

Principles for Equitable Vaccine Delivery

In King County, our unified regional strategy is to equitably, efficiently and quickly vaccinate as many King County residents as possible in order to get the pandemic under control.ⁱ This is essential so that we can save lives and reopen our schools and businesses. We stand ready to collaborate with partner organizations that share our commitment to ethicalⁱⁱ and equitable delivery of COVID vaccine.

Across the nation and in our region, COVID-19 has had disproportionate impacts on specific populations based on race and ethnicity, age and geography. For example:

- In King County, communities of color have higher rates of COVID-19 compared to White residents; 4-5 times higher among Hispanics/Latinx residents and Native Hawaiian/Pacific Islanders, 2-3 times higher among Black and American Indian/Alaskan Native residents, and 23% higher among Asian American residents.ⁱⁱⁱ
- Case rates vary widely by geography, with wide swaths of South King County and pockets in the far north and east of our county experiencing positivity rates that are five times higher than in other areas.^{iv}
- While less than 10 percent of all COVID positive cases are among people 65 plus, this age group accounts for nearly 85 percent of all COVID-related deaths.^v
- Preliminary data indicates that vaccine uptake is higher among white residents in King County compared to residents of other races and ethnicities in King County.^{vi}

To address these inequities, Public Health – Seattle & King County (PHSKC) requests all partners and providers join us in adopting an intentional strategy to ensure equitable access to vaccine.

Grounding Principles

King County's pledge to equitable vaccine delivery is rooted in a deep commitment to equity and social justice^{vii} and aligned with PHSKC and the King County Executive's declaration that racism is a public health crisis.^{viii} Together with our partners we will strive to:

Remove barriers that deter access: For specific population groups disproportionately impacted by COVID-19, partner with communities to identify barriers (such as distrust based on historical and continuing racism, past practices, language access, transportation) and assets to tailor vaccination outreach, education and services to community accordingly.^{ix}

Create an inclusive process: Include people disproportionately impacted by COVID-19 early, continuously and meaningfully. Incorporate these individuals and representatives of the trusted community-based organizations that serve these communities in COVID vaccine planning, implementation and after-action review processes.

Be intentionally anti-racist and accountable to Black, Brown, and Indigenous People of Color (BIPOC) communities: This means promoting a respectful and culturally responsive approach to vaccine delivery where we respond to community needs and preferences, continuously learn and adjust based on what we hear from impacted communities, support models that are community developed, and publicly share data on race and ethnicity of people served in order to measure our progress toward providing meaningful access for communities hardest hit by COVID-19.

Multi-Modal Vaccine Delivery

Principles for ethical and equitable vaccine delivery apply across all modes of vaccine delivery. King County is embracing a multi-modal COVID-19 vaccine delivery strategy that seeks to move as efficiently and quickly as possible to meet people where they are, builds trust and allows for the highest level of convenience and access.

The major delivery mechanisms include:

- Hospitals and health care systems
- Community health centers
- Pharmacies
- Employer-based vaccination clinics
- High-volume community vaccination sites
- Mobile vaccination teams
- Community-based pop-up vaccination clinics

Principles in Action

Across all vaccine delivery modes, PHSKC requests that partners align with the following practices:

1. **Focus on Highest Risk and Most Impacted:** While the vaccine supply remains very limited and the population of individuals eligible for vaccine^x far exceeds available doses, prioritize appointment availability and access for eligible individuals who are at highest risk of serious illness and death, and who live in King County geographies with the highest incidence of disease. For example, in the current stage of Phase 1B1, PHSKC recommends prioritizing appointment availability for individuals 75 and older and for those within the intergenerational groups identified by the State Department of Health, plus explicitly focusing on BIPOC communities. In addition, PHSKC recommends prioritizing the siting of high volume and pop-up clinics in areas with the highest incidence of disease and working closely with safety net providers who specialize in serving vulnerable communities.
2. **Work with Community:** With guidance from PHSKC, coordinate with community-based leaders and organizations with connection to highest risk communities and with particular focus on BIPOC communities. Our communities should shape planning efforts for vaccination delivery from the outset. These will include PHSKC's Community Navigators, partners in the Pandemic and Racism Community Advisory Group and others. Provide all necessary information to enable these trusted messengers to provide early notification of registration opportunities and other necessary support for people to successfully complete their vaccination.
3. **Make Registration Easy:** With guidance from PHSKC, ensure that appointment finding and registration systems are simple to use and easy to understand, available in multiple languages (especially for those languages spoken by populations most impacted), and accessible for people with disabilities. Recognizing that any technology dependent system will create a barrier for many due to the digital divide, where possible, guarantee personal assistance by phone. Registration systems should allow for purposeful early or special access for highest risk and disadvantaged groups to ensure appointment slots are not all filled via online registration methods.

