Kūpuna Vaccination Outreach Group: After Action Report

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Executive Summary

While COVID-19 has affected everyone’s lives, there are few more severely impacted than older adults (“kūpuna”), who experienced the highest rates of serious illness and death related to COVID-19.

The Hawai’i State Department of Health sought to address the vulnerability of kūpuna by prioritizing vaccine access through a tiered eligibility system largely based on age. While many kūpuna were able to successfully get vaccinated once eligible, many others experienced challenges that prevented or delayed vaccination. Under the leadership of the Elderly Affairs Division (“EAD”) of the City & County of Honolulu, the Hawai’i State Executive Office on Aging, and AARP Hawai’i, the Kūpuna Vaccination Outreach Group (“KVOG”) was established to support equitable access to COVID-19 vaccines for kūpuna and individuals with disabilities. The EAD contracted the Hawai’i Public Health Institute to provide backbone support infrastructure for KVOG, as well as provide general facilitation and coordination across KVOG partners to strategically increase access to vaccination. KVOG grew into a public-private collaboration of over 50 organizations that worked together to activate partnerships, leverage trusting relationships with their networks, and quickly mobilize resources to increase vaccine access and ensure no kūpuna were left behind. As a result, 100.0% of kūpuna residing in the City & County of Honolulu have initiated COVID-19 vaccination.

Introduction

This report serves as a detailed summary of the efforts led by the Hawai’i Public Health Institute (“HIPHI”), as part of its contract with the City & County of Honolulu Elderly Affairs Division (“EAD”) to support the coordination and planning of COVID-19 vaccination efforts in the community for older adults (“kūpuna”- plural or “kupuna”- singular) and individuals with disabilities. The goal of the project was to ensure equitable access to COVID-19 vaccines for kūpuna regardless of geographic location, language proficiency, physical/mental abilities, and economic status through strategic coordination with government, nonprofit, and vaccination provider organizations. This report describes efforts and impacts from March 1, 2021 through September 30, 2021, and is intended to capture best practices and lessons learned that can be leveraged for future emergency situations.

Background

COMMUNICABLE DISEASE IN HAWAI’I: HISTORICAL CONTEXT

Hawai’i is no stranger to extensive loss of life and devastation due to communicable disease. Brought to Hawai’i by white missionaries in the 1800s, diseases like cholera, influenza, mumps, measles, smallpox, and leprosy killed hundreds of thousands of Kānaka ʻŌiwi (“Native Hawaiians”) who were immunologically isolated from the rest of the world. Native Hawaiian depopulation estimates range from 70% to 90% within the course of a mere 100 years. Coupled with Western colonization, a shift to a capitalist plantation-centered society, disenfranchisement tied to the privatization of land, racially-based moral discourse introduced by missionaries that blamed Hawaiians for their own deaths and justified political action to physically segregate disease-afflicted Hawaiians from society, and the illegal overthrow of the Native Hawaiian monarchy in 1893 by American businessmen, Hawaiians were significantly disempowered and the results are still echoed throughout modern society. Native Hawaiians have an average of 14 less healthy years compared to other ethnic groups in the state, and Hawaiians and other Pacific Islanders continue to be one of the most disproportionately affected groups by COVID-19. Because of this rich history, there are huge political and cultural underpinnings in the discourse of communicable disease, and must be taken into account when implementing public health strategies to empower families, stop myths, and protect communities from COVID-19 and other vaccine-preventable diseases.
COVID-19 in Hawai‘i

The first documented case of COVID-19 in Hawai‘i was on March 6, 2020. The affected individual was a passenger on a cruise ship that had 21 confirmed cases of COVID-19, and became ill after returning home to O‘ahu. By March 19, 2020, the Hawai‘i State Department of Health ("DOH") reported 26 positive COVID-19 cases statewide, and county-level mandates to curb the spread of COVID-19 were implemented by March 20, 2020. This included the closure of indoor restaurants, parks, nightclubs, and nonessential businesses, the implementation of a nighttime curfew in some counties, and limits on group gatherings. These measures were followed up by subsequent travel restrictions, quarantine and testing protocols, and shelter-in-place and stay-at-home orders. By March 31, 2020, Hawai‘i saw its first COVID-19 death. Community partners quickly mobilized to leverage collective resources and connect Hawai‘i’s families with support through these critical times. Of notable mention was the formation of the Kūpuna Food Security Coalition ("KFSC"), spearheaded by the EAD, AARP Hawai‘i, Aloha United Way, and the Harry & Jeanette Weinberg Foundation, to connect kūpuna with food/meals and wraparound health and social services.

Finally, on December 11, 2020, Emergency Use Authorization ("EUAs") by the U.S. Food & Drug Administration was granted for the first COVID-19 vaccine (Pfizer BioNTech) for use by adults aged 18 and older. By this time, there were 18,951 cumulative COVID-19 cases across the state. Though availability of COVID-19 vaccines increased over time as manufacturing ramped up, additional vaccine brands gained EUA status, and more providers offered the vaccine in a number of settings, COVID-19 continued to devastate Hawai‘i’s communities. Certain subgroups continued to carry a disproportionate burden of COVID-19 impact, including Native Hawaiians, Pacific Islanders, and Filipinos, and those with barriers preventing access to vaccination, without a college degree, and/or living in less-affluent households and undervaccinated areas.

On June 14, 2021, the DOH State Laboratories Division confirmed the presence of SARS-CoV-2 variant B.1.617.2. otherwise known as the highly transmissible Delta variant, in the islands. By June 25, 2021, the Delta variant had spread to all major counties. The state surpassed over 10,000 new COVID-19 cases within 14 days (10,817 cases, with a high one-day case count of 1,678) by August 29, 2021. The rising number of COVID-19 cases, in large part due to the Delta variant, catalyzed additional collaborative efforts across partners to increase access to COVID-19 testing and vaccination, as well as other essential support services. By September 24, 2021, booster doses for certain populations, including kūpuna, were authorized by DOH per recommendations from the U.S. Center for Disease Control and Prevention for added protection against COVID-19.

Why Kūpuna?

While COVID-19 has affected everyone’s lives, there are few more severely impacted than kūpuna, who experienced the highest rates of serious illness and death related to COVID-19. The DOH sought to address the vulnerability of kūpuna by prioritizing vaccine access through a tiered eligibility system largely based on age. While many kūpuna were able to successfully get vaccinated once eligible, many others experienced challenges that prevented or delayed vaccination.

BARRIERS INCLUDED, BUT ARE NOT LIMITED TO:

- Low confidence that the vaccine is effective.
- Low confidence that the vaccine is safe.
- Low trust in the developers of the vaccine.
- Low trust in the vaccine providers.
- Low trust in the motivations of policy-makers who make decisions about vaccination and other COVID-19 matters.
- Perceptions that the risk of contracting COVID-19 and/or impact of COVID-19 on one’s health is low, or do not outweigh the risks of the vaccine.
- Limited ability to make an appointment for vaccination.
- Limited ability to physically travel to a vaccination site, including limited vaccination options in rural areas and limited transportation and/or mobility.
- Limited information about COVID-19 vaccination that is culturally meaningful, in alignment with personal/family/community values, or in the appropriate language.
- Limited supports at the site of vaccination related to physical barriers, health literacy, digital literacy, and language translation and/or interpretation.
- Limited opportunities for vaccination that are convenient.

However, these barriers were complex and could not be generalized across communities and subgroups. The compounding effect for kūpuna already marginalized by race, ethnicity, disability, geographic location, language proficiency, socioeconomic status, limited mobility or functioning, and homebound status is considerable, and required a multipronged approach to ensure an effective and appropriate response to limited vaccine access. As the landscape of COVID-19 vaccination evolved, multigenerational approaches and strategies to improve the capacity of communities to facilitate increased access to vaccination were implemented.
About the Hawai‘i Public Health Institute

HIPHI aims to build healthier communities by working together on a broad range of social determinants of health including transportation, education, access to healthy food, and economic opportunities, rather than focusing on issues in isolation or working in silos. HIPHI exists to weave silos into working relationships as an effective network, ensuring that stakeholders come together across sectors to advance collaboration and innovation in public health for the well-being of Hawai‘i’s people. Programs led by HIPHI include the Coalition for a Tobacco-Free Hawai‘i, Healthy Eating Active Living, Obesity Prevention Task Force, Maui Nui Food Alliance, Hawai‘i Farm to School Hui, Hawai‘i Public Health Training Hui, Maui Coalition for Drug-Free Youth, Hawai‘i Alcohol Policy Alliance, East Hawai‘i Drug-Free Coalition, Community Health Worker (“CHW”) Network, Food Systems Transformation, Perspectives on Community Health, and COVID-19 education & outreach. HIPHI provides fiscal management and backbone support for the Hawai‘i Oral Health Coalition, and the Kūpuna Food Security Coalition.

HIPHI believes that the communities we serve are only as healthy as our most marginalized, underserved members. When the COVID-19 pandemic hit, multiple solutions were needed to respond to the urgent needs of disproportionately affected populations, as well as build the capacity of our local communities to better prepare for, respond to, and mitigate the effects of short- and long-term emergencies. Tapping into a vast network of connections and expertise, HIPHI worked alongside partners to galvanize communities, mobilize resources, and activate community power to address the health and socioeconomic issues exacerbated by COVID-19 that were most pertinent to their population. HIPHI was privileged to serve in many capacities throughout the COVID-19 pandemic, all with the goal of creating the conditions essential for communities to be able to respond to their members’ needs. As the impacts of COVID-19 evolved over time, HIPHI centered its community-led COVID-19 response around ensuring equitable access to information/resources, supplies, health care, and food/meals. Programmatic activities included the following:

**INFORMATION**

HIPHI has served as a major source of trusted COVID-19 information by disseminating weekly to bi-weekly emails (over 6,000 people), posting time-sensitive updates on our website and social media, creating resource guides for each county, working with government agencies and academia to create infographics and easily understood materials, translating materials and coordinating interpretation at vaccination sites, and convening community stakeholders to increase situational awareness within and across sectors.

**SUPPLIES**

At the beginning of the pandemic amidst a national shortage of personal protective equipment, community partners rallied together to ensure frontline essential workers were equipped with the supplies they needed to stay safe. However, there were gaps in distribution that led to inequitable access among frontline staff, particularly among social service workers out in the community. Leveraging built relationships with government and community partners, HIPHI became the conduit through which donations and resources could be aggregated and then reallocated to underserved communities. As a result, community-based PPE hubs were erected in partnership with the Department of Health’s Behavioral Health & Homelessness Statewide Unified Response Group, and over 1,000 cloth face masks, 57,000 hand sanitizer bottles, and nearly 20,000 surgical masks were distributed.

