

**DOH COVID-19 Vaccine Implementation Collaborative Minutes:**  
April 21st, 2021| 4:00pm – 5:30pm

**I. Welcome from DOH & Land Acknowledgment– Fathiya Abdi**

**II.Partner Spotlight: Davida Ingram – Seattle Public Libraries**

- Seattle Public Libraries is partnering with the African American Health Board (AAHB), a collective healing space that supports Black love, care, and health, on a story telling project of community members/ public health advocates talking about their experience and early days of the pandemic. The purpose of this project is to help provide support for our communities as we navigate COVID and its lessons. Similar to a prior project through Seattle Public Libraries highlighting stories of how mass incarceration has affected families and communities, this project aims to build relationships with communities and uplift community voices when thinking of protecting vaccine access and vaccine equity.
- Discussion questions:
  - How is COVID allowing us to dream of racial justice?
  - How can we work with most affected communities to design solutions to the pandemic that best meet their needs?
- Upcoming projects
  - Community-led Hackathons
  - BIPOC Mutual Aid Clinics
  - Big Arts Events

**III. Progress Updates – Passia Abraham**

- Collaborative Thought Partners – Thank you so much to our incredible community partners who will be helping us ensure that the collaborative space is truly community-centered and led.
- Vaccine Locator
  - Vaccine locator tool will now have the functionality to be able to search by vaccine type
  - Vaccine locator tool will include site accessibility information to allow the public to search based on accessibility criteria (release new functionality in 1-2 weeks)
  - Next update will allow more schedule options
- COVID-19 Health Disparities Grant – Thank you for those that were able to join the feedback session to discuss the following priorities for the grant:
  - Increasing investment into community-based organizations and groups for outreach, engagement, and access work – including rural community focus

- This is the number one priority for the grant (At least half of the \$29 million will go to that)
- Language access services (translation, ASL interpretation, CART, etc.)
- Refugee Community Outreach Workers at Refugee Clinic Sites
- Expand model to other low-barriers settings for people who use/inject drugs
- Increase testing access for BIPOC and Tribal communities
- Expand Care Connect
- Improve data systems to be more equitable
  - Another funding source will be dedicated to this
- Address transportation barriers
- Lead with racial equity & racial justice lens throughout, including in rural community funding
- Maximize funding to community-based organizations

#### **IV. Community Relations Briefing & Conversations – Kathy Bay**

- **J&J Vaccine Update**

- What is known so far:
  - In the US, 6 cases of cerebral venous sinus thrombosis (CVST) reported after receipt of the Janssen COVID-19 vaccine
    - All 6 reports were in women 18-48 years, all with thrombocytopenia
    - No obvious patterns of risk factors detected
  - Similar thrombocytopenic thrombotic events occurred after the AstraZeneca vaccine, which is distributed in Europe
  - No cases of CVST with thrombocytopenia reported after receipt of either Pfizer and Modern COVID-19 vaccines, which are both available in the US
  - CVST is rare, but clinically can be clinically devastating or fatal
- Why has Washington paused the use of Johnson & Johnson (Janssen) COVID vaccine?
  - Washington state has paused the use of the J&J vaccine due to reports of an extremely rare type of blood clot (known as CVST) reported in 6 women out of the 7 million people who received the vaccine in the United States
  - This event shows how well our vaccine safety monitoring works and will better prepare health care providers to understand the warning signs and proper treatment for this rare side effect
- What should I do if I already got the J&J vaccine?

