

DOH Community Collaborative Session Summary

September 20, 2023 | 3:30 pm – 5:00 pm PT

Welcome and Introduction

Mulki Mohamed, Community Collaborative Thought Partner and Facilitator of the Session, welcomed Community Collaborative members to the meeting. Meeting attendees introduced themselves.

Accessibility & Zoom Navigation

Tom Dineen, KAI Tech Facilitator, reviewed Zoom features and explained how to seek tech/language assistance during the meeting, if needed.

Land Acknowledgement and Overview of Agenda

Mulki read the Land & Labor Acknowledgement (see slides of the meeting for details) and reviewed the meeting agenda.

2023-2024 COVID-19 Vaccines

Heather Drummond, DOH COVID-19 Vaccine Director, provided an overview of the plan. Below is a summary of Heather's presentation. For details, please review the presentation slides.

Changing Landscape of COVID-19 Vaccines

In the past (December 2020 to September 2023), COVID-19 vaccines were supplied freely from the federal government. From September 2023 into the future, COVID-19 vaccines will be supplied commercially, through public and private distribution mechanisms.

2023-2024 Vaccines and Prevention for COVID-19, RSV, and Flu

New formulations for flu and COVID-19 vaccines will be released. (There were no RSV vaccines before 2023.) The vaccines will begin to be distributed soon (now for flu vaccine and RSV vaccine for people 60 years and older, late September for COVID-19 vaccine, and early October for RSV pediatric monoclonal antibodies).

Vaccine Access for All

For pediatrics:

- DOH collaborates with providers across the State to offer all Advisory Committee on Immunization Practices (ACIP) recommended vaccines at no cost for children through age 18.

For COVID-19 vaccine:

- Local pharmacies including CVS, Walgreens, and some independent pharmacies throughout the State will be part of the Federal Bridge Access Program to provide vaccines at no cost to uninsured and underinsured adults at their location.



- Pharmacies may also enroll in the CVP and AVP programs.
- DOH will distribute federally provided COVID-19 vaccines in partnership with local health jurisdictions to support equitable access, especially in areas that may not otherwise have sufficient supply.
- Heather pointed out that it may take a few weeks for all providers to have the vaccine, but by the end of this month or early October all providers should have vaccines.

How Can the Public Find the Vaccines

- The public can find flu and COVID-19 vaccines near them using the following mechanisms:
 - Healthcare providers
 - CDC website (www.vaccines.gov)
 - Federally Qualified Health Centers
 - Provider Map: to find a clinics and organizations enrolled in the Childhood Vaccine Program and/or Adult Vaccine Program
 - Care-A-VAN mobile vaccine clinics: which continues to support COVID vaccine and has also integrated all childhood vaccines including flu vaccine.

Costs of Immunizations

- For insured people, there will be no additional cost for COVID-19, flu, and RSV immunization.
- For children, the Childhood Vaccine Program offers vaccines with no cost.
- For uninsured adults, it may not be as easy as during pandemic. It is an area that DOH is working on to fill the gap.
 - The Adult Vaccine Program providers and pharmacies in the Federal Bridge Access Program will provide COVID-19 vaccines to uninsured and underinsured adults at no cost.

Updates on the 2023-2024 COVID-19 Vaccines

- COVID-19 vaccines are transitioning into traditional distribution pathways and timelines.
- The updated COVID-19 vaccines are formulated to better target currently circulating COVID variants and to better protect against serious consequences of COVID-19.
- CDC recommends everyone to receive at least one dose of the new vaccine.
- Children 5 years and older are eligible to receive a single dose at least 2 months since the last dose of any COVID-19 vaccine.
- Children aged 6 months to 4 years should complete a multi-dose initial series with at least 1 dose of the 2023-24 COVID-19 vaccine.
- Immunocompromised individuals should complete a 3-dose initial series with at least one dose of the 2023-24 COVID-19 vaccine and may receive 1 or more additional 2023-24 COVID-19 vaccine.

Heather noted that the department is anticipating short-term delays for people to access COVID-19 vaccines and they are working to push more vaccines out through the various



distribution channels and get some reimbursement infrastructure finalized. However, providers have begun ordering vaccines, which are beginning to arrive. She encouraged people to plan to schedule appointments and determine where to receive COVID-19 vaccine.

