CITY OF SEATTLE

RESOLUTION 31992

A RESOLUTION identifying the principles and activities characterizing equitable distribution of COVID-19 vaccines.

WHEREAS, on February 29, 2020, the Washington Governor issued Proclamation 20-05, proclaiming a state of emergency for all counties throughout the state of Washington in response to new cases of the Coronavirus Disease 2019 (COVID-19); and

WHEREAS, on March 3, 2020, Mayor Jenny A. Durkan proclaimed a civil emergency in Seattle; and

WHEREAS, on March 5, 2020, the City Council adopted Resolution 31937 affirming the civil emergency, modifying orders transmitted by the Mayor related to the emergency, and establishing Council's expectations related to future orders and reporting by the Mayor during the civil emergency; and

WHEREAS, on March 11, 2020, the World Health Organization announced that COVID-19 is officially a global pandemic; and

WHEREAS, on March 13, 2020, the President of the United States declared a national state of emergency in response to the COVID-19 pandemic; and

WHEREAS, the State of Washington has confirmed nearly 310,000 COVID-19 infections as of February 10, 2021; and

WHEREAS, more than 4,600 residents of Washington have died of COVID-19 as of February 10, 2021; and

WHEREAS, Black, Indigenous, and other people of color account for 44.2 percent of confirmed COVID-19 infections in the United States despite only accounting for 28 percent of the population; and

WHEREAS, Black, Indigenous, and other people of color account for 38.2 percent of the people who have died from COVID-19 in the United States despite only accounting for 28 percent of the population; and

WHEREAS, in King County the COVID-19 incidence rate per 100,000 people is 8,946 for Native Hawaiians/Pacific Islanders, 6,762 for Hispanic/Latinx, 4,625 for Blacks, 3,165 for American Indians/Alaska Natives, and 2,020 for Asians compared to only 1,653 for Whites; and

WHEREAS, in King County the COVID-19 mortality rate per 100,000 people is 242 for Native Hawaiians/Pacific Islanders, 680 for Hispanic/Latinx, 472 for American Indians/Alaska Natives, 400 for Blacks, and 202 for Asians compared to only 152 for Whites; and

WHEREAS, Black, Indigenous, and other people of color are disproportionately employed as frontline or essential workers who cannot utilize remote work arrangements or employed in work arrangements that preclude them from accessing enhanced unemployment benefits, which has contributed to their disparate risk for contracting COVID-19; and

WHEREAS, people experiencing homelessness are disproportionately Black, Indigenous, and other people of color and lack access to hygiene services and non-congregate shelter and housing to protect them from contracting COVID-19; and

WHEREAS, in a press release on February 1, 2021, the United States Department of Homeland Security affirmed the stance already embraced by the City that "it is a moral and public

health imperative" to ensure that all individuals have access to the vaccine regardless of immigration status; and

WHEREAS, two COVID-19 vaccines have received emergency use authorization from the Federal Drug Administration (FDA) with a third vaccine anticipated to receive FDA approval in the coming weeks; and

WHEREAS, as of February 11, 2021, King County has received nearly 375,000 vaccine doses for general residents to immunize a population of approximately 2.2 million people; and

WHEREAS, as of February 11, 2021, King County has received 27 percent of the total doses distributed by the Washington Department of Health despite King County containing 30 percent of the State's total population, 31 percent of the State residents over age 65, 32 percent of the State's non-White residents, 49 percent of the State's Black residents, 59 percent of the State's Asian residents, and 52 percent of the people experiencing homelessness in the State; and

WHEREAS, although in King County infection rates for all communities of color are higher than the infection rate for White residents, non-Hispanic Whites have received 58 percent of the first doses administered in King County, as of February 11, 2021; and

WHEREAS, registration pathways to receive a vaccine have heavily relied upon online forms that restrict access for technology-limited households, which are disproportionately Black, Indigenous, and other households of color; and

WHEREAS, three hospital systems in Western Washington have reportedly offered special access to vaccines to donors, volunteers, and board members, and

WHEREAS, vaccination strategies and plans will perpetuate disparate outcomes and marginalization if not done in ways that increase access to vaccines for Black,

Indigenous, and other communities of color due to those communities' disproportionate risk of contracting and dying from COVID-19; and

WHEREAS, the Council has the authority to appropriate funds and set spending priorities; and

WHEREAS, 75 percent of the vaccinations carried out by the Seattle Fire Department Mobile Vaccination Teams, including vaccination pop-up events, have been to people in Black, Indigenous, and other communities of color; and

