

## DOH COVID-19 Vaccine Implementation Collaborative Minutes:

July 7th, 2021 | 4:00pm – 5:30pm

- I. **Welcome from DOH & Land Acknowledgment- Fathiya Abdi**
- II. **Progress Updates – Lydia Guy-Ortiz**
  - **CDC Health Disparities Grant**
    - **Process** - Inclusion, Partnership, Community Voice, and Collaboration
    - **CDC approved strategies**
      - Expand mitigation and prevention efforts to address COVID-19 disparities
      - Improve data collection and reporting with focus on disparities
      - Improve equity planning, cross-sector convening, emergency preparedness, and hiring and retention to address COVID-19 disparities
      - Mobilize community and social service delivery partners to advance health equity and address social determinants of health
    - **Collaborative feedback**
      - Increase investment into community-based organizations and groups for outreach, engagement, and access work – including rural community focus
      - 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 –NEW –this came from the Collaborative
      - Increase testing access for BIPOC and Tribal communities
      - Expand Care Connect
      - Sustain & grow the Collaborative
      - Improve data systems to be more equitable
    - **Proposals**
      - Expand Care Connect Program
      - Expand state COVID-19 hotline funding
      - Fund rural communities & build rural community advisory board
      - Extend community engagement, outreach, and funding efforts for priority communities
      - Fund COVID-19 media campaigns & audience research in rural counties
      - Place community health outreach workers within refugee health screening clinics
      - Sustain and grow COVID-19 Vaccine Implementation Collaborative
      - Advance COVID-19 testing services in Tribal and BIPOC Communities

- Increase DOH partnerships for COVID-19 testing of those at highest risk
- Create sustainable staffing systems to support case investigation & contact tracing
- Expand case investigation and contact tracing efforts
- Develop health equity & inclusion curriculum & training for DOH staff
- Coordinate DOH-wide advancement of Equity, Inclusion, and Cultural Humility in Epidemiology and Informatics to Reduce COVID-19 Health Disparities and Underlying Inequities
- Build data system to automatically identify regions and populations underserved by vaccination
- Strengthen data collection reporting for high-risk populations
- **Funding Priorities** – to address health disparities and prevent future inequities through information, access, and investment
  - Care Connect expansion -\$2.9 million
  - Rural health communities -\$5 million
  - Collaborative (VICS) -\$800,000
  - Customized rural media outreach -\$900,000
  - People who use drugs -\$1.4 million
  - Refugee health -\$2 million
  - Testing community partnerships -\$2.7 million
  - Community engagement & outreach -\$13.2 million

### III. Partner Spotlight

- **Muslim Community Network Association (previously named Muslim Community & Neighborhood Association) – Mohamed Bakr**
  - We work on empowering the Muslim community by focusing on engagement and outreach, education, advocacy, small business, and media. When the Islamic center on the east side had been under arson attack two times, we found that many community members needed support and we needed to build a lot of bridges. Some of the work we have done:
    - Partnered with the YMCA to start something called Women's night, one night a month where Muslim women who wear hijabs can swim in public places without feeling uncomfortable.
    - Started the Eastside Muslim and Immigrant Safety Forum, where we partnered with the police department to come talk to community members about safety practices. We also have Islamophobia training and Islam 101.
    - Participated in advocacy and civic engagement
    - Created messages through WhatsApp and social media to share COVID-19 vaccine safety
    - Created zoom events and invited our Islamic leaders to come and speak about COVID-19 and the vaccine
    - Partnered with different organizations to do a vaccine event for BIPOC communities at Islamic centers
    - Partnered with King County to create a poster about COVID-19

- Created a business directory that includes information on Muslim small businesses and COVID-19 resources
  - Created a Muslim produced news source
- **Urban League Metropolitan – Zyna Bakari**
  - We empower underserved communities to thrive by securing educational and economic opportunities through direct service, programming, and advocacy within 5 pillars: workforce development, housing, education, civic engagement, and health.
    - We had a focus group lead by the DOH with groups of 10-15 people. At first, everyone in the room was against getting the vaccine. We talked about historical medical mistrust that stems from events such as the Tuskegee experiment, the Henrietta Lacks research, and other experiments on enslaved women. We started talking about our own experiences and everyone had an experience that was painful to reflect on such as begging for treatment and made to feel like a problem patient. We hear statistics about Black maternal mortality and it is important to realize that these are real people - we know people that have experienced this. I, myself, did not want to get the vaccine. I did a lot of research and some of the things that made me feel more comfortable was learning about how the vaccine was able to be created on what seemed like a quicker timeline such as increased funding and already existing technology. Vaccine hesitancy does not equal refusal so something I learned was to not give up on someone.
    - Like many community organizations, we had pop-up clinics and our own community resource events where we were working to get folks registered for appointments. Through this, we learned what messages worked and did not work to get people vaccinated. Every community is different and there should be a relationship and community built before coming in and doing a pop-up event. Instead of focusing on whether the short-term side effects of the vaccine were worth getting the vaccine, it was more helpful to focus on the relief from getting the vaccine such as the ability to see loved ones. Pop-up clinics are a great way to make space for each community member and have long-term generational effects for the community. If someone comes to a pop-up clinic and has a great experience, it could lead to better health outcomes tomorrow. Collaboration with the community, to talk about what works and what doesn't work, has been hugely beneficial to community members.
    - Half of white medical trainees believe such myths as Black people have thicker skin or less sensitive nerve endings than white people. For black people to deal with this trauma from white providers for the past 400 years, it is painful. When partnering with people for pop-up clinics, we prioritize partnering with BIPOC health care providers. I would recommend to all CBOs to have people in the community

