

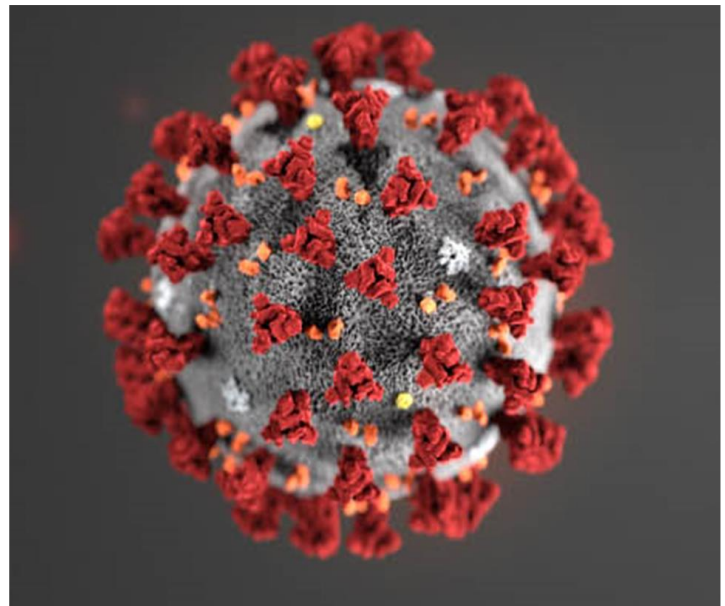
2021

Vaccine Distribution Agricultural
Workers Plan

Vaccine Distribution

Agricultural Workers Plan

April 2021



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Agricultural Workers Project Plan

Executive Summary

This plan examines the distribution, administration, and connection between providers, farm workers, and vaccine allocation. To support this plan the LHJs, community health centers, federally qualified health centers, grower associations, and farms will support DOH with options for vaccination, communication, coordination, and validation that all farm workers have been provided with an opportunity to get either the two shots of the Pfizer or Moderna vaccine, the single shot of the Johnson and Johnson vaccine, or the second shot of Pfizer or Moderna if the first shot was delivered previously or in another state. DOH provides coordination, and allocation of vaccine to providers who are designated to administer vaccines to farm workers as well as family members and other occupants that may live in or support congregate housing sites. Included in this plan are extensive sections on equity, stakeholder feedback, and communications and outreach.

Population	Population Breakdown	Strategies	Modalities	Access/Outreach	Population
Migrant and seasonal agricultural workers, including H-2A workers.	An average of approximately 69,000 migrant and seasonal agricultural workers were estimated to be in Washington State from 2017-2019. Over 80% of the jobs were in 10 counties: Yakima, Chelan, Douglas, Grant, Benton, Franklin, Okanogan, Adams, Walla Walla, and Klickitat.	<ul style="list-style-type: none"> LHJ Existing Plans Federal Pharmacy Program Community Health Centers MTI Testing/Vaccine 	<ul style="list-style-type: none"> Traditional (HOS, Pharmacy, Local Clinic) LHJ hosted Point-in-Time Vaccination Clinics in ethnic enclaves with high number of agricultural workers Point-in-Time Vaccination Clinics in ethnic enclaves (in partnership with DOH) with high number of agricultural workers On-Site Vaccination Clinics hosted by employers of Agricultural Workers. 	<ul style="list-style-type: none"> Grower Associations and Farms Online Scheduling Non-electronic scheduling options Community-based organizations Culturally and linguistically appropriate outreach and services Spanish language media outlets Worker trainings (more below) 	On average, 68,981 seasonal agricultural jobs. (When combined with food processing jobs, the average is about 120,000.)

Project Overview

Populations Considered (See appendices for industry classification codes.)

- Migrant and seasonal agricultural workers who work closely with others, regardless of immigration status.
- Migrant and seasonal agricultural workers living in congregate settings, regardless of immigration status.

Presentation(s)

- Pfizer
- Moderna
- Johnson & Johnson (Janssen)

Access / Outreach

- Scheduling applications (Vaccine Finder)
- Dedicated scheduling links with providers (Kaiser, pharmacies)
- Local Clinics (LHJ/Community ran)
- On-Site Clinics (LHJ or Provider coordinated)
- Equity Strategy (See page 9)
- Messages (See page 11)

Modalities

- Hospitals
- Pharmacies
- Medical Clinics
- Local Clinics (LHJ ran)
- Provider / Population Clinics (Locally ran)
- On-site clinics

Mission

DOH, LHJs, community health centers, federally qualified health centers, and private providers vaccinate agricultural workers in the State of Washington beginning March 22nd for the purpose of protecting farm workers at work, while commuting to work, and during non-working hours, especially when in congregate housing. In addition, protecting workers ensures

Washington State will meet the demands for agricultural products and support local economies.

Purpose

The purpose of this effort is to vaccinate farm workers to protect individuals, families, coworkers, and communities.

Plan Concept

Outreach for vaccine will be communicated by LHJs, DOH communications, and pronouncements from the Governor. There will be two access points to a vaccine for the population in this plan. One is to access scheduling links through Vaccine Finder application. The second and likely more relevant and accessible to agricultural workers, are on-site clinics planned or coordinated by LHJs, DOH, other state agency partners, Grower Associations and Farms, Community-based organizations, providers, or other interest groups. These sites must have local approval and a planned and approved vaccine allocation. LHJs will provide summary reporting of progress for vaccinations and share that data with DOH, reporting start of vaccination, first doses administered, and series completion for all agricultural workers who were provided an opportunity to be vaccinated and chose to do so.

Key Tasks

1. Determine allocation for each site.
2. Activate population in Vaccine Finder.
3. Add population to Federal Pharmacy Program priorities.
4. Communicate allocation date and delivery dates.
5. Equity team identifies and recommends farmworker populations to prioritize based on social vulnerability index.
6. Plan and continuously coordinate with external partners including Governor's office, other state agencies, LHJs and Community Partners.

This Plan is Complete When:

This plan is complete when all agricultural workers, including H-2A workers, have been given the information, means, and opportunity necessary to receive a first dose of the Pfizer or Moderna vaccine and scheduled for series completion or a single dose of the Johnson and Johnson vaccine. DOH and LHJs will coordinate to track and report progress throughout the project.

Limitations and Constraints

1. This project is limited by vaccine supply.
2. The fluctuation and seasonality of the agriculture work population complicates tracking and planning process for establishing vaccination clinics.
3. Trust issues with government agencies within this population requires significant outreach and education.

Timeline / Milestones

- ✓ Planning team identified and assigned.
- ✓ Project governance approved.
- ✓ Project Scope Approved (One-pager).
- ✓ Determine method for distribution by LHJ.
- ✓ Provider list approved.
- ✓ Plan approved.
- ✓ Begin first vaccinations.
- All first doses/J&J clinics complete.
- All second dose clinics complete.

Partnership Support

DOH Actions / Responsibilities

1. Determine the allocation framework.
2. Approve vaccine delivery means.
3. Allocate vaccine.
4. Coordinate all allocation, ordering, and CDC coordination for delivery of vaccine.
5. Coordinate with external partners on vaccination implementation and process. Respond to needs raised by partners.
6. Update public and external partners on progress with vaccination process, including data about the equity.
7. Support public information campaign on vaccination to reduce misinformation and address vaccine hesitancy in linguistically and culturally centered ways for Migrant and Seasonal Farmworkers.

