

DOH COVID-19 Vaccine Implementation Collaborative Minutes:

May 4th, 2022 | 4:00pm – 5:30pm

I. Welcome & Land Acknowledgment – Lin Crowley, Thought Partner

- This session was facilitated by Lin Crowley, who is the co-chair of the Asian Pacific Islander Coalition (APIC) and the executive director of Multicultural Service Center of South Sound (MSCSS).
- Learn more about APIC here: <https://www.apicsouthpugetsound.org>
- Learn more about MSCSS here:
<https://www.multiculturalservicecenterofsouthsound.org/>

II. Moving ForWARD – Dr. Umair Shah, Washington State Secretary of Health

- As Washington's COVID-19 response continues to evolve, DOH is laying out its long-term [ForWARD plan](#) to keep people safe and healthy as we move to the next phase of the pandemic and co-exist with COVID-19 for the foreseeable future.
- Please refer to the [presentation slides](#). The below notes highlight the summarized key points.
- The WA State Department of Health (DOH) holds three cornerstone values: Equity, innovation, and engagement. It is extremely important to note that the work we do leads with equity, does not end with equity, and that equity is centered. The Collaborative has been a significant part of our work in Public Health. I'd like to recognize the incredible efforts that the Collaborative has made and the work you have done alongside us, thank you. The ForWARD plan tackles the question of *how do we coexist with COVID even when it's no longer at the forefront of our mind?* There are three priority areas in this plan: engagement and empowerment; prevention, tools and access; and system readiness, support, and capacity.
- Engagement & Empowerment
 - We continue to monitor science and the latest information to inform our ongoing COVID-19 work. We provide guidance, tools, information and resources that are culturally responsive and accessible.
 - We build trust through community engagement. People at the federal, state and local level (such as government officials or DOH) must work together with our community partners to build trust.
 - In addition to trust, dignity, equity, and access are also very important. We must make sure that there is dignity of people, that we are equity driven, and that there is access to the work that we are doing and engaged in. One example of this is the Care-A-Van initiative.
- Prevention, Tools and Access
 - There have been 8 million at home tests delivered across the state – Say Yes! To COVID Test

- We are supporting ongoing strategies for fighting misinformation, supporting the connection between global and domestic health work especially for vaccine equity, advocating for healthier environments including ventilation, incorporating newer strategies for a response from elsewhere, and investing in public health and the well-being of communities.
 - We continue to ensure equitable and on-going access to vaccines, and boosters to all Washingtonians. Our work is informed by our [8 vaccine equity strategies](#).
- System Readiness, Support & Capacity
 - We utilize a variety of tools to monitor the impact of COVID-19 on the health care system. Our ongoing efforts will include supporting response and workforce resiliency efforts across the public health and health care systems through multi-agency coordination at the local, state and federal levels.
 - We take an equitable approach to the distribution and allocation of COVID-19 [treatment and therapeutics](#) to ensure access.
- Governor Inslee signed a new law in March that requires all state agencies to develop a [Pro-Equity Anti-Racism \(PEAR\) Plan](#).
- Below are some links shared by Dr. Shah:
 - Moving ForWard Plan: <https://doh.wa.gov/sites/default/files/2022-03/WAForward.pdf>
 - WA DOH YouTube channel: <https://www.youtube.com/user/WADepartmentofHealth/videos>
 - We Asked Kids about the COVID-19 Vaccine (video): <https://www.youtube.com/watch?v=auBOYSyua0>
 - The Walla Walla video shown in the presentation will be posted to this YouTube channel soon.

III. **Racism is a Public Health Crisis in Washington – Jan Marie Ward and Jeff Ketchel, Washington State Public Health Association (WSPHA)**

- Jan Marie Ward - WSPHA President-Elect
- Jeff Ketchel – WSPHA Executive Director.
- Please refer to [presentation slides](#). The below notes highlight the summarized key points.
- WSPHA's goal is to bring together public health professionals, community members, community organizations and broader organizations that engage in serving the health of the public and improving the health of all communities. We are strongly committed to embodying the values of diversity, equity, and inclusion in our actions, policies, advocacy, events, and membership.
- Racism has led to distrust in our communities amongst BIPOC. This has resulted in BIPOC distrusting healthcare, police, programs and services, and government. Over the course of the pandemic, it has become even more clear that we must confront racism as a public health crisis. **Together we must dismantle and deconstruct dominant systems of power and oppression, and with all communities, innovate and construct a healing and equitable future.**

