

Transforming  
Lives

# **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

## Clark County

Margarita Marochkina  
Partners in Careers

(Vacancy)

## King County

Demitu Argo  
TRAC Associates

Emmanuel Ndayiseng  
International Rescue Committee

Lenny Orlov  
City of Seattle, Aging & Disability

## Pierce County

Mouammar Abouagila  
Lutheran Community Services NW

Jason Scales, co-chair  
Tacoma Community House

## Snohomish County

Dina Prigodich  
Lutheran Community Services NW

Abdul Rahman  
Refugee and Immigrant Services NW

## 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](mailto:sarah.peterson@dshs.wa.gov)*

Transforming  
Lives





# REFUGEE HEALTH & COVID-19

Washington State Department of Health

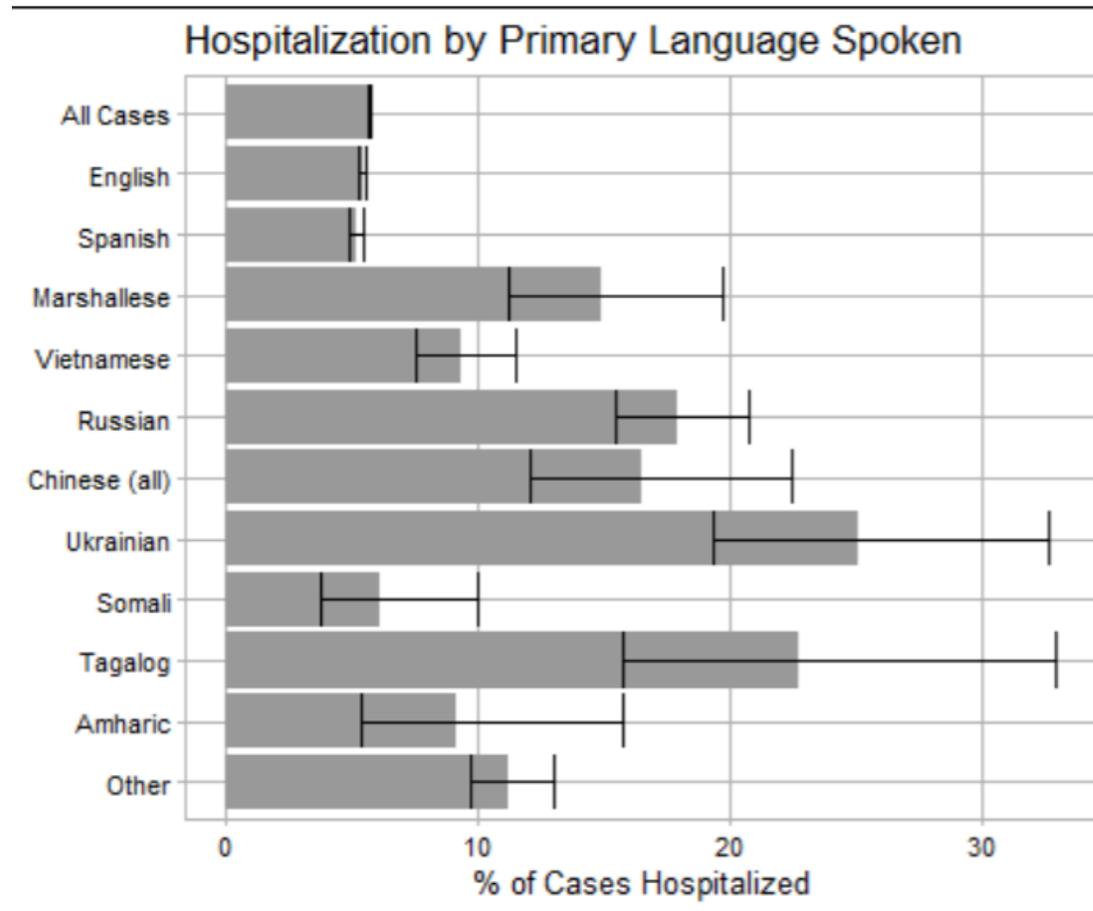
# COVID-19 Cases, Hospitalizations and Deaths by Race/Ethnicity

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 <sup>1</sup>	1.9x	0.7x	1.1x	1.3x
Hospitalization <sup>2</sup>	3.7x	1.1x	2.9x	3.2x
Death <sup>3</sup>	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)

Vaccine Doses Given (statewide or selected counties) **1,201,120**

## Statewide Measures Only

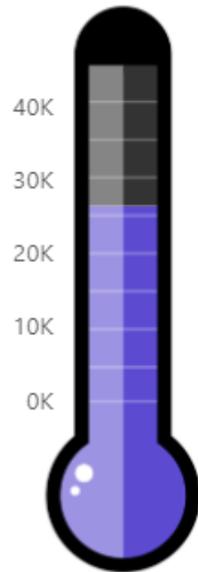
Vaccine Doses Given in Washington **1,201,120**

Doses Delivered to Washington Providers **1,294,500**

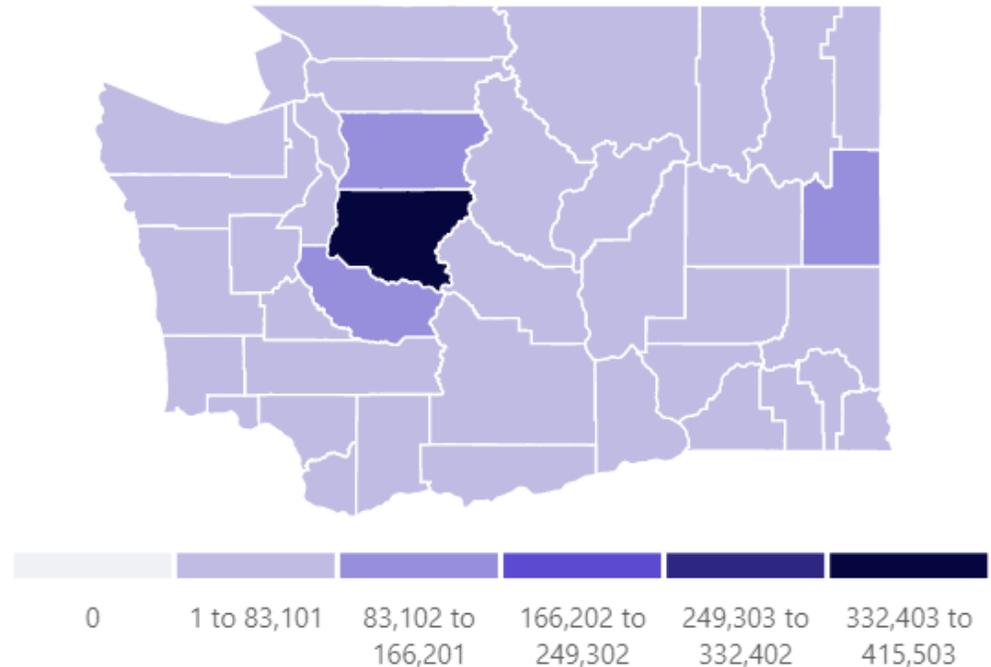
Doses Delivered for CDC long-term care vaccination program **158,925**

Percentage of Delivered Doses Given **82.64%**

## VACCINE DOSES GIVEN PER DAY Washington State



## VACCINE DOSES GIVEN IN WASHINGTON COUNTIES



County data for doses given are based on the location of the facility giving the vaccine. 34,835 vaccine doses given do not have a county reported.

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

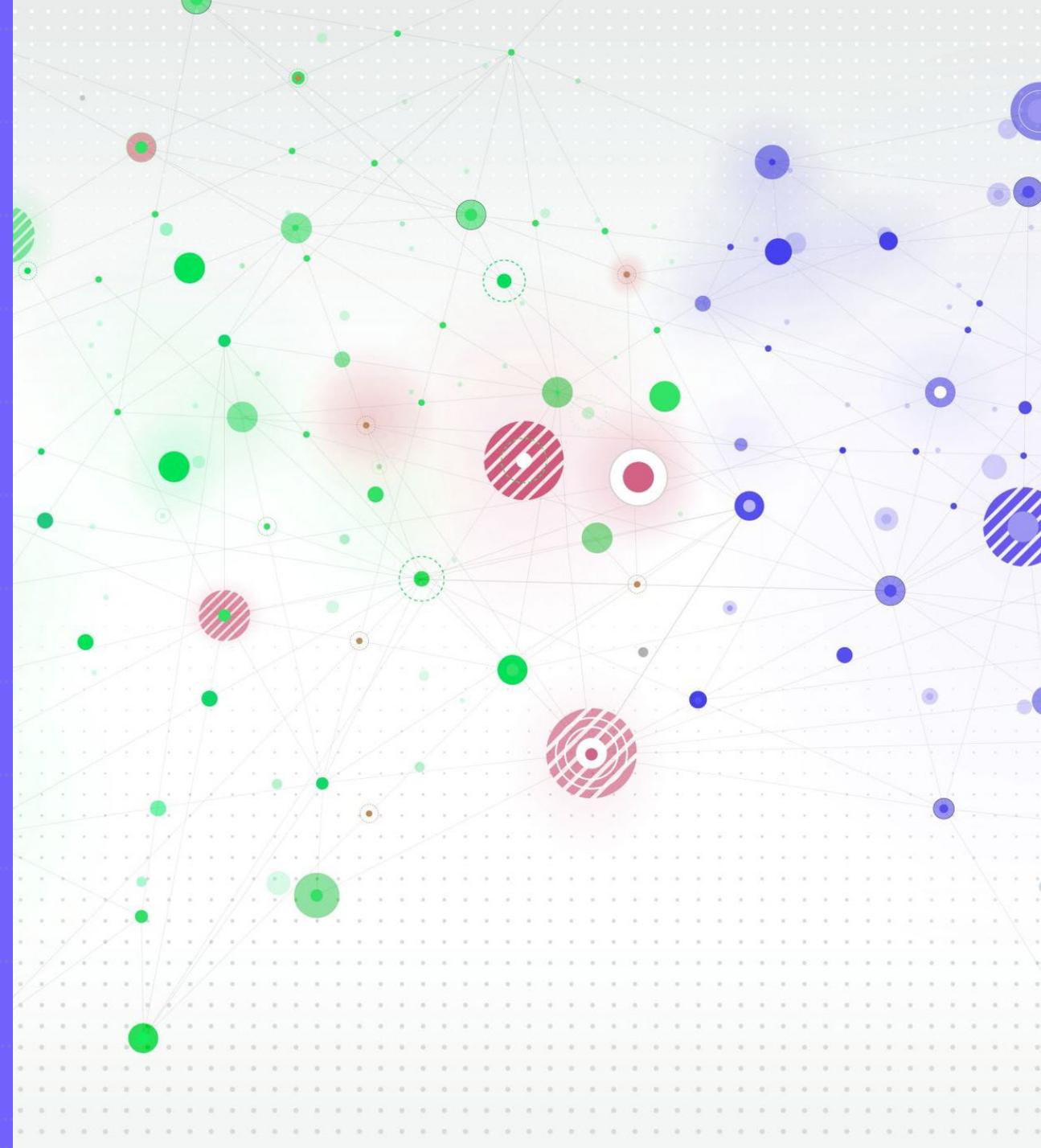
Elizabeth Dawson-Hahn, MD, MPH

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



"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

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**A GUIDEBOOK**



# **Community- Led Messaging for COVID-19 Contact Tracing**

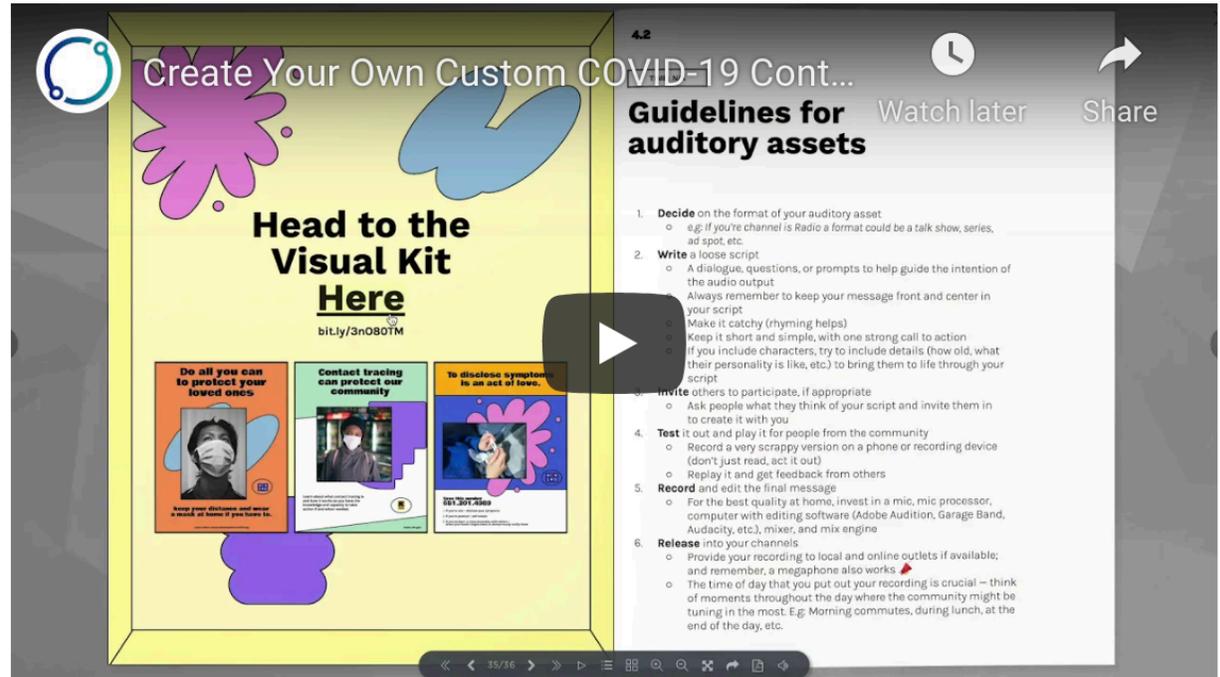
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A 3-hour guide to building a custom communications campaign to engage your refugee, immigrant, and migrant communities in COVID-19 contact tracing efforts.