Providers' Actions / Responsibilities

1. Work with LHJs, DOH, and the coordination team throughout the vaccination process for successful implementation. Convey needs to LHJs, DOH, and team to improve process.

2. Provide registration of incoming public for documentation. Use paper or electronic forms for proper documentation.
3. Provide vaccinators for on and off-site clinics.
4. Receive and manage administration kits and required supplies.
5. Receive and store vaccine.
6. Manage cold chain and vaccine transportation.
7. Administer vaccines to public efficiently.
8. Dispose of medical waste.
9. Provide sharps containers.
10. Upload administration data within 72 hours of vaccination.
11. Report inventories to Vaccine Finder, WA Health, and the Immunization Information System in a timely fashion as determined by federal and state guidelines.
12. Monitor and track distribution of vaccines to the public.
13. Monitor the post vaccination 15 minute and 30-minute holding areas with timers and coordinate with partners/crews to identify allergic reactions and take appropriate action.
14. Continually look for ways to improve vaccine distribution process.

Partners' Actions / Responsibilities

1. Work with DOH and coordination team throughout the vaccination process for successful implementation. Convey needs to DOH and team in order to improve process.
2. List essential staff that may need precautionary vaccines before engaging with the public.
3. Manage site for vaccinations.
4. Provide personnel to monitor and patrol the post-vaccine holding area for allergic reactions. Provide immediate intervention and call for additional helps as needed.
5. Provide transport capability on-site for significant allergic reactions or medial problems.
6. Provide fire protection capability on site for potential car or other fires.
7. Schedule vaccination events with Grower Associations and Farms, Community-based organizations, providers, or other interest groups.
8. Report first dose and series completions for all farmworkers who choose to be vaccinated.
9. Develop and ensure site security for workers and those receiving vaccinations through proactive patrols and positive engagement with public.

Logistics

Allocation

1. Allocate vaccine through state supply with dedicated doses coordinated based on scheduled appointments and community and on-site vaccination clinics.

2. Federal Pharmacy Program will receive vaccine as directed by CDC if prioritized by the Federal government and the Director of Vaccine Distribution.

Community Point-In-Time Vaccination Clinics

During the pandemic, LHJs and Community Health Centers (CHC) collaborated to provide point-in-time clinics for testing. Based on that successful experience, Community Point-In-Time Vaccination Clinics by LHJs and CHCs can be effective at making vaccinations accessible to vulnerable populations that include agricultural workers. By focusing on the community ethnic enclaves where agricultural worker families live, it will increase the chances that a larger proportion of agricultural workers gain access to the vaccines.

On-Site Testing and Vaccine Coordination

DOH is using Medical Teams International (MTI) to provide farmworker testing and outreach. Testing will be conducted as close to arrival as possible, and workers will be tested twice with a 7-day interval. The tests are using the Abbot BinaxNOW antigen test which can provide results in 15 minutes.

MTI is currently testing in the counties of Chelan, Douglas, Grant, Yakima, Benton and Franklin while working in partnership with LHJs and community health centers. They are considering kiosks and vans for additional capacity. MTI can also provide on-site testing at farms or temporary worker housing for incoming seasonal migrant agricultural workers.

In coordination of this work, the governor's office sector lead, led a weekly meeting between DOH, LNI, Dept. Of Agriculture, and Employment Security Division. Additionally, monthly separate coordination calls for growers, community advocacy groups and LHJs occur to share updates, socialite feedback, answer questions and improve processes.

MTI is in the process of getting approval to conduct mobile vaccination promotions. This would support the vaccination of an important subset of agricultural workers, foreign H-2A contract workers, that live in congregate settings and may get their groceries in the Ethnic Enclave Communities where domestic agricultural workers live. Further it is far more likely that domestic foremen and farm managers will benefit from these on-farm vaccination clinics. Absent of an order from the Secretary of Health mandating farms to allow on-farm vaccination, the DOH and MTI are dependent upon associations and growers allowing access to vaccinate on private property.

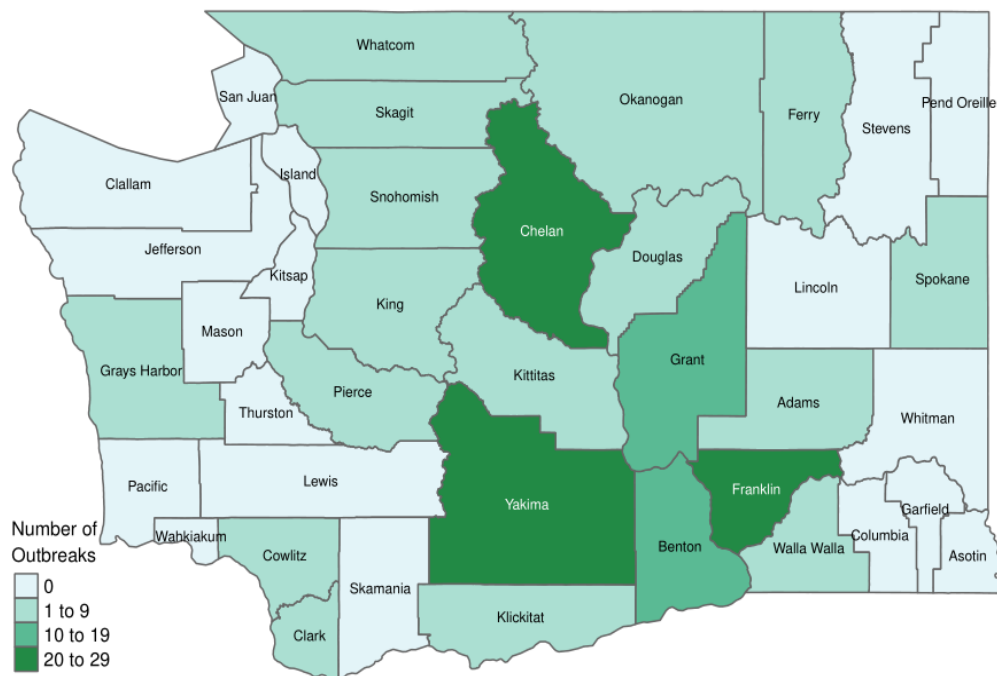
High Throughput Sites

High throughput sites may reach some agricultural workers, but many are excluded from acquiring the vaccine this way by transportation issues, work schedules, family obligations, an unfamiliarity with the process, and language barriers.