**HEALTHCARE**

Though Hawai‘i is often ranked as one of the healthiest states in the nation, critical disparities among minoritized populations persist, particularly among Native Hawaiians, Pacific Islanders, Filipinos, people with low socioeconomic status, and people in rural areas. This is evident in the shortcomings of our current health care system, which fails to adequately address the differentiated health needs of our priority populations, serving both as a contributing factor and an outcome of disparities across a wide range of social determinants of health. Recognizing that strengthening primary health care systems requires empowerment of people and communities tied with the breaking down of barriers related to health care access, HIPHI has provided training, technical assistance, advocacy support, and the operational infrastructure for the Hawai‘i CHW Network. CHWs are nationally-recognized frontline public health workers who are trusted members and/or have a uniquely close understanding of the community served. HIPHI continues to support CHWs as a means to meaningfully engage community members and increase reach, quality, and appropriateness of care.


FOOD/MEALS
COVID-19 was a major disruption to Hawai‘i’s already vulnerable food system. Isolated from the rest of the world by over 2,000 miles, Hawai‘i imports 85-90% of its food and only has a 5-7 day supply of food across the state at any given time. Additionally, food costs in Hawai‘i are 82% higher than the national average. When considered in the context of Hawai‘i’s high cost of living, poverty rate, and low minimum wage, this creates a compounding effect on all of Hawai‘i’s residents, but especially on minoritized and historically underserved populations. As the fiscal management support and convener for the KFSC, a cross-sectoral partnership of over 40 organizations across the state to meet the food security needs of kūpuna in response to the COVID-19 pandemic, HIPHI provided the backbone coalition support for community partners to come together and organize food distribution tied to wraparound health and social services. This support included bringing together stakeholders, facilitating meetings, holding space for community perspectives, data surveillance and analysis, resource mapping, strategic planning, fiscal management, and capturing lessons learned from the field. HIPHI also leveraged existing systems and built infrastructure for the rapid infusion of federal, state, and city funds into communities, providing the financial means for communities to put food on their members’ tables and build stronger local food systems as a means of increasing community resilience. Over 1.2 million meals were distributed by partners to food insecure kūpuna in their communities as a result.

As demonstrated by these covid-19 response efforts, HIPHI recognizes that the healthiest people are served by communities that have the power to create and sustain health. HIPHI had the privilege of being uniquely positioned to contribute to building of community power through the following actions:

- Forging work groups and coalitions to foster partnerships and increase situational awareness among and across communities for free flow of information and emerging practices.
- Amplifying the voice of underserved communities by holding space for community members to define their own needs and propose solutions.
- Providing technical assistance and public health expertise to support community members in leading public health initiatives from the ground up.
- Scaling innovation by magnifying local knowledge and expertise (community responds best to community) and translating that knowledge to broader policy, systems, and environmental change.
- Supporting efforts to allocate resources to marginalized communities so that they are equipped with the assets needed to respond effectively to their community’s needs.
- Providing the backbone infrastructure to absorb tasks that would otherwise burden community-led response, including fiscal management, grant writing and management, data collection and analysis, and other administrative and operational supports.

The City & County of Honolulu Elderly Affairs Division
The EAD, as part of the Department of Community Services, is the sponsoring agency for Honolulu’s Aging and Disability Resource Center (“ADRC”) program. The EAD has been the designated Area Agency on Aging for O‘ahu since 1973, and receives funding from federal, state and county governments to, in turn, contracts with agencies to provide home- and community-based services to kūpuna and caregivers, provides outreach and education to the community, encourages and supports the Aging Network in improving and expanding services, and operates a telephone helpline for consultation, information, and referral to services. Under the leadership of Derrick Ariyoshi, EAD’s County Executive, a formal partnership with HIPHI was established to support equitable access to COVID-19 vaccines for kūpuna and individuals with disabilities.

“Our success to ensure all kūpuna have equal access to COVID-19 vaccines was made possible by a group selfless individuals and organizations. True heroes by every definition, who fought for solutions despite what appeared at times as insurmountable challenges. The power of community partnerships is real!”
  – Derrick Ariyoshi | County Executive
  City & County of Honolulu, Elderly Affairs Division

THIS COLLABORATION WAS SUPPORTED BY ADRC FUNDING AND INCLUDED THE FOLLOWING ACTIVITIES:

- Establishing a comprehensive resource section.
- Engaging community stakeholders to coordinate vaccination efforts for targeted populations.
- Serving as a liaison with the DOH, Aging Network, vaccination providers, and other key community partners; coordinating meetings, committees, and other forums as needed.
- Identifying potential vaccination sites including, but not limited to senior housing properties and adult day care facilities to meet older adults where they are.
- Coordinating logistics for community-based vaccination clinics.
- Disseminating COVID-19 information.
- Working with community partners to inventory, compile, and share vaccination outreach and education resources.

The EAD served as a critical piece in activating community partners by leveraging strong, trusting relationships cultivated from the beginning of the COVID-19 pandemic, and worked together with HIPHI to support kūpuna stakeholders and COVID-19 responders to ensure every kupuna had the resources needed to access vaccination.
The Kūpuna Vaccination Outreach Group

ABOUT KVOG
When COVID-19 vaccines first became available to the public, the kūpuna were among the first groups eligible to get vaccinated. However, it was quickly recognized by healthy aging leaders and advocates that vaccine eligibility did not necessarily equate to vaccine access or equity. Leaders from the Executive Office on Aging (“EOA”) and AARP Hawai‘i, in collaboration with the EAD, issued a Joint Letter of Recommendations for Those 75 Years and Older to the DOH-led “Vaccine 75 and Older Outreach Working Group” on January 18, 2021 (see Appendix A). This letter provided insight on the complex barriers kūpuna may encounter in accessing COVID-19 vaccination and led to the formal establishment of the Kūpuna Vaccination Outreach Group (“KVOG”) in February 2021, which HIPHI began convening in March 2021. KVOG grew into a partnership of about 60 active community members (representing over 50 organizations) focused on actively minimizing disparities and ensuring equitable access to COVID-19 vaccination among kūpuna and people with disabilities. KVOG participants included organizations from a wide range of sectors, including public agencies, healthcare systems and associations, academia, Aging Network stakeholders, nonprofit organizations, public health organizations, advocacy groups, community-based organizations, and others. Partners met regularly to leverage collective resources and organize community-based vaccination outreach efforts to ensure that no kūpuna were left behind. Meeting findings were documented and consolidated into recommendations provided to decision makers at the state and county levels, and informed strategic action to make COVID-19 vaccination accessible by all underserved kūpuna groups. See Appendix B for a listing of organizations and individuals who participated in KVOG through September 29, 2021.

“KVOG became a safe place for aging advocates to express concerns regarding vaccination access by elders, to have our concerns heard and validated, and to work as a group to find appropriate solutions that kept our kūpuna safe - and got them vaccinated!”

– Diane Terada | Division Administrator
Catholic Charities Hawai‘i

Outreach: Awareness and Information Sharing

DIRECT KŪPUNA OUTREACH
CHWs and community-based organizations were essential in direct kūpuna outreach and engagement. Through a grant from the Kaiser Permanente National Community Benefit Fund at the Easy Bay Community Foundation, administered through HIPHI, a total of 23 stipends were issued to CHWs and others leading outreach in vaccine desert regions and among underserved groups:

9 STIPENDS
Supported CHWs to lead phone-based vaccination outreach, in coordination with the Filipino Community Center, Project Vision Hawai‘i, UH, and the Kapi‘olani Community College CHW Program to increase awareness of vaccination opportunities, solicit vaccination referrals for family/friends/neighbors, provide registration assistance and appointment reminders, arrange vaccination at home for those who required mobile services, and provide general check-ins to answer questions, build trusting relationships, increase confidence in the vaccine, and maintain engagement.

4 STIPENDS
Supported CHWs to lead phone-based vaccination outreach, in coordination with the Filipino Community Center, Project Vision Hawai‘i, UH, and the Kapi‘olani Community College CHW Program to increase awareness of vaccination opportunities, solicit vaccination referrals for family/friends/neighbors, provide registration assistance and appointment reminders, arrange vaccination at home for those who required mobile services, and provide general check-ins to answer questions, build trusting relationships, increase confidence in the vaccine, and maintain engagement.

1 STIPEND
Supported outreach workers who were part of Healthy Mothers Healthy Babies Coalition of Hawai‘i, expanding the capacity of their mobile vaccination efforts, including outreach to families paired with in-home administration of the COVID-19 vaccine by their medical mobile van team.
Supported CHWs tied to the Pacific Gateway Center to expand vaccine outreach including interpretation and translation services at vaccination sites, as well as culturally-appropriate communications and engagement. This included outreach to increase awareness of vaccine benefits and opportunities/supports available, working with faith-based ethnic groups to build confidence in the vaccine, providing on-site interpretation at vaccine events led by CBOs and translating promotional flyers, engaging immigrant and refugee groups, and exploring the coordination of vaccine outreach tied to free legal immigration assistance.

**STIPENDS**

Through these CHW-led efforts, a number of direct outreach initiatives were deployed in the following O‘ahu communities:

- **Kalihi**: 7
- **Waipahu**: 6
- **‘Ewa Beach**: 2
- **Wai‘anae**: 2
- **Kahuku**: 1
- **Wahiawā**: 1
- **Waimānalo**: 2
- **Pālolo**: 1

*(multiple rounds of engagement)*

**Multiple Communication Channels**

Many KVOG organizations were trusted community members, and were heavily relied upon by kūpuna for information. Information sharing occurred across multiple communication channels. Some examples include:

- **DIGITAL NEWSLETTERS, EMAILS AND SOCIAL MEDIA POSTS**
  - HīPīHI produced weekly COVID-19 newsletters and regular social media posts that featured relevant kūpuna vaccination updates. KVOG developments were also included in the quarterly HīPīHI newsletter.

- **PHONE CALLS**
  - CHWs made over 2,200 outgoing phone calls to increase awareness of vaccination opportunities and provided appointment reminders.
  - The Department of Parks and Recreation reached over 1,000 kūpuna members across 32 senior clubs across O‘ahu to promote vaccine barrier reduction services available through KVOG.
  - The Alzheimer’s Association of Hawai‘i made calls to their network of approximately 800 kūpuna with early onset of dementia and kūpuna caregivers to provide information about vaccination options and support services.
  - The Lanakila Multi-Purpose Senior Center and other senior centers across the island conducted phone outreach to over 2,600 kūpuna and volunteers to provide information and technical assistance.
  - Adult Day Care sites called kūpuna caregivers to survey vaccination status and arrange tailored barrier reduction services as appropriate.

- **DIRECT MAIL AND NEWSPAPER ADS**
  - O‘ahu Publications included print ads featuring local kūpuna that included the phone number for the DOH call center.
  - Direct mailers (e.g. postcards) were sent to kūpuna homes.
  - Over 21,000 flyers were printed and distributed via canvassing/door-to-door outreach, included with meal deliveries and food distributions, and at community-based pop-up events.

