



Agency Recommendation Summary

The Department of Health (DOH) requests funds for continuation of COVID-19 vaccine work to address unequal vaccination coverage across the state and among certain demographic groups. Vaccine hesitancy and the increasing threat of variants, present significant obstacles for the state to resume normal business operations and move beyond the pandemic.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	239.7	226.6	233.15	32.9	0.0	16.45
Operating Expenditures						
Fund CVD - N	\$97,152	\$27,863	\$125,015	\$5,658	\$0	\$5,658
Total Expenditures	\$97,152	\$27,863	\$125,015	\$5,658	\$0	\$5,658

Decision Package Description

Washington State reached its goal of 70% of the eligible population receiving at least one dose of COVID-19 vaccine in mid-July. However, vaccination coverage is not equal across the state or among demographic groups. These gaps in coverage, coupled with vaccine hesitancy and the increasing threat of variants, present significant obstacles for the state to resume normal business operations and move beyond the pandemic.

While DOH's COVID-19 vaccine work has received considerable federal funding, the scale of the work has quickly outpaced the funding available, leaving significant gaps. While the department is hopeful that additional federal funds to support COVID-19 vaccine response efforts will be available in the future, it has not received any confirmation to that effect.

To ensure the continuation of critical COVID-19 vaccination work, the department requests funding from another fund source to sustain the following programs if additional CDC COVID-19 vaccine grant funds are not received:

Power of Providers (POP) Initiative: Healthcare providers from a variety of sectors are pivotal in increasing COVID-19 vaccinations in an equitable manner. The POP initiative encourages health care providers in the state to reach out and talk to their patients about COVID-19 vaccination using SAVE (Seek, Ask/Educate, Vaccinate, Empower). Read more about the POP initiative here: <https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/PowerofProvidersInitiative>

Care-A-Vans: These mobile COVID-19 vaccination teams increase access to the vaccine and serve communities disproportionately impacted by COVID-19. Community partners and Local Health Jurisdictions (LHJs) can request a Care-A-Van online: <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine/CareVan>

Vaccine Depots: Contracts with LHJs and healthcare providers to perform as a vaccine depot to provide COVID-19 vaccines, including ordering and distributing COVID-19 vaccine, assuring storage space for minimum order sizes, initializing transfer in the state's immunization information system (WAIS), coordinating with providers for physical transport of doses, and maintaining inventory of COVID-19 vaccine by manufacturer.

Immunization Information System (WAIS) Support: Verifying vaccination status relies on the data held in the state's immunization registry, the WAIS. As more vaccine requirements are implemented, the need to verify vaccination status increases. Likewise, DOH must increase our capacity to assist with these requests. Additional staff support will ensure DOH can meet the anticipated surge in WAIS record requests.

Booster Doses for Long-Term Care Facilities: DOH anticipates that booster doses will be available in the near future. Planning and preparations are needed to ensure that residents and staff at long term care facilities receive their doses in a timely manner.

Public Education/Outreach: This campaign will promote the benefits of COVID-19 vaccination, which may include education about boosters, school or workplace requirements, and expanded age eligibility. The campaign strategy will be grounded in behavior change principles using the social marketing process to encourage audiences to adopt the behavior of vaccination for themselves and/or their dependents.

PrepMod Support: PrepMod is an online tool available to healthcare providers and LHJs to schedule COVID-19 vaccine clinics and report data into the state's Immunization Information System (WAIS).

Informatics: Tracking vaccination coverage is critical for situational awareness. To this end, a team of epidemiologists collect, monitor, and analyze vaccine data to inform decision-making.

Community-Based Vaccine Event Promotion: The department works closely with community partners and local health to increase access to vaccine for priority communities, by bringing vaccine to where people are. Our “Community Partner Hosts” are responsible for event planning, promotion, and coordination; community outreach and navigation; and ensuring the event is welcoming, culturally appropriate, and accessible.

