

Memorandum of Understanding Toolkit for Public Health Agencies and Pharmacies

Guidance and Templates for State and Territorial
Health Agencies to Establish a Memorandum of
Understanding with Pharmacies to Support a
Coordinated Response to Influenza Pandemics and
Other Vaccine-Related Emergencies

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INTRODUCTION

Increasing the number of eligible health professionals who can administer vaccines is an important step toward achieving a coordinated and resourceful public health response to influenza pandemics and other vaccine-related public health emergencies. With more than 67,000 community pharmacies in the United States, including chain drug stores, mass merchants, supermarkets, and independent drug stores, pharmacies offer convenience, accessibility, and extended hours for a wide range of individuals seeking vaccines.¹

In recent years, there has been a widespread effort to offer vaccination services at U.S. pharmacies, and pharmacists are being recognized as valued members of the immunization community. According to the American Pharmacists Association (APhA), the number of pharmacists trained to administer vaccines increased from 40,000 in 2007 to more than 320,000 in 2017.² During the 2017-18 flu season, 28.2% of seasonal influenza vaccinations given to adults were administered in a pharmacy or retail setting.³

Because pharmacies are already major providers of routine vaccinations, they could significantly expand their existing role by providing immunizations to the public during a pandemic. For example, approximately 14.1 million additional vaccines could be administered each week in the U.S. if half of the approximately 33,500 community pharmacies provided pandemic vaccinations at a volume of seven doses per hour, 10 hours per day, six days per week. This would represent a significant boost in capacity—more immunizations than are currently delivered nationwide during the peak week of vaccinations during any season.

Despite this potential boost in needed capacity, state and territorial health agencies, pharmacists, and pharmacies often face legal and administrative challenges that can hinder expanded utilization of pharmacist vaccinators. These challenges can be mitigated by using standardized agreements that set forth the terms and conditions between the states or territories and their pharmacist vaccinators.

The Memorandum of Understanding (MOU) Toolkit for Public Health and Pharmacies presents a standardized template to formalize responsibilities between state public health agencies and pharmacies for pandemic influenza vaccination and response planning.

This template was extensively reviewed by national public health and pharmacy associations and was tested in eight states. It provides guidance and tools for state and territorial health agencies to use when establishing agreements with pharmacies to support a strong public health response to influenza pandemics and other vaccine-related public health emergencies.

None of the information contained in this document should be considered legal advice. State health agencies should consult with their legal departments about the feasibility of using the tools and resources included in this toolkit, including the memorandum of understanding (MOU) template, to facilitate a formal agreement with their pharmacy partners.

What is a Memorandum of Understanding?

A memorandum of understanding (MOU) is a formal agreement that sets forth terms between two or more parties. Organizations, including public health agencies and pharmacies, can use MOUs to establish official partnerships. MOUs are not legally binding, but they are often used as the first step toward a legal contract. Some users refer to MOUs as handshakes that set forth the parameters for agreement and action ahead of time so that participants can avoid exploring and vetting them during an emergency. MOUs are also sometimes referred to as no-cost contracts and can be drafted to be either binding or non-binding.

Why Should Public Health Agencies and Pharmacies Have a Memorandum of Understanding?

MOUs offer benefits to both public health agencies and pharmacies. MOUs make it easier for public

health agencies to leverage all potential partners' strengths and promote synergies that can be useful for additional services, even beyond immunizations. In particular, public health agencies can extend the public's access to vaccines through community pharmacies' infrastructure, both for pandemics and more routine immunizations. Pharmacies engage with people across the lifespan and are often trusted sources of information and assistance in communities. As pharmacies become more involved in providing immunizations to the public, MOUs can help ensure that all pandemic vaccinators have appropriate access to vaccines, information, and supplies.

Community pharmacies benefit from MOUs through early allocation of federal pandemic vaccine supply, the ability to develop a distribution approach in advance, opportunities to educate public health about how pharmacies plan and respond to emergencies, and opportunities to reduce waste, improve efficiency, clarify expectations, and strengthen partnerships with public health agencies for both pandemic and routine healthcare situations. Because MOUs help standardize operations and streamline points of contact across individual jurisdictions or organizations, they can be incorporated into organizational continuity of operations planning and help public and private agencies function more smoothly during crises.⁴

MOUs also support the concept of an immunization neighborhood, a term coined by APhA to denote collaboration, coordination, and communication among all immunization stakeholders with the shared goal of meeting patients' immunization needs and protecting everyone from vaccine-preventable diseases.⁵ In short, MOUs between public health agencies and pharmacies help pharmacies better serve their patients and customers and help public health agencies reach the public more efficiently—a true win-win.

