

Public Health Response



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King County's COVID-19 response continues to be robust and centered on equity, leading to our local distinction as the "most vaccinated county" in Washington. In fact, King County has the lowest total COVID-19 incidence and death rates of any county with more than 2 million residents since the start of the pandemic. Public Health — Seattle & King County's [COVID-19 Data Dashboards](#)¹ provide timely data metrics to the public including demographic and geographic trends that help focus public health strategies within communities hit hardest by the pandemic. With the landscape of the COVID-19 constantly evolving, ensuring that current strategies are robust will enable public health to respond quickly, equitably, and effectively to mitigate the ongoing effects of the pandemic. The current CLFR allocation for the Public Health response is \$69 Million. This funding allocation has helped support a number of priority public health activities during the pandemic including a multi-faceted vaccination effort, broad COVID-19 testing access, support for contact tracing, isolation and quarantine for people experiencing homelessness, supply chain, emergency response, routinely updated data dashboards, and community navigation and outreach programs. King County continues to assess the COVID-19 threat and update, as necessary, the public health pandemic response.

Investment Areas

- Over 85% of eligible King County residents have completed a primary COVID-19 vaccine series.
- King County has allocated \$3.5 million to support broad access to COVID-19 testing and has administered millions of PCR tests, with a focus on communities with historic barriers to healthcare resources.
- King County's Isolation and Quarantine facilities have served over 4,000 individuals experiencing unstable housing between 2020 and 2022.
- Other Public Health actions included an interdepartmental response to supply chain issues and standing up PPE storage and warehouse leases to support community mitigation measures; thereby alleviating supply concerns early in the COVID-19 response.

¹ <https://kingcounty.gov/depts/health/covid-19/data.aspx>

Vaccinations

Great scientific feats have been achieved during the COVID-19 pandemic including the development and distribution of highly effective COVID-19 vaccines. COVID-19 vaccines are safe and highly effective at preventing severe COVID-19 (e.g., hospitalizations, severe disease complications, or death) and Public Health efforts have focused on mitigating severe outcomes by increasing rates of people who are up to date with the recommended COVID-19 vaccinations. However, a number of variables modify vaccine effectiveness including individual clinical factors, time since the last vaccination, community exposure risks, and the emergence of new viral variants. Booster doses help increase the relative effectiveness against severe disease regardless of prior infection or vaccination status. Maintaining high vaccination uptake, through ongoing public messaging and low-barrier access to vaccination, remains critical to reducing community disease burden, particularly among those with risk factors and those who have been affected by systemic healthcare inequities.

As of June 2023, over 85% of eligible King County residents have completed a primary vaccine series. Additionally, over 6 million total doses have been administered to King County residents. The original COVID-19 prevention goal, to vaccinate a minimum of 70% of all adults with the primary series across racial and ethnic groups and regions, was met and exceeded. COVID-19 continues to evolve and circulate in our communities and King County continues to strive for high rates of booster uptake especially among older adults, individuals at high risk for severe disease and BIPOC populations that have been disproportionately impacted by COVID-19.

Residents of all ages who have completed primary series

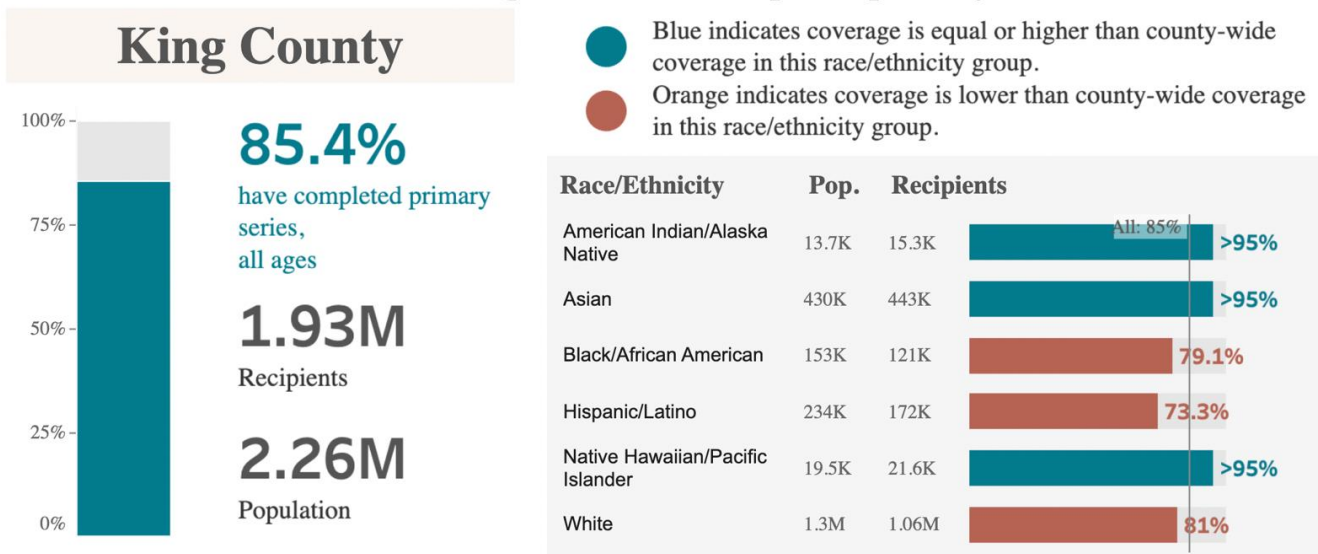


Figure 1: Over 85% of King County residents have completed their primary series as of 7/3/2023.

COVID-19 vaccination programs in King County have made tremendous progress since 2021, both in terms of how many people have completed the primary vaccine series as well as the progress towards equitable vaccine delivery goals across all racial and ethnic groups and regions of the County. Over time, the definition of “up to date” has changed as new recommendations and updated vaccines are made

available.² The Public Health COVID-19 vaccination strategy has included different key strategies including vaccination communication campaigns, community COVID-19 vaccination events, mobile vaccine activities for those who are homebound and administration of vaccines in partnership with healthcare organizations. However, while initial vaccination coverage was high, the proportion of the population that is up to date with recommended vaccinations is 34% as of July 2023.

Additionally, the proliferation of misinformation during the pandemic has adversely harmed communities. Providing accurate and scientifically grounded COVID-19 vaccine messaging in different languages has been a Public Health priority. Public Health partners with community advocates and community-based organizations, interprets CDC guidelines for different audiences, and coordinates vaccine data collection to help provide real time information to help focus community activities.

Vaccine Administration and Verification

\$8.6 million has been allocated to support vaccination administration and verification. For example, the Vaccination Verification program provided education, communication resources, and support to businesses as they implemented a requirement that patrons at restaurants, bars, indoor recreational events and establishments, and outdoor events be fully vaccinated or provide evidence of a negative COVID test. This requirement was in effect from September 2021 to March 2022.



Equity in Vaccination Coverage

In collaboration with King County teams, public and private healthcare systems and community-based organizations, a multi-modal vaccination strategy was developed to ensure equitable distribution of immunizations including the establishment of fixed vaccination sites and mobile vaccine activities across cities in King County. Pop-up vaccination events with King County have been held in a variety of settings (like park shelters or churches) by vaccine providers, community and faith-based organizations, and businesses working together to provide COVID-19 vaccines in a way that best meets the needs of the community. In-home vaccinations have been supported with interpretation services in coordination with pharmacies, and public health teams. Innovative toolkits for enhanced communication (including social media) have been distributed broadly for community use and have been made available online.

As we enter a new phase in the COVID-19 pandemic response, Public Health will continue to offer COVID-19 vaccinations through community vaccination events and mobile vaccine teams for people who have conditions that make it difficult to leave their home. COVID-19 vaccination is still available from

² Primary series refers to someone's first COVID-19 vaccination series, which can range from 1 to 3 doses depending on the vaccine type, person's underlying conditions and person's age. Boosters refer to any additional dose given after a primary series. Up to date COVID-19 vaccine coverage is defined as having received all doses in the primary series and all boosters recommended for you, when eligible. This currently includes the updated (bivalent) boosters. The definition of up to date has changed over time as new recommendations are released. Vaccine recommendations are different depending on age, the type of vaccine first received, and time since last dose. For additional details on CDC's definition of primary series, booster doses, and staying up to date with COVID-19 vaccination, as well as more information on updated vaccine recommendations, see <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>.

healthcare providers, pharmacies, and clinics throughout King County. For locations and more information, visit kingcounty.gov/vaccine.

Vaccination Coverage by King County Region

COVID-19 vaccination rates have differed by regions in the County. Compared to other areas in King County, South King County (Renton, Auburn, Federal Way) and Central District Seattle have experienced lower vaccination rates as well as higher rates of infection and severe disease outcomes. North and East King County regions have the highest rates in the County. Through June 2023, the King County Auburn Mall vaccination site served the communities of South King County by providing COVID-19 vaccinations especially to those without regular healthcare providers. Ongoing outreach with community partner collaboration is required to identify barriers to vaccine access across King County.

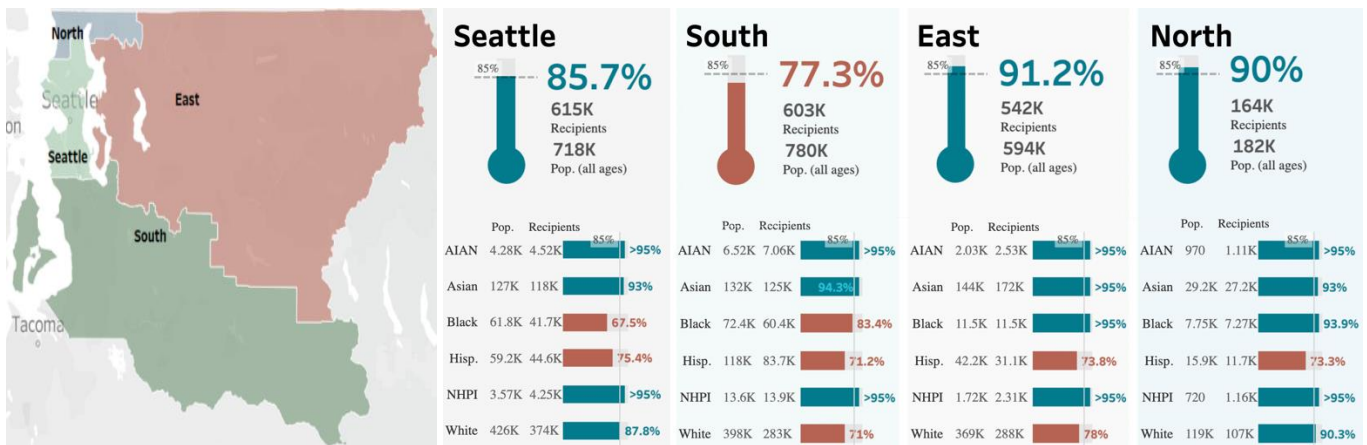


Figure 2: Equitable COVID-19 vaccination coverage by region across the County. East and North King County are both 90%+ vaccinated, while South King County is lagging at slightly below 80% of the population completing their primary series. Figure shows primary series vaccine coverage of residents of all ages, as of July 3, 2023: See the "Equity in Coverage" data dashboard tab. Note that the County-wide coverage is 85.4%.