Examples of LHJ Requirements:

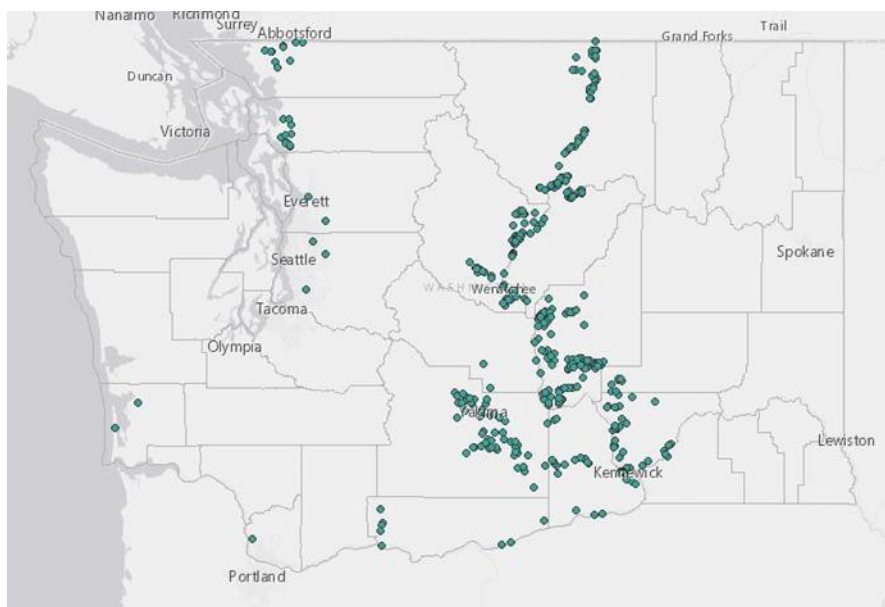
- Yakima County LHJ will require supplemental On-Site vaccination on Farms that transport workers in congregate settings and fruit packing plants.
- Grant County LHJ will require supplemental On-Site vaccination on farms that transport workers in congregate settings or house workers in congregate settings.
- Skagit County LHJ will require supplemental on-site vaccination on farms that transport workers in congregate settings and at fruit packing plants.
- Walla Walla County LHJ will require supplemental on-site vaccination on farms that transport workers in congregate settings and at fruit packing plants.
- Whatcom County LHJ will require supplemental on-site vaccination on farms that transport workers in congregate settings and at fruit packing plants.
- Cowlitz County LHJ will require supplemental on-site vaccination at food processing plants.
- Okanogan County LHJ will require supplemental on-site vaccination on farms that transport workers in congregate settings.
- Klickitat County LHJ will require supplemental on-site vaccination on farms that transport workers in congregate settings.

Vaccine priorities will be influenced by the extent of outbreaks in agricultural counties, which are shown on the following map.



Farmworker Housing

This map is a screenshot of the DOH Washington Tracking Network tool indicating the location of farmworker housing throughout the state.



According to the COVID-19 Farmworker Study conducted during the fall peak harvest season in 2020, 13% of agricultural workers reported living in three types of congregate housing: apartments, houses, and trailers. The vast majority of those that had private dwellings lived in overcrowded trailers (55%), a smaller portion lived in houses. The agricultural workers who were contract workers tended to live in congregate settings in houses or apartments.

Communications

A communication strategy and coordination plan will exist between DOH, community partners, the Gov's office, other state agency partners, LHJs, Growers/Associations, providers, other states, and other federal agency partners to operationalize this plan until vaccination is completed.

DOH and LHJs will provide focused communication to communities directly through existing channels. DOH will provide broad communication to the public through existing channels. Messaging will be shared between the LHJs and DOH to ensure a consistent message.

The planning team will provide the population plan to DOH, government agencies and partners with briefing to the LHJs, and others as needed.

Direct communications between the planning team, allocations team, providers, Grower Associations and Farms, and Community-based organizations is authorized for the purposes of coordinating work and delivering vaccine.

Use local teams including Washington Coop Extension services, LHJs personnel, community health and outreach workers, Washington growers league staff, to contact farmers and farmworkers to schedule vaccinations.

Key Channels

(From the COVID-19 Farmworker Study of Washington 2020)

- Television is how most agricultural workers reported getting information about COVID-19 (67%)
- Worker Trainings are another way agricultural workers reported getting information about COVID-19 (48%).
- Social Media is the third highest way agricultural workers reported getting information about COVID-19 (46%).
- Family (36%)
- Spanish-Language Radio (35%)
- Community Health Clinics (30%)
- Friends (26%)
- Doctor (15%) - May be due to lack of access to a personal doctor.

What agricultural workers want to know:

(From the COVID-19 Farmworker Study of Washington 2020)

- What emergency medical services are now available (91%)
- General Health Information (91%)
- How to reduce the risk of getting COVID-19 (87%)
- Mental Health Information (72%)
- How to get financial assistance (59%)

CDC Communication's Toolkits about Vaccine

- CDC COVID-19 Vaccine Community-Based Organizations Toolkit
- CDC COVID-19 Vaccination Communication Toolkit for Essential Workers

Considerations

Agricultural workers in Washington can come from several countries of origin including Mexico, Guatemala, Venezuela, El Salvador, Honduras, Cuba, Jamaica, Haiti, Philippines, Somalia, and Myanmar (Burma).

Identifying and supporting trusted messengers is key to providing outreach information to the community.

Need to understand and consider some farmworker's deep distrust of the government due to historical neglect and mistreatment.

Because communication flows are different for farmworkers, they might be more susceptible to misinformation and even disinformation, which means outreach must identify ways to provide trusted information quickly and effectively. This can be another role for trusted messengers.

Many community members live in multigenerational homes.

Many community members attend churches and organizations that cater to the area's immigrant and agricultural workforce.

Many community members live in congregate housing within Latino Rural Enclaves.

Immigrants and Refugees are susceptible to negative outcomes due to COVID-19 because of a multitude of reasons, including:

- Ethnicity.
- Limited English Proficiency.
- Limited access to healthcare.
- Essential worker status.
- Pre-existing co-morbidity factors.
- Economic status.
- Propensity to live in congregate housing.

There are an estimated 465,254 Limited English Proficiency Spanish-Speaking community members in Washington State. Among these are Limited Spanish Proficiency Indigenous language- speaking community members who speak Mixteco Alto, Mixteco Bajo, Triqui, Zapoteco, Akateco, Mam, Chuj, K'anjob'al and Aguateco.

The Mixteco people, from the Mexican state of Oaxaca, are one of the major groups in Washington State. Many of the agricultural workers speak a language other than Spanish as their first language. Assuming that a person from Latin-America only speaks Spanish is culturally insensitive and can create further confusion and distrust towards employers, governmental officials, and medical professionals.

MESSAGING:

Vaccine

- Vaccines will help us end this pandemic
- Vaccines are provided at no cost.
- Anyone who lives or works in Washington State, regardless of immigration status, citizenship, residency or country of origin are eligible for vaccine.
- You will need to get two doses of Pfizer and Moderna, one dose of Johnson and Johnson.

- All three vaccines are highly safe and effective.
- People at highest risk will get the vaccine first.
- You may feel side effects, but this is normal. The side effects are similar for the three vaccines and are an indication that the vaccines are helping to build protection against disease.
- Stay Safe. "You may not have control over a lot of things in this pandemic, but you have control over getting vaccinated, wearing a mask, keeping your distance, and avoiding groups or gatherings."
- Getting fully vaccinated allows you to gather indoors with fully vaccinated people without wearing a face mask.
- Getting fully vaccinated allows you to visit unvaccinated family. If members are at low risk for severe covid-19.