Questions and Answers

During and following the presentation, attendees asked questions via the chat. Questions and response from Heather are summarized below.

Question: What does AVP stands for?

Response: AVP stands for Adult Vaccine Program. Now that COVID-19 vaccines have been commercialized, providers have 2 mechanisms for accessing vaccines. They can purchase vaccine to vaccinate people with public or private insurance and then seek reimbursement via claim submission. Washington State has 2 programs supporting expanded access for people who may be uninsured or under insured. The Childhood Vaccine Program supports anyone 18 or younger to access any childhood vaccine recommended by ACIP. For COVID-19, the Adult Vaccine Program supports providers in accessing complementary vaccine to be administered to under and uninsured adults.

Question: Do providers have to buy vaccine to vaccinate undocumented people?

Response: Undocumented individuals will be eligible to receive complementary vaccine through AVP. Providers participating in the program can leverage the vaccines to vaccinate undocumented people. DOH is working with local health jurisdictions, providers, and others across the State to try and ensure we are reaching areas with limited vaccine access and helping support people in connecting to necessary resources and determining where they can get vaccinated for COVID-19.

Question: How do we know which organizations are enroll in CVP and AVP?

Response: The State Provider Map shows which organizations are enrolled in CVP and AVP.

Question: Does the CVP and AVP also cover the flu vaccine?

Response: Both CVP and AVP cover flu and other vaccines recommended by CDC and ACIP. For pediatrics, providers are required to provide the vaccines; for adults, providers have the autonomy to decide which vaccine to offer.

Question: How long will Care-A-VAN will be able to offer childhood immunizations? Through flu season?

Response: Care-A-VAN continues to support COVID-19 vaccine efforts. The program is connecting to flu vaccines for Children and adults and also has integrated all childhood vaccines through the Childhood Vaccine Program. It's been very busy the last several weeks as children are getting back to school. We are excited to continue the program and intend to continue offering childhood immunizations through the flu season and into next year. We are hoping we can secure additional funding to prepare for back to school and fall vaccination efforts next year as well.



Question: How does the bridge program work for those providers who want to order vaccines?

Response: For providers enrolled in the Adult Vaccine Program, they can order COVID-19 vaccines via the State process. Pharmacies are eligible to connect to the Bridge Program through the CDC. Those vaccines will be purchased commercially and then reimbursed.

Question: Do you think we will be masking again and possibly another shut down?

Response: We have seen an increase in COVID-19 infections in the coming weeks, and we know of many strategies to minimize spread, including masking and vaccinations. Recommending broader use of these strategies could be considered. Shutdowns is something we'd all like to avoid and would rather recommend other interventions.

Question: Looking at the vaccine provider map - is there a map or filter option for Bridge Access Program provider locations? CVS/Walgreens was mentioned, just wanted to clarify if there is a list or online map resource.

Response: All providers participating in the Adult Vaccine Program are eligible to participate in the Bridge Program and access COVID-19 vaccine. Our federal partners are planning to add all providers to the vaccines.gov map as well.

Question: Is there a web page or document with all the updated information so that we can share with others?

Response: <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard#Vaccination>

For more questions, reach out Heather at heather.drummond@doh.wa.gov.

National Preparedness Month: Community Preparedness

Emily O'Donnel-Pazderka, Preparedness Content Strategist, and Erika Estrada, Community Preparedness and Recovery Coordinator, explained the purpose of the National Preparedness Month and introduced DOH's efforts.

Emily shared that National Preparedness Month is an observance every September to raise awareness about the importance of preparing for disasters and emergencies that could happen any time, and this year's theme is Preparing for Older Adults.

Below are resources related to the National Preparedness Month :

- [National Preparedness Month | Ready.gov](https://www.ready.gov)
- [National Preparedness Month | CDC](https://www.cdc.gov/national-preparedness-month/)
- [Preparedness | Washington State Military Department, Citizens Serving Citizens with Pride & Tradition](https://www.wa.gov/military)

DOH's efforts



Erika and Emily took turns to highlight DOH's efforts related to preparedness.

