



## Community Questions and Answers: Collaborative Meeting Feb 17, 2021

Below are questions we have received during the Collaborative space held on February 17, 2021. We have compiled those questions and answers in this document. We will do this for every meeting held.

If you have any questions and/or would like to follow-up, please feel free to contact us at [vax.collaborative@doh.wa.gov](mailto:vax.collaborative@doh.wa.gov).

There were some questions that need additional follow-up and we will address them in the next Q & A document.

### Vaccine Safety

Q: Does DOH have paper-based education materials specifically directed towards Low English Proficiency populations?



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A: Yes, please visit our partner toolkit page for COVID-19 related material here: <https://coronavirus.wa.gov/partner-toolkit>.

Resources and Recommendations page provides a variety of COVID-19 information that can be filtered by specific language: <https://www.doh.wa.gov/Emergencies/COVID19/ResourcesandRecommendations#tracing>.

Please let us know if you are looking for a specific item!

Q: How is DOH going to address vaccine hesitancy among direct support professionals due to cultural taboos? The hesitancy and lack of information and confidence will put people with disabilities at risk.

A: Yes, this concern was also echoed in our engagement efforts led in the fall! We are developing anti-racism and trauma-informed tools, training and resources for vaccine providers and partners.

Community-based messaging is an essential part of our vaccine communication efforts. We are investing in trusted community leaders, messengers and organizations who are better equipped to listen, understand and respond to their community members in the most culturally relevant and linguistically appropriate way.

They are also better equipped to use a trauma-informed lens or approach to their interventions so as to not perpetuate further harm, fear, and distrust that may be exacerbated by governmental entities in times of extreme crisis, like a pandemic.



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**If you're interested in nominating** a community-based or community media outlet to be considered for funding vaccine related communication efforts, please email our Community-Based Messaging contractors at [sarahs@weardh.com](mailto:sarahs@weardh.com)

Q: Is there an antibody test to determine one's immunity status after receiving either the Pfizer or Moderna vaccine? Is it reasonable to take a Covid test if you have had the vaccine?

A: We are not recommending a test afterwards; it has not been a part of Center for Disease **Control's (CDC)** recommendations.

Q: Will people be able to choose which vaccine to receive?

A: Unfortunately because supply is limited, there is no option to choose which vaccine. This could change in the future when supply can meet demand.

Q: Can you define the difference between authorized and approved?

A: Moderna and Pfizer have both been authorized for emergency use. Emergency use authorization allows the Food Drug Administration (FDA) to make a product available during a declared state of emergency before it has a full license.

## Vaccine Supply & Allocation



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Q: Is there a WA State RULE that a county can/may tell WA residents that only folks from one WA County may be vaccinated in the county in which they live?

A: We are encouraging people to get vaccinated in the general area that they live (to help with vaccine estimates and planning), but we recognize that people can work and seek healthcare outside of their county lines.

Q: Is there a plan to connect CBOs (Community Based Organizations) to Community Clinics?

A: Yes! This is a recommendation that falls under our one of our strategies to ensure equitable allocation: Integrating a pro-equity vaccine distribution and allocation.

We are recommending sites and providers that receive vaccines to connect with their local community-based organization for community-based scheduling.

We are also prioritizing allocation to providers that serve disproportionately impacted communities for example a smaller pharmacy that may serve specific community groups.

We will have a focused feedback session on March 3<sup>rd</sup>, on pro-equity approaches in vaccine allocation and distribution. We hope you can join and provide some great feedback!



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Q: I haven't heard anything about farm workers. The contribution they have made to keep food on the shelves during quarantine and the many deaths and infections within this vulnerable community. Is there a different meeting discussing these issues?

A: Yes! We have a specific outreach and vaccination strategy for agricultural workers. We are working alongside our agricultural community partners and advocates, LHJs, Community Health Centers, **Governor's office**, Department of Labor and Industries and the Employment Security Department to develop ongoing efforts.

We also developed and continue to update accordingly the Agriculture Public Health Guidance to ensure COVID-19 safety.

If you have any specific questions related to these efforts, please reach out to us!

Q: It seems to me that a single-dose vaccine makes a lot of sense for mobile populations, such as guest workers, migrant workers, ice detainees, etc. is the state considering these factors?

A: We are considering factors that may be more applicable for certain providers and geographic regions such as rural sites, ease of transport, storage, administration, and technology that would make it easier for specific sites/providers to administer one dose vs two dose vaccines.



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We are still exploring a strategy and approach for Johnson and Johnson vaccine in which the Collaborative feedback sessions and specific workgroup will help guide!