- If you got the vaccine more than a month ago, your risk is considered very low at this time
- If you received the J&J COVID-19 vaccine within the last 3 weeks, here are the warning signs to monitor:
  - Severe headache
  - Abdominal pain
  - Leg pain
  - Shortness of breath
- If you experience any of these symptoms, please contact your healthcare provider or seek medical attention
- Public perception of the J&J vaccine took a hit after the recommendation to pause
- More updates to come on the pause this week
  - \*As of 4/23 the FDA and CDC have lifted the recommended pause on the J&J (Janssen) COVID-19 vaccine following thorough safety review
- Q&A
  - Q: How do these cases from J&J compare to cases of blood clots for women on oral contraceptives?
  - A: It's true that you have more women who have blood clots and complications from regular oral contraceptives versus the J&J vaccine. But, these rare events that occurred with the J&J vaccine come from the combination of the low blood platelet counts and CVST blood clots. You don't see those two pieces together often.
  - Q: Can you use blood thinners (heparin) for treatment of these events?
  - A: In this situation, we want to prevent people from using heparin or like products to make sure the platelets are able to function. There are successful treatments being used to increase platelet function. Providers are now focusing on identifying individuals who are at risk and making sure they receive the proper treatment quickly to prevent more damage or concerns.
  - Q: How do we know that this won't be a problem after three weeks from getting the vaccine?
  - A: Because of the way that the vaccine works and similar events with the Astra Zeneca vaccine in Europe, we think the three weeks is the max for the period of these rare events

**V. Community Feedback Session: Protecting Vaccine Access – Hang Ngo  
(Breakout room notes will be sent separately)**

- Breakout rooms:
  - Immigrant and Refugees
    - Facilitator: Andrew Ashifou; Community advocate for HIV/AIDS and Immigrant & Refugee
  - People with disabilities
    - Facilitator: Kimberly Meck; Disability Pride
  - Agricultural Workers
  - People experiencing homelessness
    - Facilitator: Courtney Jackson; Doorway Project
  - Faith-Based
  - LGBTQ+
    - Facilitator: Alejandra Grillo-Roa; Entre Hermano
  - Native Hawaiian and Pacific Islander
  - Asian American
    - Facilitator: Maramy Mohmathno; Cham Refugees Community
  - Latinx
  - Black/AA
    - Facilitator: Lynese Cammack; NAACP Youth Council
  - American Indian/Alaska Native

#### **VI. Closing Thoughts – Fathiya Abdi**

- Thank you facilitators and to our community partners!
- We will continue to incorporate small group discussions in the next meetings – please feel free to reach to us if there are specific topics/questions you would like us to incorporate for the upcoming meetings
- Feel free to reach out and contact us at:  
[vax.collaborative@doh.wa.gov](mailto:vax.collaborative@doh.wa.gov)

## Collaborative: Protecting Vaccine Access

### Small Group Discussions

Facilitator Discussion Prompts - Hoping for an organic discussion so we fully understand if we don't get to all of these prompts.

- **Everyone 16 years and older became eligible to be vaccinated last Thursday. How has this impacted your community's access?**
  - *What ongoing access challenges are people experiencing?*
  - *What successes have you seen?*
- **What questions and concerns have you heard related to the J&J pause?**
  - *What information do your communities need?*
- **How can DOH best support? Recommendations?**

### Faith-based

- **DOH Support:** Omid

### COMMUNITY VACCINE ACCESS

- Challenges:
  - Misinformation from unreliable news sources
  - Faith-based messaging saying God will protect, therefore there's no need for a vaccine
  - Fear of vaccine components, misinformation about vaccines containing pork products
  - Distrust of government/people due to feelings of religious persecution
  - Vaccine access during Ramadan

### J&J QUESTIONS/CONCERNS

- Fear of fetal tissues in the J&J vaccine

### RECOMMENDATIONS FOR DOH

- Provide more information debunking fetal tissue myth in multiple languages
- Communication
  - Listen with compassion/give them new information
  - Make it conversational/invite questions
- Promote faith-based messaging such as "God loves thy neighbor" rather than "God will protect me so I don't need the vaccine"
- Discussions within faith-based groups, peer groups, church events
- Trusted messengers - Getting more faith leaders to be spokespeople to address misinformation
- Provide a document for faith-based leaders on the most common vaccine objections and responses for vaccine hesitancy

- Shift focus from the vaccine being a “mandate” and lift up the optional aspect and individual freedom to choose to get the vaccine

## Immigrant & Refugee

- **DOH Support:** Fathiya
- **Facilitator:** Andrew Ashifou; Community advocate for HIV/Aids and immigrants & refugees

