

DOH Community Collaborative Minutes:

February 22, 2023 | 4:00pm – 5:30pm

I. Welcome & Land Acknowledgment – Todd Holloway, Thought Partner

- This session was facilitated by Todd Holloway, a Community Collaborative Thought Partner.

II. Independent Living (IL) Movement Overview – Todd Holloway, Thought Partner

- The IL movement aims to create a society where people with disabilities have the same ability to determine activities of daily life as people without disabilities.
- Centers for Independent Living work with participants to help them lead independent lives. Advocates are usually someone who has lived experience with disability.
- From a medical model to a social model
 - i. The medical model sees people with disabilities as broken and in need of a cure.
 - ii. The social or IL model recognizes disability as part of the human experience.
 - iii. Accommodating someone's ability to overcome barriers is a beginning to inclusion and equity for both models to benefit from.
- Learn more about the IL movement:
 - i. [National Council on Independent Living](#)
 - ii. [Independent Living Research Utilization](#)
 - iii. [Association of Programs for Rural Independent Living](#)
 - iv. [Center For Independence WA](#)

III. Progress Updates: Moving Forward – Todd Holloway, Thought Partner

- We appreciate your patience as the Collaborative paused to address transitions and infrastructure needs.
 - i. DOH has been recruiting Collaborative staff and conducted a competitive bid process to secure a technical assistance provider.
- The Collaborative launched in February 2021 to prioritize and center communities most impacted by COVID-19. We are excited to expand beyond a focus on COVID-19.
 - i. We will continue to center COVID-19 while making room to address other health topics and inequities as the Collaborative determines.
 - ii. This space will continue to be open. Individuals can center the needs, recommendations and feedback of communities impacted by health inequities.
 - iii. We will continue to center community voices in DOH decision-making and planning.

- Our name was changed from COVID-19 Vaccine Implementation Collaborative to “Community Collaborative” last fall.
 - i. [New Collaborative webpage](#)
- The Thought Partners will be revisiting the Moving Forward survey results from August in the coming weeks.
 - i. They will share recommendations at a future Collaborative session.
- Lessons from the IL movement that can inform what “moving forward” looks like for us:
 - i. Nothing about us without us: The people who are affected by a decision need to be at the table from the beginning of the decision-making process.
 - ii. Barriers to inequity: How will we ensure that the accessible services expanded or introduced during the pandemic will continue?

IV. COVID-19 Next Steps: Ending of the Federal Public Health Emergency – Nathan Weed, Assistant Secretary, Office of Resiliency and Health Security, WA DOH

- The Office of Resiliency and Health Security used to be focused primarily on emergency preparedness and response.
 - i. Through the pandemic, they have taken a broader view on how to ensure citizens are able to address disasters when they happen and keep themselves safe and healthy.
- Building connectedness in the Collaborative has helped to further Washington's resiliency.
- COVID-19 disease rates and hospitalizations have decreased. The tools to control a pandemic are in place (masking, handwashing, social distancing, etc.).
- With changes in pandemic trajectory, the Biden administration announced the COVID-19 national emergency and public health emergency declarations will end on **May 11th, 2023**.
 - i. The emergency declaration allowed the Federal Government flexibility to waive or modify certain requirements, such as being able to procure emergency supplies, help, and equipment.
 - ii. Washington rescinded the Governor's proclamation on October 31st, 2022, and we have operated well without it.
 - iii. The emergency proclamation does not affect how our state government can/will control disease. It does not change the fundamental ability to do what is necessary to help people stay safe.
- Defining different emergency proclamations:
 - i. US Department of Health and Human Services emergency declaration
 - 1. Declared in late January 2020