WHEREAS, results from a recent survey of American Indian and Alaska Native people by the Urban Indian Health Institute (UIHI) suggest that culturally-attuned COVID-19 vaccination public health campaigns and materials are critical to overcoming vaccine hesitancy and distrust of medical systems due to historical and continuing medical racism, even among communities that have experienced centuries of colonization and trauma, such as American Indian and Alaska Native people; and

WHEREAS, The City of Seattle should utilize resources and strategies identified by community-based agencies and consumers of health services to ensure that vaccination and other health services are provided to Black, Indigenous, and other communities of color in ways that are culturally attuned and responsive to distrust of medical systems due to historical and continuing medical racism; and

WHEREAS, political and civic disenfranchisement has been at the core of perpetuating disparate outcomes and displacement for Black, Indigenous, and other people of color, immigrants, lesbian, gay, bisexual, transgender, and queer people, and people with disabilities; and

WHEREAS, successful implementation of race and social equity strategies requires building structures of accountability that serve to further the empowerment of those historically marginalized from institutional power; and

WHEREAS, in 2004, The City of Seattle launched the Race and Social Justice Initiative (RSJI), led by the Office for Civil Rights, with the vision of achieving racial equity in the community and the mission of ending institutional and structural racism in City government and partnering with the community to achieve racial equity across Seattle; and

WHEREAS, the City works to create racial equity by explicitly naming and addressing the historic and current impacts of institutional and structural racism in our policies, procedures, programming, initiatives, and budgetary decisions; and

WHEREAS, Executive Order 2017-13: Race and Social Justice Initiative, states that The City of Seattle shall apply a racial equity lens in its work; NOW, THEREFORE,

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SEATTLE, THE MAYOR CONCURRING, THAT:

Section 1. Current vaccination strategies and plans that have perpetuated the disparate impacts of COVID-19; given preferential access to vaccines to individuals with political and civic connections; overlooked diverse, multi-generational family structures; and failed to address language, technology, transportation, and other barriers that prevent the groups most impacted by COVID-19 from accessing vaccinations are counter to the City's goals to create racial equity and recover from COVID-19.

Section 2. The Washington Department of Health's attempts to ensure equity in vaccination distribution by providing vaccines to a range of organization types and measuring geographic diversity does not meet the expectation for how equitable distribution of vaccines should be achieved, particularly because it does not focus on the groups most impacted by COVID-19 when making vaccine allocations.

Section 3. The allocation of vaccines provided to King County by the Washington Department of Health should be increased to a level proportionate with King County's share of population and people most at-risk of contracting and dying from COVID-19.

Section 4. The following principles, also articulated in Attachment A to this resolution, constitute an equitable plan for the distribution of vaccines in Seattle:

A. Guiding Principles: The City, in collaboration with its community and institutional partners, will strive to do the following out of a deep commitment to equity and racial justice:

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

2. 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-19 vaccine planning, implementation, and after-action review processes.

3. Be intentionally anti-racist and accountable to Black, Indigenous, and other communities of color by:

a. Promoting a respectful and culturally responsive approach to vaccine delivery where we respond to community needs and preferences, continuously learn and adjust based on feedback from impacted communities, and publicly share data on the race and ethnicity of people served in order to measure progress toward providing meaningful access for communities hardest hit by COVID-19;

b. Utilizing, whenever possible, targeted and streamlined City grants that prioritize flexibility and community relationships, knowledge, and expertise to quickly execute outreach, education, and delivery strategies for the COVID-19 vaccine and allow rapid responses to new needs and challenges as they arise; and

c. Leveraging government resources to amplify, support, and coordinate with successful models of culturally-attuned and community-based health care by proactively seeking the input of and collaborating with community-based public health care providers.

4. Multi-modal vaccine delivery: Embrace a multi-modal COVID-19 vaccine delivery strategy that seeks to meet people where they are, builds trust and allows for the highest level of convenience and access.

B. Principles in Action: The City will incorporate the following practices across all vaccine delivery modes:

1. Focus on highest risk and most impacted: While the vaccine supply remains very limited and the population of individuals eligible for vaccine 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, and proactively seeking input and collaboration with providers such as the Indian Healthcare System, Community Health Centers, and Federally Qualified Health Centers that specialize in services to vulnerable communities, such as people experiencing homelessness, people living in public housing, multigenerational family homes, and immigrant and refugee families.

2. Work with community: With guidance from Public Health – Seattle and King County (PHSKC), coordinate with community-based leaders and organizations with connection

to highest risk communities with particular focus on Black, Indigenous, and other communities of color. These 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 digital barrier for many because of access challenges or digital illiteracy, 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, the 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.

7. Vaccinate regardless of immigration status: Immigration status will not be a barrier to receiving a vaccine. Documentation of immigration status will not be requested during registration, and all locations where vaccinations are provided, including mobile or "pop-up" locations, will proactively communicate this policy.

