

States and local governments were allocated millions of dollars for COVID-19 vaccine outreach efforts. While these resources are much-needed given the impact of the pandemic, it can be challenging to coordinate this work and avoid duplication of effort. This document provides some practical advice on how to collaborate by applying an [Institute for Healthcare Improvement \(IHI\) huddle model](#).

### Where is the money?

- Much of the American Rescue Plan Act (ARPA) funding relates to NWD functions. Check out [Opportunities to Leverage American Rescue Plan Act \(ARPA\) Funds to Grow NWD Systems](#), which will help you understand the scope of the funding and potentially which agencies in your state received funds.
- Make a list of all partners you could approach to collaborate with on vaccine outreach. Make sure to explore [Forming Lasting NWD Partnerships through Collaboration on Vaccine Outreach](#) for ideas.

### How to Begin? Consider a “Huddle” Model for Collaboration!

Many grantees shared that they face the challenge of coordinating with various agencies working on vaccine outreach. The IHI developed the huddle concept as a model for quality improvement in a health care setting. IHI defines a huddle as a short, stand-up meeting — 10 minutes or less — that is typically used once at the start of each workday in a clinical setting. In inpatient units, the huddle takes place at the start of each major shift. IHI adapted this model in the Spring of 2020 to host a 20-minute weekly national call open to all individuals working in nursing facilities to respond to the pandemic, coordinate efforts, and learn from one another. The model may also be useful for states and territories or local-level ADRC leaders in collaborating with partners around vaccine outreach. The example huddle format below was adapted from IHI’s model.

**Purpose:** To keep communication open with community partners engaged in vaccine outreach, to boost morale of all involved, and to increase collaboration between entities receiving and spending funds. Twenty-minute structured huddle provides opportunity to connect without taking a large quantity of time.

**Participants:** To determine who to invite, see “Where is the money?” section above. Possible partners include public health departments, Aging and Disability Resource Centers, Area Agencies on Aging, Centers for Independent Living, state Assistive Technology programs, 211, senior centers, meals providers, home care agencies, health plans, hospitals, primary care doctors, faith-based organizations, pharmacies, local businesses, etc.

**Frequency:** This can vary based on state or local need, but include some time in first meeting agenda to ask participants how often they would like to meet.

**Notetaker:** Notetaker captures the content of the discussion and sends out action items and the next meeting date following the huddle.

#### Sample Agenda for 20-minute Huddle

- **Opening Round/Introductions (2 minutes)**– Participants share one good thing (work or personal) that has happened to them today via chat
- **Vaccine outreach successes in the past week (8 minutes)**– ADRC or state facilitator and invited participants briefly share successes in vaccine outreach and upcoming events of note
- **Barriers and Solutions (8 minutes)**– Participants invited to share any barriers; group to offer suggestions to address
- **Action items (1 minute)**– Notetaker reads out action items
- **Closing (1 minute)**– Facilitator asks participants when they want to meet next; set date for next meeting/frequency, etc.