

## Partners in Preparedness: Innovative Practices in Public-Private Partnerships for Pandemic Influenza Preparedness

*Case Study #1: Local Health Departments Partner with Community Pharmacies for H1N1 and Seasonal Influenza Prevention, Vaccination, and Response*



### **ABSTRACT**

The H1N1 influenza pandemic provided a unique opportunity for the Palm Beach County Health Department (PBCHD) to partner with the medical and hospital community, responding partners, and community and supermarket pharmacies to meet the challenges of a mass vaccination campaign. The public-private collaboration with pharmacies extended the reach of the local health department (LHD), engaged and empowered individuals and families, and provided vaccinations in traditional and nontraditional settings. This partnership enabled information and vaccine to flow from the PBCHD to hundreds of area supermarkets and community pharmacies and their in-store health clinics, reaching the public where they routinely shop and have easy access to a pharmacist, a trusted and knowledgeable healthcare professional.

The PBCHD distributed Flu Ready Shopping Cards (in English and Spanish), suggesting supplies to stockpile in advance of rapid onset influenza, information on vaccinations, and tips for care at home as a patient surge mitigation strategy. To increase H1N1 awareness and vaccinations, trained pharmacists and pharmacy technicians distributed more than 200,000 cards at 250 retail locations. This program distributed the vaccination message throughout the county and facilitated the partnership with pharmacists who were eager to assist in this public health emergency. Approximately 10 percent of allocated vaccine was provided to area pharmacies and health clinics. Additional advantages were easy transfer of vaccine, ability to preposition antivirals, and ability to respond to shortages of pediatric suspension antivirals. PBCHD will incorporate such partnerships into all-hazards preparedness efforts, creating a stronger LHD and a more resilient community.

## **INTRODUCTION**

The collaboration between the Palm Beach County Health Department (PBCHD) and community pharmacies brought public health flu prevention messages and a mass vaccination campaign to large numbers of people at convenient store locations with easy access, including evenings and weekends. These partnerships provided credible and timely influenza information to the public by connecting the public to specially trained and trusted pharmacists, who are accessible healthcare professionals and a “first resource” for consumers. This partnership leveraged the vast potential of pharmacies, located throughout the county, with the retail expertise to promote and publicize public health messages and vaccination with creative signage, coupons, and merchandise displays. These public-private collaborations extended the reach of the LHD, engaged and empowered individuals and families, and provided vaccinations in traditional and nontraditional settings.

The partnership between the PBCHD and Publix Super Markets was formed (February 2009) to increase awareness concerning ways to prevent and prepare for seasonal influenza by reaching the public, as customers, while they are doing their regular shopping at supermarkets and community pharmacies. The purpose was to reduce excess morbidity and mortality from flu, or from other contagious illnesses, by reminding people of simple public health measures and the importance of vaccination. Publix Super Markets agreed to disseminate Flu Ready Cards, created by the PBCHD, to more than 45 stores in the county.

The partnership expanded in August 2009 in two significant ways. First, the PBCHD made additional collaborations with the Winn Dixie Super Market corporate leadership to expand the dissemination of Flu Ready Cards to pharmacy customers in their 25 stores. Second, the Walgreens pharmacies also agreed to partner with the PBCHD and distribute the Flu Ready Cards to all pharmacists in their 70 stores.

The partnership also expanded beyond distribution of Flu Ready Cards to include dissemination of the newly released federal H1N1 influenza vaccine once the H1N1 pandemic was declared in June 2009. In August 2009, an announcement was made that LHDs in Florida would be responsible for distributing the new H1N1 vaccine to providers. The PBCHD created a comprehensive and coordinated plan to vaccinate the target population and then roll out the vaccine to the general population. This plan included recruiting pharmacists from retail venues and nurse-practitioners from the in-store retail health clinics, registering them into the Florida SHOTS™ vaccine registry, and having them sign a required memorandum of agreement (MOA). The collaboration with corporate leadership in the nation’s largest community pharmacy chains also served as the bridge to the pharmacies’ in-store health clinics, a growing trend in the provision of healthcare. The in-store health clinics included Take Care Clinics inside Walgreens stores, Little Clinics in selected Publix Super Markets, and Minute Clinics inside CVS drug stores. These clinics, staffed by nurse-practitioners, could vaccinate young children, a first-tier target of the H1N1 vaccination campaign. These clinics can reach families without a medical home or relationships with private providers, another opportunity to bring influenza vaccination to those at-risk. Pharmacists in Florida are authorized to provide influenza vaccinations to adults age 18 and over. For this reason, the in-store clinics became early receivers of the H1N1 vaccine in efforts to best reach the target populations (children and pregnant women), and the pharmacists became part of the second release of vaccine.