# 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



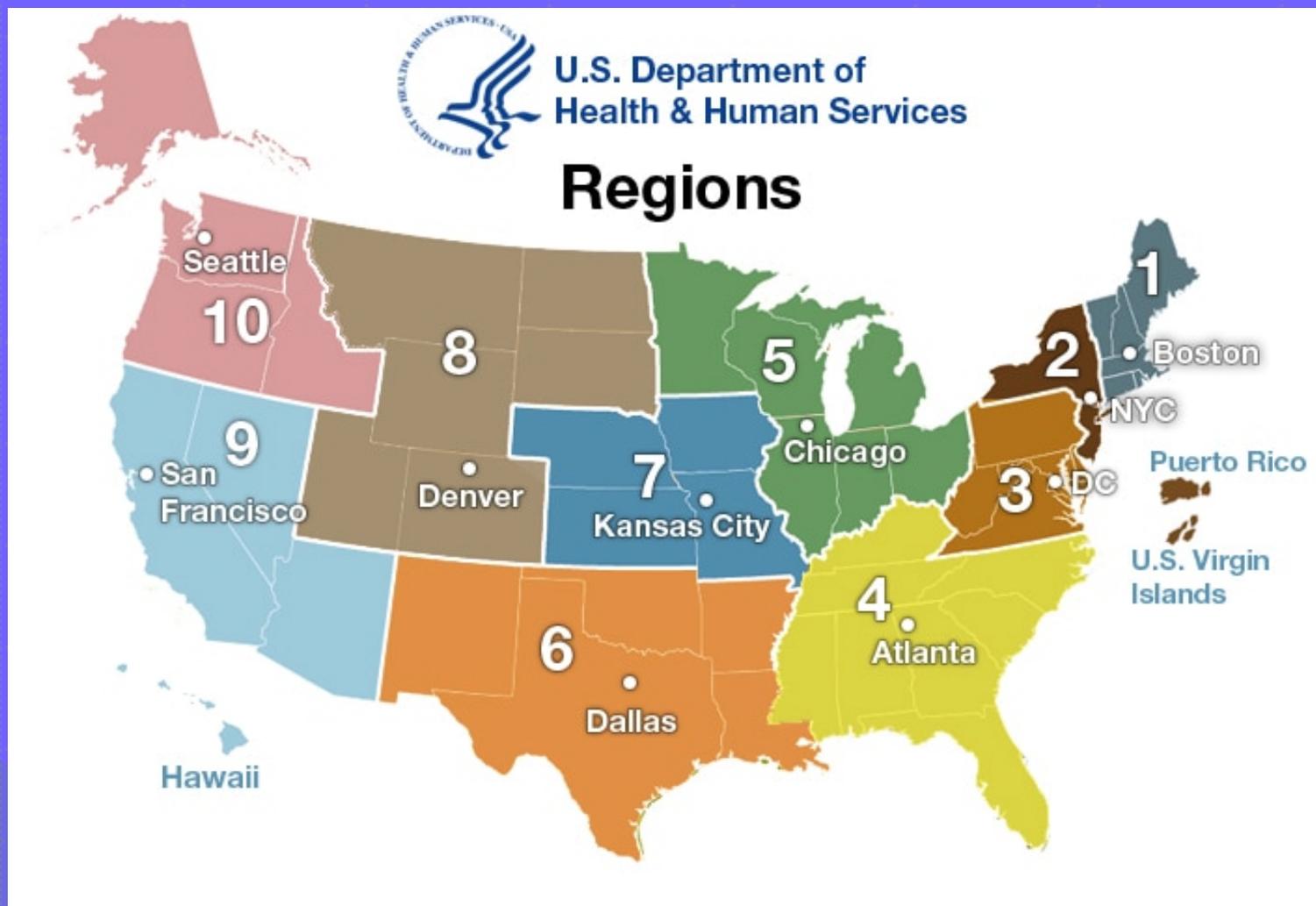
Distribution

## 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

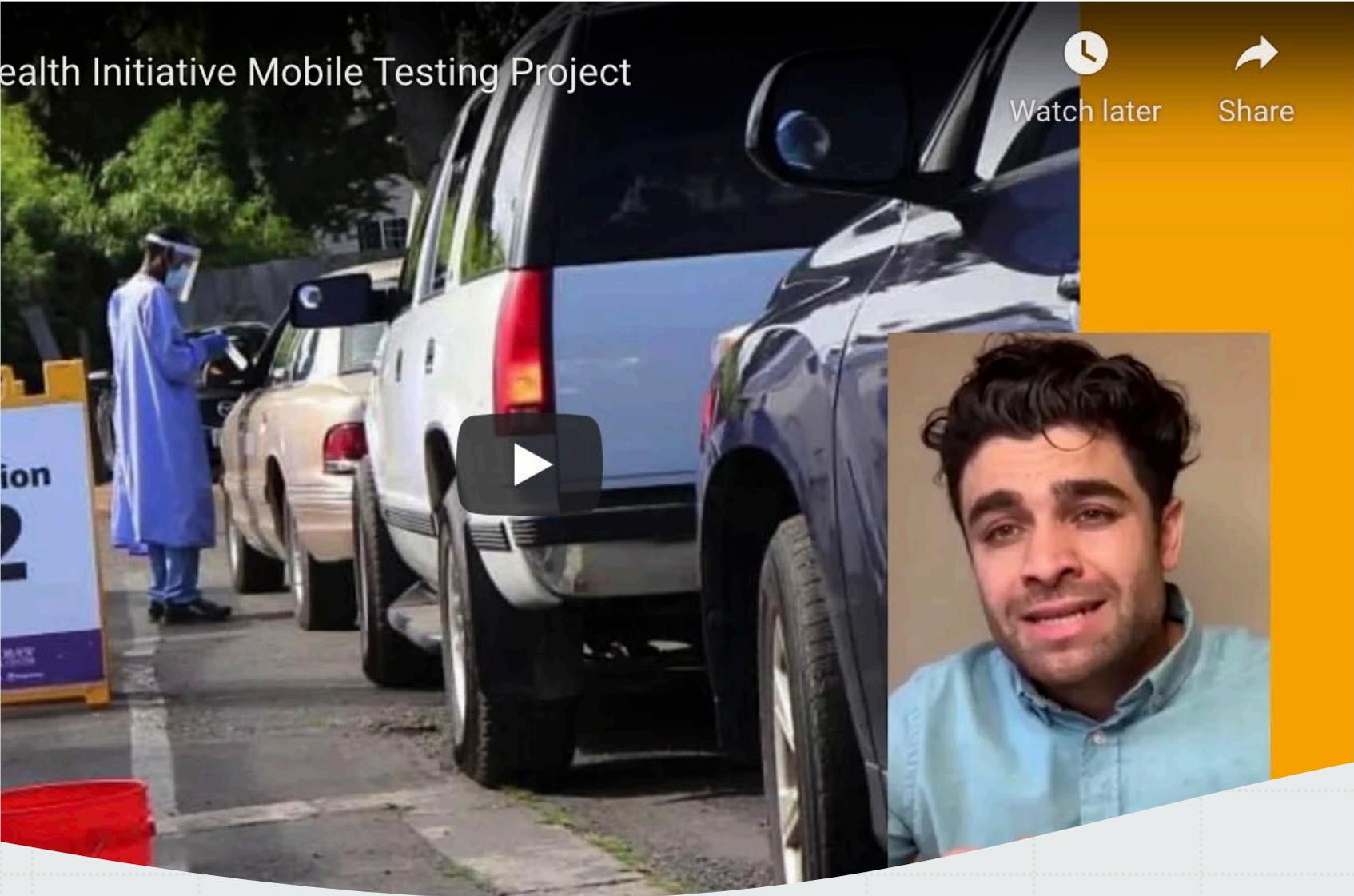




# Toolkits

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

Warren Dalal

CDC – Immigrant, Refugee, and Migrant Health  
Branch

## Washington

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Julieta Altamirano-Crosby

WA DOH

SKCPH

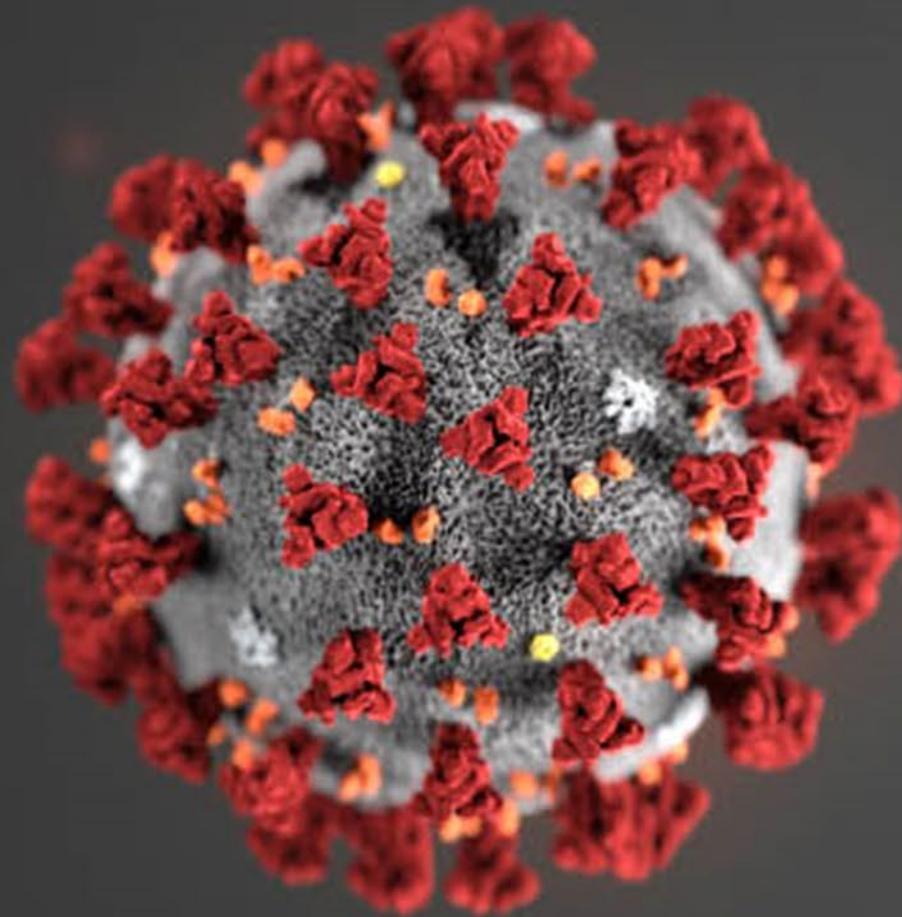
# Contact Information

NRC-RIM General Inbox ([nrcrim@umn.edu](mailto:nrcrim@umn.edu))

Website: [nrcrim.umn.edu](http://nrcrim.umn.edu)

Twitter: @nrc\_rim / Facebook: @nrc\_rim

Elizabeth Dawson-Hahn: [eedh@uw.edu](mailto:eedh@uw.edu)