Community-Driven Vaccine Events: The department recognizes that community-rooted and community-led organizations and groups are better positioned and equipped to listen, understand, and respond to the needs of their community members in the most culturally relevant and linguistically appropriate way. Efforts to invest directly into community-driven outreach services have shown to be incredibly effective throughout the COVID-19 response in ensuring communities most impacted by COVID-19 have access to trusted and accurate health information and assistance in navigating COVID-19 testing and vaccine services.

Funds for Local Health Jurisdictions (LHJs): LHJs responded to a recent Department of Health survey regarding their financial needs related to COVID-19. LHJs are requesting funding to sustain their current vaccination programs. These requested funds will pass through the department and support local efforts to increase vaccine uptake in their communities.

The department is requesting \$130,673,000 in total to ensure that the necessary COVID-19 vaccination efforts mentioned above are fully funded and sustainable over the next three (3) years.

Alternatives/Consequences of Not Funding:

Due to the complexity and scale of the of the request, federal funding is the only feasible alternative, yet the department has not received any inclination from federal vaccine partners that additional funding will be forthcoming in our grant. Without state support or additional federal funding, Washington’s COVID-19 vaccination work will run out of money resulting in critical services being cut or significantly reduced. Additionally, other factors such as the likelihood of a pediatric vaccine, potential for booster doses, and the spread of variants, point to a need for the state to redouble its vaccination efforts at this critical time.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This proposal is to ensure continuation of a current program. It is not an expansion, reduction, elimination, or alteration of a current program or service.

As of July 2021, the COVID-19 vaccine program has applied for and received 4 rounds of grant funding from the federal Centers for Disease Control and Prevention (CDC), totaling \$151,253,834. The breakdown of the rounds of funding are as follows:

Funding Round	Amount	Date Received
Round 1	\$4,735,035	Received 9/23/2020
Round 2	\$3,314,120	Received 12/16/2020
Round 3	\$68,807,053	Received 1/15/2021
Round 4	\$68,807,053	Received 4/23/2021
Round 4 Supplemental	\$5,590,573	Received 5/5/2021
TOTAL	\$151,253,834	-

Detailed Assumptions and Calculations:

To increase vaccination coverage, DOH assumes it will need to continue efforts to address vaccine hesitancy as well as efforts to increase access to the vaccine for disproportionately impacted communities. Additionally, DOH assumes the federal government will soon authorize the use of a pediatric vaccine and recommend booster doses for the general public.

As stated above, DOH has received a total of \$151,253,834 in grant funding from the CDC to support COVID-19 vaccination work.

However, the scale of the work quickly outpaced the funding available and while DOH is hopeful that additional federal funds will become available in the future, it has not received any confirmation from federal partners to that effect.

DOH expects to conduct evaluations and continuous quality improvement processes and must comply with multiple federal and state reporting requirements throughout this time.

Workforce Assumptions:

To accomplish this work DOH requests funds to support the following FTE:

Administrative Assistant 1 (1.0 FTE)

1.0 FTE - Provides administrative support to COVID-19 vaccine section staff. Annual cost is **\$ 101,489**

Administrative Assistant 2 (2.0 FTE)

2.0 FTE - Provides mid-level administrative support to WMS1 and WMS2 positions outlined below. Annual cost is **\$ 209,626**

Administrative Assistant 3 (2.0 FTE)

2.0 FTE - Provides administrative support to the COVID-19 Vaccine Manager and unit staff and supports COVID-19 related activities conducted by the COVID-19 vaccine team, including responding to emails and voice mails from the public, processing records requests, equipment ordering, and tracking. Annual cost is **\$ 220,618**

Health Services Consultant 1 (3.0 FTE)

1.0 FTE - Provides office-wide program support and assists with program operations to help reduce vaccine preventable disease; provides cross-office support to the COVID-19 vaccine management team, Washington State Immunization Information System (WAIS) team, and Operations team to assure valid provider enrollment and continuity and accuracy of client records in support of COVID-19 system business needs. Leads the Washington Immunization Information System (WAIS) Vaccine Records Request work to assure parents, guardians, and other residents have access to their family's immunization records. Annual cost is **\$ 118,355**

