WELCOMING WASHINGTON:
Refugee Health and the COVID-19 Vaccine

Statewide Refugee Advisory Council
Virtual Public Forum

Friday, February 19, 2021
10:00 am to 12:30 pm
Refugee Advisory Council of Washington State

The mission of the Refugee Advisory Council is to:

1) Advocate on behalf of and raise awareness regarding the needs and concerns of refugees.

2) Collaborate across state agencies, the legislature, and disciplines on issues relevant to refugees and immigrants.

3) Build and make recommendations on state refugee policies and programs by identifying gaps in services as well as best practices.
<table>
<thead>
<tr>
<th>Washington State Refugee Advisory Council Members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benton-Franklin Counties</strong></td>
</tr>
<tr>
<td>Nesreen Al Muzayaen, co-chair</td>
</tr>
<tr>
<td>Kennewick School District</td>
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<tr>
<td>Amira AlSalami</td>
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<td>World Relief- Tricities</td>
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<tr>
<td><strong>Clark County</strong></td>
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<tr>
<td>Margarita Marochkina</td>
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<tr>
<td>Partners in Careers</td>
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<td>(Vacancy)</td>
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<tr>
<td><strong>King County</strong></td>
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<td>Demitu Argo</td>
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<td>TRAC Associates</td>
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<tr>
<td>Emmanuel Ndayiseng</td>
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<tr>
<td>International Rescue Committee</td>
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<tr>
<td>Lenny Orlov</td>
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<tr>
<td>City of Seattle, Aging &amp; Disability</td>
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<td><strong>Pierce County</strong></td>
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<td>Mouammar Abouagila</td>
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<td>Lutheran Community Services NW</td>
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<td>Jason Scales, co-chair</td>
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<td>Tacoma Community House</td>
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<tr>
<td><strong>Snohomish County</strong></td>
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<tr>
<td>Dina Prigodich</td>
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<td>Lutheran Community Services NW</td>
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<td>Abdul Rahman</td>
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<td>Refugee and Immigrant Services NW</td>
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<tr>
<td><strong>Spokane County</strong></td>
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<td>Patricia Catañeda</td>
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<td>World Relief – Spokane</td>
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<td>Marijke Fakasiieiki</td>
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<td>Refugee Connections Spokane</td>
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REFUGEE HEALTH & COVID-19
Washington State Department of Health
COVID-19 Cases, Hospitalizations and Deaths by Race/Ethnicity

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases¹</td>
<td>1.9x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>1.3x</td>
</tr>
<tr>
<td>Hospitalization²</td>
<td>3.7x</td>
<td>1.1x</td>
<td>2.9x</td>
<td>3.2x</td>
</tr>
<tr>
<td>Death³</td>
<td>2.4x</td>
<td>1.0x</td>
<td>1.9x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

Hospitalization by Primary Language Spoken

COVID-19 Vaccine Data Dashboard (updated 2/15/2021)
National Resource Center for Refugee, Immigrant and Migrant Communities: COVID-19 Prevention and Mitigation

Elizabeth Dawson-Hahn, MD, MPH
University of Washington/Harborview Medical Center
External Member of NRC-RIM Leadership Team
WA Refugee Advisory Council Meeting
February 19, 2021
National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)

Funded by the U.S. Centers for Disease Control and Prevention to the University of Minnesota

1. Support state and local health departments working with refugee, immigrant, and migrant communities
2. Strengthen community partnerships with state and local health departments
NRC-RIM Partnerships

• International Rescue Committee
• Migrant Clinicians Network
• Minnesota Department of Health
• National Association of County and City Health Officials (NACCHO)
NRC-RIM Community Leadership Board

1. Guides and informs the core activities of the NRC-RIM

2. Made up of individuals from around the US who:
   a. Identify as being members of RIM communities
   b. Have experience interfacing between RIM communities and public health and/or health systems

Includes 3 members from Washington!
Health Promotion and Education

Build Your Own Campaign

“Contact tracing can protect our community.”

“To disclose symptoms is an act of love.”

“Do everything you can to protect your loved ones.”

"Our collective wellbeing is in our hands."
A GUIDEBOOK

Community-Led Messaging for COVID-19 Contact Tracing

A 3-hour guide to building a custom communications campaign to engage your refugee, immigrant, and migrant communities in COVID-19 contact tracing efforts.
Customized contact tracing campaign

While access to the COVID-19 vaccine starts to expand, our work to manage and prevent the spread of COVID-19 must continue. Contact tracing is a critical tool in our collective approach to ending the pandemic. By leveraging your expertise and extensive knowledge of your community, this companion was designed to support leaders, like yourselves, to create a customized contact tracing messaging campaign that is rooted in your community’s values, motivations, and realities.

We know that customized health communications that are rooted in the needs of affected communities are more effective than mass campaigns. We built this guide to help individual leaders, community-based organizations, and local health departments get the right messages out quickly. If you are looking to build effective COVID-19 messaging materials for your community, this guide is for you.

Create your own designs

With our easy drag-and-drop templates, you can make your campaign come to life. Try it now >
Video Booth Service

NRC-RIM Video Booth

Need some assistance? Request an appointment for the NRC-RIM video booth, where our experts can walk you through the planning process, help you write a distribution plan, and even assist with recording your video using virtual tools. Our team is here to help.