4. **Make Vaccine Available When and Where People are Available:** Ensure appointment availability outside of regular business hours, including weekends and evenings. Work closely with community organizations to inform siting of high-volume sites and pop-up clinics and to identify other points of delivery and providers that are known and trusted by community.
5. **Address Transportation and Mobility:** Locate vaccination sites near public transportation and work with partners to secure ride service for older adults, people with disabilities, people who are homebound, or others for whom transportation to the site is a barrier. Ensure that high volume vaccination sites are fully ADA compliant, have plain language and accessible signage, and are easy to navigate and comfortable for people of all abilities, with access to restrooms and drinking water. Deploy mobile vaccine teams for individuals who are homebound or otherwise unable to easily travel to a health clinic, pharmacy or site.
6. **Ensure Language Access:** From early planning, language access should be prioritized, including the availability of in-person and phone interpreters. Consider the languages most spoken in the target geography and prioritize translation and interpretation for those languages, and when possible, offer materials in the 20 most commonly spoken languages in King County.^{xi}
7. **Provide Vaccination Regardless of Immigration Status:** Ensure that immigration status is not a barrier to receiving a vaccine. Documentation status should not be requested during registration or at any point of delivery for vaccine.

Data Driven and Community Informed

Equitable vaccine delivery will be data driven and informed by continuous engagement to understand and respond to community preferences and needs.

King County is committed to transparency and open access to data through public-facing data dashboards, including the [COVID Vaccination Among King County Residents Dashboard](#),^{xii} updated every week day and posted on the PHSKC web site. These data illustrate the disproportionate impact of COVID-19 based on race and ethnicity, age and geography. Monitoring these trends informs our actions.

Maximizing equitable vaccine delivery and improving the indicators will require strong adherence to the principles outlined in this document, and ongoing active engagement with community. This engagement is critical to continuous learning to unearth and address barriers, to informing prioritization for early outreach and appointing, and to designing effective outreach and support.

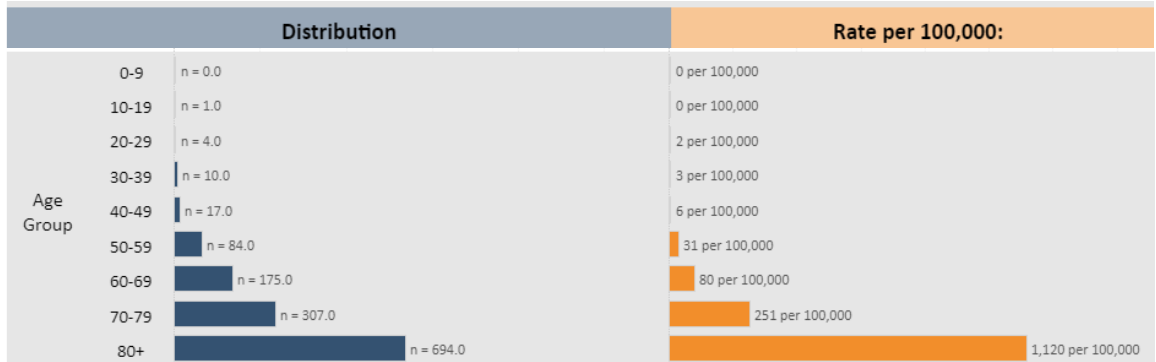
Listening to community and monitoring the data will enable partners across county to effectively calibrate among the modes of delivery to support maximum uptake among highest risk population groups and in geographies that have been hardest hit with COVID-19 cases, hospitalizations and deaths.