1.0 FTE - Vaccine Ordering and Distribution - Works with LHJs and Providers on vaccine transfers with vaccine depots. Annual cost is **\$ 118,355**

1.0 FTE - LHM Engagement - Provides oversight to LHM communication in box, catalogs conversations, takes notes and distributes after meetings and LHM engagement calls and other director work for the LHM engagement team. Annual cost is **\$ 118,355**

Health Services Consultant 2 (63.5 FTE)

4.0 FTE - Provides support for the PrepMod system to ensure PrepMod users are properly onboarded, trained and supported and assure accurate, timely, and complete data transmission to support COVID-19 business needs. In response to COVID-19 vaccination efforts, these positions support the enrollment and onboarding of local health jurisdictions and healthcare agencies to the web-based PrepMod system to support vaccination efforts. Annual cost is **\$ 537,792**

8.0 FTE Care-A-Van – Provides coordination and support for setup of mobile vaccination clinics with communities. Annual cost is **\$ 1,075,584**

17.5 FTE POP initiative – Provides training, technical assistance to LHJs, providers, and partners to support power of providers. Develop tools and resources to increase provider vaccine confidence and participate in the initiative. (NOTE: 10 of these positions will be full time hence 10 FTE. 30 of these positions will be full time for 3 months hence 7.5 FTE). Annual first-year cost is **\$ 2,352,840**

2.0 FTE - Epidemiology Informatics – this position is responsible for data collection support and management, and reporting requirements related to immunization onboarding, allocation, management, and data analytics environments, and other critical mission areas contributing to the COVID-19 vaccine response mission, along with routine immunization work. Annual cost is **\$ 268,896**

9.0 FTE – These positions support the clinical staff performing health screening and vaccinations to residents and staff in long term care facilities through support of PrepMod for mobile vaccination clinics. Annual cost is **\$ 1,210,032**

2.0 FTE - Surge Staff Rover Position - Support surge staffing needs across the COVID-19 Vaccine Program where needed, will cross train across sections to support coverage of positions when vacant or staff go on leave when not needed in direct surge support capacity. Annual cost is **\$ 268,896**

1.0 FTE - Provider Support Specialist enrolls providers into the program, primary liaison between DOH and providers for vaccine ordering and distribution, review vaccine accountability reports, follow up with all vaccine shipment issues to assure viable delivery, provides consultation to providers on vaccine quality assurance and program requirements. Annual cost is **\$ 134,448**

8.0 FTE - Care-a-Van Driver Registration -Coordinate reservations to make sure vans are available for events, stock the vans with all the supplies, drive to the events, set up and tear down. Annual cost is **\$ 1,075,584**

2.0 FTE – COVID-19 Vaccine Public Response - Needed to replace the staff that have been pulled due to other agency priorities that were previously IMT. Works with the public to provide written responses and verbal responses to those with questions on COVID-19 vaccine, masking mandates, and vaccination requirements. Annual cost is **\$ 268,896**

10.0 FTE - Staff trained on the Immunization Information System (WAIS), MvIR, WAIS immunization record requests, and PrepMod who can be triaged across the office as needed. These positions will eliminate the need to rely on division or agency staff to fill these gaps. Annual cost is **\$ 1,344,480**

Health Services Consultant 3 (41.0 FTE)

5.0 FTE Long Term Care Boosters – These positions provide coordination and support for setup of vaccination clinics with long term care facilities, tracking of facility status, and education about planned work. Annual cost is **\$ 738,535**

14.0 FTE Care-A-Van – Market, plan, implement, and evaluate mobile vaccination clinics. Provides coordination and support for setup of mobile vaccination clinics with communities and partners. Provide expertise on COVID-19 vaccine distribution and administration, best practices in vaccine operations, technical assistance, consultation, and training to internal and external stakeholders, including health care providers, LHJs, and state staff. Annual cost is **\$ 2,067,898**

5.0 FTE Health Educators – These positions serve as health educators supporting COVID-19 vaccine response and other associated tasks, including managing health promotion projects, coaching and recommendations for staff, technical assistance in the development and testing of education materials, and planning and implementing health promotion interventions. Annual cost is **\$ 735,535**