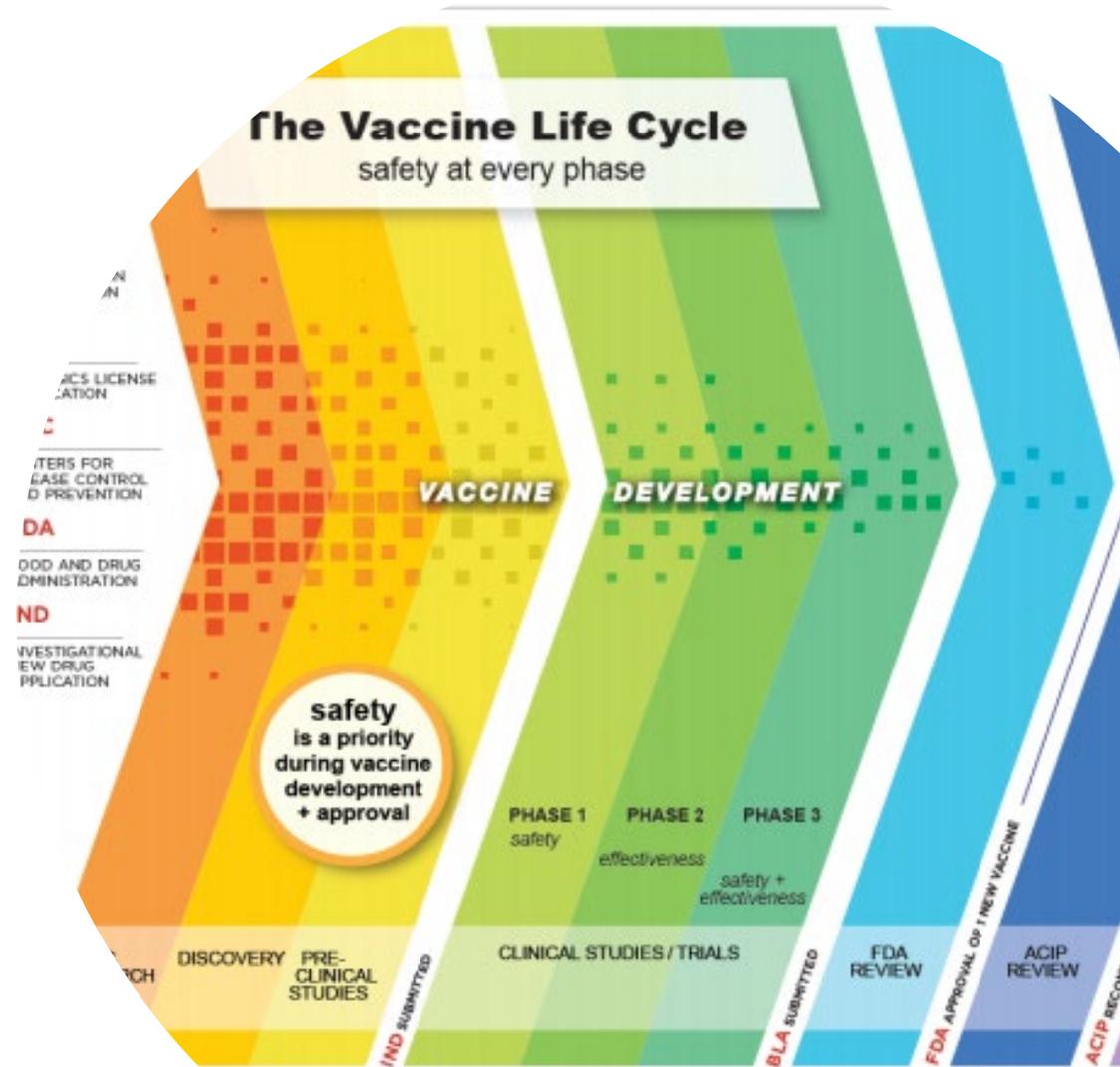
COVID Vaccine Update  
Refugee Advisory Committee Meeting  
February 19, 2021

# Vaccine Safety & WA

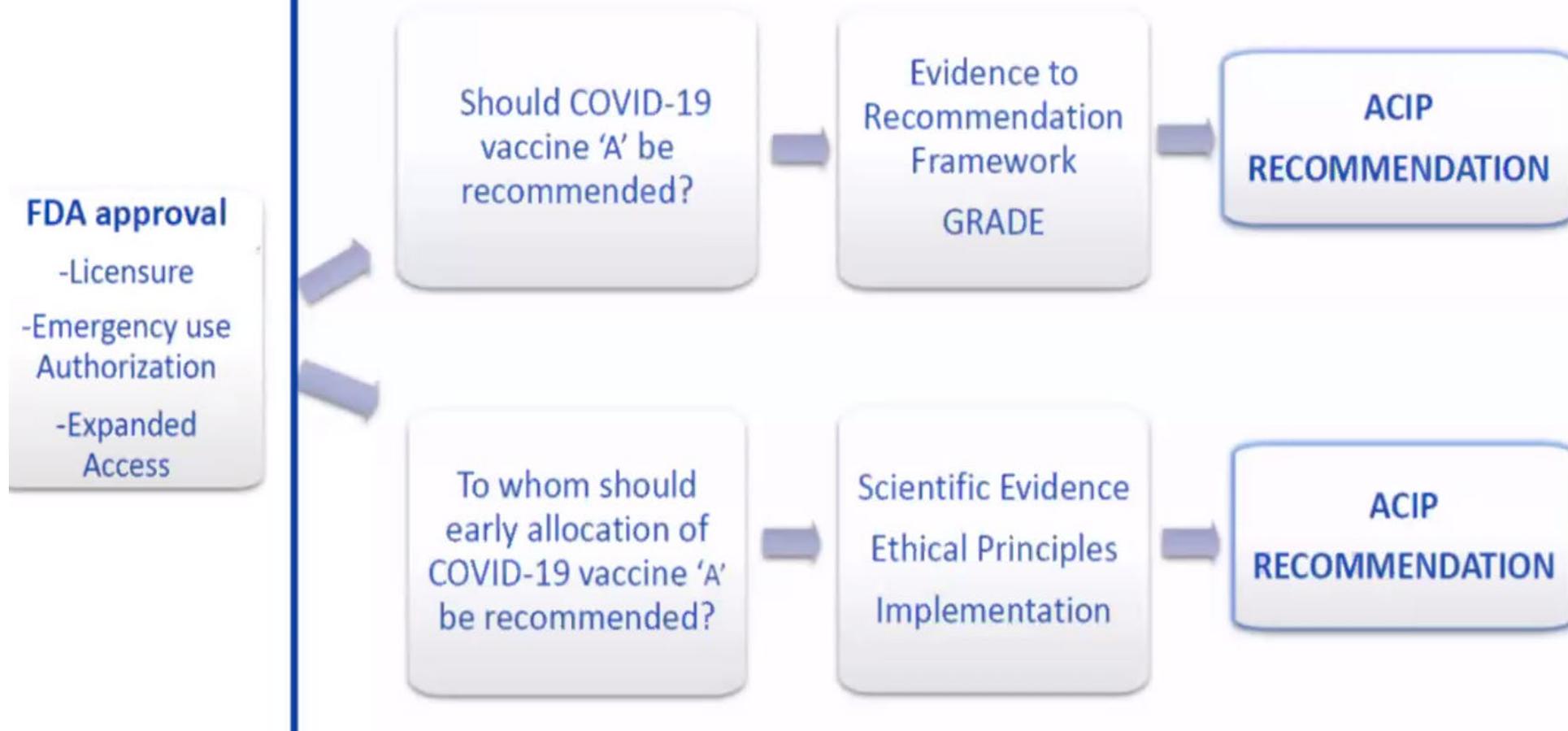
DOH statement:

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

“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



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



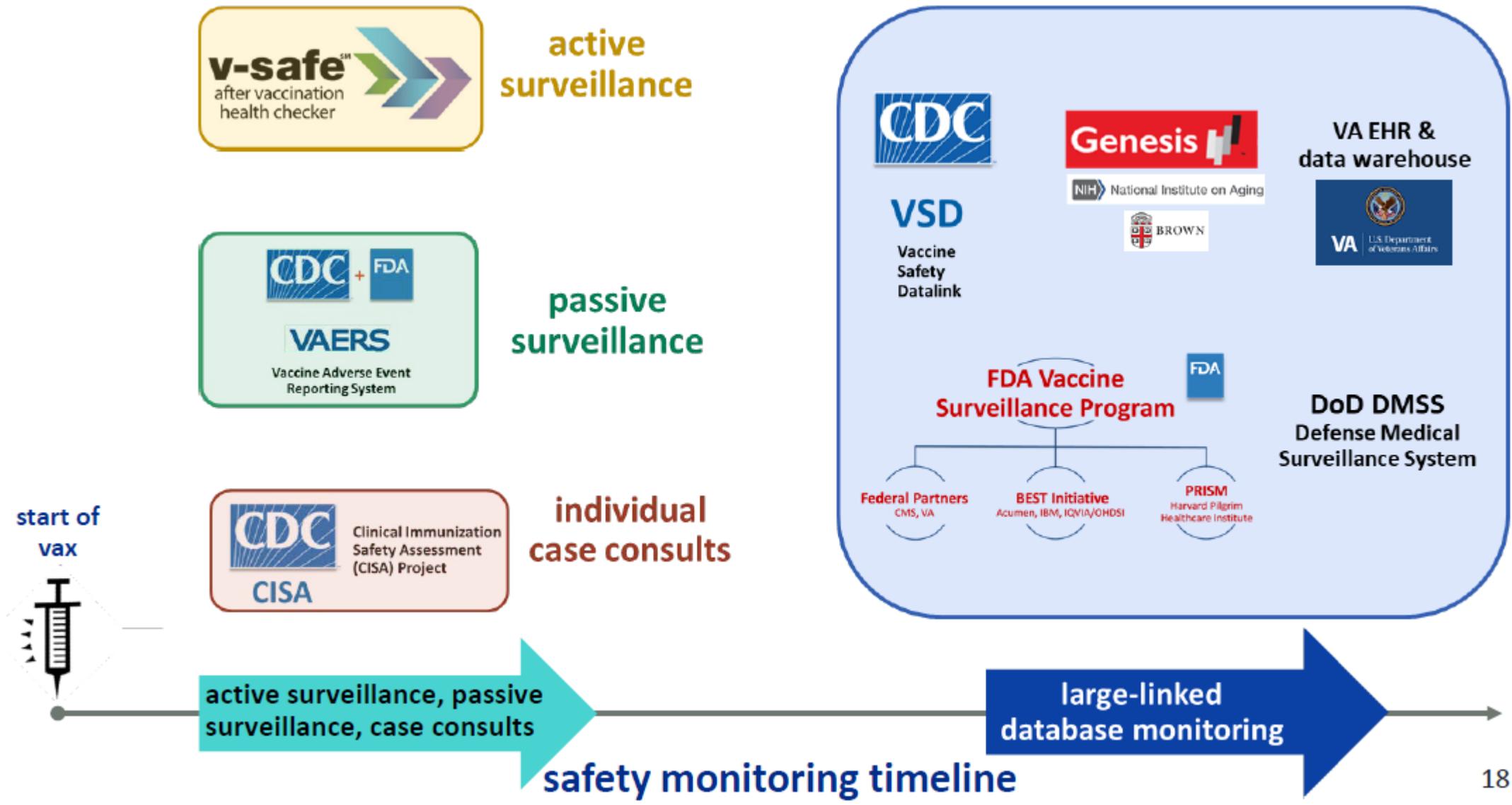
## VAERS

### Vaccine Adverse Event Reporting System

Co-managed by  
CDC and FDA

<http://vaers.hhs.gov>

A screenshot of the VAERS website homepage. 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 five items: 'About VAERS', 'Report an Adverse Event', 'VAERS Data', 'Resources', and 'Submit Follow-Up Information'. The main content area features a question in Spanish: '¿Ha tenido una reacción después de recibir una vacuna?' followed by two numbered steps in Spanish. Below this is an 'Important' notice in English. To the right is a photograph of a family looking at a laptop. Below the photo is the heading 'What is VAERS?'. At the bottom, there are four tiles: 'REPORT AN ADVERSE EVENT', 'SEARCH VAERS DATA', 'REVIEW RESOURCES', and 'SUBMIT FOLLOW-UP INFORMATION', each with a brief description of the function.





## Resources

[cdc.gov/vsafe](https://cdc.gov/vsafe)

[cdc.gov/coronavirus/2019-ncov/vaccines/safety/troubleshooting](https://cdc.gov/coronavirus/2019-ncov/vaccines/safety/troubleshooting)

[cdc.gov/coronavirus/2019-ncov/vaccines/safety/faq](https://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

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- 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](https://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](https://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](mailto:civil.rights@doh.wa.gov).

# Communication & Updates

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- Washington State Department of Health:  
<https://www.doh.wa.gov/>.
- COVID Vaccine Email
  - [COVID.Vaccine@doh.wa.gov](mailto: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](mailto:civil.rights@doh.wa.gov).



