

Collaborative Feedback on pro-equity strategies:

- **Accountability**
 - Set up system of accountability to ensure vaccine providers are held accountable and meeting pro-equity strategies (i.e. data tracking tool, reporting system)
- **Proactively addressing access barriers**
 - In ensuring culturally responsive and linguistically appropriate outreach and access – Develop consistent ASL communication channel
 - Ensure accessibility issues are proactively addressed and incorporated in all decision making - *people with disabilities are left as an afterthought*
 - Ensure providers are proactive in reaching out to their eligible patient's specifically most impacted communities vs patient having to reach out for vaccine eligibility and/or appointment
 - Develop communication material related to vaccine access regardless of immigration status
 - Collaborative members have shared fear of deportation among undocumented immigrants.
 - Would like communication from DOH that SSNs are not required
 - Confusing around SSN requests by providers
 - Providers who utilize HRSA reimbursement portal for uninsured individuals may ask patients for SSN, provider needs to attest that they have asked for SSN even though it is not required
 - Create an equitable and accessible 'vaccine locating' system and/or tool
 - <https://www.covidwa.com/> - website consolidates available appointments and recently launched a test/live alert feature to notify individuals of appointment availability nearby
- **Equitable Site placement**
 - Ensure local community members gets access to the vaccine vs those outside the community.
 - Fear of site being flooded by 'non-locals'.
 - Equitable and intentional outreach to disproportionately impacted communities
 - Meet people where they are: "*Vaccines going to people, not people going to vaccines*"
 - Consider community centered vaccination sites where people feel safer (CBO, community center, community-based pharmacy, faith-based center...etc)

- Employer-based vaccine sites to save eligible employees time; get vaccine at the place of work, offer work pay
 - Provided alternative and extended hours
 - *Utilize opioid clinics and Methadone programs as point for outreach and host vaccination clinic*
- **Partners and Outreach**
 - Community-Based Scheduling considerations:
 - Access to different opportunities for scheduling. Limited supply and high demand – the amount of trouble to make an appointment delays needed care. Other states use county-based scheduling rather than provider based.
 - Consider community centered days, reserve appointments for disproportionately impacted communities
 - Partner and engage local community-based organizations and partners
 - to co-lead outreach and access pathways and provide support, resources, funding
 - to provide a voice in decision making of vaccine planning and allocation
 - to develop trauma informed approaches/resources
 - intentional partnering and outreach to communities traditionally missed
 - incarcerated, farmworkers, undocumented communities, individuals experiencing homelessness, PLWHIV, LGBTQ+ community
- **Communications & Outreach**
 - Partner and activate community health workers to assist with culturally responsive and linguistically appropriate vaccine outreach and access needs (i.e. education, interpretation, scheduling appointments)
 - Co-host with community partner to offer in-person vaccine education and vaccines
 - *Collaborative partner shared a church in Seattle that shared vaccine information/education and vaccinated folks in partnership with a clinic*
 - Transparency of communication and outreach plan for vaccinating specific populations (i.e. incarcerated, agricultural/farmworkers)