1.0 FTE Epidemiology informatics – Responsible for developing and managing training, contractual, and governance efforts as related to immunization onboarding, allocation, management and data analytics environments and other critical mission areas contributing to the COVID-19 vaccine response mission as well as routine immunization work. Annual cost is **\$ 147,707**

1.0 FTE - POP Volunteer Coordinator - Works directly with providers on needs for volunteer support and then coordinates support with WA Serves and other volunteer or contracted support resources. Annual cost is **\$ 147,707**

1.0 FTE - Vaccination Allocation and Distribution Team Site Visit Coordinator – Oversees statewide site visit coordinators, performs quality assurance activities in accordance with state and federal requirements for the COVID 19 vaccine program, providing education, consultation, and technical assistance regarding program components, guidelines, and requirements. Annual cost is **\$ 147,707**

2.0 FTE - Surge Staff Rover Position - Support surge staffing needs across the Covid-19 Vaccine Program where needed, will cross train across sections to support coverage of positions when vacant or staff go on leave when not needed in direct surge support capacity. Annual cost is **\$ 295,414**

1.0 FTE - POP Recruitment Coordinator - Works to support barrier identification work with the POP initiative and works with LHJs and planning to team to coordinate discussion and identify solutions to vaccination barriers. Annual cost is **\$ 147,707**

2 FTE - POP Funding Specialists - Provides funding and contract oversight to potential grants disbursed to providers to support infrastructure improvements and barrier to vaccination removals. Annual cost is **\$ 295,414**

2 FTE POP Data Specialists - Works with metrics and data around POP and provides information to providers and staff on efficiency of process. Annual cost is **\$ 295,414**

3 FTE POP Initiative Additional Needs –Works closely with providers to increase vaccine confidence, promote SAVE (Seek, Ask/Educate/Vaccinate, and Empower), and address roadblocks. Annual cost is **\$ 443,121**

3 FTE Contracts Specialists - Manages contracts with vendors related to mass vaccination sites, and COVID-19 vaccines; tracks payments, and processes around contracts and solicitations. Annual cost is **\$ 443,121**

1.0 FTE - Association Liaison - Work directly with Health Care and Provider organizations to facilitate conversations and communications around COVID-19 vaccine, requirements and facilitate planning conversations. Identified as a need because of POP. Annual cost is **\$ 147,707**

Health Services Consultant 4 (9.0 FTE)

3.0 FTE POP Initiative – Lead implementation of the power of providers initiative, strategize timeline and implementation of the project. Annual cost is **\$ 478,704**

1.0 FTE – Health Education Supervisor (C4PA) – This position manages health promotion (including quality improvement projects) and education to increase COVID-19 immunization rates, including overseeing development of health promotion materials, health promotion and health education technical assistance, and immunization initiatives for children, teens, and adults. Annual cost is **\$ 159,568**

1.0 FTE – This position provides supervision and coordinated oversight for mobile vaccination team staff. Annual cost is **\$ 159,568**

1.0 FTE - Vaccine Ordering and Delivering Supervisor leads and supervises staff and activities supporting COVID 19 provider enrollment, processing vaccine orders, storage and handling, and accountability. Annual cost is **\$ 159,568**

1.0 FTE - Covid-19 Mass Vaccination Supervisor leads and supervises staff and activities supporting COVID 19 vaccine distribution,

administration operations, coordination with partners involved in COVID-19 response, and maintenance of COVID-19 policies for the section. Annual cost is **\$ 159,568**

1.0 FTE - Surge Staff Supervisor provides management, coordination and oversight of surge staffing to be allocated across the Covid-19 Vaccine Program when additional capacity is needed. Annual cost is **\$ 159,568**

1.0 FTE - Supervisor to oversee the new HSC2 project staff and can triage staff needed throughout the office for MyIR, PrepMod, WAIS record requests, increased phone calls, and other surge staffing needs. Annual cost is **\$ 159,568**

Epidemiologist 1 (1.0 FTE)