- **RADIO AND TELEVISION**
  - In-language ads and news segments were promoted on ethnic radio and news channels, featuring question and answer segments and highlighting culturally-tailored vaccination opportunities.
  - Earned media showcased collaborative efforts of KVOG in a variety of settings, often featuring interviews of KVOG members leading the work.
Information Sharing Among Kūpuna Stakeholders

KVOG meetings provided regular opportunities for partners to share updates, news, and resources. Notes were taken at each meeting and shared with the group via Google docs. As of September 29th, there were over 100 pages of notes compiled. Various leaders in the COVID-19 response effort were invited to present at meetings so attendees could learn about the latest developments in vaccination efforts and could get their questions answered by experts in the field.

“The weekly meetings with KVOG were critical to the work of Covid Pau as it gave us an opportunity to quickly find ways to collaborate and engage with our kūpuna community. Our kūpuna are often some of our most vulnerable members of the ‘ohana in times of crisis. These partnerships through KVOG allowed us to come together to problem solve and engage kūpuna in a way that leveraged existing relationships to continue to keep them safe in a respectful way.”

– Nāʻālehu Anthony | Director
Hawaiʻi COVID Collaborative

Additionally, an online clearinghouse for community-based vaccine events was created for real-time tracking and coordination of outreach efforts. The spreadsheet included details such as date, location, leading agency, brand of vaccine administered, whether initial or follow-up doses were being administered, whether the event was private or public, what wraparound supports were available, and corresponding flyers/banners associated with the event. The spreadsheet was open for all KVOG members, as well as other organizations leading COVID-19 response, to edit freely and contribute timely updates for increased shared awareness across all partners. Events were cross-promoted by many agencies, including the DOH, COVID PAU, the Native Hawaiian and Pacific Islander 3R team, the DOH Public Health Nursing Branch, HIPHI, AARP Hawaiʻi, and others. The clearinghouse was shared via Google to ensure wide accessibility and live updates.

Between July 1st and September 30th, a total of 1,258 vaccine pop-up events were documented and shared (309 Hawaiʻi Island, 82 Kauaʻi, 118 Maui, 1 Molokaʻi, 748 Oʻahu). Ownership of the clearinghouse was transferred to the DOH and DOH contractor, ReadyZoneHQ, for sustainability, and continues to be updated regularly (in real time).
Internal check-ins

Because of the constant evolution of the COVID-19 landscape, HIPHI convened the KVOG chairs daily to go over timely updates, review current efforts, identify gaps and potential opportunities, and coordinate the recruitment of partners and guest speakers to augment shared learning at general meetings. Occasionally, representatives from DOH, ReadyZoneHQ, and other key COVID-19 stakeholders were invited to daily meetings as appropriate.

IN ADDITION TO DAILY CHECK-INS, VARIOUS TOPIC-FOCUSED MEETINGS WERE CONVENED ON A WEEKLY OR BIWEEKLY BASIS:

- County executives from the Area Agencies on Aging were convened on Tuesdays to share lessons learned and best practices from across the state.
- A subgroup of KVOG was convened on Tuesdays to explore opportunities for collaboration and coordinated outreach with faith-based organizations.
- Vaccine providers were convened on Wednesdays to coordinate community-based efforts to minimize duplication or oversaturation in the same areas. This was helpful as many providers received direct requests from various organizations/identities across the island, and it was not uncommon for providers to be double-booked.
- The Kūpuna Call Center team met on Fridays to report on call volume, types of inquiries, and to report workflow refinements and early outcomes.
- Other meetings as appropriate, including:
  - Engaging immigrant groups and the organizations that serve them to strategize culturally-appropriate outreach.
  - Leveraging resources and partnerships to promote convenient vaccine access among populations that have not yet been vaccinated.
  - Facilitating connections between various agencies for improved vaccine outreach tied to vaccine administration.
  - Deploying interpreters to vaccine sites and translating materials for non-English speaking populations.
  - Increasing the awareness of the Kūpuna Call Center and other resources to overcome barriers, such as registration support, appointment scheduling, transportation, and in-home or on-site vaccination services.
  - Working with educators through the Pacific Alliance Against COVID-19 to coordinate COVID-19 vaccine education and promotion opportunities.
  - Amplifying the reach of community-led vaccination events and support services through email blasts, social media, radio, newspaper ads, and flyers distributed to public housing sites, senior housing sites, meal providers, and other partners.

The Kūpuna Call Center

For kūpuna who were left without critical support to register for, schedule, or otherwise access COVID-19 vaccines, the EAD stood up a call center in March 2020 in partnership with Aloha United Way (“AUW”) and St. Francis Healthcare System (“St. Francis”). The Kūpuna Call Center was accessible to those 65 and older by simply calling 2-1-1, available 7 days a week between 7am-10pm. A team of about 20 trained call specialists provided personal assistance to kūpuna seeking vaccination support, including answering questions about COVID-19 and the vaccine, locating vaccination sites, and conducting intake for St. Francis, who would then follow-up with the kupuna within 48 hours to provide barrier reduction services like in-person visits and making arrangements to receive the vaccine. Information was exchanged securely between AUW and St. Francis via a secure electronic data sharing platform, effectively closing the referral feedback loop and providing real-time updates. The Kūpuna Call Center was equipped with interpretation services that provided language support for non-English speakers. KVOG partners worked together to support the Kūpuna Call Center by increasing awareness of the service among their networks. Between March 22 through September 30, 2021, kūpuna were assisted by the call center nearly 7,800 times, and over 450 referrals were made to St. Francis for follow-up support. Interpretation services were utilized on 30 calls, suggesting that the majority of non-English speakers turned to other services for in-language support. See Appendix C for the March 23, 2021 press release by DOH promoting the Kūpuna Call Center, and Appendix D for an example of a Kūpuna Call Center ad.

KVOG PARTNERS WORKED TOGETHER TO SUPPORT THE KŪPUNA CALL CENTER BY INCREASING AWARENESS OF THE SERVICE AMONG THEIR NETWORKS. BETWEEN MARCH 22 THROUGH SEPTEMBER 30, 2021:

<table>
<thead>
<tr>
<th>Kūpuna calls answered</th>
<th>Referrals made for follow-up support</th>
<th>Calls supported by interpreters</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,800</td>
<td>450</td>
<td>30</td>
</tr>
</tbody>
</table>

WWW.HIPHI.ORG/KUPUNA
WWW.HIPHI.ORG/KUPUNA
Other Vaccine Barrier Reduction Services

REGISTRATION AND APPOINTMENT SCHEDULING
The COVID-19 pandemic highlighted many drivers of health inequity for kupuna, including the need to bridge the digital divide. It became apparent in 2020 that access to digital devices and broadband, combined with digital literacy, were critical for people of all ages to stay connected, access resources, and receive essential services. For kupuna who were on the wrong side of the digital divide even before the pandemic, the shift from in-person to online activities left these kupuna in the dark, unable to access web-based COVID-19 vaccine registration and appointment scheduling platforms. KVOG worked with mass vaccination sites to ensure phone-based appointment scheduling options were available, and promoted these options among kupuna groups. Hawai‘i Pacific Health, the host of a large mass vaccination site, was among the health system partners who worked with KVOG to provide kupuna-friendly scheduling options, including conducting outgoing phone outreach to identified kupuna, as well as block scheduling to coordinate with kupuna transportation supports. KVOG also worked with vaccine providers to ensure registration and scheduling platforms were compatible with screen reader technology for those with impaired or limited vision.

TRANSPORTATION
Though there were community-based clinics and/or mass vaccination sites in nearly every zipcode, these options were best suited for those that were able-bodied and who could secure transportation to and from the site. For many kupuna, limited options for transportation, particularly for those who had mobility limitations, was a barrier to getting vaccinated. KVOG worked with transportation partners like Catholic Charities Hawai‘i, Lyft, and Uber to arrange free transportation for kupuna to and from vaccination sites. For those that were unable to safely leave their homes without risk of injury or health complications, in-home or on-site vaccination was arranged so that they could be safely vaccinated by a mobile provider wherever they were.

LANGUAGE TRANSLATION AND INTERPRETATION
About 1 in 4 Hawai‘i residents speak a language other than English at home, and many kupuna have limited ability to read, write, speak, or understand English as it is not their primary language. KVOG partners, including the Office for Language Access, Pacific Gateway Center, and the DOH, worked tirelessly to translate flyers, FAQs, and other materials and distribute them through the appropriate channels so that non-English speakers had access to COVID-19 information, including where to go for vaccination. Flyer templates were created so that vaccine pop-up details could be easily edited over time and used for multiple events. Many of the translations were completed by sharing a spreadsheet on Google docs with paid and volunteer translators, who then filled out the spreadsheet in their language, often in record time. See Appendix E for samples of translated materials.

Interpreters were also recruited to provide on-site language support at community pop-up clinics. These interpreters provided tremendous value to create a safe, comfortable vaccine experience for all. Call centers also recruited interpreters or contracted with language services to ensure language access. Supported languages included: Chinese (Cantonese, Mandarin), Chuukese, Ilocano, Japanese, Kosraean, Laotian, Marshallese, Ōlelo Hawai‘i, Samoan, Spanish, Tagalog, Thai, Tongan, and Vietnamese.

“KVOG has been the perfect intersection of government agencies, healthcare providers, nonprofit advocacy groups and social service organizations. We have been able to fill gaps in our community by working together so that no vulnerable kupuna falls through the cracks while being mindful of each organization’s services and contribution in the process. It has been rewarding to experience the power of collaboration and to know that the partnerships we have formed will continue beyond the pandemic.”

– Melissa Ah Ho-Mauga | VP Client Services
St. Francis Healthcare System

“Incorporating culture and language in the COVID-19 vaccination process from start to finish makes a big difference for our communities where English is not the first language. It was really important to have many materials, especially vaccination announcements translated in Ilokano or Tagalog for our elderly Filipinos so they would know when and where to go. Our Catholic churches were important COVID-19 vaccination venues that were comforting and familiar spaces for our elderly. To go there, be greeted and given the vaccine in our language made the process easy and equitable. This in turn added to the promotion and increase of vaccination uptake within our elderly community.”

– May Rose Dela Cruz | Co-Chair
FilCom CARES
On-Site Vaccination

ADULT DAY CARE AND ADULT DAY HEALTH SITES

KVOG contacted 27 Adult Day Care and Adult Day Health sites to determine if vaccine barrier reduction support was needed for their participants. Kūpuna who attend Adult Day Care and Adult Day Health often have chronic health conditions and significant physical or cognitive challenges, and as a result, require supervised care while their loved ones and caregivers remain in the workforce. While many kūpuna were able to successfully access vaccination on their own with the help of their family caregivers, there were a number of kūpuna who remained unvaccinated due to logistical barriers. Of the 27 sites engaged, 7 sites opted to host an on-site closed vaccine clinic for their participants, staff, and volunteers. This was made possible by mobile vaccine providers like Kaiser Permanente, who deployed their teams to vaccinate groups of kūpuna ranging from 3 to 37 in number. As a result, an additional 157 kūpuna were able to get vaccinated.