King County's Strategy for COVID-19 Vaccine and Health Equity

King County set and met ambitious vaccination goals which centered on equity by developing strategies to people who have experienced historic inequitable access to healthcare resources including BIPOC and people experiencing homelessness. Not everyone in King County has the same resource availability to access vaccines and the information they need to make an informed decision about their health. Vaccine confidence increases when we address concerns in three areas: 1) the safety and effectiveness of the vaccine; 2) the reliability and trust of their vaccine provider; 3) the motives and ethics of policymakers that created and encourage uptake of the vaccine.

While maintaining a multi-modal strategy is important to maximize vaccine uptake, vaccination demand has evolved over the course of the pandemic and funding resources have declined as COVID-19 strategies transition out of the emergency phase of the response. To continue to provide flexible vaccine access points, resources previously used for Fixed Vaccination Sites have transitioned to support mobile vaccine activities.

The 2023-2024 Public Health COVID-19 vaccination strategy builds upon the work done during the COVID-19 pandemic to address historic inequitable access to healthcare resources. The

recommendations will incorporate the current understanding of COVID-19 epidemiology, integration of COVID-19 into routine public health work, anticipated changes associated with the commercialization of the vaccine, and also address the departmental need to coordinate efforts across teams and programs.

King County's Vaccination Support: 2021 Equitable Vaccine Delivery Principles in Action³

Across all vaccine delivery modes, Public Health requested that partners align with the following practices as of 2021:

- 1. Focus on Highest Risk and Most Impacted:** When vaccine supply is limited and the population of individuals eligible for vaccine exceeds available doses, prioritize appointment availability and access for eligible individuals who are at highest risk of serious illness and death. For example, Public Health 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 (e.g., BIPOC and LGBTQ).
- 2. Work with Community:** With guidance from Public Health, coordinate with community-based leaders and organizations with connection to highest risk communities (esp. BIPOC communities). Public Health's Community Navigators, partners in the Pandemic and Racism Community Advisory Group and others trusted messengers, are provided early notification of registration opportunities and other necessary support for people to successfully complete their vaccination.
- 3. Make Registration Easy:** With guidance from Public Health, ensure that appointment finding, and registration systems are simple to use and easy to understand, available in multiple languages and accessible for people with disabilities. To offset 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. Make Vaccine Available When and Where People are Available:** Ensure appointment availability outside of regular business hours. Work closely with CBOs to inform 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 is a barrier. High-volume sites are ADA compliant, have plain language and accessible signage, and are easy to navigate for people of all abilities, and provide access to restrooms and water. Deploy mobile vaccine teams for individuals unable to easily travel to a health clinic, pharmacy, or site.
- 6. Ensure Language Access:** From early planning, prioritize translation and interpretation (incl. availability of in-person and phone) for the languages most spoken in the target geography, and when possible, offer materials in the 20 most commonly spoken languages in King County.
- 7. Provide Vaccination Regardless of Immigration Status:** Ensure that immigration status is not a barrier to receiving a vaccine.

³ <https://kingcounty.gov/~media/depts/health/communicable-diseases/documents/C19/king-county-principles-vaccine-delivery.ashx?la=en>

King County's Integrated Place-Based Strategy for COVID-19 Vaccine Equity

CASE STUDY

Public Health — Seattle & King County: COVID-19 Vaccination Strategy

Washington state, specifically King County, has one of the highest primary series completion rates in the country due in large part to the efforts to increase vaccine access and consistent public health messaging to increase awareness and confidence in COVID-19 vaccines. Coordinated and aligned public health messaging between community-based organizations, government agencies, and public health officials was key to disseminating factual scientific data in the face of aggressive vaccine misinformation efforts and vaccine messaging exhaustion.

Although the uptake of the primary COVID-19 vaccine series was high, re-infections were increasingly common due to waning immunity and the emergence of new variants that necessitated booster vaccines. Thus, public health efforts have focused on increasing the uptake of both primary vaccine series and booster doses. Consequently, the term “fully vaccinated” is no longer favored; individuals are encouraged to stay “up-to-date” with recommended vaccinations including all booster doses. Over the course of the pandemic, the Public Health — Seattle & King County (PHSKC) vaccination strategy has evolved to address the changing epidemiology of COVID-19, influences of local factors, expansion of vaccine access, and updates to public health vaccine recommendations.



Outside of primary care offices, pharmacies, and healthcare systems, the Public Health access strategy has focused on a wide variety of options, including:

- Fixed vaccination sites,
- Community vaccine events,
- Mobile vaccination (e.g., homebound individuals, homeless service sites, adult family homes),
- Tailored outreach and education,
- Engagement with vulnerable and underserved populations, and
- Broad messaging to the community.

Vaccination administration sites were stood up in locations where vaccination rates were lower than in other parts of the county. In 2021, PHSKC developed a [Principles for Equitable Vaccine Delivery](#) to address health inequities; the 2023-2024 vaccination strategy carries over key strategies from this earlier work. The COVID-19 vaccination strategy infrastructure can also be leveraged to address vaccine access for other respiratory viruses – including influenza and RSV (Respiratory Syncytial Virus) – and remain flexible to pivot when the viruses’ epidemiology changes, or when a new vaccine-preventable public health threat emerges.

Much remains unknown about the future of COVID-19. The continued emergence of subvariants, changes in health-seeking behavior, and reversion to pre-pandemic activities may continue to modify our understanding of COVID-19 epidemiology in unpredictable ways. National approaches to addressing COVID-19 have shifted towards an endemic strategy similar to influenza, with a focus on mitigating severe disease outcomes such as hospitalizations and deaths. Whether SARS-CoV-2, the virus that causes COVID-19, will have a circulation pattern similar to other respiratory viruses (e.g., RSV or influenza) during the 2023-2024 season is not known and thus, the PHSKC strategy must remain nimble to address unanticipated changes in SARS-CoV-2 community activity in the upcoming year.

Additionally, new updated COVID-19 vaccination guidance is planned for the fall of 2023 when an updated XBB monovalent COVID-19 vaccine will become available. With this timeline in mind, PHSKC is preparing for a fall vaccination strategy that is inclusive of vaccines for COVID-19 and influenza.



Furthermore, the upcoming commercialization of COVID-19 vaccines and the addition of COVID-19 vaccines to the federal Vaccines for Children (VFC) program is anticipated in September 2023. Under the VFC program, COVID-19 vaccines will be provided to children at no cost. However, the commercialization of COVID-19 vaccines would bring financial hurdles particularly for un- and underinsured adults. On April 18, 2023, the federal government announced the HHS Bridge Access Program to address concerns around vaccine access inequities by funding COVID-19 vaccines for uninsured individuals. Although the details around this program are still being developed, resources provided by this federal program will be an important complement to the 2023-2024 PHSKC COVID-19 vaccination strategy to ensure equitable access to vaccine in King County.

Grounding Principles

King County’s pledge to equitable vaccine delivery is rooted in a deep commitment to equity and social justice. It is aligned with PHSKC and the King County Executive’s declaration that racism is a public health crisis. Together with our partners, the County continues to strive to:

- **Remove barriers that deter vaccine access** for specific population groups disproportionately impacted by COVID-19, such as distrust based on past practices, language access, transportation, or lack of tailored vaccination outreach and services.

- **Create an early, continuous, and meaningful inclusive process** with people disproportionately impacted by COVID-19 and community-based organizations in COVID-19 vaccine planning, implementation, and after-action review processes.
- **Be intentionally anti-racist and accountable to BIPOC communities**, through a respectful and culturally responsive approach to vaccine delivery, responsiveness to community needs and preferences, and publicly sharing race and ethnicity data in order to measure progress toward meaningful access for communities hardest hit by COVID-19.

Place-Based Strategy in Context

Between August 2021 and June 2023, PHSKC's COVID-19 vaccination strategy incorporated an integrated place-based approach, seeking to mitigate the spread of COVID-19 in areas that were hardest hit by the pandemic or have the lowest access to health care. The Place-Based Strategy team worked to support communities that had not been engaged through traditional methods of outreach. PHSKC used data to identify areas and racial groups that have lower rates of COVID-19 vaccinations/boosters or higher rates of infection. Then, the team engaged with community members and leaders to help their communities address from the pandemic by integrating their perspectives, experiences, and goals into public health strategies for COVID-19 and vaccination.



COVID-19 vaccination rate disparities across King County are likely due to several different factors. Some communities may not have easy access to COVID-19 vaccines or boosters. Others may not trust healthcare due to a history of systemic racism including in medical research and public health systems. Hesitancy towards COVID-19 vaccines stems from a complex mixture of sentiments. The place-based strategy approach aimed to direct and support community leaders working to address these factors.

King County's guidance on becoming a pro-equity, anti-racist organization informed the integrated place-based vaccine strategy design. Collaborating with communities most disrupted by the pandemic, PHSKC co-created initiatives, supported community events, and provided linkages to other health services. Knowing that communities are impacted by SARS-CoV-2 infections and the larger societal impacts due to the pandemic, such as concerns regarding staying safe, finding systems of support, or earning an income, the place-based strategy helped King County put COVID-19 in the context of a person's entire well-being.

"Our mass vaccination sites were pivotal in getting us to where we are now with vaccination rates," said a manager of the COVID-19 Place Based Strategy. "But for people who are refugees or may have sensory processing challenges, for example, a large mass vaccination site might not be a comfortable place." To expand options, Public Health started working directly with community and faith-based organizations to

provide technical support to help them host their own community vaccination events. The idea of this “whole person” model of vaccine delivery is relational and it is long-term. “The idea is that Public Health isn’t only here for you during the pandemic – we want to play a more significant role in people’s lives going forward.”⁴



Community organizations have been crucial to vaccination events.