## EQUITY & ENGAGEMENT

Vaccine Allocation and Distribution

Fathiya Abdi and Katie Meehan

# DOH COVID-19 CURRENT VACCINE EQUITY STRATEGIES

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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

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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

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HOW WE APPROACHED ENGAGEMENT

# Recommendation: Equity as a cross-cutting factor

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**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

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- 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 <sup>1</sup>	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 Seafood industry	Behavioral health and substance use disorder services	College and university students
Marshallese, Micronesian, and COFA (Compact of Free Association) communities	Food bank services	Community blood centers	Parents
Latinx community	Business community	Rural medical services	Early learning and early childhood
Immigrant and refugee communities	Public transportation	Pharmacy	LGBTQ+ community
Asian diaspora	Hospitality industry	Post-acute and Long-Term Care	Rural communities
African diaspora	Public utilities	Veterinary care	Border communities
Latin American diaspora	Parks and recreation		Sub-urban communities
Former Soviet Union (FSU) diaspora	Technology sector		Faith-based communities
Undocumented communities			Veterans
People with underlying health conditions			Women
Older adults			
Pregnant people			
Individuals with disabilities			
People experiencing homelessness			
People who are incarcerated			
Low-income communities			
Uninsured communities			

<sup>1</sup> 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.

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.

**Black, Indigenous, or people of color**  
**Immigrant or refugee**  
**People with comorbidities**  
**Living in a rural area**

**Homeless**  
**Incarcerated**

**Disabled people**

**Farmworkers**  
**Workers in food processing**  
**Frontline workers**

**Older adults**

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, et cetera because they are often living in areas where their health is significantly impacted.

Members that are diabetic, suffer from high blood pressure, Pacific Island, 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.

*“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

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- 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

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- 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

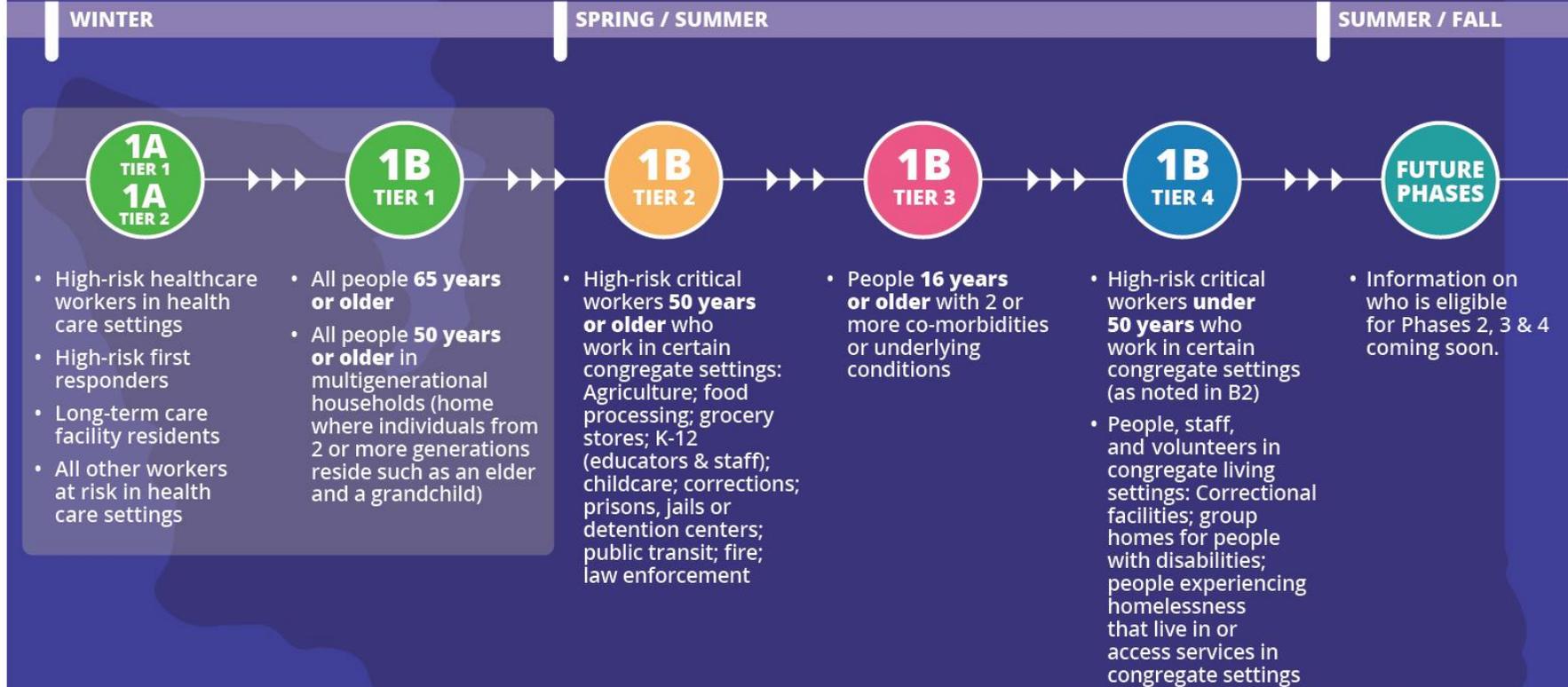
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WHO CAN GET IT, WHERE, AND WHEN

# 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](https://www.findyourphase.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](https://www.CovidVaccineWA.org)

# WHAT DOES MULTIGENERATIONAL HOUSEHOLD MEAN?

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

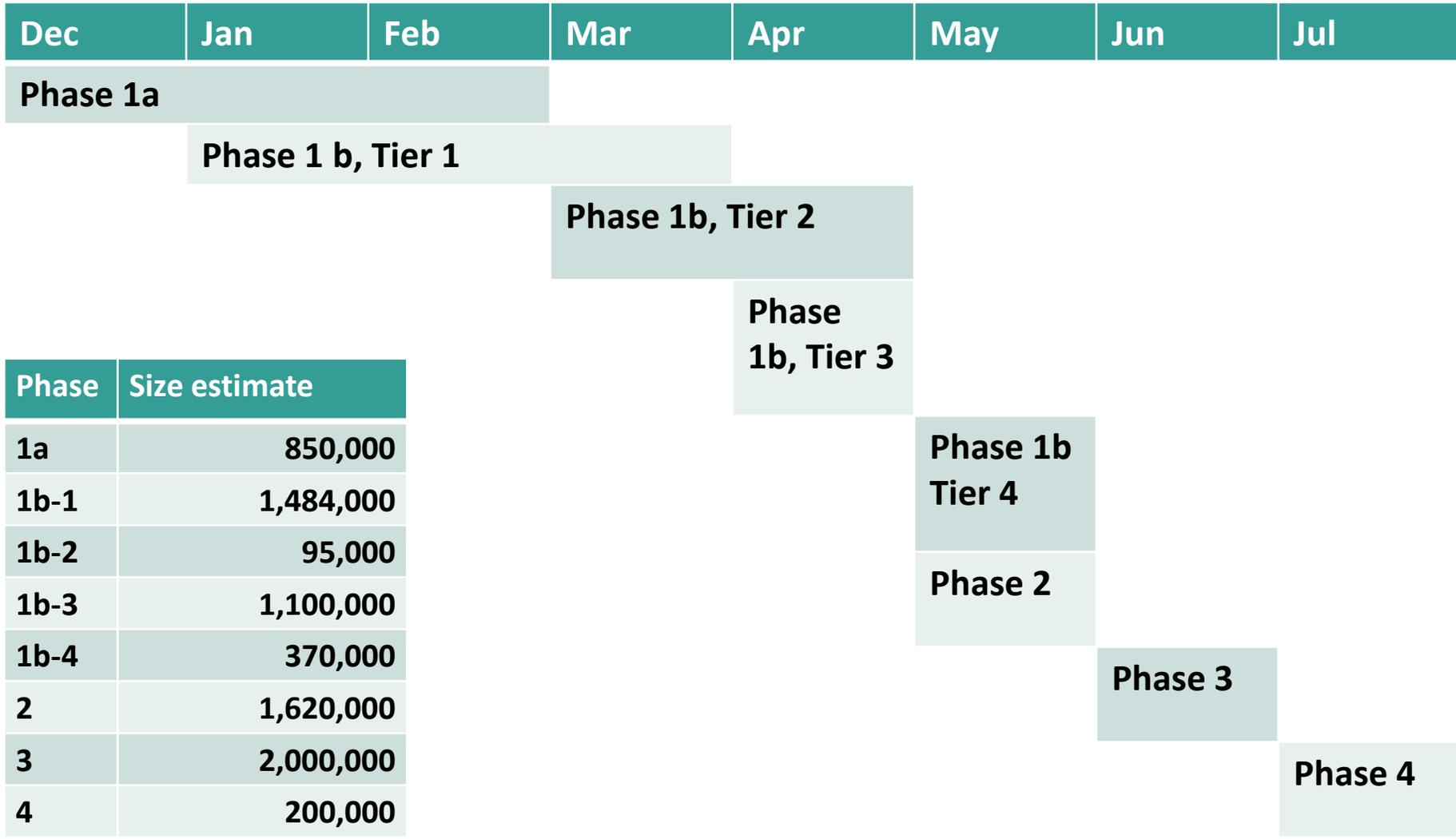
## **ELIGIBLE WITHIN THE DEFINITION OF MULTIGENERATIONAL HOUSEHOLD:**

- 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



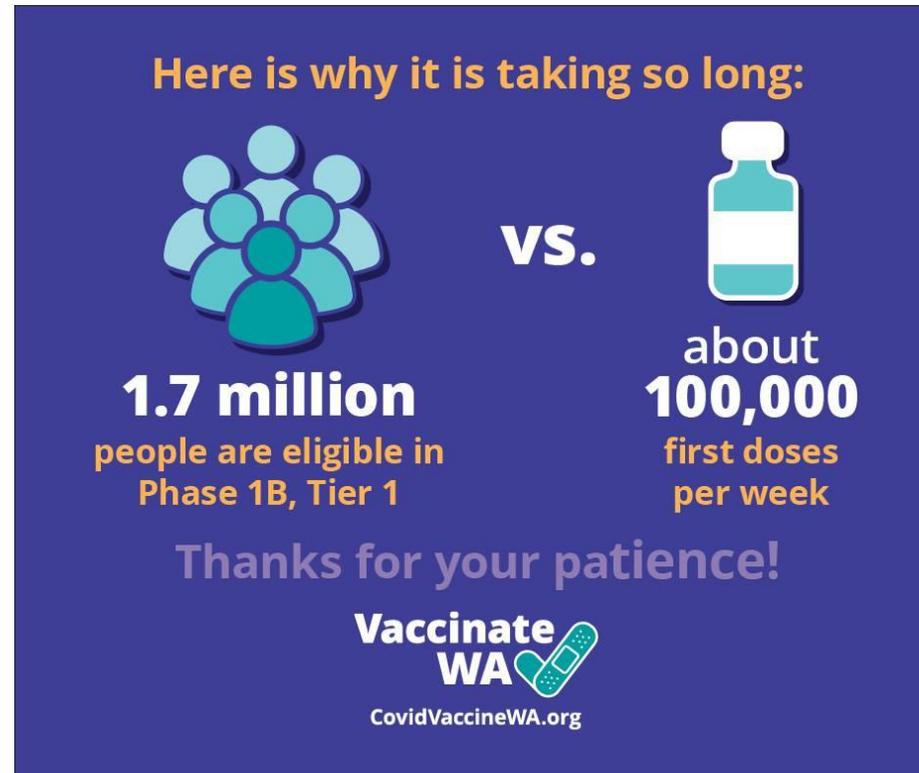
# Washington Plan for Increased Vaccinations

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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

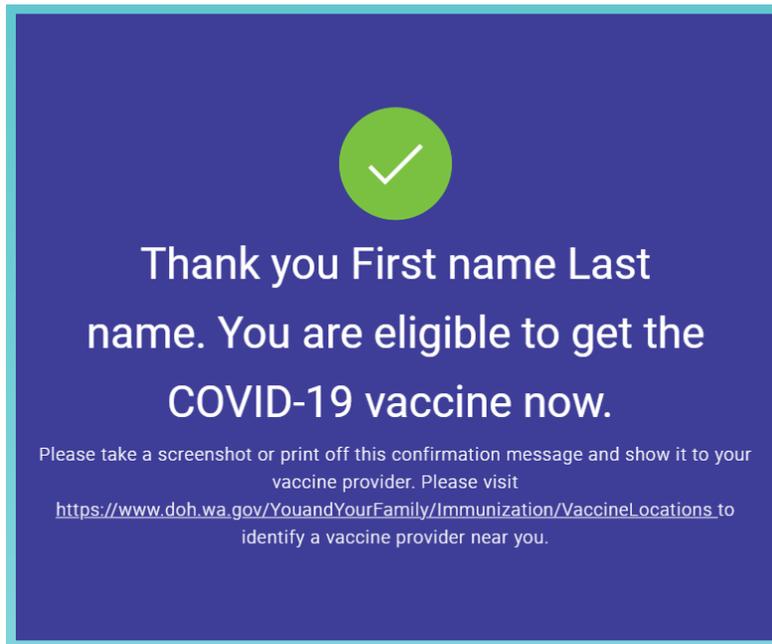
## Mass Vaccination Clinics in:

- 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
<b>Simplified Chinese</b>	FindYourPhaseWA.org/ simplifiedchinese	<a href="https://form.findyourphasewa.org/210397572917969?language=zh-CN">https://form.findyourphasewa.org/210397572917969?language=zh-CN</a>	<a href="https://doh.wa.gov/VaccineLocations?lang=zh">https://doh.wa.gov/VaccineLocations?lang=zh</a>
<b>Traditional Chinese</b>	FindYourPhaseWA.org/ traditionalchinese	<a href="https://form.findyourphasewa.org/210397630653961?language=zh-TW">https://form.findyourphasewa.org/210397630653961?language=zh-TW</a>	<a href="https://doh.wa.gov/VaccineLocations?lang=zht">https://doh.wa.gov/VaccineLocations?lang=zht</a>
<b>Vietnamese</b>	FindYourPhaseWA.org/ vietnamese	<a href="https://form.findyourphasewa.org/210397149017960?language=vi">https://form.findyourphasewa.org/210397149017960?language=vi</a>	<a href="https://doh.wa.gov/VaccineLocations?lang=vi">https://doh.wa.gov/VaccineLocations?lang=vi</a>
<b>Russian</b>	FindYourPhaseWA.org/ russian	<a href="https://form.findyourphasewa.org/210397898575980?language=ru">https://form.findyourphasewa.org/210397898575980?language=ru</a>	<a href="https://doh.wa.gov/VaccineLocations?lang=ru">https://doh.wa.gov/VaccineLocations?lang=ru</a>
<b>Tagalog</b>	FindYourPhaseWA.org/ tagalog	<a href="https://form.findyourphasewa.org/210398068441962?language=fil">https://form.findyourphasewa.org/210398068441962?language=fil</a>	<a href="https://doh.wa.gov/VaccineLocations?lang=tl">https://doh.wa.gov/VaccineLocations?lang=tl</a>
<b>Hindi</b>	FindYourPhaseWA.org/ hindi	<a href="https://form.findyourphasewa.org/210397607726966?language=hi">https://form.findyourphasewa.org/210397607726966?language=hi</a>	<a href="https://doh.wa.gov/VaccineLocations?lang=hi">https://doh.wa.gov/VaccineLocations?lang=hi</a>
<b>Somali</b>	FindYourPhaseWA.org/ somali	<a href="https://form.findyourphasewa.org/210397692818972?language=so">https://form.findyourphasewa.org/210397692818972?language=so</a>	<a href="https://doh.wa.gov/VaccineLocations?lang=so">https://doh.wa.gov/VaccineLocations?lang=so</a>
<b>Korean</b>	FindYourPhaseWA.org/ korean	<a href="https://form.findyourphasewa.org/210397139517964?language=ko">https://form.findyourphasewa.org/210397139517964?language=ko</a>	<a href="https://doh.wa.gov/VaccineLocations?lang=ko">https://doh.wa.gov/VaccineLocations?lang=ko</a>



## 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	

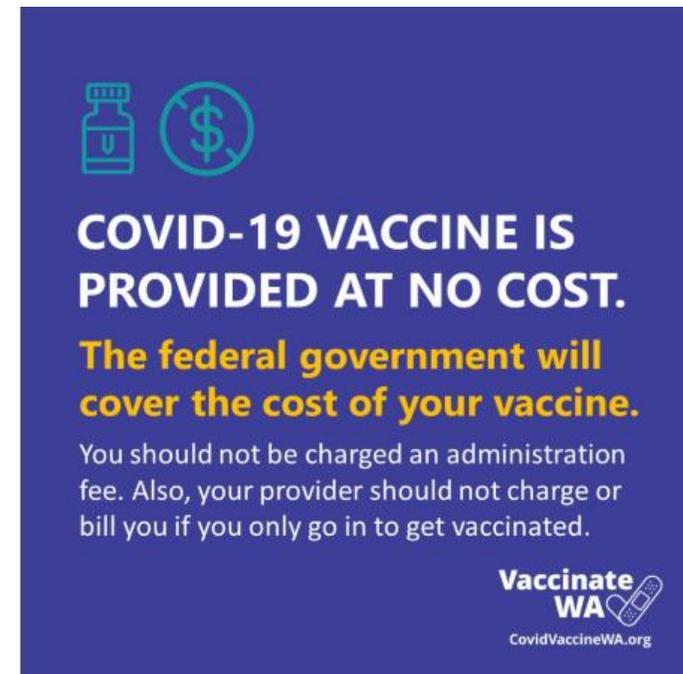
## Cost

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### 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](mailto: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
<b>Private Insurance</b> <i>(fully insured and self-funded)</i>  <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).
<b>Uninsured</b>	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).
<b>Medicare</b>	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.
<b>Medicaid</b>	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](mailto:civil.rights@doh.wa.gov).

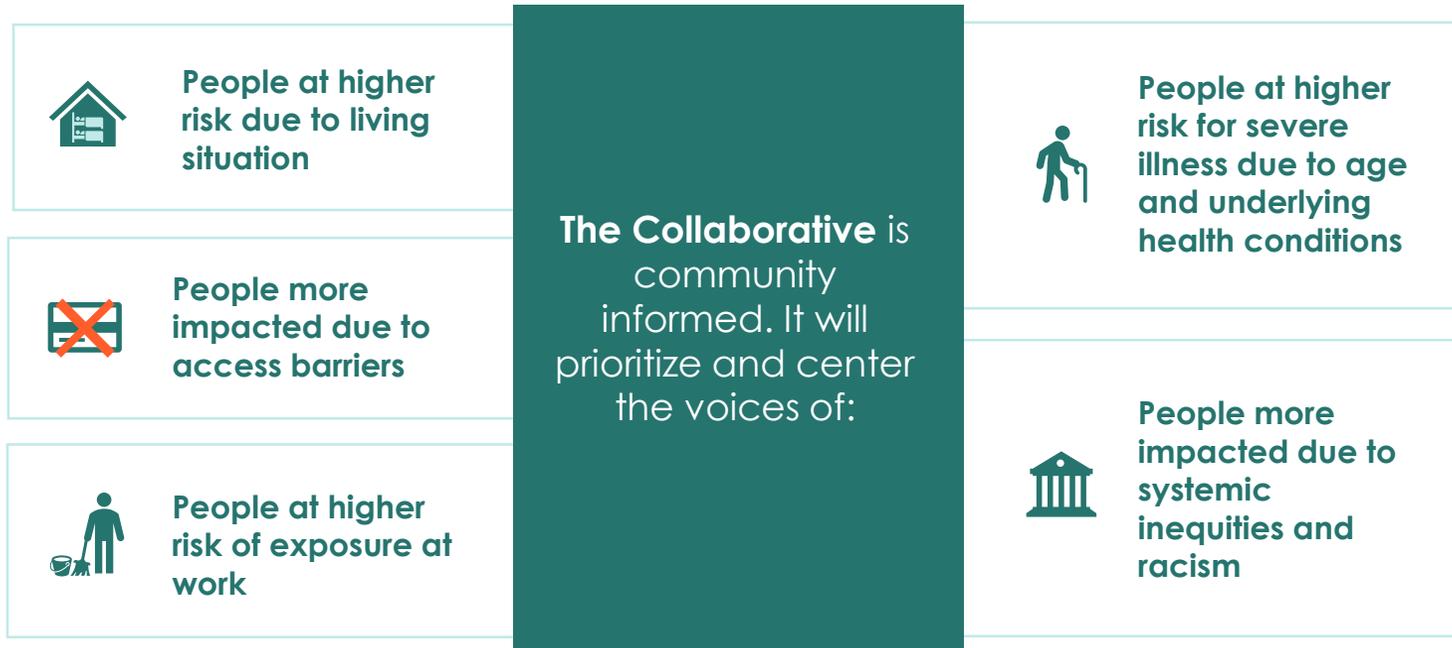
Fostering opportunities of collaboration:

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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**





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**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](mailto:Fathiya.Abdi@doh.wa.gov)

**Passia Abraham**, Community Outreach Consultant [Passia.Abraham@doh.wa.gov](mailto:Passia.Abraham@doh.wa.gov)

**Hang Ngo**, Community Outreach Consultant [Hang.Ngo@doh.wa.gov](mailto:Hang.Ngo@doh.wa.gov)

# COVID-19 Vaccine Newsletter

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- 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.”

Immunization ⓘ

- School Nurses and Immunizations ⓘ
- Childcare and Preschool Staff and Immunizations List ⓘ
- 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](mailto:COVID.Vaccine@doh.wa.gov)



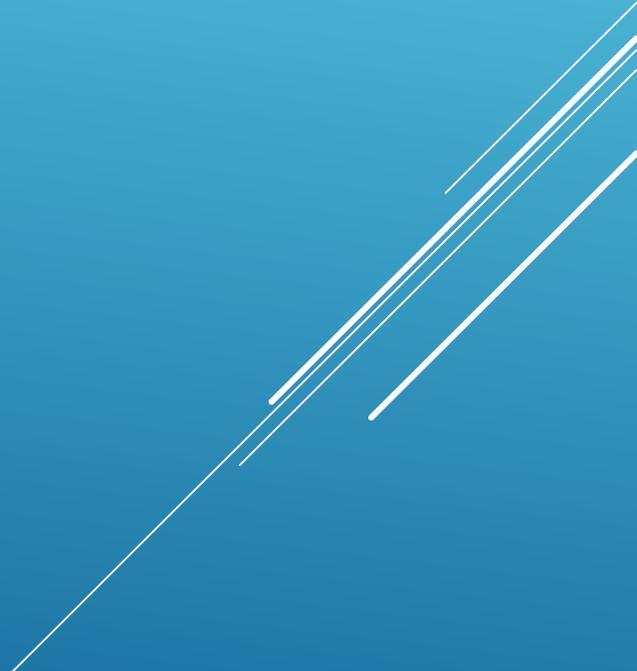
# UNIFY COMMUNITY HEALTH AND COVID-19



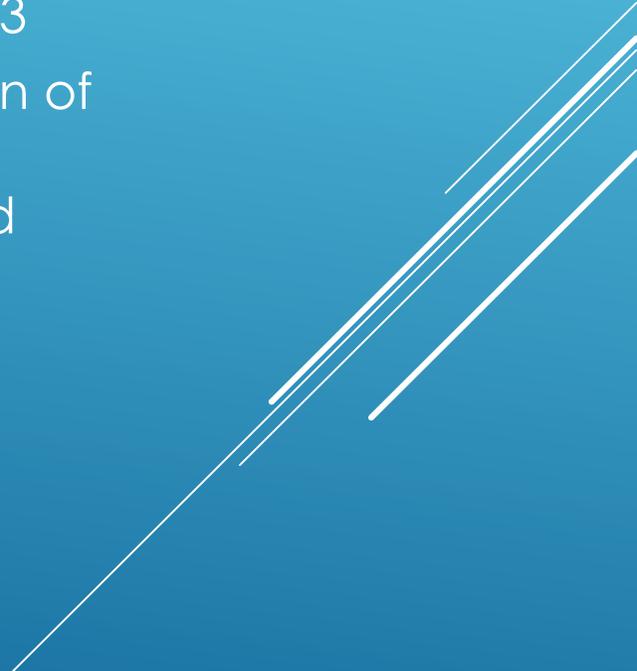
UNIFY  
COMMUNITY  
HEALTH IS A  
DIVISION OF  
YAKIMA VALLEY  
FARMWORKERS  
CLINIC