“Working in the KVOG group was very humbling and exciting. This group was the epitome of community banding together to make sure vulnerable kūpuna were taken care of during the pandemic. The actions of the members were so impressive and selfless. This group represented the idea of ‘ohana in Hawai‘i. I am so grateful to have been included in the group. Because of my inclusion, I was able to get my kūpuna at the Adult Day Care and some of their caregivers vaccinated through my facility. This was so appreciated by everyone and my thanks goes out to Kaiser, who coordinated the efforts to make this happen.”

– Kathy Wyatt | President
Hale Hau‘oli Hawai‘i

COMMUNITY CENTERS

Eight community centers across the island leveraged their built trust and relationships with kūpuna members to connect them with vaccination support through KVOG. These centers included the Lanakila Multi-Purpose Senior Center, Kapahulu Community Center, Mō‘ili‘ili Community Center, Nā Kūpuna Makamae/Pacific Gateway Center, Pālama Settlement, Project Dana, Susannah Wesley Community Center, and Waikīkī Community Center. In addition to making individual phone calls to members to share information and make referrals to support services, many community centers worked with KVOG providers and Federally-Qualified Health Centers to stand up on-site vaccine pop-up clinics and provided wraparound health and social services (e.g. food distribution, preventive health services, biometric screenings.) As a result, many staff and volunteers with regular contact with kūpuna were able to get vaccinated, and over 2,000 kūpuna gained access to vaccination.

“KVOG created a movement of caring in these extraordinary times. Caring across generations, cultures, and communities. Ordinary people transformed to meet the extraordinary together!”

– Ramona Mullahey | Senior Analyst – Field Policy & Management
U.S. Department of of Housing and Urband Development Honolulu Field Office

SENIOR HOUSING PROPERTIES

There are 71 housing properties across the island that are designated for kūpuna or low-income kūpuna, as identified by the EAD, the Hawai‘i Public Housing Authority, and Catholic Charities Hawai‘i. Kūpuna who live in senior housing properties are often income constrained, have limited family support, and many speak English as a second language, if at all. A total of 8,414 kūpuna live in senior housing, providing for a unique opportunity to provide vaccination assistance to many kūpuna at once. HIPHI subcontracted with Pacific Government Solutions (“PGS”) to engage these senior properties and assist with facilitating on-site clinics and other vaccination support as needed. This was a natural fit as PGS played a leading role during the early months of the pandemic to provide coordination among food/meal providers to senior properties, ensuring that kūpuna residents were food secure and were able to stay safe at home.

Engagement of senior properties for vaccination support occurred through June 2021. PGS initially reached out to all properties to survey whether assistance was needed for vaccination support for their tenants, or if they were already connected with the supports needed. A total of 39 properties requested assistance, including on-site (e.g., pop-up vaccination clinic) and off-site services (e.g., transportation to a mass vaccination site). Together with HIPHI, KVOG partners, and other volunteers, PGS canvassed the properties, knocking on each door and personally inviting kūpuna tenants to take advantage of the vaccination support services available. Multiple door knocking efforts took place to maximize awareness and uptake of vaccination. English and translated flyers detailing support services available were provided to each property to ensure no one was missed. On-site vaccination was made possible by the collaboration of mobile providers from Kaiser Permanente, Pharmcare Hawai‘i, 5 minute Pharmacy, Times Pharmacy, Walgreens Pharmacy, and the Queen’s Healthcare Systems. Volunteers were recruited by the City & County of Honolulu Department of Emergency Management, Hawai‘i Medical Reserve Corps, and HIPHI. Critical language access support, including in-person language interpretation and translation, was championed by Aphirak “AP” Bamrungruan at the Department of Health Office of Language Access, in collaboration with Terrina Wong at Pacific Gateway Center. A total of 28,172 touchpoints of engagement, over multiple rounds and types of outreach, were recorded.

“One of the bright sides to the pandemic was the cooperation and shared focus of KVOG members. It was heartwarming to see issues being brought up and other members offering solutions and/or stepping in to fulfill a need.”

– Mae Lynne Swoboda | Clinic Administration Manager Prevention and Health Education
Kaiser Permanente
AS A RESULT OF THESE EFFORTS, THE MAJORITY OF KŪPUNA HOUSING PROPERTIES WERE CONNECTED TO SUPPORT:

29 Properties received on-site clinic coordination, including flyer translation, on-site interpretation, and volunteer coordination as appropriate.

10 Properties were connected with off-site support, including partnerships with nearby pop-up vaccine clinics and transportation services.

9 Properties had already arranged an on-site clinic without the assistance of PGS.

15 Properties reported that tenants had already gotten vaccination support through other means.

4 Properties were not interested and declined assistance.

3 Properties fell outside of the eligibility criteria (e.g., could not be defined as kūpuna housing) and alternative options were recommended.

9 Properties had already arranged an on-site clinic without the assistance of PGS.

On average, each on-site vaccination clinic vaccinated approximately 50% of the kūpuna residents, suggesting that majority of kūpuna that remained unvaccinated at the time of engagement were willing to get vaccinated with support (e.g., having vaccines brought to a trusted, familiar, convenient place). See Appendix F for a press release by the DOH on April 29, 2021 promoting the collaborative effort.

In-Home Vaccination

WHY IN-HOME VACCINATION?

Nationally, homebound individuals are more likely to suffer from chronic health conditions, have lower incomes, and be from racial minority groups. Due to their health conditions, people who are homebound are at greater risk of serious illness and complications from COVID-19. While majority of adults have many options to get vaccinated, these options often are not available to or meet the unique needs of homebound individuals; in-home vaccination resolves many of these issues where other vaccination sites may fall short. It is important to note that many homebound individuals are already marginalized by age, race, ethnicity, disability, socioeconomic status, immigration/documentation status, and geographic location, which has a compounding effect on vaccine access.

We are grateful for the opportunity to serve with such a dedicated hui of private and public agencies to bring needed support to our kūpuna. It wasn’t just a vaccine, test or booster that our providers brought to the homes of our kūpuna; it was a sense of much needed hope and support during the pandemic for a population who is most at risk and who are often overlooked. There were patients in our in-home vaccination program who were truly homebound or disabled and lived alone with little contact to the outside world. KVOG was there to hear their needs.

– Darrah Kaʻuhane | Executive Director
Project Vision Hawaii

“Pacific Gateway Center’s participation in KVOG has been instrumental in supporting and providing partnerships for our initiative in alleviating language barriers to vaccine hesitancy among the limited-English proficient in our community. Networking, learning from best practices and challenges, and leveraging resources have truly contributed to equitable access to good health for all in our community.”

– Terrina Wong | Deputy Director, Social and Immigration Services
Pacific Gateway Center
In the early stages of mobile vaccine efforts in Hawai‘i, all counties developed mechanisms to provide on-site COVID-19 vaccination to kūpuna and other eligible populations that were defined as “homebound.” The definition of homebound evolved over time. Originally, these efforts focused on vaccinating people who were unable to leave their homes without the help of another person or medical equipment, or would develop worse health or illness as a result of leaving their homes. To receive services, these individuals or their caregivers would be referred to DOH by a service provider, or would call DOH and request services directly. These individuals then provided their information to DOH, and a mobile vaccine provider, either a DOH outreach lead or staff from Project Vision, would be dispatched to vaccinate the individual at their home or place of residence.

There were approximately 100 requests for these services through the month of March 2021, majority of which were located on O‘ahu (referrals from neighbor islands remained in the single digits). At the same time, many mobile providers who were out in the community (e.g., supporting pop-up clinics) received referrals directly, many times by word-of-mouth or through informal referral processes. These providers worked in parallel with DOH and oftentimes were able to use extra doses from pop-up vaccine clinics to vaccinate homebound individuals, resulting in gleaming of extra supplies and minimal waste (e.g., extra doses in opened vaccine vials), efficient use of providers’ time due to coordination by geographic location, and the allocation of resources to those who needed the most support to get vaccinated.

The subgroup, under the leadership of HAH’s communication team, created an awareness campaign tailored to older adults, those with low digital literacy or access, and populations with low vaccine rates. As part of the campaign, a grant awarded by the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation, administered by HIPHI, supported print ads in the sole statewide newspaper, the Honolulu Star-Advertiser (reaching 285,619 adults), the Midweek (reaching 259,178 or 33% of all O‘ahu adults) as well as county newspapers (reaching an average of 7,740 people per ad run). These ads were supplemented by eblasts (nearly 74,000 emails sent with an average open rate of 27.94%), leaderboard ads (over 85,000 impressions), social media posts, inclusion in newsletters, direct phone calls by KVOG partners to their networks, and over 21,000 flyers that were printed and distributed via neighborhood canvassing efforts, included with meals at distribution events and regular meal delivery services, and through the KVOG network (e.g. placed at senior centers.)

As of October 23, 2021, 1,239 doses have been administered and over 725 people had been fully vaccinated, demonstrating the impact of the ads, information sharing through the KVOG network, and coordination across partners. See Appendix G for samples of in-home vaccination ads.
KVOG Evaluation

BACKGROUND

In June 2021, the University of Hawai‘i ("UH") at Mānoa Thompson School of Social Work & Public Health was contracted by the EOA to provide a statewide picture of collective efforts to support kūpuna vaccination, highlight success stories, and identify recommendations for future emergency response. This effort was led by Kathryn L. Braun, DrPH and Miquela Ibrao, MSW, MPH. The executive summary of this statewide report is included as Appendix H. As part of this evaluation, a survey was deployed to KVOG partners to measure the effectiveness and value of the working group. A 22-question survey was designed in collaboration with KVOG leadership (see Appendix I), and designed using Qualtrics software. The survey was then distributed to 61 KVOG members via email, of which 38 complete responses were received.

RESULTS

A wide range of organizations participated in the survey, resulting in outcomes that reflect the perceived value of KVOG through diverse perspectives. While feedback was generally positive overall, participants found value in different aspects of KVOG.

First, participants were asked what role they played in vaccination efforts. Majority of participants indicated that they “Identified individuals and groups in need of assistance getting vaccinated” (n=26), followed closely by, “Conducted education, outreach, and/or information and referral” (n=25), and, “Assisted with vaccine promotion and communication” (n=24). Of important note is that most participants played multiple roles, with 81% responding that they played 3 or more roles related to vaccination access. This was often evident in KVOG meetings as there were regular reports of changing or evolving roles, the development of new and non-traditional partnerships to meet common goals, and the implementation of innovative practices and expansion into new areas of service. Additionally, some individuals represented multiple groups or organizations, as evident in Appendix B, leveraging their “many hats” to act as liaisons between KVOG and other initiatives to support increased shared awareness and coordination across groups.