## COMMUNITY VACCINE ACCESS

- Successes:
  - Provider-informed community presentations on vaccines that meet language needs
  - Informing youth to relay information to parents
  - Mobile clinics have been successful in vaccination
- Challenges:
  - Misinformation
  - Parent hesitancy trickling down to youth
  - Lots of hesitancy within the Ukrainian community
  - Fear that undocumented people will be tracked
  - Community organizations are overburdened with community calls, having to refer people to providers

## J&J QUESTIONS/CONCERNS

- Increased hesitancy after the pause
- Community organizations are overburdened by community calls about J&J concerns
- Community organizations are unprepared because the one dose J&J was preferred for folks who weren't able to make multiple vaccine appointments
- Misinformation about vaccine

## RECOMMENDATIONS FOR DOH

- More information needed on vaccine precautions for folks who are traveling
- Help alleviate community calls- provide documents to refer to/other numbers to call
- Partner with community leaders/influencers
- Partner with faith-based community/spiritual leaders
- Partner with DOH COVID-19 Speakers Bureau to invite speakers to talk to CBO staff and immigrant/refugee community members
- Clear language and communication for undocumented community members
  - Emphasize that information such as SSN and insurance is not needed
  - Build trust and engage with communities
  - Share resources through social media
- Provide educational material on vaccines with less technical language

## Black/African American

- **DOH Support:** Lydia
- **Facilitator:** Lynese Cammack; NAACP Youth Council

## COMMUNITY VACCINE ACCESS

- Successes:
- Using social media for trusted messengers to tell stories about vaccination
- Collaborations with Swedish hospital and mobile clinic partners
  - Organized COVID-19 workshops with clinicians that speak the same language as community members to provide information to make the decision. Including sessions in between doses.
- Community center/church volunteers who speak the language as community members
- Some counties are providing free public transportation to and from vaccine appointments
- Providing other forms of transportation
- Revised Vaccine Locator tool
- Bringing vaccines to churches
  - Youth and NAACP knocked on doors to get people registered and provided transportation to 20 churches in Pierce County
- Consistency in pop-up clinics
- Challenges:
  - Pierce county has been slower than King County to develop CBO partnerships
  - Reaching elders at vaccination sites familiar to them (such as churches)
  - COVID-19 has devastated communities
  - Access to mental health counseling
  - Food insecurity
  - Lack of transportation
    - Need more access to rideshares/vans for people to travel to and from vaccination sites
  - Reaching home-bound individuals
  - Technology access barriers: problem with registering and finding a vaccine, particularly for folks without internet
  - Limited staff
  - Impact on essential workers and Black families

## J&J QUESTIONS/CONCERNS

- J&J was being prioritized for folks with access issues; the pause is creating a need to think about what alternative vaccine is best to offer

## RECOMMENDATIONS FOR DOH

- Incorporate a more holistic approach to vaccine promotion/care (patient-centered, history of racial disparities, disproportionate impact, etc.)
- Consider Black Lives Matter (BLM) events for pop-up clinics
  - Juneteenth may be an opportunity for pop-up clinic events
  - Possibly partner with State Equity Office
- Collaborate with other BIPOC organizing groups across the state
- Provider collaboration needed for pop-up clinics
  - Community pop-up clinic next week near Tacoma Mall
  - Two static vaccine clinics through Tacoma-Pierce County Health Department TPDH at Lakewood and Hilltop every Tuesday. You can walk up the same day. Lakewood clinic has evening access open 10-7 daily
  - POCAAN is organizing a pop-clinic in Kent, trying to partner with Fire dept and other partners. They are looking for a provider and any support.

