

DOH COVID-19 Vaccine Implementation Collaborative Minutes:

May 5th, 2021 | 4:00pm – 5:30pm

I. Welcome from DOH & Land Acknowledgment- Passia Abraham

II. Addressing Vaccine Inequity – Dr. Umair A. Shah, Secretary of Health

- Our goals:
 - To vaccinate as many Washingtonians as possible
 - To not leave anybody behind
- Our accomplishments:
 - We have administered a total of 5.5 million COVID-19 vaccines in WA
 - Vaccination among elders is high
- Work to do:
 - Although vaccination percentages among elders are high, about 28-30% of seniors still are not vaccinated
 - As the 4th COVID wave is having a stronger impact on people under 65, our attention is turning to younger populations
 - Making the vaccine accessible to everyone
 - Ensure a healthier society in the future
- Thank you to the incredible community groups who have contributed to equitable vaccine access

III. Community Panelist: Leveraging Community Pop-ups - Fathiya Abdi

- Somali Health Board - Dr. Ahmed Ali
 - How do you think community pop-up clinics are addressing vaccine inequities?
 - Pop-up clinics are often in response to vaccine barriers that affect communities of color (such as language barriers, technology barriers, etc.)
 - Our pop-up clinics ensure that communities have access to the vaccine by creating an opportunity where they come to familiar places and get vaccinated by people they can relate to
 - In addition to getting the vaccine, there is a lot that goes into making sure people are educated about the vaccine and feel comfortable receiving the vaccine
 - What are some of the challenges or successes you have experienced in navigating or organizing your own community pop-up clinics?
 - Successes:
 - Hiring people that look like and speak the same language as the community they serve
- Community 2 Community Promotoras - Australia Tobon & Arely Dominguez

- How do you think community pop-up clinics are addressing vaccine inequities?
 - Our pop-up clinics/outreach helped address technology, language, and access barriers affecting immigrant community workers
 - We have helped make vaccines more accessible to Latinx/immigrant worker communities by helping people register and providing educational outreach
 - We have also collected data from farm workers on how they would like to see vaccine access improved and advocated for them at the state level
 - Provided vaccine testimonies and answered questions about the vaccine to address vaccine hesitancy in the community and make the community feel comfortable
- What are some of the challenges or successes you have experienced in navigating or organizing your own community pop-up clinics?
 - Successes:
 - Making a welcoming environment
 - Having talking points for community concerns
 - Partnering with a trusted vaccine distributor
 - Had an established relationship with Fred Hutch and the Center for Multicultural Health
 - Getting to know community members and learning from them about barriers experienced
 - Partnering with the North Sound Accountable Community of Health to assist with administrative work such as scheduling and staffing vaccine sites
 - People who are setting up community pop-up clinics should reach out to their local Accountable Community of Health and ask how they can support BIPOC and vaccine equity
 - Challenges:
 - Racist harassment at vaccine sites – needing to prepare for this ahead of time
- New Beginnings Christian Fellowship - Dr. Joycelyn Thomas
 - How do you think community pop-up clinics are addressing vaccine inequities?
 - We tailor our services to fit the needs of the community
 - We are vaccinating African American community members at the New Beginnings Christian Fellowship, which has been a hub for this community
 - We provide peer educators who are present at the vaccine clinic to interact with folks, consult them, and answer questions
 - What are some of the challenges or successes you have experienced in navigating or organizing your own community pop-up clinics?

- Success:
 - Use of trusted messengers
 - Making sure that clinic location is at a familiar location for community members (such as a church, community center, senior center, etc.)
 - Ensuring people are able to register for vaccine appointments and having people present at vaccine sites to answer any questions
 - Partnering with a trusted vaccine distributor
- Challenges:
 - Making sure not to waste vaccines

IV. Community Feedback Session (Breakout room notes are at the end of this document) - Hang Ngo

- Breakout rooms:
 - American Indian/Alaska Native
 - Asian American
 - Facilitator: Keshreeyaji Oswal
 - Native Hawaiian & other Pacific Islander (NHOPI)
 - Facilitator: Betty Cortes; Pacific Islander Health Board
 - Latinx
 - Facilitator: Esteban Ortiz; Tri City Hispanic Chamber
 - Black/African American
 - Facilitator: Lynese Cammack; NAACP Youth Council
 - Agricultural workers
 - People unhoused
 - Facilitators: Kristina Sawyckyj and
 - Mike Mathias; Anything Helps
 - Immigrant & Refugee
 - Facilitator: Andrew Ashifou- Community advocate for HIV/Aids population and immigrants & refugees
 - People with disabilities
 - Facilitators: Jim House; Community member/WA State Independent Living Council and Gabriela Ewing; Hispanic Disability Support SWWA (Pasitos Gigantes)