This photo shows one such event held at the Beverly Park Baptist Church in White Center, organized by the Khmer Health Board and the Khmer Community of Seattle and King County. (Photo: [Ben Stocking](#))

This strategy aligns with the goals of the Office of Equity and Community Partnerships (OECPP). Among other things, OECPP collaborates with community partners to drive equitable allocation of power and resources to:

- Help limit and prevent exposure to novel coronavirus.
- Lessen the negative social and economic consequences of the mitigation measures.
- Center principles of equity to prioritize racial, ethnic, cultural, linguistic, and economic groups at higher risk.

In short, PHSKC has integrated community-guided solutions into King County’s public health practice. This includes using a data-informed approach to identify some of these potential communities of focus, analyzing data (incl. vaccination, outbreak, death, and hospitalization rates) by ZIP code, and seeking input from community members on communities and people who may not be readily visible in our data.

Example Activities

Public Health works with the community to identify community needs and co-create specific activities to meet those needs. The following table includes sample activities that PHSKC may facilitate as part of this strategy, based on previous experiences collaborating with communities to meet health needs. Additional activities are also conducted; final activities will vary and be determined by communities.

⁴ Public Health Insider. “Equity in Vaccination Is a Community Effort.” March 29, 2022. <https://publichealthinsider.com/2022/03/29/equity-in-vaccination-is-a-community-effort/>.

| Activity | Description | Public Health's roles |
|---|---|---|
| Outreach and education: COVID-19 vaccine and more. | Share information in all relevant languages regarding: <ul style="list-style-type: none"> • The science of the COVID-19 vaccine. • Why PHSKC recommends the vaccine for all eligible community members. • Nearby vaccine sites and instructions for making appointments. • Other health education materials on topics of community concern. • Referrals for other health concerns. | Share existing outreach and education materials ; provide presentations in multiple languages; work with community groups to develop other materials based on local needs; connect CBOs with our Community Navigators and Speakers Bureau for in-person and virtual presentations and question and answer sessions. |
| Support overcoming basic needs obstacles to vaccinations. | Connect with childcare providers, transportation, grocery support, rental assistance programs, etc. for those who need them in order to take time away for vaccination or recovery from side effects. | Identify resources; convene meetings with potential partners and service providers; provide direct support via the Household Assistance Program and grocery gift cards to adult family home workers. |
| Door-to-door canvassing to connect community members with appointments and services. | Community members visit residents door-to-door and assist people with registering for COVID-19 vaccine appointments, arranging childcare, grocery, or other support during appointment or to recover from side effects, and connect with other community resources. | Provide materials to be shared door-to-door; give training on answering common questions about COVID-19 vaccine; mobilize other community partners to canvas and provide needed assistance and services. |
| Host community vaccination events with multiple health services offered according to community needs. | Community vaccination events are clinics hosted at locations that are easily accessible and familiar to the community being served. Sites may include CBOs, faith-based organizations, schools, employers, and businesses. Other services offered (e.g., vision screening, mammography, health insurance enrollment) according to community needs. | Coordinate with CVE, Language Access, and Speakers Bureau teams; provide guidance and technical assistance including the County's event workbook ; conduct community surveys as requested; link community organizations with needed funding. |
| Multi-service support addressing a wide variety of health needs and social determinants of health. | Connect community members with multiple assistance programs, including but not limited to: Washington State's Basic Food Program, the King County Prescription Discount Card Program, the Access to Baby and Child Dentistry Program, health insurance enrollment assistance, ORCA LIFT subsidized transportation programs, and more. | Identify resources that can meet community needs; convene meetings with potential partners and service providers; provide direct support via our Access and Outreach program and our Community Health Access Program . |
| Connect local healthcare providers to community groups. | Create connections between community healthcare providers, contracted mobile vaccine providers and community organizations. | Identify providers that serve communities of focus; connect the providers with community- and faith-based organizations; provide technical assistance to support enrollment in the federal COVID-19 vaccination program. |
| Mobilize area employers on COVID-19 vaccine and broader health initiatives. | Encourage employers to host vaccination events or provide paid leave to employees needing vaccination; work with employers to expand broader health and wellbeing offerings to workers. | Convene area employers; provide mobile vaccination services for onsite events with a focus on critical workers. |

Testing

As of July 1, 2023, there have been 561,835 reported cases of COVID-19 in King County since February 2020. However, as the pandemic evolved and testing behavior changed, and demand for testing decreased over time. In turn, case counts are no longer an accurate community burden measure as it once was at other points during the pandemic. Access to testing still remains essential particularly in congregate care settings to mitigate outbreaks and for individual patients to access live-saving antiviral medication and Public Health has continued to explore options to support equitable testing access as a means to reduce severe outcomes especially among those at greatest for severe disease.



Figure 3: Photo from a King County operated COVID-19 drive-in and walk-up testing location in Tukwila, Washington.

During the emergency phase of the pandemic, ARPA funding allowed for COVID-19 mobile testing operations including reactive and proactive COVID-19 testing, with the added ability to flex its capacity to accommodate surges in demand. As such, the County was able to focus on community members who were unable to access testing at a hospital or clinic, including residents of homeless service sites, supportive housing programs, behavioral health residential programs, long term care facilities, and adult family homes. Additional testing activities in correctional and detention facilities were made available for incarcerated individuals.

King County Public Health has both operated testing programs directly and through coordinated pharmacy and healthcare partnerships but will begin to downscale its processes considering the changing COVID-19 testing environment. Overall PCR testing has been reduced with the more widespread use of antigen home testing kits.⁵ Public Health is endorsing the use of self-testing and will subsequently be reducing its direct involvement in individual PCR testing. Public Health has previously purchased hundreds of thousands COVID-19 home testing kits to distribute to community-based organizations, community health centers, senior centers, libraries, and other congregate locations.

Public Health has continued to update the COVID-19 websites in a variety of languages with information on where to access in-person or home antigen test kits. The availability of both testing types is essential

⁵ Antigen self-tests, sometimes called a "rapid test" or "home test," detect virus proteins in the body. Antigen self-tests use saliva and nasal swab samples.

to ensure broad access to these important COVID-19 resources. Overall, King County's general testing strategy is phasing out high-volume testing sites in favor of partner contracts for testing the uninsured through March 2023 and antigen test kit coordination and distribution.



Figure 4: Most free COVID-19 PCR test sites have closed with the end of federal funding. *Public Health has [a list of testing sites in King County](#). The federal government also has an [online tool](#) to find local no-cost COVID-19 testing locations. A lot of people now are using COVID-19 home tests, a good alternative to visiting a test site.⁶*

King County will continue to support activities that maximize use of available resources to center equity in the local testing strategy.

The Mobile Assessment Team

COVID-19 testing remains a critical resource for the diagnosis of COVID-19 and to inform mitigation measures particularly among high-risk individuals and those who reside in congregate settings. The Public Health Mobile Assessment Team program centers on providing targeted COVID-19 testing to vulnerable and high-risk populations who may struggle to access standard testing facilities. The core of the program is the Mobile Assessment Team (MAT), an interdisciplinary team that includes registered nurses, public health nurses, medical assistants, who a cross trained in a variety of activities to support the needs of homeless shelter sites. This team aims to provide both reactive and proactive testing strategies to anticipate and address potential COVID-19 outbreaks.

The MAT team is equipped with cross-trained personnel responsible for a variety of activities including COVID-19 testing and vaccinations to homeless shelter sites. To enhance effectiveness, the program incorporates a collaborative approach, coordinating with local and state health departments. External

⁶ <https://publichealthinsider.com/2023/05/08/the-federal-covid-19-public-health-emergency-declaration-ends-may-11-2023-what-does-this-mean-for-you/>

partners include community-based local healthcare facilities and providers. The program's key focus is mitigating health disparities exacerbated by the pandemic, by delivering accessible testing and support to communities in greatest need. Its flexible structure allows for scaling in response to the evolving COVID-19 situation. Despite the progress in vaccination, this initiative continues to be vital in controlling the spread and impact of the virus in King County.

The program primarily serves people experiencing homelessness, thus clients receiving services meet the HRSA definition of homelessness (including those who are doubled up and/or at risk of chronic homelessness); a small portion of support for people in assisted living facilities was performed by a contracted partner to allow internal staff to focus their capacity on serving homeless service sites, community sites that provide services to people experiencing homelessness (e.g., meal programs), and people living outside.

By design, the program is intended to provide access to COVID-19 mitigation services, including testing and vaccination, to people experiencing homelessness in an attempt to reduce gaps in access to critical COVID interventions. The program utilized a tailored equity impact tool to direct resources to sites and settings that serving members of historically marginalized and oppressed communities within the larger arena of homeless service sites. Sites were weighted according to various equity indicators linked to health disparities, including, but not limited to, geographical placement, race, ethnicity, gender identification, sexual orientation, service facility type, and indication and/or recurrence of outbreaks.

To ensure equitable awareness of available resources and clarity on site prioritization methods, program leaders held regularly scheduled virtual meetings for homeless services stakeholder and also made information available via email updates and the Public Health Website. Meeting attendance often exceed 100 stakeholders.

Initial concepts for the MAT team were directly informed by community stakeholders in homelessness services via a series of meetings aiming to gather feedback on community desire, need, and suggested approach for implementing COVID-19 mitigation strategies. Stakeholders were also surveyed at various portions of the design and early implementation phases, either via email or live during meetings. Later stages of implementation relied on more direct feedback from individual service sites and continued community discussion during Plan, Do, Check, Act (PDCA) processes.

This program contributes to a more equitable COVID-19 response by prioritizing the health needs of those who are most vulnerable and least able to access conventional health services. More specifically, the program has equipped homeless services sites with information, supplies, and technical assistance (such as assistance in navigating CLEA waivers and suggestions for adapting guidance to best accommodate specific service sites) that allow homeless service sites to build their own capacity to better mitigate COVID-19 transmission.