Women are most often involved in the shopping for family and friends. They are also the central healthcare decision makers for children, parents, and family. The Keiser Family Foundation, Women and Health Care Profile 2005, found that 80 percent of women shoulder the healthcare decision making for their families. Therefore, reaching female shoppers with credible public health messages and vaccination opportunities can greatly improve overall health. (Kaiser Family Foundation, 2005).

## **BACKGROUND**

This partnership was the first known outreach by the LHD with community pharmacies, in the drug store chains, and in supermarkets. In addition to the community pharmacies, the PBCHD initiated contact with the Palm Beach County (PBC) Pharmacy Association. This new partnership will continue for all-hazards community preparedness and response, and is the first known collaboration with the PBCHD. The PBCHD leadership spoke at a monthly PBC Pharmacy Association meeting, providing an update on H1N1 activities. In order to strengthen the partnership, PBCDH invited the PBC Pharmacy Association to the monthly Healthcare Emergency Response Coalition (HERC) meetings, attended by all 15 hospitals and pre-hospital partners (EMS leadership from fire and rescue agencies). In addition, PBC Pharmacy Association leadership will be invited to participate in all public health trainings, tabletop exercises, and drills, bringing in pharmacists as a new partner in all-hazards emergency preparedness and response.

The partnerships made with the corporate leadership of community pharmacies (Walgreens and CVS) was initiated through the Adult Immunization Coalition, which meets twice each year and is attended by providers and community agencies.

The partnership began as a way to provide simple influenza readiness messages to the public. These messages included supplies for stockpiling, encouraging seasonal flu vaccine, hand washing, cough etiquette, and isolation when ill. By summer 2009, once the H1N1 activity had reached pandemic proportions and vaccine production was underway, the partnership was expanded to include vaccine distribution, antiviral placement and status, and patient surge collaboration, in addition to releasing the message to more pharmacies.

## **METHODS**

### **Partner Formation**

The PBCHD e-mailed and called the Publix Super Market Inc. corporate pharmacy headquarters and spoke with both the integrated care manager (pharmacy and in-store clinics) and the emergency preparedness director. In-person meetings were scheduled at the supermarket headquarters. A Flu Readiness Initiative Action Plan was proposed and agreed to by the supermarket chain using a small sample of Palm Beach County stores within a defined time period. This was then expanded to more than 45 stores within Palm Beach County once the H1N1 pandemic was declared. This approach (e-mail and telephone calls) was the method used to engage the pharmacy leadership at the Winn Dixie Super Market chain, as well.

PBCHD's pandemic influenza coordinator met with Walgreens' pharmacy supervisor at the County Adult Immunization Coalition meeting in August 2009. A private one-on-one meeting was set up following the coalition meeting—the Flu Ready Initiative was proposed, and Walgreens agreed to participate. Walgreens invited PBCHD's emergency preparedness coordinator and pandemic influenza coordinator to an internal staff meeting for all 70 store managers and pharmacy managers. This provided an opportunity for the LHD to survey the pharmacists on multiple flu-related topics and gain support for the Flu Ready Initiative. Other project stakeholders included the following:

**Adult Immunization Coalition Meeting**—This meeting provided a venue for providers, chain drug store pharmacy supervisors, vaccine manufacturer representatives, LHD immunization services staff, and community service agencies to come together and discuss adult vaccination objectives and opportunities. The LHD's H1N1 leadership presented the vaccine distribution plan and the new Flu Ready Card program at the August 2009 meeting. The meeting promoted the sharing of information by vaccine representatives who then took the LHD's contact information to private-practice pediatricians and internists as they went from office to office.