Section 5. To achieve the principles in Section 4 of this resolution, the City commits to do the following:

A. Convene and collaborate with community-based health providers and health services consumers to provide targeted, culturally-appropriate vaccination services, including efforts to address vaccine hesitancy and concerns stemming from institutional racism;

B. Collaborate across jurisdictions and with the philanthropic and private sectors;

C. Monitor vaccination efforts to determine if and where additional funding is necessary to achieve the equitable vaccine distribution principles;

D. Take the actions necessary to provide immediate funding for these efforts while awaiting federal reimbursement, including the use of City funding reserves;

E. Leverage and use City resources to learn from, amplify, support, and coordinate with successful models of culturally-attuned and community-based health care by consulting with and obtaining input from entities such as the Indian Healthcare System and Federally Qualified Health Centers that specialize in providing services to populations at most risk, including multigenerational family homes, immigrants, refugees, people living in public housing; and people experiencing homelessness; and

F. Evaluate new vaccination options as they become available for their most equitable use, such as using single-dose vaccines for individuals who face substantial barriers to receiving a follow-up dose; and

G. Require vaccine providers to collect and report information about the race of people receiving vaccines, with categories to be defined in collaboration with the Office of Immigrant and Refugee Affairs, and analyze that data to quickly identify and address disparities.

Section 6. The adoption of the principles outlined in Section 4 of this resolution by partners receiving vaccine allocations, including healthcare providers, pharmacies, and private entities, is encouraged and welcomed. A just and equitable response to COVID-19 is possible if all community members remain committed to our shared responsibility and humanity and approach this response with empathy.

Adopted by the City Council the 16th day of February, 2021, and signed by me in open session in authentication of its adoption this 16th day of February, 2021.

President _____ of the City Council

The Mayor concurred the 18th day of February, 2021.

Jenny A. Durkan, Mayor

Filed by me this 18th day of February, 2021.

Monica Martinez Simmons, City Clerk

(Seal)

Attachments:
Attachment A – Principles for Equitable Vaccine Delivery

Public Health
Seattle & King County

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 ethical[ii] 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.

Public Health
Seattle & King County

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 though 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.

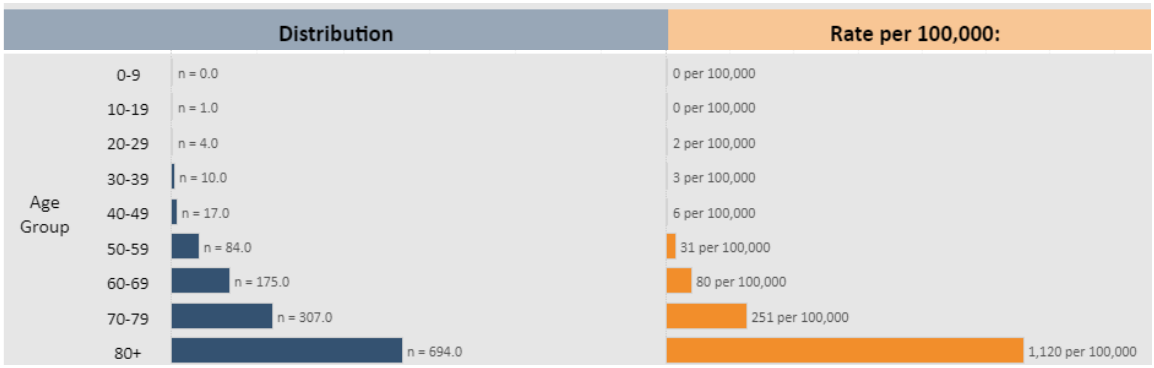
Guided by these principles, King County and our partners stand ready to move briskly to vaccinate as many people as possible as soon as possible in order to save lives, reopen our schools and businesses, and enable our region to recover and revitalize so that all may thrive.