COVID-19

- Know your numbers, seek help if needed (BMI, Cholesterol, Blood Glucose, Blood Pressure)
- BMI can serve as an important health indicator.
- Lowering BMI lowers the risk for diabetes.
- One out of every three adults have high cholesterol.
- Diabetes-management techniques include proper diet, lifestyle changes.
- Blood glucose is associated with diabetes.
- Blood Pressure is affected by weight, diet, exercise, and genetics.
- A normal blood pressure is less than 120/80.
- 1 out of every 3 Americans suffer from hypertension (High Blood Pressure).
- Improving built environment, improves overall public health.
- Beyond an emergency response, we need your help to improve a variety of capacities including: The Healthcare System, Statewide Broadband, Affordable Housing, Business Solvency, Online Education, Distributed Work, Food Security, and Social Services.
- Wash your hands.
- Wear a cloth face covering.
- Use hand sanitizer.
- Keep your distance (Six feet or two meters).
- Cover your coughs and sneezes.
- Do not touch your face!
- Do not share personal items with anyone.
- Know what the symptoms of COVID-19 are and know when to call 9-1-1.
- If you are exposed to COVID-19, 1. Stay Home, 2. Watch for symptoms.
- Symptoms appear 2 to 14 days after exposure.
- If you have COVID-19 or COVID-19 symptoms, 1. Stay Home, 2. Do not go to work or visit with others, 3. Call your doctor if you have symptoms.

- Stay in isolation until three days after your fever is gone without using medicine and your other symptoms have improved and ten days after your symptoms started.
- If you become sick with COVID-19, participate in a public health interview as you recover, this will help warn others of the possibility of having contracted the illness.
- If you become sick with COVID-19, stay home except to get medical care.
- If you become sick with COVID-19, protect your household by isolating yourself from people and animals in your home.
- Isolation is what you do if you have COVID-19 symptoms or have tested positive. Isolation means you stay home and away from others until you are no longer sick.
- Quarantine is what you do if you were in close contact with someone who tested positive for COVID-19. It means you stay home and away from others until the risk of infecting other people no longer exists. Quarantine becomes isolation if you later test positive for COVID-19 or develop symptoms.
- Family members may not have permission to visit their loved ones in the hospital because of potential exposure.
- 80% of symptomatic COVID-19 cases are mild, 20% require hospitalization.
- There are serious health impacts from COVID-19, even for more mild cases.

Daily Life

- Leave work items and shoes outside.
- Wait to hug family members until you have disinfected.
- Only make needed trips.
- Disinfect frequently touched surfaces.
- Save some for you neighbors.
- Play outside.
- Open windows often in your home.
- Consider mail-order medications.
- Create an emergency contact list.
- Get to know your neighbors.
- Feeding your baby human milk (breastmilk) is recommended.
- You should cancel or postpone in-person visits.
- It is best to cancel or postpone any vacation plans that involve traveling or being around people.
- There is no evidence that people can get sick from their pets.
- Engage in activities that support your health and help you relax. This may include exercise, meditation, prayer, or talking with friends and family.
- Maintain routines related to meals and bedtimes.
- Make sure you know where you and your loved one's important documents are stored.
- Communicate with children based on each child's age and developmental level when deciding what information to share with them.

- Explain to children that most people get better.
- If your loved one is very sick, do not provide false assurance. If a death occurs, explain what happened using simple and clear language.
- Remember that children are likely to model the emotional reactions of adult caregivers.

At Work

- Food has not been identified as a likely source of COVID-19 infection at this time.
- Money is not likely a primary mode of transmission of coronavirus according to the CDC.
- The inability to physically distance at the workplace increases your susceptibility to spread COVID-19.
- Increase hand hygiene.
- Face coverings help reduce the risk of spreading COVID-19.
- Clean and sanitize the workplace regularly.
- People with COVID-19 can spread the illness even when they feel or look well.
- You are at higher risk of contracting COVID-19 if you work in an environment where you cannot practice physical distancing.
- You are at higher risk of contracting COVID-19 if you live in congregate housing.
- COVID-19 infection containment cannot be successful in congregate housing.

Anti-stigma

- COVID-19 is not at all connected with race, ethnicity, or nationality.
- Stigma will not help to fight the illness.
- Stay informed, help keep rumors and misinformation from spreading.
- People with COVID-19 can spread the illness even when they feel or look well.
- COVID-19 does not discriminate.
- Young, healthy individuals in good physical shape can also become gravely ill.

Equity in COVID-19 Vaccine Program for Agricultural Workers

GOAL: Ensure equitable distribution of the vaccine to the communities most disproportionately impacted by COVID-19

Role of the State Department of Health (DOH): DOH is the lead entity for vaccine distribution. They issue prioritization guidance, based on recommendations from the CDC, to determine phases of eligibility – which populations will be eligible at what point in time for limited doses. In addition, they enroll providers as vaccinators, determine allocation of doses among those providers in consultation with local public health agencies, transmit provider orders to the CDC for processing, and support the statewide Immunization Information System for required reporting of COVID-19 vaccine doses administered by facility. The state is also responsible to

bridge the gap in local, regional capacity/ability to meet the goal through alternative solutions such as state run/sponsored mass vaccination clinics, utilization of the National Guard or other State resources, etc.

DOH is committed to the following equity strategies to increase reach, access, and uptake of COVID-19 vaccination among agricultural workers. While these strategies pertain to DOH, Local Health Jurisdictions and other partners are highly encouraged to incorporate as many of the strategies as possible. The tactics that are DOH's alone are highlighted in gray.

Strategy 1: Engage communities and foster opportunities for collaboration to inform vaccine planning and allocation.

- Solicit community partner feedback on the implementation of the vaccination plan.
- Promote community participation in the COVID-19 Vaccine Implementation Collaborative.
- Coordinate and deliver presentations to community partners and coalitions.
- Identify opportunities for individual Local Health Jurisdictions (LHJ), community based/grassroots organizations, and DOH to address gaps in outreach to agricultural workers.

Strategy 2: Integrate a pro-equity approach into vaccine allocation and distribution.

- Support LHJs in ensuring equitable access and prioritized allocation to agricultural worker communities.
- Prioritize allocation and support to providers who effectively serve agricultural workers.
- Utilize Medical Teams International (MTI) to conduct mobile vaccination clinics to reach agricultural workers that may not be independently mobile enough to get to another clinic sites.
- Proactively address access barriers and know accommodation needs of community (language access; accessibility needs for people with disabilities)
- Eliminate documentation requirements.
- Create an equity-informed extra doses plan.
- Provide transportation assistance.
- Provide other alternative and accessible options for getting vaccine.
- Provide weekend and extended hours.
- Offer advanced scheduling to community partners.
- Reserve vaccine appointment slots for community-based appointment scheduling and phone-based scheduling.
- Partner with trusted community organizations and leaders to co-sponsor vaccine events and conduct outreach.
- Promote vaccine education through the farmworkers project to workers at nurseries, as well as migrant and seasonal farm workers who live in its service area year-round.
- Offer paid time for workers to receive vaccination.
- Provide community representative staffing and volunteers at clinic sites.

Strategy 3: Invest in and leverage trusted community leaders, messengers, and organizations.

- Identify and assess funding and resource needs of grassroots community-based organizations for conducting outreach, education, and vaccine appointment assistance to agricultural workers.
- Address misinformation and disinformation by identifying outreach methods for providing trusted information quickly and effectively and through trusted messengers.
- Partner with trusted leaders and community organizations and media to do outreach and get information out to the community and address vaccine hesitancy.
- Partner with faith-based leaders, organizations, and churches that cater to the area's immigrant and agricultural workforce.
- Utilize community key channels for messaging and communications (TV, worker trainings, social media, family, Spanish-language radio, community health clinics, friend, and doctor).
- Work with community partners to identify the ethnicity and languages spoken by agricultural workers to conduct outreach and ensure engagement efforts reach agricultural workers who may be outside of the Latinx community.

Strategy 4: Ensure all communications, education, and outreach efforts are culturally and linguistically appropriate and accessible.