Q: How are you planning on distributing vaccines and building trust with native communities? Tribes in WA are in great need of the vaccine. **It'll** be important to show native elders and leaders getting the vaccine, using stories and native metaphors in communications, etc.

A: We follow a formal government-to-government process between Department of Health and Federally Recognized Indian Tribal governments. Tribal Nations and Indian Health Programs can choose who to receive direct allocation from and how vaccines are distributed and rolled out within their communities.

Q: Would there be a mobile service to go to individuals, especially elderly and disabled, including refugees and immigrants?

A: Yes, we are looking into access barriers such as transportation and language. This includes mobile clinics and working alongside our community partners to ensure culturally relevant and linguistically appropriate access.

We are also currently assessing all enrolled providers for their ability to address these barriers and effectively serve all communities. The results of this assessment will help the Department identify gaps and opportunities to better reach disproportionately impacted groups.



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At the upcoming March 3<sup>rd</sup> meeting, we will provide an update on vaccine access and homebound individuals. We would appreciate your feedback!

Q: Vaccine waste was reported in Seattle times, which said UW Medical has the least waste 1%, does state keep track of vaccine wasted? Any plan to avoid waste?

A: Thank you for highlighting this issue! To ensure a pro-equity approach in equitable allocation, we encourage health care systems and pharmacies to develop an 'extra dose plan'. This would include a streamline process to transfer extra doses to facilities serving higher impacted communities.

We will discuss this more in our upcoming feedback session on March 3<sup>rd</sup> and would appreciate input!

### Race & Ethnicity Data

Q: Is there documentation on participants by ethnicity in the trials for each of the three vaccine trials?

A: To date, the Moderna vaccine has included in its clinical trials:

- 10% of people who identify as Black/African American,
- 20% who identify as Hispanic/Latinx,
- 4% who identify as Asian, and
- **3% who were "of other descent."**

The Pfizer vaccine trials have included:



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- 10% of people who identify as Black/African American,
- 25% who identify as Hispanic/Latinx,
- 5% who identify as Asian, and
- 1.3% of people who identify as Native American.

Here is where you can learn more on this [John Hopkin's infographic](#), [Moderna](#), or [Pfizer](#) websites.

Q: In terms of vaccine allocation vs race/ethnicity, could the WA DOH create a real time portal to access this information? Other states/cities are being more transparent with the reporting (e.g., Chicago). Having this data helps advocacy groups focus their energy where needed.

A: Yes! We please see our public facing data dashboard: <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard#dashboard>

Q: On collection of race data: Are patients providing that info or are providers sometimes guessing when that info is not provided? In other words, how accurate is that data?

A: All vaccine providers are required to report race/ethnicity information, but we do not have complete coverage. People always have the option of whether to provide that information.

Race/ethnicity data are based on the Washington State Immunization Information System (IIS), a statewide, lifetime immunization registry that keeps track of immunization records for people of all ages.



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Q: What about homeless population data?

A: Unfortunately, the data system does not collect specific data on housing status. Currently, the Washington State Immunization Information System collects data on age, race, ethnicity and language.

We recognize this is a huge limitation and inequity. We are looking into other ways DOH can collect data that is representative of groups that are not represented in our current data systems including communities with disabilities.

Q: What is the percentage of the vaccines administered at the 4 mass vaccine sites? Is this affecting/limiting access for some population groups? How are you going to address the appointment system and site challenges?

A: As of February 27, 2021, more than 70,000 people have received their COVID-19 vaccine at a state-led mass vaccination site. However, there are specific groups that experience access barriers related to transportation, language, and/or disability. We are building pathways to ensure equitable access including reserving a percentage of appointments for disproportionately impacted communities.

Currently, 20% of appointments are reserved for phone-based scheduling through 211 by all sites but would like to expand that pathway.



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Another focus is community-based scheduling appointments. Our recent pilot in Wenatchee showed success – partnering up with a local community-based organization that served Latinx and Spanish speaking populations to help set up a separate pathway to register community members for appointments.

### Prioritization & Access

Q: Are there any plans to prioritize teachers (including those younger than 50 years old)?

A: As of March 2<sup>nd</sup>, President Biden announced a directive to all states to get every pre-K educator, K-12 teacher, and childcare worker at least one shot of COVID-19 vaccine in the month of March.

### Johnson and Johnson Vaccine

\* \*We've received a few specific questions related to the Johnson and Johnson vaccine. We have invited a clinical nurse to our next Collaborative session to provide overview of effectiveness and side by side comparison of related risks and deaths. \* \*



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