Request assistance
National Engagement
Toolkits

1. Case Investigation and Contact Tracing
2. Communications
3. Community Engagement
4. Partnerships
5. Testing
6. Vaccine Central
Covid-19 Testing Services Directly to Communities

View Health Initiative Mobile Testing Project

Watch later  Share

Sometimes when we walk into an apartment...
Community Movie Night + Information Exchange

During intermissions or after the movie, public service announcements (PSAs) developed by multilingual staff within the CBO are shared using health department-approved content.
The Translated Materials Library offers fact sheets, posters, videos, audio recordings and other resources in English and more than 100 languages free of charge. These materials come from organizations across the country working to communicate effectively with RIM communities. NRC-RIM has worked hard to compile and organize these materials, though we cannot guarantee their quality.

Acknowledgement: This resource leverages and builds upon the work of the Washington State Department of Social and Health Services, Office of Refugee and Immigrant Assistance to collect these resources early in the pandemic.
Key Resources

**COVID-19 Vaccine Communication Handbook**
This handbook was developed for a wide audience with practical information on how to talk to others about COVID-19 vaccines and how to address information about the vaccines. [Download now](#)

**Checklist: COVID-19 Vaccine Roll-out among Refugees, Immigrants, and Migrants**
Ensuring opportunities for COVID-19 vaccination among refugee, immigrant, and migrant communities is important. Consider the following actions when implementing vaccination campaigns among these communities. [Download now](#)
Acknowledgements

UMN Team
Erin Mann, Program Manager
Bill Stauffer, PI
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CDC – Immigrant, Refugee, and Migrant Health Branch

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COVID Vaccine Update
Refugee Advisory Committee Meeting
February 19, 2021
Vaccine Safety & WA


“DOH is committed to science and the need to critically evaluate these new vaccines for their safety and efficacy in an unbiased way before their use,” said Dr. Kathy Lofy, State Health Officer. “We will be watching the FDA approval process closely to make sure it is thorough and transparent.”
ACIP Pathway to Recommendation

Should COVID-19 vaccine ‘A’ be recommended?

Evidence to Recommendation Framework
GRADE

ACIP RECOMMENDATION

To whom should early allocation of COVID-19 vaccine ‘A’ be recommended?

Scientific Evidence Ethical Principles Implementation

ACIP RECOMMENDATION

FDA approval
-Licensure
-Emergency use Authorization
-Expanded Access
VAERS is the nation’s early warning system for vaccine safety

Co-managed by CDC and FDA

http://vaers.hhs.gov
active surveillance

passive surveillance

individual case consults

large-linked database monitoring

safety monitoring timeline

Washington State Department of Health | 5
Resources

cdc.gov/vsafe
cdc.gov/coronavirus/2019-ncov/vaccines/safety/troubleshooting
cdc.gov/coronavirus/2019-ncov/vaccines/safety/faq
COVID Vaccines

• The mRNA COVID-19 vaccines currently available require two doses:
  • Pfizer-BioNTech: Three weeks (21 days) apart
  
  OR
  • Moderna: One month (28 days) apart

• Vaccines in Phase 3 Currently in Clinical Trials in the U.S.:
  • Johnson & Johnson (Janssen)
    • Single dose vaccine
    • Viral vector type vaccine
  • AstraZenca
    • Two doses
    • Adenovirus vaccine
Getting Vaccinated for COVID-19

Both vaccines are provided at no cost.
The federal government will cover the cost of your vaccine. Providers may charge you a fee to give the vaccine, but health insurance will likely cover it. Providers will waive the fee if you can’t afford it.

You will need to get two doses.
You will get two doses of vaccine, three to four weeks apart.

Both vaccines are safe and effective.
The vaccines are 94 to 95 percent effective. The U.S. Food and Drug Administration (FDA) authorized the vaccines for emergency use and found no serious safety concerns. Independent experts confirmed it met high safety and efficacy standards.

People at highest risk will get the vaccine first.
We do not currently have enough vaccine for everyone. As a result, the Department of Health had to make choices about who will get the vaccine first. The first doses will go to high-risk workers in health care settings and residents and staff of long-term care facilities. Everyone will be able to get vaccinated when we have enough doses.

You may feel side effects.
Like other routine vaccines, you may get a sore arm, fever, headaches, or fatigue after getting vaccinated. These are signs the vaccine is working.

What vaccines are available?
There are two vaccines available:
1. Pfizer-BioNTech
2. Moderna
Both were approved by the FDA for emergency use. Medical experts on the Advisory Committee for Immunization Practices and the Western States Scientific Safety Review Workgroup confirmed the vaccines met our standards for safety.

Who should get a COVID-19 vaccine?
It is your choice to get the vaccine. If you decide to get it, you should tell your vaccine provider if you:
- Have a history of severe allergic reactions
- Have a fever
- Have a bleeding disorder or take blood thinners
- Are immunocompromised or are on a medicine that affects your immune system
- Are pregnant, plan to become pregnant, or are lactating
- Have received another COVID-19 vaccine

You should not get the vaccine if you have had a serious allergic reaction to a previous dose of the COVID-19 vaccine or to any ingredient in the vaccine.