**Palm Beach County Pharmacy Association**—Following initial contact by PBCHD, the pandemic influenza coordinator gave an update on H1N1 activities and the LHD's vaccine distribution plan to the PBC Pharmacy Association's members at a monthly meeting in October. Flu Ready Cards and contact information were distributed.

**Florida Pharmacy Association**—PBCHD offered to assist with the expansion of the Flu Ready Card and pharmacy collaboration on a statewide basis.

**PBC Medical Society and HERC**—The HERC was a key stakeholder to distribute vaccine to healthcare workers, collaborate on hospital surge strategies, liaise with physicians on hospital staff, and distribute Flu Ready Cards to visitors and employees. The HERC holds monthly meetings for all 15 local hospital key emergency preparedness staff (e.g., emergency department, safety and infection control personnel), medical society representatives, PBC Division of Emergency Management, and fire and rescue agencies. Each month, in addition to emergency preparedness and response topics, vaccine distribution and flu response strategies were discussed. Flu Ready Cards were provided in every hospital emergency department throughout the flu pandemic. Some hospitals added their logos to the card and distributed the cards through emergency departments. The HERC assisted in creating links from the LHD to hospital pharmacy leadership for ease of vaccine distribution. As a result of the LHD partnerships, the HERC has invited PBC Pharmacy Association representatives to participate in monthly HERC meetings, further strengthening the connection among hospitals, LHDs, physician providers, and pharmacists.

The following factors were most important in facilitating the public-private partnership:

- Initiation and interest by PBCHD's Office of Public Health Preparedness staff;
- The urgency of the H1N1 influenza pandemic;
- H1N1 Influenza vaccine accessibility through LHDs;
- Grant funding for pandemic preparedness helping to create the Flu Ready Cards;

- LHD resources and infrastructure (e.g., public information and graphics, information technology, warehouse);
- LHD credibility as the prime resource for public health information in PBC;
- Pharmacists as trusted, knowledgeable, and accessible healthcare providers and partners; and
- Commitment by corporate leadership of supermarkets and chain drug stores that saw an opportunity to partner with organized public health.

### **Barriers**

The barriers for this partnership were minimal and associated with overcoming corporate decision-making. The LHD worked with local pharmacy supervisors for the major national drug store chains. These supervisors had to review the Flu Ready Card dissemination and H1N1 vaccine ordering decisions in conjunction with their corporate management. The pharmacies were motivated to be partners with PBCHD and found ways to overcome any corporate roadblocks. In turn, based on a close working relationship with Palm Beach County, the LHD served as a contact point for these drug store chains wanting similar contact people in other LHDs throughout the state. The variability from county to county was difficult for the corporate pharmacies to grasp, because variability was the opposite of the corporate standardization of policies and processes. Corporate decision-making procedures and systems were a barrier to signing the MOA to serve as a provider for the state Florida on the Florida SHOTS vaccine registry. Was the MOA to be signed at a corporate level, state level, or local level by the national chain drug stores? The decision was made by the state and local health departments, in consultation with their legal professionals and others, that each pharmacy chain (i.e., Walgreens, CVS, Wal-Mart) would electronically sign the universal provider agreement on the Florida SHOTS website in order for the LHD to release vaccine from its allocation.

For the supermarkets, the LHD worked directly with pharmacy headquarters within the supermarket chains located in Florida and had fewer barriers for vaccine distribution, but somewhat less interest in flu prevention than the community pharmacies. The lesser interest may have been due to the fact that supermarkets' primary mission involves food and food safety and to a lesser degree, interest in their public health role. This situation seems to be changing as more supermarkets dedicate space to pharmacies and health products.

Funding was another major barrier. Without the initial pandemic influenza grant funding to the LHD (January–August 2009) and hiring a pandemic influenza coordinator, this collaboration would not have taken shape. The H1N1 federal funding that began in August 2009 allowed for this collaborative arrangement with pharmacies to continue. The unlikely continuation of federal funding and the lack of resources by the LHD are impeding the growth of this partnership. Pharmacist authority was another barrier to providing vaccinations to the general population, especially to children. All 50 states allow pharmacists to administer vaccinations. This authority began in 1994 in Seattle. In 2009, Maine became the last state to grant such privileges. Some states require specific education or certification; some limit by types of vaccine; others limit by age of patient; some require a pharmacist to have a prescription from a physician before administering a vaccine; and some states limit the routes of administration. (Terrie, 2010) (Carpenter, 2009).