PARTICIPANTS WERE THEN ASKED A SERIES OF QUESTIONS TO MEASURE THEIR PERCEIVED VALUE OF KVOG USING A FIVE-POINT LIKERT SCALE, WITH 1 REPRESENTING “STRONGLY DISAGREE,” AND 5 REPRESENTING “STRONGLY AGREE.” THE AVERAGE SCORE FOR EACH QUESTION IS NOTED BELOW:

<table>
<thead>
<tr>
<th>Question</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Partners had the ability to reach kūpuna in diverse settings, e.g., daycare service, senior housing, churches, etc.</td>
<td>4.55</td>
</tr>
<tr>
<td>2. Partners had the ability to reach kūpuna who needed extra help in accessing vaccine services, e.g., elders with no or limited English, elders with no or limited internet, homebound elders, etc.</td>
<td>4.45</td>
</tr>
<tr>
<td>3. The coalition strove to include partners who represented or could reach isolated, hesitant, or hard-to-reach groups.</td>
<td>4.58</td>
</tr>
<tr>
<td>4. KVOG supported and/or enhanced my organization role in community vaccination and outreach efforts.</td>
<td>4.38</td>
</tr>
<tr>
<td>5. Partners were meaningfully engaged in KVOG.</td>
<td>4.52</td>
</tr>
<tr>
<td>6. KVOG meetings were effective.</td>
<td>4.45</td>
</tr>
<tr>
<td>7. KVOG communications were effective.</td>
<td>4.36</td>
</tr>
<tr>
<td>8. KVOG was effective in increasing kūpuna access to vaccination opportunities.</td>
<td>4.67</td>
</tr>
<tr>
<td>9. KVOG was broadly recognized as an authority or major player in ensuring vaccine access for the population served.</td>
<td>4.07</td>
</tr>
<tr>
<td>10. KVOG provided a sense of community across partners involved in this work.</td>
<td>4.59</td>
</tr>
<tr>
<td>11. I was satisfied with the functioning of KVOG.</td>
<td>4.45</td>
</tr>
<tr>
<td>12. I felt appreciated for my contributions to achieving the goal of KVOG.</td>
<td>(Omitted)</td>
</tr>
<tr>
<td>13. I felt like my participation was valued by the group.</td>
<td>4.34</td>
</tr>
<tr>
<td>14. My personal and professional network has been enhanced by participating in KVOG.</td>
<td>4.32</td>
</tr>
<tr>
<td>15. Because of my participation in KVOG, I gained an increased situational awareness of COVID-19 vaccine efforts.</td>
<td>4.66</td>
</tr>
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</table>
Survey results were positive overall, with average scores ranging between 4.07 (attributed to the statement, “KVOG was broadly recognized as an authority or major player in ensuring vaccine access for the population served”) and 4.67 (attributed to the statement, “KVOG was effective in increasing kūpuna access to vaccination opportunities,” followed closely by the statement, “Because of my participation in KVOG, I gained an increased situational awareness of COVID-19 vaccine efforts,” which scored an average of 4.66.) These results were encouraging because they closely aligned with the intended goals of KVOG, and demonstrated that most participants agreed that KVOG was successful across the indicators measured in the survey. Considering that KVOG was created with the goal of amplifying the voice and influence of participants in kūpuna vaccine access and building collective community power, it was not a surprise that participants did not strongly consider KVOG, as an entity itself, as a recognized authority or major player in ensuring vaccine access for the population served, and as a result was the lowest scored statement.

Open format questions were also asked in the survey, including, “What do you find most valuable about participating in KVOG?” and “How could KVOG be improved?” Mirroring the results of the Likert scale questions, feedback was generally positive. Participants provided the following insight on the value of KVOG, arranged in four major themes:

1. Timely updates and information
   - “We appreciated hearing any updates from the DOH as it prompted informative conversation within the group.”
   - “Tracking populations or geographic areas that need to be thoughtfully targeted... [tailored] messaging that has the most meaning to these groups.”
   - “Updates.”
   - “The breadth of resources that were shared.”
   - “Enthusiasm for sharing of information and partnering.”

2. Increased awareness of partners’ efforts and sharing of best practices
   - “Information sharing.”
   - “Hearing what other groups are up to.”
   - “Sharing of strategies.”
   - “Collaboration. Wide area of expertise.”
   - “Learning about community efforts and possible partnership opportunities.”
   - “Updates from member organizations at KVOG meetings and through the minutes.”
   - “It was also helpful to hear what the other organizations were doing to help their kūpuna navigate during this phase.”
   - “In the beginning, it was the access points and possibilities. Now that most of our clients are vaccinated (if they want to be), it is the innovations that are presented now and again.”

3. Networking and relationship building
   - “Relationship building and the impact in the community that collaboration has.”
   - “Networking opportunities.”
   - “Forming new relationships that we can utilize for future work.”
   - “The partnerships. As a vax provider, we were able to be a resource for some who had special case situations.”
   - “Getting a sense of community and the efforts of so many diverse groups acting as one with one purpose.”
   - “The collaborative hui that’s developed that will go on from here to a better [version] of us all working together on behalf of our...kūpuna.”

4. Coordination of efforts
   - “Coordination so that there was no overlap based on assignment of facilities. Was super helpful when everyone tried to jump into the vaccine efforts.”
   - “Leveraging an incredible number of partners for an amplified effort.”
   - “For me, it was a tremendous learning experience. Participating in KVOG highlighted the importance of collaboration, open communication and teamwork in reaching goals. I also was inspired by the combined efforts of the various organizations and individuals involved.”
   - “Being able to assist where the need is or at least participate in brainstorming with our partners to continue the outreach and figure out how [our organization] can help.”
   - “KVOG leverages and utilizes the unique assets, resources, and networks of our community partner organizations to ensure equitable access to vaccines for all kupuna.”
Participants were also asked how KVOG could be improved so that survey findings could inform future KVOG efforts to ensure maximum value. Of the 18 participants who answered this question, only 10 responses noted areas of improvement, while the remaining 8 responses were similar sentiments of, “No ideas,” “Not sure,” or “No improvements are needed at this time.” Participants provided the following insight on potential areas for improvement, arranged in four major themes:

### 1. Organization and structure of meetings

- “I think during the beginning of the vaccine rollout, meeting weekly was necessary and informative. After mid-April and the vaccine effort became more mainstream in the community, meetings could have been limited to twice or even once monthly.”
- “Meetings have recently been streamlined, and that is great. I think we should look ways we can improve how groups share resources.”
- “Streamline the group by creating categories.”

### 2. Consistent representation from key agencies

- “KVOG would benefit from a more coordinated and comprehensive information source that would manage all state and federal sources of help. The rather haphazard management at the state and federal levels from the beginning of the epidemic delayed getting into gear at the local level. Our response if managed well could have sped the process of education and vaccination and ultimately saved lives.”
- “Perhaps asking a representative from the State of Hawaii Disability and Communication Access Board to participate.”
- “KVOG’s work and impact in the community could be enhanced with regular engagement and direct participation with DOH leadership.”

### 3. Partner dynamics

- “There are really prominent/dominant speakers in the group. It is hard to contribute when you don’t feel it’s a safe space to speak.”
- “The group was broadly and consistently averse to discussions of ethnicity, specifically Native Hawaiian & Pacific Island communities.”

### 4. Navigation of roles and responsibilities

- “I think the current format works, if anything the partners are trying to stay in their respective “lanes” but if there’s overlap its ensuring partners don’t get offended and remember that we’re here for the greater good and not for accolades.”
- “For efforts this vast and widespread and with so much overlap it’s hard to know should know what and how to coordinate the left hand with the right hand.”

*Additional comments provided by the respondent: “We started attending with the hope that we could address policy change (vaccinations were initially provided to 75+; however [Native Hawaiian] lifespan is 76 for women and 71 for men). We sought solidarity to influence DOH to consider populations whose kūpuna were in [their] 50s and 60s, without success.”

Respondents also had the opportunity to provide additional comments.

- “For efforts this vast and widespread and with so much overlap it’s hard to know should know what and how to coordinate the left hand with the right hand.”
- “I am so honored to be part of this group.”
- “For an ad hoc group that came into being rather late in the game, the group moved rapidly to mobilized resources. The sharing and cooperation among the various players was one of the strengths and allowed us to move ahead. Had the feds been organized and forward thinking in their efforts, no telling what our group and out state could have achieved.”
- “I think the meetings are well chaired.”
- “I feel the group has done a lot to reach kūpuna in a variety of settings, languages, and ways (verbal, text, visual, video, online). There is still more that can be done, and the group continues to work on it, such as making sure younger people are vaccinated. This is important because people do live in multigenerational households.”
- “HIPHI has done an amazing job with facilitating the KVOG team, [they have] been instrumental in maintaining the integrity of the meetings and the minutes and ensuring everyone has an opportunity to speak and no one feels slighted.”
- “KVOG is invaluable.”

The results were shared back with KVOG members on July 21, 2021. Recommendations provided via the survey informed subsequent changes to meeting structure, facilitation, and other KVOG operations.
As of October 28, 2021, 100.0% of kūpuna aged 65 and older have initiated COVID-19 vaccination across the state. In the City & County of Honolulu specifically, 100.0% of kūpuna aged 50 and older (347,127 people) have initiated vaccination, with 93.2% aged 50-64, 100.0% aged 65-75, and 96.0% aged 75 and older completing full vaccination. Kūpuna continue to be leaders across every community in the state, touting the highest vaccination rates among those eligible, even despite barriers they faced that affected vaccine access.

100.0% of kupuna aged 50 and older (347,127 people) have initiated vaccination, with a breakdown as follows:

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“The pandemic exposed a lot of our weaknesses and vulnerabilities as a community. We all had to pitch in and do our part and determine where we could best serve as no one had a playbook for the pandemic. We were creating the proverbial plane while flying by the seat of our pants. That made the experience exhilarating, but there were also times when service providers were overwhelmed with intense feelings of inadequacy and anxiety. KVOG served as our support group to encourage and challenge each other. In the process, we developed lasting relationships. It was an uplifting, life-changing experience I will always remember.”

– Melissa Ah Ho-Mauga | VP Client Services  
St. Francis Healthcare System

Lessons Learned and Recommendations

ACCESS TO TIMELY, ACCURATE INFORMATION IS IMPORTANT
- Information shared via online platforms (e.g. Google docs) proved to be timely and useful for sharing updates across many partners.
- To actively minimize disparities, disaggregated data was essential to inform strategies appropriately, allocate resources and efforts to the most marginalized communities, and course correct over time.
- Increase capacity and transparency of disaggregated surveillance data to support CBO-led efforts, evaluate and shift ongoing efforts as necessary, and maximize impact over time.

