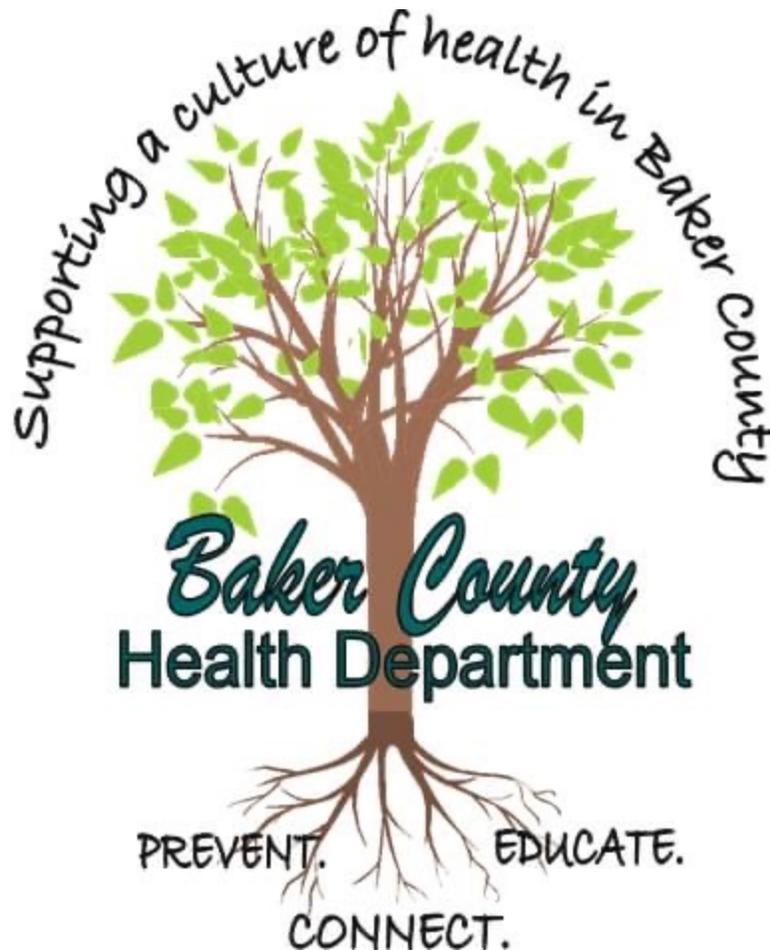


Baker County Health Department



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COVID-19 Health Equity Plan

COVID-19 Health Equity Plan

The Baker County Health Department is the Local Public Health Authority (LPHA) in Baker County. The current situation in Baker County may or may not exist, however, the LPHA was required to create this Equity Plan by responding to each of the following questions. The questions have been restated and a subsequent response specific to each question has been provided.

1. Please review race/ethnicity data for the LPHA jurisdiction on the OHA website and the race/ethnicity vaccination rate data shared weekly with the LPHA. Based on the experience of the LPHA and its partners, including community-based organizations. What are the operational, policies, and systemic barriers or strengths demonstrated in these data?

Definitions of terms used in the response:

Race - a group of persons related by common descent or heredity, a population so related, and people united by common history, language, cultural traits

Racial - or reacting to the social construct of race

Ethnic - pertaining to or characteristic of people, especially a group (ethnic group) sharing a common and distinctive culture, religion, language or the like. Referring to the origin, classification, characteristics, etc., of such groups. Being a member of an ethnic group, especially of a group that is a minority within a larger society.