How Can a Public Health Agency Establish a Memorandum of Understanding with Pharmacies?

This toolkit has been designed to help public health agencies and pharmacies establish MOUs to support the public health response to influenza pandemics and other vaccine-related public health emergencies. Following the recommendations outlined in this guide will help public health agencies identify and work with key internal and external stakeholders to develop plans or road maps for establishing MOUs. Although this toolkit assumes that state public health agencies

will take the lead in initiating MOUs with pharmacy partners, the pharmacy groups could initiate the same process.

The steps outlined in this toolkit are meant to help public health agencies:

- Conduct the initial planning required to establish MOUs.
- Develop and implement MOUs.
- Publicize and celebrate an MOU's signing.
- Ensure that MOUs remain in effect as important tools for dispensing vaccines during pandemics and other public health emergencies.
- Strengthen ongoing partnerships and collaborative work between public health and pharmacies beyond the MOUs.

The steps outlined in this toolkit cover a mix of populations, governmental public health structures, pharmacy types, and geographic areas, but may not apply equally to all states.

Toolkit Overview

The Association of State and Territorial Health Officials (ASTHO) developed this toolkit in partnership with CDC, APhA, the National Association of Chain Drug Stores (NACDS), and the National Alliance of State Pharmacy Associations (NASPA). ASTHO recognized both the increasingly important roles that pharmacists can play in expanding access to vaccines and the need for public health agencies to prepare for how they would work with pharmacy partners during a vaccine-related public health emergency.

In the course of developing this toolkit, ASTHO obtained input from infectious disease stakeholders through:

- Interviews with Arkansas, Georgia, and Tennessee state health agency staff involved in efforts to pilot ASTHO's MOU template during 2015 and 2016.
- Interviews with state health agency staff in Illinois, New York, Utah, and Virginia, who used the first version of this toolkit during 2016 and 2017.
- Interviews with representatives from national pharmacy associations like APhA, NACDS, and NASPA.

- Interviews with state pharmacy association and state health agency staff in Kentucky, Michigan, and Washington, which have developed public health or community pharmacy MOUs on their own.
- Presentations and discussions at a stakeholder meeting at the March 2016 APhA annual meeting.
- Feedback from state health agency and community pharmacy representatives at a meeting convened by ASTHO and NACDS in June 2016.

The public health agencies and pharmacy partners from the eight states where ASTHO tested the MOU template all found that the process took longer than they initially expected. This toolkit shares their strategies for responding to obstacles that were time-consuming and often frustrating, but that ultimately led to stronger partnerships. Step 3a (Identify Issues, Concerns, and Red Flags) offers more details about the types of barriers states encountered and encourages partners to identify and address these early in the MOU process.

Although this toolkit and materials focus on establishing an MOU, many of the interviewed stakeholders emphasized that pursuing an MOU is an important opportunity for increasing partnership and communication between public health and community pharmacies, *even if legal or other obstacles ultimately prevent signing or implementing the MOU*. The benefits of enhanced interaction and coordination between public health agencies and pharmacies that occur as part of the MOU process should still make the effort a worthwhile journey.

NOTE:

Although this toolkit and materials focus on establishing an MOU, many of those interviewed emphasized that pursuing an MOU is an important opportunity for increased partnership and communication between public health and community pharmacies, *even if legal or other obstacles ultimately prevent signing or implementing the MOU*. The benefits of enhanced interaction and coordination between public health agencies and pharmacies that occur as part of the MOU process should still make the effort a worthwhile journey

Defining the Scope of a Memorandum of Understanding

This toolkit focuses on an influenza pandemic—a specific crisis scenario with unique roles for public health agencies and pharmacies—but it is just one of many emergencies that states and communities may face. In addition to the influenza-specific MOU described in this guide, CDC and other agencies also support preparedness and planning for an all-hazards approach that addresses natural, biological, chemical, and radiological events.