What are the side effects?
It is common to have side effects one or two days after getting the vaccine. Common side effects are tiredness, muscle pain, pain in your arm where you got your shot, fever, headache, joint pain, chills, nausea, or vomiting. If your symptoms don’t go away, contact your doctor or clinic.

You should wait 15 to 30 minutes before leaving the vaccine site so your vaccine provider can help you if you do have an allergic reaction or other side effects. While you wait, you can sign up for v-safe to report any side effects and get a reminder for your second dose: vsafe.cdc.gov.

You or your vaccine provider can also report side effects to the Vaccine Adverse Event Reporting System (VAERS): vaers.hhs.gov/reportevent.html.

Call 911 if you have an allergic reaction after leaving the clinic. Signs of an allergic reaction include: difficulty breathing, swelling of your face and throat, fast heartbeat, a bad rash all over your body, dizziness, and weakness.

What happens after I get vaccinated?
Make an appointment for your second dose. You’ll need to come back in three to four weeks to get your second dose. It will take up to two weeks after your second dose for full protection.

Many people will have to wait months to get vaccinated. After you get the vaccine, keep wearing your mask, stay six feet (two meters) apart, and keep gatherings small to protect those who are not yet vaccinated.
Is it COVID-19 or a Vaccine Reaction?

**COVID-19 Symptoms**
- Cough
- Shortness of breath
- Runny nose
- Sore throat
- Loss of taste or smell

If you have the above symptoms and you think you may have COVID-19, seek medical advice. You may need testing for COVID-19.

**Vaccine Reactions**
- Fever
- Fatigue
- Muscle aches
- Diarrhea
- Nausea
- Headache

Vaccine reactions should go away in a day or two. If you feel very sick, consider seeking medical advice.

**Vaccine Reactions**
- Soreness, redness, or swelling at injection site

If one of these reactions prevents you from doing normal activities (tying shoes, typing, etc.), seek medical advice.

The COVID-19 vaccine **does not** cause COVID-19 disease.
The COVID-19 vaccine **does not** cause a positive COVID-19 PCR test.

If you just tested positive for COVID-19, follow isolation guidance at: [COVIDvaccineWA.org](https://COVIDvaccineWA.org)

DOH 826-124 January 2021
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.
Communication & Updates


COVID Vaccine Email
  COVID.Vaccine@doh.wa.gov
Vaccine Allocation and Distribution

EQUITY & ENGAGEMENT

Fathiya Abdi and Katie Meehan
DOH COVID-19 CURRENT VACCINE EQUITY STRATEGIES

1. Engage communities to inform vaccine prioritization and planning
2. Integrate a pro-equity approach into vaccine allocation and distribution
3. Prioritize allocation and support to providers who effectively serve disproportionately impacted communities
4. Investing in trusted community leaders and messengers
5. Culturally & linguistically appropriate and accessible communications, education, and outreach
6. Strengthening public health system’s ability to center communities in vaccine outreach and access
7. Foster opportunities for collaboration
8. Supporting a trauma-informed approach to vaccine conversations
Background

INEQUITABLE IMPACTS OF COVID-19
COVID-19 CASES

• Native Hawaiian and Other Pacific Islander (NHOPI) and Hispanic populations have the highest rates, while white and Asian people have the lowest.

• NHOPI and Hispanic populations have approximately six times higher rates than Asian and white populations.

• Black populations have approximately three times higher rates than Asian and white populations.

• American Indian/Alaska Native people account for 2 percent of COVID-19 cases but only 1 percent of the total population.

• People in the health care and social assistance industry sector account for 25 percent of COVID-19 cases even though only 13 percent of Washington’s employed population is employed in this sector.

• People in the agriculture, forestry, fishing and hunting industry sector account for 11 percent of COVID-19 cases even though only 3 percent of Washington’s employed population is employed in this sector.
Percentages of confirmed COVID-19 cases hospitalized by primary language spoken

<table>
<thead>
<tr>
<th>Language</th>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Percent language specific hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>39,145</td>
<td>3,068</td>
<td>7.8%</td>
</tr>
<tr>
<td>Spanish</td>
<td>11,845</td>
<td>848</td>
<td>7.2%</td>
</tr>
<tr>
<td>Marshallese</td>
<td>305</td>
<td>49</td>
<td>16.1%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>254</td>
<td>42</td>
<td>16.5%</td>
</tr>
<tr>
<td>Russian</td>
<td>533</td>
<td>110</td>
<td>20.6%</td>
</tr>
<tr>
<td>Chinese (all)</td>
<td>84</td>
<td>17</td>
<td>20.2%</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>165</td>
<td>46</td>
<td>27.9%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>73</td>
<td>19</td>
<td>26.0%</td>
</tr>
<tr>
<td>Other</td>
<td>900</td>
<td>116</td>
<td>12.9%</td>
</tr>
</tbody>
</table>
Methods

HOW WE APPROACHED ENGAGEMENT
Recommendation: Equity as a cross-cutting factor

People with access barriers to health care: People with limited transportation, people with limited English proficiency, individuals with disabilities, people without health insurance, undocumented people

People at higher risk for exposure: Farm and factory workers, essential workers, people who live in congregate housing, people experiencing homelessness, people who are incarcerated or detained, people in workplaces with outbreaks

People essential to health and wellbeing of populations at higher risk: Doulas, caregivers (both formal and informal), home care aides, health care interpreters, community and mutual aid volunteers, community health workers