Or, relating to, or characteristic of members of such a group

Baker County was early to establish the Emergency Response components within our county by activating and staffing our Emergency Operations Center. As a result of early activation, we also acknowledged and maintained a noteworthy job with health equity from the very beginning of our efforts. There are very few minority leaders/organizations in Baker County for partnering in outreach to Hispanic, Native, Asian and African American populations. However, Baker County found members of these groups and communicated to them because it was discovered that the in person communication done in these groups with these people we were working with was better than placing information throughout the county. One issue we have is determining where to put our focus, Baker County's race/ethnicity data has been combined with several counties and our inability to separate our data has been a barrier to initiating specific contact. Despite this setback Baker County continues to do a very good job in conducting outreach and getting populations vaccinated, and since the beginning have presented outreach materials/media pushes in English and Spanish. In addition, all promotions, testing and vaccination events have utilized bilingual signage/interpreter services; either on-site, or via phone. We attribute our ongoing success to our quality coordination and effective partnerships with service organizations and healthcare facilities in our county. Baker County did not experience policy or operational and funding barriers for targeted outreach – and utilized a variety of avenues to reach all populations including print, radio, social media, variable message sign boards on major roadways, consolidated web pages/messaging and collaborative efforts with many community partnerships. Support of leadership of the LPHA, County and local Hospital, Clinics and community service organizations was enhanced by daily and weekly EOC and specific planning calls to ensure populations were successfully and appropriately being reached.

Below is the data from The United State Census QuickFacts, Baker County, Oregon
<https://www.census.gov/quickfacts/fact/table/bakercountyoregon/PST045219>

Population	
Population estimates, July 1, 2019, (V2019)	16,124
Population estimates base, April 1, 2010, (V2019)	16,131
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	0.0%
Population, Census, April 1, 2020	16,668
Population, Census, April 1, 2010	16,134
Age and Sex	
Persons under 5 years, percent	5.1%
Persons under 18 years, percent	19.8%
Persons 65 years and over, percent	26.5%
Female persons, percent	49.0%
Race and Hispanic Origin	
White alone, percent	93.7%
Black or African American alone, percent (a)	0.7%
American Indian and Alaska Native alone, percent(a)	1.6%
Asian alone, percent(a)	0.9%
Native Hawaiian and Other Pacific Islander alone, percent(a)	0.1%
Two or More Races, percent	3.0%
Hispanic or Latino, percent(b)	4.7%
White alone, not Hispanic or Latino, percent	89.7

Percent of population vaccinated with at least one dose by region and rarest race and ethnicity

<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData> (9/20/2021)

Region (Counties)	Native Hawaiian/ Pacific Islander	Asian	White	Black	American Indian Alaska Native	Hispanic/ Laina/o/x
Umatilla, Union, Baker, Wallowa	30.5%	34.0%	46.8%	21.6%	50.1%	43.4%

People vaccinated by county and age group

<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData> (9/20/2021)

County	12-17	18-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Baker	22.5%	44.6%	35.6%	33.7%	45.7%	45.9%	55.5%	67.5%	70%

Baker County has received weekly vaccination data. From the last review the percentage among all the groups were very close in each of the age brackets that are displayed in this data which indicates we are reaching the entire community of Baker County residents.

2. What steps have the LPHA and its partners already taken to address specific racial and ethnic vaccination inequities in the community?

Upon early activation of the Baker County (EOC), the LPHA identified the need to specifically address the possible language barrier associated with racial/ethnic vaccination inequities throughout the county. Outreach materials, media information, web pages and promotional/testing/vaccination events included bilingual signage and Interpreter services. Also, early in planning transportation costs and availability was identified as a possible barrier for racial/ethnic/and elderly access to testing and vaccinations. Vaccination events have been held in each community within Baker County along with home visits if someone is not able to attend. Golf carts and wheelchairs were donated and managed by volunteers for the non-ambulatory residents arriving at larger community events and walk-in clinics. Development of drive up clinics established another option for easy testing and vaccinations and was supported by county personnel, Oregon Health Authority contractor's, Medical Reserve Corps (MRC) volunteers. Baker County also addressed racial and ethnic inequities by working with restaurants, hotels, schools, social services, community services and businesses to improve information outreach through appropriate signage, and identify populations impacted by racial/ethnic inequities.

The county also used multiple methods to help sign people up for the vaccine events with phone, online, and in person options.



