

Principles for Equitable Vaccine Delivery

King County's regional goal is to equitably, efficiently and quickly vaccinate a minimum of 70 percent of all eligible adults across all racial and ethnic groups and regions of the County by June 30th, 2021 in order to get the pandemic under control.ⁱ This is essential so that we can save lives and reopen our schools and businesses.ⁱⁱ We stand ready to collaborate with partner organizations that share our commitment to ethicalⁱⁱⁱ 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 times higher among Black and American Indian/Alaskan Native residents, and 15% higher among Asian American residents.^{iv}
- 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.^v
- The risk for severe illness with COVID-19 increases with age, with older adults at highest risk. Eight out of 10 COVID-19 deaths reported in the U.S. have been in adults age 65 and older.^{vi}
- To date, COVID vaccine uptake is higher among White residents in King County compared to Black/African American and Latinx residents.^{vii}

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^{viii} and aligned with PHSKC and the King County Executive's declaration that racism is a public health crisis.^{ix} 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 past practices, language access, transportation) and assets to tailor vaccination outreach and services to community accordingly.^x

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, 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 equitably, efficiently and quickly as possible to meet people where they are, builds trust and allow for the highest level of convenience, comfort and access.

The major delivery mechanisms include:

- Hospitals, clinics, and health care providers
- Community health centers
- Pharmacies
- Employer-based vaccination clinics
- High-volume community vaccination sites
- Mobile vaccination teams
- Community-based pop-up vaccination clinics
- Semi-permanent neighborhood vaccination hubs

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:** When vaccine supply is limited and the population of individuals eligible for vaccine^{xi} 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, PHSKC recommends prioritizing the siting of high-volume sites, neighborhood vaccination hubs, and community vaccination events in areas with highest incidence of disease and working closely with safety net providers who specialize in serving high risk and vulnerable populations, such as BIPOC and LGBTQ 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 digital barrier to access for many, 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 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.^{xii}
7. **Provide Vaccination Regardless of Immigration Status:** Ensure that immigration status is not a barrier to receiving a 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](#),^{xiii} 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.

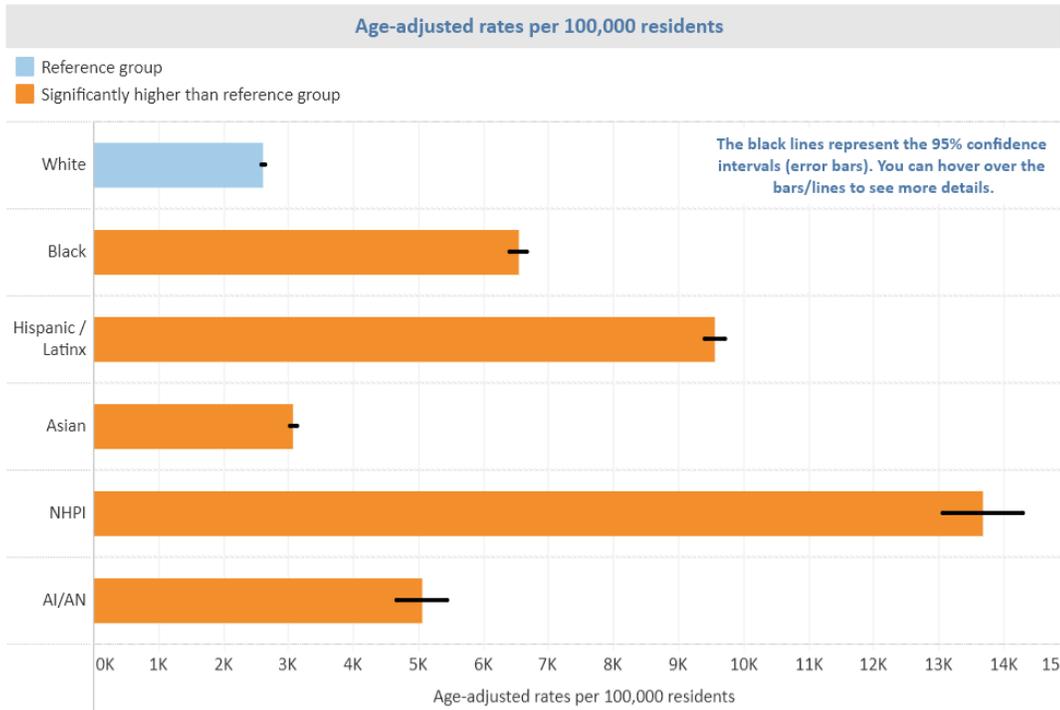
Guided by these principles, King County and our partners stand ready to move briskly to vaccinate as many people as possible as soon as possible in order to save lives, reopen our schools and businesses, and enable our region to recover and revitalize so that all may thrive.