Florida authorizes immunizing pharmacists, with proper certification, to administer influenza vaccinations to persons ages 18 and over. No other vaccinations are authorized and not to persons under age 18. This is a barrier to protecting the population from vaccine-preventable diseases, including Pneumococcal disease, Herpes Zoster (shingles), Hepatitis, and many other diseases, including childhood diseases. Pharmacists have the unique position to help identify persons who are in the target populations for certain vaccinations because they have access to medication profiles. One of the major objectives of the Department of Health and Human Services' *Healthy People 2010 Initiative*, a nationwide program to increase health promotion and disease prevention services, is to decrease vaccine-preventable disease by increasing and improving access to vaccine services. The partnership with pharmacists, as accessible and trained healthcare professionals, could greatly increase access to vaccinations.

### **Challenges**

Many challenges associated with the H1N1 mass vaccination campaign were beyond the control of the state and local health departments. The federal government originally promised to release the vaccine earlier and in greater quantities. The vaccine was slower to grow in egg culture, and smaller quantities arrived, which led to a lack of balance between supply and demand. As the cycle of disease spiked and the public wanted the vaccine, vaccine was unavailable or scarce. When considerable vaccine was on hand, the public demand was gone. In addition, the disease increased in the summer due to camp outbreaks and again in September, as children went back to school; however, the vaccine was not delivered until late October/early November. The supermarket and drug store chains were most helpful in overcoming this challenge by keeping the prospect of available vaccine in front of the consumer by using creative signage visible from the street and in-store promotions. Below are some specific challenges PBCHD faced with the H1N1 vaccination plan:

**Vaccine Registry**—The Florida SHOTS vaccine registry was an integral element of the collaboration because all providers had to be recruited and registered to receive the vaccine. Therefore, challenges were associated with recruiting the correct contact persons to sign the provider agreement/MOA, order the vaccine, and serve as a resource for distribution and reordering. This challenge was overcome once the correct contact person was made for each community pharmacy. E-mails or calls were made regarding the type of vaccine formulation the LHD had in stock, and suggestions were made for ordering (e.g., either the Novartis or Sanofi Pasteur multi-dose vials).

**Logistics**—Some limitations existed in distributing information, particularly Flu Ready Cards, to every supermarket and pharmacy, and distribution varied by corporate entity. The drug store chains maintained local distribution sites, and the LHD was able to bring the Flu Ready Cards to one distribution site and then pharmacy managers picked up their Flu Ready Card allotment for each store. This logistical process was more difficult for the supermarket distribution. Flu Ready Cards had to be boxed with the supermarket store number and then brought to a distribution site outside the county for supermarket personnel to redistribute. Doing so took a great deal of LHD personnel to break apart the cards and re-sort them into individual store supplies. An alternative was to ship the cards to the home base of the supermarket chain for distribution. However, the LHD did not have the financial resources for postage to move the cartons of cards a great distance. An alternative would have been to bring the Flu Ready Cards to the supermarket

warehouse in bulk format for their personnel to break apart and include in packages for local stores. This will be the procedure for the 2010–2011 Flu Ready Cards.

**Pharmacy Privileges**—By Florida law, immunizing pharmacists have authority to provide influenza vaccinations to adults age 18 years and older. Initially, a major H1N1 vaccine target group was young children; for this reason, with the legal restriction of age 18 for immunizing pharmacists, pharmacies were not in the first release of vaccine. Although pharmacists knew this, they remained eager to participate in the vaccination campaign. Policymakers should consider expanding the authority of pharmacists practicing in Florida so they have the power to dispense a wider variety of vaccines such as the pneumonia vaccine and reduce the age restriction on dispensing vaccines to younger children. These actions are beyond the scope of the LHD. The in-store clinics (i.e., Take Care in Walgreens, Minute Clinic in CVS, Little Clinics in Publix), staffed with nurse-practitioners, were in the first release for vaccine so they could vaccinate children while parents were purchasing supplies and receiving information and advice from the pharmacist.