Guided by these principles, King County and our partners stand ready to move briskly to vaccinate as many people as possible as soon as possible in order to save lives, reopen our schools and businesses, and enable our region to recover and revitalize so that all may thrive.

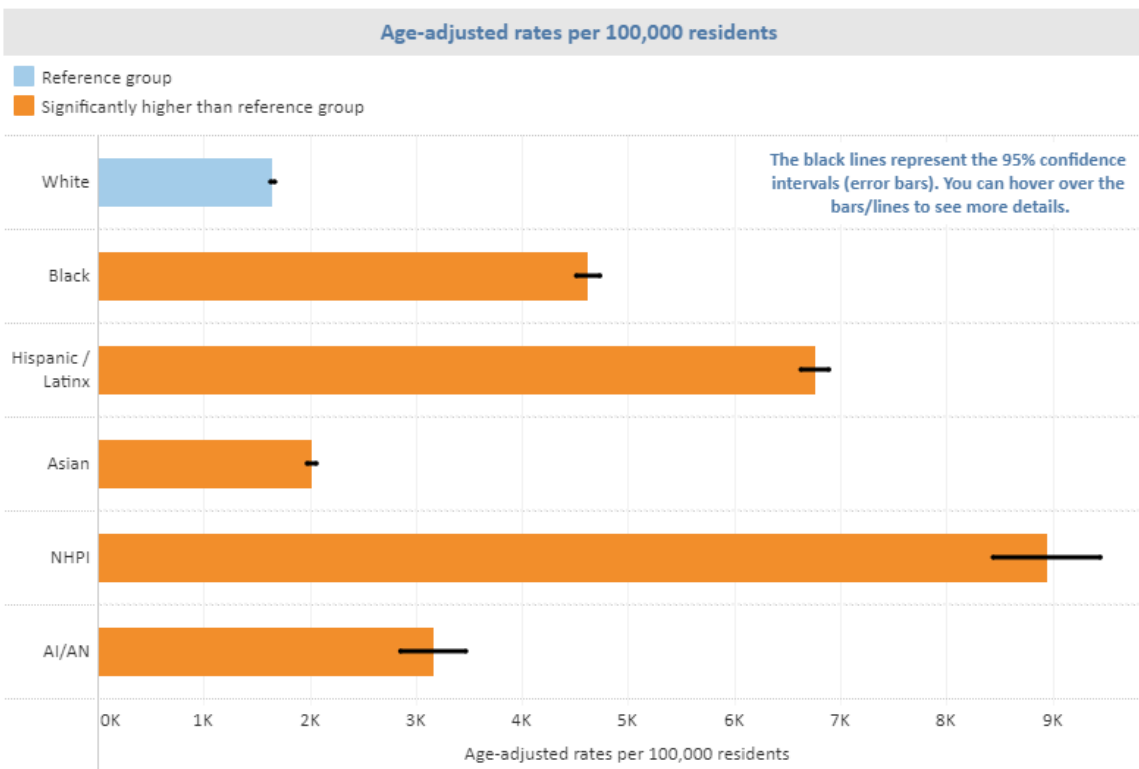
Appendix

Equitable vaccine delivery is guided and informed by data, which indicates that older adults, people of color, and people living in South King County are at greater risk of illness and death from COVID-19. The following charts and map reflecting data analysis as of February 5, 2021 illustrate the disproportionate impact of COVID-19 on these communities.^{xiii}