- Develop plain talk documents and apply CLAS standards.
- Ensure all outreach materials and information are available in Spanish as well as the indigenous languages including but not limited to: Mixteco Alto, Mixteco Bajo, Triqui, Zapoteco, Akateco, Mam, Chuj, K'anjob'al and Aguateco and presenting information in other forms other than written language (videos, infographics, etc.). [DOH site filter by language](#)
- Ensure incorporation of focused messaging on the availability of the vaccine regardless of immigration status.
- Identify methods for sharing information with community members that may not have access to the internet or a computer.
- Identify the top 10 languages spoken among agricultural workers in area to ensure communication is linguistically appropriate and reflective of communities.
- Ensure community representative staffing and volunteers for education, outreach, communication and in-person interpretation available on site.

Strategy 5: Strengthen the public health system's ability to center communities in vaccine outreach and access.

- Utilize equitable site planning tool.
- Support LHJs in their use of the Social Vulnerability Index (SVI) for vaccination site placement within communities; in partnering with community-based organizations; and leveraging available mobile vaccination units, etc.

Strategy 6: Foster opportunities for partnership with trusted community-based organizations.

- Leverage the Vaccine Implementation Collaborative to work with community members, leaders, and organizations as well as vaccine implementation partners to support COVID-19 vaccine planning and implementation efforts as guided by state and federal guidance.
- Prioritize and center the needs, requests, feedback, recommendations, and participation from communities and sectors most impacted by COVID-19 including agricultural workers to ensure vaccine implementation and outreach efforts are community driven.
- Share COVID-19 vaccine updates, planning, and materials with Collaborative members.

Strategy 7: Support a trauma-informed approach to vaccine communications and engagement.

- Acknowledge the role of long-standing systemic health and social inequities and agricultural workers’ deep distrust of the government due to historical neglect and mistreatment - utilize trusted community messengers and community representative staff and volunteers at sites.

Annexes

Annex A: Occupation Codes

Occupation Census Alpha Index Lookup

Census Occupation Alpha Index		Census 2010 / NAICS 2007 / SOC 2010		
Beginning:	Find	Prev	Next	
Farmwor	1-16/16			
Title	Occ Code	Census Restriction	NAICS Restriction	SOC
Farming	6050	GOV, PR or WP 0180, 0290	GOV, PR or WP 112, 115	45-2093
Farmworker \ N.S.	0205	OBI 0170, 0180, 0290	OBI 111, 112, 115	11-9013
Farmworker \ N.S.	0205	OBNI 0170, 0180, 0290	OBNI 111, 112, 115	11-9013
Farmworker \ N.S.	6050	GOV, PR, WP, BLANK 0170	GOV, PR, WP, BLANK 111	45-2092
Farmworker \ N.S.	6050	GOV, PR, WP, BLANK 0180, 0290	GOV, PR, WP, BLANK 112, 115	45-2093
Farmworker, Bulb	6050	0170, 0290	111, 115	45-2092
Farmworker, Crop or Grain	6050	0170, 0290	111, 115	45-2092
Farmworker, Dairy, Exc. Machine Operator	6050	0180, 0290	112, 115	45-2093
Farmworker, Dairy, Machine Operator	6050			45-2091
Farmworker, Frog or Oyster	6050			45-2093
Farmworker, Fruit or Nut	6050	0170, 0290	111, 115	45-2092
Farmworker, General or N.S.	6050	0170, 0290	111, 115	45-2092
Farmworker, General or N.S.	6050	0180	112	45-2093
Farmworker, Horticultural	6050	0170	111	45-2092
Farmworker, Livestock	6050	0180	112	45-2093
Farmworker, Machine Operator	6050			45-2091
Farmworker, Poultry	6050	0180	112	45-2093
Faro Dealer	4400	(8590)	(7132)	39-3011

Annex B: Key Partners and Roles

Key partners	Role
VACCINATION CLINICS	
<p>Local Health Jurisdictions</p> <p>Map of local health jurisdictions in WA</p>	<ul style="list-style-type: none"> • Provide Statewide Community Wide Vaccination efforts in LHJ. • Stay up to date on WA DOH services and resources. • Enter vaccination data from MTI into CREST or WDRS. • Coordinate with Contractor (MTI) and DOH Staff. • Disseminate communication materials prepared by DOH and Governor’s office to communities. • If High Throughput Site is in LHJ, this will be the primary means of vaccination to be supplemented by the agricultural worker plan strategy.
<p>Community Health Centers</p> <ul style="list-style-type: none"> • Yakima Farm Workers Clinic • Moses Lake Community Health Center • Quincy Community Health Center • Columbia Basin Health Association • Tri-Cities Community Health • Columbia Valley Community Health • Family Health Centers • Mattawa Medical Center • Sea Mar Community Health Centers • Community Health of Central Washington • Yakima Neighborhood Health Services <p>Additional Clinics for Consideration</p> <ul style="list-style-type: none"> • Yakima Worker Care, Yakima • Astria Regional Medical Center, Yakima • Virginia Mason Yakima Memorial Hospital, Yakima • Yakima Worker Care, Yakima • Toppenish Medica-Dental Clinic, Yakima • Astria Toppenish Hospital, Yakima 	<ul style="list-style-type: none"> • Provide Point-in-time and On-Site vaccination clinics in Ethnic Enclave communities, Farms, and Employer owned farmworker housing. • Assist MTI with cultural sensitivity and language resources. • Provide health education with community members at participating farms.

Key partners	Role
<ul style="list-style-type: none"> • Astria Sunnyside Hospital, Sunnyside • Sunnyside Immediate Care, YVFWC, Yakima • Sunnyside Worker Care, Yakima • Grandview Yakima Valley Farm Workers Clinic, Yakima • Prosser Memorial Health, Benton • Zirkle Fruit Anovaworks Clinic Prosser, Yakima • Lourdes Occupational Health Pasco, Franklin • Lourdes Medical Center, Franklin • Lourdes Urgent Care Pasco, Franklin • Confluence Health Royal City, Grant • Mattawa Community Clinic, Grant • Wahluke Clinic – Columbia Basin Health, Mattawa, Grant • Columbia Basin Health Othello, Adams • Othello Community Hospital, Adams • Confluence Health Moses Lake, Grant • Samaritan Urgent Care Moses Lake, Grant • Quincy Valley Clinic, Grant • Sageview Family Care, Quincy, Grant • Confluence Health East Wenatchee Clinic, Douglas • Anova Works Wenatchee, Chelan • Confluence Health Wenatchee Valley Hospital, Chelan • Confluence Health Wenatchee, Chelan • Family Health Centers Brewster, Okanogan • Three Rivers Hospital Brewster, Okanogan • Medical Center Brewster, Okanogan • Urgent Care Oroville, Okanogan • North Valley Hospital Tonasket, Okanogan • Family Health Centers Tonasket, Okanogan • Other: Oregon based Clinics without on-site clinics in WA 	