LANGUAGE AND COMMUNICATION MATTERS
- Providing a number of ways for kupuna to receive timely support, including channels that did not rely on digital or broadband access, was effective in increasing vaccination access.
- Carefully consider how language is used and the context in which language is used, including the way in which support services are described to the public.

INVEST IN COMMUNITY-LED EFFORTS
- Community-based organizations (“CBOs”) leveraged their deep knowledge of and familiarity with their community, trusted relationships, and built networks to be of service to their populations served. It was common for community leaders to function in multiple ways during the vaccination effort, which was a sign of their flexibility and innovative approaches to meeting community need.
- It was evident that while there were many common denominators across communities related to vaccine access, each community was uniquely different. CBOs were essential to making sure those unique needs were met.
- CBOs were heavily relied on by their communities as trusted, reliable sources of information and support services. Vaccination efforts were only as successful as community trust allowed.
- The most successful community-based efforts to increase vaccination were implemented by CBOs that included representation from communities served. Include CBOs, as representatives of their communities, in response efforts from beginning to end. Shift power and resources to communities so that they have the capacity to ensure the health and safety of their members in ways that work best for them.
- Investments in public health infrastructure, including resourcing CBOs that are well-positioned to understand and meet community need, is critical to prevent, prepare for, respond to, and recover from emergency situations. Equip CBOs with the information, tools, and resources necessary for them to effectively do what they do best: ensuring that their communities’ needs are met.

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SEEK TO ADDRESS MULTIPLE INTERCONNECTED DRIVERS OF HEALTH

- Though COVID-19 vaccination was free of charge, there were many other drivers of health inequity that affected vaccine access, particularly among underserved populations. This emphasizes the importance of addressing social determinants of health, and demonstrates that our communities are only as healthy and safe as our most disparate members.

“This multistakeholder collective effort to reach our most vulnerable citizens during a pandemic was effective and I see future opportunities for stakeholders to come together and address other aging issues in Hawai‘i.”

– LJ Duenas | Executive Director
Alzheimer’s Association

CREASE COLLECTIVE IMPACT BY PROVIDING BACKBONE SUPPORT

- Intermediary agencies, like HIPHI, played a major role in providing backbone support for CBOs by facilitating information sharing, quickly infusing funds into community-based efforts, arranging timely briefings and trainings, and providing administrative and technical support.
- Establish standing Memorandums of Understanding or other formal agreements with partners to facilitate quick deployment of emergency response efforts and as a way to move efficiently through procurement processes related to public dollars.
- Establish standing data sharing agreements, as appropriate, to facilitate efficient triage of referrals, bidirectional communication between organizations, and person-centered care.
- Leverage the momentum of KVOG and other collaborative kūpuna efforts to support long-term COVID-19 response and recovery, and erect systems in place to be able to activate partnerships quickly in the future should another emergency situation occur.
Appendix A: Joint Letter of Recommendations for Those 75 and Older

AGING NETWORK’S PRELIMINARY RECOMMENDATIONS ON THE VACCINATION IMPLEMENTATION PLAN FOR OLDER ADULTS, AGE 75 AND OLDER

We commend the State of Hawaii, the Department of Health, and numerous organizations and stakeholders who have provided input on the Vaccination Plan. Following the Vaccination Implementation Plan Committee (VIPC) meeting on Wednesday, January 6, 2021, the Department of Health’s Executive Office on Aging, AARP, and the City’s Honolulu Elderly Affairs Division identified issues, concerns, and suggested recommendations for adults, ages 75 and older in Phase 1B.

The Executive Office on Aging is the lead agency in addressing aging issues in the State of Hawaii. Together with numerous partners, stakeholders, and other government entities, we make up the Aging Network. The strength of the Network is its ability to disseminate information quickly. Second, the Network has the knowledge and expertise in the field of aging to provide recommendations and best practices regarding the implementation of the vaccination plan for this targeted age group.

We look forward to further discussion on our preliminary recommendations on Monday, January 11, 2021. Older adults can be classified into two main target groups. Group 1 are the able-bodied, older adults with or without natural supports who are likely to seek the vaccination at a clinic, pharmacy, or a Point of Distribution (POD). Group 2 are kupuna who are very frail, likely homebound due to deficits in activities of daily living and have limitations that makes it difficult to get to a distribution point. These individuals may not have access to clinics, pharmacies and PODs. The recommendations set forth below are for Group 1. The 75 plus workgroup can address the needs of Group 2 in the coming weeks.

Priority #1: Outreach and Education

The goal of outreach and education is to provide controlled, consistent, and accurate information so older adults can make informed decisions on the vaccination. The Aging Network is posed to assist with the dissemination of information through its network of partners and service providers.

We ask the communication workgroup of the VIPC to take the lead by incorporating the following recommendations:

- Everyone who wants to get the vaccine will be able to eventually. People must be patient and flexible. Not everyone who wants the vaccine in the first few weeks will be able to get it.
- The demand for the vaccine is high and the state will distribute its allotment of vaccines as they become available.

Priority #2: Planning, process, and logistics to consider at PODs

We are concerned about a mass gathering at the suggested POD at the Neil Blaisdell Center. Older adults have the propensity to arrive early to events and to bring neighbors and friends. Due to the need for crowd control and social distancing during the pandemic, the POD at Blaisdell may not achieve the desired outcomes even with the best of intentions.

Issues regarding a mass gathering at the Blaisdell include:

- Lack of access to technology to register for the vaccine,
- Walk in of non-registered individuals: logistical issues at the Blaisdell relating to walk ins who are not pre-registered,
- Ability to control and ensure social distancing,
- Access to comfort stations and bathroom access for older adults,
- Ample and accessible parking, and
- Language access for limited English speaking.

We recommend a soft launch by taking the vaccine distribution to older adults, especially since supplies are limited. Locations could include elderly public housing complexes, FQHCs, faith-based organizations, and the City’s Parks and Recreation Centers.

If the DOH determines to move forward with the POD at the Blaisdell these are considerations, we recommend:

- Pre-registration for individuals with a designated time slot so that wait time is minimized.
- Take away kits (education and information) for individuals who show up without registration that would provide guidance on next steps towards vaccination.
- Ensure that bilingual support staff are available to assist older adults with limited English proficiency.
- Ensure that staff are available to deal with individuals with visual and hearing impairments.
- Crowd control measures.
- Comfort stations and ample seating inside and outside the Blaisdell.
- Ample accessible parking outside the arena and exhibition hall.

We commend all the work being done to support our State and ensuring the health and safety of our kupuna, individuals with disabilities, keiki, and the community at large as we come together to respond to the pandemic.

We look forward to a productive discussion on Monday, January 11, 2021 to support the success of the vaccination of our kupuna in the State of Hawaii. Mahalo.

Caroline Cadirao
Caroline Cadirao, Director Executive Office on Aging

Kealii Lopez
Kealii Lopez, Director, AARP

Derrick Ariyoshi
Derrick Ariyoshi, County Executive, Honolulu Elderly Affairs Division
### Appendix B: Listing of Organizations and Individuals Who Participated in KVOG

<table>
<thead>
<tr>
<th>Organization (56)</th>
<th>Name (83)</th>
</tr>
</thead>
</table>
| AARP Hawai‘i     | Audrey Suga-Nakagawa  
                 Craig Gima  
                 Gary Simon  
                 Keali‘i Lopez, Co-chair |
| Active Aging Consortium Asia Pacific | Kathryn Braun (Hā Kūpuna National Resource Center for Native Hawaiian Elders, University of Hawai‘i – Thompson School of Social Work and Public Health) |
| Alzheimer’s Association of Hawai‘i | Ian Ross  
                   LJ Duenas  
                   Rick Tabor (Generations Magazine, Hawai‘i Pacific Gerontological Society) |
| Aloha United Way | Jennifer Pecher |
| Catholic Charities Hawai‘i | Diane Terada |
| Catholic Charities Hawai‘i – Lanakila Multi-Purpose Senior Center | Susie Chun-Oakland |
| COVID PAU (Hawai‘i COVID-19 Collaborative) | Nā‘ālehu Anthony |
| City & County of Honolulu | Derrick Ariyoshi, Co-chair  
                          Marsha Tamura |
| Department of Health – Chronic Disease Prevention and Health Promotion Division | CJ Johnson |
| Department of Health – Contact Tracing Lead Investigator Team 6B | Chantelle Eseta Matagi |
| Department of Health – Developmental Disabilities Council | Daintry Bartoldus |
| Department of Health – Disability and Communication Access Board | Kirby Shaw |
| Department of Health – Executive Office on Aging | Caroline Cadirao, Co-chair |
| Department of Health – Office of Language Access | Aphirak Bamrungruan (InterAgency Council for Immigrant and Refugee Services) |
| Department of Health – Olomana Loomis ISC (contractor) | Alan Tang  
              Katie Arita-Chang |
| Department of Health – Public Health Nursing Branch | Gloria Fernandez  
              Joan Takamori |
| Department of Health – ReadyZoneHQ (contractor) | Joe Pak  
              Macy Holloway |
| Department of Health – State Laboratories Division | Joanna Kettlewell (COVID-19 Response Postdoctoral Fellow) |
| Department of Human Services | Joseph Campos  
                          Keith Nagai |
| Faith Action for Community Equity | Clementina Ceria-Ulep (FilCom CARES, University of Hawai‘i – School of Nursing and Dental Hygiene) |
| FilCom CARES | Agnes Malate (University of Hawai‘i – Health Careers Opportunity Program)  
               Clementina Ceria-Ulep (Faith Action for Community Equity, University of Hawai‘i – School of Nursing and Dental Hygiene)  
               May Rose Dela Cruz (University of Hawai‘i – Thompson School of Social Work and Public Health) |
| Generations Magazine | Rick Tabor (Alzheimer‘s Association of Hawai‘i, Hawai‘i Pacific Gerontological Society) |
| Hā Kūpuna National Resource Center for Native Hawaiian Elders | Kathryn Braun (Active Aging Consortium Asia Pacific, University of Hawai‘i – Thompson School of Social Work and Public Health) |
| Hale Hau‘oli Hawai‘i | Kathy Wyatt (Hawai‘i Pacific Gerontological Society) |
| Kūpuna Vaccination Outreach Group | Hawai‘i Meals on Wheels | Caroline Forsmann  
Michelle Cordero-Lee  
Ruth Palmer |
|---|---|---|
| Hawai‘i Pacific Gerontological Society | Kathy Wyatt (Hale Hau‘oli Hawaii)  
Rick Tabor (Alzheimer’s Association of Hawai‘i, Generations Magazine) |
| Hawai‘i Primary Care Association | Cristina Vocalan |
| Hawai‘i Public Health Institute | Alana Thomas  
Jessica Yamauchi  
Lindsey Iliagan (Facilitator) |
| Healthcare Association of Hawai‘i | Patrick Harrison  
Stacy Wong |
| Healthy Mothers Healthy Babies | Sunny Chen |
| InterAgency Council for Immigrant and Refugee Services | Aphirak Bamrungruan (Department of Health – Office of Language Access)  
Terrina Wong (Language Access Advisory Council, Pacific Gateway Center) |
| Kaiser Permanente | Kimberly Gibu  
Mae Lynne Swoboda |
| Kaua‘i County – Agency on Elderly Affairs | Emily Medeiros |
| Ke Kula No Nā Po‘e Hawai‘i | Adrienne Dillard  
Puni Kekauoha |
| Kōkua Council | Lila Mower |
| Lanakila Pacific | Lori Lau |
| Language Access Advisory Council | Terrina Wong (InterAgency Council for Immigrant and Refugee Services, Pacific Gateway Center) |
| Marshallese Community Organization of Hawai‘i | Jendrik Paul |
| Nā Pu‘uwai | Kamanahahokulani Farrar |
| Our Kūpuna | Jennifer Farkas  
Keva DeKay  
Vince Abramo |
| Pacific Gateway Center | Hao Nguyen  
Terrina Wong (Language Access Advisory Council; InterAgency Council for Immigrant and Refugee Services) |
| Pacific Government Solutions | Nahe Webster |
| Papa Ola Lōkahi | Kim Ku‘ulei Birnie |
| Partners in Development Foundation | Leah Milne  
Rosalinda Gaopoa |
| Project Dana | Cindy Osajima |
| Project Vision Hawai‘i | Darrah Ka‘uhane |
| St. Francis Healthcare System of Hawai‘i | Melissa Ah Ho-Mauga |
| The Trust for Public Land | Rosanna Rombawa |
| The Queen’s Health Systems – Native Hawaiian Health | Kau‘ionalani Nishizaki |
| The Queen’s Medical Center | Julius Pham, MD |
| University of Hawai‘i – Health Careers Opportunity Program | Agnes Malate (FilCom CARES) |
| University of Hawai‘i – John A. Burns School of Medicine, Department of Geriatric Medicine | Miquela Ibrao |
| University of Hawai‘i – School of Nursing and Dental Hygiene | Clementina Ceria-Ulep (Faith Action for Community Equity, FilCom CARES) |
| University of Hawai‘i – Thompson School of Social Work and Public Health | Kathryn Braun (Hā Kūpuna National Resource Center for Native Hawaiian Elders, Active Aging Consortium Asia Pacific)  
May Rose Dela Cruz (FilCom CARES) |
| U.S. Department of Housing and Urban Development – Honolulu Field Office | Ramona Mullähey |
| We Are Oceania | Josie Howard |
| Other | Marilyn Seely |
New service for kupuna simplifies COVID-19 vaccination registration process; capable of more than 1,000 calls per day