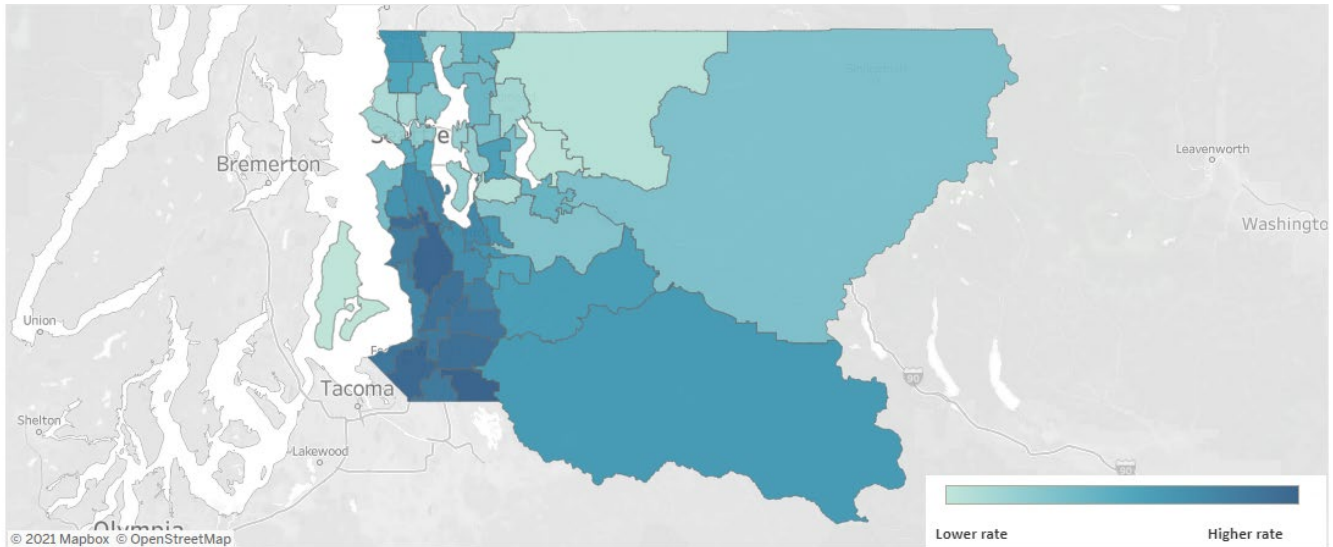
Deaths from COVID-19 by age



Age-adjusted rates of COVID-19 by race



Positive cases by health reporting area, King County



Overall King County rate of positive cases: 3,507.6 per 100,000 residents

ⁱ King County Unified Regional Strategy COVID Vaccine Delivery : <https://www.kingcounty.gov/depts/health/covid-19/~media/depts/health/communicable-diseases/documents/C19/king-county-strategy-vaccine-delivery.ashx>

ⁱⁱ Informed by ethical principles as described by the CDC’s Advisory Committee on Immunization Practices (ref: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e3-H.pdf>).

ⁱⁱⁱ Public Health – Seattle and King County COVID outbreak data dashboard: <https://www.kingcounty.gov/depts/health/covid-19/data.aspx>

^{iv} Public Health – Seattle and King County COVID outbreak data dashboard: <https://www.kingcounty.gov/depts/health/covid-19/data.aspx>

^v Public Health – Seattle and King County COVID outbreak data dashboard: <https://www.kingcounty.gov/depts/health/covid-19/data.aspx>

^{vi} Public Health – Seattle and King County COVID vaccine data dashboard: <https://kingcounty.gov/depts/health/covid-19/data/vaccination.aspx>

^{vii} KC Equity and Social Justice Strategic Plan: <https://www.kingcounty.gov/elected/executive/equity-social-justice/strategic-plan.aspx>

^{viii} Racism as a Public Health Crisis: <https://www.kingcounty.gov/elected/executive/constantine/initiatives/racism-public-health-crisis.aspx>

^{ix} The approach embodies the principle of **targeted universalism**, meaning that we define outcomes for all, identify obstacles faced by specific groups, and tailor strategies and build on community assets to address barriers.

^x WA DOH Prioritization Guidance: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-112-InterimVaccineAllocationPrioritization.pdf>

^{xi} King County’s language tiers:

https://www.kingcounty.gov/~media/operations/policies/documents/inf142aeo_appxc_languagetiers_intro.ashx?la=en

^{xii} Public Health – Seattle and King County COVID vaccine data dashboard: <https://kingcounty.gov/depts/health/covid-19/data/vaccination.aspx>

^{xiii} Public Health – Seattle and King County COVID outbreak data dashboard: <https://www.kingcounty.gov/depts/health/covid-19/data.aspx>