

King County Unified Regional Strategy: COVID-19 Vaccine Delivery

April 1, 2021

Summary

King County's regional goal is to vaccinate a minimum of 70 percent of all adults across racial and ethnic groups and regions of the County by June 30, 2021 in order to decrease serious health effects of COVID-19 and get the pandemic under control. Many entities are working towards this goal, both in coordination with Public Health - Seattle & King County (PHSKC) and independently. Cross sector partners are deploying a multi-modal vaccine delivery model that includes mechanisms geared to high-volume throughput as well as more tailored strategies to reach the most vulnerable. Together as a community, partners are reaching eligible populations within the state prioritization guidance, focusing on Black, Brown, and Indigenous People of Color (BIPOC) communities who have been hardest hit by COVID-19, and striving for overall speed and efficiency to protect as many people as possible as quickly as possible. Widespread vaccination is critical to save lives, restore our community and rebuild our economy.

Goal

Our King County goal is to vaccinate a minimum of 70 percent of all adults across racial and ethnic groups and regions of the County by June 30, 2021 through an ambitious, multimodal strategy. We strive for higher rates of vaccination among older adults and BIPOC populations that have been disproportionately impacted by COVID-19.

Practices for Equitable Vaccine Delivery

Across the nation and in our region, COVID-19 has had disproportionate impacts on specific populations based on race and ethnicity, age, and geography. As illustrated on PHKSC's public-facing dashboard, communities of color have higher rates of COVID-19 compared to White residents; 85 percent of all COVID-related deaths have been among people age 65; and older and case rates are significantly higher in South King County than in other parts of our region.ⁱⁱ

In addition, preliminary data indicates that vaccines have been delivered to more White residents in King County compared to residents of other races and ethnicities in King County.ⁱⁱⁱ To address these inequities, PHSKC requests all partners and providers join us in adopting an intentional strategy to ensure equitable access to vaccine. 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^{iv} far exceeds available doses, prioritize appointment availability and access for eligible individuals who are at highest risk of serious illness and death, have less access to healthcare and who live in King County geographies with the highest incidence of disease.
2. **Work with Community:** With guidance from PHSKC, actively collaborate 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. Provide all necessary information to enable these trusted messengers to provide tailored messaging, 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 early or special access for highest risk and disadvantaged groups to ensure appointment slots are not all filled via online registration methods.

4. **Remove Barriers to Access:** 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 community-based vaccination events and to identify providers that are known and trusted by community. Make it clear that immigration status is not a barrier to getting vaccine and that insurance coverage is not required.
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. Assess if vaccination sites are fully ADA compliant, and encourage plain language and accessible signage. Make vaccine sites 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. **Provide Language Access:** From early planning forward, 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.⁹

Multimodal Delivery Mechanisms: No Single Strategy Will Be Sufficient

No single vaccine delivery mechanism will be sufficient to ensure optimal vaccine uptake for 1.26 million people in King County.

What works for one population may not be effective for another. For example, while most people are able to travel to a vaccination site – a clinic, pharmacy or other – people who are homebound or homeless require mobile strategies that bring the vaccine to them. Likewise, while high volume and drive through sites have proven to be popular for convenience and ease, community-based vaccination events at safe and familiar locations on a predictable schedule are also important to build trust, especially for BIPOC communities.

To address these diverse needs and preferences, and build to scale, King County is simultaneously implementing a range of delivery modalities, including the following:

Mode	Setting	Output Capacity	Focus Populations
Health Systems	hospitals or outpatient clinics	Medium	patients, community
Community Health Centers	clinic or community sites	Medium	patients, community
Pharmacies	drug stores / grocery stores	Low	anyone eligible in phase
Community Vaccination Events	community and faith-based locations	Low - Medium	defined communities
Employer Based Clinics	work sites and other	Low - High	essential workers
Mobile Teams	congregate facilities, housing complex	Low	older adults, homeless
In-Home Vaccination	private home	Low	homebound
High Volume Sites	large drive-through or walk-up spaces	Medium - High	anyone eligible in phase

NOTE: High capacity: 1,000 – 10,000 doses per day; Medium capacity: 500 – 1,000 doses per day Low capacity: 50– 500 doses per day

Hospitals, Clinics and Pharmacies

Health care settings and pharmacies are the leading settings that people traditionally turn to for routine immunizations and they are playing a key role in the delivery of COVID vaccine.

