

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.

Washington State Refugee Advisory Council Members

Benton-Franklin Counties

Nesreen Al Muzayaen, co-chair
Kennewick School District

Amira AlSalami
World Relief- Tricities

King County

Demitu Argo
TRAC Associates

Emmanuel Ndayiseng
International Rescue Committee

Lenny Orlov
City of Seattle, Aging & Disability

Snohomish County

Dina Prigodich
Lutheran Community Services NW

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Refugee and Immigrant Services NW

Clark County

Margarita Marochkina
Partners in Careers

(Vacancy)

Pierce County

Mouammar Abouagila
Lutheran Community Services NW

Jason Scales, co-chair
Tacoma Community House

Spokane County

Patricia Catañeda
World Relief – Spokane

Marijke Fakasiieiki
Refugee Connections Spokane

Thank you!

Office of Refugee & Immigrant Assistance

Economic Services Administration

Washington State Department of Social and Health Services

((C) 360-890-0691 / sarah.peterson@dshs.wa.gov

Transforming
Lives



Washington State
Department of Social
& Health Services

Transforming lives

Washington State Department of Social and Health Services



REFUGEE HEALTH & COVID-19

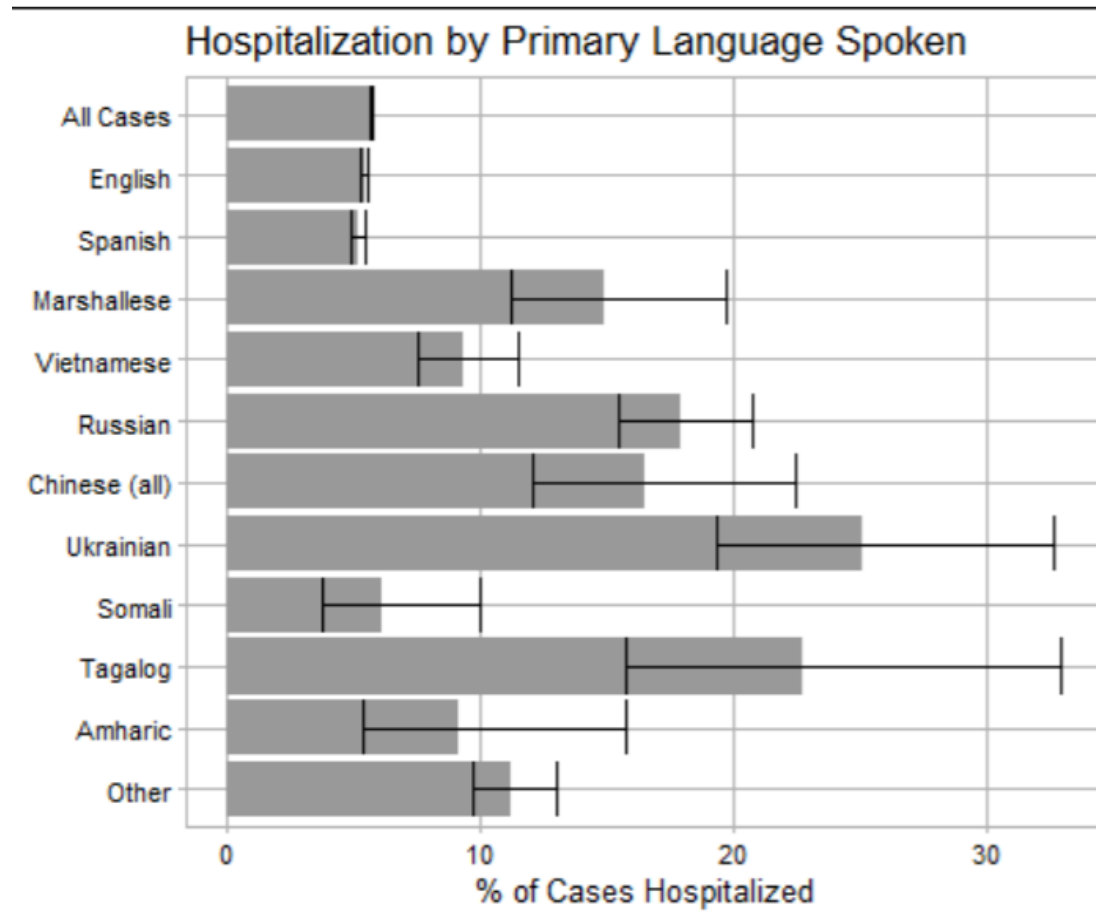
Washington State Department of Health

COVID-19 Cases, Hospitalizations and Deaths by Race/Ethnicity

COVID-19 Cases, Hospitalizations, and Deaths by Race/Ethnicity				
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.9x	0.7x	1.1x	1.3x
Hospitalization ²	3.7x	1.1x	2.9x	3.2x
Death ³	2.4x	1.0x	1.9x	2.3x
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.				

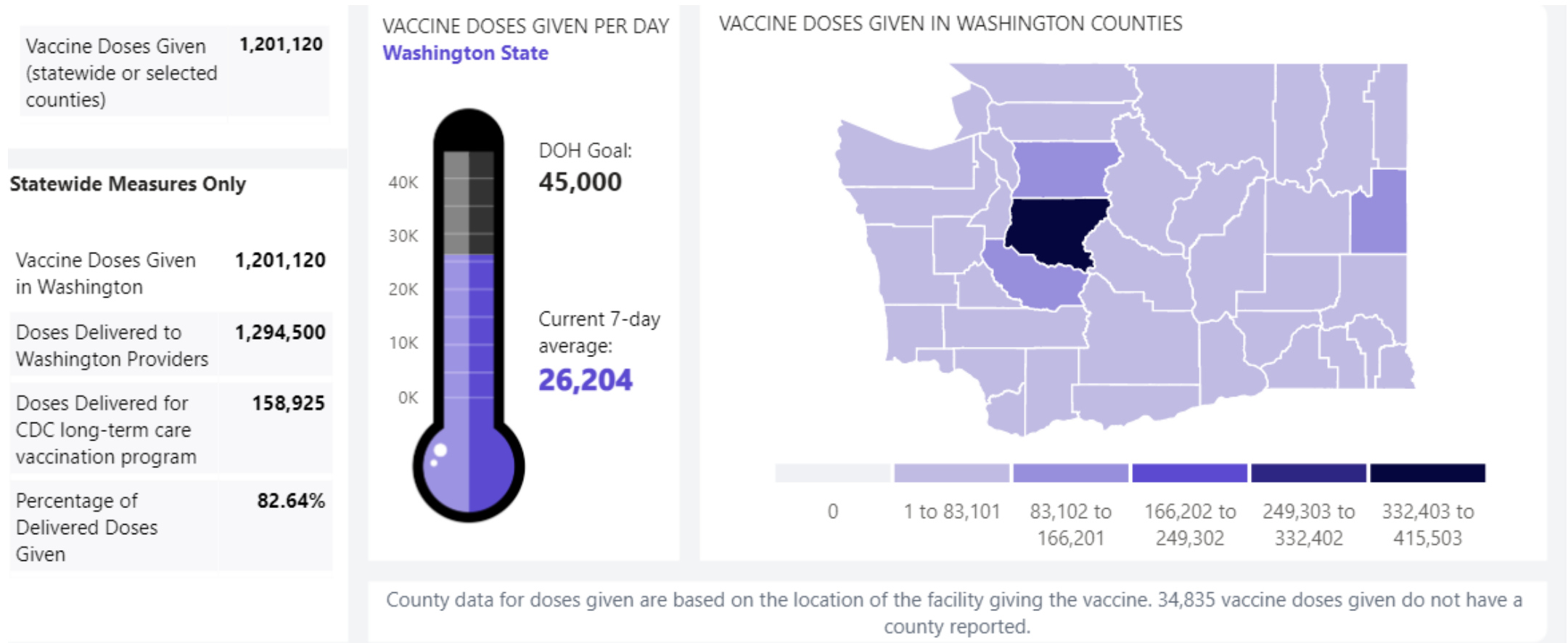
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/covid-data/hospitalization-death-by-race-ethnicity.pdf>

Hospitalization by Primary Language Spoken



Source: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/COVID-19MorbidityMortalityRaceEthnicityLanguageWAState.pdf>

COVID-19 Vaccine Data Dashboard (updated 2/15/2021)



Source: <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

National Resource Center for Refugee, Immigrant and Migrant Communities: COVID-19 Prevention and Mitigation

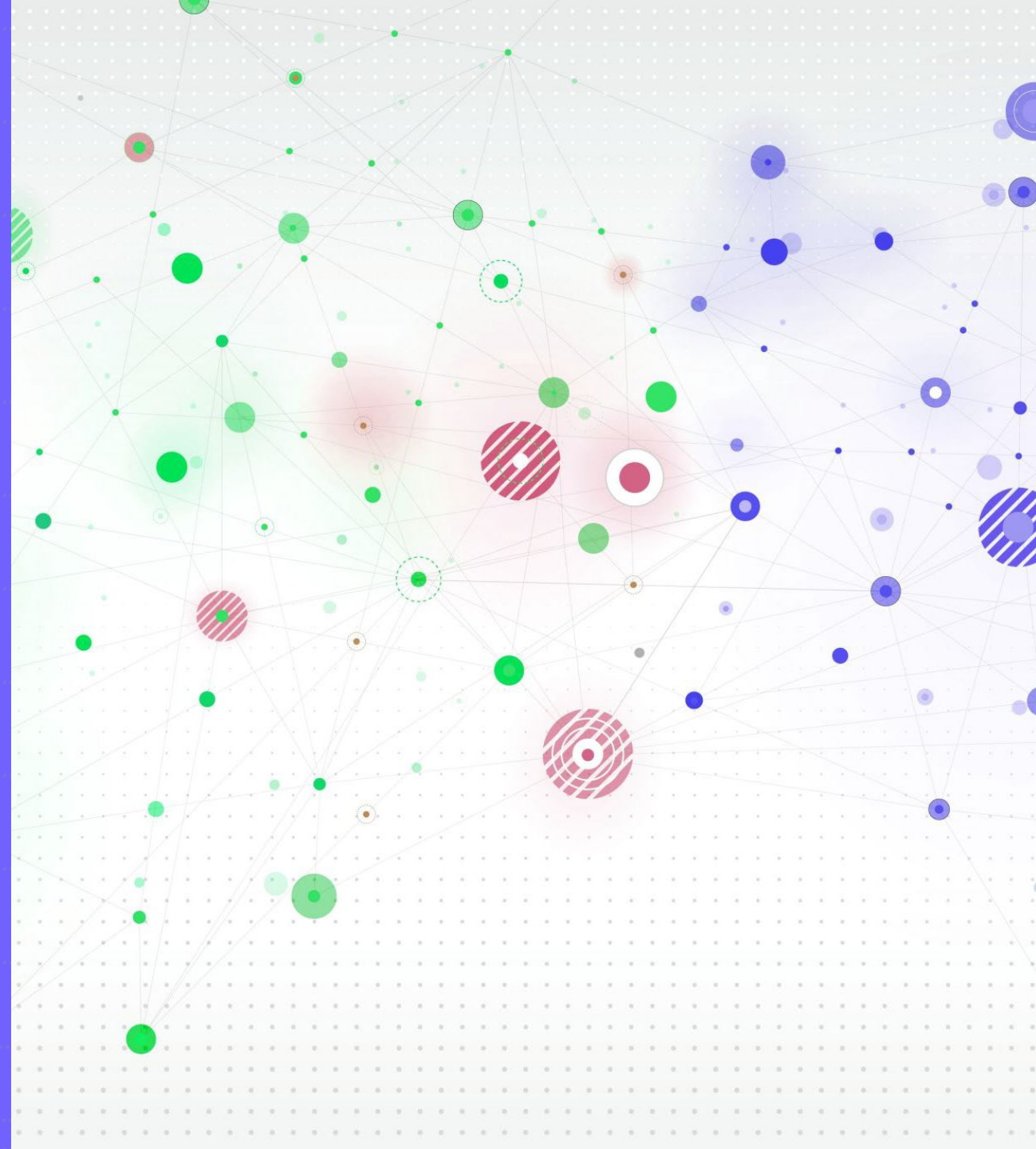
Elizabeth Dawson-Hahn, MD, MPH

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!

Key Activities



Health Education & Communication



Training



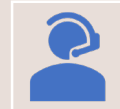
Promising Practices



Share & Disseminate Resources



Pilot Projects



Technical Assistance

Health Promotion and Education

Build Your Own Campaign



NRC-RIM

National Resource Center for
Refugees, Immigrants, and Migrants

"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."