Appendix

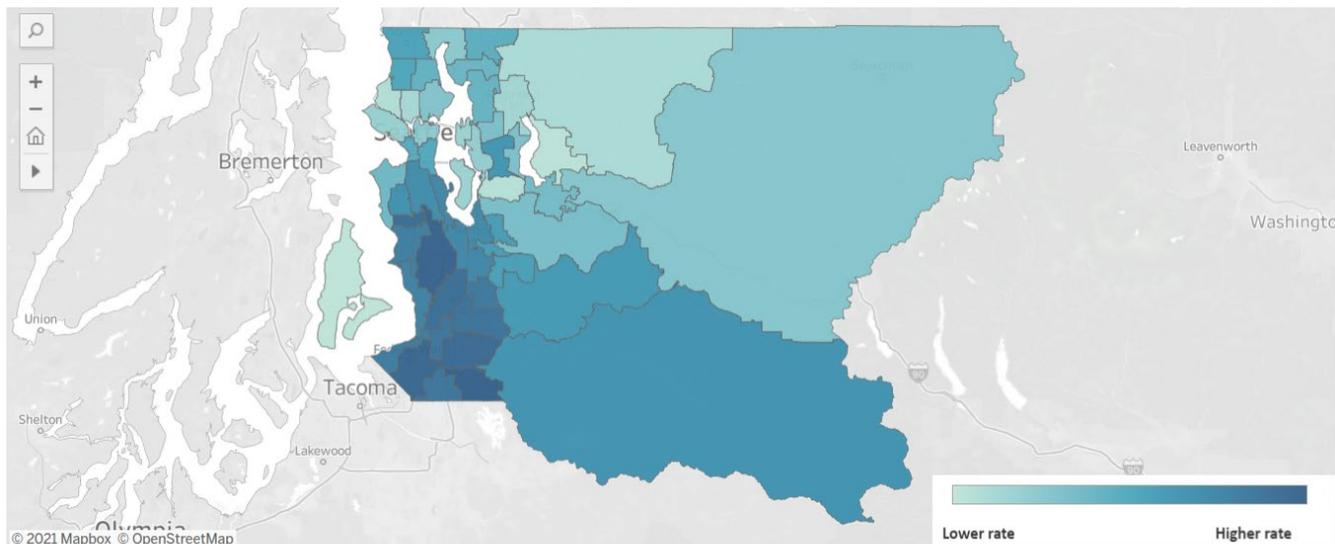
Equitable vaccine delivery is guided and inform by data, which indicates that older adults, people of color, and people living in South King County are at greater risk of illness and death from COVID-19. The following charts and map reflecting data analysis as of April 26, 2021 illustrate the disproportionate impact of COVID-19 on communities of color and those living in South King County.^{xiv}

Age-adjusted rates of COVID-19 by race



Cases missing age were excluded from this analysis so overall counts may be different.
Rates are age-adjusted using the King County 2019 population.

Positive cases by health reporting area, King County



Overall King County rate of positive cases: 4,338.9 per 100,000 residents

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- 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 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>
- ⁱⁱⁱ 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](https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e3-H.pdf)).
- ^{iv} Public Health – Seattle and King County COVID outbreak data dashboard as of 4/26/21: <https://www.kingcounty.gov/depts/health/covid-19/data.aspx>
- ^v Public Health – Seattle and King County COVID outbreak data dashboard as of 4/26/21: <https://www.kingcounty.gov/depts/health/covid-19/data.aspx>
- ^{vi} <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- ^{vii} Public Health – Seattle and King County COVID vaccine data dashboard as of 4/26/21: <https://kingcounty.gov/depts/health/covid-19/data/vaccination.aspx>
- ^{viii} KC Equity and Social Justice Strategic Plan: <https://www.kingcounty.gov/elected/executive/equity-social-justice/strategic-plan.aspx>
- ^{ix} Racism as a Public Health Crisis: <https://www.kingcounty.gov/elected/executive/constantine/initiatives/racism-public-health-crisis.aspx>
- ^x 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.
- ^{xi} WA DOH Prioritization Guidance: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-112-InterimVaccineAllocationPrioritization.pdf>
- ^{xii} King County’s language tiers: https://www.kingcounty.gov/~media/operations/policies/documents/inf142aao_appxc_languagetiers_intro.ashx?la=en
- ^{xiii} Public Health – Seattle and King County COVID vaccine data dashboard: <https://kingcounty.gov/depts/health/covid-19/data/vaccination.aspx>
- ^{xiv} Public Health – Seattle and King County COVID outbreak data dashboard as of 4/26/21: <https://www.kingcounty.gov/depts/health/covid-19/data.aspx>