Isolation and Quarantine

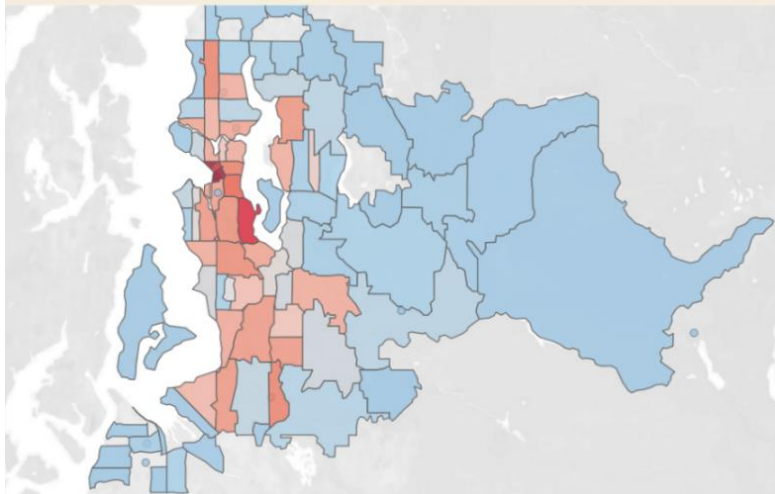
Early in the pandemic, Public Health took necessary action to address the quickly changing landscape of COVID-19, including standing up isolation and quarantine resources to mitigate transmission of the virus in congregate homeless shelter sites. [Isolation and quarantine](#) (I&Q) played an important role in managing COVID-19 early in the pandemic. By keeping sick and healthy people separated, it reduced

transmission of the virus in spaces where it was difficult to distance from other people and thus reduced the risk of severe outcomes among those at highest risk. Furthermore, I&Q provided important support to hospital facilities by providing a space for isolation after a person's hospital stay for those still recovering from active infection.⁷

I&Q included wrap-around services: site management, security, laundry, waste management, residential monitoring, sanitation services, pet sheltering, residential supplies, case management, and housing navigation at some or all of the approved non-congregate shelter sites. Funding for most I&Q activities were through FEMA. Wraparound services, including behavioral health support and case workers, were funded by CLFR. Overall, more than 4,000 King County residents have been placed in Isolation and Quarantine facilities since March 2020. Public Health also maintains online resources on its [COVID-19 "Care and Support" page](#)⁸ that provide additional guidance around I&Q for different vulnerable communities: people experiencing homelessness, immunocompromised individuals, travelers, or people working in high-risk settings (e.g., healthcare, jails, crowded food service).



Map of Clients w/ King County Zip Code (When Available)



Number of Unique Clients
1 100

Figure 5: I&Q utilization mostly drew from across the more urban parts of the County. According to data collected between 3/1/2021 and 6/27/2022, heaviest use of services came from Seattle, while limited clients traveled from East King County. The majority of clients served by the I&Q facilities have been those facing housing insecurity.

⁷ Isolation means staying separate from all people who don't have COVID-19, even within your home. Isolation is used for people who are currently ill and able to spread the disease and who must stay away from others to avoid infecting them. While most people will isolate and recover in their own homes, temporary housing is needed for those who will struggle to safely isolate or recover in their homes and for individuals experiencing homelessness. Quarantine means staying at home with no visitors, away from people outside your home. Do not go to work, school, or public areas. If possible, stay away from people in your household who are at high risk for COVID-19 (unvaccinated, older people, or those with medical conditions). Quarantine is for people who are not showing symptoms but are at increased risk for having been exposed to COVID-19.

⁸ <https://kingcounty.gov/depts/health/covid-19/care/quarantine.aspx>

Figure 5 highlights the parts of the County that have been served by Public Health I&Q sites during the pandemic. I&Q sites

were strategically placed to allow as easy access as possible to those in need. Based on residential zip code data provided by clients, most I&Q admissions involved clients residing in Seattle.⁹

King County phased out the Kent I&Q Center in 2022, the first civilian COVID-19 I&Q site in the U.S., which opened in March of 2020.¹⁰ New programs are returning to a more traditional approach, with services tailored to support people experiencing homelessness or unstable housing conditions. This includes smaller locations for lodging, supported by a Mobile Isolation and Quarantine Care Team that provides multilingual coordination of care across the region, with emphasis on equity care for communities of risk. Services remain free, and no ID is required.

“What we’re trying to build here is just a supportive environment that really promotes whole person care.”

— Kelli Nomura, [Director of Behavioral Health and Recovery](#)

“This is a place for our community, for people to come and recover. I had a guest tell me that he felt like he was healing mentally and physically here. It felt nice to hear that.”

— [Public Health Nurse](#)

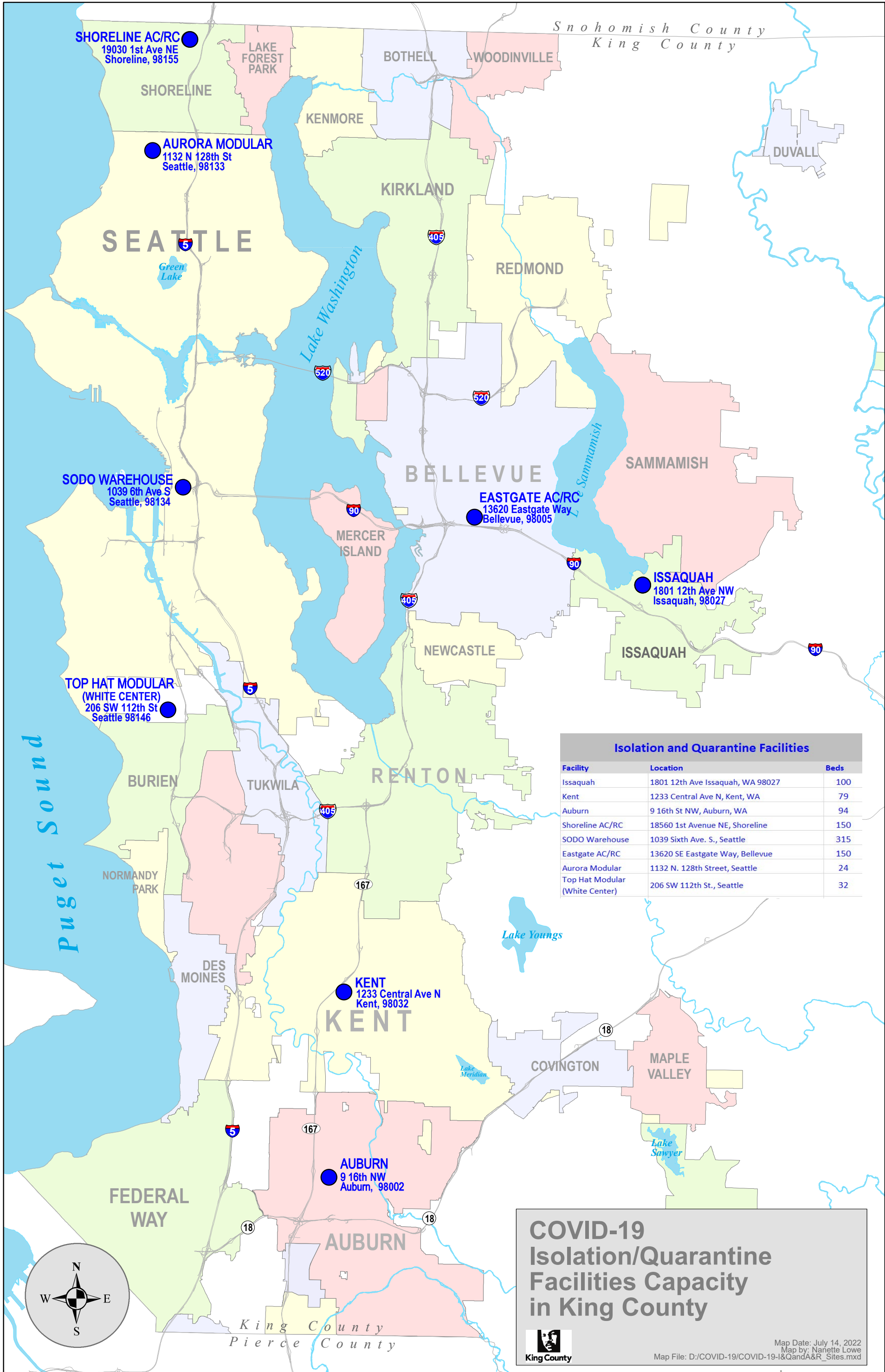
While I&Q services provided essential resources to mitigate transmission in congregate shelter sites at the height of the pandemic, the changing landscape of COVID-19 has limited the need to continue to achieve this objective. As such, the I&Q model changed in Summer 2022 from operating large I&Q sites to a small mobile team that provides support to clients isolating in hotel rooms or adult family homes contracted for 24/7 care to provide transportation and

support services to clients. Responsive downsizing of operations occurred as testing behaviors changed and federal financial resources were reduced. Public Health will continue to explore ways to support service providers based on the most up to date guidance and available resources.

King County commits to sustaining non-congregate sheltering - isolation and quarantine operations as long as it remains an effective strategy for the threat of COVID-19 to public health and safety. Specifically, responsive downsizing of operations has occurred as the need wanes for these emergency services, with a steady eye on careful and flexible funding management. Nevertheless, I&Q has a surge plan for a future scenario of COVID-19 infection re-expansion. King County’s Prevention Division is currently evaluating the utility of providing I&Q services for COVID at this point in the pandemic — given that it is estimated that more than 50% of community infections are transmitted by people who are asymptomatic and pre-symptomatic — and further downscaling of services is expected by the end of 2023.

⁹ For more information about the King County I&Q response, see the 2022 Recovery Plan – Public Health Performance Reporting document, beginning on page 59. This report includes in-depth performance reporting and a case study. It can be found at <https://kingcounty.gov/depts/executive/performance-strategy-budget/budget/2021-COVID-19-Spending.aspx>.

¹⁰ The figure on the next page provides a map of King County Isolation and Quarantine facilities over the course of the pandemic. Reflecting the changing nature of the pandemic and other prevention strategies, phased-out site may stand ready to respond to future demand but are currently no longer taking clients.



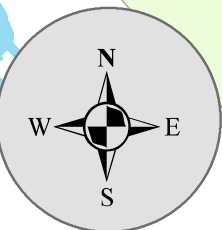
Isolation and Quarantine Facilities

| Facility | Location | Beds |
|--------------------------------|----------------------------------|------|
| Issaquah | 1801 12th Ave Issaquah, WA 98027 | 100 |
| Kent | 1233 Central Ave N, Kent, WA | 79 |
| Auburn | 9 16th St NW, Auburn, WA | 94 |
| Shoreline AC/RC | 18560 1st Avenue NE, Shoreline | 150 |
| SODO Warehouse | 1039 Sixth Ave. S., Seattle | 315 |
| Eastgate AC/RC | 13620 SE Eastgate Way, Bellevue | 150 |
| Aurora Modular | 1132 N. 128th Street, Seattle | 24 |
| Top Hat Modular (White Center) | 206 SW 112th St., Seattle | 32 |

COVID-19 Isolation/Quarantine Facilities Capacity in King County

Map Date: July 14, 2022
 Map by: Nanette Lowe
 Map File: D:/COVID-19/COVID-19-I&QandA&R_Sites.mxd

King County



Other Public Health Interventions

King County Public Health has successfully implemented ARPA funding for several additional components of solid infection control measures this year. One intervention is community mitigation and relief, in the form of Community Navigators. ARPA funding supports underserved communities

“They showed up and listened first asking ‘What kinds of questions are you getting from community members you’re serving?’ and then provided information.”
— Townhall Participant

disproportionately impacted (i.e., having known health disparities) by COVID-19 in non-standard government operations and Community Navigators are able to partner with the community in novel ways. Goals include minimizing inequities in disease and utilization of interventions that are community-informed where community partnerships and participation drive all desired outcomes, decisions, resource allocation, program, design, pro-equity results and structural changes.