2. Allowed for the US Public Health Service and the Federal Department of Health to engage in significant response activities usually reserved for the states.
 - ii. Food, Drug, and Cosmetic Act proclamation
 1. Declared in February 2020
 2. This allowed an emergency use authorization for medical countermeasures (MCMs), which are vaccines and therapeutics developed for COVID-19.
 3. This is not part of the proclamation ending on May 11th, and we will not see this proclamation end anytime soon.
 - iii. PREP act
 1. Declared in March 2020 under the Public Readiness and Preparedness (PREP) Act
 2. This provides liability immunity for response activities and delivery of MCMs
 3. This currently has an end date of **October 1st, 2024**
 - What does the end of the public health emergency mean?
 - i. Congressional action
 1. Telehealth measures were extended through October 2024.
 2. Expanded Medicaid eligibility
 - ii. Availability of the eight free COVID-19 self-tests per month for people with Medicaid, Medicare, and private insurance will be affected by the end of this proclamation.
 - iii. Free vaccines and emergency-use products will not go away on May 11th and will remain available until the government runs out of funding.
 - iv. Any new vaccines approved will go through the healthcare purchasing system, which is how we order vaccines like MMR and flu.
 - v. The DOH therapeutic supply will probably last through the late summer/early fall.
 - vi. Federal partners are working on access to treatment and tests for uninsured people.
 - vii. The DOH telehealth and test-to-treat programs have been extended through the summer.
 - viii. As we transition out of the public health emergency, DOH wants to do so with as little disruption as possible.
- V. **COVID-19 Vaccine Program – Melissa Couture, COVID-19 Vaccine Program Engagement Manager, COVID-19 Vaccine Program, WA DOH**
- What does the end of the public health emergency mean for COVID-19 vaccines in our state?

- i. Costs to patients for COVID-19 vaccines may change. Insurance companies may require immunizations to be by in-network providers and reduce reimbursement rates for out-of-network providers. This will likely reduce access points to vaccines.
 - ii. The temporarily expanded eligibility criteria for Medicaid is returning to normal, so some people may find themselves ineligible once the proclamation ends.
 - iii. It will not affect expanded immunization capacity. Pharmacist/pharmacy intern ability to administer COVID-19 vaccines between ages 3-18 and people who have an expired license (within five years) or are licensed in another state will not be affected.
 - iv. The federal Johnson & Johnson vaccine supply has been used. Washington will not be able to order any additional vaccines after what we have is used.
- Commercialization is the federal government stepping back from their role in distributing COVID-19 vaccines to the public.
 - i. Commercialization could happen in late summer/early fall.
- Partner question: *After you have had the bivalent booster, how soon should you get another one?*
 - i. There is not currently a recommendation for any additional boosters beyond [one bivalent booster when eligible](#). We may see a recommendation in the future, but we have to wait for the correct authorization steps from the FDA and Advisory Committee on Immunization Practices (ACIP).
- If you have questions about this presentation, please email Melissa Couture at melissa.couture@doh.wa.gov or email the COVID-19 Vaccine Program at COVID.Vaccine@doh.wa.gov.

VI. Care Connect WA – Jill Toombs, Unit Manager, Care Connect Washington, WA DOH

- Goal: Create a system to support people in isolation and quarantine.
- Support includes care kits (soap, hand sanitizer, thermometers, and more), food kits, fresh food/grocery delivery, and household financial assistance (rent, utilities, etc.).
- It also helps with client-specific interventions, such as picking up prescriptions or providing additional support after the isolation period ends.
- Care Connect aims to create a low barrier of access to services. There are no income or citizenship requirements to participate.
- DOH used existing Accountable Communities of Health to determine Care Connect service areas and where to set up resource hubs.

- Hub and spoke model: Resource hubs partner with local groups to provide direct services.
 - i. This makes it easy for feedback from Community Health Workers (CHWs) to be passed to DOH (and vice versa) so adjustments can be made as needed.
 - ii. DOH recognizes the pandemic has taken a toll on the workforce and is listening to CHWs to determine what training or support they need.
- Care Connect has served 121,998 total individuals and households.
- DOH is exploring sustainability and expansion options for this program.
 - i. How can Care Connect help other social services reach more clients around the state?
- DOH is identifying how they can integrate the lessons learned from Care Connect and COVID-19 into other emergency response, such as natural disaster response.
- Partner question: *Can you elaborate on support for the workforce, especially for healthcare workers?*
 - i. DOH developed compassion fatigue training to help CHWs take care of themselves and recognize burnout.
 - ii. *Will this be available to the Collaborative or local health jurisdictions?*
 1. Jill will work to get some dates for the Collaborative.
 2. [Training videos for community-based workers](#)
- Partner question: *What is Care Connect doing for individuals experiencing long COVID? Are there plans to address long COVID support?*
 - i. They are planning for this, but it is difficult because there is no standard definition of long COVID.
 - ii. They are ensuring clients who have symptoms are aware of the condition.
 - iii. They are encouraging patients to work with a long COVID clinic if there is one nearby or with their primary care provider to determine what support they need.
- Partner question: *Will there be continuous funding to ensure all the resources about COVID-19 vaccine updates will be available in different languages?*
 - i. Care Connect has been working with the DOH communication team to ensure everything is being efficiently translated into different languages and to make the DOH website more user-friendly.
- [Information on WA Portal for Care Connect](#)