People who live in areas with greater spread: Geographic hotspots and outbreaks, congregate housing with outbreaks

People who have been disproportionately impacted by COVID-19 because of systemic inequities: Communities of color, people with limited English proficiency, individuals with disabilities, low-income people

People at risk for severe illness: Older adults and elders, pregnant people, people with underlying medical conditions that put them at a higher risk for severe morbidity or mortality if infected with COVID-19

People who are at higher risk for spreading COVID-19 to high risk populations: Caregivers, people living in multi-generational households, children and youth, essential workers, people who must travel for work
Mixed methods

1. Focused engagement
   - Qualitative research
   - Key informant interviews
   - Groups interviews
   - Community conversations
   - Focus groups

2. Broad engagement
   - Public feedback opportunity via web-based survey
   - Public comment letters from stakeholders and constituents

3. Stakeholder engagement
   - Presentations to key stakeholder groups, coalitions, community partners, and public health partners

October 2020
Ongoing
Focused Engagement: Overview

- 90 total key informant interviews, group interviews, community conversations, and focus groups
- With 568 total individuals
- Facilitated in-language, with use of interpreters and CART services as appropriate
- Partnered with community organizations for additional community-led conversations
- People convened by community or sector, not geographic location
### Community engagement group representation

<table>
<thead>
<tr>
<th>Disproportionately Impacted Communities¹</th>
<th>Essential Sectors, Services Sectors, and Industries</th>
<th>Health Care and Public Health Partners</th>
<th>Other High Priority Communities, Groups, and Sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American community</td>
<td>Essential and front-line workers</td>
<td>Local Health Jurisdictions</td>
<td>Children with special health care needs</td>
</tr>
<tr>
<td>Asian/Asian American community</td>
<td>Agricultural sector</td>
<td>Community health clinics</td>
<td>Youth</td>
</tr>
<tr>
<td>Native American</td>
<td>Migrant workers</td>
<td>Community Health Workers and promotoras</td>
<td>Youth in foster care</td>
</tr>
<tr>
<td>Native Hawaiian and other Pacific Islanders community</td>
<td>Farmworkers</td>
<td>Behavioral health and substance use disorder services</td>
<td>College and university students</td>
</tr>
<tr>
<td>Marshallese, Micronesian, and COFA (Compact of Free Association) communities</td>
<td>Seafood industry</td>
<td>Community blood centers</td>
<td>Parents</td>
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<tr>
<td>Latinx community</td>
<td>Food bank services</td>
<td>Rural medical services</td>
<td>Early learning and early childhood</td>
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<tr>
<td>Immigrant and refugee communities</td>
<td>Business community</td>
<td>Pharmacy</td>
<td>LGBTQ+ community</td>
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<tr>
<td>Asian diaspora</td>
<td>Public transportation</td>
<td>Post-acute and Long-Term Care</td>
<td>Rural communities</td>
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<tr>
<td>African diaspora</td>
<td>Hospitality industry</td>
<td>Veterinary care</td>
<td>Border communities</td>
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<tr>
<td>Latin American diaspora</td>
<td>Public utilities</td>
<td></td>
<td>Sub-urban communities</td>
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<tr>
<td>Former Soviet Union (FSU) diaspora</td>
<td>Parks and recreation</td>
<td></td>
<td>Faith-based communities</td>
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<tr>
<td>Undocumented communities</td>
<td>Technology sector</td>
<td></td>
<td>Veterans</td>
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<tr>
<td>People with underlying health conditions</td>
<td></td>
<td></td>
<td>Women</td>
</tr>
<tr>
<td>Older adults</td>
<td></td>
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<tr>
<td>Pregnant people</td>
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<tr>
<td>Individuals with disabilities</td>
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<tr>
<td>People experiencing homelessness</td>
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<td>People who are incarcerated</td>
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<tr>
<td>Low-income communities</td>
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<tr>
<td>Uninsured communities</td>
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</table>

¹ Communities that have experienced the greatest COVID-19 inequities related to cases, hospitalizations, deaths, and risk of severe illness. Participants self-identified as being in these groups and were often in more than one group.
*select* Findings

WHAT WE LEARNED
Intersectionality of Communities Disproportionately Affected by COVID-19

Farmworker and migrant community--so many people have gotten sick, too many people have died. Everybody in the community knows somebody. Congregate housing, the need to work, work that happens in close contact all of this leads to high likelihood of outbreak. Everyone also has underlying and comorbidity conditions. Folks are not insured and don’t have access to healthcare.

One of the primary groups impacted in our community has been Native American, Yakama Nation, all age groups, have been impacted at twice the rate of other populations, Latino members of this community who work in farm labor, directly in the fields or warehouses, [are] impacted at a higher rate than others. Also, our elder population has been impacted at a higher rate. That's also notable on the Yakama reservation.

We also see large numbers of farmworkers getting COVID and dying and rural communities being hit hard with COVID.

People in homeless shelters, you’re looking at people who are more likely to have a disability or people in prisons, detention centers.

Individuals who live in poverty, who experience a disability, you know, people of color, and cetera because they are often living in areas where their health is significantly impacted.