Public Health
Seattle & King County

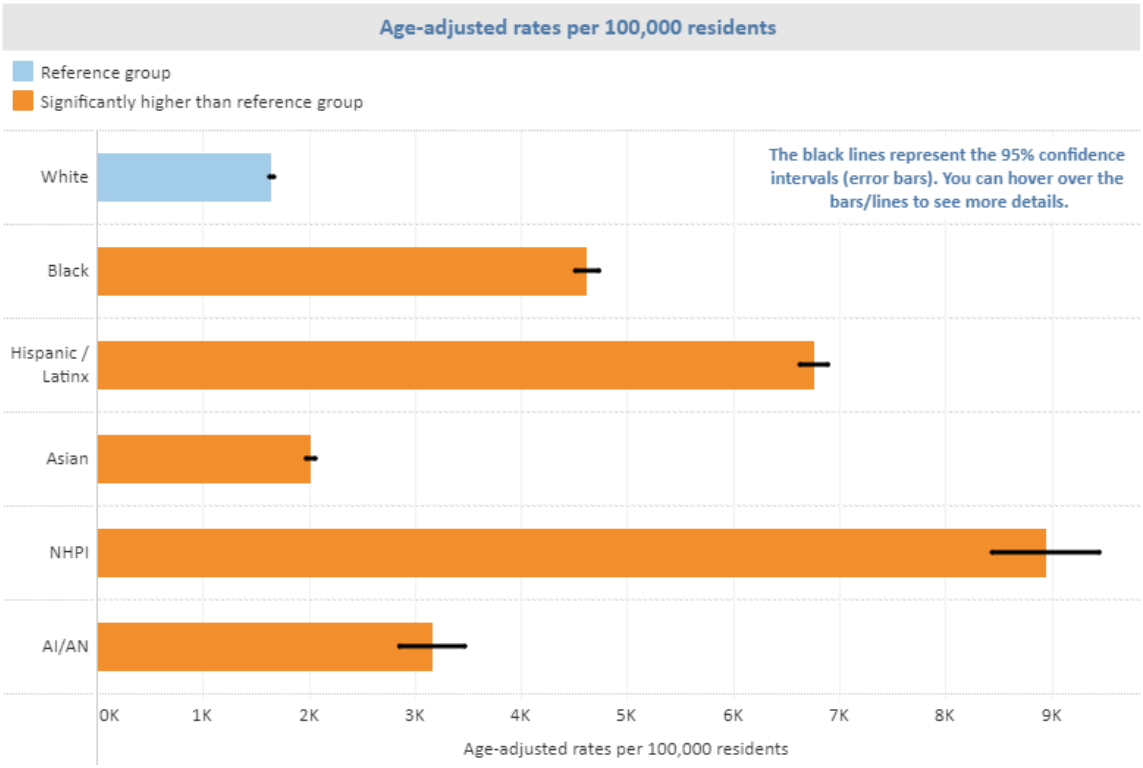
Appendix

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]

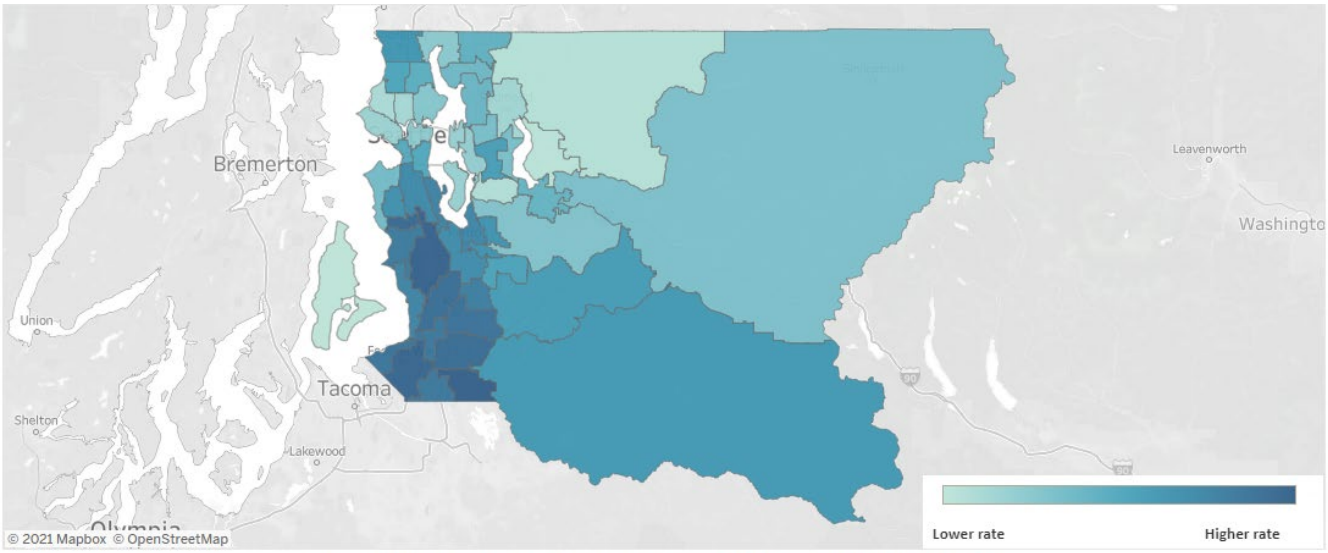
Deaths from COVID-19 by age



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