- DOH National Preparedness Month Campaign: Each week, developing and delivering preparedness messaging focuses on a different theme: Be Ready, Be Alert, Be Aware, and Be Connected. All the information can be found on their website (<https://doh.wa.gov/emergencies/be-prepared-be-safe/get-ready>) and on their social media platforms.
- Medication Disaster Preparedness One-pager: Developed in collaboration with the Washington State Pharmacy Association, Emergency Management Division (<https://mil.wa.gov/preparedness>), Department of Health, and Coalition on Inclusive Emergency Planning to address common myths with medication preparedness (<https://doh.wa.gov/sites/default/files/2023-09/420412-MedicationDisasterPrep.pdf?uid=6,4f9ea7e9103d>)

Emily noted that they also created a social media package which is available upon request so that people can share through their own social media outlets.

- Prepare in a Year (EMD) Campaign: It breaks down by month and gives action items. If you follow the plan, by the end of the year you should be prepared for any major emergency in your household. And there is a toolkit online <https://mil.wa.gov/asset/5f171cc0a935f>.
- Transformational Plan
 - Emily highlighted priority 4 of the plan (Emergency Response and Resilience <https://doh.wa.gov/about-us/transformational-plan/emergency-response-and-resilience>), explained its vision and key strategies 2 and 5.
 - Vision: All Washington communities have the information and resources they need to build resilience in the face of myriad public health threats and are well positioned to prepare for, respond to, and recover from emergencies and natural disasters.
 - Key Strategy 2: Collaborate with a myriad of community-rooted organizations, disaster response and recovery partners, and interagency partners to develop, share, and act upon key information in culturally and linguistically appropriate ways related to hazards and emergencies.
 - Key Strategy 5: Support and prioritize community-led solutions to mitigate barriers to optimal outcomes, survival, and resilience for all communities especially those most at-risk through a broad range of community engagement and response initiatives.

Erika highlighted the importance of CBOs in community preparedness, and emphasized that all partners (e.g., federal government, individuals and families, state territorial and insular government, communities, private sector, critical infrastructure, local government, land tribes) surrounding the whole community need to work together to get the preparedness work done.



Discussion

Following the presentation, Emily asked Collaborative members: what gaps, barriers, and needs exist in each of your communities around building capacity in community preparedness?

A Thought Partner shared that because of the nature of the protected class, there is a need to remind government entities of the laws that protect the people in public health emergencies and disasters. The Thought Partner shared the following information via the chat: “I want to share an opportunity from the Dept of Homeland Security - Office of Civil Rights & Civil Liberties (CRCL): We hope you’ll be able to join us for tomorrow’s listening session on disability access at DHS from 4 to 5:30 PM ET. We look forward to hearing from you, whether it’s about recommended practices or concerns about specific programs. We’re also excited to share information from across DHS about efforts to strengthen disability access for the individuals we serve. Please find the registration link: <https://hq-dhs.zoomgov.com/meeting/register/vJl5dO2rrT8uGGWh4oKL7fhTcmXr9mXt9CA>”.

Another Collaborative member shared that to build capacity around preparedness, it would be helpful to have something in place to incentivize people to take on the role to get the messages out in native languages, and to have technical support/resources (e.g., receiving free technical expertise from state agency).

Emily responded that they would take the feedback to their team.

Meeting attendees shared additional comments via the chat:

- “One gap that we have just begun to address is that CIEP has partnered with the Office of the Deaf and Hard of Hearing to produce ASL Emergency Video Alerts in sign language with captioning, voice-over and transcripts that are accessible to people with communication videos.”
- “Building capacity with communities to help establish ethnic media outlets including social media platforms”
- “We have limited resources in terms of training and educational programs. Language and cultural barriers impede communication and understanding preparedness measures. Resources to overcome these barriers would be great.”

For additional suggestions and comments, please reach out to Erika and Emily at Erika.Estrada@doh.wa.gov and Emily.Odonnell-pazderka@doh.wa.gov.

A meeting attendee suggested sending the toolkit, along with presentation materials, to all meeting attendees.

Transformational Plan

Kristin Peterson, Chief of Policy of the Office of Policy Planning and Evaluation, explained that the Transformational Plan is the vision for health in Washington State (<https://doh.wa.gov/about-us/transformational-plan>), and it provides a roadmap for how the



Department strives to improve health in the State. Cited a quote from the Institute of Medicine, Kristin noted that the Department needs a collective approach to public health.

