

# Welcome

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DOH COVID-19 Vaccine Implementation Collaborative  
March 17th, 2021

We will begin at 4:00pm



**DOH 820-135, March 2021** To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).



# COVID-19 Vaccine Implementation Collaborative



# Actions to take to support our AAPI Community

- AAPI Organizing Coalition Against Hate and Bias
    - We Are Not Silent Rally/March 3/16-3/19 and 3/22
  - APACE
    - API Action Week 3/22- 3/26
  - Stop AAPI Hate
  - #HateisaVirus
  - AAPI Women Lead
  - Dear Asian Youth
  - Asian Mental Health Collective
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# Land Acknowledgment

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Welcome to the Washington State Department of Health. We start today with a land acknowledgement. We are meeting virtually from all over, but our physical offices are located in Tumwater, on the traditional territories of the Coast Salish people, specifically the Nisqually and Squaxin Island peoples. Tumwater and the South Puget Sound region are covered by the Treaty of Medicine Creek, signed under duress in 1854. The employees of the State of Washington are guided by the **Centennial Accord and chapter 43.376 RCW** – respecting and affirming tribal sovereignty and working with our tribal governments throughout the state in government-to-government partnership.

<https://native-land.ca/>

# Today's Agenda

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1. Fostering Collaboration & Community Agreements 4:10 – 4:20
2. Progress Update 4:20 – 4:40
  1. Video Remote ASL Interpretation at Mass Vaccination Sites
  2. Vaccine prioritization for People with Disabilities
  3. Pro-equity Strategies
  4. Feedback session 3/12
3. Community Relations Briefing & Conversation 4:40 – 5:25
  1. Eligibility phase update
  2. Homebound Individuals & Vaccine Access
4. Closing remarks 5:25 – 5:30



# Fostering Collaboration

4:10-4:20



# Building Changes' COVID-19 Work

*Megan Veith, JD*

*Senior Manager, Policy, Advocacy, & Research*

*March 2021*

# Equity | People | Partnerships | Integrity

## *Vision:*

Communities thrive when people have safe and stable housing and can equitably access and use services.

## *Mission:*

Building Changes advances equitable responses to homelessness in Washington State, with a focus on children, youth, and families and the systems that serve them.



**BUILDING  
CHANGES**

# What We Focus On

*Building Changes works across multiple issues areas to address child, youth, and family homelessness.*



Housing Crisis  
Response



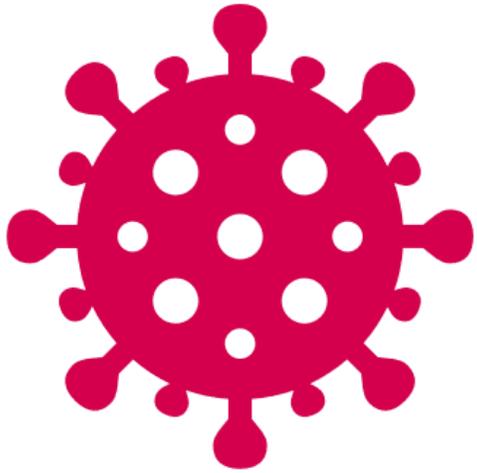
Education



Health



Race Equity



# Population Needs During COVID-19



# Thank You.



For more information on our  
COVID-19 Fund, please visit:  
[https://buildingchanges.org/covid-19-  
response/](https://buildingchanges.org/covid-19-response/)

*Megan Veith*

[Megan.Veith@buildingchanges.org](mailto:Megan.Veith@buildingchanges.org)

206.805.6163

# Progress Updates

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4:20-4:40

Video remote ASL interpretation  
at mass vaccination sites

# ASL VRI SUPPORT

PLEASE USE YOUR PHONE TO  
CONNECT TO VRI BY THE FOLLOWING

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Online (Recommended)  
[www.femavri.com](http://www.femavri.com)



Call (Through the VRS App)  
**844.779.2996**

If you have trouble accessing VRI, look for a  
staff member with a VRI sticker or the VRI sign.

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## SPOKEN LANGUAGE SUPPORT

We have interpreters available over  
the phone. Please inform the staff  
about which language you speak,  
and we will get an interpreter for you.