Members that are diabetic, suffer from high blood pressure, Pacific Islander, queer, trans, sex workers who are at risk when seeing clients, those not able to access grants. Diabetes is chronic in Pacific Islander communities. Limited resources, front line workers who live in bigger families.

Our crews are a pretty diverse group the higher up the managerial people tend to be older and are approaching high-risk for their health. We also have minority populations our company in particular employs Asian and Pacific Islanders. Some other are Somali Americans.
“Many of the Latino population were listening to the word of their buddies or friends, and that information was not verified by the Department of Health.”

“Conspiracy that the vaccines will contain tracking devices.”

“I am not willing to be the guinea pig for this government.”
“Locally things always get around by word of mouth, having trusted people in the community who can deliver this message that this vaccine is safe is going to be critical.”

“People looking like us, speaking our language in YouTube videos: …show faces that look like our faces, … to give the message to the community.”

“I think our community needs more education in regard to COVID vaccine from people from our community, especially about what harms it can have.”
Equity Considerations and Impacts

• Vaccine Hesitancy
• Distrust of Government/State Agencies
• Vaccine safety and efficacy concerns
• Public Charge Fears
• Barriers to Access

• Language Access
• Culturally and Linguistically Appropriate Information
• COVID-19 misinformation
Strategies to Lead with Equity

- Engage communities and build key partnerships
- Create two-dialogue communication, conversation and oral communication
- Ensure outreach is culturally & linguistically appropriate and accessible
- Overall vaccine access
- Put greater effort in reaching groups missed by traditional channels
- Communicate vaccine cost (regardless of insurance)
- Place-based vaccine clinic site
- Language assistance and interpreters at vaccination site
- Community Engagement plans
Vaccine Prioritization & Allocation

WHO CAN GET IT, WHERE, AND WHEN
WASHINGTON’S COVID-19 VACCINE PHASES

Phase 1 Estimated Start Dates (Tiers A and B)

Find out if it’s your turn at FindYourPhaseWA.org

WINTER

1A TIER 1
High-risk first responders
Long-term care facility residents

1B TIER 1
All people 65 years or older
All people 50 years or older in multigenerational households (home where individuals from 2 or more generations reside such as an elderly and a grandchild)

SPRING / SUMMER

1A TIER 2
High-risk critical workers 50 years or older who work in certain congregate settings: Agriculture; food processing; grocery stores; K-12 educators & staff; childcare; corrections; prisons, jails or detention centers; public transit; fire; law enforcement

1B TIER 2
People 16 years or older with 2 or more co-morbidities or underlying conditions

1B TIER 3
High-risk critical workers under 50 years who work in certain congregate settings (as noted in B2)

1B TIER 4
People, staff, and volunteers in congregate living settings: Correctional facilities; group homes for people with disabilities; people experiencing homelessness that live in or access services in congregate settings

FUTURE PHASES

Information on who is eligible for Phases 2, 3 & 4 coming soon.

FOCUS ON EQUITY: This approach prioritizes population groups that have been disproportionately impacted by COVID-19 due to external social factors and systemic inequities.

The timelines represented here are estimates and subject to change.
WHAT DOES MULTIGENERATIONAL HOUSEHOLD MEAN?

A household where individuals from 2 or more generations live such as an elder and a grandchild.

ELIGIBLE WITHIN THE DEFINITION OF MULTIGENERATIONAL HOUSEHOLD:

A person over 50 who:
- Cannot live independently and receives long-term care from a relative, caregiver (paid or unpaid), or someone who works outside the home
- Lives with and cares for a young child like grandparent/grandchild

NOT ELIGIBLE IN THIS PHASE:

- Someone younger than 50
- Someone over 50 who cares for a partner or friend
- Any parent or guardian caring for their small child or teen

CovidVaccineWA.org
WA State COVID-19 Best Guess Supply & Phase Projections

<table>
<thead>
<tr>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<tbody>
<tr>
<td>Phase 1a</td>
<td></td>
<td></td>
<td></td>
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<table>
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<th>Size estimate</th>
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<tr>
<td>1a</td>
<td>850,000</td>
</tr>
<tr>
<td>1b-1</td>
<td>1,484,000</td>
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<tr>
<td>1b-2</td>
<td>95,000</td>
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<tr>
<td>1b-3</td>
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<tr>
<td>1b-4</td>
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<td>1,620,000</td>
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<tr>
<td>3</td>
<td>2,000,000</td>
</tr>
<tr>
<td>4</td>
<td>200,000</td>
</tr>
</tbody>
</table>
Washington Plan for Increased Vaccinations

1. Healthcare systems
2. Pharmacies
3. Employer-based clinics
4. State mass vaccination sites
5. Community vaccination sites
6. Mobile teams
7. Community-based pop-ups

Mass Vaccination Clinics in:
- Benton-Franklin
- Chelan
- Clark
- Spokane

Here is why it is taking so long:

1.7 million people are eligible in Phase 1B, Tier 1

vs.

about 100,000 first doses per week

Thanks for your patience!

Vaccinate WA
CovidVaccineWA.org
Getting an appointment

1. Visit our Phase Finder web form.
2. View a list of vaccine locations.

1. Dial 1-800-525-0127, then press #. Language assistance is available. The hotline will complete Phase Finder and will provide contact information for vaccine sites.
2. Ask for the hotline to add your cell phone to PhaseFinder if you have text messaging.
3. Call the sites to get an appointment.
4. At the appointment, tell the vaccine provider that 211 (or the COVID-19 hotline) confirmed your eligibility.