CDC + UMN + IDEO.ORG

A GUIDEBOOK



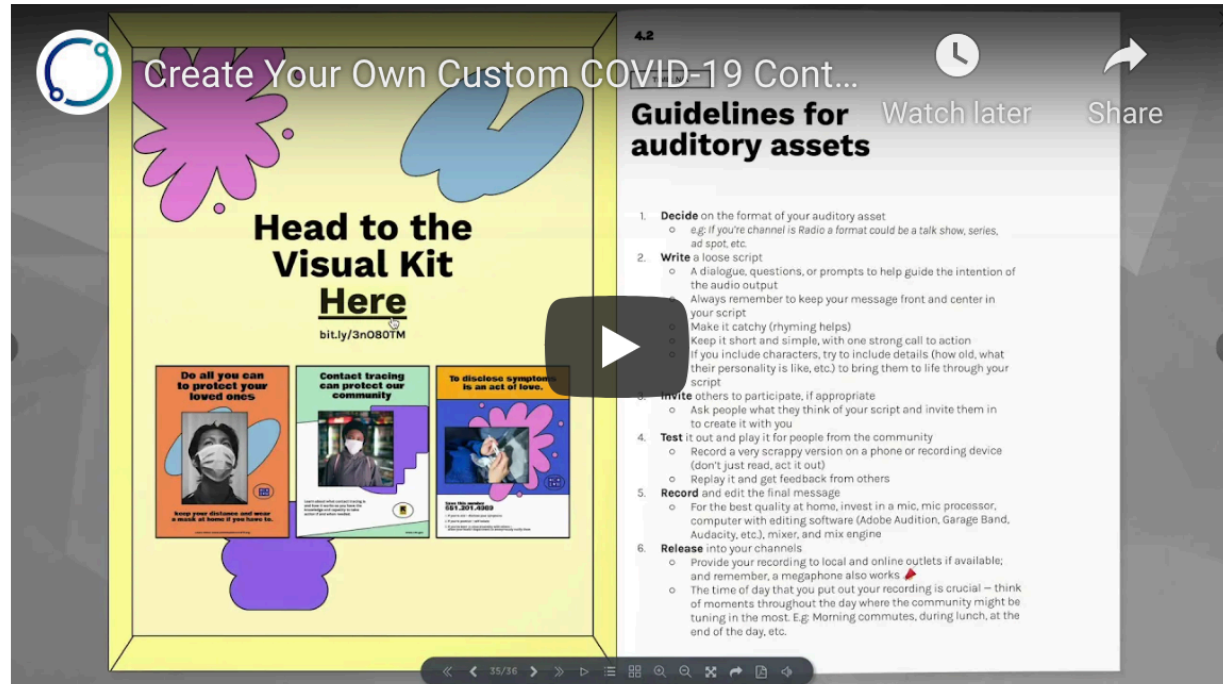
Community- Led Messaging for COVID-19 Contact Tracing

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 >**

Back to top ^



Video Booth Service



Research



Filming



Editing



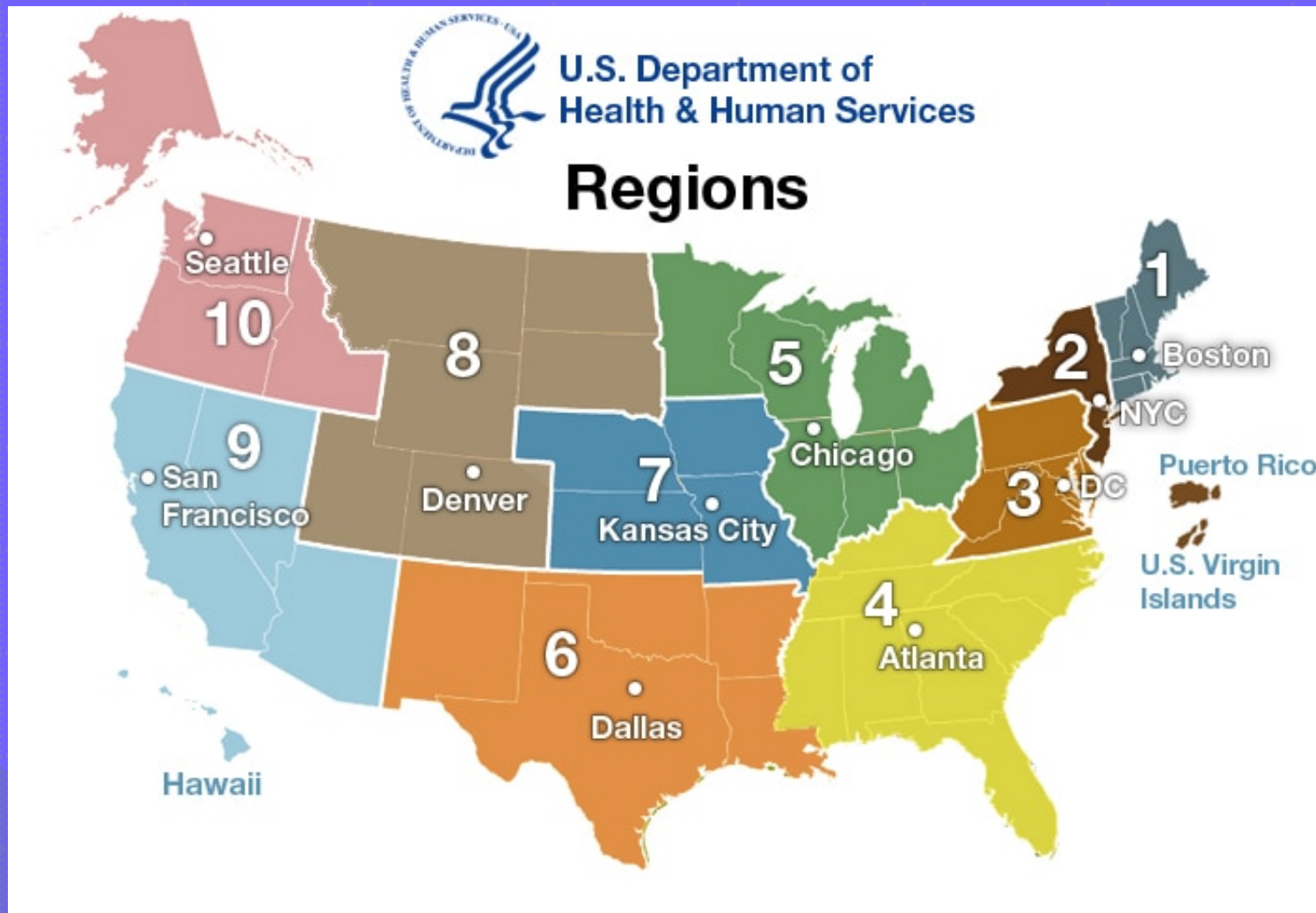
Distribution

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

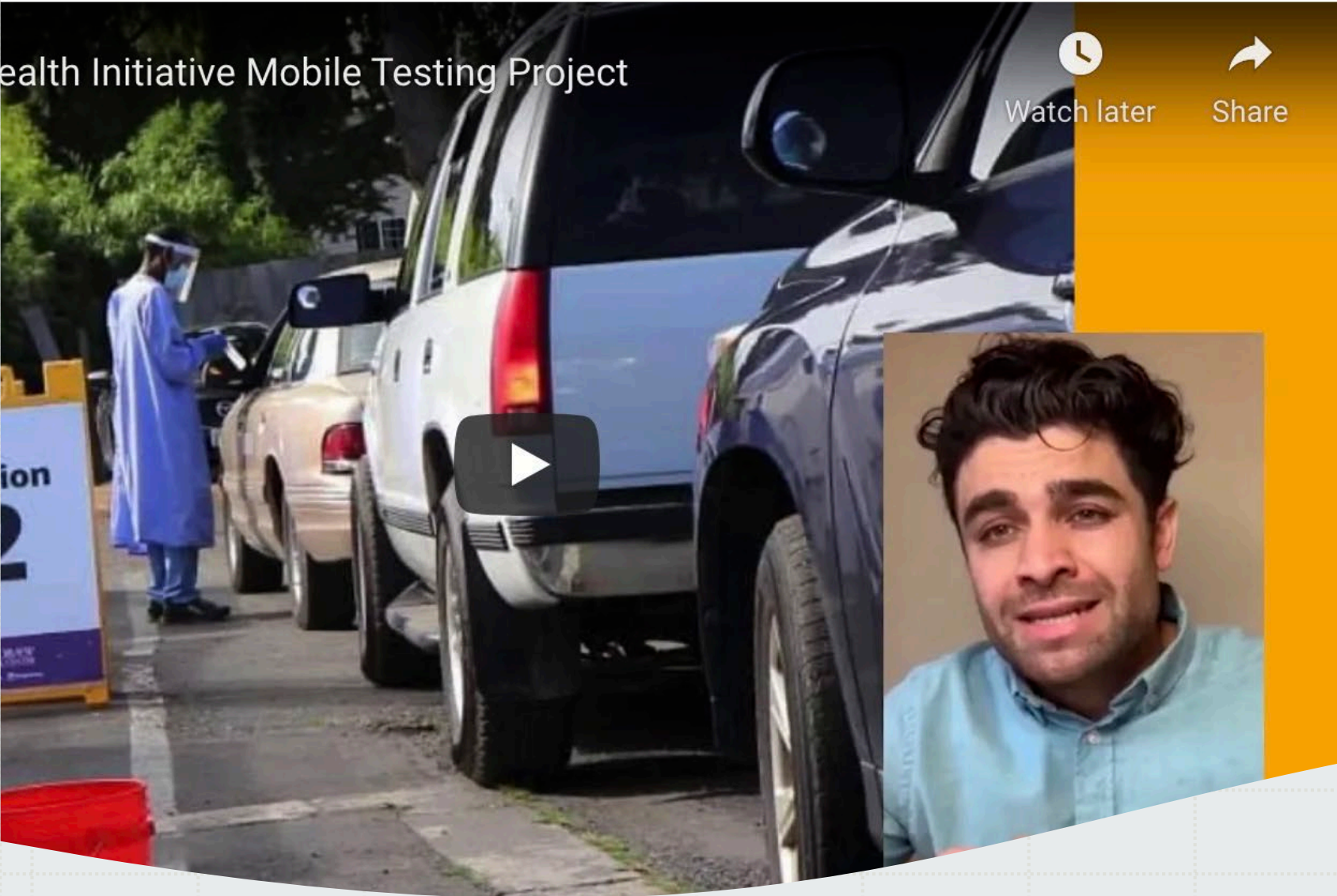




Toolkits

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



*Sometimes when we
into an apartment*

Promising Practices



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.

Translated Materials Library



Search by:
-language
-topic
-resource type

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.

Vaccine Central

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

Shailey Prasad, Co-PI

Syreeta Wilkins, Communications Strategist

Sayeeda Karim, Program Coordinator

Kate Yun

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CDC – Immigrant, Refugee, and Migrant Health
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WA DOH