HONOLULU – A new service is making it easier for Oahu kupuna who are not comfortable with the online registration process for their COVID-19 vaccinations. Trained specialists available seven days a week are providing personalized assistance to help those age 65 and above navigate the registration process, secure appointments and also help eligible individuals arrange for transportation to a vaccination provider.

The call center — a collaboration among the Executive Office on Aging, an attached agency of the Hawaii Department of Health; the City and County of Honolulu’s Elderly Affairs Division; Aloha United Way’s 2-1-1; and St. Francis Healthcare System — emerged as a collective solution to coordinate vaccines for kupuna who have limited access to technology and face language barriers.

“The Department of Health alone cannot implement all of the different aspects of the state’s multi-faceted vaccination plan,” said Dr. Libby Char, director of the Hawaii Department of Health. “The best ideas are coming from our community partners. We are grateful for those who are deeply committed to kupuna, who recognized their needs, and found a solution to fill this need.”

“Kupuna make up a significant percentage of our state’s total population, and the Executive Office on Aging and our Policy Advisory Board on Elderly Affairs have been tireless advocates of vaccination access for our kupuna,” said Caroline Cadirao, director of the state’s Executive Office on Aging. “We’ve listened to concerns and insights from the community, leveraged the expertise of our partners, and came up with this solution. It speaks to the power of collaboration.”

“We are proud to have Derrick Ariyoshi, administrator of our Elderly Affairs Division, and other partners working together to make it easier for our kupuna to get vaccinated” said Honolulu Mayor Rick Blangiardi. “The City and County of Honolulu played a pivotal role in bringing the state and nonprofit partners together. When we have the assurance that our kupuna are being taken care of, we can have peace of mind, and this will allow us to focus on economic recovery to improve our quality of life.”

Hawaii’s Department of Health made vaccinations available to those 65 and above — on Monday, March 15, because vaccine supply from the federal government has increased and the state had made significant progress in vaccinating healthcare professionals, residents of long-term care facilities, frontline essential workers and kupuna 75 and older.

Seniors or family caregivers can simply call 2-1-1 to begin the registration process. Aloha United Way’s (AUW) 2-1-1 team of about 20 trained specialists and supervisors is responsible for the initial intake process. Information is then securely transferred electronically to the St. Francis Healthcare System call center team which will follow up with kupuna who have called AUW’s 2-1-1 within 24 to 48 hours. St. Francis will then help these kupuna schedule a convenient vaccination date, time and location, depending upon the availability of vaccine doses. St. Francis is using a sophisticated Salesforce application to manage and process the information and efficiently manage the scheduling process.

St. Francis is partnering with a number of vaccination providers, including Hawaii’s Pacific Health, The Queen’s Medical Center, CVS Longs Drugs, Walgreens, and independent pharmacies. St. Francis also arranges for transportation for eligible seniors to take them to a vaccination site, if necessary.

“The process that we have developed is scalable and has allowed us to ramp up to be ready to serve the large number of those who are 65 years and above,” said Melissa Ah Ho-Mauga, St. Francis Healthcare System’s vice president – client services. “It’s a great feeling to be working on this as a team to continually improve the way we serve kupuna.”

“National trends show that vaccine accessibility improves when a convenient, central intake phone number is the backbone,” said Lisa Kimura, AUW’s vice president of community impact. “AUW’s 2-1-1 helpline is a natural fit for this effort because we already provide essential information to Hawaii’s residents of all ages who need local resources like medical care, food banks, legal assistance, and more. We also have language translation services on stand-by so that language is not a barrier for those who call.”

High standards in customer service and information referrals are some of the reasons 2-1-1 was selected for this collaborative effort. Jennifer Pecher, AUW’s director of community impact said the call center’s specialists are specifically trained to handle complex inquiries and they are guided by Information and Referral Services standards set by the Alliance of Information and Referral Systems. Since the pandemic arrived in Hawaii, the helpline’s call volume increased by 600%, prompting Aloha United Way to hire and train additional 2-1-1 specialists.

The kupuna call center, operated by 2-1-1, will receive calls seven days a week, from 7 a.m. to 10 p.m. Translation services are also available.

###
Kwāi-kuj ke jibañ bōke wā in COVID-19 eo am?

Kwōj ke juon eo ejab maron emakūtkūt jen mweo imōn, jab maron etal jen mweo imōm ŋañ am etal ŋañ juon jikin wā?

- Kūrlok lain in kall eo an Ra eo an Ejmour (Department of Health, DOH) ilo am jibed (808) 586-8332 ak nōmba eo ejelok wonnen kūrlok (833) 711-0645
- Ebellok Mande ŋañ Bōlaide jen 7:45 awa jibbon – 4:30 awa raelab.
- Ewōr jibañ ikijen riukok
- ņE EJAB kūrlok 211.

Kwōj ke aikuj jibañ ikijen riukok ak jibañ ko ikijen ņukok ilo jeje?

- Kūrlok lain in kall eo an Aloha United Way (AUW) ilo am jibed 211 ŋe ejab 1-877-275-6569
- 7 awa jibbon - 10 awa jota, 7 raan ilo juon wiik

Kwōj ke aikuj jalem ŋañ juon jikin wā?

- Kūrlok lain in kall eo an Aloha United Way (AUW) ilo am jibed 211 ŋe ejab 1-877-275-6569
- 7 awa jibbon - 10 awa jota, 7 raan ilo juon wiik

Ewōr ke am kajitōk kin wāween am bōke wā eo an COVID-19?

Kūrlok 211

Marshallese
Appendix E: Samples of Translated Materials

**COVID-19**

**TIỆM VẮC XIN TẠI ĐỊA ĐIỂM**

[Site Name]

[Date]

Thời gian: [Time]

Loại vắc xin (Vaccination)

Vắc xin Johnson & Johnson sẽ được tiêm và kiểm soát bởi [Vaccine Provider].

The Johnson & Johnson vaccine will be administered by [Vaccine Provider].

Ai được tiêm vắc xin? (Who is eligible?)

Toàn bộ cư dân của HPHA tại sẽ được tiêm vắc xin COVID-19 miễn phí.

All HPHA residents at this property are eligible to receive a free COVID-19 vaccination.

Những loại giấy tờ cần mang theo? (What to bring?)

ID cá nhân và thẻ bảo hiểm y tế (nếu có thể bảo hiểm y tế). Bring your photo ID & health insurance card (if you have one).

Quy vị nên mong chờ điều gì? (What to expect?)

Quy vị sẽ được hỗ trợ trong việc đăng ký và hoàn thành bằng hài và đơn chấp thuận. Sau đó sẽ có y tá phụ trách và theo dõi việc tiêm cúng cho quý vị. Sau khi được tiêm, quý vị sẽ được theo dõi tại chỗ trong khoảng 15-30 phút trước khi về nhà.

You will be checked in to complete a questionnaire and consent form. The nurse will then administer your vaccination and you will be asked to wait for 15 to 30 minutes after your injection before returning to your residence for observation.

**Pagbabakuna (Vaccination)**

Ang bakuna na galing sa Johnson & Johnson ay pamahalaan ng [Vaccination Provider].

The Johnson & Johnson vaccine will be administered by [Vaccination Provider].

Sino ang pwedeng mabakuna? (Who is eligible?)

Ang mga residente o naninirahan sa popyedad na ito ay mahihintulutang mabakuna.

All HPHA residents at this property are eligible to receive a free COVID-19 vaccination.

Ano ang kailangan mong dalhin? (What to bring?)

Dalhin mo ang iyong ID na may litrato at ang iyong health insurance card (kung meron ka).

Bring your photo ID & health insurance card (if you have one).

Ano ang mga bagay na maaasahan mong mangyari? (What to expect?)

Ang nars ang magbibigay sayo ng pagbabakuna. Hihilingin sa iyo na maghintay ng 15 hanggang 30 minuto pagkatapos ng iyong pag-inksyon para sa pagmamasid bago bumalik sa iyong tirahan. Hindi kailangan ng pangalawang tipanan o appointment para sa susonod na pag-bakuna.

You will be checked in where you will complete a questionnaire and consent form. The nurse will then administer your vaccination and you will be asked to wait for 15 to 30 minutes after your injection before returning to your residence for observation. A second appointment is not required for this vaccine.