Some health agencies and pharmacies already rely on MOUs that utilize an all-hazards approach, while others have focused on influenza either instead of, or in addition to, an all-hazards approach. At least one state has developed an “a la carte” MOU that allows each pharmacy partner to choose which of several scenarios is covered by the MOU (see *Virginia Develops an MOU for Multiple Emergency Situations*).

For states and communities that do not already have an all-hazards or other type of broad MOU in place, an influenza-focused MOU could serve as a first step toward a more comprehensive all-hazards MOU, allowing partners to explore MOU implementation on a smaller scale with a smaller universe of stakeholders. Because an influenza-specific MOU is more focused, it may be easier to negotiate than a broader, all-hazards MOU. On the other hand, natural and other disasters may feel more familiar or likely for specific state health agencies, so in some cases an all-hazards MOU might be a better starting point. If a state health agency decides to start with an all-hazards MOU, it can develop an addendum later to cover pandemics.

Choosing to pursue an influenza-specific MOU, an all-hazards MOU, or a hybrid MOU is an early decision for public health agencies, pharmacies, and other stakeholders. This toolkit assumes that an agency has decided to proceed with an influenza-specific MOU, and therefore includes an example of an influenza-specific MOU.

For an example of an all-hazards MOU from Washington state, please see the [Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding](#). For another example that uses a slightly different approach to developing an all-hazards MOU, please see the description of Virginia’s MOU below.

Virginia Develops a Memorandum of Understanding for Multiple Emergency Situations

Although many states have developed an all-hazards MOU, the Virginia Department of Health developed an MOU focused on preparing for four different types of emergencies involving medical countermeasures: pandemic influenza vaccine emergency response, antiviral emergency response, anthrax emergency response, and response to a natural disaster. The MOU is designed to allow each pharmacy partner to indicate which scenario(s) are covered by the MOU. For each scenario, the roles and responsibilities of the state health agency and the pharmacy are clearly specified. This “a la carte” approach to an MOU allows for maximum flexibility and encourages pharmacy participation.

To read Virginia’s MOU for multiple scenarios, please visit: <http://www.astho.org/Programs/Infectious-Disease/Pandemic-Influenza/Tool-K---MOA---All-Hazards/>

STEPS TO ESTABLISH AN MOU

Step 1: Internal State Health Agency Alignment

Ia: Identify Internal Partners

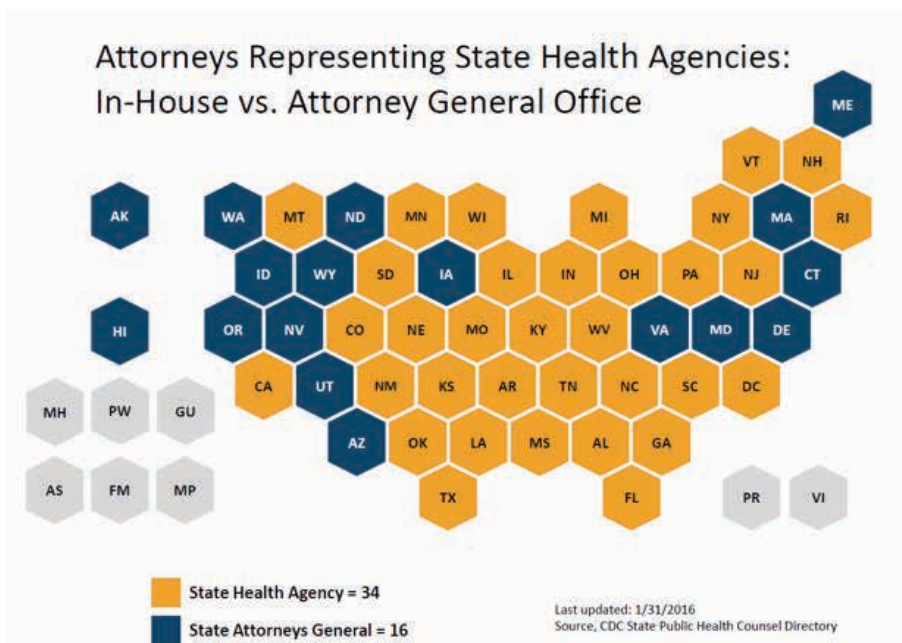
Many departments or divisions within a state health agency are likely to be involved in a pandemic preparedness MOU. Before enlisting pharmacy partners' support, ensure that the following agency leaders support establishing an MOU:

- The state health official or other champion within the agency's senior management team.
- The agency's legal counsel.
- The agency's immunization program manager.
- The agency's emergency preparedness director.