King County is leveraging the capacity of the major hospital systems to vaccinate health care personnel, host clinics for established patients, and partner with others to serve the broader community. King County is also prioritizing community health centers, which have a history of trust with the low-income, Medicaid and uninsured populations they serve, as key access points particularly for BIPOC populations. Finally, pharmacies contracted by the CDC are providing the bulk of vaccination in long term care facilities. As the supply chain expands, more pharmacies and grocery store chains will enable people across phases to access vaccine in their own communities and neighborhoods. While the output capacity of the health care system modes varies, many people, and particularly those with underlying health conditions, will feel most comfortable accessing vaccine in these medical settings.

Mobile strategies to reach vulnerable populations

King County providers are also utilizing a range of mobile vaccination strategies to reach high-risk individuals who have limited mobility or who face barriers to accessing vaccine at a health care provider, clinic or other site.

These strategies include mobile teams of two, four, or more professionals that travel to deliver vaccine on site at congregate settings such as Adult Family Homes, low-income senior housing buildings, homeless shelters, encampments, and in private homes of individuals who are homebound. Mobile strategies are being deployed by fire departments, health systems, community health clinics, volunteer teams and directly by PHSKC-staffed teams. While the daily output is low (50 to 150 doses per day per team) the value is high for serving hard-to-reach populations such as individuals living unsheltered or homebound, and for more efficient delivery to populations for whom traveling to a site poses barriers.

Community, faith-based and employer-based vaccination events

Temporary vaccine clinics set up in locations that people trust and where they are accustomed to gathering is another key modality, especially for essential workers and for BIPOC communities.

Community-based vaccine events are temporary, relatively low volume (50 to 300 doses per day) clinics planned in partnership with community and tailored to address the priorities and needs of the target population. These events are responsive to feedback from BIPOC communities that they are more comfortable getting vaccinated at an event planned with community and located in familiar places such as faith-based organizations (FBOs), schools, community-based organizations (CBOs), and community-centered businesses.

Employers and labor organizations in King County are also planning to organize vaccine events for their employees or broader groups through employee health programs and via commercial vaccinators — a key strategy for quickly vaccinating frontline and essential workers — or leverage their locations, technical capacity or personnel, and/or funds to support open access community-based vaccination strategies.

A broad range of providers, community and faith-based organizations and employers will partner to organize these events. PHSKC will provide technical assistance, track planning to spot duplication, encourage partners to focus events where they are needed most, and monitor impacts.

High volume drive through and walk up sites

King County is complementing all of the modalities described above with high-volume drive-up and walk-up vaccination sites capable of delivering more than 1,000 doses per day, six days per week including evenings and weekends. Through our experience with COVID testing we know that these sites have broad appeal for convenience and ease.

Depending on size and capabilities, up to 10 of these sites will be necessary to take the pace of vaccination to scale and succeed in reaching 1.26 million people as soon as possible in 2021. Through the King County Vaccine Partnership, PHSKC will work with a broad range of health care, corporate and community-based organization partners who agree to principles for equitable vaccine delivery^{vi} to operate these sites.

Decision criteria for siting include geographies with high burden of COVID disease, social vulnerability index, limited community access points, large, safe, accessible space and proximity to public transportation, and partners willing and able to support operations. Partners are advised to enable priority access to appointments for highest risk individuals within the eligibility phase. Thus far, the King County Vaccine Partnership has launched two high volume sites in Auburn and Kent and is in a soft launch phase for sites in Renton and Redmond. A number of other sites are in the planning phases, with plans to launch as soon as the vaccine supply chain improves.

Balance Between Modes to Achieve Equity and Speed

Calibrating between vaccine delivery modes will be critical to maximizing the multi-modal strategy and meeting the twin goals of both equity and speed.

PHSKC and partners will continuously evaluate the effectiveness of the different delivery modes in reaching BIPOC and other vulnerable populations, assess the need to dial up or dial down different modes based on the population being served in the eligibility phase, and measure the overall output of the mode mix to predict the timing of achieving significant goal posts and the overall goal vaccinating 1.26 million people.