1.0 FTE - This position provides immunization surveillance capacity for routine immunizations and the COVID-19 vaccine response, focusing on compiling, analyzing, and reporting findings from immunization systems, and providing support to epidemiologic and evaluation studies as they relate to immunizations. The position also supports public health emergency preparedness and response activities within the agency. Annual cost is **\$ 162,798**

Epidemiologist 2 (13.0 FTE)

13.0 FTE - These positions assess health disparities for WAIS data for COVID-19 vaccination in support of COVID-19 vaccine response planning for at risk communities. Additionally, the positions will provide consultation, education and technical assistance with immunization coverage through assessment, epidemiological investigation and data analysis in addition to planning, coordinating, conducting, analyzing, interpreting, and reporting the findings from public health surveillance systems and advanced epidemiologic studies as they relate to immunization coverage. Annual cost is **\$ 2,385,240**

Epidemiologist 3 (4.0 FTE)

4.0 FTE - These positions support development, maintenance, operation, enhancement, and configuration of data systems and informatics capabilities to address the need of the Office of Immunization, 35 local health jurisdictions 29 federally recognized tribes, and other public health and healthcare sector partners across Washington State. The positions support necessary informatics and data system capabilities needed to support COVID-19 immunization onboarding, allocation, management, data analytics environments, and other critical mission areas. Annual cost is **\$ 796,248**

Senior Epidemiologist (1.0 FTE)

1.0 FTE - This position serves as a senior public health informatics specialist providing advanced public health informatics leadership including policy analysis and scientific and technical skills in public health informatics. The position performs advanced, highly complex, varied tasks associated with public health informatics responsibilities such as planning, policy development, system analysis, communication, project management, system development, implementation, and evaluation, as well as maintenance, training, and other management functions related to public health informatics within the agency, division, and office. Annual cost is **\$ 220,877**

WMS1 (3.0 FTE)

2.0 FTE - POP Initiative – Manage the power of providers initiative, develop metrics to evaluate the project. Annual cost is **\$ 359,556**

1.0 FTE - Project manager to develop, implement, and manage new COVID-19 vaccine processes and initiatives that are handed down from the Governor and Dr. Shah. Annual cost is **\$ 179,778**

WMS2 (6.0 FTE)

4 FTE POP initiative – Oversees public response, LHJ engagement and Power of Provider Initiative. Public engagement responds to emerging public questions related to vaccine, masking requirements and other questions related to vaccine requirements. Monitors budgets and plans, oversees, directs, and supervises staff and activities for COVID-19 vaccine activities, including COVID-19 vaccine provider support, engagement, outreach, rate improvement, and POP initiatives. Annual cost is **\$ 830,092**

1.0 FTE - This position serves as deputy director of the COVID-19 vaccine team and is responsible for interpreting federal requirements for statewide implementation of the COVID-19 vaccine program to assure compliance with state and federal requirements.? This position provides financial leadership, control, and oversight for budget and grants management, contracts, policy development, and planning for the COVID-19 program.? Under this responsibility, this position provides: policy and funding formula development and implementation; oversight of contracts and assurance that statements of work and deliverables are aligned with federal policies; oversight and assurance that products provided through contracts meet federal program requirements; problem identification and resolution related to misalignment of budget, policy, funding formula or contract work to meet the federal requirements of our statewide implementation of the COVID-19 program; and oversight of centralized financial support in budget, accounting, contracts, and purchasing.? Annual cost is **\$207,523**

1.0 FTE - Oversees and manages the COVID-19 Vaccine Logistics section to include Site Visit requirements set by the CDC, vaccine ordering and delivery, vaccine accountability, federal vaccine compliance, Tiberius and Vaccine Finder requirements, and onboarding of COVID-19 vaccine providers. Annual cost is **\$ 207,523**

Public Health Nurse Consultants (12.0 FTE)

12.0 FTE - These positions provide health screening and vaccinations to residents and staff in long term care facilities and provide healthcare worker education for the Power of Provider (POP) initiative on vaccinations, vaccine safety, and outreach. Annual cost is **\$**