- Across the nation, there have been 240 resolutions made acknowledging that racism is a public health crisis adopted by counties, cities and jurisdictions. Resolutions are not legally enforceable but can drive meaningful change.
- WSPHA is engaging in this work now because although white supremacy is not as overt as it was in America decades ago, many systems remain in place that continue to bring harm to Black, Indigenous, and people of color.
- The action plan includes strategies to improve advocacy, education, allyship and accountability.
- For questions about this presentation, contact Jeff Ketchel at jeff@wspha.org or 206-261-5122.
- **Below are some links shared by WSPHA:**
 - Map showing what jurisdictions have declared racism is a public health crisis: <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>
 - WSPHA Racism Resolution and Action Plan: <https://drive.google.com/file/d/1GnutkWzgjwLCzEAdA81-gZx7KxHfkhxe/view>
 - WSPHA homepage: <https://www.wspha.org/>
 - WSPHA Annual Conference for Health: <https://www.wspha.org/conference-homepage>

IV. Small Group Discussions

- Collaborative Space transitioned to breakout rooms based on the strategies identified in the [WSPHA Resolution and Action Plan](#): advocacy, education, allyship, and accountability.
- Small group discussions provide an opportunity for partners to connect in smaller spaces and share their vision, perspective, insights and feedback.
- Please see the discussion questions below. Due to time, we were not able to dive into all the discussion questions listed below. DOH/WSPHA will work together to hold additional collaborative engagement opportunities.
- Overall Questions:
 - *What are your reactions or thoughts related to the resolution + action plan?*
 - *Are there existing projects or programs with similar strategies and actions that WSPHA should be familiar with and/or connect with?*
 - *Would you like to work with WSPHA and if so, how? How can we keep you best informed of this work?*
- Breakout Room Specific Questions
 - *Accountability: What recommendations do you have so that WSPHA's actions model strong EDI leadership in transforming our public health system? How can power be shared?*
 - *Advocacy: Are there initiatives or legislation (local, state, or federal) that should be proposed or supported by WSPHA?*
 - *Allyship: How can WSPHA best support your efforts to eliminate racism?*
 - *Education: What educational resources (trainings, webpages, etc.) should WSPHA be sharing with its audience?*
- **Accountability**

well-being of low-income and immigrant communities, specifically.

- Whenever it's time to give out information, it should be considered that not everyone uses social media and there are those that can't read or write. There's a need for other ways to share information.
- It would be helpful to ground the claim that racism is a public health crisis in history. Partners don't see how communities of color are centered in this conversation. This is not a critique, but rather an invitation to center communities of color into this conversation. Be sure to separate the idea that communities of color are unhealthy vs. the environment surrounding communities of color make these communities unhealthy, but that it's not the individuals themselves that are unhealthy.
- How will this resolution/this work be operationalized with public health members/jurisdictions where there are politics at play and where anti-racism work is given lip-service but not fully embraced?

- **Allyship**

- What are your reactions or thoughts related to the resolution + plan?
 - One recommendation is that WSPHA facilitate on-going workshops and conversations to share resolution plan with partners across the state and in different languages.
 - Adding on, on-going workshops and conversations between WSPHA and community partners would help create safety and trust to have open conversations and receive feedback.
 - There have been many advances as it relates to equity and access through the COVID-19 pandemic (recognizing the disproportionate impact on communities, community pop-ups, community investments, and language access, to name a few). We need to ensure the Racism is a PH Crisis resolution builds upon this and advances infrastructures to support and maintain it.

- **Education**

- What are your reactions or thoughts related to the resolution + plan?
 - Partners shared general excitement and enthusiasm about resolution including what they would like to see happen next
 - *I'm very happy you have made a stance! As leaders it is important to make an official public stance.*

- Racism, white supremacy and the social determinants of health (SDOH) are all intersected. It is meaningful to see local counties make declarations across the state and nation.
- The Racism is a PH Crisis discussion needs to be brought forth and discussed in all non-public health spaces, including, and strongly tied to, educational systems (i.e., teach in Chemistry, History, throughout K-12). These discussions happen very often in PH and/or community specific spaces, with individuals who are very familiar with the impacts of racism on health.
- Partners encourage the use of media and public platforms to share resources, learnings and teachings. Example: *What is the SDOH, what is racism and how does it connect with health?*
- It should provide explicit examples of why these aspects (Racism and Health) are intersected at the systemic, institutional and local level, illustrating why. It should bring people along with the discussion
- Partner shares the importance in access - specifically language access. Ensure everyone can follow along in the discussion regardless of what language they speak.
- Partners interested in connecting with WSPHA and providing an opportunity for WSPHA to share resolution in community specific spaces such as:
 - Lin Crowley - Asian Pacific Islander Coalition (SPS), Multicultural Service Center of South Sound
 - Valerie Hunt – Seattle Central College
 - Priya Jayadev - Clallam Mosaic
 - Suggestion to connect with the Faith Action Network

V. Closing Remarks