SKCPH

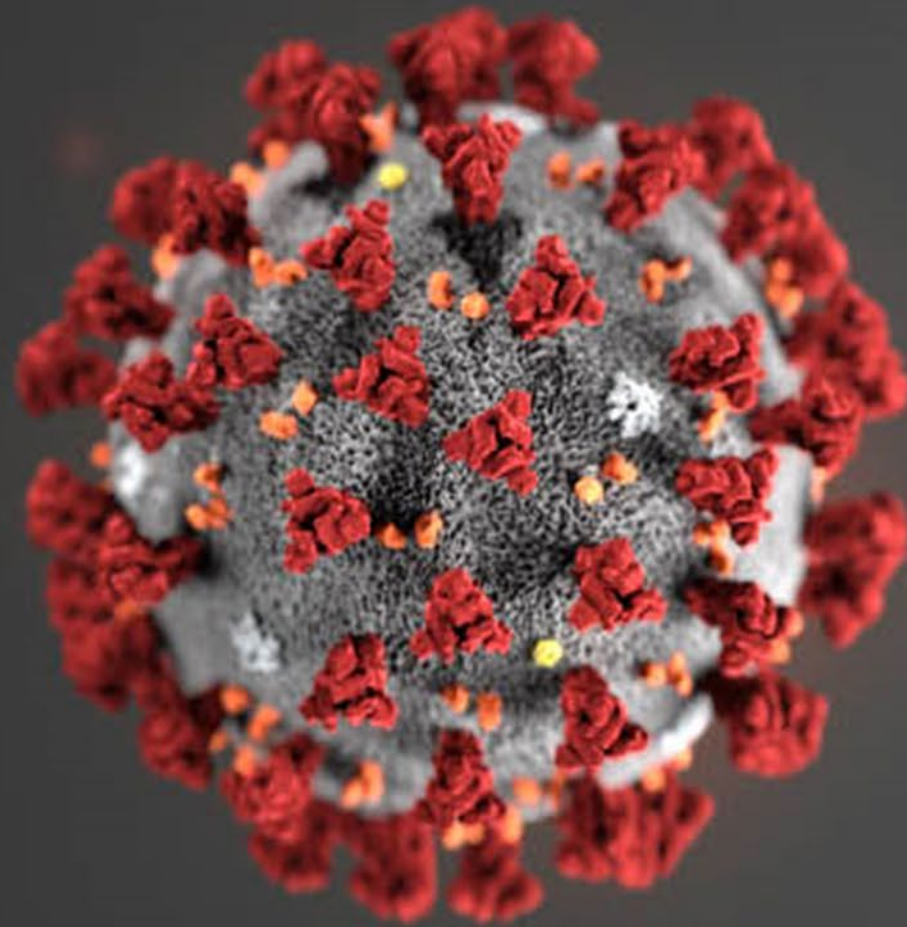
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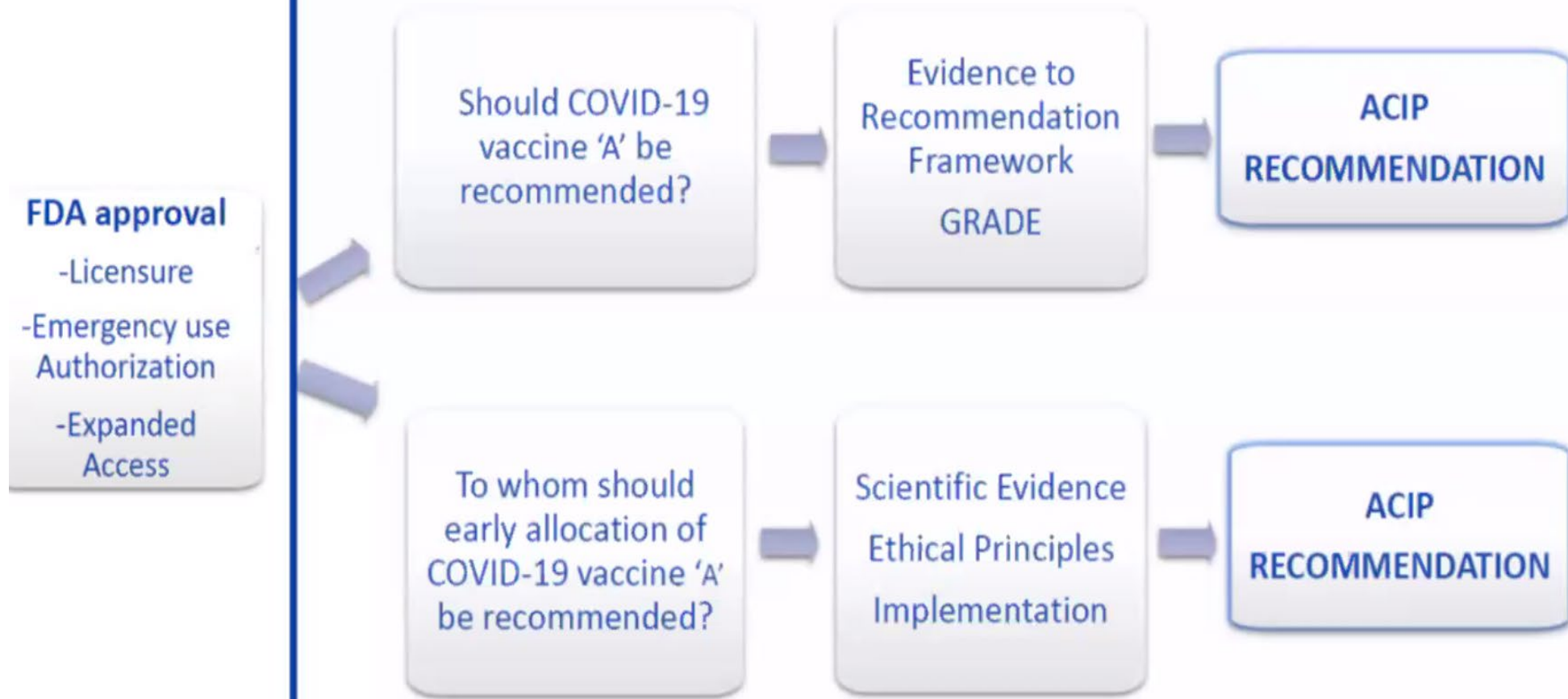
COVID Vaccine Update
Refugee Advisory Committee Meeting
February 19, 2021

<https://www.doh.wa.gov/Newsroom/Articles/ID/2366/Update-on-COVID-19-vaccine-distribution-planning-progress-in-Washington-State>.

FDA VACCINE DEVELOPMENT + APPROVAL PROC'
CDC VACCINE SAFETY MONITORING + RESF'

<http://www.haccin.org/eng/engindex.htm>

ACIP Pathway to Recommendation



VAERS is the nation's early warning system for vaccine safety



VAERS

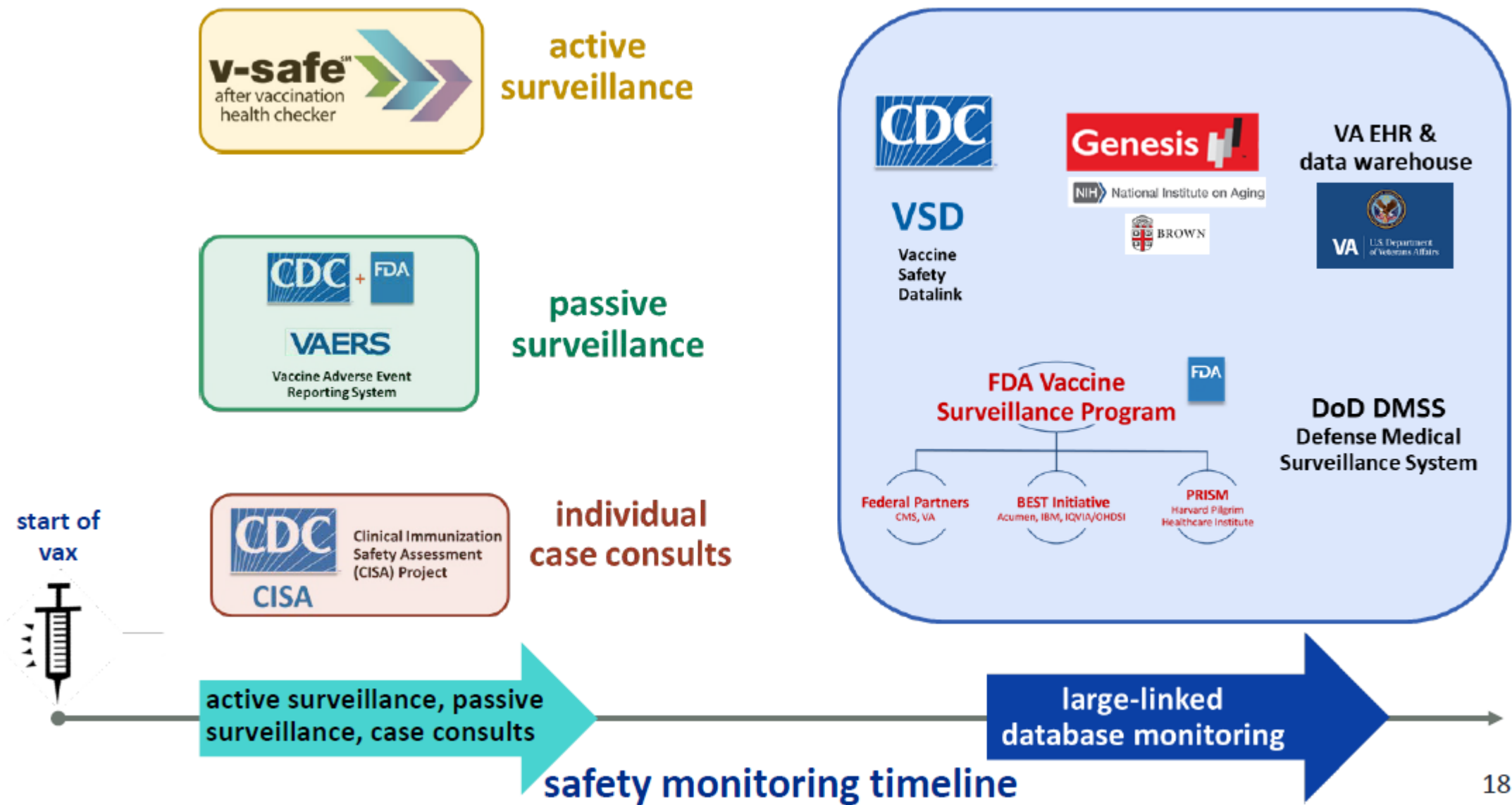
Vaccine Adverse Event
Reporting System

Co-managed by
CDC and FDA

<http://vaers.hhs.gov>



The screenshot shows the VAERS (Vaccine Adverse Event Reporting System) website. At the top, the VAERS logo is followed by the text "Vaccine Adverse Event Reporting System" and the URL "www.vaers.hhs.gov". Below this is a navigation bar with links: "About VAERS", "Report an Adverse Event", "VAERS Data", "Resources", and "Submit Follow-Up Information". The main content area features a large heading "Have you had a reaction following a vaccination?" with two numbered steps: "1. Contact your health care provider." and "2. Report an Adverse Event using the VAERS online form or the new downloadable PDF. *New!*". A blue-bordered box contains an important note: "Important: If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified healthcare provider." Below this is a Spanish version of the same text. To the right of the text is a photo of a family (father, mother, and two children) looking at a laptop. Below the photo is the heading "What Is VAERS?". At the bottom, there are four tiles: "REPORT AN ADVERSE EVENT" (with a photo of a doctor and patient), "SEARCH VAERS DATA" (with a photo of hands using a tablet), "REVIEW RESOURCES" (with a photo of a woman reading), and "SUBMIT FOLLOW-UP INFORMATION" (with a photo of a woman at a computer).



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Resources

cdc.gov/vsafe

cdc.gov/coronavirus/2019-ncov/vaccines/safety/troubleshooting

cdc.gov/coronavirus/2019-ncov/vaccines/safety/faq

New York Times Vaccine Tracker

Coronavirus Vaccine Tracker

By Carl Zimmer, Jonathan Corum and Sui-Lee Wee Updated Feb. 18, 2021



<https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html#astrazeneca>

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



Fighting the pandemic has been hard, but now we have two vaccines to protect us from 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.

Getting Vaccinated for COVID-19

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.

The vaccines contain the active ingredient, messenger RNA (mRNA), along with fat, salts, and sugars to protect the mRNA and help it work better in the body.

You must be at least 16 years old to get the Pfizer-BioNTech vaccine and 18 years old to get the Moderna vaccine.

What are the side effects?

It is common to have side effects one or three 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
that DO NOT occur because
of vaccination:

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
that ARE similar to
COVID-19 symptoms:

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
that DO NOT occur with
COVID-19 illness:

**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://www.covidvaccineWA.org)



DOH 820-124 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

- Washington State Department of Health:
<https://www.doh.wa.gov/>.
- COVID Vaccine Email
 - COVID.Vaccine@doh.wa.gov



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.