ARPA funding supported a number of other Public Health COVID-19 pandemic efforts including the Community Navigators program directed at underserved communities disproportionately impacted by COVID-19 (i.e., having known health, racial, or socio-economic disparities). The program helped minimize health inequities by utilizing a community-informed public health approach. Community partnerships and collaboration are key to determining resource allocation, program priorities, approach, pro-equity results and structural changes.

Community Navigators were consistently seen as a strength by Public Health staff, partners, and stakeholders. The Community Navigators represented diverse populations dealing with a lack of transportation, job loss, food insecurity, and loss of housing. Navigators served as public health advocates to ensure resources reached their communities and dispelled misinformation among their communities. Additionally, Community Navigators provided important information and feedback to Public Health staff to help shape and improve their response work to tailored to the specific needs of each community. There are numerous examples throughout this report detailing the Community Navigators bridging the gap between public health efforts and communities that needed it the most.

Public Health’s Language Access Team raised the standard for language accessibility through innovation and collaboration with key partners. The team translated public health information into forty languages with short

turnarounds and did so in a cost effective and culturally sensitive manner. The team partnered with Washington State Coalition for Language Access (WASCLA) to develop a system of just-in-time locally certified and experienced



Figure 6: Public Health guidance examples.

translators allowing for same day, 24-hour, and 48-hour turnaround times. To elevate the effectiveness of the system, Public Health opened the system to partners who were able to leverage the language capability for their roles in the public health response.

Other public health interventions to address other pandemic priorities included addressing supply shortages due to supply chain issues, PPE storage and warehouse lease continuation, and logistical support for the COVID-19 tasks of testing and vaccination. In fact, Public Health purchased more than 24 million masks to distribute to residents, and during the Omicron surge distributed 1 million higher-grade masks to community-based organizations. Thankfully, availability of PPE, testing supplies, special equipment, vaccination supplies, and other requirements for a vigorous public health response is not facing the same supply chain challenges as at the beginning of the pandemic. There is adequate supply to sustain community needs and demands at this phase of the pandemic.

To support the coordination of the local COVID-19 response, Public Health activated the Health and Medical Area Command (HMAC) Incident Management System that leveraged additional COVID-19 program staff support across the department. The HMAC Program ensured alignment of the Public Health COVID-19 response with national practice and federal requirements and staffed COVID-19 activity meetings, coordinated resources, convened briefings, produced situation reports and incident action plans, centralized document collection, facilitated transition planning and provided after-action review. Public Health also activated a call center to answer community COVID-19 questions that included access to vaccination and testing, clarification of medical information about COVID-19, and I&Q intake.

The complexity of the COVID-19 response has also required increased staffing to handle multiple new divisions, urgency of tasks, goals, data collection and reporting, fiscal management, and communication management. Funding supports the Department of Community and Human Services for ongoing administration, monitoring, and evaluation of COVID-19 programs.

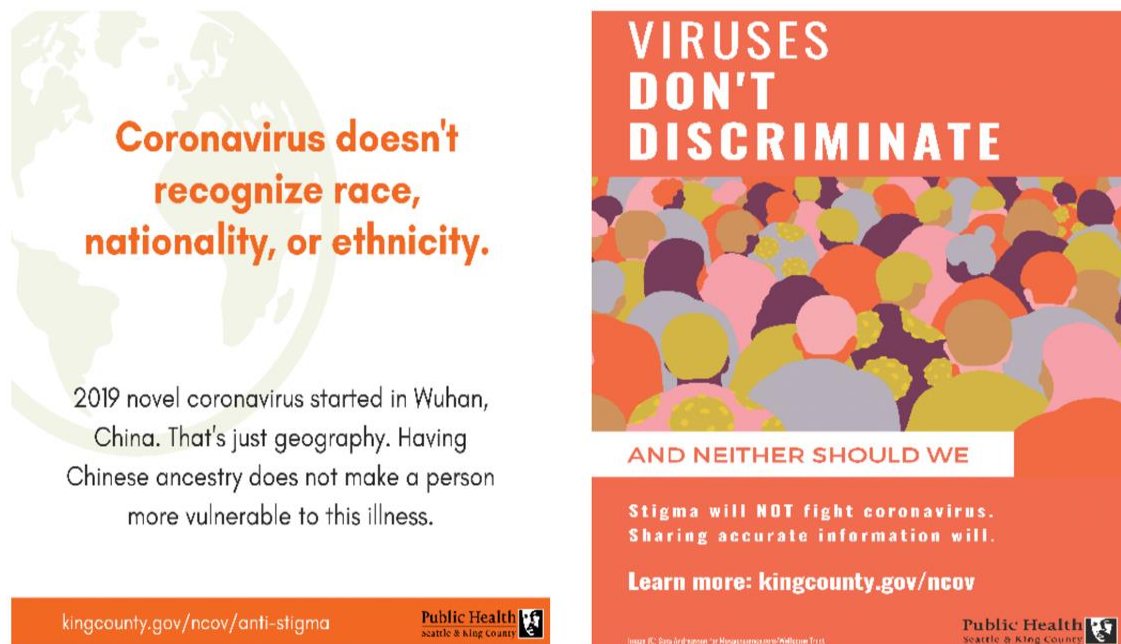


Figure 7: Examples of community outreach materials. Photos distributed by PHSKC and compiled in the Public Health – Seattle & King County [COVID-19 After-Action Report, January 2020-January 2022](#).

King County is home to over 2 million people with increasing diversity and over 170 different languages spoken throughout the region.¹¹

CASE STUDY

Language Access

Over 40% of King County's population are people of color, and more than half of children are children of color. According to the American Community Survey (ACS),¹² in King County nearly 30% of the population speaks a language other than English at home, which represents nearly 640,000 people.¹³

Nested within the Community Mitigation and Recovery Program in Public Health – Seattle & King County (a power-sharing model that included community partners in driving the public health response for the COVID-19 pandemic; now called the Office of Equity and Community Partnerships),¹⁴ the Language Access Team became a critical resource for quickly translating vital health information throughout the pandemic.

The team mobilized to create a central process for translation that incorporated personal lived experience of translators, health literacy skills, and an equity framework to review COVID-19 related documents. The Community Translator Review (CTR) Team members are experienced translators and reviewers using their lived experience and connection to their local communities to quickly create quality translations that supported residents of King County in navigating the pandemic.



Photo Source: Linguist111, Public domain, via Wikimedia Commons

¹¹ King County Aims High Performance Scorecard 2012: <https://kingcounty.gov/~media/depts/executive/performance-strategy-budget/documents/pdf/aimshigh/01-KingCounty-Performance-Scorecard.ashx?la=en>.

¹² ACS is the annual U.S. Census Bureau sampling to gather information about people and households.

¹³ PHSKC – Assessment, Policy Development, and Evaluation Unit: <https://kingcounty.gov/depts/health/data/community-health-indicators/american-community-survey.aspx?shortname=Speak%20other%20language%20at%20home>.

¹⁴ CMR is described in detail in the 2022 King County Revive and Thrive Recovery Plan Report (pp. 38-40): <https://kingcounty.gov/~media/depts/executive/performance-strategy-budget/budget/COVID-19/AmericanRescuePlan/2022-Revive-and-Thrive-Recovery-Plan.ashx?la=en>.

Over the course of the last year, CTR worked on roughly 500 projects and 8,000 documents (posters, social media posts, press releases, text messages, guidance documents, flyers, websites, FAQs, in-language videos, audio recordings, webinars, phone lines, application forms, ethnic media, and surveys). Documents were translated in over 40+ languages with a turnaround time of less than 24-hours for urgent communications, with an average turnaround of three-day. In comparison, processing time for translation in a traditional model typically takes closer to three weeks with error resolution sometimes taking months.

The Language Access Team in Public Health – Seattle & King County (PHSKC) created an unprecedented model for centralized language access services at the County that did not exist prior to the COVID-19 pandemic. The program is in transition ramping down pandemic response and entering a new phase of growth. Two exciting grants have recently been awarded to continue this work – Foundational Public Health Services Grant through Washington State (\$2.2M) and Advancing Health Literacy Grant through the U.S Department of Health and Human Services Office of Minority Health (\$3.85M).

Using this one-time funding, PHSKC will be partnering with seven other Washington State Counties (Tacoma Pierce County Health Department, Snohomish County Health Department, Chelan, Douglas, Kittitas, Grant, and Okanagan) to provide language access services and advance organizational health literacy and sustainability as key strategies to providing residents important information. This funding allows King County the capacity to provide services to support partnering local health jurisdictions (LHJ) while also working as a collaborator to develop services with LHJ partners to benefit citizens across Washington State.

PERFORMANCE REPORT

COVID-19 Vaccinations

As part of the Public Health COVID-19 vaccination strategy, the department implemented a multi-modal vaccine delivery approach that included high volume mass vaccination and fixed clinic sites in areas of high need, community vaccination events in partnership with community-based organizations and other partners, mobile vaccination for high-risk homebound individuals, and school district-based vaccine clinics. Public Health centered equity across COVID-19 vaccination activities directed at vaccinating those at greatest risk for severe disease and have the greatest need for healthcare resources such as older adults and BIPOC communities. These strategies helped surpass Public Health’s vaccination goals of attaining a minimum of 70% primary series vaccination rate among eligible King County adult residents. This was achieved in an equitable, efficient, and quick manner across different racial and ethnic groups and regions of the County, with **over 6 million** vaccine doses administered and **85.4%** of eligible King County residents completing their primary COVID-19 vaccine series as of July 3, 2023.

Other important vaccination strategy activities included combining data and community recommendations to prioritize disproportionately impacted communities while also seeking to understand the community through conversation and information gathering tools, identifying needs of the community beyond COVID-19, and providing technical assistance, resources, and education to community-based organizations. Overall, efforts have utilized braided funding, including but not limited to CLFR funds and funding through the Washington State Department of Health.