- ▶ 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

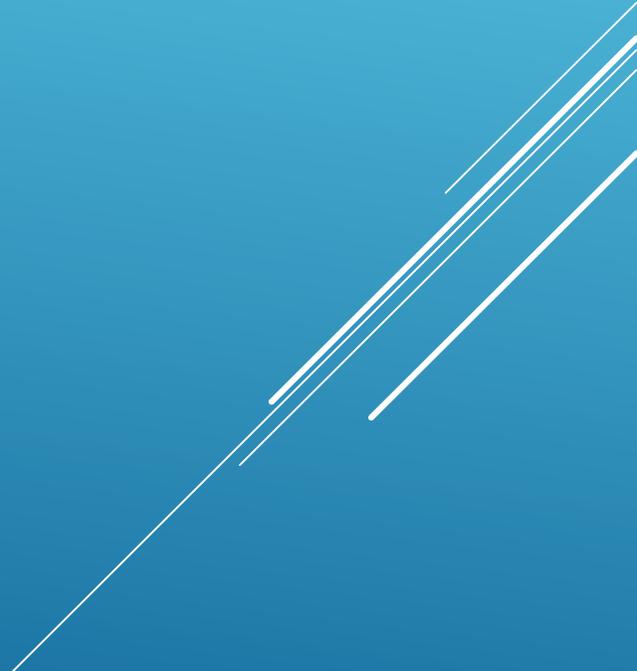
# TRADITIONAL SCREENING

- ▶ 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
- 

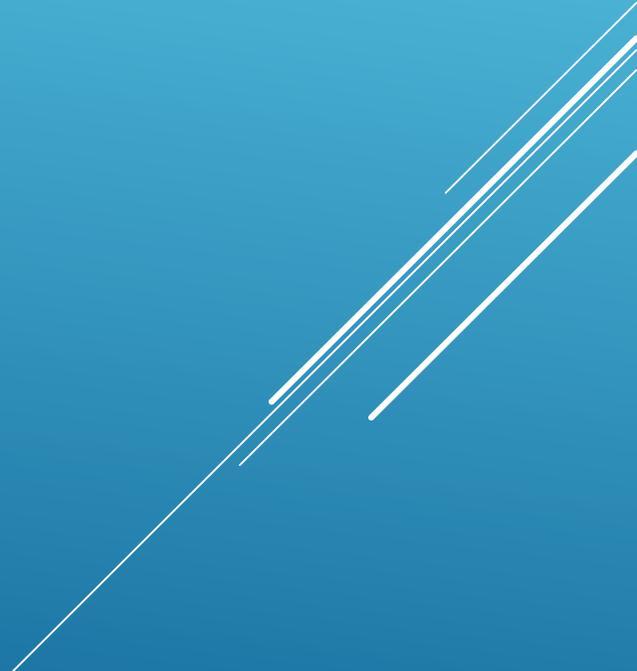
# AFTER COVID-19

- ▶ 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.
- 

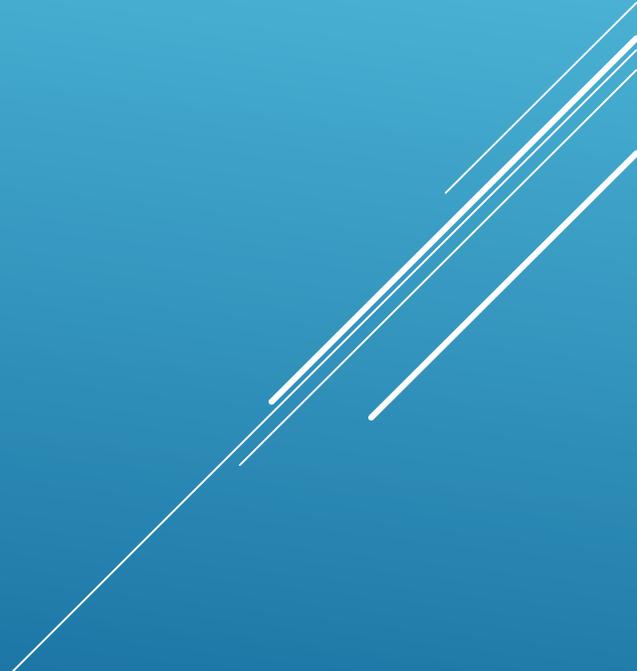
# I-693 CURRENTLY

- ▶ 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
- 

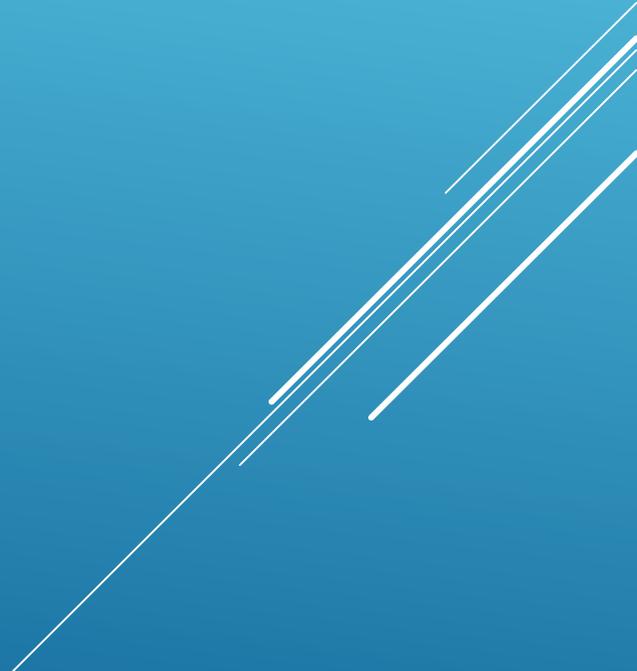
# SCREENING FOR COVID-19

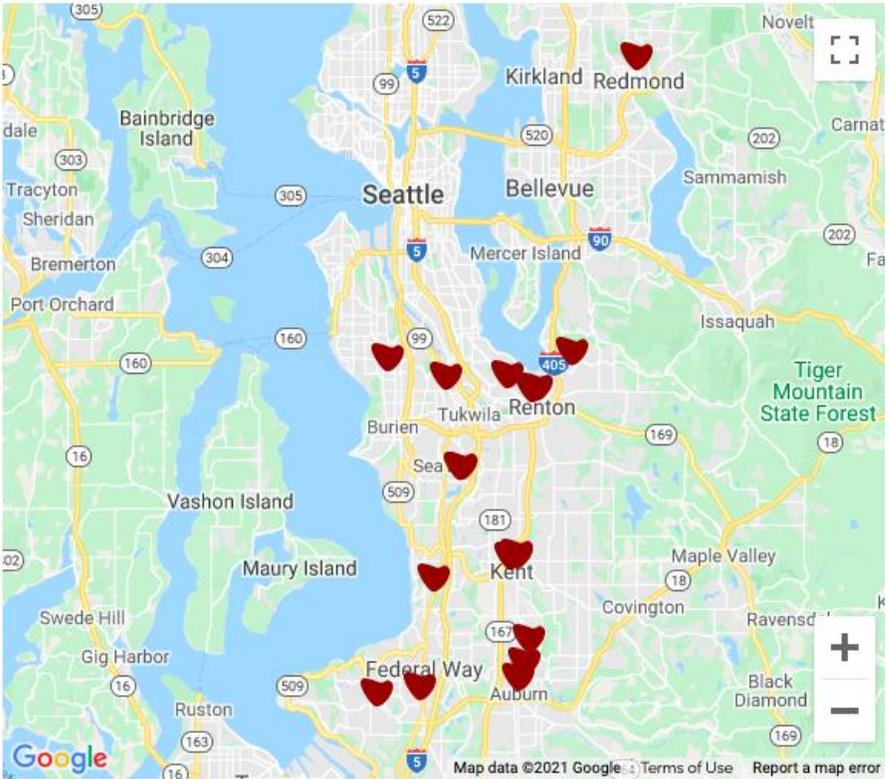
- ▶ Since the beginning, we have been a testing site
  - ▶ We have been involved in screening campaigns for several outbreaks within the immigrant community including Russian, Burmese and Marshallese
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue gradient background.

# 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
- 

# 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
- 



# 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



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# 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 Information

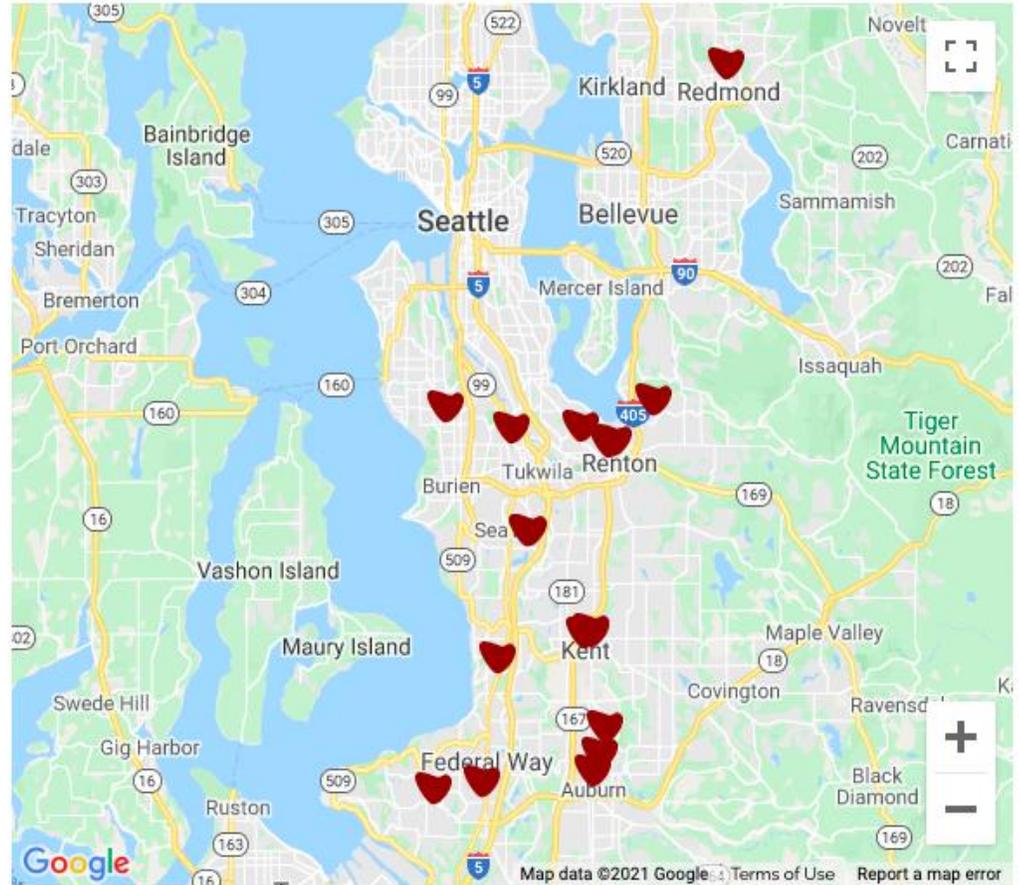
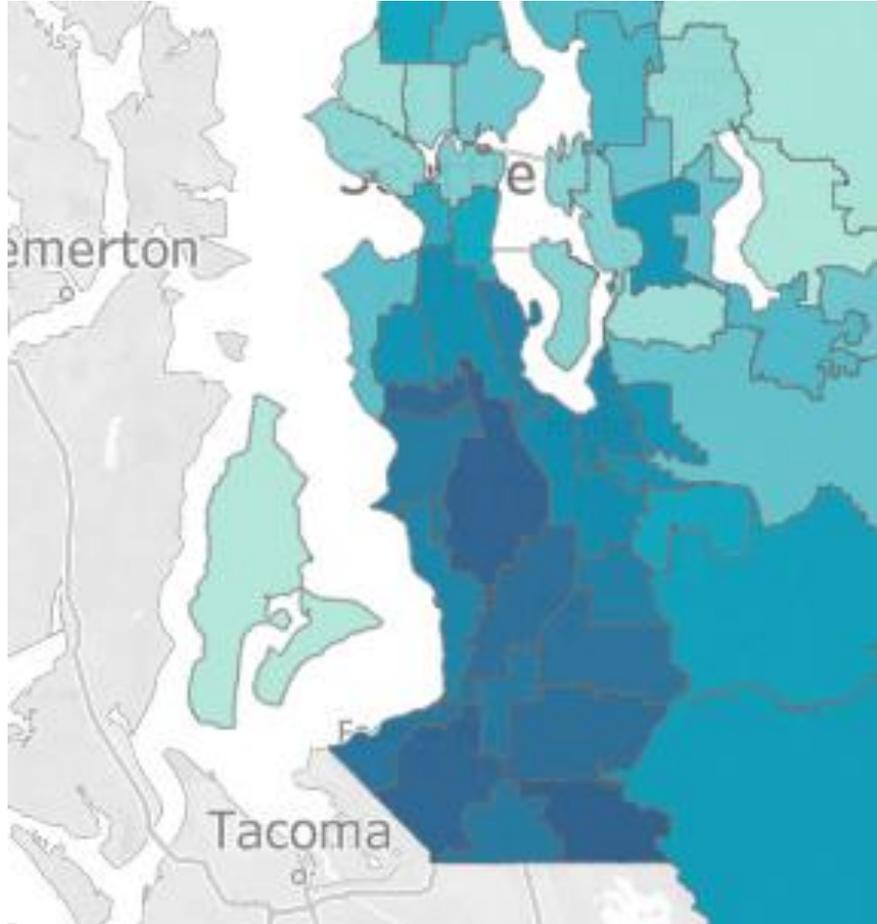
Find options to get tested and answers to common questions.