## Asian American

- **DOH Support:** Hang
- **Facilitator:** Maramy Mohmathno; Cham Refugees Community

## COMMUNITY VACCINE ACCESS

- Successes:
  - Educating the community about COVID-19 vaccines
- Challenges:
  - Not having enough resources to set up pop-up clinics
  - Community members don't know how to sign up for vaccination or how to get there
  - Clinics offered are not always accessible – long wait times, limited hours, social distancing not always enforced
  - Requirements not clear for undocumented/uninsured

## J&J QUESTIONS/CONCERNS

- More info wanted on the rare events from J&J vaccine

## RECOMMENDATIONS FOR DOH

- Need new progressive ways to educate communities and help people get vaccinated
- Coordinate transportation to vaccine appointments for elders
  - Train representatives in community to do some of this work; knowledge and education on practical work (rather than clinical) to help with vaccine access is helpful
- Clarify to vaccine providers that a SSN or insurance card is not needed for vaccination, can also be written on posters

- Have health professionals address misinformation
- Support pop-up clinics
- Share J&J information in a digestible way to communities
- Enforce social distancing at vaccine clinics
- Education in a safe place
- Increase funding and grants to train community members to assist with vaccine access
- Engage with community

## **Native Hawaiian & other Pacific Islander (NHOPI)**

- **DOH Support:** Ashley

### COMMUNITY VACCINE ACCESS

- Successes:
  - Ongoing vaccinations at Asia Pacific Cultural Center ( APCC )
  - Homebound access with Tacoma-Pierce County Health Department TPCHD partnership
  - Vaccine hesitancy is lower as more people share vaccine stories on social media
  - People are more receptive to receiving information
- Challenges:
  - COVID-19 spread at funerals and churches is hitting community hard, education is needed about protocols for COVID-19 spreads
  - Zip code and vaccine type are hard for people to search and filter on vaccine locator tool
  - Feeling uncomfortable at city vaccine sites
    - Need for community vaccine sites
  - Fear of needles
  - People just not wanting to get it

### J&J QUESTIONS/CONCERNS

- Some reports of side effects from J&J - people want more information about if they should be worried about these side effects and whether they should expect more side effects after the 3 week period
- Want to hear more from scientists about side effects
- Many people were already scheduled for J&J because of access issues
- J&J vaccine hesitancy has caused an influx of Moderna and Pfizer sign-ups
- Wait and see game during the pause

### RECOMMENDATIONS FOR DOH

- More information is needed on protocols for spreads in community spaces (Ex. churches)

- A specific vaccine site for the smaller PI communities in King County
- More education and advocacy are needed
- Highlighting stories of people who have been vaccinated and their side effects
- Pacific Islander Health Board PIHB is trying to do a pop-up clinic in South Seattle and do more homebound visits
- Funds to pay CBO staff
- Additional funding to CBOs
- Mini grants and incentives for vaccine site hosts
- Central place for resources/media assets/materials/etc.
- Food and hospitality showing appreciation for CBOs

## **American Indian and Native Alaskan**

- **DOH Support:** Katie

\*No participants for this group

## **LatinX** (1 Spanish interpreter)

- **DOH Support:** Bella

## COMMUNITY VACCINE ACCESS

- Successes:
  - Grants for rural CBOs
  - Employer-based clinics
- Challenges:
  - Presence of the National Guard and police at vaccination sites is a deterrent, especially for undocumented folks
  - Fear of fetal tissues in vaccine

## J&J QUESTIONS/CONCERNS

- Concerns the vaccine is not as protective as the others
- Concerns that a one-dose option won't be available during the pause, one-dose vaccines are preferred for people with access barriers

## RECOMMENDATIONS FOR DOH

- Better communication to non-Catholic faith-based organizations/churches
- Address misbelief that fetal tissues were used to create the vaccine (stemming from pro-life beliefs)
- Work more with CBOs
- Increase funding to CBOs so they can appropriately staff their organizations
- Fund CBOs based in the community - some funded CBOs are not based in the community that they serve

- When holding vaccine events consider providing giveaways to local food markets, cash incentives and/or gift cards
- Need to make sure that information is also given in indigenous languages