2,353,608

Communications Consultant 5, Dual-Language (1.0 FTE)

1.0 FTE - This position is assigned to Strategic Communications in the Center for Public Affairs and is a dual-language Public Information Officer for DOH. This position will represent DOH with Spanish-language and community media and the public regarding key public health program and policy issues. It establishes and maintains effective relationships with the media and ensures that relevant, accurate and timely information is provided to our Spanish-language and community media partners. Annual cost is **\$170,248**

Also included in this decision package, DOH requests the following, non-staff, funding:

COVID-19 Vaccine Education Campaign

These funds will be used to promote the benefits of COVID-19 vaccination, which may include education about boosters, school or workplace requirements, and expanded age eligibility. The campaign strategy will be grounded in behavior change principles using the social marketing process to encourage our audiences to adopt the behavior of vaccination for themselves and/or their dependents. Request is for three years as follows:

FY 2022: \$3,000,000

FY 2023: \$2,000,000

FY 2024: \$2,000,000

COVID-19 vaccine mailers: Addressed to residents of all households in Washington State (3.3 Million). Mailers will be sent during two phases: (1) After approval of COVID-19 vaccine for children under 12 years of age and (2) TBD.

•\$1,500,000/year for 2 years, total cost \$3,000,000

COVID-19 vaccine inserts: Inserting brochures on various COVID-19 topics into Watch Me Grow Washington mailers. Mailers are sent to all families in Washington with children under the age of six. Topics will vary by what is currently of interest or focus to message to this particular group. Approximately 30,000 mailers are sent each week to families and COVID brochures will be inserted into all available mailers.

•\$85,000/year for 2 years, total cost \$170,000

COVID-19 vaccine targeted mailings: Mailings will be sent to select families with children who are currently eligible for the COVID-19 vaccine that do not yet have it. Access to this data is currently available through a data share agreement within the Washington Immunization Information System (WAIIS). Mailings will be sent during two phases: (1) For currently eligible children and (2) TBD. Estimated reach between both mailings is 350,000.

•\$100,000/year for 2 years, total cost is \$200,000

Vaccine Depots

Contracts with local health jurisdictions and private healthcare providers to perform as a vaccine depot to provide COVID-19 vaccines, including ordering and distributing COVID-19 vaccine, assuring storage space for minimum order sizes, initializing transfer in the immunization information system (WAIIS), coordinating with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.

*\$200,000/year for 2 years, total cost is \$400,000.

Birds Eye (clinical services)

Contract to provide medical teams to staff mobile vaccination clinics for long term care facilities statewide, with the goal of providing booster COVID vaccinations to residents and staff at the long-term care facilities. Funding for this activity is requested for one year only.

Total cost is \$15,000,000

American Academy of Pediatrics (AAP)

Contract to distribute public service announcements about COVID-19 vaccine. Funding for this activity is requested for one year only.

Total cost is \$88,000

Washington State Medical Association (WSMA)

Contract to distribute public service announcements about COVID-19 vaccine. Funding for this activity is requested for one year only.

Total cost is \$100,000

COVID-19 Vaccine Incentives

Total cost is \$500,000

SAS Licenses (software used by epidemiologists for statistics and data analytics)

Total cost is \$9,000

Community Vaccine Events Promotion

The department works closely with community partners and local health jurisdictions to increase access to vaccine for priority communities, by bringing vaccine to where people are. Our “Community Partner Hosts” are responsible for event planning, promotion, and coordination; community outreach and navigation; and ensuring the event is welcoming, culturally appropriate, and accessible. This funding will be offered to Community Partner Hosts to assist in their event planning, promotion, and outreach efforts and is intended to increase turn out. Example promotion activities include: social media boosting, translated materials, direct outreach and canvassing, transportation support, language access services, incentives for vaccination, food, childcare services, and other event costs. At an average award of \$3000 per event, this funding would support 260 events (an average of 5 events per week for 1 year). Funding awards will range based on Community Partner Host need.