State health agencies may also wish to contact state or local government partners to contact may including the state board of pharmacy, which is the state regulatory body of pharmacists, and local public health agencies.

When working with a state health agency's legal counsel, it is important to understand the relationship between these entities. For example, some state health agencies are represented by legal counsel who work within the state health agency, whereas other state health agencies are represented by legal counsel who work at the state attorney general's office. If you are working on an MOU in a state where the legal counsel is not located within the health department, it will be necessary to contact the state attorney general's office to identify who is assigned to work with the state health agency. The National Association of Attorneys General maintains a [contact list for all state attorneys general](#).

Working with attorneys and other forms of legal counsel is an experience that may be unfamiliar to many people at state health agencies. The following tips were developed by ASTHO's senior director of state health policy, who is himself an attorney, to help state health agencies develop and maintain effective professional relationships with their legal counsel:



- **Contact your legal department as soon as possible.** If you are working on a project in which there is even a chance of needing to develop an MOU, reach out to your legal counsel right away. The earlier the contact is made, the easier the process will be for everyone involved.
- **Be candid and open.** Provide your legal counsel with all of your information. Wherever possible, ask your attorney how something can be done as opposed to whether it can be done.
- **Establish and nurture the relationship.** Establish a relationship with your legal counsel early, invite them to key meetings or find other opportunities for face-to-face interaction, and keep them updated through written communications.

The New York State Department of Health held in-person meetings with its colleagues in Legal Affairs to discuss the MOU and proactively address issues that would have otherwise arisen during the review process. These meetings helped the health agency and the legal team understand one another's needs, and ultimately helped streamline the process of developing the MOU.

- **Engage in day-to-day operations.** Make your attorney a member of your work team. Keep your attorney informed and engaged in the project every step of the way.
- **Understand differing perspectives.** Remember that your legal counsel's primary concern is to keep the health agency out of legal trouble and avoid any problems in the context of the legal system.
- **Share the public health perspective.** Look for opportunities to help your legal counsel understand why the MOU is important, from a public health perspective.

In addition, it is important to remember that every state health agency contends with many urgent public health issues at once from AIDS to Zika virus. As new crises unfold, an MOU covering a future event may be pushed to the back burner.

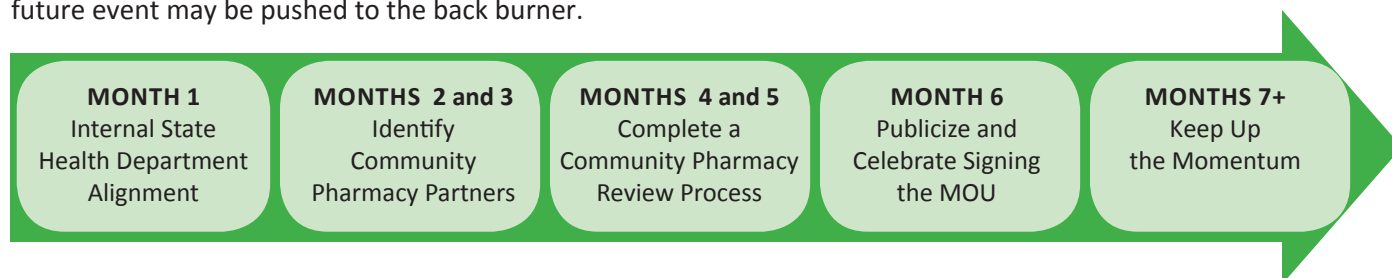
To counter this natural tendency, identify one or more internal champions within the senior management team and establish a timeline to keep the process moving, as described below.

Ib: Establish a Timeline

The timeline will depend on factors both inside and outside of the state health agency's control, such as the time required for pharmacy review. Internally, however, the team should establish target dates for the following:

- **Internal Review of the MOU.** Review or vet the MOU with the health agency's legal team to ensure that the MOU has been approved internally before it is shared with others. Multiple review cycles might be needed, so it is wise to build in additional time for internal review processes.
- **Outreach.** If appropriate, reach out to the state pharmacy association and other stakeholders.
- **Explore Existing Relationships.** Explore existing pharmacy partnerships to build upon and identify knowledge gaps about pharmacy presence in the state (e.g., community pharmacy chains or independent pharmacies, regional or national chains, and coverage of geographic areas).
- **Material Development.** Prepare state-specific materials (e.g., introductory letters or e-mails, a one-page flyer, slide decks, or FAQs) using the materials in this toolkit as a starting point.