Key partners	Role
<p>Mobile Clinics</p> <p>MTI: Medical Teams International</p>	<ul style="list-style-type: none"> • Provide end-to-end planning and implementation for vaccination at farms in prioritized LHJ jurisdictions outside of High-Throughput Sites. • Collect vaccination and process data regarding 2021 vaccination initiative. • Coordinate scheduling and data sharing with LHJs and DOH. • Communicate with WAFLA and WA Growers Association. • Provide resources to farm HR for I&Q/ health education resources.
<p>Promotoras de Salud</p> <ul style="list-style-type: none"> • Quincy Comm. Health Cntr– Promotora (CHC) • Moses Lake Comm. Health -Promotora (CHC) • First Fruits – Promotora (Employer) • Yakima Health District – Promotora (LHJ) • C2C – Promotora (CBO) • CSC Network – Lead (Coalition) • Chelan/Douglas Health District - Promotoras (LHJ) • Parque Padrinos (CBO-Wenatchee) 	<ul style="list-style-type: none"> • Provide Subject Matter Expertise on the ground working with Agricultural Workers and state agencies. • Support Consultations directly with Agricultural Workers on Vaccines. • Support addressing vaccine access and managing vaccine hesitancy among agricultural workers. • Support LHJ & CHC in coordinating vaccine to employers and local workers • Support addressing vaccine equity. • Provide subject matter expertise on health literacy and outreach.
SUPPORT	
<p>Consulates</p> <ul style="list-style-type: none"> • Mexico • El Salvador • Guatemala • Peru • Chile 	<ul style="list-style-type: none"> • If Applicable, align communications to WA ESD prior to arrival of H-2A workers. • Share Spanish-language communications with population that may include seasonal agricultural workers.
<p>CDC - Federal Government</p>	<ul style="list-style-type: none"> • Provide ongoing guidance and regulatory measures for COVID-19 Response operations. • Communicate with DOH any agreements reached nation to nation regarding the vaccination of H-2A workers.
<p>Washington State Office of the Governor</p> <p><u>Governor Inslee’s Office</u></p>	<ul style="list-style-type: none"> • Support testing promotions campaign by encouraging agricultural employers to participate.

Key partners	Role
<p>Agricultural Worker Team</p>	<ul style="list-style-type: none"> • Coordinate alignment of state agency response related to COVID-19 Vaccine to Ag Workers. • Support relationship with consulates. • Encourage community participation.
<p>Washington State Department of Health</p> <p>Community Relations and Equity Team</p> <p>PHOCIS Response Section</p> <p>Guidance and External Affairs Team</p> <p>Vaccination Team</p> <p>Temporary Housing Team</p>	<ul style="list-style-type: none"> • Support equitable community engagement and communication initiatives: Provide subject matter expertise; Planning; Generation of Educational Materials; Translation; Coordination of CBOs; Prepare Press Release Template; Compile & Disseminate Educational Materials. • Coordinate communication between MTI and LHJs. • Support surveillance and documentation of process for evaluation of efficacy. • Work with Contractor (MTI: Medical Teams International) to operationalize On-Site Vaccination activities at Farms, Housing and Food Processing Plants in prioritized regions. • Maintain communications alignment with external partners. • Support coordination of any on-site Vaccination at H2A congregate housing.
<p>Community Based Organizations & Outreach</p> <p>DOH Contractors</p> <ul style="list-style-type: none"> • Wenatchee Café • Our Valley Our Future • Community to Community • CIELO Projects Radio Ranch <p>DOH DH Contractors</p> <ul style="list-style-type: none"> • Radio KDNA FM 91.1 • KUNS-TV Univision/KOMO-TV/Noticias Univision on KUNS Univision • La Nueva 103.3 FM and 92.1 FM – Alpha Media USA • La Pera 	<ul style="list-style-type: none"> • Support LHJ and CHC point-in-time vaccination clinics in Ethnic Enclaves. • Communicate vaccination promotions to agricultural workers to increase awareness about what/when/where of the vaccination activities and what to expect. • Reduce vaccine hesitation among agricultural workers and community.

Key partners	Role
<ul style="list-style-type: none"> • La Voz Hispanic Newspaper (ads) 	
<p>Associations</p> <ul style="list-style-type: none"> • Washington Growers League • WAFLA • Harvust • United Farm Workers <p>Farms</p> <ul style="list-style-type: none"> • Sundquist Fruit • Gilbert Orchards • Taylor Orchards • Washington Fruit • High Valley Orchards • Brandon Lewis Orchards • Wyckoff Farms • Whitestone Mountain Orchard <p>Additional Agriculture Companies for Consideration</p> <ul style="list-style-type: none"> • Evans Fruit, Yakima, Grant • Mar-Jon Labor LLC, Othello • Labor Plus Solutions Inc • Atkinson Staffing/Agri Labor, Pasco • Gilbert Orchards; Yakima • Stemilt Growers LLC, Chelan, Douglas Grant • Stemilt Growers LLC, Capstone Ranch, Chelan • Zirkle Fruit Royal City, Grant • First Fruits Farms/ Broetje Orchards • Zirkle Fruit Selah, Yakima • Allan Brothers, Yakima, Grant • Carpenter Ranches, Yakima • Hansen Fruit, Royal City, Grant • Hansen Fruit, Yakima • King Fuji Ranch, Grant • Mercer Ranches Prosser, Benton • Olsen Brothers Ranches, Benton • S & C Ranches Warden, Grant 	<ul style="list-style-type: none"> • Host LHJs or CHCs on-site at farms and employer owned farmworker housing for vaccine clinics. • Host DOH Contractor (MTI) on-site at farms and employer owned farmworker housing. • Encourage and allow worker education by CHC promotoras/community health workers on the prevention of COVID-19. • Allow access by WA agency outreach teams from LNI, ESD, WSDA, and DOH to provide worker education on the prevention of COVID-19 and resources that are available to Agricultural Workers.

Key partners	Role
<ul style="list-style-type: none"> • SportFisher Orchards, Sunnyside, Yakima • Valicoff Fruit, Wapato, Yakima • Columbia Fruit Packers Wenatchee, Chelan • Auvil Fruit, Orondo, Chelan • Douglas Fruit, Pasco, Franklin • Dovex Fruit Company, Chelan • Matson Fruit, Selah, Yakima • Monson Fruit, Selah, Yakima • Congdon Orchards, Yakima • Sunquist Fruit LLC, Yakima • Tree Fruit Management, Pateros, Okanogan • Valley Fruit Naches, Yakima • Valley Roz, Yakima • Chiawana Orchards, Yakima • Gebbers Fruits & Orchards, Okanogan • Fugachee Orchards, Okanogan • GS Long; Wenatchee, Yakima • Tree Fruit Management Company; Pateros, Okanogan • Star Ranch, Wenatchee and Quincy • Columbia Farm Services/Above the Dirt, Quincy, Royal and Orondo • Double M, Quincy • McDougal and Sons, Chelan, Douglas, Grant • Columbia Valley Fruit, Grant • AgriMacs, Chelan, Douglas, Grant 	
<p>Washington State Labor and Industries (LNI)</p> <p>Communications</p> <p>Education & Outreach Team</p>	<ul style="list-style-type: none"> • Support communications activities as needed with workforce. • Support Point-In-Time and On-Site Vaccination Clinics with LNI outreach materials.
<p>Washington State Employment Security Department (ESD)</p> <p>Agricultural and Seasonal Workforce Services</p> <p>Migrant Seasonal Farm Worker Outreach Program Offices</p>	<ul style="list-style-type: none"> • Provide planning support. • Real time numbers of H-2A workers arriving in first quarter 2021. • Support Point-In-Time and On-Site Vaccination Clinics with ESD Outreach Materials related to wage replacement.

