

DOH COVID-19 Vaccine Implementation Collaborative Minutes:

May 19th, 2021 | 4:00pm – 5:30pm

I. Welcome from DOH & Land Acknowledgment- Passia Abraham

II. Updates: CDC Mask Guidelines - Hang Ngo

- DOH is working closely with partners to determine the best path forward and to update the mask guidance. The updated report should be released by June 1st. During the next Collaborative session on June 9th, we will have the state COVID-19 medical epidemiologist join us to discuss the recent mask guidance changes.

III. Partner Spotlight: [Wenatchee Café](#) - Alma Chacón and Michelle Acuna Viruel

- Community partner shared vaccination engagement and communication strategies for the Latinx community.
 - Wenatchee Café is currently collaborating with other non-profit organizations across the state to gather information from the Latinx community about how they have received COVID-19 information, their housing status and other needs during the pandemic
 - In assessment with farmworkers– Wenatchee Café shared that the majority of farmworkers receive information about COVID-19 from television, family members, social media, and the radio
 - 23% of families speak English and Spanish at home, 70% of families who speak an Indigenous language also speak Spanish
 - Successful strategies:
 - Our vaccine promotional campaign is to "say yes to the vaccine"
 - Reminding community members that the vaccine is completely free
 - Registering people for first and second dose vaccine appointments in Spanish
 - Providing information about COVID-19 vaccines including but not limited to myth vs. fact sheets, short videos, engaging with community specific radio stations, and trusted messengers for vaccine outreach
 - Bringing in community members for cultural events such as 'Day of the Dead' and use these events for vaccine outreach
 - Providing masks with familiar characters/cultural references to make mask wearing fun and engage community member interests
 - Giving away bags filled with informational sheets on vaccine myths vs facts, but also other needs such as rental assistance, food assistance, mental health care services, and other resources

- We are also always advocating for our families, farmworker friends, and Latinx community members
- We lead by example so that community members can have trust in vaccines/ COVID-19 precautions
- We hold Facebook live events with trusted community doctors and other medical professionals to provide up-to-date information on COVID-19 and vaccines
- We have created a “HOOT” board where we can upload information, videos, messaging, flyers, events, and other resources on the COVID-19 vaccine to share

IV. Vaccine Implementation Providers - Panel Discussion: Strengthening Public Health Systems – Fathiya Abdi

- In this session, we will continue the conversation on Addressing Vaccine Inequity and dive deeper into building stronger community partnerships with vaccine providers. Panelists include Federally Qualified Community Health Centers, School Based Health Center, and a Local Health Jurisdiction. Providers will share efforts in engaging with communities, how they have built meaningful community partnerships, challenges they have navigated, successes, as well as recommendations. Session provides an opportunity to learn, share best practices and facilitate collaboration.
- **Thurston County Public Health and Social Services Department – Schelli Slaughter, Director**
 - We have about 290,000 residents in Thurston County, about 25% of the community are Black, Indigenous, People of Color
 - [What strategies are you using to reach communities and how have you leveraged partnerships to help reach communities?](#)
 - We also serve as a human service agency, and have a strong relationship with our community
 - We have programs that work closely with our unhoused community and organizations that serve those with developmental disabilities and behavioral health challenges. While we were waiting on vaccine supply, we started to have meetings and getting input and developing strategies with the communities that we wanted to serve.
 - We engage nonprofit community organizations and community leaders to ask them what we can do as local health jurisdictions to help to increase vaccine access, confidence, and acceptance in communities we want to reach in Thurston County
 - We operate two vaccine community clinics - in a rural area and a local community college
 - Addressing accessibility barriers to make our clinics more accessible
 - Partnering with community organizations to bring the vaccine to where it is most needed

- This partnership is paid for by Thurston County Public Health
 - Through this partnership, we were able to schedule vaccine appointments for community members, create social media campaigns, and make vaccine clinics fun and welcoming events
- Do you any advice or recommendations that you all think would be best to provide community partners and providers looking to collaborate with each other?
 - We have found it helpful to reach out to a variety of organizations that already have trusted relationships with community members
 - We also converted an ambulance in Thurston County to symbolize universal trust and that help is coming to you. We have multiple languages on it and we bring it around to different communities and pop-up events.
 - We have had to redefine success: This is about quality not quantity
 - Anybody reached should be considered a success
- **International Community Health Services and Seattle World School Health Center – Janni Sun; Andrea Kurtzman**
 - International Community Health Services is a community health organization that is rooted in the Asian and Pacific Islander community but serving anyone in a few different locations, primarily out of our school-based services
 - Seattle World School is a school for mentoring students in navigating academic and career goals with holistic services including celebrating cultural backgrounds, providing education in more than one language, connecting individuals with necessary social services, and providing a welcoming environment
 - What strategies are you using to reach communities and how have you leveraged partnerships to help reach the communities?
 - We paid close attention to those signing up for services and their language needs, making sure interpreters were available
 - We prioritized information we received from our community partners, relying on their expertise and knowledge of their communities
 - We have used patient navigators in the past to provide education about the COVID-19 vaccine
 - We have used one-on-one guidance to help community members sign up for vaccines
 - We have been able to do home and work visits with extra vaccine supply
 - There is room for more collaboration with community partners, especially with medical professionals who can have conversations with community members about the vaccine