Goals applied across all activities for ethical and equitable vaccine delivery included meeting people where they are, building trust, and reducing barriers to access. The major delivery mechanisms included:

- 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.

How much?

6,231,900 total COVID-19 vaccine doses have been administered to King County residents as of July 2, 2023. 85.4% of the King County population has completed their primary series.

| Completed primary series | Received at least one original booster | Received updated (bivalent) booster | Up to date |
|--|--|--|--|
| 85.4% of population 1.93M people | 52.7% of population 1.19M people | 33.2% of population 0.75M people | 33.8% of population 0.76M people |

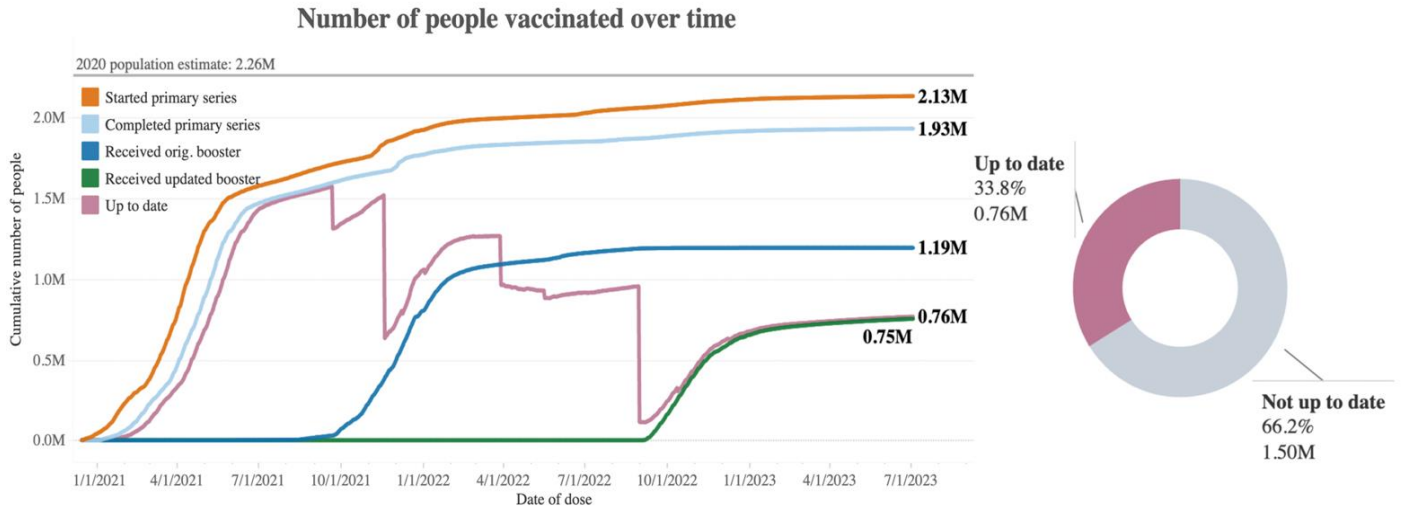


Figure 8: Primary series successful completion at 85.4% as of 7/3/23. Up-to-date booster response lagging.

While an impressive number of residents have received at least one vaccine (94%), Public Health continues to work through available partnerships to ensure the highest number of people are up to date with current vaccine recommendations including updated boosters. Over 2 million King County residents have started their primary series and 1.93 million residents have completed their primary series. However, updated bivalent booster uptake is severely lagging, and only 33.8% of the King County population is up to date as of July 3, 2023. American Indian/Native Alaskan (38.2%), Asian (38.4%), and White (37.4%) King County residents have higher than county-wide updated booster coverage. Black/African American (19.3%), Hispanic/Latino (18.1%), and Native Hawaiian/Pacific Islander (25.4%) residents still have lower than county-wide updated booster coverage.

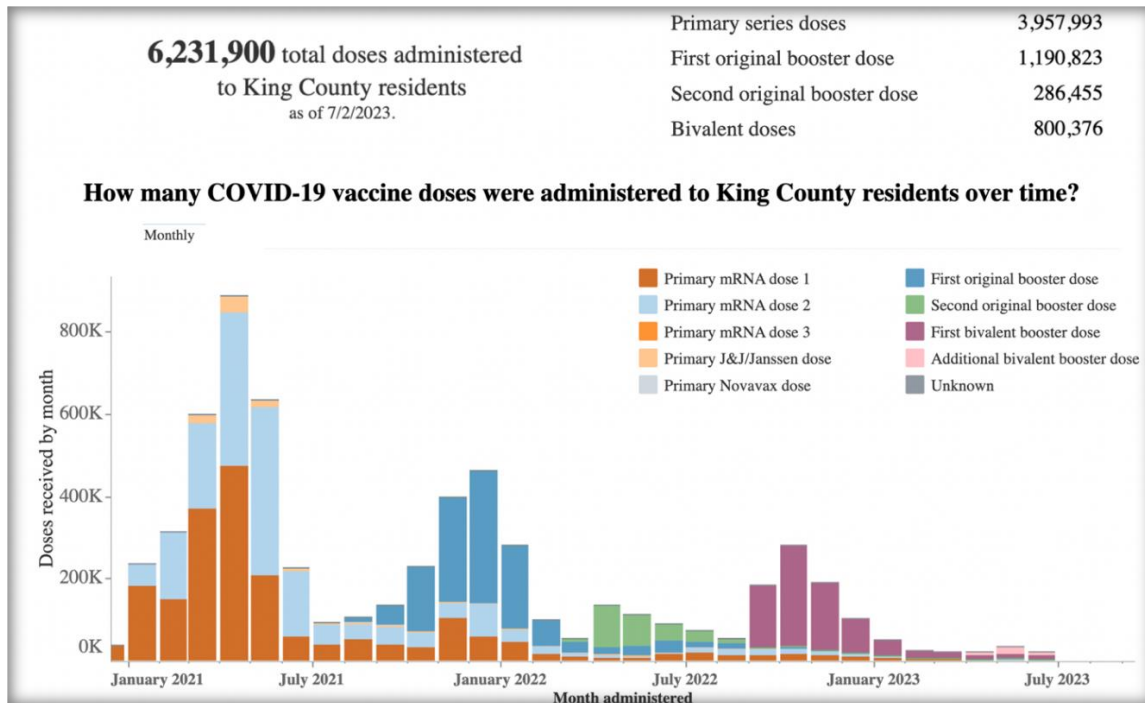


Figure 9: Amount of COVID-19 vaccine doses administered to King County residents by month.

Part of the vaccination support was the Public Health's Integrated Place-Based Strategy for COVID-19 Vaccine and Health Equity. Between August 2021 and June 2023, the place-based strategy team has identified communities that need resources and COVID-19 support. This team has provided technical assistance and a tailored approach to improve health outcomes in these places. Outputs included creating a list of priority communities of focus, creating community snapshots of high-priority areas, developing a clear and shareable picture of each community's needs, connecting organizations and people to Public Health programs, and educating and supporting outreach to community members.

In-Home Vaccination Program

The In-Home Vaccination Program is just one part of King County's mobile vaccination efforts. This program operates through direct vax request options for individuals, agencies, or facility staff: phone line and voicemail answered by Special Populations staff. Requests are entered into a referral system that links contracted vaccination teams. The selected team will then contact the client to schedule in-home visit. Referrals for vaccination also come from Public Health outbreak investigators working with long-term care facilities (LTCF) on COVID-19 outbreaks. The populations of focus include seniors, adults with disabilities, home caregivers and LTCF staff, and people who are pregnant. Vaccination strategies include:

- In Home Vaccination for Homebound Individuals.
- In Facility Vaccination at LTCFs, with special focus on adult family homes. **From April 2021 through February 2023, 14,361 doses were given in private homes and in care facilities.**
- Vaccination and vax education at senior centers and senior housing locations.
- Community Education via senior-serving agencies and CBOs, LTCFs, social media outreach.
- Advocacy and internal education efforts to improve accessibility of vaccination services delivered by other PHSKC programs.

"I just wanted to tell someone what a joy it was to work with you folks at King County. All four people I've had contact with have been kind, efficient, organized, and did exactly what they said they'd do. What a joy. Believe me, it isn't always that way and getting help isn't always easy. So, I want to say a very big thank you to you and your co-workers who made me feel like I wasn't a total inconvenience. Thanks."

— In-Home Vax Program Client

How equitably did we provide service?

Vaccination access has been vital to assure equitable distribution. Many King County cities early in the pandemic established open clinic, mall, in-home and walk-in vaccination strategies in conjunction with King County public and private healthcare systems and community groups. Public Health pop-up vaccination events are held in a variety of settings (like park shelters or churches) in coordination with vaccine providers, community and faith-based organizations, and businesses. In-home vaccinations are supported with interpretation services, pharmacies, and in-home medical providers. Innovative toolkits for enhanced communication (including social media) have been distributed broadly for community use, and are made available at <https://kingcounty.gov/vaccine>.

While 94% of residents have received at least one vaccine, rates of individuals who are up to date with recommended vaccinations are low by comparison. Individuals aged 6 months to 11 years old are the most under-vaccinated age group. Disparities by race and ethnicity and geography are also apparent especially among those who are not yet up to date with the current recommended booster vaccines.

What percent of residents have completed primary series?

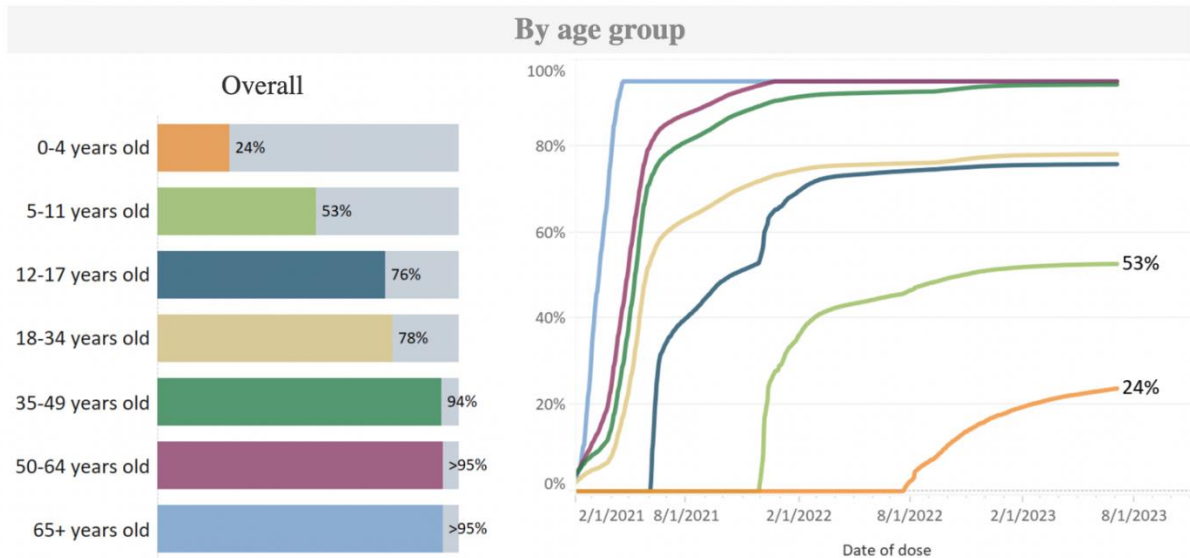


Figure 10: County residents ages 50+ are the most vaccinated with their COVID-19 primary series. The younger age groups, however, are lagging behind. Individuals in the 18-34 category, who represent individuals in a prime economy-generating phase of life, will require additional outreach efforts and creative vaccination strategies. Figure shows percentage of King County residents with completed primary series by age group as of July 3, 2023.

