

Mayor's Council on African American Elders

C/O – Aging and Disability Services, Seattle-King County
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March 19, 2021
Zoom Meeting

Members Present – Dr. Benjamin Abe, Interim Chair, Paul Mitchell, Claudette Thomas,
Guests – Christymarie Jackson, DOH Equity & Social Justice Consultant, Tara Bostock, DOH Health Communications Lead, Charlotte Antoine, Paula Williams
ADS Staff – Brent Butler, Cathy Knight, Karen Winston

I. Introductions

Following introductions, two individuals seeking appointment to the MCAAE were also introduced - Paula Williams and Charlotte Antione.

II. Vaccine Focus Group Follow-Up

In October 2020, Tara Bostock, WA Department of Health (DOH) attended the MCAAE meeting and conducted a vaccine distribution focus group. She came back to report on vaccine distribution efforts since then. Tara was joined by her colleague Christymarie Jackson, a DOH Equity and Social Justice Consultant, leading the community engagement for African American communities.

How DOH Approached Engagement

Christymarie began describing how DOH implemented a broad mixed approach for community engagement that included:

Focused Engagement – Qualitative research, key informant interviews, group interviews, community conversations, and focus groups.

Broad Engagement – Public feedback opportunity via web-based survey, and public comment letters from stakeholders and constituents.

Stakeholder Engagement – Presentations to key stakeholder groups, coalitions, community partners, and public health partners.

Community Group Representation included disproportionately impacted communities, essential sectors, services sectors, industries, health care and public health partners, and other high priority communities, groups, and sectors.

Washington State Counties – A total of 37 Washington state counties were also involved.

What DOH Learned from Engagement

History is impacting community comfort and trust of the future COVID-19 vaccine.

- History of systemic and institutionalized racism impacts community response to the government and vaccine & medical experimentation adding to distrust.
- Concern that the distribution will be inequitable for BIPOC communities and other historically marginalized groups.

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- Skepticism for why Black people would be offered vaccine first when historically Black people are last to receive benefits and opportunities.

There is a lot of fear about the safety and efficacy of the vaccine.

- Questions and concerns about the safety and efficacy of the future COVID-19 vaccine.
- Specific fears about a mandated vaccine.

Prioritization of key groups included:

- Farmworkers, elders; people with disabilities, Black, Indigenous, and People of Color (BIPOC) communities; and people experiencing homelessness should be stronger.
- People who are incarcerated may have identities and risk factors that would put them in a different phase of priority.
- There is a need to think more broadly about “congregate settings.”

Many essential services sectors feel left out and under-prioritized.

- Certain groups are very concerned their front-line workers will not be considered in the first round of vaccinations.
- BIPOC communities are disproportionately represented in the essential service sector

DOH COVID-19 Vaccine Equity Strategies

Following community engagement, DOH developed the following key strategies to address inequities in a transparent way.

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. Invest in trusted community leaders, messengers, and organizations.
5. Ensure all communications, education and outreach efforts are culturally and linguistically appropriate and accessible.
6. Strengthen the public health system’s ability to center communities in vaccine outreach and access.
7. Foster opportunities for collaboration.
8. Support a trauma-informed approach to vaccine conversations.

DOH Current Work

Based on the above-mentioned strategies, DOH focused work on:

- A COVID-19 Vaccine Collaborative (see Collaborative Space information below)
- A mini team working on engagement and outreach around the vaccine for the African American/Black population
 - Collecting thoughts, barriers, concerns, and needs to elevate
 - Provide support from the state level, answers to questions, and materials
 - Simple factsheet,
 - A discussion guide, and
 - Safety and efficacy information

DOH Strategies to Address Vaccine Hesitancy in the Black Community

- Work with trusted messengers, leaders, and health care providers in the Black community.
- Fund community-based organizations and partners to lead vaccine efforts and testing sites.
- Work to rebuild partnerships and relationships with the Black community through transparency.
- Recognize the historical trauma and systemic racism that contributes to hesitancy, while also debunking myths.
- Provide accurate, timely and culturally relevant information.
- Meet the community where the people are.
- Listen to understand the communities needs and barriers to getting vaccinated and moving to action.
- Provide reassurance that the Black community will be prioritized.