3. What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?

The LPHA will continue targeted messaging and utilize available on-site/on-call interpreters and access to State language specialists. LPHA will continue to gather feedback from partners on strategies and apply best practices and research effective outreach to groups

based on State data. The LPHA has and will continue to schedule clinics in Baker City as needed, and set up mobile clinics for out-laying frontier communities as well as home visits. The LPHA will continue considering additional steps to reach minority and difficult to reach groups. One barrier has been the difficulty reaching the houseless population that seemed to be larger this year than it has in the past. The LPHA, CBOs and a variety of community service organizations/partners such as Salvation Army, Community Connections, New Direction's, Churches (faith-based groups) and other groups providing critical services along with NGO's will continue to communicate and implement shared strategies to reach and address any identified inequities in the jurisdiction. By working together we have been able to take care of every situation (housing houseless population during their quarantine/isolation time, helping families that are not able to quarantine/isolate from each other when a positive household member is identified).



Press Release

Fecha: 5 de febrero, 2021

Contacto: Holly Kerns o Ashley McClay, 541-523-0014, pio@bakercounty.org [Lista de](#)

Inscripción de vacunas COVID disponible

El condado de Baker acepta inscripciones de cualquier persona de 65 años o más que esté interesada en recibir un COVID vacuna. Los residentes del condado pueden registrarse en www.bakercountyocovid19.com en cualquier momento, o llamando al 541-523-0015 entre las 7:30 am y las 6:00 pm del lunes 8 de febrero al jueves 11 de febrero. Habrá traductores de español disponibles.

El Departamento de Salud del Condado de Baker está siguiendo la guía de prioridad de vacunas de la Autoridad de Salud de Oregon. El Departamento de Salud se comunicará con aquellos en la lista de inscripción para programar una cita, ya que hay vacunas disponibles para su grupo de edad. A partir de la próxima semana, los mayores de 80 años serán elegibles para recibir vacunas, y cualquier persona de este grupo de edad que se registre será contactada para una cita cuando el Departamento de Salud reciba las vacunas.

Llame al centro de llamadas al 541-523-0015 para que lo agreguen a la lista de registro, no se comunique directamente con el Departamento de Salud.

Para los menores de 64 años, no hay una lista de registro disponible actualmente, pero pronto habrá más información sobre la elegibilidad de la vacuna.

Baker County COVID-19
Baker County CoronaVirus (COVID-19) Updates

Home Vaccine Information Health Information Business Information Important Information Community Information & Resources

Baker County COVID-19 Response & Resources

BAKER COUNTY COVID-19

1746 **20**
Confirmed Cases Deaths

LATEST NEWS

Twentieth COVID-19 related death reported
PRESS RELEASE The Oregon...
Changes in quarantine time

Due to a surge in positive COVID-19 cases in Baker County, daily case counts will be posted Monday-Friday. Weekend cases will be posted on the following Monday.

If you have lost a loved one due to COVID-19, funeral assistance is available from FEMA.

If you have questions related to the COVID-19 vaccine, please visit the [Vaccine Information](#) page.

What happens when an employee tests positive or is exposed to COVID-19?

4. What plan does the LPHA and its partners have to close the specific vaccine equity gaps among specific racial and ethnic populations?

Baker County has not experienced any racial or ethnic vaccine equity gaps at this time. As mentioned in the response to question 3 above if a gap is discovered by anyone in the community emails/calls are done to address the situation. From this flow diagrams are done and distributed to all community groups so they know where to turn for information and or what the next steps are to best serve the individual/family they are working with.

5. OHA has provided LPHAs county level survey data from OHA funded CBOs indicating their preferred involvement in vaccination efforts. In reviewing the CBO survey results that outline the interest of CBOs in your community to host, support, and/or promote vaccine events in your jurisdiction: What steps are the LPHA and its partners taking to engage and actively partner with these and other organizations to increase meaningful, culturally responsive, low-barrier access to vaccines? How will the LPHA and its partners ensure that CBOs and navigators are aware of vaccine events so they can assist with registration and outreach as able?