**Vaccine Delays and Inconsistencies**—Vaccine delays and inconsistencies were limitations for providers, pharmacists, and physicians. The vaccine did not arrive until November, and there was a great rush for the early release of vaccine. By the time vaccine was plentiful in January and February, the public’s interest had diminished.

**Administrative Fees and Insurance Coverage of H1N1 Vaccine by Pharmacists**—Insurance coverage for immunizing pharmacists is not standardized or uniform. Standardization requires state and federal intervention and is beyond the scope of this local collaborative. In addition, price competition existed among pharmacies, which led to public confusion.

### **Achievements**

The public-private partnership with community pharmacies has extraordinary potential benefits. First, one significant underlying objective of any preparedness plan must be to engage, empower, and inform individuals, families, and communities. Managing any emergency involves communication, and this collaboration was based on sharing information across all levels and increasing the visibility of public health measures throughout the county. The partnership was convenient to the public because it provided a “one-stop shop” to reach people where they shop daily, provided ample and well-lit parking, accommodated evening and weekend hours, was accessible for those with disabilities, and allowed people to stock up on supplies such as food staples, household items, and healthcare products at one time.

This collaboration built on trusted relationships—pharmacists are one of the most trusted professionals according to a recent Gallup poll (2009)—and pharmacists are often the first resource for healthcare questions of the public.

The partnership expanded access to the H1N1 vaccine to many residents including those who do not normally have a medical home. The PBCHD also brought a vaccination team into the supermarket when a pharmacy was not present or an immunizing pharmacist was not available. The *El Bodegon* Supermarket, the largest Hispanic supermarket chain in the country, distributed the Flu Ready Cards in Spanish to shoppers in three locations and allowed an LHD vaccination

team to set up a mini-clinic within the stores. On several afternoons before Christmas, in an area of the store located between the produce and bakery sections, more than 200 H1N1 vaccinations were provided to children and adults over four hours. Shoppers appreciated this convenience.

This collaboration was invaluable concerning the status of antivirals and remedies for the temporary shortage of pediatric suspension Tamiflu. The ability to monitor and alter patient surge can be another benefit of partnering with pharmacists. Pediatricians contacted the LHD regarding the status of antivirals to ask questions such as the following: Where could patients quickly locate life-saving medications, especially pediatric suspension of Tamiflu? Where could pediatricians access antivirals for patients without health insurance? The LHD's contacts with community pharmacies provided solutions to these pressing problems.

### **Specific Benefits**

The LHD-pharmacy partnership resulted in the following benefits:

- More than 200,000 Flu Ready Cards were distributed in 250 community pharmacy locations and in-store health clinics from September through December 2009.
- Relevant prevention and vaccination information was available to the public in a convenient location and from a trusted healthcare professional.
- Publix reprinted the Flu Ready Card and offered them in every store within their chain—more than 1,100 stores in five southeastern states.
- Pharmacists were engaged with the LHD's emergency preparedness leadership and learned of their interrelated role and mission.
- For the first time, the LHD was able to speak to the local pharmacy association; a second such meeting has been scheduled, and additional opportunities to partner are being explored.
- The LHD's vaccine distribution plan with pharmacies demonstrated to corporate entities (corporate-level chain drug stores and supermarkets) the benefits of having a close working partnership at a local level. This local-level collaboration will be important during times of local emergency or disaster.
- Partners realized they had an opportunity to replicate this public-private collaboration with other local counties and also facilitate such relationships statewide and nationwide.

### **Innovation**

This was the first time the PBCHD collaborated with community pharmacies.

## **RESULTS**

### **Impact/Measurement**

The public-private partnership involving supermarket and community pharmacies brought together existing partners in a new working relationship to improve individual and family preparedness and strengthen community resilience: The pharmacies gained greater access to information and community response planning and as a result, could provide better services and products to their customers, including access to the federally released H1N1 vaccine. The LHD gained a team of trusted professionals assisting with prevention and emergency response. The public became better informed and could develop action plans to handle local emergencies and events.



