# JAMA Health Forum.

### Insights

# A Private-Sector Partnership to Promote Equitable Vaccine Delivery

Cheryl Pegus, MD, MPH; Kristin Russell, MD, MBA; William H. Shrank, MD, MSHS

The COVID-19 pandemic has laid bare deep, extensive, and intractable racial/ethnic disparities in the health care system. Compared with White individuals in the US, Black and Hispanic individuals have been 30% and 69% more likely, respectively, to contract COVID-19, and 42% and 22% more likely to die from the disease.<sup>1</sup> The pandemic has also taken a disproportionate economic toll on communities of color. Black and Hispanic individuals in the US have been 2 to 3 times more likely to experience economic hardship during the pandemic.<sup>2</sup>

Amid efforts to vaccinate US individuals against COVID-19, racial/ethnic disparities may be exacerbated without intentional efforts to promote equity in vaccine uptake. With other infectious diseases, vaccine disparities are well documented. During the 2019-2020 influenza season, for example, Black and Hispanic individuals were 22% and 27% less likely to be vaccinated, respectively, than White individuals in the US.<sup>3</sup> For COVID-19 specifically, surveys suggest that reluctance to be vaccinated is between 40% and 50% higher among communities of color.<sup>4</sup> Alarmingly, data from early phases of COVID-19 vaccination already point to considerable racial/ethnic disparities.<sup>5</sup>

# **The Need for Cross-Industry Partnerships**

No single stakeholder in the health care ecosystem possesses the health care data, customer relationships, and vaccine supply to execute equitable regional vaccinations alone. Cross-industry partnerships are needed to prevent systematic disparities in vaccine uptake. One such partnership has developed between Walmart, the nation's largest retailer, which also operates one of the largest pharmacy chains, and Humana, a large national health insurer with a special focus on managing the health of vulnerable senior citizens. This partnership exemplifies a potentially scalable approach to promoting equity in COVID-19 vaccinations.

Currently, demand for COVID-19 vaccines is much greater than supply. Nevertheless, early studies indicate that wealthy and White populations have been more likely to be vaccinated,<sup>5,6</sup> and anecdotal evidence suggests wealthier individuals in the US are traveling to capture available supply in vulnerable communities.<sup>7</sup> Health literacy, broadband, transportation, and other resource disparities likely contribute to this phenomenon, since underresourced groups face challenges in making and accessing appointments at local vaccination centers. Accordingly, efforts to promote equity must focus on dedicating supply to those who have the greatest vulnerability and least likely to be vaccinated. Moreover, those efforts must address real-world constraints and barriers experienced by vulnerable communities, such as limited health literacy, transportation, and digital access.

## **The Walmart/Humana Partnership**

These principles guided the Walmart collaborations with community organizations, payers, religious leaders, and other groups in local communities. Here, we discuss a partnership with Humana in Montgomery, Alabama, a city that is approximately 70% non-White, with 21.9% of residents living below the poverty line. Humana has a sizable population of members with heightened vulnerability in this market.

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Walmart was selected as one of the initial retail pharmacy chains participating in the new Federal Retail Pharmacy Program for administering COVID-19 vaccines. Alabama was one of the initial states that selected Walmart as a preferred partner. Specific Walmart store locations providing vaccinations were chosen in partnership with the US Centers for Disease Control and Prevention, with an eye to administering vaccine in underserved areas. Walmart took into account the population density, customer demographics, infection rates, and local health care resources to identify many of the participating locations. The company also looked at pharmacies located in medically underserved areas as designated by the Health Resources and Services Administration.

During the first week of the program, a small, contained fire occurred in one of the Walmart stores in Montgomery that had been chosen as a vaccination site. Despite this setback, Walmart was determined to keep this supply local and provide vaccinations to the designated community. Because Humana has a sizeable population of members with heightened vulnerability in the area, Walmart partnered with Humana to rapidly administer these vaccines to people within the neighborhoods surrounding the store. While Walmart secured a mobile health and wellness trailer and set up a vaccination site in the parking lot of the affected store, Humana made proactive outbound telephone calls to schedule vaccination appointments for members at high risk in the underserved communities, prioritizing those communities with the highest Social Vulnerability Index.

Humana and Walmart took steps to support these vulnerable members. Humana call center advocates asked every member who was scheduled for the vaccine event whether they had any barriers to receiving the vaccine and then worked to mitigate these barriers, including coordinating rides to the vaccination site. Household members who were vaccine eligible, such as spouses, were also offered appointments (regardless of whether they were members of Humana), decreasing another friction point and furthering the goal of keeping the vaccine within this vulnerable community. Humana's team joined Walmart on site, made reminder calls the morning of the event, and provided last-minute help to members who had new transportation issues or needed scheduling changes. When a few members needed to cancel their appointments, Humana and Walmart worked together to facilitate vaccinations for senior individuals in the area who were eligible, including 1 woman in the neighborhood who had walked to the Walmart store hoping to buy pants for the homeless population she works with.

#### **Lessons Learned**

This program highlighted several insights. First, high-touch support for vulnerable populations is critical.<sup>8</sup> Reaching out to schedule by telephone, providing transportation, and assisting family members all contributed to the success of this program, in which the mean age of the vaccinated population was 75 years (all were 65 years or older), most had high-risk conditions, and 60% were Black. Second, the location of vaccine delivery cannot be underestimated. Even when vaccination sites are deliberately chosen with the goal of serving a vulnerable community, extra effort is necessary to ensure the community members can actually schedule appointments and access the vaccine site, taking into consideration digital barriers and resource limitations that may be in place.

To our knowledge, this type of vaccination partnership was the first of its kind. Walmart and Humana have replicated this model in other cities, and Walmart has scaled this model to partner with other payers, community centers, and teacher organizations. The effort demonstrates the power of private-sector partnerships brought together with speed to solve something as important as equitable distribution of vaccines during a pandemic. Such partnerships with stakeholders within the health care ecosystem and those who are innovatively entering health care can be a model for initiatives to achieve the goal of improving health access, clinical outcomes, engagement, and equity.

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#### **ARTICLE INFORMATION**

Corresponding Author: William H. Shrank, MD, MSHS, Humana Inc, 500 W Main St, Louisville, KY 40202 (wshrank @humana.com).

Author Affiliations: Walmart Inc, Bentonville, Arkansas (Pegus); Humana Inc, Louisville, Kentucky (Russell, Shrank).

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