V. Closing Remarks

- Thank you to our facilitators and community partners!
- Community Safety Concerns
 - We'd like to reaffirm WA Department of Health's support for community-specific pop-up sites! Community vaccination pop-ups are a [pro-equity strategy](#) to ensure equitable vaccine distribution for our disproportionately impacted communities! Community pop-up sites bring vaccine to the community. You are helping to close the gap and address access barriers that **communities are facing**. We'd also like to acknowledge that some of our partners have experienced some safety concerns because of their community-specific efforts. If you have questions or need support, please reach out to us at

vax.collaborative@doh.wa.gov. We will connect you to the appropriate DOH leaders within our COVID-19 response!

Addressing Vaccine Inequity & Leveraging Community Pop-up Clinics

Small Group Discussions

- Facilitator Discussion Prompts -
 - What are some examples of successful and innovative community pop-up clinics?
 - What are some strategies you have found helpful along the way to plan/coordinate community pop-ups? Challenges?

American Indian/Alaska Native

- No attendees

Asian American

- Facilitator: Keshreeyaji Oswal; Community Member

Examples: Successful & Innovative Clinics

- Muslim Association of Puget Sound
 - They have done pop-up clinics, and can provide resources and support for those looking to do pop-up clinics

Challenges

- Community-Based Organizations (CBOs) are understaffed
- CBO scheduling challenges
 - CBOs receive information about pop-up clinics with short notice
 - Short notice affects ability to schedule - It takes a long time to schedule people, and scheduling people with short notice can overburden the scheduling system
 - A lot of personal information is required in scheduling system
 - Clinics requesting less information (for example: just name and contact info) makes scheduling easier
 - The scheduling system is not set up in a user-friendly way
 - Some information is optional but it is unclear how to skip questions
 - Questions vary from system to system
 - Better to do pre-vaccine screening onsite
- Some people have a preference for vaccine type

- Most clinics don't have refrigerators to store vaccines
- A lot of clinics don't have the option to choose a type of vaccine
- Vaccine Options
 - People do want to have a choice of vaccine type
 - People choose a vaccine based on influence from family, friends, and information received

Native Hawaiian & Pacific Islander

- Facilitator: Betty Cortes; Pacific Islander Health Board (PIHB)

Examples: Successful & Innovative Clinics

- Pacific Islander Health Board (PIHB) has not established a pop-up clinic to date, but has opted to collaborate with other Native Hawaiian or Other Pacific Islander (NHOPI) organizations
 - Doing a pop-up in Snohomish with Marshallese community
- Collaboration with Asian Pacific Islander Cultural Center (APICC)

Strategies

- Having the community come together instead of community members battling about who is in charge or who would take credit for the pop-up clinic, focusing on the larger reason for bringing the community together; these pop-up clinics are not about who is taking the lead
- Balancing assets and shared resources
 - For example, can provide photography services for the organization that you are collaborating with if photographs would be useful for documenting the clinic
- Need to be attentive to what is important in the culture – food was provided

Challenges

- Need more funding to support communities and churches
- With all of the J&J fears, it may be necessary to incentivize people to get vaccinated Asian Pacific Islander Cultural Center (APICC) has used incentives)
- J&J pause - need talking points about why the pause was discontinued
- Had a problem accessing on-site translation services
 - There is a requirement that translators are certified to provide translation on-site – There is a need to have volunteer uncertified trusted community members to translate for community individuals (DOH has not responded to this request)
- Need more than one translator to cater to the multiple language needs of community members
- Planning for pop-ups is difficult because people are working and do not have much time

- Getting to pop-ups may be difficult because transportation is not available
- Some community partners were charged for COVID-19 testing by a hospital system – up to \$400

Latinx (Spanish Interpretation)

- Facilitator: Esteban Ortiz; Tri City Hispanic Chamber

Examples: Successful & Innovative Clinics

- Videos with trusted community leaders that represent the Latinx community
 - Latinx community leaders who have received the vaccine serve as a model
- Pierce: Latinx Unidos partnered with public school districts
 - They sent out automated calls to community members and connected with community partners to inform of vax events
- Got help with scheduling and interpretation, dual-language staff assisted to speak about side effects and who to contact if they have adverse reactions
- Set up google phone line where people can call to sign up for a vaccine appointment