Kristin noted that while the pandemic had devastating impacts on lives and communities and exacerbated longstanding disparities in health, there are shared successes from the pandemic that can be built upon and leveraged (e.g., Care-A-Van, Vaccine Action Command and Coordination, System (VACCS) Center, Vaccine Implementation Collaborative, WA Notify App, WA Verify App, Power of Providers (POP) and Say Yes! COVID Test), and there is an opportunity to reimagine health and do the work differently. She explained that there are many more things that the Department can do and that's why they are bring the plan to the meeting to ask the Collaborative to discuss and provide input so that they can do the work better.

Kristin mentioned that another goal of the Transformational Plan is to keep eyes on the priorities because public health never sleeps, and moving from transactional health to transformational health, which means centering equity and utilizing community voice (e.g., the Healthy Environment for All Act Health Equity Zones). She further explained that the framework for the plan is a recommitment to the commitment to equity, innovation, and engagement. She noted that the plan will shape the policy priorities that the department brings to the legislature for funding and will center their work around how the Department seeks federal funding and grants, and that they want to make sure it is influenced by community priorities.

Priorities, Vision, and Strategies

Following Kristin's presentation, Gina Legaz, Performance and Policy Director, further explained the plan, its vision, and priorities.

Washington State Health Department Vision: Equity and optimal health for all (<https://doh.wa.gov/about-us/vision-mission-and-values>). Cornerstone values: equity, innovation, engagement

The Transformational Plan has 5 priority areas, and each has its specific vision, commitment, and key strategies (https://doh.wa.gov/sites/default/files/2022-08/824002-DOHTransformationalPlan_0.pdf?uid=62e94a09999c9)

- Health and Wellness
- Health Systems and Workforce Transformation
- Environmental Health
- Emergency responses and resilience
- Global and one health: which is a new area that the Department is exploring and is looking forward to new programs and work out of that

Transformations in action

- Innovation and technologies
- Community-centric
- Visibility and value



- Equity-driven
- Collaborative partnerships and engagement

Gina explained that the Department has a one-pager for each of the priority areas and she invited everyone to visit the website <https://doh.wa.gov/about-us/transformational-plan> for more details.

Gina then introduced Health Moving Forward and highlighted some of the transformational efforts that have been underway, including Equitable Response Efforts, Mobile Health, Engagement, Workforce, Behavioral Health/Opioid Fentanyl, Data Access, Climate, Health and Justice Health, and Social Drivers of Health. She shared that the Department has two new offices as a result of the transformational plan (Global One Health Office and Tribal Public Health and Relations).

Gina concluded her presentation with gratitude for the partnerships and welcomed feedback.

For more questions, reach out to Kristin and Gina at: Kristin.Peterson@doh.wa.gov and Gina.Legaz@doh.wa.gov

Breakout Room Discussions

Following the presentation, meeting attendees discussed 3 questions from DOH in breakout rooms. Below is a summary of the collective responses from the 3 breakout room discussions.

Question 1: Do the priorities of DOH's transformational plan resonate with you? If not, what is missing?

Responses:

- Multiple attendees responded that the priorities resonate with them and expressed interest to get more involved.
- Attendees provided the following suggestions:
 - Cross-pollinate trusted messengers and their information so that they have a full picture; not only to include people with lived experience but really lift and support trusted messengers in the community.
 - Supporting and elevating the model that uses community navigators and trusted messengers because when the community navigators are doing that kind of outreach, people in the community open up and share their challenges.
- Attendees also asked questions, to which the DOH team provided responses. Questions and responses are summarized as follows:
 - *Question: Does the transformational plan take into account intersectionalities? Especially in implementation?*
 - Response: Intersectionalities are on the minds of many of us as DOH staff but [I] am not sure if it is in the plan. It is a good reminder to call out the importance of that. The hard part of enacting the plan is the diversity of work at DOH and depth and breadth of the staff.