- One challenge we have experienced is getting consent for minors to get the vaccine, especially for unaccompanied minors
 - Do you any advice or recommendations that you all think would be best to provide community partners and providers looking to collaborate with each other?
 - Pop-up vaccination clinics are labor intensive, which makes it easier to do small events rather than larger events. There is a lot of outreach work that goes in before these events. Outreach in communities is necessary to bring people in and understand why people are not getting the vaccine.
- **Family Health Centers, Okanogan – Dr. James Wallace**
 - Okanogan is a diverse population – 54% non-Hispanic white, 20% Latinx, 13% Native American, 1% African American, and less than 2% Asian Pacific Islander. Our experience with family centers is that we're trying to address and impact more than medical illness and truly serve the health of the entire community. Our work has accelerated with COVID-19 to serve those communities impacted the most.
 - What strategies are you using to reach communities and how have you leveraged partnerships to help reach communities?
 - We have recognized that we need to bring the vaccine to communities rather than sitting and waiting for folks to come and get the vaccine
 - We recognize that each town and community have unique populations and culture so there are unique ways of doing these vaccination events
 - Having a large social media/web presence for vaccination events
 - Centralized web registration and communication platform for vaccine appointments
 - We have learned that collaboration is key in a low resource rural area
 - It has been effective to normalize the vaccination experience through word of mouth and shared experiences
 - A lot of communication with community partners has enabled us to be a stronger proponent and supporter of equitable vaccine distribution
 - Do you any advice or recommendations that you all think would be best to provide community partners and providers looking to collaborate with each other?
 - Having small vaccine events seems to be an effective strategy to effectively build on community relationships and reflect the unique characteristics of the community
 - Reach out to community providers, such as community health workers

V. Panel Q&A

- **Community Question: How are you reaching unaccompanied homeless youth, especially minors and navigating informed consent?**
 - **Dr. Wallace:** We have very robust mature minor doctrine laws in Washington, but these laws rely on medical providers to make that decision. Because it can be hard to make this judgment call, it is better to do these pop-up events at a small scale where you can take the time to interact with community members.
- **Community Question: How are you building trust for undocumented workers and ensuring them that you take their founded fears of ICE seriously?**
 - **Dr. Wallace:** For us, ICE has been a constant presence around town that predates COVID-19 and vaccines. Trusted community partners are able to address this challenge more effectively since undocumented workers might have more trust with other community members and partners that are more familiar working with this space.
 - **Schelli Slaughter:** Even though we, as public health officials, can advertise and shout that there is no documentation required and there is no fear or people in uniforms at our pop-up events, but how we ask the questions really matters and that was a lesson learned. How we train our volunteers or the words that we use really make a difference, and we can inadvertently mess up. We had to spend more time engaging and having conversations with people before they access our health care services. We can't expect that trust and safety for their family is going to be a given when we approach them and offer them a vaccine. We should think more about some of the questions we ask participants and let them know what is needed in a health care record to provide participants access to other resources, and stress that this information is not needed for some other reason.
 - We would like to share a wonderful community resource Washington Immigrant Solidarity Network developed: COVID19 Know Your Rights <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-nonDOH-VaccinationImmigrationKnowRights.pptx>
- **Community Question: Have you thought of using vaccinated community members as ambassadors for the program?**
 - **Panelist:** We are actively pursuing methods like that. There's nothing more powerful than someone from your community talking to you about their experience and why it's important. It is important to go to various community health organizations to find advocates and find a way to get their message out there and address people from a personal level. Definitely work that we'll be doing in the future.
- **Community Question: What strategy have you used to incentivize communities to coming back for a second dose (when it applies)?**
 - **Dr. Wallace:** For the second dose, we try to schedule an appointment/set an event date for the second dose. Ensure the person knows when and where to return, and then have a text system to send reminders. Also, hope that social media and messaging around the importance of the second dose in addition to the first dose

connects. Vaccine discussion focuses on benefits of 'fully vaccinated' not halfway there.

- **Community Answer:** Community Based Organizations leverage the existing relationships with community members to call and message them directly. In addition, the fact that we host the vaccination sites at our location makes it easier for them to attend, as it is a known safe place.
- **Community Question:** For working parents, who cannot accompany their child, is phone consent acceptable?
 - **DOH Answer:** Contact your provider directly to inquire about the types of parental consent accepted. You can review our [Toolkit and Resources : Washington State Department of Health – DOH Considerations for Vaccinating Minors for Enrolled Providers](#).
- **Community Question:** What is the space you use for posting pop-up clinics information?
 - **Janni Sun:** The important thing to use are mediums that the community you are trying to reach is already using! The students at Seattle World School are using Talking Points (a texting app) and Microsoft Teams for school, so we use those mediums.
- **Community Feedback:** It is important for government partners to listen to trusted community partners when serving community members. We are the community people and it defeats the whole purpose of government partners coming to a community-based site if you are not accommodating to community partners. If you do not listen to community members, people will not come to these vaccine events.
- **Schelli Slaughter:** THANK YOU! You are so right! We need to do better in government. You are the experts and we thank you and trust you and honor you!

VI. Closing Remarks

- Thank you to our panelists and interpreters!
- Feel free to reach out and contact us at: vax.collaborative@doh.wa.gov