trained by public health be at community clinics. I would also recommend having a harm reduction strategy for those that choose to not get vaccinated by reminding them how to stay safe during the pandemic and continue to invest in the community and think about ways to incentivize vaccines. The concern for BIPOC health should not end with this pandemic. If another pandemic or issue arises in the future, we can be more prepared. Keep empowering, educating, and energizing.

#### IV. **Community Panel & Conversation – Zyna Bakari**

- **Mayra Colazo - Central Washington of Disability Resources**
- **Candace Jackson - African American Health Board**
- **Esteban Hervia - Spokane Pride**
- **Sarah Dixit- Asian Pacific Islander Coalition Spokane**
- **Chris Porter – POCAAN**
  - **Question: *Wellbeing and community care will differ for all of you because of the diverse communities that you serve and different perspectives that you bring so I'd love to hear what social and emotional wellbeing means to you.***
    - **Mayra Colazo Answer:** For me, it is about equal access for all especially for individuals with disabilities. It is not just providing resources in Spanish or English or another language, but it is very important that individuals that have disabilities are able to communicate with one another and they have resources to communicate with their families.
    - **Candace Jackson Answer:** I think it is important to create community with one another in a way that is joyful. We can bring love, respect, and solidarity to our organizing with joy in addition to access to housing, fresh foods, etc. Sometimes there is a narrow focus on our physical body instead of wellness. There are going to be people in the Black community who are not going to get vaccinated. We have to think about how wellness can show up whether or not you are vaccinated. We have to think about what it looks like for institutions to step up with services that speak to reality and to create spaces for wellness. For us, that means making sure people can access joy and wellness.
    - **Sarah Dixit Answer:** The question about social and emotional well-being has come up a lot during the pandemic and more so with the rising anti-Asian violence that came along side it. The big thing when it comes to well-being is being able to live our cultures and identities without fear of violence and being told to go back where we came from. This was the first time where we were able to go through these issues, look at the disparities within our community, and connect the things that bring us together. Our community is also a huge umbrella and there is no one thing that encapsulates all of us. We want to highlight the characteristics that each of us bring to the community.

- **Chris Porter Answer:** I work for our wellbeing and care centers around identifying health risks and trying to bring together health and harmony, particularly in a system that is more hostile than what people initially think. When we talked about health disparities around pain management, I think some of the perceived notions of pain management may come out of the fear that nothing is going to be done to solve your pain. Trying to have conversations that lessen fears and worries that people have about getting care and having them embrace care, while still remaining cultural relevancy, is what emotional wellbeing and community care means.
- **Zyna Bakari Comment:** I would add that creating an environment where people feel free, free from being judged, free from feeling like they're not enough, or too poor, too young, too old, too dark, too fat, too skinny, or too short. Our communities coming to a sense of well-being and understanding of our emotional wellness looks like wellness and being who we are always meant to be.
- **Question: How is your work centering community care?**
  - **Mayra Colazo Answer:** Our peer agency is a peer driven organization. We are individuals with disabilities working to help individuals with disabilities. We have received different grants and provided different assistance for individuals with disabilities. We were able to purchase over 100 backpacks for people unhoused in our community. We provide additional information about vaccine, vaccine scheduling, food or transportation, and any other additional assistance. When helping those in need, we also make sure they are supported as a whole person.
  - **Candace Jackson Answer:** I would describe the work we are doing as the natural ways that we bring our lived experiences to work. We are thinking about how we do community care in a way that is designed with the most intersectional needs and what that means in Washington state. We are also working in solidarity with other communities when planning events such as looking at who needs care right now in our communities and how do we partner with those folks to bring joy and liberation into the space. When the Health Board started, the community voiced that community wellbeing is essential and is the primary thing needed to impact our health. In addition, community wellbeing is the relationships with each other, how we are organizing the work that we are doing, and the output of that work.
    - We are realizing we do not have a coordinated communications strategy that centers people most in need in our community. We are hoping to come up with a coordinated communications strategy that does center people most in need in the next month. We learned so much collectively as a community about the

pandemic. The number of people showing up at vaccine events are not necessarily markers getting us to wellness. We are not talking about vaccine access and barriers. We are also shifting our strategy to not call them vaccine clinics. We want to rebrand vaccine clinics because nobody wants to go a clinic right now. They want to go to a community event. We want to design spaces where we can have discussions with the community and learn of each other's efforts to increase wellness.