Baker County has and will continue to partner with CBO's on outreach testing and vaccination clinics. The LPHA and our hospital/clinics and business community partners such as churches, schools, community service organizations, and businesses providing direct services (Rite-Aid, Safeway, etc.) share consistent preventative, testing and vaccine information and each community partner is also doing their own targeted approach to reach minority groups with print material and social media campaigns. Our local Fire Departments, Salvation Army, Community Connections, disability services, and chamber of commerce have all been made aware of the vaccine dates. The LPHA also promotes local clinics through WebPages, social

media links and print media that promotes community testing and vaccine events and opportunities for walk-in clinics where no scheduling is required. Due to the size of our community it takes all of us working together to have enough staff to operate these large vaccine clinics. All of those mentioned above provided staff as volunteers to aid in the large POD events.

6. The agricultural employer survey results were shared with the LPHA and the LPHA has provided information to its Regional Emergency Coordinator (REC) about how the LPHA and its partners plan to use the survey results. OHA will be reviewing the information provided by the LPHA to the REC. Does the LPHA have any additional updates regarding work to serve agricultural workers in its jurisdiction since the LPHA last provided information to the REC?

Because of the size of Baker County the agricultural employer survey results did not provide much information for this response. At one point PPE for the agriculture community was distributed through the Extension Service. The PPE supply for Baker County ended up in Malheur County with the rest of the regional supply. Baker County worked with the Extension Service and those in the agriculture community to get the PPE where it was needed so they could pick up supplies locally and not have to travel (a barrier) to obtain these needed supplies. We reached out to both sides the employers (through the Extension Service) and the workers (through the interpreters) to make sure they knew there was PPE supplies available to them. If they were not able to come into Baker to pick up the supplies the EOC or Extension Service field staff would deliver it to them.

7. What steps have the LPHA and its partners taken to actively address vaccine confidence in the community?

Partners have promoted messaging from various locally trusted voices-ranging from medical professionals, business leaders, and general community members who have publicly shared their experiences and why they received the vaccine. The LPHA has shared a variety of information out to the community directly from OHA. The LPHA leadership will continue to look at messaging to build additional confidence.

8. What plans do the LPHA and its partners have to continue addressing vaccine confidence?

In current meetings/calls the LPHA listens to the feedback that community partners are receiving as well as monitoring social media comments. From this information the PIOs work with the medical professionals to develop information that provides accurate information and help answer the questions coming from the public. Sometimes perception is reality and through addressing these questions/comments/concerns the correct information can be shared helping individuals make informed decisions. The LPHA will work with vaccine medical partners, businesses and community organizations to utilize state vaccine guidelines, to continue increasing the vaccination rate of Baker County.

9. What is the communications plan to dispel misinformation through a comprehensive, multimodal communications strategy for communities experiencing racial and ethnic vaccine inequities in your jurisdiction? Examples could include: Spanish language radio spots, physically distanced outdoor information fair, training local faith leaders and equipping them with vaccine facts and information to refer a community member to a health care professional for follow up, etc.

The communication plan used does not directly dispel misinformation but focuses on providing the correct information multiple times and through multiple sources. Baker County has a diverse population in how they receive information. Our newspaper is printed 3 times a week and is still used heavily by our older community. Social media is also used but we have a harder time translating messages into the end users preferred language. Baker really only has one "local" radio station that is mainly country music that not everyone listens to. To try and make any and all information available to the most people, Baker County developed a new webpage for the COVID-19 response. This webpage is able to be changed to the language the end user prefers and allows easier access to older material for those that may not be able to keep up with social media daily. All the information on the website is also translated in Spanish as well as other languages. Ninety plus percent of Baker County would consider English as their primary language with Spanish being the second most used language. To better reach our Spanish community Baker County used two interpreters that are well connected to this community. As the question above states "training local faith leaders and equipping them with the vaccine fact and information..." the interpreters really fit this role for the Spanish speaking community as it was that working with them and through them worked better than the other methods mentioned above. Baker County will continue to use print, radio, social, and in person methods to reach our community and provide them the best information possible.