Total cost: \$780,000

Community-Driven Outreach Services Contracts

The Department has an obligation to ensure equitable access to the COVID-19 vaccine. DOH recognizes that community-rooted and community-led organizations and groups are better positioned and equipped to listen, understand, and respond to the needs of their community members in the most culturally relevant and linguistically appropriate way. Efforts to invest directly into community-driven outreach services has shown to be incredibly effective throughout the COVID-19 response in ensuring communities most impacted by COVID-19 have access to trusted and accurate health information and assistance in navigating COVID-19 testing and vaccine services. Eligible entities will include – but are not limited to – community based organizations, community/ethnic media outlets, community health worker networks, and urban Indian health programs and organizations. Past awards have ranged from \$5000-\$50,000 per organization for one quarter of work. Advanced funding would allow for a year-long funding investment to community-rooted organizations, which will increase awards and sustainability of the work.

Total cost: \$5 million

Local Health Jurisdiction Funding

The Department recognizes that important work to increase vaccinations is done at the local level and support is needed to ensure that work continues. Additionally, LHJs have requested funding to sustain critical vaccination programs like mobile vaccine clinics or drive through clinics. These funds will support LHJs efforts to continue to increase vaccine uptake in their communities.

Total cost: \$45 million

More details on these cost estimates are outlined in the supporting document titled “2022 COVID-19 Vaccine DP EnCal”.

How is your proposal impacting equity in the state?

Equity Impacts: As evidenced by the available data to date, populations that have been disproportionately affected by COVID-19 include, but are not limited to:

- * People in racial and ethnic minority groups including Non-Hispanic American Indian, Alaska Native, Non-Hispanic Black, and Hispanic
- * People living in communities with high social vulnerability index
- * People living in rural communities
- * People with disabilities
- * People with who are homebound
- * People who are underinsured or uninsured
- * People who are immigrants and/or refugees
- * People with transportation limitations

The department remains committed to supporting broad-based vaccine distribution, access to COVID-19 vaccines, and improved vaccination coverage, especially for those disproportionately impacted by COVID-19. For example, Care-a-Vans were developed to increase access to vaccine for priority communities. Additionally, DOH has implemented eight strategies that ensure greater equity and access to COVID-19 vaccine. These include:

1. Engage communities to inform vaccine prioritization and planning
2. Integrate a pro-equity approach into vaccine allocation and distribution
3. Prioritize allocation and support to providers who effectively serve disproportionately impacted communities
4. Invest in trusted community leaders, messengers and organizations
5. Ensure all communications, education and outreach efforts are culturally and linguistically appropriate and accessible
6. Strengthen the public health system’s ability to center communities in vaccine outreach and access
7. Foster opportunities for collaboration
8. Support a trauma-informed approach to vaccine conversations

Communities that may benefit from our equity-based vaccination efforts include, but are not limited to:

- * Communities that have experienced disproportionately high rates of SARS-CoV-2 (the virus that causes COVID-19) infection and severe COVID-19 disease or death

- * Communities that have high rates of underlying health conditions that place them at greater risk for severe COVID-19 disease (e.g., heart disease, lung disease, obesity, see CDC website for detailed list)
- * Communities likely to experience barriers to accessing COVID-19 vaccination services (e.g., geographical barriers, health system barriers)
- * Communities likely to have low acceptance of or confidence in COVID-19 vaccines
- * Communities where COVID-19 mitigation measures (e.g., mask wearing, social distancing) have not been widely adopted
- * Communities with historically low adult vaccination rates
- * Communities with a history of mistrust in health authorities or the medical establishment
- * Communities that are not well-known to health authorities or have not traditionally been the focus of immunization programs

Strategic and Performance Outcomes

Strategic Framework:

This proposal is critical and necessary to support the Governor's and the Department of Health's top priority: End the pandemic. State support will ensure sustainability of vital COVID-19 vaccine response work, specifically:

- * Increase vaccination coverage in the state;
- * Ensure easier storage and distribution of vaccine for smaller and rural providers;
- * Ensure timely booster doses at long-term care facilities;
- * Address and combat vaccine hesitancy;
- * Deploy a public health education campaign to ensure there is good and accurate information going out to providers and to the public;
- * Provide outreach to communities disproportionately impacted by COVID-19;
- * Increase access to the vaccine for priority communities;
- * Support local health in their efforts to increase vaccine uptake;
- * Collect, analyze, and report accurate and timely immunization data to better support real-time decision making; and
- * Improve the likelihood the state and its economy can resume and maintain normal business operations.

