

DOH COVID-19 Vaccine Implementation Collaborative Minutes:  
March 17th, 2021 | 4:00pm – 5:30pm

- I. Welcome from DOH, Actions to Support Asian-American and Pacific Islander (AAPI), Community & Land Acknowledgment– Hang Ngo
  - The DOH Collaborative acknowledges lives lost last night in the massacre in Atlanta, which is a part of the skyrocketing hate crimes against the AAPI community that's been mostly targeting women and elders since COVID-19.
  - We acknowledge the pain, the loss and a rage in the AAPI community. Please share events happening and local groups to support.
  - Thank you for holding the space in solidarity with us and to highlight all the work that's occurring to protect our communities from racism and hate.
  
- II. Fostering Collaboration – Passia Abraham

- Fostering Collaboration
  - DOH looking at ways to foster better collaboration across the collaborative.
  - Examples include partner highlights; collaborative led workgroups, and co-planning future meetings.
  - If you are interested in in sharing out with the Collaborative work you are doing, please email: [vax.collaborative@doh.wa.gov](mailto:vax.collaborative@doh.wa.gov)
  
- Community Agreements
  - Community agreements continue to grow/change as we incorporate input.
  - DOH is intentionally prioritizing voices, needs and requests of those most disproportionately impacted by COVID19.



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- Partner Highlight: **Building Changes’ COVID-19 Work** – Megan Veith, Senior Manager, Policy, Advocacy, & Research
  - Building Changes is a WA State non-profit that advances equitable responses to homelessness in Washington State, with a focus on children, youth, and families and the systems that serve them.
  - Building Changes focuses on areas related to the housing crisis response, the k-12 educational system and healthy systems with an emphasis on racial equity and COVID-19.
  - Some of the population needs that Building Changes are focused on related to COVID-19 vaccine eligibility include:
    - Shelter staff and people experiencing homelessness are moved up in eligibility priority,
    - Child care workers and school staff, and youth 16 and older are prioritized, especially those experiencing homelessness,
    - Agricultural workers whom have a higher proportion of people with unstable housing and identify as Latinx,
    - Defining elders beyond 65 older, to reflect real-life situations,
    - People experiencing 1 *severe* co-morbidity for example: HIV, cancers, etc.
  - Other information / resources that are needed:
    - Information about safety related to vaccines; especially regarding pregnant people,
    - **Access to appointments that aren’t web-based,**
    - Clarity around language regarding multi-generational eligibility,
    - Vaccine materials translated into many languages; prioritizing languages spoken by those most at-risk for COVID-19; materials accessible to people with disabilities,
    - More funding for community-based organizations,
    - Ensuring people feel are safe at vaccine clinics,
    - Data on vaccine access broken down by race/ethnicity, housing status, etc.
  - For information about our COVID-19 Fund, please visit: <https://buildingchanges.org/covid-19-response/>.

### III. Progress Update – Fathiya Abdi

- Video remote ASL interpretation at mass vaccination sites
  - American Sign Language interpreters are now available through Video Remote Interpreter (VRI) calls for Deaf or Hard of Hearing Visitors at vaccination sites. It is free and easy to use - visitors just access the service directly through their own smartphone or **through a site staff member's phone.**
  
- Vaccine Prioritization
  - DOH clarifying definition of eligible caregivers in phase 1a. Eligible caregivers include licensed, unlicensed, paid, unpaid, formal, informal who support the daily, functional and health needs of someone who is at high-risk for COVID-19 due to advanced age, long term physical condition, co-morbidities, or developmental or intellectual disability. Person whom they are providing care for can be adult or minor child.
  
  - Vaccine prioritization of people with disabilities eligible as of today!
  
- Feedback Session (3/12): Phase 2
  - Complied and incorporated feedback for Phase 2 planning.
  - Submitted recommendations to DOH leadership and **Governor's** office that included:
    - Support for other essential workers.
    - Family Unit – allowing providers to offer vaccines to higher risk members of the family at same time.

- Pro-Equity Strategies
  - Focused feedback session at last Collaborative meeting, some items that came out of that session included:
    - Need for reinforcing and clear message that folks are eligible regardless of their immigration or insurance status.
    - Shared with partners the equitable site planning tool and the checklist to ensure accessibility to people with disabilities.
    - Important quote from breakouts – need to ensure that “vaccines going to people, not people going to vaccines”.
    - Alternative and community-based scheduling appointments.
    - Encouraging providers to engage and partner with local trusted community leaders and organizations for outreach and vaccine clinics.
  - Providers will need to comply with DOH’s minimum pro-equity requirements for ensuring language access, ensuring accessibility, and reporting for demographic data. All providers are asked to assess their accessibility for people with limited English proficiency and people with disabilities by April 2<sup>nd</sup>, 2021.
  - Would love to hear your success stories, please share with us any examples of pro-equity approaches!

#### IV. Community Relations Briefing & Conversation – Blair Hanewal

- Review Equitable Prioritization and Framework
  - DOH continues to use the framework to guide all decisions on eligibility and prioritization.
- Review Phase 1B Tiers 1-4
  - As of 3/17/21 WA has moved into Phase 1b – Tier 2 which includes:



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- High risk critical workers who work in certain congregate settings; high risk workers that were deemed eligible this phase was based on two criteria: exposure and settings.
    - Pregnant people.
    - People with a disability that puts them at a high risk.
    - Estimated population size for this current tier is 570,000 people.
  - Workers in childcare settings and pre-k – 12<sup>th</sup> grade educators and staff were moved up into Phase 1b – Tier 1.
- Preview programmatic evolution
  - Because of expansion of eligibility and increasing vaccine supply DOH will be relying on local health jurisdictions (LHJs) and other vaccine partners for planning outreach, vaccine allocation and tracking vaccine coverage.
  - Also working to ensure that LHJs keep in mind equity in their communications and plans for reaching hard-to-reach populations.
- Homebound Individuals and Vaccine Access – SheAnne Allen
  - DOH is partnering with the Department of Social and Health Services (DSHS) to identify homebound individuals in WA. Estimated to be 95,000 people.
  - DOH collaborating with LHJs to develop a plan vaccinate homebound people (16 and older) by the end of April.

#### V. Closing Thoughts – Passia Abraham

- Do you have an upcoming community pop-up vaccination event?
  - Our team is interested in observing and attending a community pop-up event to help inform our work and our equity recommendations. If you have one coming up in your community, please email: [vax.collaborative@doh.wa.gov](mailto:vax.collaborative@doh.wa.gov)