- **Esteban Hervia Answer:** For the first time ever, one of our partner organizations has developed the very first LGBTQ+ needs assessment survey for the City of Spokane, the County of Spokane, Stevens County, and a few others. We keep talking about this community and we do not know who they are. And the hospitals, the police, and the city keep talking about us, but they don't know who we are. So, we took them up on a challenge to work alongside with us. The needs assessment survey will help people understand who our community is so that when we talk about shifting, reshaping, and reimagining who we are, we have the information available. So, we are not just talking about it, but we can actually point to it and say our community needs care in these ways and this is how and why. People believe that we are just a pride organization that puts on a celebration, and that is part of the movement, but we also need to take into consideration that these are people's lives and livelihood, and people are dying and being murdered for who they are every single day. We know the statistics of homeless youth, the people being denied access, and we need to point people to this data.
  - June is a natural month for LGBTQ+ people to gather and using the advantage of pride month to gather people for vaccine events was helpful. Coming in and considering how we would get people vaccinated, such as bringing in drag queens, musicians, having food trucks, and centering around a pride event, was crucial to our vaccination clinic. Knowing how to use this model to turn it into something that provides care for every single person and makes community members feel that they are participating in something. With our vaccination clinics, it gave us the opportunity to provide resources, such as rental assistance. With these events, we are trying to play to our strengths.
- **Sarah Dixit Answer:** In Spokane, there is a smaller number of BIPOC folks, especially within the API community. Folks are really spread out so finding ways to highlight people's identities and experiences, and making sure that people feel and know their

stories really matter is important when centering community care.

- **Chris Porter Answer:** I am centering making real person connections. There is a lot of work to do, but for me it is possible for work in communities to not be defined by something negative, but can come from a more positive light. We should embrace the positive aspects of community care. It is nice to be a part of this work, but it can also be disheartening, and we can bring more joy to this work.
  - It does not have to be about getting as many people vaccinated as we can. It is about ensuring that every single person that does get vaccinated has an experience where they feel safe and that they will be willing to seek out care in the future. Community vaccine events should be open to everyone and should build a space that builds community, connection, and makes everyone feel held. For every vaccine opportunity that POCAAN has sponsored or been involved with, we have been very clear to bring items out of the food bank. If we only focus on the vaccines and become like politicians that only show when there is an event, then we go away. We are here for community care. It is a marathon, not sprint. These are things that we can keep doing and it is not just one issue, but has long last effects.
- **Question: *We have various organizations and a few government agencies with us this evening, what is your message to the department of health and others to ensure that should a crisis like this were to happen again, what is necessary to have in place to proactively address crises in a way that is centering community, and responding to needs with care?***
  - **Mayra Colazo Answer:** My advice to the Department of Health or any other public health agencies is that the relationship with communities has to begin long before anything like this pandemic happens again. If you take time to build that relationship, build that trust, and that happens long before any future issues come up, it makes addressing these issues a lot easier.
  - **Candace Jackson Answer:** We are not just sitting here waiting for the Department of Health's help. We are doing stuff. Come and connect with us. There is a lot of opportunity to partner with CBOs. It is a full-time job dismantling the institutional oppressions built over time. In addition to holding down full-time jobs, many of us are participating in mutual aid and running nonprofits. My recommendation is to provide us with the funding to do this work. And to recognize where your power and influence lives and align it accordingly with what most intersectional communities are asking for. Fund organizing work and start to build authentic relationships with communities.

- **Sarah Dixit Answer:** My recommendation is to have materials translated in accessible language for people to understand. It is important for people to know the differences between health outcomes within our communities. This is super important, especially now since the pandemic is not over yet.
  - **Community Question: How do you help people that are hesitant of doctors and that may think they don't need to seek care because of their faith and that they have enough care when it comes to their health?**
    - **Chris Porter Answer:** When I was a nurse practitioner, there were many people that came in that did not believe in medicine and believed that their faith would guide them through anything. I centered their care on the fact that they were there seeking some sort of care, and that there is something I could do for them that speaks directly to them and their faith. We agreed on some things to accomplish such as taking their blood pressure, but not giving them any medicine. You have to give care by working with their terms and helping them move to a space that is better than where they started. If you show that you think their beliefs are "crazy", it will feed into their resentment of being there in the first place. It just takes time to get people to a better and healthier space.
    - **Candace Jackson Answer:** We have started to understand that this is often not a rational. There may be some people out there that just need scientific facts, but this is actually more about expressing love to people. The effective conversations we are having with families and folks who have not gotten a vaccine, were encouraged by other family or community members that showed care or concern.

**V. Closing Remarks - Passia Abraham**

- Thank you to our community partners, panelists, facilitator, interpreters, and captioners!
- Feel free to reach out and contact us at: [vax.collaborative@doh.wa.gov](mailto:vax.collaborative@doh.wa.gov)