The COVID-19 vaccine response also contributes to the Governor's Results Washington initiative. Specifically, it supports the following "Healthy and Safe Communities" goal areas:

- * Ensuring Access to Quality Healthcare
- * Preparing for Aging Washingtonians

Performance Outcomes:

The COVID-19 vaccine team is actively monitoring vaccine trends including vaccines administered, vaccine series completed, and vaccination coverage by geographic area as well as demographic groups.

Per the passage of Senate Bill 5092 in the 2021 legislative session, DOH submits a report to the fiscal and health care committees of the legislature every month as part of the Department's COVID-19 reporting that includes:

- number of vaccines administered per day,
- regional data regarding the location and age groups of persons receiving the vaccine, specifically identifying hard-to-reach communities in which vaccines were administered

DOH also must also track and complete multiple performance metrics as required by the CDC.

Other Collateral Connections

Puget Sound Recovery:

This is not related to the Puget Sound recover efforts.

State Workforce Impacts:

There will be no impacts to state workforce due to this request.

Intergovernmental:

Governor's Office: The COVID-19 vaccine response is led by the Governor's Office. This requires continuing coordination between DOH and the Governor's Office.

Health Care Authority (HCA): Apple Health covers the vaccine and administration costs for Medicaid clients.

Office of the Insurance Commissioner (OIC): Policies regarding insurance coverage of the COVID-19 vaccine requires collaboration with the Office of the Insurance Commissioner.

Department of Social and Health Services (DSHS): Vaccination efforts at long-term care facilities requires the collaboration of the state agency responsible for oversight and licensing of such facilities.

Local Health Jurisdictions: Continuation of the deployment of the COVID-19 vaccine across the state requires the assistance, coordination, and collaboration with local health jurisdictions.

Tribes: Continuation of the deployment of a COVID-19 vaccine across the state requires input and collaboration with tribal governments.

Legal or Administrative Mandates:

This request is not driven by a legal or administrative mandate against the state.

Stakeholder Response:

Governor's Office: The COVID-19 vaccine response is led by the Governor's Office. This requires continuing coordination between DOH and the Governor's Office.

Health Care Authority (HCA): Apple Health covers the vaccine and administration costs for Medicaid clients.

Office of the Insurance Commissioner (OIC): Policies regarding insurance coverage of the COVID-19 vaccine requires collaboration with the Office of the Insurance Commissioner.

Department of Social and Health Services (DSHS): Vaccination efforts at long-term care facilities requires the collaboration of the state agency responsible for oversight and licensing of such facilities.

Local Health Jurisdictions: Continuation of the deployment of the COVID-19 vaccine across the state requires the assistance, coordination, and collaboration with local health jurisdictions.

Tribes: Continuation of the deployment of a COVID-19 vaccine across the state requires input and collaboration with tribal governments.

Changes from Current Law:

This request does not require any changes to statutes or rules.

State Facilities Impacts:

This request will not impact facilities or workplace needs.

Reference Documents

[2022 COVID Vaccine Slide.pptx](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$16,410	\$15,717	\$32,127	\$2,425	\$0	\$2,425
Obj. B	\$6,189	\$5,895	\$12,084	\$886	\$0	\$886
Obj. C	\$25,465	\$3,685	\$29,150	\$2,000	\$0	\$2,000
Obj. E	\$1,805	\$1,134	\$2,939	\$174	\$0	\$174
Obj. J	\$663	\$0	\$663	\$0	\$0	\$0
Obj. N	\$45,392	\$204	\$45,596	\$0	\$0	\$0
Obj. T	\$1,228	\$1,228	\$2,456	\$173	\$0	\$173

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