Core Elements Necessary for Success

To execute our strategy, King County is working with federal, state and local partners to secure a robust, stable and predictable vaccine supply chain; to establish a coordinated and streamlined system for phase verification and appointing; and to effectively work with community and communicate with the public to build trust. These core elements, aspects of which are outside the span of control of our local jurisdiction, are fundamental for success.

Vaccine Supply Chain: Vaccinating 1.26 million people will not be possible without a significantly more robust, stable and predictable supply of vaccine doses. Supply of vaccine must be sufficient to meet demand by all willing individuals within an eligibility phase. Until this equilibrium is achieved, the scarcity of appointments will continue to frustrate the public and hamper this effort. As federal and state officials work to improve the supply chain, PHSKC will recommend allocation of available vaccine among King County providers by considering factors such as a provider's ability to promptly administer allocated vaccine, ability to efficiently reach eligible populations, and capacity to ensure equitable access.

Funding: Robust, stable, and flexible funding is necessary to support all partners to effectively implement this plan. In 2020, the absence of a national strategy for vaccine delivery, the very limited funding for advanced planning and the constant threat of funding cliffs impaired the ability of state and local governments to launch delivery efforts quickly and efficiently as soon as vaccines were approved.

Going forward, King County stands ready to maximize available federal and state funding sources, leverage private sector funding, and work with partners to effectively resource community-based organizations that are essential to reaching the most vulnerable and BIPOC communities.

Customer Service: A simple, clear and efficient system is urgently needed for people to identify in what phase they are eligible and make an appointment at a vaccination site that works for them. The *Phase Finder* system introduced by DOH intended to serve these functions. The initial roll out allows eligible individuals to receive a printout or screenshot denoting their eligibility to show a vaccine provider. However, at present, the system's functionality to identify vaccine

access points and make appointments is limited. Registration systems vary per provider and are not centrally linked for consumers.

In addition to a digital interface, the ability to verify eligibility and make an appointment by phone, via a service that guarantees language access and access for people with disabilities, is critical to ensure access and equity. Current phonebased helplines, including the Washington State Department of Health phone line, are insufficient. King County is working with state and private sector partners to address these gaps.

Communications and Community Engagement: PHSKC will work with partners to complement statewide communications campaigns with locally tailored communications. This effort will serve to educate the public about the vaccine and address vaccine hesitancy by disseminating community-informed and targeted messaging and working with trusted messengers to reach communities not reached by mainstream media.

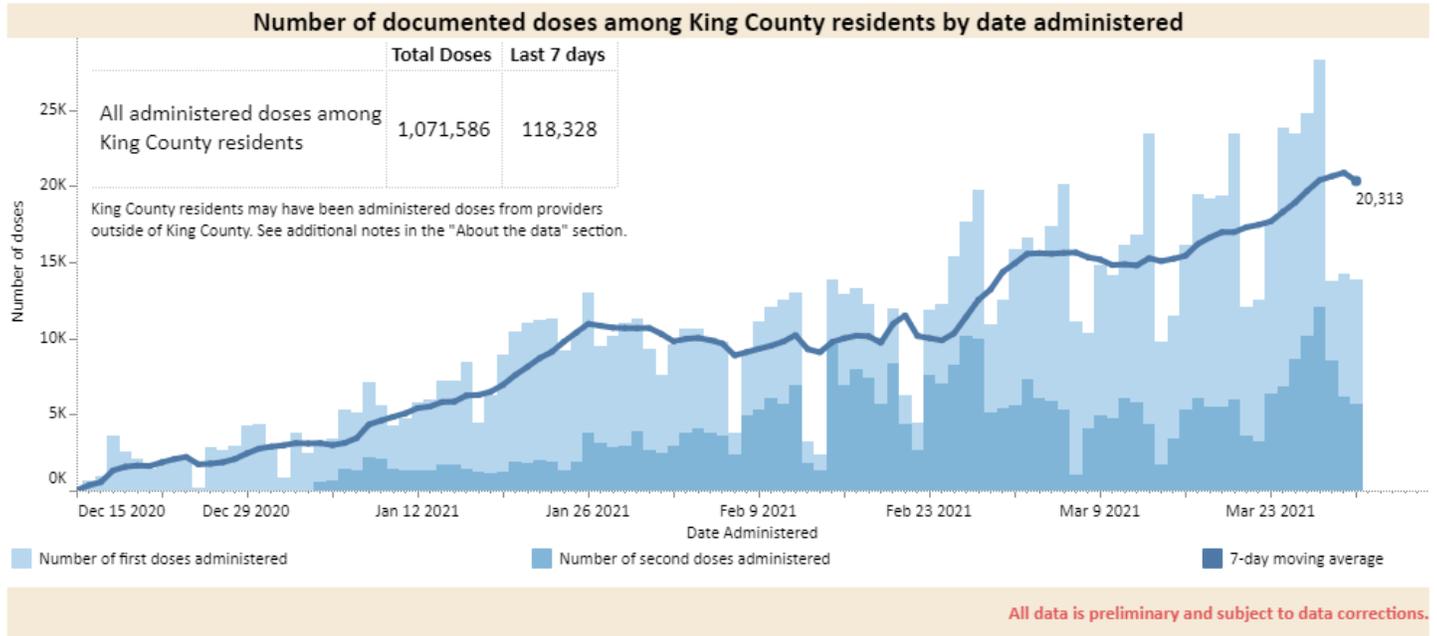
PHSKC and a network of community organizations will work collaboratively to co-create a strategy and public education approach that build trust and create transparency around the COVID-19 vaccine, especially with BIPOC communities and people with disabilities. Together we will assess needs and opportunities and act on community leaders' recommendations for delivering vaccines quickly and equitably.