PBCHD shipped almost 40,000 doses of H1N1 vaccine to pharmacies and in-store health clinics in early December before the Centers for Disease Control and Prevention (CDC) began a national vaccine shipment program to corporate chain pharmacies in late December. These 40,000 doses were approximately 10 percent of the PBCHD vaccine allocation. Although PBCDH does not have statistics on vaccinations provided by these locations, vaccine re-orders were necessary to keep up with demand. The store clinics used for the first release of vaccine were in zip code areas with few pediatricians and less access to medical care. The store clinics were selected to fill a perceived gap in access to vaccine.

To measure the impact of the partnership, PBCDH created an assessment tool that was administered to pharmacy and store managers at Walgreens (in August and January) and to members of the PBC Pharmacy Association at its October meeting. More than 90 percent of pharmacists and 50 percent of store managers reported that customers asked them about influenza and ways to prevent catching the flu.

Two questions asked in the January 2010 Assessment of Walgreens pharmacy managers helped measure the impact of this partnership:

- Did you find the Flu Ready Cards useful for sharing information with the public?
- Was the LHD useful to you?

Of the 53 respondents (33 pharmacy managers and 20 store managers), two-thirds found the Flu Ready Cards useful in talking to the public. Of those who identified themselves as pharmacy managers, 55 percent found the Flu Ready Cards useful (18/33). Of the 53 respondents in the Walgreens assessment, 57 percent reported that the LHD was useful to them during the pandemic, including 55 percent of pharmacy managers and 60 percent of store managers.

### **Dissemination**

The PBCHD created and printed 400,000 copies of two Flu Ready Cards (2009), in English and Spanish. The cards were approximately 4 x 11 inches and easy for the pharmacist to use (a standard Publix card stock that would fit into kiosks and display holders) and cost two cents per card. One side was devoted to supplies to purchase in advance of the flu in order to be ready for the rapid onset of illness, which encouraged people to be prepared at home with basic food and healthcare items. The reverse side of the card was devoted to “Care for the Sick Person with Flu at Home” as a patient surge mitigation strategy. Guidance from the CDC formed the basis of this card. (See appendix).

In late summer, just as the pandemic preparedness grant funding ended, a second Flu Ready Card was printed (a green card to differentiate it from the first blue card) with a focus on vaccination. Specifically, the card defined the target groups for seasonal and H1N1 flu vaccine and provided the LHD’s toll-free flu information hotline (888) 411-4FLU and website information. These cards were housed in cartons in the LHD’s warehouse and delivered to one central warehouse for each major supermarket and national pharmacy chain; the chains then distributed the cards to individual store locations.

The Flu Ready Cards were offered in more than 250 retail outlets in Palm Beach County and available on various websites. These Flu Ready Cards were also taken to over 150 fairs, festivals, and outreach events. The cards were available to county employees, school children, childcare centers, libraries, hospitals, urgent care centers, universities, and others.

A new Flu Ready Card is planned for release in June 2010 with a similar circulation. The card promotes the new near-universal influenza vaccination recommendation, encouraging everyone over six months of age to receive a flu vaccination. The card is aimed at adults and those with underlying health conditions, including asthma, diabetes, and heart conditions. Targeting specific audiences was a lesson learned from the H1N1 2009 pandemic. More vaccination messages need to be geared to adults with chronic conditions.

The LHD created Flu Ready Posters for local pharmacies, hospitals, businesses, worksites, schools, fairs, and festivals. Creative radio and television spots, in English and Spanish, were used during the H1N1 pandemic. A speakers' bureau was activated and well-versed professionals spoke in community centers, residential neighborhood meetings, community service groups, and many other locations.

The collaboration with supermarket and community pharmacies was presented on a webinar from the National Association of County and City Health Officials about "Alternative Sites for Flu Vaccination Clinics: Recent Experiences and Lessons Learned" on January 11, 2010, as part of National Influenza Vaccination Week. To access the webinar, visit [www.naccho.org/topics/h1n1/webcasts.cfm](http://www.naccho.org/topics/h1n1/webcasts.cfm); a simple and free registration is required.

The collaboration was presented at NACCHO's Preparedness Summit on February 17, 2010. PBCDH was the lead presenter and invited Lisa Koonin (CDC) to facilitate, and Michael Roberson (Publix) and Anne-Marie Aldrich PharmD (Walgreens), to co-present their findings. PBCDH was selected as the recipient of the National Immunization Excellence Award presented at the National Influenza Vaccination Summit meeting in May 2010. A presentation was made highlighting the many partnerships used to form a comprehensive and coordinated seasonal and H1N1 influenza prevention, vaccination and response plan, including the collaboration with pharmacists. PBCDH also submitted articles for publication in peer-reviewed public health and pharmacy journals.