### **Agricultural workers** (1 Spanish interpreter)

- **DOH Support:** Andy

#### COMMUNITY VACCINE ACCESS

- Successes:
  - Local tribes have been successful at getting the word out and distributing vaccines
  - There are multiple health care clinics serving Latinx communities
- Challenges:
  - Vaccine hesitancy
  - Difficulties in vaccinating ship workers
  - Difficulties in getting vaccines out to agricultural workers
  - National Guard presence at vaccine sites is intimidating to this population; fear of deportation
  - Trouble getting mobile clinics out to rural areas
  - Issues with getting COVID-19/vaccine data on ethnicity and racial disparities

#### J&J QUESTIONS/CONCERNS

- Concerns of lower efficacy rates
- Preference because of it being one dose
- Concerns that the pause will give more strength to vaccine myths and hesitancy

#### RECOMMENDATIONS FOR DOH

- Community influencers needed
- Leverage community clinics already serving Latinx populations
- Provide more racial disparity data

### **Individuals w/ disabilities** (Caption Services and ASL interpretation)

- **DOH Support:** Yen
- **Facilitator:** Kimberly Meck; Disability Pride

#### COMMUNITY VACCINE ACCESS

- Successes:
  - Less hesitancy among people who are coming in for vaccines
- Challenges:
  - Fewer people are coming for vaccines
  - People assume that vaccine clinics are not accessible if they are not focused on serving people with disabilities

- o Young people facing isolation
- o Seniors and other people are still not getting enough access to information
- o Language access issues for seniors and people with disabilities
- o Hospitals have been closing down in rural areas
- o Autistic people are experiencing a lot of isolation
- o A lot of vaccine access knowledge is word of mouth
- o Vaccine hesitancy among family members caring for vulnerable people
- o Not enough community outreach to people with disabilities
- o Lack of data in WA about the vaccine's effects on people with disabilities

## RECOMMENDATIONS FOR DOH

- Some vaccine supply should go to private providers in remote areas
- More mobile vans to administer vaccines
- Pharmacists are the best point of contact for people with disabilities – have more vaccine supply/promotion at local pharmacies
  - o Pharmacists can also give information on side effects
  - o Pharmacists are a source of trusted care
- More CBOs/outreach needed to reach people with disabilities

## People unhoused

- **DOH Support:** Tara
- **Facilitator:** Courtney Jackson; The Doorway Project

## COMMUNITY VACCINE ACCESS

- Challenges :
  - o Hesitant to do more pop-up clinics while J&J is on pause
  - o Mobile clinics are not scheduling a second appointment
  - o Concerns about interactions with substances
  - o Distrust of hospitals
  - o Distrust of facts/statistics
  - o Distrust of government, don't want to leave a paper trail
  - o Parent/guardian consent for unhoused youth is hard to get
    - Providers are not aware of the mature minor doctrine

## J&J QUESTIONS/CONCERNS

- Concerns about not having a one-dose option for pop-up clinics
- Folks have higher hesitancy because of J&J pause
- What is the demographic breakdown of the rare blood clot cases from J&J?

## RECOMMENDATIONS FOR DOH

- Making sure that mobile clinics schedule second dose appointments
- Remove barriers for young people getting the vaccine
- Provide language around substance use (that interactions are unlikely)

## LGBTQ+

- **DOH Support:** Passia
- **Facilitator:** Alejandra Grillo-Roa; Entre Hermanos

## COMMUNITY VACCINE ACCESS

- Successes:
  - Vaccination clinics at Evergreen State College and Entre Hermanos
  - Able to vaccinate minors
  - Able to provide assistance with registration, answer vaccine-related questions provide education, etc.
- Challenges:
  - It is hard to reach the LGBTQ+ population, there is some hesitancy in this population
  - No target outreach to LGBTQ+ population at clinics
  - College campuses have low vaccine supplies
  - Confusing messaging on eligibility criteria for each clinic
  - Limited staff capacity

## J&J QUESTIONS/CONCERNS

- Increased hesitancy
- Need additional education

## RECOMMENDATIONS FOR DOH

- Approve campus health clinics as vaccine providers
- Create educational resources/guidance
  - Targets LGBTQ+ Youth
  - Info on J&J Pause