- *Question: Regarding reimbursement model and more equitable access to funding, how does it come through in this plan?*
- Response: The strategy is to align funding with the goal of equity and health for all. Many things were relaxed during the pandemic, which made it easier to get funding out to CBOs. We are coming back to these constraints as pandemic simmers down. A large goal is providing funding for community-led initiatives. This is a critical systems change that needs to take place.
- *Questions: For priority 2, will there be opportunities for direct service organizations to implement programs that can support workforce equity? Because making that happen needs a bottom-up approach. If people don't know the opportunities exist, they won't be able to access them. We need pipelines. Will those opportunities be available for communities so they can access them?*
- Response: There is work in the upcoming legislature session to develop 'homegrown' healthcare providers.
- *Question: Does DOH have programs that can help create pipelines to bring folks into opportunities?*
- *Another attendee wanted to know how to create a sustained workforce when benefit cliffs exist which creates situations where people lose their benefits as they try to better navigate the system, and what DOH can do to overcome this workforce issue.*
- Response: The DOH team will follow up with information on CDC-funded workforce program.
- Another attendee wanted to know how the State is planning to do for rural areas to have more access to medical services, providers, clinics, as well as access to health insurance for undocumented people.
- Additional comments provided by attendees are summarized below:
 - People who are undocumented are now able to purchase health insurance through the WA Exchange, which is a huge benefit. A version of Medicaid will also become available in WA for undocumented people. However, access to care remains an issue. We can't rely on insurance companies to ensure that access. It is nice to see WA pushing for progressive actions.
 - The word innovation can be a challenge to certain communities (e.g., immigrants and refugees). People may think that they could get 'punished' because they are unsure how to fit into sometimes unknown or invisible criteria.
 - An attendee expressed appreciation for DOH's work and commented that the plan overall is very positive. The attendee wanted to know that there is accountability in the plan, see struggles of different communities as the driver of what is moving DOH, and hear that disparities are being addressed by the system. She encouraged DOH to capture the diversity of people living in the Washington State.

Question 2: DOH's cornerstone values of equity, innovation, and engagement are critical elements of transformation. What do they mean to you?

Responses:



- Comment from the chat: “For the second question, I think engaging communities is key, which can help identify specific health needs, cultural preferences, and social determinants that impact health outcomes.”
- In terms of engagement, an attendee shared that he thinks agencies need to engage members of the community with lived expertise and convene advisory panels with lived expertise (especially outnumbering people in administrative and elective roles) from the beginning.
- Another attendee noted that we need engagement and true partnership. We need to examine the ways in which things have been done historically and trust communities for innovative approaches to many of the systemic problems and give them autonomy and support them to create and develop things and for themselves.
- Another attendee commented that engagement is a process and commitment, and it is often used loosely. As a cornerstone value, it is nothing to disagree with, but it is important to remember that engagement is a commitment. Building trust is very important and working with CBOs is important. DOH needs a clear understanding in their role in the long-term commitment of engagement.
- In terms of innovation, an attendee agreed that it is emphasized in the Transformational Plan. The attendee emphasized that closing the gap of accessibility is especially important. When moving toward with the vaccine commercialization, need to consider vulnerable populations that face accessibility needs and intersection of rural health. The attendee suggested continuing the tools and resources that DOH can provide and expanding Care-A-Van services.
- Another attendee commented that engagement and innovation are very important, and that it is important to know and consider feedback from CBO (e.g., how things are going) so that DOH can better serve people in Washington State.

Question 3: What actions would you prioritize to improve health for all Washingtonians and advance health equity?

Attendees provided the following comments

- Relationship building. Trust has been damaged in the past and can only be regained by building relationship.
- Address racism and build trust with the government
- Clear communication
- Use trusted messengers with different backgrounds to reach diverse communities
- Utilize community leaders from different communities
- Living in a rural community communication between organizations is a huge barrier for certain population.
- Different communities value and prioritize different aspects of their health. It is important to engage with the community and know the communities we are working with and what their values are.
- An attendee shared that she has been working remotely and wished there were more opportunities/events for DOH/agencies/healthcare workers to meet community members in-person.



Next Steps and Closing

Mulki acknowledged the National Hispanic Heritage Month (September 15 to October 15) and announced that next Community Collaborative Session will be on October 18, Thursday.

Community Collaborative Contact Information:

For more question, comments, or considerations, please contact Community Collaborative:

- Juliet Kwakye, Health Equity Communications Outreach Coordinator
at Juliet.Kwakye@doh.wa.gov
- Frances Limtiaco, Community Investments and Engagement Manager
at Frances.Limtiaco@doh.wa.gov
- Community Collaborative at community.collaborative@doh.wa.gov

Adjournment

The meeting was adjourned at 5:00 pm.