Thank you First name Last name. You are eligible to get the COVID-19 vaccine now.

Please take a screenshot or print off this confirmation message and show it to your vaccine provider. Please visit https://www.doh.wa.gov/YouandYourFamily/Immunization/VaccineLocations to identify a vaccine provider near you.
### PhaseFinder: Additional Languages

<table>
<thead>
<tr>
<th>Language</th>
<th>Vanity URLs for print materials</th>
<th>Actual URLs</th>
<th>Vaccine Locations</th>
</tr>
</thead>
</table>
Phase Finder: Paper-based option
# Planned Translations: Any other languages to add?

| 5. Tagalog       | 15. Hindi                 | 25. French      |
|                 |                         |                |
|                 | 31. German                |
|                 | 32. Burmese               |
|                 | 33. Thai                  |
|                 | 34. Oromo                 |
|                 | 35. Karen                 |
|                 | 36. Portuguese            |
|                 | 37. Dari                  |
|                 | 38. Pashto                |
Will you have to pay for the vaccine?

No. You should not be asked to pay or receive a bill for the vaccine. This is true for people who have private insurance, Medicaid, Medicare, or are uninsured.

• If you have health insurance and you get a bill for the vaccine:
  • Contact your health insurance plan.
  • File a complaint with the Office of the Insurance Commissioner.

• If you do not have health insurance and you get a bill for the vaccine:
  • Email covid.vaccine@doh.wa.gov. Providers are not allowed to charge you for the vaccine.
COVID-19 Vaccine Administration Fee Coverage

The COVID-19 vaccine will be provided by the federal government at no cost to providers. However, it is expected that providers will charge a vaccine administration fee. Based on federal guidance, the table below summarizes how we currently anticipate vaccine administration fees will be covered.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Coverage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance (fully insured and self-funded)</td>
<td>Full coverage, without cost-sharing</td>
<td>Under the CARES Act, the vaccine is considered a “preventive service” meaning it will be covered without cost-sharing. Under interim final rules issued in November by CMS, IRS and DOL, vaccine administration is covered without cost-sharing whether the provider is in-network or out-of-network for the duration of the COVID Public Health Emergency (PHE).</td>
</tr>
<tr>
<td>Uninsured</td>
<td>Full coverage, without cost-sharing</td>
<td>Providers are prohibited from charging a patient who cannot pay and so can submit a claim for reimbursement through the federal Health Resources and Services Administration (HRSA) Portal (same federal funding used for COVID testing for uninsured).</td>
</tr>
<tr>
<td>Medicare</td>
<td>Full coverage, without cost-sharing</td>
<td>Centers for Medicare &amp; Medicaid Services (CMS) anticipates establishing a unique administration code for each COVID-19 vaccine product. CMS plans to post information on coding, payment, and billing for COVID-19 vaccines and vaccine administration on the CMS website.</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Full coverage, without cost-sharing</td>
<td>Vaccine administration codes will be covered without cost sharing, but billing methodologies may vary based on provider type. Please refer to Apple Health Billing Guidelines for further information.</td>
</tr>
</tbody>
</table>

References:
Fostering opportunities of collaboration:

VACCINE IMPLEMENTATION COLLABORATIVE
What is the Collaborative?

A space to ensure equity and social justice in vaccine planning and implementation through collaboration that prioritizes those most impacted by COVID-19.

- People at higher risk due to living situation
- People at higher risk due to age and underlying health conditions
- People more impacted due to access barriers
- People more impacted due to systemic inequities and racism
- People more impacted due to exposure at work
- People at higher risk of severe illness due to age and underlying health conditions
Community

Collaborative Structure

Relations Briefing
Feedback Sessions
Workgroups prioritized by members
For more information visit the DOH webpage:
https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement/Collaborative

Complete the interest form:
https://fortress.wa.gov/doh/opinio/s?s=COVID19VaccineImplementation

For questions contact:

Fathiya Abdi, ESJ Consultant Fathiya.Abdi@doh.wa.gov
Passia Abraham, Community Outreach Consultant Passia.Abraham@doh.wa.gov
Hang Ngo, Community Outreach Consultant Hang.Ngo@doh.wa.gov
COVID-19 Vaccine Newsletter

• The COVID-19 Vaccine Newsletter is a topic people can subscribe to on GovDelivery.
• People can manage their subscriptions by going to the following link.
  • From there, click on ‘add subscriptions’ at the bottom of the page.

Add Subscriptions
• On the next page, expand the ‘Immunizations’ tab and check the box for “COVID-19 Vaccine Partner Newsletter.”

