

DOH COVID-19 Vaccine Implementation Collaborative Minutes:
March 3rd, 2021| 4:00pm – 5:30pm

I. Welcome from DOH, Land Acknowledgment– Passia Abraham

- Goal to ensure space is accessible to everyone. Please let us know if other interpretation or other things we can do to make more accessible.

II. Progress Update – Hang Ngo

- PhaseFinder:
 - DOH has requested translations for 10 additional languages.
 - Translations have started for 7 of the languages: Palauan, Kosraean, Hanyu Pinyin, Tongan, Samoan, Bahasa Indonesian, Fijian.
 - Confirming resources for Cham, Lushootseed, and the Congolese languages.
 - DOH also developing a video for PhaseFinder in ASL and our DOH IT and Jotform teams have also been conducting user testing to identify accessibility issues with PhaseFinder.
- Vaccine access for people with Disabilities:
 - Compiled the feedback related to vaccine prioritization and access for people with disabilities from 2/17/21 meeting.
 - DOH leadership team has reviewed the feedback. The leadership team and the governor’s office are still having conversations; hope to have a clearer update at the 3/17/21 Collaborative meeting.
 - Also looking at how individuals with disabilities are represented within the current phase and tiers and looking at what we can do to address access barriers for getting the vaccine.
- Fostering Collaboration:
 - Looking at ways to foster better collaboration across the collaborative.
 - Some examples include:
 - Collaborative led workgroups,
 - Co-planning future meetings,
 - Rotating facilitation and



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- Creating space for participants to share their organizational updates with the larger group.
- More information about will be sent via email in the coming week.

III. Community Relations Briefing and Conversation – Kathy Bay

- Each COVID-19 vaccine goes through a process at the Federal and State level to ensure vaccine safety; this includes a state level review of vaccine data by WA State physicians on the Western Safety Review Workgroup.
- Data from all three COVID vaccines show high efficacy towards protection against deaths due to COVID-19 and protection against hospitalizations due to COVID-19.
- Protection against symptomatic COVID-19 is similar between the Pfizer and Moderna vaccines (95% and 94.1%) and the efficacy rate is 66.3% for the Johnson & Johnson vaccine.
- Since the COVID-19 vaccines have been introduced COVID-19 cases in the U.S. have decreased. Deaths are still significant and have reached over 506,834 as of 2/25/21.
- There are three vaccine safety monitoring systems in place in the U.S. including V-Safe, VAERS, and the Clinical Immunization Safety Assessment Project
- All three COVID-19 vaccines have a strong safety profile and have similar reactions to each other. This includes the Johnson & Johnson vaccine which has also been shown to be effective against the circulating variants.
- DOH wants to recognize that risk of severe COVID-19 outcomes increases with age and that people with disabilities have a higher risk of severe outcomes and recognize that many states having begun vaccinating these groups. DOH will be discussing considerations for vaccinating these groups.

IV. Pro-Equity Strategies: Katie Meehan

- DOH developed recommendations for four pro-equity strategies for vaccine distribution:
 - **Partnerships & Outreach:** includes engaging and collaborating with community organizations and leaders, community based



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scheduling appointments and co-sponsoring events/outreach with partners.

- **Addressing Access Barriers:** shout out to the Checklist developed by community partners to ensure vaccine sites are accessible to people with disabilities; also includes access barriers, language access and other options for accessing the vaccine.
 - **Equitable Allocation:** equitable vaccine site placement, advance scheduling to community organizations, mobile clinics, extra dose plan, etc.
 - **Communications & Outreach:** includes ensuring materials, communication and outreach are culturally and linguistically accessible, materials translated on-site, identifying top languages and having community representation at vaccine sites
- After Katie's presentation, the Collaborative convened into five small group discussions to discuss the four pro-equity strategies and to make recommendations about how to can ensure more equitable access for the communities that are highest risk for COVID-19. Notes from these small groups will be shared out with the larger Collaborative.



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Collaborative: Pro-Equity Approaches for Vaccine Distribution

Small Group Discussions

Discussion Questions

- *What is your overall feedback on these strategies to ensure more equitable access to vaccine?*
- *Are there any missing items?*
- *From the list of strategies, what would be most impactful?*
- *(If there is time) We want to highlight efforts that really promote equity. Have you seen any vaccine providers or sites really model equitable access? Who/where? What did they do?*

Breakout Room #1 (Spanish translation provided):

What is your overall feedback on these strategies to ensure more equitable access to vaccine?