ASTHO's interviewed states recommend allowing several months to complete this first step and at least six to eight months for the full process, including pharmacy vetting and sign-off. The figure below represents a sample timeline for each of the steps described in this toolkit for developing and implementing a MOU.



Ic. Coordinate State and Local Efforts

It is important to determine if there are existing partnerships between local health agencies and pharmacies and, if so, build upon them before starting state-level agreements. In some states, local health agencies already have MOUs or the equivalent, such as collaborative practice agreements, with local pharmacies. During a pandemic, state health agencies coordinate vaccine allocation and distribution, so it would be duplicative to have additional MOUs between local public health agencies and pharmacies.

The Utah Department of Health garnered support for its statewide MOU by meeting regularly with all of the state's local health agencies and then working closely with the largest local health agency in Salt Lake County to implement the MOU. Once the Salt Lake County Health Department agreed to participate in the statewide MOU, other local health agencies throughout the state were more willing to do the same.

Id: State Health Agency to Review the Memorandum of Understanding

Pilot states noted that their internal review processes could cause delays due to competing priorities and perceived lack of urgency to establish an MOU with pharmacy partners. As noted above, an MOU covering a future event may not receive the same urgency or priority as other topics. It is crucial to have the support of an internal champion within the senior management team. An effective internal champion is an individual who can help identify and communicate with relevant stakeholders, be persistent in overcoming challenges related to developing or implementing the MOU, and spread enthusiasm for the MOU. These champions may also need to reassure legal teams that other states have vetted and signed similar MOUs. The initial internal state health agency review should occur prior to sharing the MOU with pharmacies and other partners in order to allow time to incorporate any state health agency feedback into the MOU.

The Georgia Department of Public Health worked closely with the Georgia Board of Pharmacy to identify pharmacies that were interested in learning more about the MOU and becoming early signers. Once engaged, these pharmacy "allies" were helpful in making the case to other pharmacies and encouraging broader participation.

Tools related to Step 1 (see Appendix for links):

- A. Template for MOU between state health agency and pharmacy
- B. Stakeholder contact list
- C. Timeline template with tasks and milestones

Step 2: Identify Community Pharmacy Partners

2a: Start With the State Pharmacy Association

If the state health agency does not already have a contact person or liaison within the state pharmacy association, this is the time to consider establishing contact. The state pharmacy association representative will know its members and be able to answer questions about who might be most interested initially, or whether it makes sense to approach national or regional chains or independent pharmacies first. To identify and connect with a specific state pharmacy association, contact the [National Alliance of State Pharmacy Associations](#).

Schools of pharmacy can be important partners in the effort to establish statewide MOUs. To identify and obtain contact information for schools of pharmacy in your area, please visit the American Association of Colleges of Pharmacy website at <https://www.aacp.org/>

Once a state health agency has established a relationship with the state pharmacy association, it might be possible for the two organizations to work together to promote the MOU to pharmacies throughout the state. For example, the state pharmacy association might be willing to include information about the MOU in its communications to members and/or include information about the MOU on its website. The two organizations might also be able to work together to host meetings or make presentations at one another's conferences. These types of opportunities can be used to build relationships between public health agencies and pharmacies, provide information about the MOU, and encourage pharmacies and pharmacists to sign the MOU.

Although this toolkit assumes that state public health agencies will initiate contact with pharmacies and share the MOU template with them, pharmacies may be interested in making initial contact with the state health agencies' immunization program managers or preparedness coordinators. The Association of Immunization Managers maintains the most up-to-date source of [contact information](#) for immunization program managers working in states, territories, and some of the country's largest metropolitan areas. ASTHO's [Preparedness Program](#) also provides up-to-date contact information for preparedness coordinators. E-mail the program at preparedness@astho.org.

Many regional and national community pharmacy chains cross state borders or have a regional presence. While pursuing an MOU, it is helpful to determine if neighboring states have MOUs in place with a chain operating across multiple states.