Vaccination rates are highest in the older age groups, possibly attributable to the recognized increased risk with older age. However, to continue to reduce burden of disease in our communities, high vaccination rates across all age groups are needed.

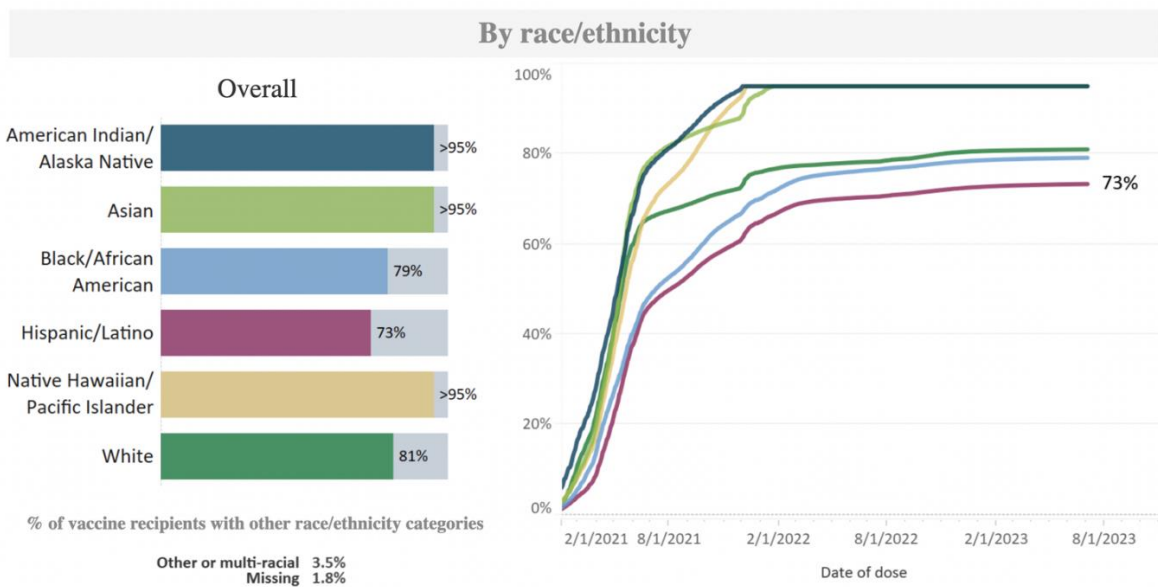


Figure 11: Primary series rates are distributed relatively well across age groups and races/ethnicities. American Indian, Asian, and Native Hawaiian/Pacific Islander populations are highly vaccinated as of July 3, 2023.

King County was able to achieve a >70% primary series completion rate across races and ethnicities, however disparities continue to exist. Black and Hispanic communities had lower completion rates (79%

and 73%, respectively) compared to other groups. These differences highlight the ongoing challenges to address systemic inequities even when Public Health activities aim to address gaps in healthcare resources and thus highlighting the ongoing importance of adequately resourcing Public Health efforts.

The majority of King County is doing very well with their vaccination compliance. While American Indian/Native Alaskan, Asian, and Native Hawaiian/Pacific Islander primary vaccination rates by race/ethnicity exceed the Hispanic/Latino, Black and White populations are similar. The gaps are wider when considering full coverage (primary + boosters) in all races/ethnicities, but they are significantly under-vaccinated in the Hispanic and Black communities. Older Blacks in Seattle, Hispanics in all parts of the County, and Whites in South and East King County are still struggling to fully vaccinate (with boosters). All ethnic groups but particularly Blacks, Hispanics, and White residents need support for booster coverage.

Equitable vaccine delivery is guided and informed by data, which helps identify where possible disparities exist. Addressing these gaps is of particular importance to those at greatest risk of severe outcomes due to COVID-19 including older adults, people of color, and people living in South King County are at greater risk of illness and death from COVID-19.

Map of KC residents who have completed primary series among all ages

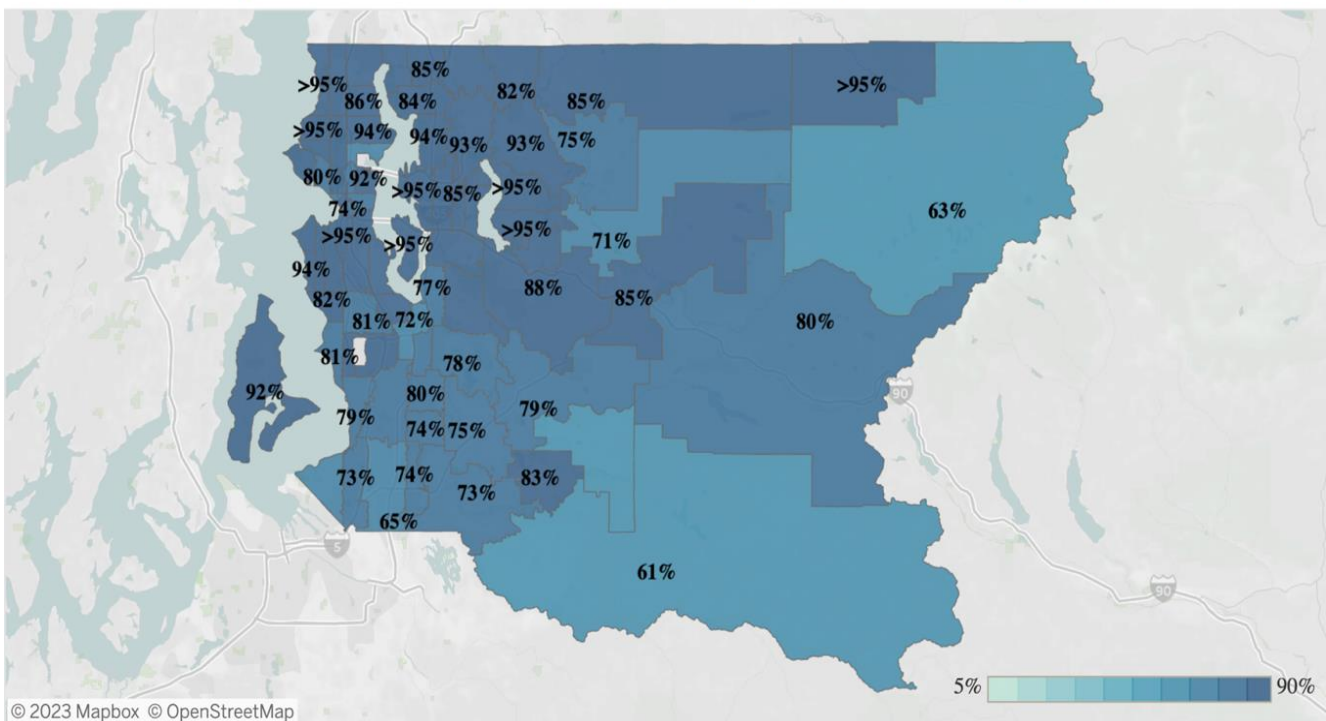


Figure 12: Map of King County residents who have completed their primary series by zip code. Overall, North and East King County have the highest COVID-19 vaccination coverage, while South King County has the lowest COVID-19 vaccination coverage.

Community Vaccination Events

Community Vaccination Events play an important part in Public Health’s COVID-19 vaccine delivery strategy and are critical to expanding vaccine access to prioritized and underserved populations. They serve King County communities in the following ways:

- By taking place within communities which supports accessibility and delivery of vaccines in familiar locations;
- Partnering with community-based organizations, faith-based organizations, employers, and businesses, to provide COVID-19 vaccine in ways that best meets community needs;
- Promoting equitable vaccine access for communities most impacted by the COVID-19 pandemic by working with trusted community leaders and places;
- Matching organizations to vaccinating providers so they can provide the most culturally competent care to community members; and
- Incorporating debriefs with organizations and after-action reviews to understand how Public Health can improve approaches for future events and outcomes.

Community Vaccination Events have increased access points for routine immunizations, increased access points for flu vaccinations, and acted as an integrated incentive model for CBOs and for community members. Community-based pop-up clinics focused on delivering clinical services with respect and cultural humility, while streamlining the planning of health fairs and events for community organizations.

Is anyone better off?

Public Health's community-centered vaccination strategy has resulted in a primary series coverage rate of over 85% among King County residents leading to the distinction as the **"most vaccinated county"** in Washington.

Achieving this goal required integrated efforts from teams across Public Health programs as well as close collaboration with community partners. Community engagement is critical to support continuous learning as barriers are identified and addressed. These findings will in turn inform prioritization of resources, and can help design effective outreach and support focused on the unique needs of different communities. Public Health and community partners continue to build upon relationships developed and fostered during the pandemic to address ongoing COVID-19 needs and preparedness for future public health threats.

During the 2023-2024 respiratory viral season, Public Health will support broad vaccination access in communities with greatest need through a variety of activities including community vaccination events, mobile vaccine efforts, fixed vaccination sites and homeless shelter services. In combination with the federal government Bridge Access Program, Public Health will continue to provide COVID-19 vaccines to all residents regardless of insurance access once again prioritizing equity in the upcoming season's programs.