EQUITY & ENGAGEMENT

Vaccine Allocation and Distribution

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 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

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

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

 October 2020
 Ongoing

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

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

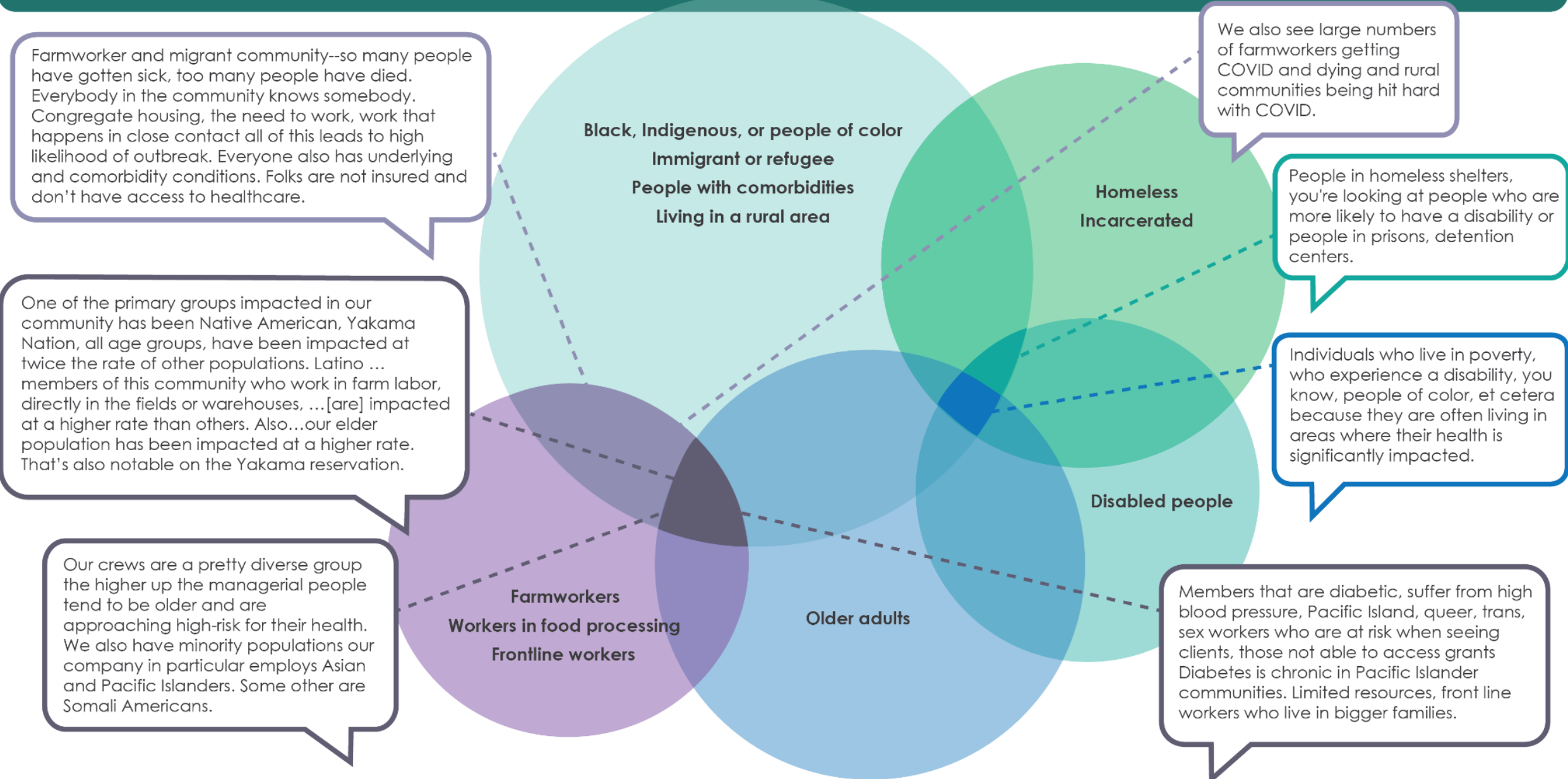
Disproportionately Impacted Communities ¹	Essential Sectors, Services Sectors, and Industries	Health Care and Public Health Partners	Other High Priority Communities, Groups, and Sectors
Black/African American community	Essential and front-line workers	Local Health Jurisdictions	Children with special health care needs
Asian/Asian American community	Agricultural sector	Community health clinics	Youth
Native American	Migrant workers	Community Health Workers and promotoras	Youth in foster care
Native Hawaiian and other Pacific Islanders community	Farmworkers	Behavioral health and substance use disorder services	College and university students
Marshallese, Micronesian, and COFA (Compact of Free Association) communities	Seafood industry		Parents
	Food bank services	Community blood centers	Early learning and early childhood
	Business community	Rural medical services	LGBTQ+ community
	Public transportation	Pharmacy	Rural communities
Latinx community	Hospitality industry	Post-acute and Long-Term Care	Border communities
Immigrant and refugee communities	Public utilities	Veterinary care	Sub-urban communities
Asian diaspora	Parks and recreation		Faith-based communities
African diaspora	Technology sector		Veterans
Latin American diaspora			Women
Former Soviet Union (FSU) diaspora			
Undocumented communities			
People with underlying health conditions			
Older adults			
Pregnant people			
Individuals with disabilities			
People experiencing homelessness			
People who are incarcerated			
Low-income communities			
Uninsured communities			

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



“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

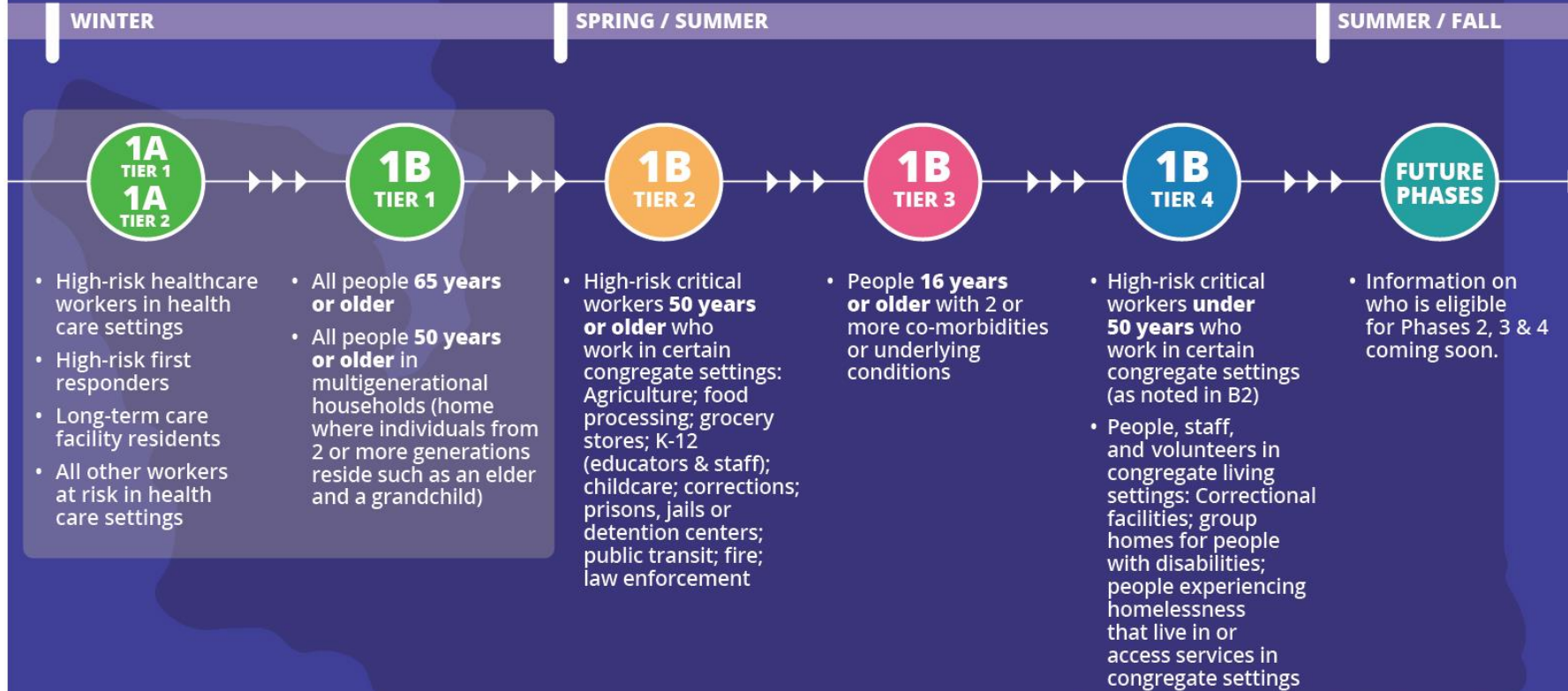
Vaccine Prioritization & Allocation

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**



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.

**Vaccinate
WA**

CovidVaccineWA.org

Q 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:

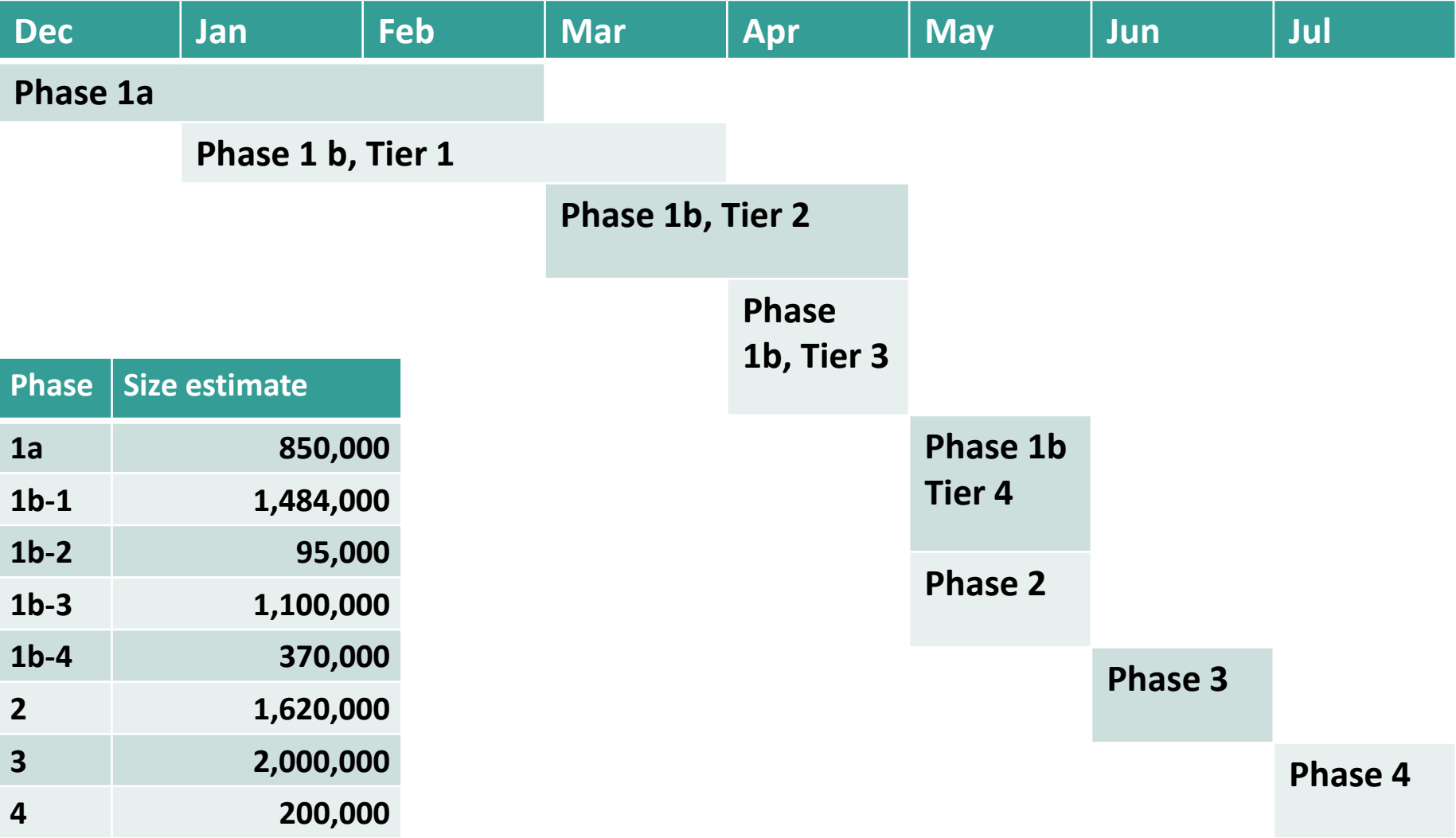
A person over 50 who:

- 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

WA State COVID-19 Best Guess Supply & Phase Projections

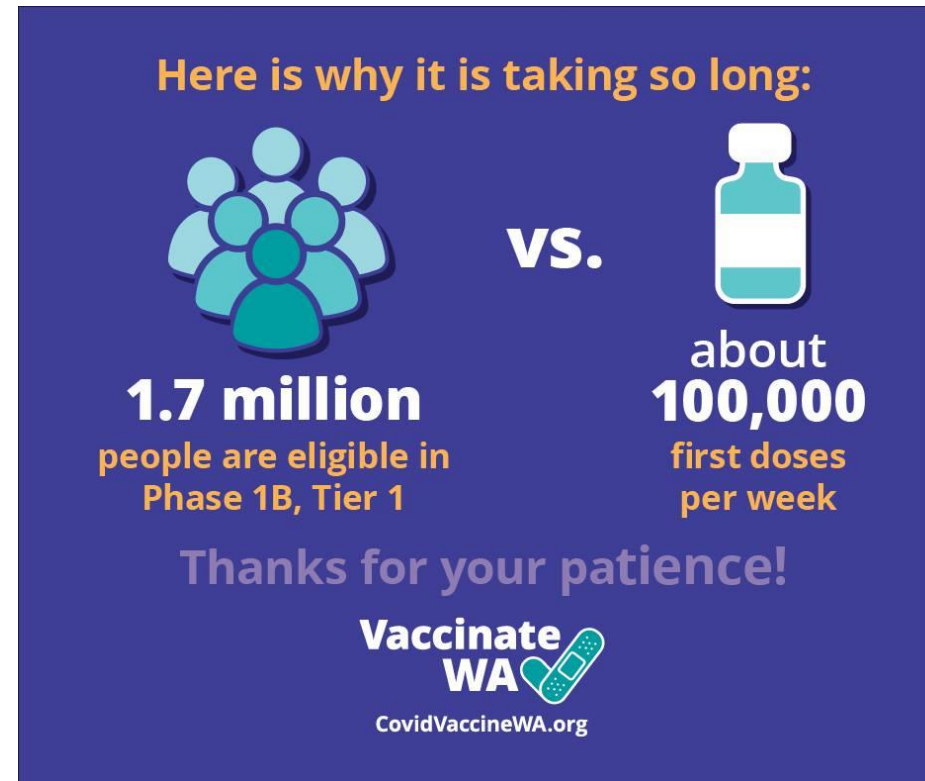


Washington Plan for Increased Vaccinations

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

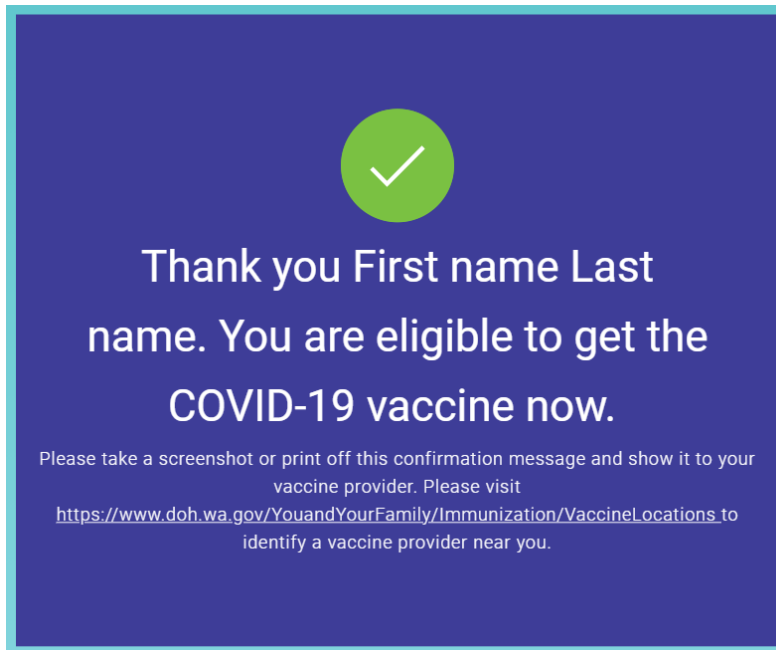
Mass Vaccination Clinics in:

- Benton-Franklin
- Chelan
- Clark
- Spokane



Getting an appointment

1. Visit our [Phase Finder web form](#).
2. View a list of [vaccine locations](#).



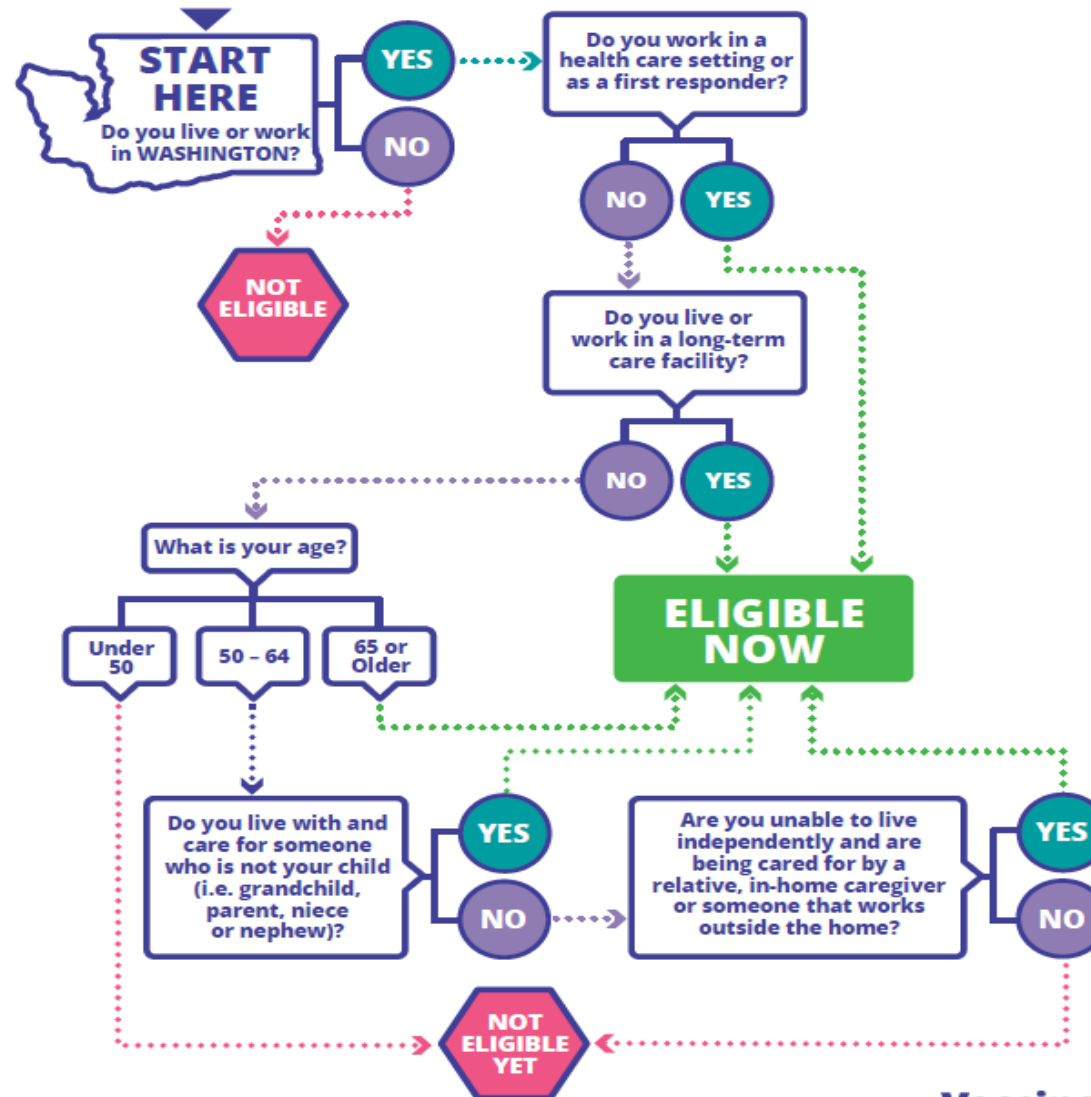
1. Dial 1-800-525-0127, then press #. Language assistance is available. The hotline will complete Phase Finder and will provide contact information for vaccine sites.
2. Ask for the hotline to add your cell phone to PhaseFinder if you have text messaging.
3. Call the sites to get an appointment.
4. At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

PhaseFinder: Additional Languages

Language	Vanity URLs for print materials	Actual URLs	Vaccine Locations
Simplified Chinese	FindYourPhaseWA.org/simplifiedchinese	https://form.findyourphasewa.org/210397572917969?language=zh-CN	https://doh.wa.gov/VaccineLocations?lang=zhs
Traditional Chinese	FindYourPhaseWA.org/traditionalchinese	https://form.findyourphasewa.org/210397630653961?language=zh-TW	https://doh.wa.gov/VaccineLocations?lang=zht
Vietnamese	FindYourPhaseWA.org/vietnamese	https://form.findyourphasewa.org/210397149017960?language=vi	https://doh.wa.gov/VaccineLocations?lang=vi
Russian	FindYourPhaseWA.org/russian	https://form.findyourphasewa.org/210397898575980?language=ru	https://doh.wa.gov/VaccineLocations?lang=ru
Tagalog	FindYourPhaseWA.org/tagalog	https://form.findyourphasewa.org/210398068441962?language=fil	https://doh.wa.gov/VaccineLocations?lang=tl
Hindi	FindYourPhaseWA.org/hindi	https://form.findyourphasewa.org/210397607726966?language=hi	https://doh.wa.gov/VaccineLocations?lang=hi
Somali	FindYourPhaseWA.org/somali	https://form.findyourphasewa.org/210397692818972?language=so	https://doh.wa.gov/VaccineLocations?lang=so
Korean	FindYourPhaseWA.org/korean	https://form.findyourphasewa.org/210397139517964?language=ko	https://doh.wa.gov/VaccineLocations?lang=ko

ARE YOU CURRENTLY ELIGIBLE FOR THE COVID-19 VACCINE?

This chart will be updated as we move into future eligibility phases.



As we get more vaccine in the state, more people will be able to get vaccinated. Thank you for your patience!

Phase Finder:
Paper-based
option

Planned Translations: Any other languages to add?

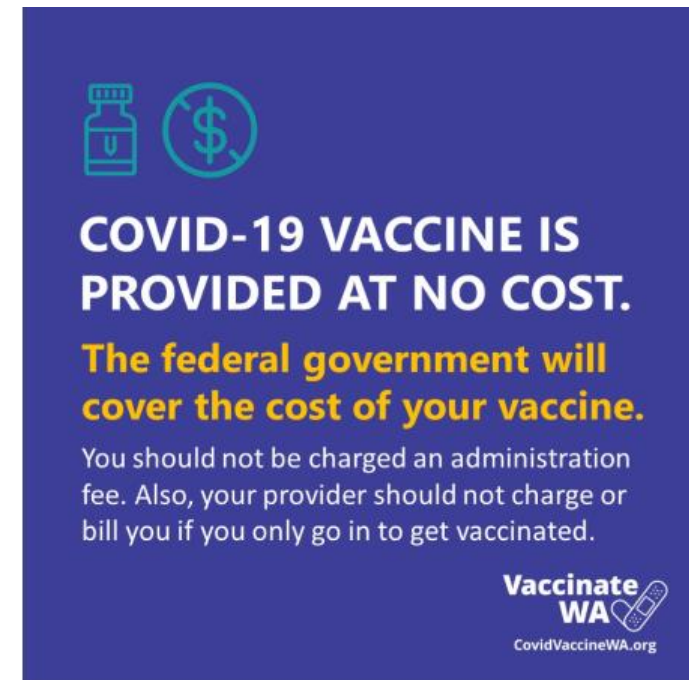
1. Spanish	11. Chinese (simplified)	21. Romanian	31. German
2. Vietnamese	12. Chinese (traditional)	22. Tigrinya	32. Burmese
3. Russian	13. Marshallese	23. Farsi	33. Thai
4. Ukrainian	14. Samoan	24. Tamil	34. Oromo
5. Tagalog	15. Hindi	25. French	35. Karen
6. Somali	16. Amharic	26. Nepali	36. Portuguese
7. Korean	17. Japanese	27. Hmong	37. Dari
8. Arabic	18. Telugu	28. Chuukese	38. Pashto
9. Punjabi	19. Urdu	29. Mixteco	
10. Khmer	20. Lao	30. Swahili	

Cost

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.

Type of Insurance	Coverage	Notes
Private Insurance (fully insured and self-funded) <i>*this also includes those who might be considered underinsured, like those with high-deductible plans</i>	Full coverage, without cost-sharing	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).
Uninsured	Full coverage, without cost-sharing	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).
Medicare	Full coverage, without cost-sharing	Centers for Medicare & 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.
Medicaid	Full coverage, without cost-sharing	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.