Leverage partnerships to maximize efficiency: Government, community-based organizations and the private sector in King County are working together in partnership to achieve our goal. PHSKC is providing overall guidance, oversight, and coordination to ensure equitable access to vaccine across the county and is providing support and technical assistance to the 156 King County vaccine providers who have received vaccine through the State Department of Health. Wherever possible, PHSKC will leverage the capacity of health care delivery systems and community partners, rather than delivering vaccine or other services directly. In addition, to the greatest extent possible, PHSKC and the King County Executive will drive funding to community organizations so that they have the resources they need to effectively engage, and will leverage investment from corporate sector partners ready to commit their skills and resources towards our shared goals.

Measuring Progress

To ensure maximum accountability and transparency, a regularly updated public dashboard available on the PHSKC website, [Summary of COVID vaccination among King County Residents](#), posts key information for the public to track our collective progress over time. This dashboard, updated Monday – Friday, summarizes the number of documented doses among King county residents by date administered, in addition to key demographics such as residents with at least one dose documented by race/ethnicity and by age. In addition, it reports vaccination by geography, mapping uptake by region of the county, for different age groups. We will use these indicators to identify gaps and adjust the course of our activities as we seek to ensure equitable vaccine access across race, ethnicity, age and geography.

Example: PHSKC Data Dashboard Posting as of March 31, 2021:



On December 15, 2020, the first person in King County was vaccinated. Three and a half months later, as of March 31, 2021, nearly 700,000 people in King County, or 37.4 percent of the population, had received at least one dose. This represents substantial progress and we must continue our work to ensure equitable access to vaccine across races, ethnicities and geographies. From the lessons learned in these first few months, it is clear that a community driven, collaborative and ambitious multi-modal delivery strategy, focused on equity, efficiency and speed will be essential to achieving broad immunity and getting our region on track for a successful recovery.

ⁱ Data from the early phases of vaccine delivery indicate that thus far, a significantly higher percent of white King County residents compared to Black and Hispanic residents have been vaccinated. See:

<https://www.kingcounty.gov/depts/health/covid-19/data/vaccination.aspx>

ⁱⁱ Public Health – Seattle and King County COVID outbreak data dashboard:

<https://www.kingcounty.gov/depts/health/covid-19/data.aspx>

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

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

^v King County’s language tiers:

https://www.kingcounty.gov/~media/operations/policies/documents/inf142aao_appxc_languagetiers_intro.ashx?la=en

^{vi} King County Principles for Equitable Vaccine Delivery: <https://kingcounty.gov/depts/health/covid-19/~media/depts/health/communicable-diseases/documents/C19/king-county-principles-vaccine-delivery.ashx>