Strategies

- Use approach: "We are offering vaccines" vs. "I am going to give you a vaccine"
- Continue to address Myths:
 - There are [micro]chips in the vaccine, you'll turn into a zombie, the vaccine will cause infertility issues, "se les va a voltear la canoa?", other misconceptions/things that are not factual
- Giveaways/gift cards can help attract people to come to events
- Outreach to homebound members has been successful for providing one-to-one vaccination services
- One-on-one conversations with community members help address concerns/questions/hesitancy and are a culturally sensitive way to connect with the community
- Time is needed with people so they can ask questions and share vaccine concerns
- Utilizing social media and radio for communication and outreach efforts
- Holding events with doctors who can answer questions. Having medical providers who could provide one-to-one conversations with people who are hesitant
- Going out to employer sites multiple times to share information before administering vaccines to community members

Challenges

- Latinx CBO's need long-term sustainable funding
- CBOs need support and resources to address vaccine fears (i.e. Information about ingredients in the vaccine, talking points on J&J)
 - J&J scare was very damaging - J&J is back but not everyone is trusting it
- There are some religious beliefs that vaccines were made using fetal cells
- Accessibility:
 - Getting a vaccine takes too much time during the week, people are concerned they will miss work
- A lot of mistrust and misinformation from home countries
- Agricultural workers' specific concerns:
 - Employers had pop-up clinics come out to work sites but sometimes people were not ready
 - Hesitancy from growers to allow farmworkers to come to vaccine sites or for organizations to go out to work sites
 - When are workers available?
 - Prime season is right now. Agricultural workers will be working until November/October
 - More success when vaccination events are moved to Saturday from 2-7 pm
 - Reaching agricultural workers at the local level
 - They are a little hesitant to go out or ask for time off
 - DOH needs to reach rural areas
- Cultural component: we need to offer 1:1 services - This will require more staff and more time to help people get the information that they need to get vaccinated
- Misinformation: We need to take the time to talk to community members to debunk vaccine myths and share trustworthy information

Recommendations

- DOH can support vaccine outreach efforts by addressing fears of missing out on work
 - Directly address issues and have information in indigenous languages.
- DOH can support vaccine efforts by asking employers to give employees incentives for getting the vaccine
 - For example: give workers paid time off for going to get the vaccine off-site, offer time off after getting the vaccine on-site
- DOH can help by asking growers/employers to offer extra sick days off for getting the vaccine
 - Workers already get very few or no days off and we are asking them to use up sick days to get the vaccine

Black/African American

- Facilitator: Lynese Cammack; NAACP Youth Council;

- Support: [Passia, Christymarie](#)

Examples: Successful & Innovative Clinics

- Tacoma Ministerial Alliance + Tacoma Pierce County Health Department TPCHD
 - Vaccinated 300 people at Shiloh Baptist Church
- Native Project/NAACP - Spokane
 - Partnered with Spokane ministerial association and other CBOs
 - 600 participants for first & second dose
 - Party atmosphere, people of color, food boxes and music were present
 - Created google docs to sign people up
 - Load was shared among volunteers
 - Gave 2nd appointment info at 1st appointment & sent out email reminders for 2nd appointment
 - Native project had preexisting wrap-around services available including health care professionals that were able to vaccinate
 - Provided appointments for people that missed 2nd dose to come in a few days after

Strategies

- Partnering with churches
- Doing outreach to LPN/RNs to administer vaccines
- Planning with the Fire Department
- Giving people instructions on who to call if/when they miss their 2nd dose appointment
- Considering safety when planning
 - I For example: Attacks towards API + Black community
- Giving incentives by partnering with businesses such as bars
 - "Shot for Shot"
 - LGBTQ Bars to reach the LGBTQ community
- Partnering with MultiCare
 - Allowed for planning in advance with set scheduling
- Postering and canvassing to reach a younger demographic
- Incorporating art, music, and culture fairs at vaccine clinics

Challenges

- Meeting the minimum requirements to get vaccine supply for pop-up clinics
- Hesitancy
 - Pause of J&J
 - Other hesitancy concerns
- Safety/Racist encounters
 - Being attacked while doing outreach
 - Accused of stealing mail, chased down in car
 - Not able to do outreach without being met with hostility
- Needing to find a Registered Nurse or LPN to help administer vaccines

- Time needed to do outreach
 - Unable to do last-minute events

Individuals experiencing homelessness (Closed Captioning)

- Facilitator: Kristina Sawycky; Community Member (Project manager for Lived Experience Project and Co-chair on the Community Advisory Group for Health Care for the Homeless) & Mike Mathias; Anything helps
- Support: [Tara Bostock](#)

Examples: Successful & Innovative Clinics:

- In Seattle, the fire department has been helpful in reaching people—there is trust toward the fire department and lots of people came to these pop-up clinics
- Might be helpful to have pop-ups in hotel lobbies where people are staying
- Previously had a good experience with a syringe services program, using harm-reduction strategies
- The goal would be to use the one dose J&J at pop-up clinics for this population
- Success with hepatitis A vaccine with homeless outreach teams that go out into the field--“hot teams”--and know where unhoused folks are located

Strategies

- Big grassroots efforts to map out the encampments
- Incentives are helpful (gift cards, bus passes, lotteries for a chance to win prizes etc.)
- Need to reduce vaccine access barriers as much as possible
 - People need a place to put their stuff
 - Important to have a space for participants to ask questions
 - **Perhaps people wouldn't want to be in a space with a lot of other folks**
- Partner with organizations that people feel comfortable with—figure out who those leaders are for the unsheltered population
- Train folks from the community and pay them to go out and talk to other folks and spread the word

Challenges

- Lumen Field has multiple access barriers, for example: they are not letting folks in at times, they don't have places for people to put their stuff, **they don't allow** people to bring in pets, and unhoused folks are being discriminated against
- Low resources for some local health jurisdictions who have a hard time paying folks who are doing the outreach

Immigrant & refugees

- Facilitator: Andrew Ashifou; Community advocate for HIV/Aids population and immigrants & refugees

Examples: Successful & Innovative Clinics

- Khmer Health Board partnership with Harborview and King County Public Health – planning their 4th pop-up clinic
- Ensuring pop-up clinics are Community Based Organizations (CBOs) and community driven
 - Trusted messenger model: Making it a social gathering vs a vaccine-related event and creating a welcoming culture/environment to help ease feelings of anxiety and fear
- Sharing vaccine experiences from community leaders and utilizing community navigators at vaccine site or over the phone
- In person interpretation is key: education + vaccine
- Creating low-barrier access - (scheduling, planning, sending reminders, etc.)
- Working with specific communities—currently planning youth-specific pop-up
 - Planning to incorporate Art activation for youth

Strategies

- For second dose - ensuring pop-up clinic is in the same location, place and time so folks know who to call for clarification or questions if needed
- Co-designing with community; not leading with vaccines but leading with education and resources
- JOY is the outcome and it is centered in vaccine pop-ups

Challenges

- J&J scare has an impact on pop-up clinic planning
 - Some community partners indicate that parents are preventing youth from getting vaccinated
- Transportation concerns—recognizing that many multigenerational households have one car and have trouble getting to vaccination sites
- In person interpreters – answering safety questions on site - Some community members did have COVID but did not know they had to wait a few weeks before getting a vaccine and had to be turned away
- Bringing folks back for their 2nd dose

People with disabilities (ASL and Closed Captioning)

- Facilitator: Jim House; Community member/WA State Independent Living Council & Gabriela Ewing; Hispanic Disability Support SWWA (Pasitos Gigantes)

Examples: Successful & Innovative Clinics

- Alliance of people with disabilities pop-up clinic
 - 2 clinics

- Chinatown-International District pop-up clinic for Asian and Pacific Islander elders

Strategies

- Calling people one by one

Challenges

- Functionally illiterate folks required help from people who spoke their language
- Misinformation conversation:
 - Approaching mistrust from a place of humility and focusing on building trust rather than engaging in arguments about facts

Agricultural workers

- Facilitator: None (Can ask for volunteer once you're in the room or lead the discussion on your own)
- Support: [Andres Cervantes](#)

Examples: Successful & Innovative Clinics

- Think about the vaccine clinic as a community organizing event; people are there to talk with people who can spend time answering questions (e.g. CHWs, promotoras, interpreters, etc.)
- If you plan for one clinic, plan as much as you can for the follow-up clinic as well
- Find ways to relationally stay connected with people who get vaccinated; it's not transactional, it is about community and checking in with people

Strategies

- Using the same staff at clinics to build familiar faces and trust
- Pop-up clinics have been an opportunity for mass outreach to the farmworker community; pop-up clinics with education and trusted messages through family and friends
- Education is critical
- Have staff involved who have time for relationship-building with people during the clinic and are ready to provide resources and advertise future health fairs
- Vaccinate entire families/households as much as possible

Challenges

- People have factory names and legal names—could be a challenge, but clinic staff provided two vaccination cards for them to support them
- Education on fertility and pregnancy

Resources and Next Steps:

- *J&J Talking points* - collect feedback – what would be helpful in building vaccine confidence?
 - <https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/JJUupdate>
- [Transportation Resource Guide](#)
 - [COVID Transportation Resources \(findaride.org\) King, Pierce and Snohomish Counties](#)
- [COVID-19 Vaccine Resource Guide To Support Community-Led Vaccination Efforts](#)
- [Community Specific Resources](#)