References:

1. §4203 CARES Act: <https://www.congress.gov/bill/116th-congress/senate-bill/3548/text?q=product+actualizaci%C3%B3n>
2. CMS Interim Final Rule: <https://www.cms.gov/files/document/covid-vax-ifc-4.pdf>



DOH 348-775 December 2020

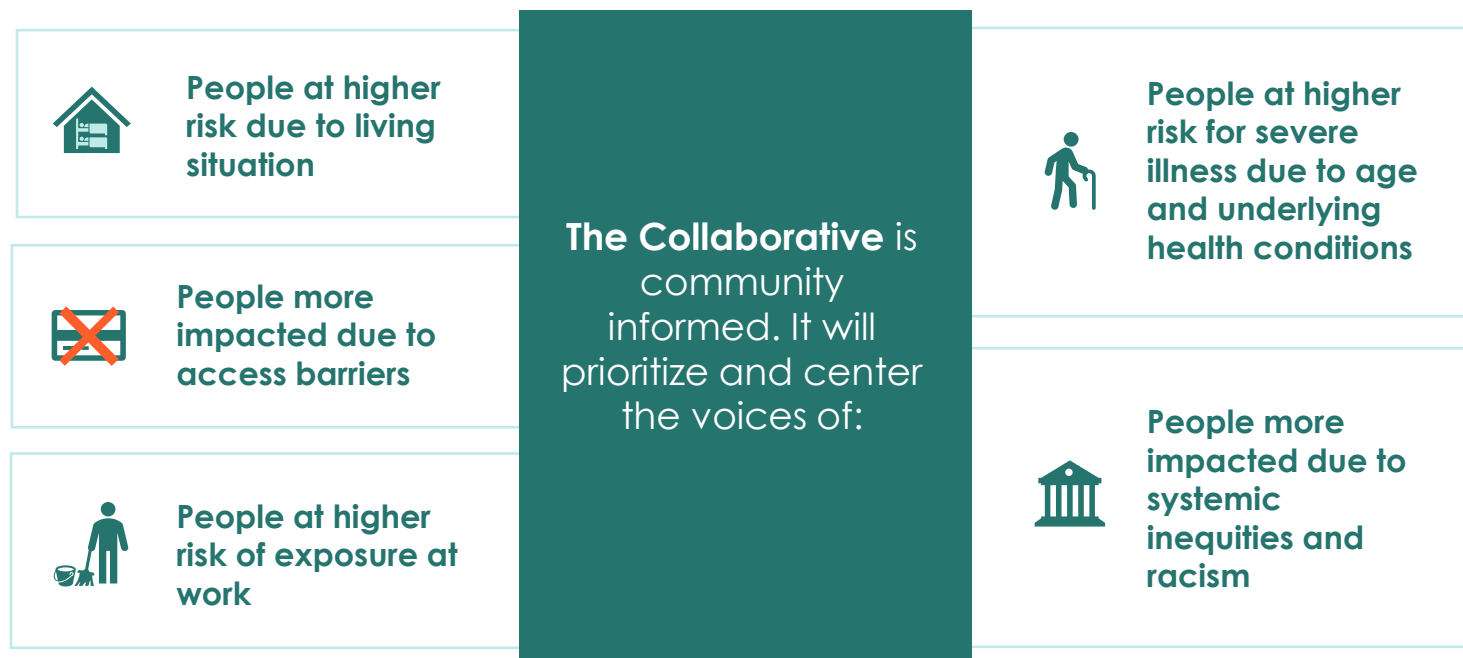
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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**





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

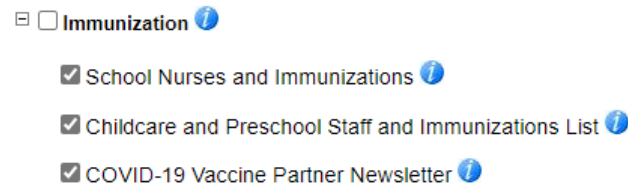
Hang Ngo, Community Outreach Consultant Hang.Ngo@doh.wa.gov

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.”




- [Search COVID-19 Materials by Language](#)
- COVID Vaccine webpage
 - <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>
- [Mass vaccination sites](#)
- [Phase Finder](#)
- [Vaccine locations webpage](#)
- Provider Resource Page (Enrollment & Toolkit)
 - <https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/VaccineInformationforHealthcareProviders>
- [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>
- COVID-19 Vaccine Inbox:
 - 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
- 
- Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.


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
- 
- Several white lines of varying lengths and orientations are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.


SCREENING FOR COVID-19

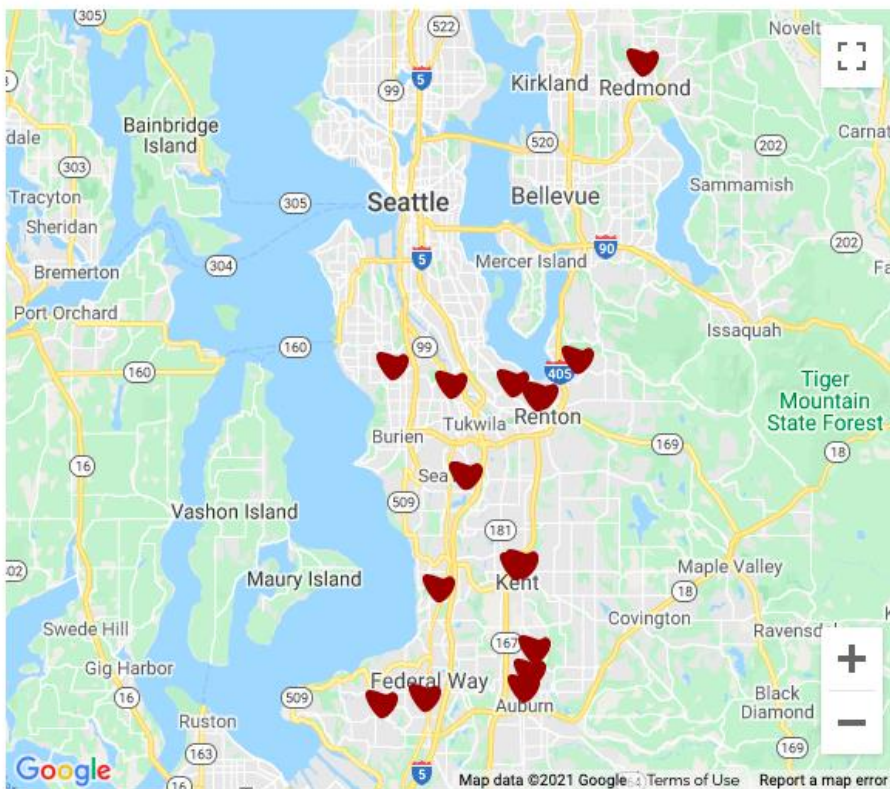
- ▶ Since the beginning, we have been a testing site
 - ▶ We have been involved in screening campaigns for several outbreaks within the immigrant community including Russian, Burmese and Marshallese
- 
- A series of white diagonal lines of varying lengths and thicknesses are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

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
- 
- Several white lines of varying lengths and orientations are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

HOT OFF THE PRESSES

- ▶ 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
- 
- A series of white diagonal lines of varying lengths and thicknesses are positioned on the right side of the slide, extending from the middle towards the bottom right corner.



HealthPoint

Community Health Center

Liza Perpuse, MD
RAC Meeting
February 2021

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

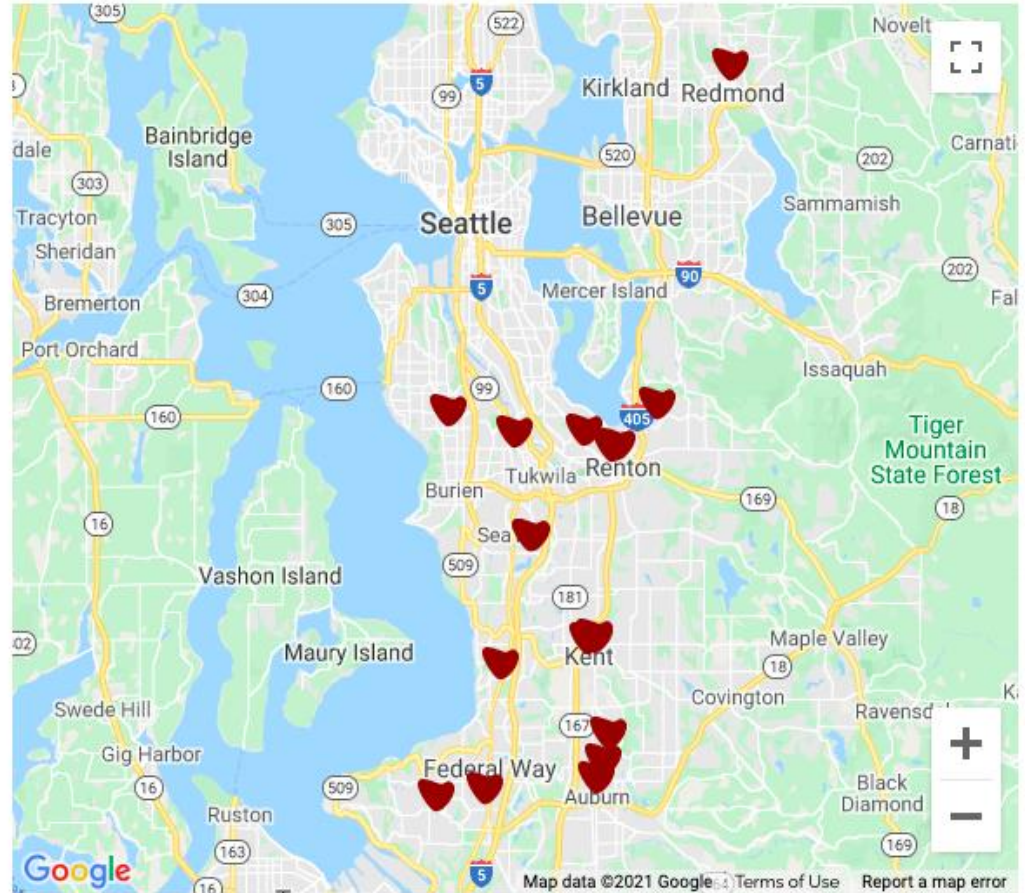
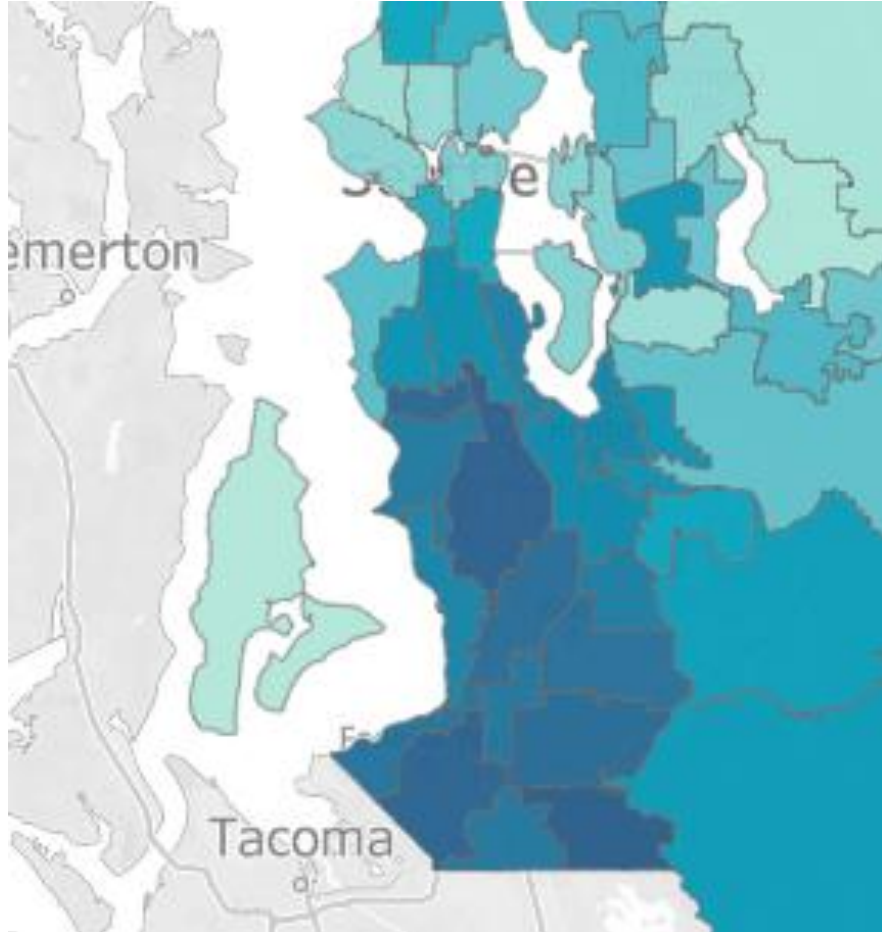


COVID-19 Testing Information

Find options to get tested and answers to common questions.