[Learn More](#)

# 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





# COVID-19 Testing Tracker - % Positive Demographics

Change Denominator To:

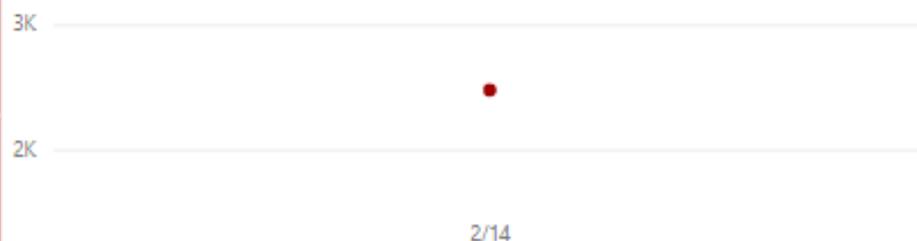
All Positive

All

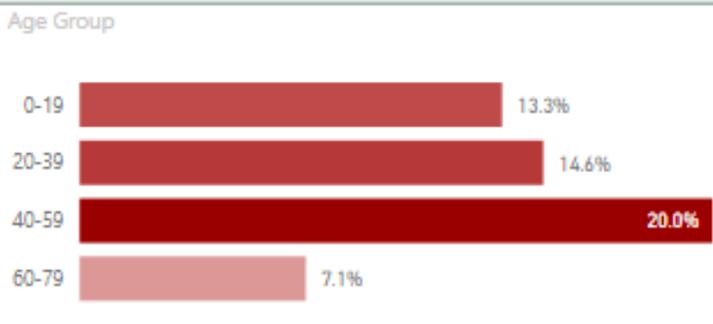
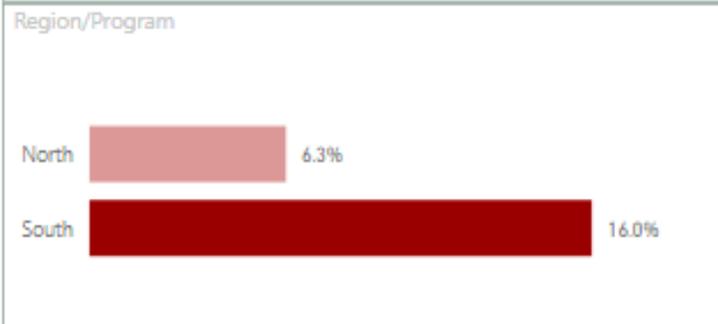
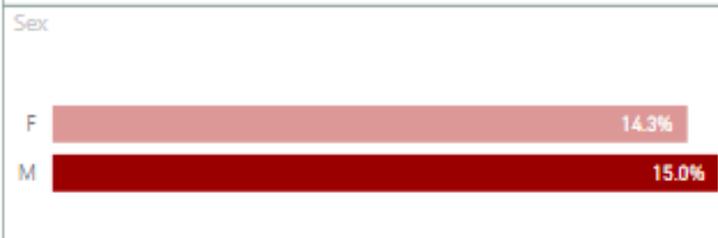
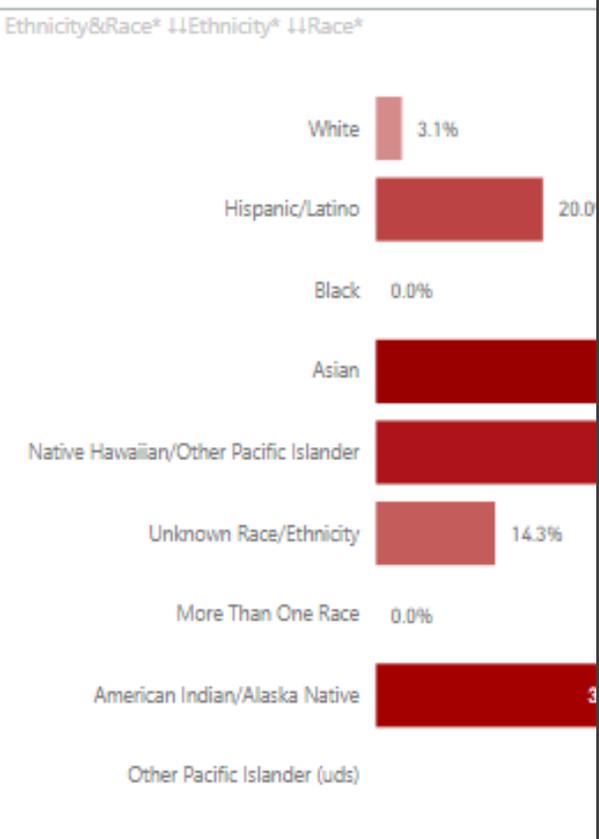
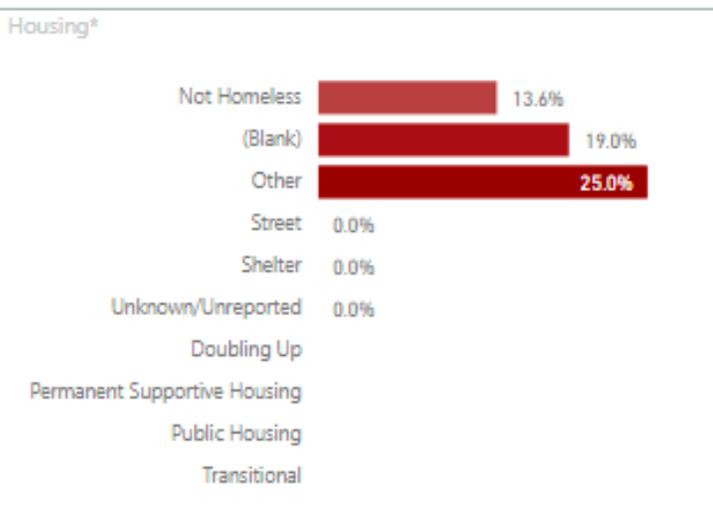
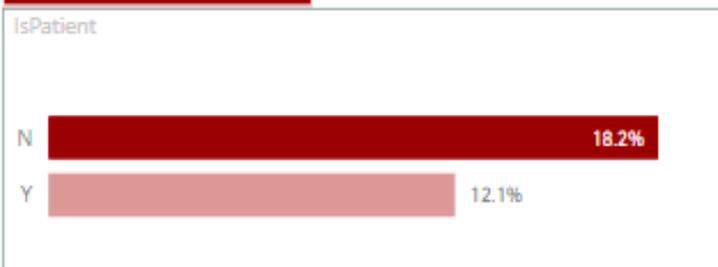
Total Positive  
**16**

Total % Positive  
**14.5%**

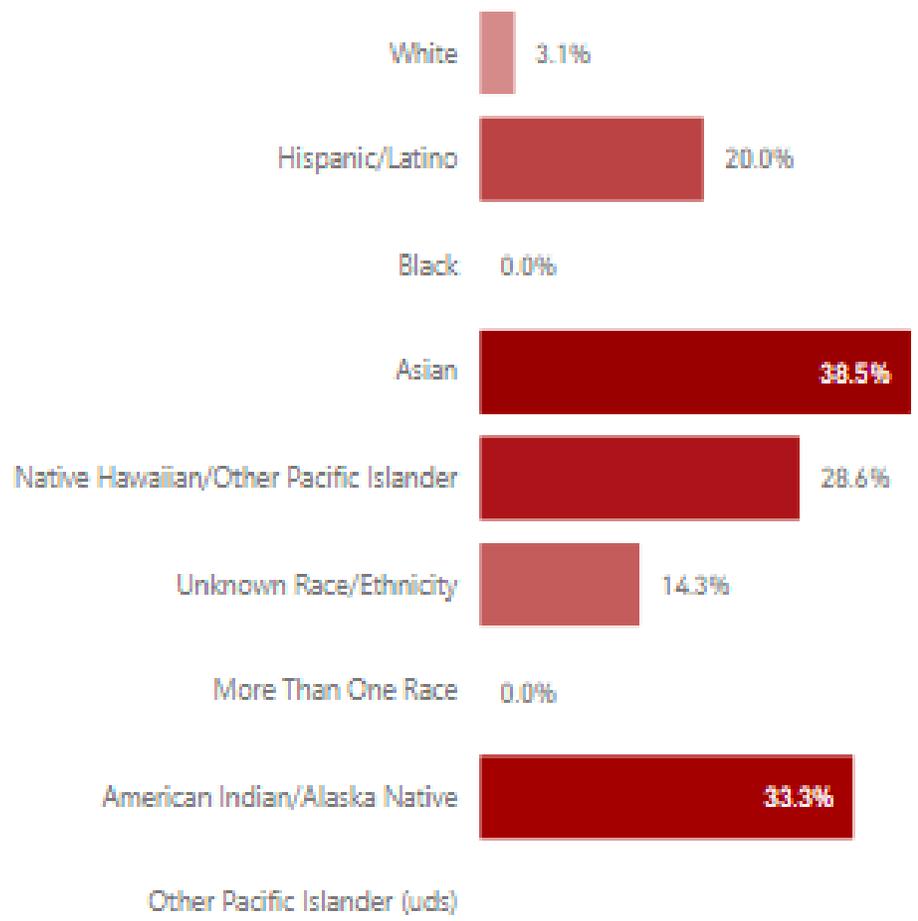
Cumulative Positive by Date [Week](#) [Month](#)



Positive by Date [Week](#) [Month](#)



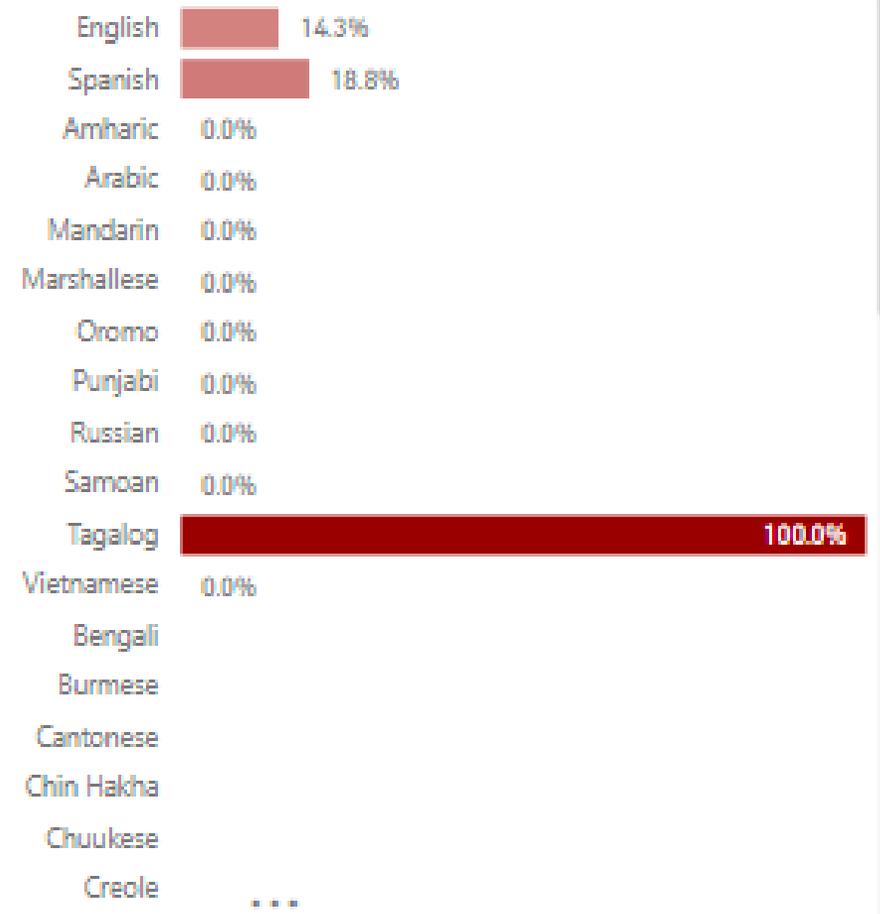
Ethnicity&Race\* Ethnicity\* Race\*



everyone tested

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

Language\*



# of patients needing RN/PCP (answered "yes" to trigger questions)	Appts scheduled by clinic ( <i>already scheduled</i> )	Appts scheduled by PECs ( <i>through live contact</i> )	OB Patients ( <i>mixture of established at HP vs. outside</i> )	Outreach to change 3rd party patient
AUMC   0	AUMC   1	AUMC   1	AUMC   1	Live Co