10. How has and how will the LPHA and its partners ensure language accessibility at vaccine events?

At each event Baker County has used an interpreter. In our larger events staff that are involved wear radios and should someone approach them and there is a language barrier we are able to use the radios to immediately resolve the problem. In some of our outlying locations we have taken a cell phone and have access to a language line should the need arise, however, we have not had to use this service yet. We will continue as needed with on-site interpreters and access to interpretation via phone/devices during events.

11. What plans do the LPHA and its partners have to decrease transportation barriers to accessing vaccine?

Baker County has and will continue to partner with transportation services (cab companies, Community Connection buses, etc.), as well as set up vaccine and testing clinics in the smaller communities throughout the county. The county has also provided direct in-home testing and vaccinations via OHA staff, OHA contractors, volunteers and Baker County Health Department nursing staff. As winter approaches Baker County nurses have done home visits to individuals/families that have no road access via tracked UTV. These UTVs would be utilized to gain access to anyone that is not able to be reached in conventional ways or attend an event that is held "locally" to them.

12. What plans do the LPHA and its partners have to ensure meaningful, low-barrier vaccine access for youth, especially those from Black, Indigenous, Tribal and other communities experiencing inequities in COVID-19 disease, death and vaccination?

The LPHA has always focused on making sure access to vaccine has as many barriers removed as possible. In order to do this we tried to make it as easy as possible for people to sign up for events and let communities know about events via large variable message boards

placed in each community prior to any vaccine events. The youth in Baker County tend to be more “techie” and don’t typically want to call someone. Baker County posted flyers throughout Baker County with a link where they could go to sign up, using a SmartSheet, versus having to call. The LPHA also has partnered with the School-Based Health Clinic to make access easier during school hours. We have also held vaccine clinics in all of our smaller communities within the county to ensure those that are not able to travel via car to Baker City have access to these rural offerings. We have also worked with our local transportation providers to be able to transport anyone seeking vaccine to the LPHA and the cost would be covered for that individual. For those that are not able to leave their homes, Health Department staff and the OHA Vaccine/Testing van was able to go to them. The question specifically asks for those from Black, Indigenous, Tribal and other communities. If you live or are passing through Baker County it does not matter your age, sex, or race we will work with anyone who wants any service offered by the county including the COVID-19 vaccine. In reviewing the data available the percentage of those vaccinated in youth from Black, Indigenous, and Tribal are very close to or match those that are White.

13. How will the LPHA and its partners regularly report on progress to and engage with community leaders from the Black, Indigenous, and tribal, among other communities of color to regularly review progress on its vaccine equity plans and reassess strategies as needed?

Should the data reflect that no change in vaccination status has changed in the communities mentioned above Baker County will reach out to our community partners to gain any feedback and find “subject matter experts” to help with the brainstorming of how to change the strategies and reach all community members in Baker County.

The Community Partners list below provides a sampling, but is not limited to:

Hospitals – St. Alphonsus Hospital (Baker City),

Medical Facilities/Clinics

Pine Eagle Clinic – (Halfway),
St. Alphonsus Medical Clinic - (Baker City),
St. Lukes Clinic – (Baker City),
Thornton Primary Care Clinic (Haines),

Fire/EMS

Baker City Fire Department
Baker Rural Fire Protection District
Eagle Valley Rural Fire Protection District
Greater Bowen Valley rural Fire Protection District
Haines Fire Department
Huntington Fire Department
Keating Rural Fire Protection District
Medical Springs Rural Fire Protection District
North Powder Fire Department
Pine Valley Rural Fire Protection District
Powder River Rural Fire Protection District
Sumpter Fire Department

Unity/Burnt River Rural Fire Protection District

Pharmacies:

Albertsons
Bi-Mart
Rite-Aid
Safeway

Community Based Organizations

Building Health Families
Chamber of Commerce
Community Connections Northwest, Inc.
Churches
Eastern Oregon Center for Independent Living
Euvalcree
Salvation Army
Schools and School Based Health Clinics
YMCA

School Districts

Baker School District
Burnt River School District
Huntington School District
Pine-Eagle School District