VII. Pro-Equity Anti-Racism (PEAR) Plan – Naisha Williams, Director, Center for Community Relations and Equity, WA DOH

- DOH held two PEAR collaborative sessions with DOH staff and community thought partners in August.
- DOH's goal is to learn from impacted communities, employees, and other interested parties.
- PEAR collaborative sessions have identified three priority areas for the first year of PEAR implementation: emergency management, human resources, and legislative administrative policy.
 - i. The overarching theme is accessibility.
- Next steps include developing workgroups for each priority area with DOH staff and community thought partners.
 - i. Workgroups will meet for a maximum of 20 hours per month.
 - ii. Workgroups are on pause while DOH creates an equitable compensation process for thought partners to ensure equity.
- The full PEAR plan will be presented at the April Collaborative session.
- Partner question: *How do we get more information on the PEAR plan?*
 - i. DOH is finalizing a few resources but hopes to have a public-facing dashboard with PEAR information and updates available soon.

VIII. Care-A-Van – Naisha Williams, Director, Center for Community Relations and Equity, WA DOH

- Between February 1-15, 2023, the Care-A-Van supported 39 clinics and administered 235 vaccines.
- To date, the program has administered over 35,000 vaccines.
 - i. Over 35% of these clinics served BIPOC communities.
 - ii. 57% were in Western Washington and 43% were in Eastern Washington. 27% were in rural communities.
- Care-A-Van hosted MPV/monkeypox clinics and added flu shots to clinics this fall.
- DOH is seeking sustainable funding to maintain the Care-A-Van long term. They are looking to expand to routine immunizations for children and adults and potentially preventative screenings.

IX. Legislative Session – Ashley Green, Equitable Policy and Systems Manager, Center for Community Relations and Equity, WA DOH

- Legislative sessions operate on a biannual schedule starting on the second Monday of January.
 - i. Sessions are 60 days long on even-numbered years and 105 days long in odd-numbered years.
 - ii. Bills that do not pass during a long session are retained for the next session.

- A health equity impact assessment analyzes the overall equity impact of a bill.
 - i. This includes determining which communities may be affected, whether it will increase/decrease disparities, the effect on social determinants of health, and more.
 - ii. This helps DOH provide a formal agency equity recommendation at bill review meetings and advocate for more equitable rulemaking.
 - HB 1737: Reconciliation account bill
 - i. Changes the community reinvestment account into a community reconciliation account and expand categories for community access.
 - SHB 1541: Nothing about us without us bill
 - i. Increases status, access, and representation in policy-making processes for people with lived experiences.
 - ii. Currently in appropriations committee
 - SSB 5304: Language access testing bill
 - i. Establishes testing for individuals who provide language access services to state individuals.
 - SB 5631: DACA bill
 - i. Requires state agencies to clearly identify the programs and services that accept those who are on DACA.
 - DOH is working on plans and recommendations for how they can better use community partners to increase the transparency of the rule-making process.
 - i. The Office of Policy and Procedure will work with the Center for Community Relations and Equity to provide opportunities for community partners in the future.
- X. **Closing Remarks – Todd Holloway, Thought Partner**
- We need to continue the progress we have made over the course of the pandemic to further health equity.
 - To connect with the Collaborative team, email us at Community.Collaborative@doh.wa.gov.