[Learn More](#)

Rate of Positive Cases





COVID-19 Testing Tracker - % Positive Demographics

Change Denominator To:

All Positive

All

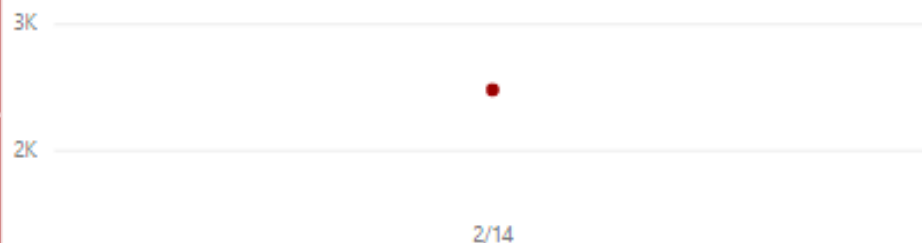
Total Positive

16

Total % Positive

14.5%

Cumulative Positive by Date ↕Week ↕Month



Positive by Date ↕Week ↕Month



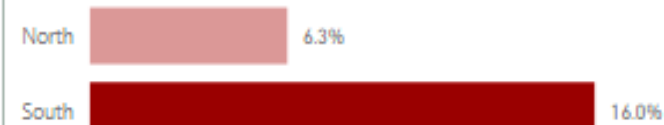
IsPatient



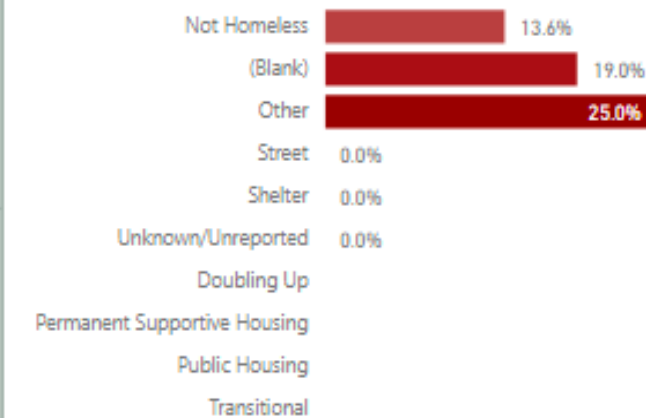
Sex



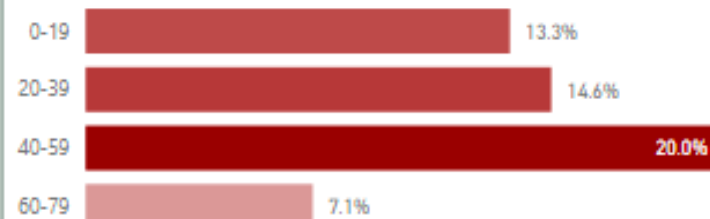
Region/Program



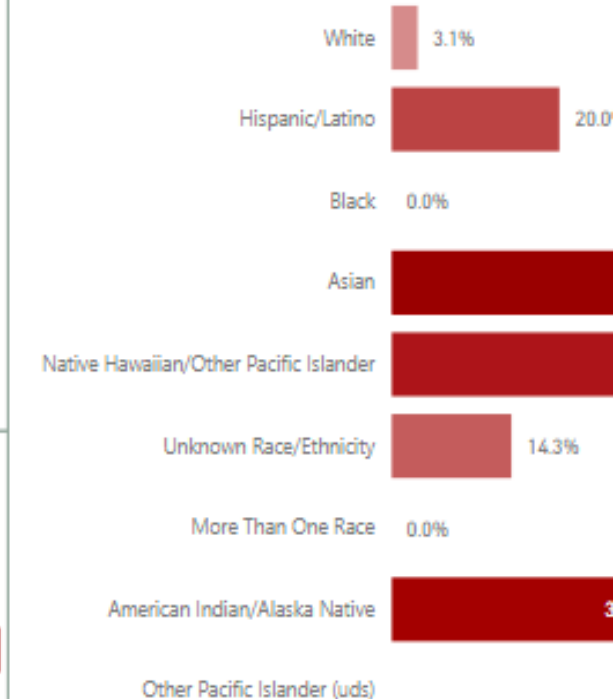
Housing*



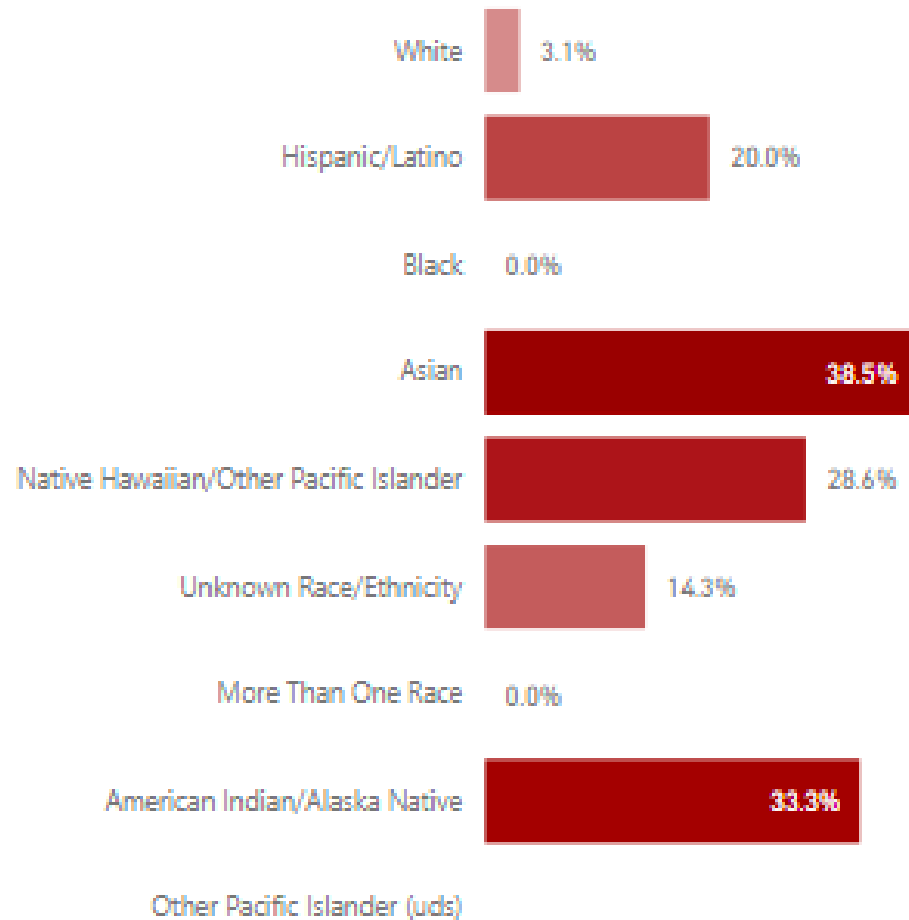
Age Group



Ethnicity&Race* ↕Ethnicity* ↕Race*



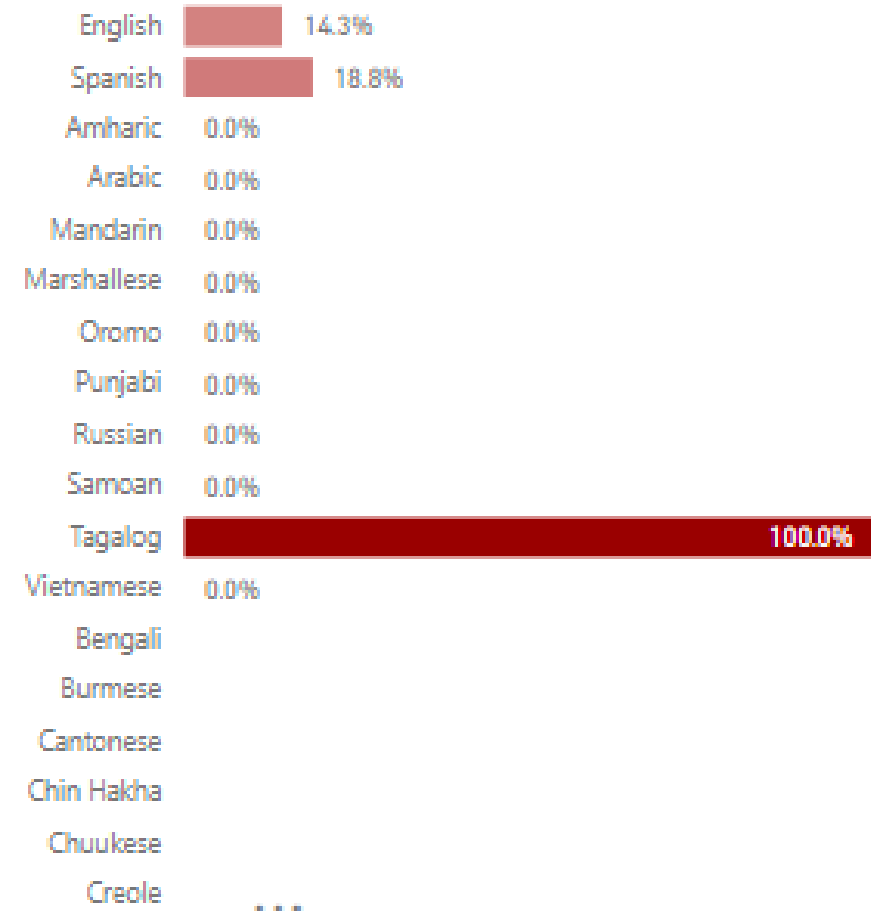
Ethnicity&Race* Ethnicity* Race*



everyone tested

Sum of % Positive in each chart adds up to 14.5%

Language*



COVID Vaccine at HealthPoint

✓ 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.

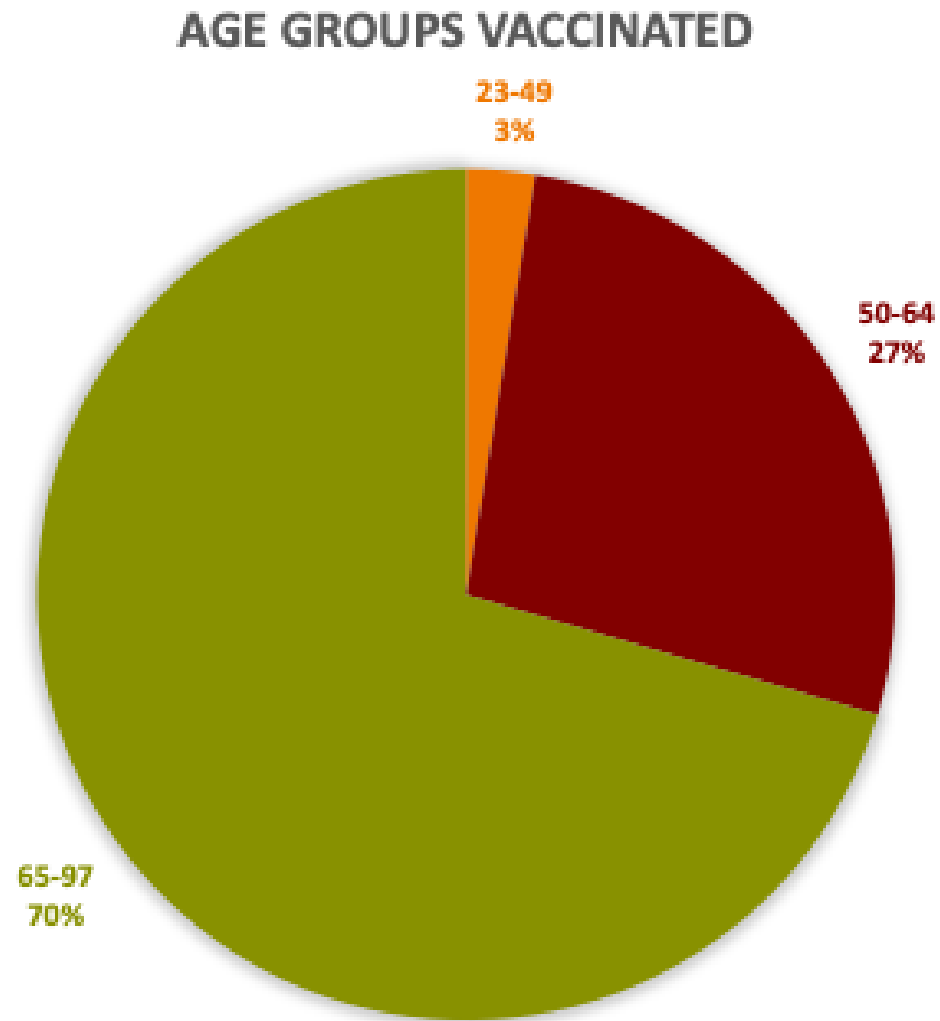
We are calling patients whose appointments were cancelled to reschedule in the same order. Thank you for your patience.

