hard to build up enthusiasm for the arrival of vaccines that week. The inability to deliver COVID-19 vaccines as planned was not only a disappointment but it threatened their hard-earned trust with the community.

The MassLeague, the state-wide Primary Care Association (PCA), jumped into action to get vaccines to those three health centers and their communities, to learn why these health centers did not get the vaccines they ordered, and to determine what they could do to prevent this type of problem from happening again at these or other health centers in the state.

“What are we going to do? This is an emergency!”

Susan Dargon-Hart, Senior Vice President of Clinical Affairs, Kaitlin McColgan, Senior Vice President of Government Affairs & Public Policy, and MassLeague President and CEO, Michael Curry, brainstormed ways to get COVID-19 vaccine supply to these three health centers. They considered leveraging the close relationships the MassLeague had built over time with leaders at the State public health department, in State government, and local hospital systems. They also considered Mr. Curry’s current role and position on the Governor’s Health Equity Vaccine Task Force.

They observed several local hospitals receiving large quantities of vaccine but had less access to vulnerable populations. The MassLeague team determined that CEO Michael Curry would ask a colleague
from the Governor’s Task Force, who was also the senior official overseeing vaccine distribution through the local hospital system, if they would consider partnering to address the vaccine supply emergency. The local hospital system agreed and within 24 hours, the hospital system delivered 200 doses of the Moderna vaccine to each of the three community health centers in need of vaccine supply. Within days, those health centers held vaccine clinics and delivered every dose to eager and grateful community members.

“What Went Wrong? How Do We Avoid a Repeat?”

Upon resolution of the immediate emergency, the PCA team began to dig deeper and attempted to learn why these three health centers did not receive their requested vaccine doses from the State. The MassLeague team discovered the most plausible explanation was a technical computer system glitch involving incompatible internet browsers. This revealed a need for the MassLeague to develop and maintain a vaccine tracking system to serve as a “back-up” record of health center requests, while also providing the MassLeague with real-time data needed for vaccine supply advocacy efforts. What started as a simple spreadsheet, with information about weekly vaccine quantities requested by each center compared to what they received, become a valuable way for the MassLeague to track gaps and mark the progress of the vaccine rollout in the state. This situational awareness enabled the MassLeague to make vaccine distribution projections for State and Federal vaccine sources, provided clarity on health center vaccine plans, and boosted the MassLeague’s ability to advocate for funding and adequate vaccine supply for all Massachusetts health centers. The MassLeague further leveraged their vaccine supply tracking tool to forecast the MA health centers’ maximum vaccine distribution capacity. This forecasting data has already proven to be critical, used by both the PCA and the State Emergency Command Center.

Why was this PCA Successful in their Emergency Response?

Several key elements led to the MassLeague’s success in responding to the public health emergency. These are transferrable elements for any PCA emergency preparedness and response strategy. These elements include:

1. **Positive, working relationships between the PCA staff and fellow colleagues at health centers across the state.** - Positive working relationships and open communications between PCA staff and health center operations staff encourages information sharing in order to identify problems and solutions generally, and especially in an emergency situation.

2. **Meaningful, action-oriented, stable partnerships with community and government leaders, both in elected and public service roles.** - Establishing credible connections with traditional and non-traditional partners, including leaders of the local hospital system, and staff at all levels of State government (especially within the State Department of Public Health and State Emergency Command Structure) has both short and long-term importance.

3. **Involvement and presence in state-wide efforts** – Having a “seat at the table”, like the Governors Health Equity Vaccine Task force, is critical for PCAs to leverage partnerships and activities that advance the health center mission.
4. **Trust amongst all partners** – Investment of time and energy to build and maintain trusting and candid partnerships happens over time, sometimes years. This requires a commitment to collective impact, shared interest and appreciation for the contributions and efforts of all partners, even when mistakes or problems occur, so that working through those challenges can result in an even stronger, trusting partnership.

The Massachusetts League of Community Health Centers is a PCA that has strategically focused on growing its staff composition and skills, while nurturing wide-ranging external relationships and partnerships. The trust the PCA has earned with their health center members is highly valued. The MassLeague promotes health center engagement and networking through thoughtfully designed monthly meetings, trainings, and peer-to-peer learning communities for all levels of health center staff. During the COVID-19 pandemic, these events increased in frequency with some health center peer groups meeting biweekly, weekly, or even several times a week. These peer group connections resulted in deepening trust, and collaboration amongst the health centers and with the PCA.

Out of the COVID-19 crisis, the MassLeague of Community Health Centers and its members gained a renewed sense of mutual appreciation. Susan and Kaitlin agree: “the MassLeague and our member health centers have become even more intimately connected now. We lean on each other, learn best practices from one another, ask advice, and gain moral support more now than ever before.”

It is important to note that regardless of staffing size or funding level, PCAs around the country offer successful models that cultivate positive, working relationships across trusted partners which prove critical during emergencies. The national Primary Care Association Emergency Management Advisory Coalition (EMAC) is a venue for PCAs to share best practices, leverage lessons learned and stay updated on emergency preparedness, management and response policies and programs. Learn more at [www.pcaemac.org](http://www.pcaemac.org). PCAs are constantly opening doors and identifying opportunities in preparation for and in response to emergencies in their states and on behalf of health centers.

Inquiries about this document should be directed to NACHC’s Training and Technical Assistance Division at trainings@nachc.org

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $7,287,500 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.