# Vaccine Prioritization

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- Updated caregiver definition – eligible caregivers eligible now in Phase 1a
- Prioritization of people with disabilities – eligible in Phase 1b, Tier 2 starting on March 17

## Feedback Session (3/12): Phase 2

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*Which groups (communities, sectors, and industries) should be prioritized for a “head start” plan before everyone 16+ years and older becomes eligible May 1?*

# Pro-Equity Strategies

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- ❑ Ensure language access and access for people with disabilities
- ❑ Collecting demographic data (i.e. race and ethnicity)
- ❑ Reinforce messaging: eligible regardless of immigration or insurance status
- ❑ Use equitable site placement tools
- ❑ Meet people where they are: *“Vaccines going to people, not people going to vaccines”*
- ❑ Implement alternative and community-based scheduling
- ❑ Partner with community health workers
- ❑ Co-host vaccine events with trusted community leaders, organizations, and faith-based centers
- ❑ Have an equity-informed extra doses plan
- ❑ Implement “past tier” catch-up days
- ❑ Plan proactive efforts to reach communities likely missed by traditional channels

# Community Relations Briefing & Conversation

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4:40-5:25

# Phase Guidance

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BLAIR HANEWAL

# WA State Interim Equitable Allocation & Prioritization Framework

## PHASE 1A

### TIER 1

- High-risk workers in health care settings
- High-risk first responders
- Long-term care facility residents

### TIER 2

- All other workers at risk in health care settings

## PHASE 1B

### TIER 1

- All people 65 years and older
- People 50 years and older living in multigenerational households
- Workers in childcare settings
- Pre-K-12 educators and school staff

### TIER 2

- High-risk critical workers who work in certain congregate settings:
  - Agriculture; food processing; grocery stores; corrections, prisons, jails, or detention facilities; public transit; fire, law, social workers and other first responders
- People who are pregnant
- People with a disability that puts them at high risk

### TIER 3

- People 50 years and older with 2 or more comorbidities or underlying conditions
- People 16 years and older with 2 or more comorbidities or underlying conditions

### TIER 4

- People, staff, and volunteers in congregate living settings:
  - Correctional facilities; group homes for people with disabilities; congregate settings for people experiencing homelessness that live in or access service in such settings

## PHASE 2\*

- Critical workers in other settings who are in industries essential to the functioning of society and are at risk of exposure not already covered in Phase 1
- People 16 years and older with 1 comorbidity or underlying condition not already covered in Phase 1
- People with disabilities that prevent them from adopting protective measures

## PHASE 3\*

- Workers in industries and occupations essential to the functioning of society and at increased risk of exposure not included in Phase 1 or 2
- Young adults/children under 16 years (if vaccine is authorized for children under 16 years)

## PHASE 4\*

- Everyone residing in Washington State who did not have access to vaccine in previous phases

\*Future phases are still tentative and will be finalized based on clinical trial data, federal guidance, vaccine supply projections, and ongoing community input.

Certain population groups have been prioritized with an aim to mitigate health inequities recognizing that specific populations are disproportionately impacted by COVID-19 due to external social factors and systemic inequities. Examples of populations disproportionately affected due to such factors include:

- People of color
- People with limited English proficiency
- People in shared housing, crowded housing, and multi-generational homes
- People in poverty and low-wage earners
- People with disabilities that are connected to underlying health conditions that may put a person at higher risk for COVID-19
- People with access barriers to healthcare

Washington State has also developed a [social vulnerability index](#) which includes social determinants of health factors to identify highest vulnerability areas. This will be one of several inputs informing vaccine allocation decisions to ensure equitable allocation.