Currently, eligible patients are:

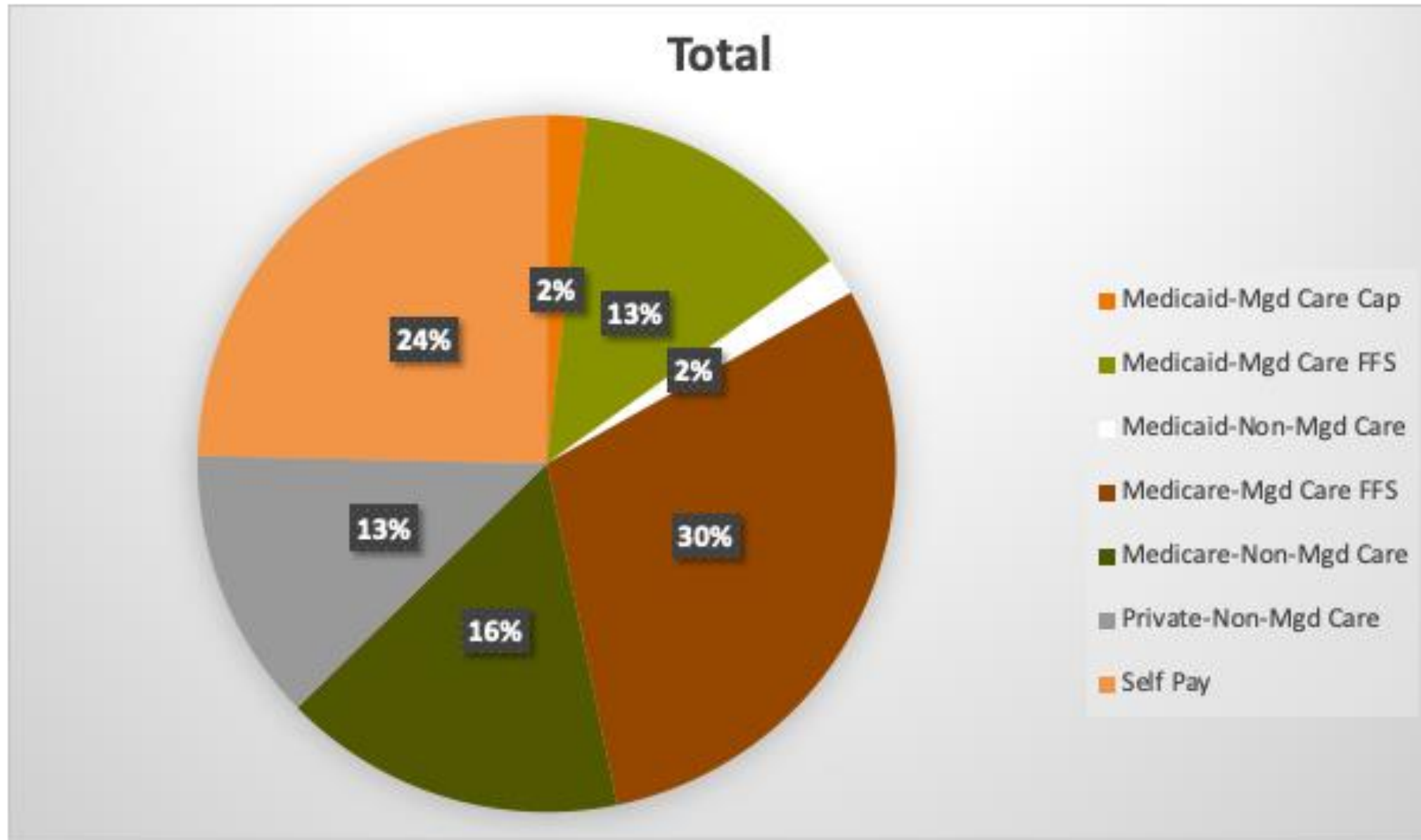
- Health care workers and long term care workers
- People aged 65 years and older
- People 50 years and older in multigenerational homes (for example, a person 50+ living with a grandchild. Or a person unable to live independently and being cared for by a relative, in-home caregiver, or someone who works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

Eventually, everyone who wants to be vaccinated will have access to it.

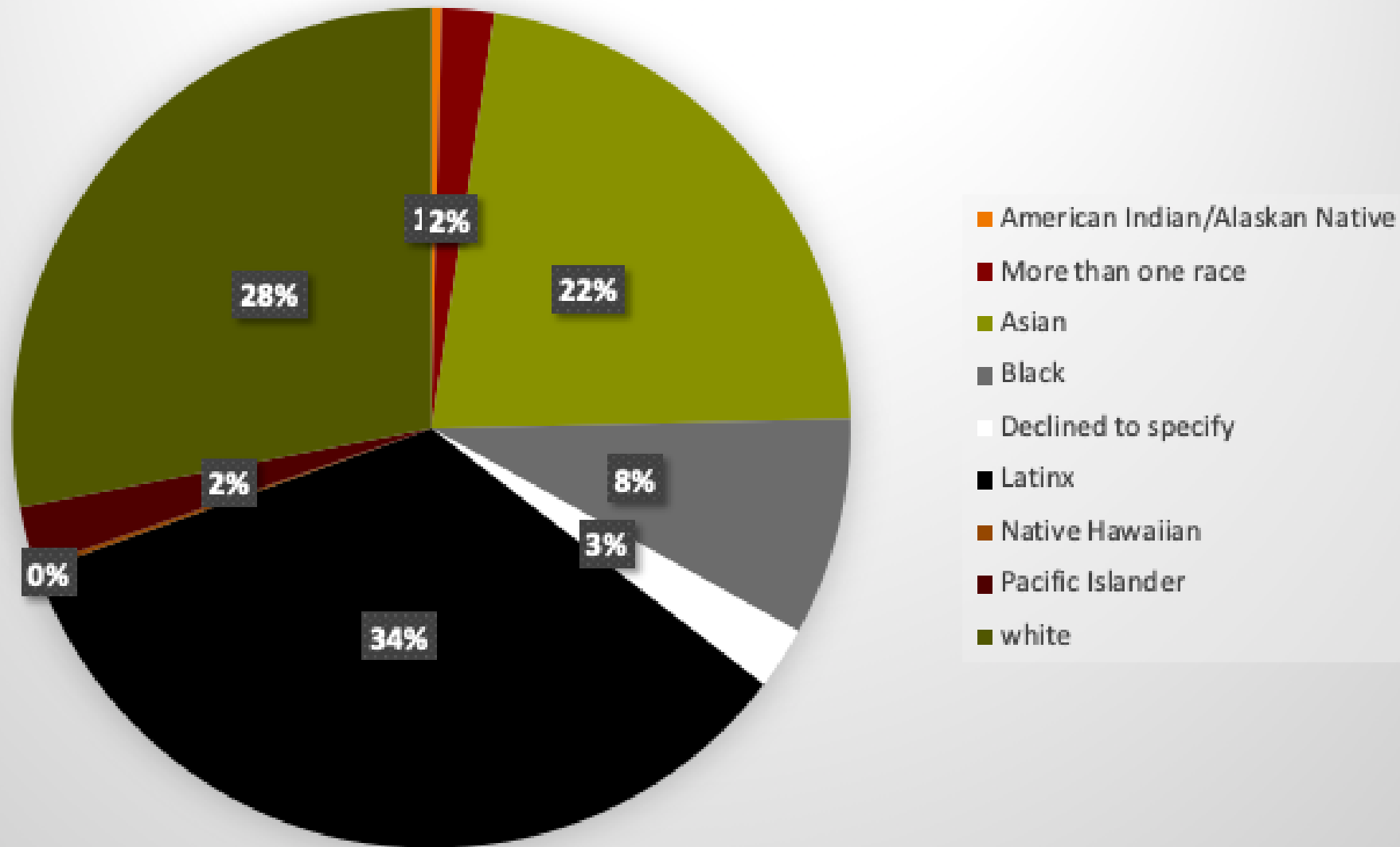
Age groups vaccinated 1/27-2/9



Patients' financial class



Race/ethnicity of 1st dose vaccine patients



Vaccination proportions relative to patient encounters

RACE/ETHNICITY	VACCINATED PATIENTS		2020 ENCOUNTERS	
American Indian/Alaskan Native	4	0%	2768	1%
More than one race	21	2%	9485	4%
Asian	231	22%	34454	14%
Black	87	8%	38799	16%
Declined to specify	25	2%	11104	5%
Latinx	354	34%	64284	26%
Native Hawaiian	2	0%	467	0%
Pacific Islander	24	2%	9322	4%
white	291	28%	74982	31%
Total	1039		245665	



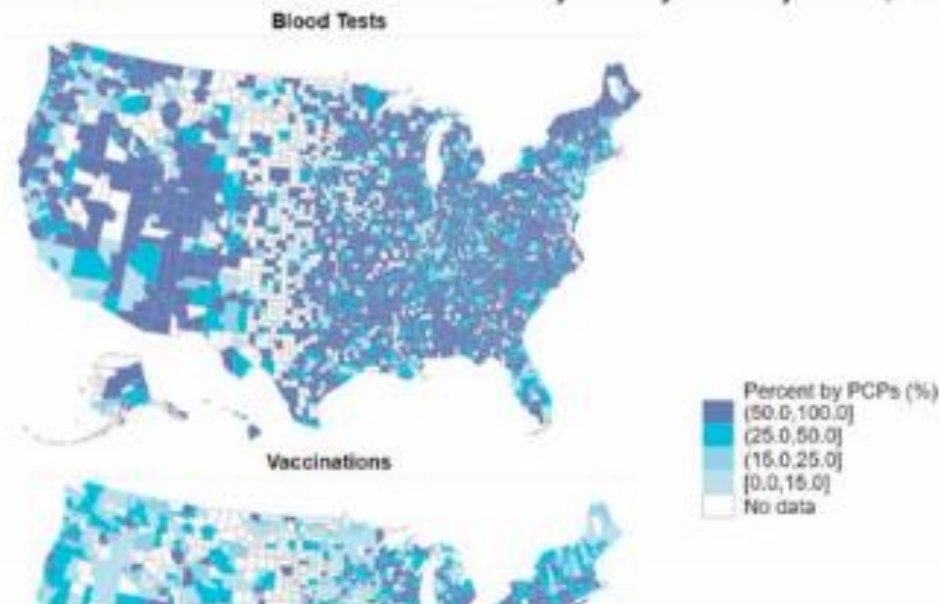
Annals of Family Medicine @AnnFamMed · Feb 9

...

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](#) deepblue.lib.umich.edu/handle/2027.42...

Appendix - Figure 1. Percent of Medicare Fee-For-Service Blood Tests and Vaccinations by Primary Care Physicians, 2017

Percent of Medicare Fee-For-Service Blood Tests and Vaccinations by Primary Care Physicians, 2017



11



20



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 plays a strong role, and believes that a higher power will save us and conspiracy theories”

Partnerships



COVID-19 Vaccines and Immigrant & Refugee Communities

A Conversation with



Liza Perpuse, MD
Clinical Director of Refugee and
Multicultural Health,
HealthPoint



Ariana Anjaz
Senior Director,
Afghan Health Initiative



Shoshana Aleinikoff, MD
Medical Director, HealthPoint
Midway

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



COVID-19 Vaccination & Outreach in the Afghan Immigrant and Refugee Community in King County



Our Story

- Afghan Health Initiative (AHI), is a grass-roots 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 therefor 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

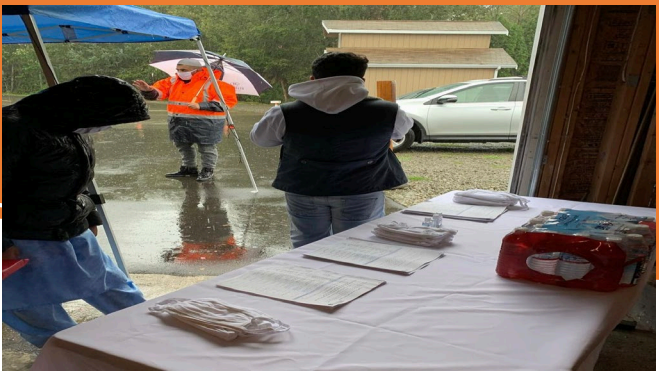
- A chance for normalcy
- PCP + others got it and are fine
- More in-language information and videos addressing misinformation available
- Direct answers from medical professionals addressing community hesitations

Consensus: efforts are helping people make informed decisions. Still much work to do.



How Would COVID Vaccine Work in Your Body? (Dari)
Afghan Health Initiative

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

Community Involvement

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



—Foundation—

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