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• **Search COVID-19 Materials by Language**

• COVID Vaccine webpage
  o [https://www.doh.wa.gov/Emergencies/COVID19/Vaccine](https://www.doh.wa.gov/Emergencies/COVID19/Vaccine)

• Mass vaccination sites

• Phase Finder

• **Vaccine locations webpage**

• Provider Resource Page (Enrollment & Toolkit)

• **Translated materials**

• **Detailed documents on Phase 1B** [posted](#)
  • [Summary guidance for Phases 1A and 1B (PDF)](#) Updated January 7, 2021
  • [Washington state's interim vaccine allocation and prioritization guidance (PDF)](#) Updated January 7, 2021

• Equity and engagement efforts
  • [https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement](https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement)

• **COVID-19 Vaccine Inbox:**
  • [COVID.Vaccine@doh.wa.gov](mailto:COVID.Vaccine@doh.wa.gov)
UNIFY COMMUNITY
HEALTH AND COVID-19
UNIFY COMMUNITY HEALTH IS A DIVISION OF YAKIMA VALLEY FARMWORKERS CLINIC

- YVFWC was established in 1978 in Toppenish as a clinic for undocumented workers
- We continue to serve this population in 40 clinics in Washington and Oregon
- Unify Community Health was established in 2001
- SRHD stopped doing refugee health screenings in March 2013 and asked UCH to take over
TRADITIONAL SCREENING

- Traditionally UCH does the initial screening
- 1 year later, I do the I-693 since I am a civil surgeon. Usually this is done 1 ½ days per month with approximately 30-50 patients
- After the exam, the patient calls our resettlement agency (World Relief) to complete the I-485
AFTER COVID-19

- World Relief had to close and work from home
- USCIS continued to process some applications but with the political climate, we were concerned about waiting to complete the I-693
- We continued to bring in the patients with appropriate separation of families
- We emailed World Relief with the list of patients we had seen and they contacted the families
- I waited to sign the provider signature until the patients had appointments with World Relief for their I-485
- We were able to continue all of the screenings during the entire lockdown.
I-693 CURRENTLY

- World Relief continues to work reduced hours in the office and they have not been able to restart the volunteer program.
- I continue to complete I-693 forms. When the patients pick up their forms, they are given a number to text World Relief and appointments are made for I-485.
SCREENING FOR COVID-19

- Since the beginning, we have been a testing site
- We have been involved in screening campaigns for several outbreaks within the immigrant community including Russian, Burmese and Marshallese
COVID-19 VACCINES

- In line with Gov. Inslee recommendations, we have been vaccinating people 65 and older, our patients and community patients as well.
- Prior to the Spokane Arena mass vaccination, we were one of the main sites for vaccinations.
YVFWC is one of 25 pilot sites in USA selected by HRSA to receive vaccine directly from CDC.

The target of the vaccines will be individuals experiencing homelessness, public housing residents, migrant/seasonal agricultural workers, or patients with limited English proficiency.

These will be in addition to state supplied vaccine.

Will continue to target older people but will be allowed more freedom to vaccinate family members and care givers of older people.
Who we serve

• See patients regardless of their ability to pay
• Majority of refugees resettled in South King County
• Top Languages
  • English
  • Spanish
  • Punjabi
  • Somali
  • Amharic
Primary Care during COVID

- Initiated Telehealth via phone and video
- In person appointments are decreased
- Safe labs
- Pharmacy Delivery
- Devices to allow medical care at home
- Blood pressure cuffs
- Tablets, scales, blood pressure cuffs for Centering Groups
COVID-19 Testing

- Testing at individual clinics that also see respiratory patients
- Drive through testing
- Initially at Administration building
- Renton testing site in partnership with Public Health
- Special Events
  - Beygood in partnership with the Somali Health Board
  - Khmer Health Board
  - Iraqi, Arab and Afghan Health Boards
Rate of Positive Cases
Care for patients with Coronavirus

- Patient Engagement Coordinators
  - call patients discharged from hospitals to coordinate transitions of care
  - call patients with positive tests and offered resources to allow them to quarantine
When can I get the COVID-19 vaccine at HealthPoint?

*Updated 2/17/21*

HealthPoint is calling patients who are eligible for their first dose to make appointments.

We are calling patients whose appointments were cancelled to reschedule in the same order. Thank you for your patience.

Currently, eligible patients are:

- Health care workers and long term care workers
- People aged 65 years and older
- People 50 years and older in multigenerational homes (for example, a person 50+ living with a grandchild. Or a person unable to live independently and being cared for by a relative, in-home caregiver, or someone who works outside the home)

Eventually, everyone who wants to be vaccinated will have access to it.
Age groups vaccinated 1/27-2/9

AGE GROUPS VACCINATED

- 65-97: 70%
- 50-64: 27%
- 23-49: 3%
Patients’ financial class

- Medicaid-Mgd Care Cap: 24%
- Medicaid-Mgd Care FFS: 13%
- Medicaid-Non-Mgd Care: 2%
- Medicare-Mgd Care FFS: 30%
- Medicare-Non-Mgd Care: 16%
- Private-Non-Mgd Care: 13%
- Self Pay: 2%
Race/ethnicity of 1st dose vaccine patients

- White: 34%
- Asian: 22%
- Latinx: 28%
- Black: 8%
- Native Hawaiian: 3%
- Pacific Islander: 2%
- More than one race: 2%
- American Indian/Alaskan Native: 12%
- Declined to specify: 0%
Vaccination proportions relative to patient encounters