**NOTE** Immigration status and health insurance status do not impact an individual's eligibility.

# Phase 1b Guidance – Tier 1

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## Tier 1

- All people 65 years and older not already covered in 1A
- People 50 years and older living in multigenerational homes

Individuals are eligible if they are at risk either due

- Vulnerability - specifically, an older adult or elder who cannot live independently and is being cared for by a relative or in-home caregiver or being cared for by someone who works outside the home
- Risk of exposure - specifically, an older adult or elder who is living with *and* taking care of kinship (along the lines of a grandparent with a grandchild)
- This group does *not* include an older adult who is able to live independently and is taking care of the individual's kinship/children

- Workers in childcare settings
- Pre-K through 12<sup>th</sup> grade educators and staff

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# Phase 1b Guidance – Tier 2

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## Tier 2

- High risk critical workers who work in certain congregate settings
  - *Exposure:* Workers are at risk if they are working in proximity to others (<6 feet) for extended periods of time (i.e., >3 hours in 24 hour day) in an enclosed high density/volume congregate space (or living with coworkers in high density/volume space). Not include workers able to remain socially distant (e.g., remote workers)
  - *Settings:* selected due to high risk environmental conditions as supported by local data (food processing – incl. fishing vessels; grocery store and food banks; corrections, prisons, jails, detention facilities; court system facilities; public transit; fire, law, social workers and other first responders\*. Other critical worker groups are tentatively in Phase 2.
- People who are pregnant
- People with a disability that puts them at high risk - Down syndrome, a development disability, intellectual disability, or are deaf/hard of hearing, blind/low-vision, or deafblind AND that disability or an underlying medical condition increases their risk for severe outcomes per the [CDC's list of the conditions that put people at increased risk of severe illness from COVID-19](#)

\* Can include tactical teams, homeless service providers, and others if responding to public health/safety of others and meet exposure criteria

# Phase 1b Guidance – Tier 3 & 4

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## Tier 3

- People with 2 or more comorbidities or underlying conditions - split into two age groups (50+; 16-49) to manage supply and demand
  - See [CDC's list of the conditions that put people at increased risk of severe illness from COVID-19](#)

## Tier 4

- People, staff and volunteers in congregate living settings not already covered in earlier phase or tier:
  - Correctional facilities
  - People experiencing homelessness that live in or access services in congregate settings
  - Group homes for people with disabilities

# Estimated Population Size

Phase	Population Group	Unique Size Estimate
1A	Healthcare workers and residents in community-based congregate care	850,000
1B-1	Aged 65 and older (not already covered in 1A)	1,044,000
	Aged 50-69 in multigenerational household	300,000
	K-12 teachers and staff	150,000
	Childcare workers	150,000
	<b>TOTAL</b>	<b>1,644,000</b>
1B-2	High risk workers in congregate settings	460,000
	People who are pregnant	60,000
	People with disability at high risk	50,000
	<b>TOTAL</b>	<b>570,000</b>
1B-3	50-64 year olds with 2 or more co-morbidities as defined by DOH and self-reported	410,000
	16-49 year olds with 2 or more co-morbidities as defined by DOH and self-reported	310,000
	<b>TOTAL</b>	<b>720,000</b>
1B-4	People (residents, staff, volunteers) in congregate living settings	50,000
	<b>TOTAL</b>	<b>50,000</b>

## Tentative Future Phases - TBD

Phase	Population Group	Unique Size Estimate
2	People 16-64 with 1 co-morbidity	1,250,000
	People with disabilities that prevent protective measures	3,000
	Critical workers (high overlap with people with groups above especially co-morbidities)	300,000
3	Critical workers with limited risk and at-risk other workers	350,000
	Young adults	1,200,000
	Children (under 5)	462,000
4	Residents not already covered	200,000

# Programmatic Evolution

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- Need mix of modalities (clinics, mass vax, pharmacies, etc.) to ensure access to population
- Continued focus by local health jurisdictions to ensure access to high risk groups in prior phases/tiers
- Increased reliance on local health jurisdictions for:
  - Planning outreach to occupation based groups – DOH to help fill gaps
  - Sharing plans to inform vaccine allocation
  - Tracking coverage of specific groups – DOH to triangulate with other data sources (e.g., state agencies)
- Particular attention must be paid to ensure communication and access to hard to reach populations (see slides from last week for suggested strategies)

# Homebound Individuals and Vaccine Access

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Closing Thoughts

Do you have an upcoming community pop-up vaccination event?

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## Contact Us

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**WithinReach Collaborative email:** [covid19collab@withinreachwa.org](mailto:covid19collab@withinreachwa.org)

**DOH Collaborative email:** [vax.collaborative@doh.wa.gov](mailto:vax.collaborative@doh.wa.gov)



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