The Collaborative Space

The Collaborative was created to support planning and vaccine efforts guided by the state. It is a space where participants provide feedback on DOH outreach efforts, phases, tiers, etc., while DOH provides information specific to community and/or community needs. The Collaborative is open to anyone who wants to:

- Support COVID-19 vaccine planning and implementation efforts as guided by state and federal guidance.
- Provide feedback on COVID-19 vaccine outreach efforts to ensure messaging is community-driven and builds vaccine confidence and trust within Washington communities.
- Share COVID-19 vaccine updates and materials with their respective communities/sectors and other Collaborative members.
- To join, visit the DOH website at:
www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement/Collaborative

Who should join?

- Leaders, partners, and representatives from communities and sectors disproportionately impacted by COVID-19, and vaccine partners.
- For more information visit – www.doh.wa.gov/VaccineCollaborative

As of March 19, the tier phases are listed below. Note: These dates may change again, so check the DOH website for the latest information.

Phase 1B Tiers		
Tier 1	<i>December 2020 – present 2021</i>	<ul style="list-style-type: none"> All people 65 years or older All people 50 years or older in multigenerational households (home where individuals from 2 or more generations reside such as an elder and a grandchild)
Tier 2	<i>March 17</i>	<ul style="list-style-type: none"> People 16 years or older who are pregnant or have a disability that puts them at high risk for severe COVID-19 illness.
Tier 3	<i>March 31</i>	<ul style="list-style-type: none"> People 16 years or older with 2 or more co-morbidities or underlying conditions (includes people 60 years and older)
Tier 4	<i>March 31</i>	<ul style="list-style-type: none"> People, staff, and volunteers in congregate living settings: Jails; group homes for people with disabilities; people experiencing homelessness that live in or access services in congregate settings

The Vaccines

All three greatly reduce your chance of getting seriously ill or dying from COVID-19.

Pfizer-BioNTech	Moderna	Johnson & Johnson
2 doses, 21 days apart	2 doses, 28 days apart	1 dose
Age: 16+	Age: 18+	Age: 18+
<ul style="list-style-type: none"> 10% of participants identified as Black/African American 13% of participants identified as Hispanic/Latinx 6% identified as Asian 1.3% identified as Native American 69.7% identified as White 	<ul style="list-style-type: none"> 10% of participants identified as Black/African American 20% identified as Hispanic/Latinx 4% identified as Asian 3% identified as “of other descent” 63% identified as White 	<ul style="list-style-type: none"> 17% of participants identified as Black/African American 3.5% identified as Asian 8.4% identified as American Indian or Alaska Native 0.25% identified as Native Hawaiian or other Pacific Islander 8.6% identified with multiple races, or race was unknown or not reported 62% identified as White In addition, about 45% of all participants identified as Hispanic/Latino.

Getting an Appointment – By May 1st, everyone should be eligible for the vaccine.

1. Visit the [Phase Finder web form](#).
2. View a list of [vaccine locations](#).
3. 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.
4. Ask for the hotline to add your cell phone to PhaseFinder if you have text messaging.
5. Call the sites to get an appointment.
6. At the appointment, tell the vaccine provider that the COVID-19 hotline confirmed your eligibility.
7. Other resources are available on: <https://coronavirus.wa.gov/partner-toolkit/covid-19-vaccine-phase-finder>
8. Use www.vaccinefinder.org to find out which pharmacies are distributing the vaccine.

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.

Resources

- COVID-19 Questions: COVID.Vaccine@doh.wa.gov
- Equity & Community Engagement Vaccine Information: <https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/Engagement>
- More information, FAQs, tools, and resources available at: <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>

Question: Can people who work in shelters go to any site to get vaccinated, and do they need to show identification?

Response: People who work in shelters should not be required to show ID and they can go to any vaccination site to get the vaccine.