<i>Key partners</i>	<i>Role</i>
Washington State Department of Agriculture	<ul style="list-style-type: none"> • Support On-Site Vaccination Clinics, maintain relationships with participating farms. • Coordination with other states.
Faith-Based Organizations Washington Catholics	<ul style="list-style-type: none"> • Central Washington outreach/education strategy; longstanding relationships with the farmworker community; Yakima archdiocese provides transportation, food, and other social service supports to farmworkers and have staff/volunteers that speak several indigenous languages in addition to Spanish.

Annex C: Feedback and Recommendations from March, 11 Community Partner Meeting

The Agricultural Workers Vaccine Project Plan was reviewed by representatives of community-based organizations, the Office of the Governor, and state agencies during the March 11th meeting of key partners. The feedback and recommendations below were provided in response to plan review questions. Partners invited to the meeting were also given the option of providing written comments by Friday, March 12.

This Agricultural Workers Vaccine Project Plan has yet to be comprehensively reviewed by Local Health Departments (LHJ), other state agencies, industry, and other state and federal partners whose review and comments will be included as this plan is adapted to meet the needs of all partners in this work. A survey of LHJ support needs has been distributed with responses due COB, March 12, 2020. Hence the draft plan has not yet incorporated LHJ feedback nor is it informed by survey responses.

1. What is missing from this document? Anything you would like us to include?

- Plan should have a time frame and clarity on when the work begins and ends.
- Plan requires clarity on if field workers are included; some live in crowded homes.
- Who will communicate to the employer vaccination events? The plan needs to specify who will be taking the lead on coordinating vaccination events. How can agricultural workers be informed of vaccination events in advance to help them be able to ask for time off to go get the vaccine?
- Farm workers are working during the day and need to be reached after work. What efforts are planned to reach farmer workers after 5 pm? Can we support CHWs that are reaching workers after work hours?
- What is coordination around employer-based vaccination clinics? Why not just take the vaccine to site of employment?
- Need to incorporate in the plan efforts to create messages that address potential of employers’ mandates to get the vaccine in order to continue to work. (This will depend on the employer.)

- Trusted messengers are key to reaching people. This coordination needs to happen at the local level. What coordination is occurring?
- Need to communicate employer protocols to workers (L&I).
- Relationships between LHJs, agricultural workers, and growers is important to be able to coordinate and best serve the community.
- Include in messaging and communications responses to questions about vaccine safety; - provide information to workers about the V-SAFE vaccine safety monitoring (a text-based post-vaccine symptom reporting system from the CDC which is now available in Spanish).
- Include in messaging "after you are vaccinated" questions. - What you can do after vaccination? What to do if you have symptoms after you are fully vaccinated? Provide guidance for employers and LHJs addressing what they should do if they suspect an outbreak among vaccinated employees.
- If LHJs are responsible for vaccinating within their counties, how is DOH monitoring this? Is there a plan and what are the measures that will be taken?
- What is the state's goal for vaccinating agricultural workers? Make this clear in the plan. Specify the data that will be collected and how.
- Include a strategy for ensuring transparency of vaccination efforts. Provide updates to partners on the number of agricultural workers who are vaccinated.

2. Are any sections confusing or that need clarity?

- How do Community-Based Organizations (CBOs) set up vaccination clinics?
- Do you encourage to CBOs to work with the vaccination partners on the provided list? (Partner List is attached.)
- Specify that nursery workers are included. Are forest workers included – not clear? (Response provided: This does not include forestry workers right now, but that's a discussion we're having, and we may fold them in.)

3. What questions are brought up for you from your perspective?

- When organizing vaccination events, include CHWs to help people go through the process at the vaccination site. Assistance in language is helpful and needed. Community has to rely on family members to access information. CHWs help address barriers to information.
- Communications and messaging should include:
 - A vaccine comparison chart. This is best for giving information on the vaccine to agricultural workers. Farm workers want the best vaccine and want to know the information and side effects.
 - Be specific about information such as "what do I or can I do after getting vaccinated". Receiving this question from growers and farm workers.
 - Include in messaging "No vaccine is 100%. People who have been vaccinated are still getting COVID.
 - There needs to be some flexibility for workers so they can get the vaccine. "C2C promotoras" have worked well in the past. They have worked in coordination with LHJs, and hospitals to promote testing, and now they can help with promoting vaccination and distribution to agricultural farmers.
 - How is DOH going to coordinate work with CBOs to make sure appointments are available after work?

- DOH needs to get information about vaccine for farmworkers into their web page.
- Need to include messaging tailored for LHJs and employers that provides guidance if they think there is an outbreak among vaccinated workers. Messages should communicate that this is possible and to reach out to LHJs.
- Information about the Johnson & Johnson vaccine. Have encountered concerns about morality issues from several people, specifically regarding the stance of some religious leaders/info on social media.
- Avoid asking for ID.
- Emphasize the vaccine is available at no cost. (Some agricultural workers are being charged.)
- Need to continue messaging the 4-W's after vaccination.
- Provide information on V-SAFE for symptoms after the vaccine.
- Provide information on the roles that the Non-Healthcare Congregate Settings Team can play - Provide public health guidelines for COVID-19 vaccination and outbreak prevention - Assist with outbreak investigation in vaccinated and unvaccinated workers.
- Can the plan consider the intersection between the historic outbreak locations and the timing of worker arrivals? Even though more outbreaks were found in Central and Eastern Washington, a lot of the work in Skagit and Whatcom Counties starts earlier in the season. CBO representative: We can get more information about this. We are happy to help coordinate with growers, who are near universally willing to participate in this effort.

4. Are there any operationalization and equity considerations we are missing? Need more information on?

- See comments for questions 1, 2, 3.

5. Any other thoughts or feedback you have on the document?

- I don't see any resources for the community to do the work. Do you have any resources available for organizations doing this work?
- How do we give information to the community about the vaccine?
- How do we get information to family members of agricultural workers?
- How do we deal with people from other states who are accessing the vaccine in this state?
- How is DOH addressing issues concerning people from other states coming to Washington to get the vaccine?
- What is the messaging for people who work in other industries such as meat processing plants? How will DOH reach this group of people who are also in congregate settings?
- Feedback from One Community Health, a FQHC that is located in Oregon but also serves Klickitat county. We have started vaccinating ag workers in Oregon so have some learnings. a few items:
 - We are hearing that some H2A workers are arriving having been fully or partially vaccinated in Mexico or Guatemala.

- The concern regarding the use of fetal tissue is a large concern. There is also conflicting information coming out from different Catholic leaders which is contributing to confusion and vaccine hesitancy.
- We are also concerned about farmworkers who may be partially vaccinated in Oregon and then move to WA. We would like to be able to coordinate with vaccine providers in WA (specifically the Yakima area) so we can tell agricultural workers where to go to receive their second dose, and ensure it is the same vaccine type.

6. Any other organizations and/or individuals who should provide feedback and/or be at the table?

- This plan has yet to be reviewed by LHJs, other state agencies, industry, and other state and federal partners whose review and comments will be included as this plan is adapted to meet the needs of all partners in this work.
- Have you encouraged the community organizations to work with the vaccination partners on the list?

Annex D: Implementation Schedule

To be added when determined.