2b. Host a Meeting to Explain the Memorandum of Understanding Rationale, Components, and Process

Once the state health agency identifies pharmacy representatives, it will be helpful to have one or more meetings to discuss the MOU and answer initial questions. This initial meeting can be used to ask pharmacy representatives to review the MOU within their own organizations, serve on a small steering committee, become a first signer of the MOU, or help identify other pharmacies that might be interested in participating in the MOU. After the initial meeting, follow up with participants to discuss any concerns or questions in order to promptly address them without delaying the MOU's progress. (See below for more ideas on addressing concerns, issues, or "red flags.")

The Washington State Department of Health partnered with the Washington State Pharmacy Association and University of Washington School of Pharmacy to jointly sponsor two statewide pharmacy summits.

In some cases, it might be possible to engage a broader network of potential partners by attending conferences or statewide summits. Washington State Department of Health convened statewide summits with the state pharmacy association and the state's school of pharmacy to discuss pandemic preparedness and the role that a statewide MOU can play in ensuring

that all parties are prepared to respond effectively. The summits helped pave the way for participation in the MOU by allowing public health and pharmacy representatives to learn about each other's values, challenges, and common commitments to protecting and serving the public.

The summits also provided an opportunity to address misconceptions or misunderstandings. For example, many public health participants knew little about pharmacy distribution networks and how they could be deployed during a pandemic after the health agency determines allocations of vaccine. As pharmacy partners pointed out, their regional distribution networks do not always overlap with state or county jurisdictions that are more typical for public health governance. In addition, the process of distributing vaccines for pharmacies fits into an existing system that is highly efficient and is updated on a daily or even hourly basis to meet routine restocking needs.

The Pharmacists Society of the State of New York uses its website to promote New York State Department of Health's pharmacy MOU and help pharmacists understand how they can play a front line role in the fight against pandemics. <http://www.pssny.org/news/369414/The-Pandemic-MOU-What-it-Means-for-NYS-Pharmacies.htm>.

Please see this toolkit's appendix a list of tools to help start these meetings, including a one-page flyer describing the MOU, sample text for an introductory letter or e-mail, and a slide deck that can be adapted for different audiences. It might also be helpful to prepare an FAQ document to share during and after the meeting. For additional information about developing a FAQ document, visit the website of the Pharmacists Society of the State of New York at <https://pssny.site-ym.com/page/ThePandemicMOU#why>.

2c. Form a Joint Public Health/Community Pharmacy Steering Committee

Based on the outcome of the initial meetings, it may be helpful to form a small committee with representation from both public health and community pharmacies. This can keep the process moving and allow the committee to effectively troubleshoot problems or concerns as they arise.

This group or state pharmacy association representative also can help determine the best format for the MOU. For example, some states have developed

local MOUs with signatories who are city- or county-level local health agencies and individual pharmacies or chains, while others prefer a single state jurisdiction performing this function to streamline interactions with community pharmacy chains. Others have developed a more generic sign-on format in which an MOU is offered to various community pharmacies, which then choose whether or not to sign on (instead of developing a customized MOU for each signer).

The Illinois Department of Public Health established a pharmacy workgroup that was co-chaired by a representative of the state health agency and a representative of the state pharmacy association. Because Illinois has a decentralized public health system, the workgroup also included representatives from local health agencies, along with representatives of the state health agency, pharmacies, and hospitals.

Among the eight states that implemented this toolkit's MOU template, each selected a different strategy based on its unique circumstances. Some worked initially with a regional chain and then added types of pharmacies. Others worked with independent community pharmacies through the board of pharmacy but organized the MOUs by different geographic regions to account for urban and rural differences. One state developed a no-cost contract (the state's equivalent of an MOU) with three national community pharmacy chains. In another state, the department is pursuing contracts with independent pharmacies as a way of targeting those parts of the state with the least coverage from national chains. The states' varying approaches underscores the fact that each state is different and should be willing to develop its own approach based on factors such as the needs of the state, the types of pharmacies within the state, and its relationships with stakeholders (e.g., boards of pharmacy).

