



### What was the jurisdiction's experience with partners prior to using the framework?

Washington State has a **decentralized governance model** and works with a **large network** of external partners and a **small network** of internal partners. They **primarily help local health jurisdictions** connect to other organizations and **serve as a frontline and secondary partner for services such as the Nurse Mobile Vaccine Team** for homebased services and the **Care-A-Van**, a mobile COVID-19 vaccination clinic that increases vaccine access in Washington's medically underserved communities. Washington works with pharmacies (to expand vaccine access), nurse vendors (to administer COVID-19 vaccines), care facilities (to organize vaccinations for residents), LHJs (to source vaccines for mobile teams) and home-based individuals (to increase equitable vaccination coverage). Prior to using the framework, Washington did not share data (e.g., doses administered, populations served, events held) with their internal Care-A-Van partner and lacked consistent and organized methods for routine interdepartmental coordination.



### What did this jurisdiction hope to get out of the framework?

Washington is unique among early framework adopters in that it aimed to use the framework to **enhance partner collaborations** by defining each partner's visions and goals and sharing available data to better coordinate activities. Washington also hoped to strategize ways to refresh their community programs and build capacity for busy times, such as influenza season.

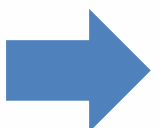


### How did this jurisdiction use the framework?

Washington found it helpful to first review the framework individually phase by phase, then to engage a **proctor** (in a "train-the-trainer" approach) to facilitate framework navigation and discussion around recommended actions and next steps. They noted how using the framework in this way **saved them time in the long-run** and helped them efficiently address any gaps.



Washington focused on Phases A, C, and D of the framework. See page 2 for more.





### How did this jurisdiction use the framework? (cont.)

Washington used the framework to identify and increase connection points between its **Nurse Mobile Vaccine Team** and **Care-A-Van**, a COVID-19-specific mobile vaccination clinic. Together, they used the **checklist** and **action plan** to **identify gaps and points of overlap in Phases A, C, and D**: *A1: Refine and update vision*; *C2: Advancing partner communication to facilitate the partner network*; and *D1: Assess data collection and sharing methods*. Over the next month, the group spent a total of 19 FTE hours reviewing **Level 1 and Level 2 recommended actions provided** in the **comprehensive overview** and successfully implemented the following actions:

- Set **actionable goals**, (e.g., conduct more check-ins on upcoming events and opportunities for collaboration);
- Evaluated current **data collection mechanisms** (i.e., weekly and monthly status reports on population served) to assess whether they met partner needs;
- Established **weekly and monthly meetings** to review overlap areas, share resources and information on individual program data, and coordinate on pieces important to program growth.

*Using the framework: Care-A-Van & the Nurse Mobile Vaccine Team each spent:*

- **1 hour** reviewing materials;
- **1 hour** discussing the framework;
- **3 hours** meeting to review their progress and plan next steps

*Washington also asked a proctor to guide these partners through the process. The proctor spent an additional **4 hours** working through the available resources to prepare to lead those meetings.*



### What was achieved using the framework?

By using the framework to identify and increase connection points, **Washington strengthened partnerships to improve their collective services to Washington's communities that are medically underserved**. Through more regular touchpoints and communication inspired by the framework, Washington and partners **increased their overall geographic reach and maximized the allocation of their combined personnel and resources to vaccinate more people than any individual partner could on its own, and in a very short amount of time**. Combining services for multiple nearby cities into one trip, as well as leveraging the geographic spread of program staff and nurses, has allowed the teams to more efficiently serve a wider area within the state.

*“ The framework holds the lantern aloft for those of us that are new to pathways within public health and allows us to travel faster with more confidence and direction  
– Washington ”*

Going forward, Washington and its partners plan to revisit the framework in quarterly meetings to continue leveraging resources and collaborating to increase their services' collective impact. Washington also plans to host an upcoming **Monkey Pox Vaccine clinic** with Care-a-Van and mobile team staff, King County Public Health, and the University of Washington.

*For more information, consult the full framework [here](#), or reach out to Washington's Adult Immunization Quality Improvement Coordinator, [JoAnn Parris](#).*