For more information, visit [www.hphi.org/kupuna]

KŪPUNA VACCINATION OUTREACH GROUP
Collaborative, multi-agency effort underway to reach vulnerable, hard-to-reach Hawai'i residents

HONOLULU – Several government agencies along with private-sector and non-profit partners have launched a full-scale outreach effort to ensure every individual who wants a COVID-19 vaccination is able to get one.

All Hawaii residents 16 years and older are eligible for vaccinations and the Department of Health is strongly encouraging everyone to take advantage of this.

“We’re working hard to understand people’s reservations and barriers to accessing the vaccine and to provide information and education about the vaccines and the disease in order to allow people to make informed decisions and access vaccine if they choose to,” said Dr. Elizabeth Char, director of the Hawai'i Department of Health. “This requires personalized, door-to-door outreach and the collaboration in the community has been phenomenal. This will be key to reaching more individuals who want the vaccine but have not yet been able to be vaccinated. Nothing can replace this kind of relationship-oriented outreach.”

The collaborative effort has focused on vulnerable populations, especially for those in underserved communities who speak English as their second language and may not know how to navigate the healthcare system or vaccination registration process. To ensure easy access and convenience, teams are bringing the vaccinations into their communities.

The Hawaii Public Housing Authority (HPHA), which oversees a portfolio of 85 properties with a total of 6,270 low-income public housing units across the State, provides the perfect venue for this outreach effort. Last year, from May to October 2020, teams from the Department of Health, doctors, nurses, Hawaii National Guard members and interpreters canvassed more than 2,400 units at 23 public housing properties on O‘ahu and Hawai‘i Island to provide educational flyers in English and other translated languages to educate the community about the COVID-19 virus, and tested those who exhibited COVID-19 symptoms.

“We recognize that many of our beneficiaries live along the Leeward Coast and providing local access to the COVID-19 vaccine is critically important,” said William J. Aila, Jr., chairman of Department of Hawaiian Home Lands. “We’re grateful for the collaboration with The Queen’s Health Systems, Waianae Coast Comprehensive; and Hawai‘i Public Housing Authority.”

Over the past two months, the teams have reached out to elderly and disabled tenants to administer first and second doses of the vaccine and will now be reaching out to other family members living in the public housing properties.

Vaccination clinics were recently held for residents of Kalihi Valley Homes, Palolo Valley Homes and Mayor Wright Homes. The following are upcoming vaccination clinics:

- The Kuhio Park Neighborhood
  Thursday, April 29, 2021
  10 a.m. – 2 p.m.

- Waianae Protestant Church
  Sunday, May 2, 2021
  1 p.m. – 5 p.m.

- Kamehameha Homes (AMP 33)
  Tuesday, May 4, 2021
  2 – 6 p.m.

“We are truly thankful to collaborate with all of our community partners to bring COVID-19 vaccination clinics directly to the most vulnerable populations that we serve.”

The HPHA has worked and continues to work with:

- Hawai‘i Department of Health
- State Executive Office on Aging
- Elderly Affairs Division, Department of Community Services, City and County of Honolulu
- AARP Hawai‘i
- Hawai‘i Department of Health Public Health Nursing Branch
- Hawai‘i Department of Health Medical Reserve Corps
- Hawai‘i National Guard
- Department of Hawaiian Home Lands
- Hawai‘i Public Health Institute
- Project Vision
- Hawai‘i Pacific Health
- Kaiser Permanente
- The Queen’s Health Systems
- 5 Minute Pharmacy
- Pharmacare Hawai‘i
- Times Pharmacy
- Papa Ola Lokahi, the Native Hawaiian Health Care System
- Kamehameha Schools
- Waianae Coast Comprehensive Family Health Center
- We Are Oceania
NEW: In-Home COVID-19 Vaccines

We’ll come to you!

Call 808-586-8332 or 833-711-0645 for an appointment

If you’re unvaccinated due to a physical or behavioral obstacle, see if this option is right for you: (808) 586-8332 or (833) 711-0645
Appendix H: Evaluation of Kūpuna Vaccination Efforts

Executive Summary

Evaluation of Kūpuna Vaccination Efforts – January – July 2021

BACKGROUND

COVID-19 cases were first recorded in Hawai‘i in early March 2020. Although people of all ages contracted COVID-19 kūpuna (older adults) were the most severely affected and accounted for the most COVID-19 hospitalizations and deaths. The Hawai‘i State Department of Health (DOH) created a phased vaccine release plan that prioritized vaccines for kūpuna and established a Vaccine Kūpuna Outreach Working Group, which met monthly. DOH also supported the creation of the Kupuna Vaccination Outreach Group (KVOG), co-chaired by the Executive Office on Aging (EOA), the City and County of Honolulu Elderly Affairs Division (EAD), and AARP, to meet weekly to collaborate across sectors on kūpuna vaccination efforts, especially on O‘ahu. The Neighbor Island District Health Offices worked with their respective county governments to coordinate vaccination efforts, supported by the islands’ Aging and Disability Resource Centers. In June 2021, the University of Hawai‘i (UH) at Mānoa Thompson School of Social Work & Public Health was contracted by the EOA to evaluate kūpuna vaccination efforts statewide. This study describes efforts and impacts through July 30, 2021 and prior to the surge of the Delta variant.

DATA SOURCE

The evaluation team conducted a survey of KVOG members and interviewed 32 individuals involved in kūpuna vaccination efforts from state and county government agencies, healthcare organizations, and non-profit organizations. Data on the percentage of kūpuna that initiated and completed the vaccination series by age group and island were obtained from the DOH COVID Dashboard Disease Outbreak Control Division | COVID-19 | Hawaii COVID-19 Data.

FINDINGS

Overall, kūpuna vaccination efforts across the state were successful. By July 30, 2021, 94% of adults age 65+ were vaccinated, although prevalence varied by county—from 88% on Maui to 98% on Kaua‘i.

KEY BARRIERS IN VACCINATING KŪPUNA INCLUDED:
- Cumbersome online systems for scheduling vaccination appointments
- Difficulties posed to many kūpuna by mass vaccination sites
- Rapid need for health education materials and consent forms in multiple languages

KEY SUCCESS STRATEGIES INCLUDED:
- Coalitions and advocacy efforts
- County- and language-specific calls centers for information and vaccination scheduling
- Translation and interpreter services
- Community mobile and pop-up clinics in locations where kūpuna congregate
- Mechanisms for in-home vaccinations
- Funding for community-based coalitions and groups

RECOMMENDATION

Based on the findings, there are three recommendations that should help leaders and planners prepare for future education and vaccination efforts targeting kūpuna in the state:

- Increase early support for community-based vaccination sites, along with mass vaccination sites, for kūpuna.
- Champion early incorporation of the Aging and Disability Resource Centers, language-access services, and community groups into the state’s response efforts to assist with call centers, education/outreach, translation/interpretation, and community-based vaccination events for kūpuna.
- Support coalitions that can facilitate education and cooperation across government, private, non-profit, and community-based organizations in vaccinating the public.

The engagement of community groups and support for coalitions are also good suggestions in the face of other emergencies requiring quick access to kūpuna.
Appendix I: Survey of KVOG Members

Survey of KVOG members
UH Thompson School of Social Work & Public Health

We are asking you to complete this survey because you are a member of the Kūpuna Vaccine Outreach Group (KVOG).

As a reminder, the goal of KVOG remains centered around the health and wellbeing of kūpuna and other underserved populations by actively minimizing disparities and ensuring that each vaccination strategy is equitable for our communities served, regardless of geographic location, language proficiency, physical/mental abilities, and economic status.

To evaluate our group, we ask that you complete this short survey. This quality assurance project has been approved by the University of Hawai‘i at Mānoa Institutional Review Board.

Provide the name of the organization you represent

Select your role(s) in vaccination efforts (check all that apply)

___ Identified individuals and groups in need of assistance getting vaccinated
___ Conducted education, outreach, and/or information and referral
___ Coordinated vaccination events and efforts
___ Administered vaccinations
___ Assisted with vaccine promotion and communication
___ Leveraged partnerships to meet KVOG’s goal
___ Provided funding and/or administrative services for vaccination efforts and partnerships
___ Provided data on individuals reached and events hosted
___ Provided expertise in the field of aging
___ Other (please specify)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Not relevant or don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Partners had the ability to reach kūpuna in diverse settings, e.g., daycare service, senior housing, churches, etc.</td>
<td>5 Strongly Agree 4 Agree 3 Neutral 2 Disagree 1 Strongly Disagree</td>
<td></td>
</tr>
<tr>
<td>2. Partners had the ability to reach kūpuna who needed extra help in accessing vaccine services, e.g., elders with no or limited English, elders with no or limited internet, homebound elders, etc.</td>
<td>5 Strongly Agree 4 Agree 3 Neutral 2 Disagree 1 Strongly Disagree</td>
<td></td>
</tr>
<tr>
<td>3. The coalition strove to include partners who represented or could reach isolated, hesitant, or hard-to-reach groups.</td>
<td>5 Strongly Agree 4 Agree 3 Neutral 2 Disagree 1 Strongly Disagree</td>
<td></td>
</tr>
<tr>
<td>4. KVOG supported and/or enhanced my organization role in community vaccination and outreach efforts.</td>
<td>5 Strongly Agree 4 Agree 3 Neutral 2 Disagree 1 Strongly Disagree</td>
<td></td>
</tr>
<tr>
<td>5. Partners were meaningfully engaged in KVOG.</td>
<td>5 Strongly Agree 4 Agree 3 Neutral 2 Disagree 1 Strongly Disagree</td>
<td></td>
</tr>
<tr>
<td>6. KVOG meetings were effective.</td>
<td>5 Strongly Agree 4 Agree 3 Neutral 2 Disagree 1 Strongly Disagree</td>
<td></td>
</tr>
<tr>
<td>7. KVOG communications were effective.</td>
<td>5 Strongly Agree 4 Agree 3 Neutral 2 Disagree 1 Strongly Disagree</td>
<td></td>
</tr>
<tr>
<td>8. KVOG was effective in increasing kūpuna access to vaccination opportunities.</td>
<td>5 Strongly Agree 4 Agree 3 Neutral 2 Disagree 1 Strongly Disagree</td>
<td></td>
</tr>
</tbody>
</table>
10. KVOG provided a sense of community across partners involved in this work.

11. I was satisfied with the functioning of KVOG.

12. I felt appreciated for my contributions to achieving the goal of KVOG.

13. I felt like my participation was valued by the group.

14. My personal and professional network has been enhanced by participating in KVOG.

15. Because of my participation in KVOG, I gained an increased situational awareness of COVID-19 vaccine efforts.

16. What did you find most valuable about participating in KVOG?

17. How could KVOG have been improved?

18. We are interviewing select members of KVOG on the functioning and impact of KVOG. Would you also like to be interviewed? If yes, please provide your name, email address, and phone number.

19. Any other comments?