Annex E: LHJ Surveyed Needs

Agricultural worker Vaccination Plan (Local HDs needs)														
Partner Name (contact for LHJ)	Don't need assistance from DOH	Need the following assistance with operations				Need the following assistance with community partnerships & engagement								Interested in DOH calls & other LHJs
		Have plans & a team to conduct outreach & only need vaccines	Have plans but only need a mobile team	Capacity is limited, & need assistance planning outreach, ID sites, setting up & staffing mobile HCs	Other	Identify CHWs to conduct outreach to Ag workers	Partnering with community-based org for outreach	Identifying & engaging Ag businesses for employer-based clinics	Pre-translating vaccine clinic outreach materials	Providing culturally & linguistically appropriate vax education materials	Assistance obtaining or setting up language access services for LHJs	Assistance connecting with & leveraging community /ethnic media outlets	Other	Interested in DOH calls & other LHJs
Pacific County Lead Name: Todd Strozyk and Katie Lindstrom Phone Number: 360-875-9343, 360-589-9061 Email: tstrozyk@co.pacific.wa.us and koien@co.pacific.wa.us				Yes	We need the vaccine and then possibly some additional interpreters	Yes	Yes	Yes	Yes	Yes		Yes	Yes	
Lewis County John Abplanalp (360) 740-1256 john.abplanalp@lewiscountywa.gov					Could benefit from best practices for planning outreach & identifying sites for Ag workers			Yes	Yes	Yes		Yes	Yes	
Kittitas County Public Health Mark Larson MD Health Officer mark.larson@co.kittitas.wa.us													Yes	
San Juan County Stephane Stookey 360-370-7511 email: stephanes@sanjuanco.com	Yes												Yes	
Pierce County Lead Name: Daisy Reyes Phone Number: 253-999-0529 Email: Dreyes@tpchd.org			Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Whitman Co PH Corrin McMichael 509-553-1792 email: corrin.mcmichael@whitmancounty.net	Yes												No	

Clallam County Department of Health and Human Services Dr. Alison Berry Karissa McLane, RN Public Health Nurse Supervisor Phone (360) 461-9327 kmclane@co.clallam.wa.us		Yes						Yes	Yes, helpful to get messaging in Mam				Not sure
Adams County Lead Name: Timm Taff; Karen Potts Phone Number: Timm 509-488-2031 Ext 2056 ; Karen 509-659-3320 Email: timmt@co.adams.wa.us ; karenp@co.adams.wa.us					We have tentative plans and we only need vaccines for our mobile clinic. We've been working with MTI, Columbia Basin Health Association, and other regional vaccine administration							May possibly need assistance connecting with and leveraging community/ethnic media outlets	Not sure
Grant Lead Name: MARIA VARGAS Phone Number: 509-760-9580 Email: MVARGAS@GRANTHEALTH.ORG		Yes	Yes	Yes				Yes	Yes				Yes
Benton - Franklin HD Sierra Knutson, LERC (preferred contact) 509-460-4533; email: sierrak@bfhd.wa.gov					Need mobile teams to administer/ staff/ set up & manage. They have connected with and identified DOC/#s/locations			Yes	Yes	Yes			Yes
Pierce County Lead Name: Daisy Reyes Phone Number: 253-999-0529 Email: Dreyes@tpchd.org			Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cowlitz, Skamania, Clark Incident Commanders - Scott Koehler, Roxanne Wolfe Phone Number: Scott (360) 989-7586 Roxanne (360) 609-4225 Email: Roxanne.Wolfe@clark.wa.gov Scott.Koehler@clark.wa.gov			Yes										No

Whatcom Lead Name: Brittany Fuentes Phone Number: 360-778-6168 Email: bfuentes@co.whatcom.wa.us				Yes			Yes	Yes	Yes		Yes	Yes	
Spokane Lead Name: Summer Rose Phone Number: 509-496-4152 Email: srose@srhd.org		Yes							Yes			Yes	
Yakima County Lead Name: Nathan Johnson Phone Number: (509) 985-5725 Email: Nathan.johnson@co.yakima.wa.us		Yes			We are in conversation to have Farmworkers Clinic have mobile teams, but further support would be appreciated if available.		Yes	Yes	Yes	Yes		Yes	
Lincoln County Health Department Lead Name: Gabrielle Chain Phone Number: 509-215-1031 Email: gchain@co.lincoln.wa.us	Yes											Not sure	
Chelan-Douglas HD Lead Name: Panda Spiegel Phone Number: 425-615-0135 Email: imt.dosc@cdhd.wa.gov		Yes Our Outreach branch is doing over-the-phone as well as boots-on-the-ground vaccine preregistration and education with individuals in the community, with		We need support to combat vaccine hesitancy. We have staff and funding, we need accurate and culturally appropriate education material	Vaccine doses are a limiting factor for many providers - we need shots to put in arms and adequate storage and coolers to store vaccine, and move vaccine to clinic sites.		Yes Local partners have been, and will continue to be working with community leaders to help identify and strategically deliver doses to high risk communities who have barriers to					General vaccine hesitancy is a challenge we would be happy to partner with other entities on to develop outreach/education/co	Yes
Plans: Have met with clinical providers to divide up agriculture workers based on geographic location. Focus on large local employers to open up and register H2A workers for Mass Vaccinations and support mobile groups to go out to different workers. Mass Vaccination at TTC: Many of the groups will be able to go to TTC Cascade Medical Center (Leavenworth): Hoping to reestablish a local free clinic through Upper Valley MEND. Plan to support agricultural workers in DOH assigned tier 1B2. Needs Vaccine. Columbia Valley Community Health (Multiple Locations): Starting mobile vaccine clinics this week (Thursday 11 March) using a 9-person team dedicated to mobile vaccine													

<p>Wahkiakum Co. Wahkiakum Health and Human Services Duncan Cruickshank 360-795-6207 Extension 243</p> <p>Grays Harbor County Lead Name: Daniel Hannawalt-Morales Phone Number: 3606606927 Email: dhmorales@co.grays-harbor.wa.us</p>			Yes	Wahkiakum has farms with farm workers although usually We have mass vaccinations set up to reach this audience that can process 2700 a week...but need vaccines. A mobile team will just ensure our rate of vaccination for the county is completed										Not sure
<p>King County Lead Name: Anthony Rivers Phone Number: 206-</p>			Yes			Yes	Yes	Yes						Yes

Annex F: Estimates of Agricultural and Food Processing Workers

County	Agricultural Workers	Food Processing Workers
Adams	1,089	962
Asotin	54	11
Benton	3,609	1,971
Chelan	3,901	165
Clallam	206	13
Clark	1,102	1,485
Columbia	100	-
Cowlitz	379	1,205
Douglas	1,685	30
Ferry	4	-
Franklin	3,224	2,750
Garfield	29	-
Grant	7,345	2,292

Grays Harbor	275	365
Island	158	38
Jefferson	156	29
King	4,867	13,930
Kitsap	4,060	188
Kittitas	1,180	224
Klickitat	1,146	73
Lewis	431	812
Lincoln	157	-
Mason	304	195
Okanogan	3,431	153
Pacific	116	204
Pend Oreille	23	-
Pierce	833	9,606
San Juan	47	47
Skagit	2,006	1,086
Skamania	15	-
Snohomish	1,446	1,351
Spokane	1,585	1,712
Stevens	250	15
Thurston	1,825	574
Wahkiakum	-	-
Walla Walla	2,747	68
Whatcom	2,013	2,294
Whitman	1,038	-
Yakima	27,408	3,770
WA Total	80,244	47,621