Tools related to Step 2 (see Appendix for links):

- D. Example of one-page flyer
- E. Sample introductory letter or e-mail from state health agency to pharmacy
- F. "Implementing a Public Health/Community Pharmacy Pandemic Response Memorandum of Understanding" slide deck

Step 3: Complete a Community Pharmacy Review Process and Revise As Needed

3a. Identify Potential Issues, Concerns, and Red Flags

After the state health agency shares the MOU with pharmacy partners, the steering committee members may want to identify potential issues or red flags. For example, the steering committee or state pharmacy association representatives can review the MOU section-by-section and identify questions that may arise. If either of these groups can anticipate some concerns or issues based on the state's unique context, it could help streamline the process of responding to them and save considerable time. Examples of potential issues or challenges include:

- Allocating vaccine product.
- Distributing of vaccine product and supplies.
- Reporting inventory data.
- Documenting of vaccine administration.
- Assessing vaccination dose status.
- Submitting doses-administered data to the state immunization information system (IIS).
- Negotiating vaccine cost and payment, including how to account for administrative costs when payments for vaccines are bundled.
- Problems with Medicaid not recognizing pharmacists as immunization providers.

The Illinois Department of Public Health has developed a [YouTube video](#) to address potential concerns related to a MOU and describe the role of Illinois pharmacists in a public health emergency. The video, as well as additional resources that can be used to communicate with prospective pharmacy providers, can be found at: <http://www.ipha.org/>

The questions listed in Tool G of this document's appendix ("Sample MOU Review Questions") are examples of the many issues that could be raised and addressed by bringing the right people around a table to discuss an MOU. A message map can also be a useful tool to help state health agencies anticipate and respond to questions that are likely to arise about MOUs. A sample message map is included as Tool H in the appendix.

3b. Respond to Comments from Community Pharmacy Representatives

Depending on how the state health agency partners with pharmacies and how many MOUs it requires, it may take some time to respond to individual feedback. One advantage of using the MOU template included in this toolkit's appendix is that ASTHO has already shared and vetted it with national public health and pharmacy groups, so it may already be familiar to legal teams on both sides. It also helps that partnerships between public health and community pharmacies are more common now than they were prior to 2009, when the H1N1 pandemic served as an impetus for public health and pharmacy groups to work together to effectively respond to the event.

3c. Work with State Health Agency Legal Counsel to Revise Memorandum of Understanding Based on Pharmacy Feedback

After pharmacy representatives have identified any concerns, the state health agency team or steering committee will have to resolve them to the mutual satisfaction of both parties. Ideally, this will be a relatively straightforward process. Pilot states did not encounter significant roadblocks at this point in the process, but noted that each language change required yet another round of review and approval, which took more time than they anticipated.

Tools related to Step 3 (see Appendix for links):

- G. Sample MOU review questions
- H. Sample message map slide deck

Step 4: Publicize and Celebrate Signing a Memorandum of Understanding and Interim Accomplishments

4a. Schedule a Signing Event

If the parties agree, develop a press release and schedule an event to publicize the MOU's significance and potential impact. This will help recognize those who became first signers, as well as encourage others to sign an MOU in the future. (See the appendix for a sample press release and thank you letter for the pharmacies signing the MOU.)

Some state health agencies have used web-based applications, such as DocuSign (<https://www.docusign.com/>), to make it easier for an MOU to be shared and signed by multiple parties and avoid delays.

4b. Acknowledge Interim Accomplishments

Signing an MOU is important, but it is not the only goal for this process. Has the MOU process brought new partners to the joint public health immunization, emergency preparedness, or community pharmacy table? Are more pharmacies enrolled in the state's immunization information system? Has the state launched or strengthened an emergency declaration process? Are public health and community pharmacy representatives now routinely presenting at each other's training events and conferences, or jointly authoring journal articles? These are all examples of stronger links between public health and community pharmacies and deserve to be recognized and celebrated.

Tools related to Step 4 (see Appendix for links):

- I. Sample press release announcing MOU signing or implementation
- J. Sample thank you letter to pharmacy partners

Step 5: Keep Up the Momentum

5a. Continue To Recruit Community Pharmacies

Once an initial MOU is in process or has been signed, the state health agency should continue to work with the pharmacy association to recruit other pharmacies, such as community pharmacy chains (national or regional), independent pharmacies, or groups of these by region or urban area. Use the MOU signing event, as described in Step 4, to ensure that other pharmacies are aware of the MOU and understand the benefits associated with having an MOU in place.