# 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

# 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.

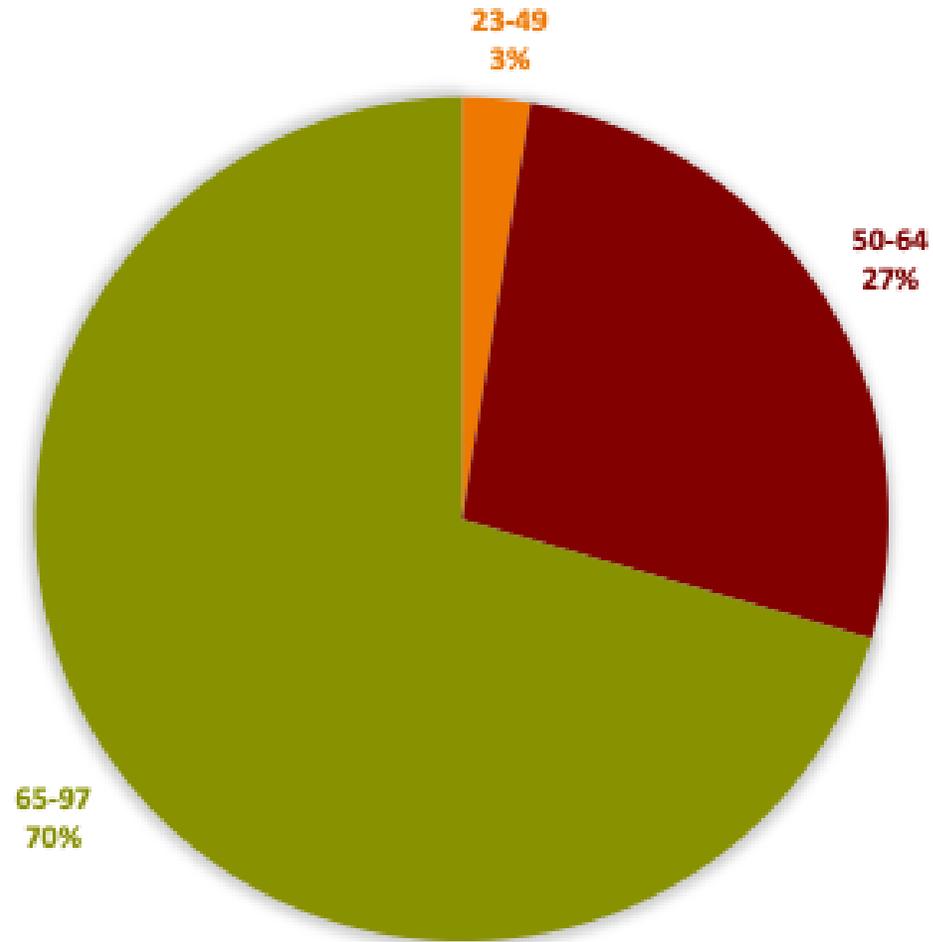
Currently, eligible patients are:

- 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)

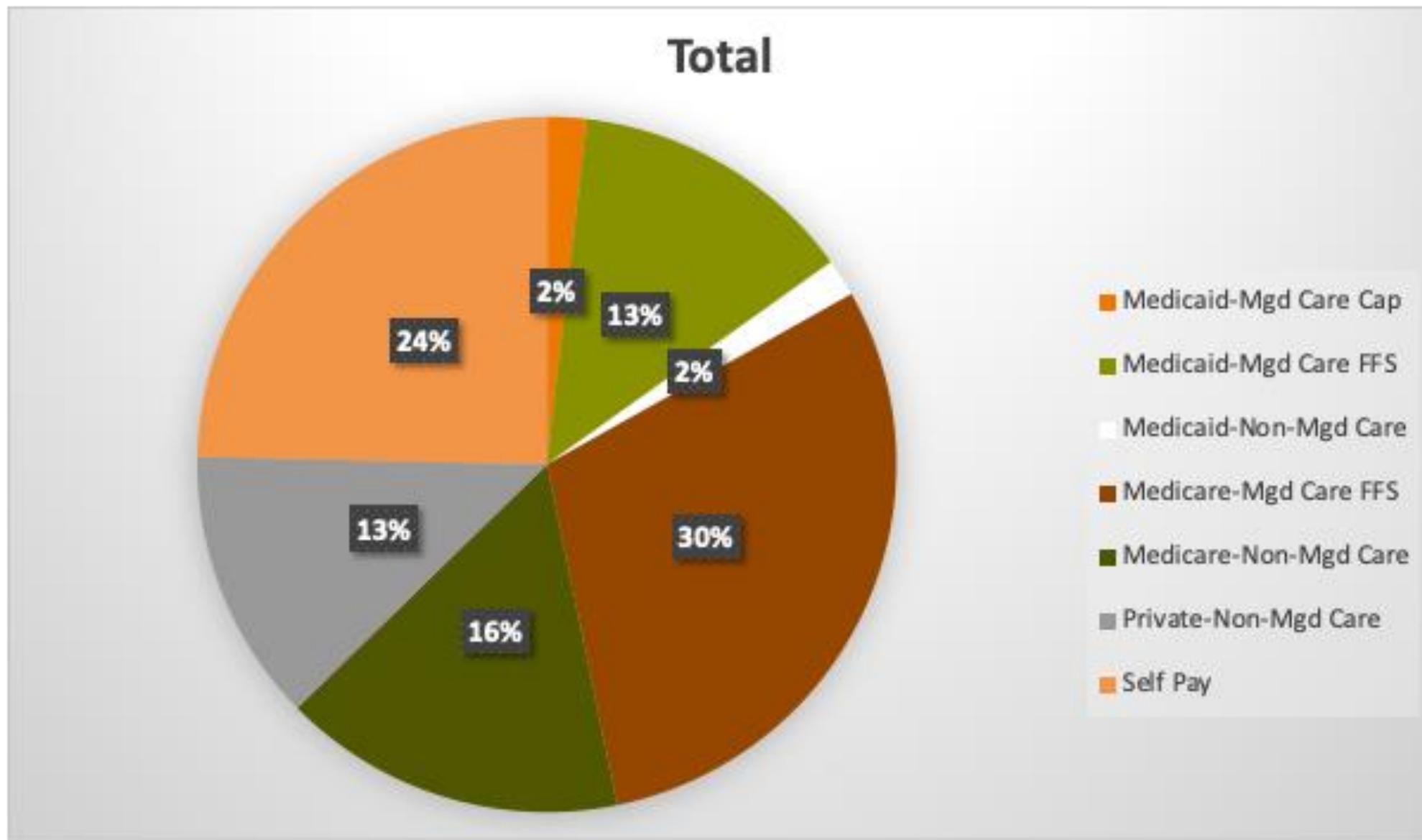
Eventually, everyone who wants to be vaccinated will have access to it.

# Age groups vaccinated 1/27-2/9

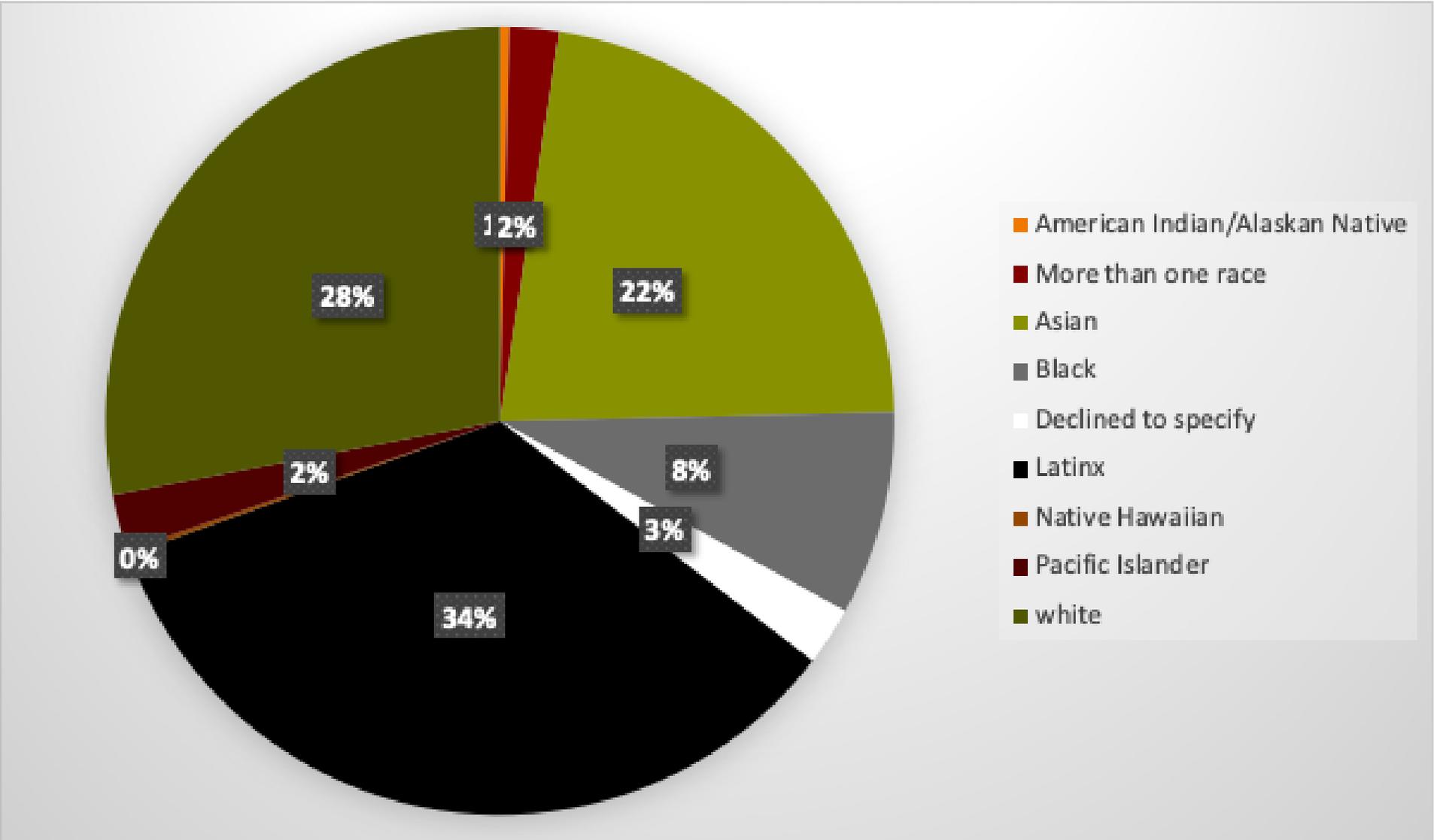
AGE GROUPS VACCINATED



# Patients' financial class



# Race/ethnicity of 1<sup>st</sup> dose vaccine patients



# Vaccination proportions relative to patient encounters

RACE/ETHNICITY	VACCINATED PATIENTS		2020 ENCOUNTERS	
	Count	Percentage	Count	Percentage
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	



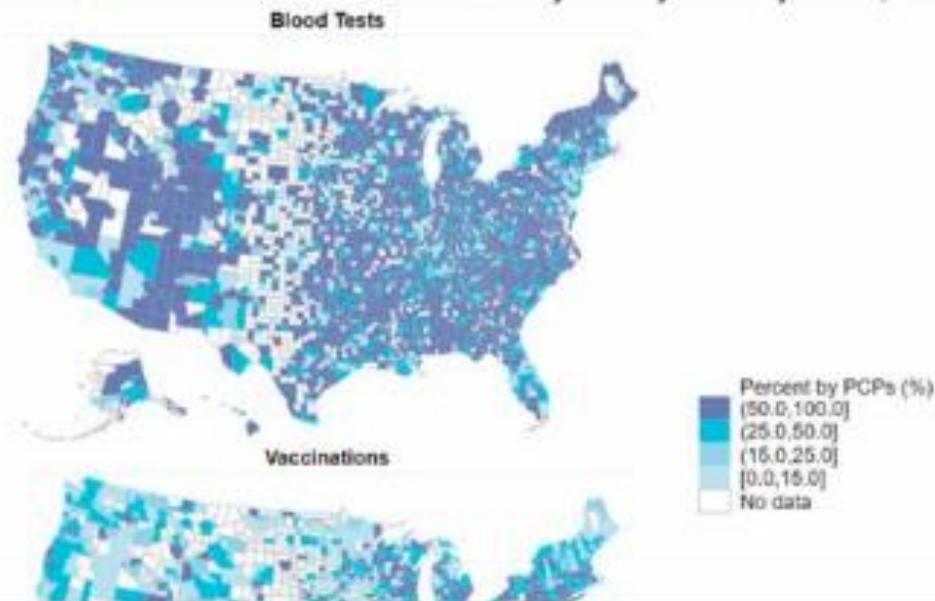
**Annals of Family Medicine** @AnnFamMed · Feb 9



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...](https://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



“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”

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

“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](mailto: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



# 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 therefor 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)

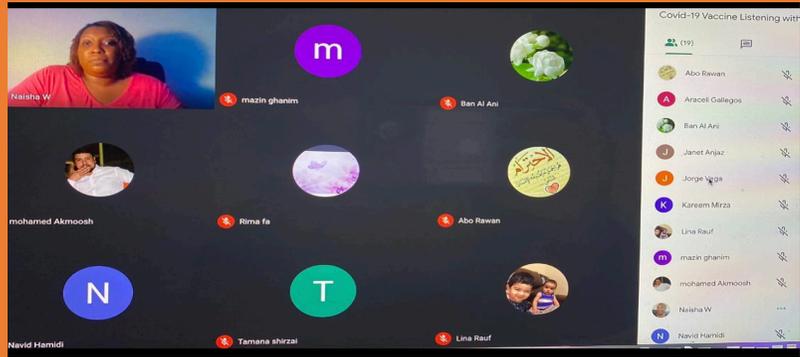
- Vaccine Hesitation

- 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.



# 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





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# Bringing Vaccines to the Community

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- 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

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- **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!



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