Community-centered COVID-19 vaccination approaches and lessons learned throughout the COVID-19 pandemic have provided a foundation to prepare King County for future public health threats. Important partnerships have been built across a multitude of communities and sectors — including the Emergency Medical Services agencies, long term care facilities, hospitals, pharmacies, and other medical providers — each contributing an important piece to the County's vaccination effort. Volunteers were also deployed to address critical staff needs for testing and vaccination activities. In providing high

quality, safe, efficient, and cost sensitive care across King County, the importance and success of partnering with organizations and engaging communities cannot be underscored.¹⁵

Equitable vaccine delivery must be informed by continuous engagement with community partners and data driven to respond to community needs. Furthermore, King County remains committed to transparency and open access to data through public-facing data dashboards, including [the COVID Vaccination Dashboard](#),¹⁶ updated every week and posted on the County web site. These data illustrate the disproportionate impact of COVID-19 based on race and ethnicity, age, and geography. Monitoring these trends informs King County's actions.

*“There wasn’t a playbook when COVID hit, but King County residents worked together. **Our largest employers and small businesses, friends and neighbors have followed the science and expertise of our public health leaders to achieve some of the highest vaccination rates in the nation.** The last two years have challenged all of us, taking a toll on our community and our day-to-day lives. Entering the next phase of our COVID response should be a moment for all of us to reflect on the loss and pain of the last two years, but also a chance to look forward to the recovery and future we’re building together.”*

— Dow Constantine, King County Executive ([March 2022](#))

¹⁵ For more information, see PHSKC’s [“COVID-19 After-Action Report, January 2020-January 2022”](#) (pp. 97-98).

¹⁶ <https://kingcounty.gov/depts/health/covid-19/data.aspx>

A Community Informed Approach to Strategic Communications: Translating Science for the Public

CASE STUDY

Communications Team at Public Health— Seattle & King County: Strategic Communication Planning

Public Health — Seattle & King County works to protect and improve the health and well-being of all residents by increasing the number of healthy years that people live and eliminating health disparities. Public Health protects the public from threats to their health, promotes better health, and helps people access quality health care.

Role of Public information

Information is a key “primary intervention.” The COVID-19 pandemic underscored how accurate research-based public knowledge becomes a cornerstone of a healthy population. When useful, attention-catching health messages are delivered from trusted and credible health departments, residents can make good decisions and know what is best to do. **The Communications Team at Public Health strives to effectively inform residents how to stay healthy, prevent disease or injury, and respond to public health events safely.**



Translating Science for the public

All communities are impacted when messaging is inadequately formulated, not salient, or does not inspire action. The Team translates COVID-19 science and data into digestible, accessible, and actionable information for the entire community. Reaching different target audiences in ways that feel personal and meaningful requires a range of skills and approaches. For example, the work requires social scientists who understand how people act on health information about COVID-19 to graphic designers

who make eye-catching materials. Experts in information dissemination include people experienced in mainstream media, multi-lingual media, and social media engagement.

What the Communications Team does

The Team keeps a bird's-eye view of all COVID-19 issues arising during the Pandemic. In order to develop appropriate and accurate public information, the Team maintains situational awareness of activities



across the entire public health department. For example, the Team tracks data trends, community vaccine events and locations, policy development and changes, COVID-19 partnerships, elected official and health system priorities, media inquiries, social media, and other community inputs. This combination 'big picture' and micro-level approach results in public communication gauged to be timely and important.

Communications Team Public Information Daily Activities

In any given week, the Team supports all the Public Health Teams. Communication activities could include: publishing information on COVID-19 data trends, just-in-time health advice, notification of community COVID-19 events and clinics, or inspiring accounts of community members overcoming adversity around COVID. In addition, public reminders of resources, from vaccines to testing to ancillary services, is ongoing work. The Team consults on data representation and message development, updating the website, rewriting for clarity, removing old information, and facilitating updates in multiple languages. A "newsroom," pushes out blogs throughout the year and responds to highly detailed questions from local, state, and national media. It also proactively places COVID-19 messages in mainstream media outlets as well as dozens of community and multilingual media.

Narrowing down our audiences

Too often, public health messages are developed with a majority, often white, public in mind. The Communications Team has mirrored the rest of the health department in prioritizing racial and ethnic minority communities. To be sure that those who are experiencing the biggest health disparities are able to access life-saving information, the Team develops and disseminates messaging that resonates with different populations. The goal is to prioritize those communities that are most impacted by COVID. To do this, **the Team works closely with groups that have connections with the community.** "What We're Hearing" meetings are held to gather on-the-ground insights to community informational needs. Based on these insights, the Team writes blog posts and creates shareable slides, social media graphics and posts, videos, and other materials. They also place appropriate spokespeople on multi-language media, and other actions aimed at making the messaging culturally relevant and responsive.

Supporting teams

The Team supports all functions across the Public Health department, including Communicable Disease & Epidemiology, Medical Examiner's Office, Immunizations, Community Partnerships, inmate health, our public health clinics, Environmental Health Services, data and assessment, policy and leadership, and internal programs from employee health to business practices. They work with these groups on both an ad hoc and pre-planned basis to make sure that information is accurate, up-to-date, and timed for maximum impact.

Examples of the Communications Team's Work

Bivalent Boosters for Older Adults

When data showed that many adults at higher risk for COVID-19 had not yet received the updated bivalent booster, the Communications Team developed a strategy to promote boosters to this important demographic. Key content, developed with input from human service providers to older adults, included:

- Very short videos that could be shared by service providers on webpages, in presentations, and on social media; this included a testimonial from a King County resident about why getting the booster was worth it. Q&A videos featured peer health educators.¹⁷
- Graphics for sharing on messaging apps and social media.
- [Flyers](#) with information specific to older adults who might need in-home appointments, disability accommodations, and language services.¹⁸
- Outreach toolkits.

The Team worked with a large list of providers to older adults, including AARP, senior centers, housing organizations, and aging and disability services to distribute the resources.

See the outreach toolkits, videos in English and Spanish, and graphics: [Vaccine graphics toolkit - King County](#).¹⁹



"My life is fuller and better because of it, and I feel good, and I haven't been sick... You can do it afraid, go in and get the shots afraid, and know that the outcomes are going to be far better than you could imagine."
— [Ms. Gloria](#), King County resident

¹⁷ To watch the videos, please see: <https://www.youtube.com/playlist?list=PLvdmG8argQHnwpQNMjBXUywTQPQb4rVZx>

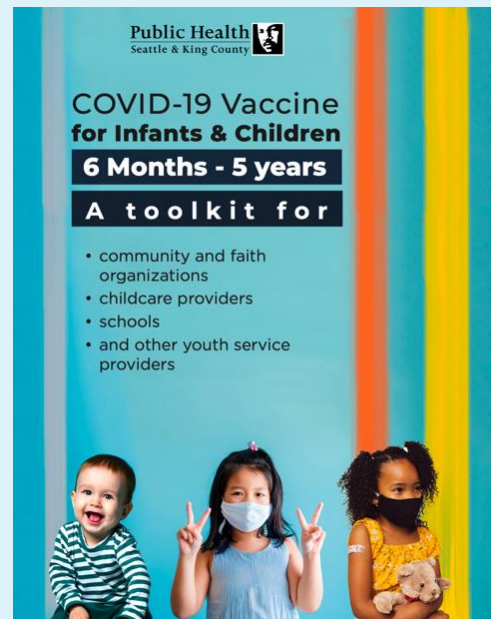
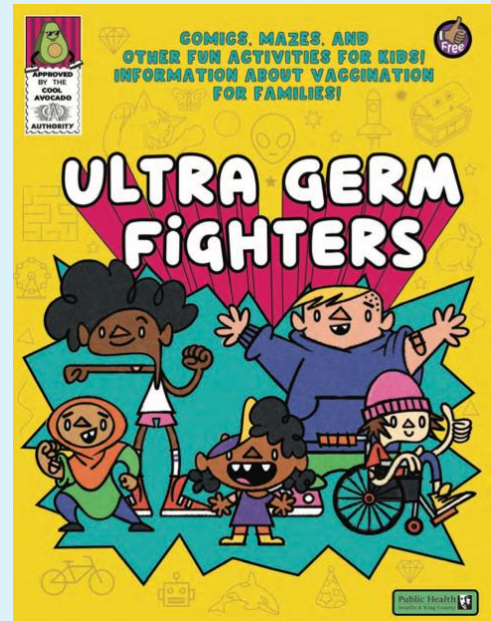
¹⁸ <https://kingcounty.gov/~media/depts/health/communicable-diseases/documents/C19/flyer/older-adult-booster-EN>

¹⁹ <https://kingcounty.gov/depts/health/covid-19/vaccine/toolkit.aspx>

COVID-19 Vaccine for Children

Families understandably had questions and concerns about COVID-19 vaccinations for the youngest King County residents. The Communications Team developed a suite of materials for schools, daycare programs, pediatricians, community organizations, and local families to support children's vaccination, including:

- “Ultra Germ Fighters” activity books for children.²⁰ The book uses a short comic strip to explain why vaccination is important in very simple terms and includes doodle pages, mazes, and find-it activities for children and information about the COVID-19 vaccination for children for their families. To date, over 30,000 books have been requested and shipped to community organizations, libraries, schools, and clinics. Co-created with Healthier Here and Best Starts for Kids community partners, available in 21 languages.
- Q&A videos answering common questions from parents and children about COVID-19 vaccines, including videos in the Somali language with the [Somali Health Board](#).²¹
- The COVID-19 vaccination for babies and young children [Q&A slide decks](#) for community partners to share at community meetings and in Zoom calls, made at the request of community navigators, [available in 11 languages](#): አማርኛ (Amharic), 简体字 (Chinese, Sim.), 繁體字 (Chinese, Trad.), English, 한국어 (Korean), Kajin M̧ajeļ (Marshallese), Русский (Russian), Af Soomaali (Somali), Español (Spanish), Українська (Ukrainian), and Tiếng Việt (Vietnamese).²²
- [Outreach toolkits](#) for community organizations, childcare providers, and youth organizations with FAQs, flyers, graphics, video links, and information about what to expect at vaccination appointments, how to download vaccination records, and other resources.²³ Co-created with Living Well Kent, available in Chinese English, Somali, Spanish and Vietnamese.



²⁰ <https://kingcounty.gov/~media/depts/health/communicable-diseases/documents/C19/UGF-activity-book-EN>

²¹ <https://www.youtube.com/watch?v=Y0cpuDdkiQ8>

²² <https://kingcounty.gov/~media/depts/health/communicable-diseases/documents/C19/QA-babies-children-vaccination-EN.ashx?la=en>

<https://kingcounty.gov/depts/health/covid-19/vaccine/resources.aspx#slide>

²³ <https://kingcounty.gov/depts/health/covid-19/vaccine/youth.aspx>