### **Sustainability**

The LHD plans to sustain this partnership by including the community pharmacies in all-hazards preparedness and response activities. The PBC Pharmacy Association and community pharmacy contacts will be invited to monthly meetings of the HERC, Region 7 public health preparedness meetings, tabletop exercises and drills, and to all health-related activities and fairs. The LHD is working with these contacts to prepare health information brochures and find venues for partnership. However, the LHD will lose funding from the H1N1 federal program; reduced personnel can impact the sustainability of the partnership.

PBCDH will continue to partner with supermarket and chain drug store pharmacies and in-store retail health clinics for influenza prevention, vaccination, and response. The LHD's goal is to expand this collaboration to other preparedness functions (e.g., weather-related response and

chronic and acute disease-related prevention and response). To expand the collaboration, PBCHD will need to identify funding for personnel at the LHD to continue the work begun by the Influenza Readiness Initiative.

### **Other Partnership Applications**

This partnership can be applied to other emergency preparedness and response opportunities. For hurricane preparedness, an annual preparedness and response activity for PBCHD, new forms of collaboration are underway with community pharmacy. If there is a storm, the PBCHD (health and medical unit) and the division of emergency management will have a direct line to the area pharmacy supervisor to know which stores are open and the status of pharmaceutical supplies. This partnership has already produced results including the invitation for pharmacists to participate at tabletop exercises and drills, involving them in preparedness activities. The pharmacy leadership will be assigned a seat at the emergency operations center, when and if a center is activated, and will become an integral part of the health and medical unit or Emergency Support Function (ESF #8) and business and industry unit (ESF #18).

The partnership was beneficial following the devastating earthquake in Haiti. As survivors began coming to Palm Beach County following the earthquake, the LHD was able to connect with its local working pharmacy partners to ensure access to pharmaceuticals and vaccine. These pharmacy partners also assisted vaccinating local teams of search and rescue workers sent to Haiti to assist in the first days following the disaster. Again, partnerships were in place and available to assist, regardless of the emergency or disaster.

Consideration is underway to integrating community pharmacy into the PBCHD Cities Readiness Initiative (CRI). This federal program requires the LHD to have a plan to distribute antibiotics to the entire population of 1.3 million residents of Palm Beach County within 48 hours in response to an inhalation anthrax attack. The PBCHD has a plan involving public and closed points of distribution (POD) sites. NACCHO has recognized PBCHD for its Closed POD program in gated communities and other closed neighborhoods. The integration of pharmacists into this plan could be of great value in staffing public PODS and serving as a unique resource for the Closed POD program. This new adaptation of the partnership between the LHD and pharmacy for the CRI Antibiotic Distribution program is in early development, but promises benefits from such public-private collaborations.

### **RECOMMENDATIONS**

Reasons for the success of this public-private collaboration were similar in motivation, and shared a common mission and purpose between the LHD and community pharmacy. The LHD and pharmacist were interested in providing the public with accurate and timely public health influenza messages and increasing access to flu vaccinations.

One recommendation is to begin the partnership or collaborative effort before an emergency, disaster, pandemic, or other outbreak or event begins. During an emergency is not the time for exchanging business cards and networking.

The partnership should be exercised and drilled. In February 2009, the PBCHD invited Publix to be a participant in a Region 7 pandemic influenza tabletop exercise with four south Florida

LHDs. This was a first for the region and for Publix. The exercise proved beneficial when a month later, there was a recall of a national baby food and the LHD had immediate access to the appropriate Publix personnel.

LHDs should consider partnering with providers or agencies that share the same motivation, passion, and purpose. They should find opportunities to build trust and create working relationships, including invitations to work together on other related topics. Partners should continue to share information and be inclusive.

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## **Suggested Resources for More Information**

Food Marketing Institute  
<http://www.fmi.org>

National Association of Chain Drug Stores  
<http://www.nacds.org>

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