Question: For people who are international travelers, can you get a stamp for the CDC Form 731 to show that they have been vaccinated?

Response: Not sure. We will look into it and will follow-up with you.

Question: With social media’s ability to share so much information, why is so difficult to convince Black and Brown people to get the vaccine?

Response: There is such an abundance of information, and so much fake news, that people are not as trusting in the information that is coming out. The challenge is re-directing people to the right information.

Question: Has DOH conducted a pre & post survey of vaccine attitudes among BIPOC elders? Also, are you counting the number of African American elders who have been vaccinated to date in Washington state?

Response: There is data for race and ethnicity, but no intersection of the two. We do not have data re attitudinal shifts.

Question: Could you discuss your partnership with King County Public Health?

Response: We have access to several local public health jurisdictions, and we are trying to work in partnership with all of them.

III. Legislative, COVID-19, and Age Friendly Updates

Federal

- President Biden's \$1.9T COVID Relief package has passed. As a result, close to \$7B will be coming to Washington state, and some of that will come to ADS thru the Older Americans Act (OAA) funding. It will allow ADS to continue to address nutrition, vaccinations, and social isolation, as we continue to deal with COVID through the fall.
- We are hoping the funding will establish a new baseline for OAA funding. This is needed to address the growing needs among older adults.

State

- The revenue forecast came out this week and it is very positive in terms of anticipated revenues for Washington state.
- This will allow ADS to continue to do our work, which is keeping people out of nursing homes for as long as possible.

COVID-19 Vaccine Update

- Getting people vaccinated is our #1 priority right now and staff are helping with this effort, including making sure that homebound people get access to vaccines.
- Staff are also working to address some of the vaccine hesitancy efforts.
- AAEP Nurse – Some of the additional funding will be used to fund a nurse to make home visits to homebound clients to address social isolation, and make sure they have access to the vaccine. The funding would not be permanent, but it would be a start.
- Next month, Cathy will report on the resources ADS will receive to address the needs in communities.

Question: Will some of that funding be used to help elders who cannot afford their rent?

Response: There is funding in the COVID Relief package to address housing, however, the funding ADS receives is not for housing or rental assistance. There are emergency resources for housing, and I can report on that at the next meeting.

Age Friendly

- Brent reminded everyone that the 2021 Age Friendly priorities are: 1) Connectivity; 2) Inclusion; and 3) Access.
- Vaccination hesitancy is problematic. Age Friendly is working with partners to address this issue among foreign born elders, e.g., Africans and Russian speaking elders who have the highest vaccine hesitancy. They are using the trusted messenger approach to provide accurate information to these communities.
- Brent reported that the Age Friendly 2020 Annual Report has been approved by the HSD interim director, Helen Howell. The report is now available on the ADS website, www.agingkingcounty.gov.
- Age Friendly will continue to make sure that we are standing up the wisdom and knowledge of older adults.

IV. MCAAE Recruitment Updates

- Karen acknowledged Dr. Brenda Jackson's efforts to get elders vaccinated. Not only is Dr. Jackson identifying people who want the vaccine, she also volunteers at vaccine sites! She is amazing!
- The paperwork for re-appointments, for Claudette Thomas, Dr. Jackson, Dr. Abe, and Paul Mitchell, has been submitted to the Mayor's Office for review and approval.
- Also, four individuals have applied for appointment to the MCAAE. Karen will submit the paperwork for appointment after March 31. All four were invited to participate in meetings while waiting for their appointments to be confirmed. Joining today's meeting are:
 - **Paula Williams** is originally from California. She is a tax accountant and moved to Seattle in 2019 to be closer to her two daughters. Before leaving California Paula was an active Rotary Club member since 2005.
 - **Charlotte Antione** retired from the University of WA after working there for 20 years as a program support supervisor. She is involved in community outreach work at her church.

V. April Meeting

- The guest speaker for the April meeting is from Community Health Partners of WA.

The meeting was adjourned at 3:30 p.m.