- Distribute vaccines in familiar community places such as churches
- Have more appointment times and opportunities to get vaccinated
- Make scheduling appointments more accessible to people that aren't familiar with computers
- Long wait times at vaccination sites because of inability to make appointments
- Have more community outreach to ensure community members feel safe about getting the vaccine and address vaccine hesitancy

Are there any missing items?

- Need to increase community pop-up clinics efforts in our communities

From the list of strategies, what would be most impactful?

- Deliver vaccine information through printed reading materials and electronic materials

Breakout Room #2 (ASL interpretation and captioning services provided)

What is your overall feedback on these strategies to ensure more equitable access to vaccine?

- Need for ASL video on Phase Finder and building a more consistent ASL communication channel



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- Work directly with communities to build trust and inform trauma informed approaches
- Need to combat concerning misinformation very concerning
- Rural communities need support
 - Coordinating transportation to get folks vaccinated
 - Leverage local hospitals in rural communities to reach out to their communities
 - Offer alternative pathways to drive-thru vaccination clinics for those that cannot access these
- Prioritize people with developmental disabilities by addressing vaccines hesitancy and access with this community

Breakout Room #3

What is your overall feedback on these strategies to ensure more equitable access to vaccine?

- There is little accountability to ensure providers are meeting pro-equity strategies
- Include persons with disabilities when considering vaccine prioritization
- Prioritize those who are incarcerated considering major outbreaks in this population and disproportionate impact on black communities
- Have providers reach out to people who are eligible for the vaccine
- Need for community outreach to unhoused folks
- Ensure that SSNs are not required

Are there any missing items?

- Prioritize the population at high risk because of diabetes.
- Prioritize parents of children with special health care needs – if anything happens to these parents no one to take care of them

From the list of strategies, what would be most impactful?

- Support work already being done by CBOs
- Provide access to different opportunities for scheduling since current scheduling system is not working - other states use county-based scheduling rather than provider based
- Create a vaccine locating system to ensure equitable distribution

Breakout Room #4

What is your overall feedback on these strategies to ensure more equitable access to vaccine?

- Need a hub to deliver vaccines for kidney dialysis patients



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- Activate community health workers for specific clinics (I.e., Spokane) to do outreach
- Partner with CBOs to lead the process
- Use opioid clinics and methadone programs as point for outreach and host vaccination clinic and expand eligibility criteria to prioritize this population
- Reach out to API community through CBOs, such as Asia Pacific Cultural center, who are already providing the vaccine to community members
- Work with CBOs to learn what's best for outreach and making the vaccine accessible to priority populations
- Provide mobile clinics
- Increase access to information about the vaccine
- Have a clear scheduling and rescheduling process for vaccine appointments and communicate these processes to the community
- Increase language access at vaccine sites
- Do not compare vaccine efficacies, just promote that all 3 vaccines are safe and effective

Breakout room #5

- Bring the vaccines to workplaces for essential workers
- Have mobile vaccine sites
- Bring the vaccine to homebound populations
- Pro-equity strategies must focus on BIPOC communities most impacted
- Provide community vaccine sites for BIPOC folks
- Contract with outreach folks who do have existing relationships with BIPOC groups
- Confusion about eligibility tiers and regional aspects for vaccine rollout
- Need for equitable vaccine access for persons with disabilities - all strategies that focus on BIPOC need to also focus on disability access
- Pairing community outreach work with providing other services, such as food services, to connect people to service while also encouraging vaccination
- Connect people to other healthcare services when seen at vaccination clinics
- Vaccine clinics should serve the communities they are in vs. people coming in other areas
- Have mobile van clinics for people with transportation issues—bring vaccines to communities
- Offer door-to-door opportunities to get vaccinated
- Offer cash incentives to get vaccinated since some people have to take time off
- Do not reserve a certain vaccine type for BIPOC populations while not allocating other vaccine types—this will lead to more distrust and hesitancy



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- Fund grassroots groups already doing work within their communities

Other feedback

- Counties are not recognizing the need for individuals with I/DD being prioritized (such as Down Syndrome)
- Communications need to address low literacy capabilities



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