The Illinois Department of Public Health invites pharmacists to participate in their regional healthcare coalitions to keep them engaged with the state health agency.

Consider trying to work with the pharmacy association to develop communication and promotional materials to share with pharmacies via the pharmacy association website, email distribution lists, and newsletters. Whenever possible, these communication and promotional materials should feature “testimonials” from both the state health agency and participating pharmacies attesting to the MOU’s benefits and addressing pharmacies’ anticipated concerns.

5b. Find Additional Ways to Build on The Public Health/Community Pharmacy Partnership

Regardless of the MOU’s status, stronger partnerships between state health agencies and community pharmacies could include joint training exercises, roles in emergency operations centers or planning meetings, inclusion in e-mail or listserv blasts with relevant information, joint presentations at conferences or meetings, or participating in disease prevention coalitions. States should also consider contacting academic pharmacy partners, since many college and university pharmacy programs have a public health focus and some offer joint public health and pharmacy degree programs. These programs could be sources of students or interns interested in emergency preparedness and public health, and could add public health content to their existing pharmacy curricula.⁵

The Tennessee Department of Health built upon relationships with their local health departments that were established in 2009 during the H1N1 event to generate interest in signing a statewide MOU geared toward mass vaccination and dispensing.

5c. Review the Memorandum of Understanding

Whether or not the MOU is signed, consider performing periodic reviews to consider any needed updates, include new signatories, or perhaps address barriers that prevented partners from signing the MOU in previous attempts. In Step 3a, part of the review process includes identifying issues, concerns, and red flags. If any specific issues remain unresolved — such as billing issues, coordination problems between state and local public health agencies, signatory issues, or problems with the scope of the MOU — state health agencies can revisit them, perhaps with new stakeholders added to the mix.



CONCLUSION

A signed MOU between state public health agencies and pharmacy partners is part of a broader effort to strengthen mutually beneficial partnerships between these important sectors involved in protecting and maintaining the public's health. These partnerships are helpful not only during an influenza pandemic or other vaccine-related public health emergency, but also during the non-emergency, day-to-day routines of preventing disease and promoting health and well-being.

Although this toolkit is focused on the steps that agencies can take to successfully complete an MOU, the authors recognize that this should not be the only goal. Regardless of what an MOU contains (or if it is ultimately signed), the process of exploring an MOU should help public health and pharmacy representatives understand their shared goals and create more opportunities for partnerships to promote public health and well-being.

ADDITIONAL RESOURCES

American Pharmacists Association

The American Pharmacists Association (APhA) is the largest association of pharmacists in the United States with more than 62,000 members.

<http://www.pharmacist.com/>

National Alliance of State Pharmacy Associations

The National Alliance of State Pharmacy Associations promotes leadership, sharing, learning, and policy exchange among state pharmacy associations and pharmacy leaders nationwide, and provides education and advocacy to support pharmacists, patients, and communities working together to improve public health.

<http://www.naspa.us>

National Association of Boards of Pharmacy

The National Association of Boards of Pharmacy supports the state boards of pharmacy in creating uniform regulations to protect public health.

<http://www.nabp.net/boards-of-pharmacy>

National Association of Chain Drug Stores

The mission of the National Association of Chain Drug Stores is to advance the interests and objectives of the chain community pharmacy industry by fostering its growth and promoting its role as a provider of healthcare services and consumer products.

<http://www.nacds.org/>



APPENDIX: TOOLS

Tools for Completing a Memorandum of Understanding

All of the tools below are available as Word or PowerPoint documents on ASTHO's Pandemic Influenza **web page**:
<http://www.astho.org/Programs/Infectious-Disease/Pandemic-Influenza>

Tool A: Template for MOU Between Public Health Agency and Pharmacy

Tool B: Stakeholder Contact List

Tool C: Timeline Template with Tasks and Milestones

Tool D: Example of One-Page Flyer

Tool E: Sample Introductory Letter or Email

Tool F: Implementing a Public Health/Community Pharmacy Pandemic Response Memorandum of Understanding

Tool G: Sample MOU Review Questions

Tool H: Sample Message Map

Tool I: Sample Press Release Announcing MOU Signing or Implementation

Tool J: Sample Thank You Letter to Pharmacy Partners

ENDNOTES

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