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>VACCINATED PATIENTS</th>
<th>2020 ENCOUNTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>4</td>
<td>2768</td>
</tr>
<tr>
<td>More than one race</td>
<td>21</td>
<td>9485</td>
</tr>
<tr>
<td>Asian</td>
<td>231</td>
<td>34454</td>
</tr>
<tr>
<td>Black</td>
<td>87</td>
<td>38799</td>
</tr>
<tr>
<td>Declined to specify</td>
<td>25</td>
<td>11104</td>
</tr>
<tr>
<td>Latinx</td>
<td>354</td>
<td>64284</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>2</td>
<td>467</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>24</td>
<td>9322</td>
</tr>
<tr>
<td>white</td>
<td>291</td>
<td>74982</td>
</tr>
<tr>
<td>Total</td>
<td>1039</td>
<td>245665</td>
</tr>
</tbody>
</table>
Who administers the most vaccinations? The @TheGrahamCenter finds #PrimaryCare (and community pharmacies) provide most. Primary care teams, including primary care APPs, are well equipped to expedite the current COVID-19 vaccine plan #ThisIsOurShot
deeper.lib.umich.edu/handle/2027.42...
Key Informant Interview

Some of the concerns (in the community) are that the vaccine was developed too fast, that it will be costly, and that it will have potential side effects/allergies

The community fears of "public charge" and it'll affect their chances to legalize their immigration status

"The community believes there is lack of information regarding COVID-19 vaccine"

"Most of our Hispanic community at Midway are uninsured, don't speak English, (and there are) no such thing as preventive services in their culture"

"30% of patients at Midway diagnosed with DM and HTN are Hispanics"

"We need easy and reliable and translated material available for our patients"

"Religious beliefs play a strong role, and believes that a higher power will save us and conspiracy theories"
Thank you!

Questions?
Liza Perpuse, MD
HealthPoint
Specialty Director of Refugee and Multicultural Health
Clinical and Site Medical Director at HealthPoint SeaTac
lperpuse@healthpointchc.org
Afghan Health Initiative
Promoting Health through Lived Experience

COVID-19 Vaccination & Outreach in the Afghan Immigrant and Refugee Community in King County
• Afghan Health Initiative (AHI), is a grassroots 501c3 non-profit organization in the State of Washington founded by current and former immigrants and refugees who were trying to navigate the complexities of their new lives.

• AHI was founded by current and former refugees, public health practitioners, educators, and community leaders to help immigrant and refugee communities maximize their potential toward a better future while acculturating into their new lives in the United States.
Mission

AHI provides culturally proficient and linguistically appropriate social support services and health promotion and advocacy to low-income new refugees from Afghanistan as well as other immigrant and refugee communities in King County.

AHI’s mission is to serve the immigrant and refugee population in Washington State by promoting community-based public health interventions which target social determinants of health thereby increasing equal access to health, education, and economic independence.

Afghan Health Initiative holds a strong commitment to ensure the voices of Afghan and other refugee populations are not only heard and counted in data, but their needs are known and met through equitable culturally and linguistically appropriate preventative health and social services.
Perception and Response to COVID-19 Vaccines in the Community
Pre-Vaccine Listening Session Results

Over three listening sessions (n=30), we asked community members about their thoughts regarding the upcoming COVID Vaccine.

- Trials too Quick and therefore unsafe*
- Government will make it mandatory, I don’t want to have my freedom of choice taken away
- Lack of awareness re: vaccine trial process in the USA*
- Vaccines uncommon in Afghanistan*
- Religion- relying on faith, not science
- COVID is a hoax, therefore vaccine is unnecessary
- Vaccines are not halal*

Consensus: Not enough information from trusted sources
Post-Vaccine Rollout Listening Session Results (n=65)

- **Vaccine Hesitation**
  - Safety: trials too quick and therefore unsafe*
  - Lack of awareness re: vaccine trial process in the USA*
  - Vaccines uncommon in Afghanistan*
  - Religion: relying on faith, not science*
  - Vaccines are not halal*

- **Vaccine Acceptance**
  - A chance for normalcy
  - PCP + others got it and are fine
  - More in-language information and videos addressing misinformation available
  - Direct answers from medical professionals addressing community hesitations

Consensus: efforts are helping people make informed decisions. Still much work to do.
COVID-19 VACCINE EFFORTS
Equitable Information Access

- Community Conversations
- Listening Sessions
- Social Media: Facebook, Messenger, WhatsApp, Instagram
- In Language Information
  - Videos
  - Translated timely information
Addressing Systems Mistrust

Bridging community and systems through:

Information Sessions / Q&A Sessions, Community Conversations

• King County Public Health
• HealthPoint
Dispelling Stigma, Myths, and Vaccine Hesitation through:

• Social Media Campaigns
• Mobilizing Community and Religious Leaders
• Tabling at the Community Center
Bringing Vaccines to the Community

- Partnering with Safeway & Albertson’s Foundation to provide weekly vaccines- location across from the Mosque after prayers.
- Planning for mass vaccination vents at our community centers as we move through phases of vaccination
Lessons Learned

• Most successful efforts when meeting community where they are at:
  • Community Center & Mosques
  • Mobilizing community and religious leaders
  • Social Media for some
  • Culturally appropriate listening sessions, all female or all male identifying sessions

• Challenges
  • Wide range of technology access and literacy
  • More education needed in communities who immigrated from isolated villages and those less exposed to traditional forms of medicine
  • Not enough language access efforts, more information is being pushed out in English than can be translated
Thank you!

Website: www.afghanhealth.org

Email: info@afghanhealth.org

Phone: +1 253-237-6214