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September 21, 2021

Benton County COVID-19 Vaccination Equity Plan Update

Benton County is committed to the Oregon Health Authority (OHA) goals of reaching parity in vaccination rates by closing gaps in race and ethnicity vaccination rates, ensuring vaccine access to all populations with a focus on populations experiencing racial and ethnic vaccine inequities, and encouraging and facilitating local public health partnerships with community-based organizations (CBOs) and employers in its jurisdiction.

1. Please review the jurisdiction's response to questions #1 and #2 in the accepted equity documentation, as well as recent race/ethnicity data. Describe any improvements in equity gaps as evidenced in the data. Provide a status update on progress the LPHA and its partners have made to eliminate vaccine access barriers and implement plans to close vaccine equity gaps among specific racial and ethnic populations. Please be specific, provide an example of work about which the LPHA and its partners are particularly proud, and describe any tangible impacts in the community.

The Benton County Health Department (BCHD) has utilized demographic information and vaccination rates to make data-informed decisions on how to reduce vaccine inequity among culturally and ethnically diverse populations, people experiencing socioeconomic barriers, and people with diverse abilities throughout the county. Focused outreach efforts have been made to our rural communities, CBOs, agricultural worksites, and religious organizations that interact with various racial and ethnic populations. Outreach has also been made to other vulnerable populations, including the unhoused and communities with limited access to digital information.

BCHD review of vaccination status, Figures 1, 2, and 3:

Vaccination rates by demographic group. Comparison of May 02, 2021 to August 29, 2021.

Figure 1: Vaccination rates (1 or more doses) on May 02, 2021

Demographic group	Number vaccinated	Population (estimate)	Percent vaccinated
American Indian and Alaska Native	1,225	3,005	41%
Asian	3254	8,572	38%
Black or African American	588	1,951	30%
Hispanic or Latinx	2,476	8,524	29%
Pacific Islander	325	768	42%
White	43,361	93,221	47%
Another race, unknown, or not given	13,103		

Race and ethnicity data in the vaccine database does not match population data for "Other", "Unknown", or "Not given". Therefore it is not possible to accurately estimate the population or percent vaccinated and only the count is listed.

Data sources: Number vaccinated from ALERT database. Population (estimate) from 2020 Census data. Percent vaccinated calculated by dividing Number vaccinated by Population (estimate).

Discussion: Individuals identifying as White had the highest vaccination rate on May 02, 2021 (47%). Hispanic or Latine individuals and Black individuals had the lowest vaccination rates on May 02, 2021 (29% and 30%, respectively).

Note: These data show the number of individuals who have had one or more doses of the vaccine. 97% of individuals who obtained their first dose have completed the series, so the assumption was made that initial access has more barriers than getting the second dose.

Note: ALERT race and ethnicity data includes a category for "Another race", but that category is also used by ALERT administrators to indicate when the race is unknown. This means the "Other race" category cannot be compared to the "Other race" population estimate, and so only the number vaccinated is reported.

Note: The original equity plan [May 14, 2021] used population estimates from the 2019 American Community Survey 5-year tables, which undercounted many demographic populations. The current update uses 2020 Census Data, which is much more accurate. However, this means that comparisons between the original equity plan and this update may make it appear as if the vaccination rate on May 02 decreased. No comparisons should be made between the vaccination rates presented in the original equity plan and this update.

Figure 2: Vaccination rates (1 or more dose) on August 29, 2021.

Demographic group	Number vaccinated	Population (estimate)	Percent vaccinated
American Indian and Alaska Native	1,439	3,005	48%
Asian	4,039	8,572	47%
Black or African American	817	1,951	42%
Hispanic or Latinx	3,216	8,524	38%
Pacific Islander	433	768	56%
White	51,151	93,221	55%
Another race, unknown, or not given	15,539		

Race and ethnicity data in the vaccine database does not match population data for "Other", "Unknown", or "Not given". Therefore it is not possible to accurately estimate the population or percent vaccinated and only the count is listed.

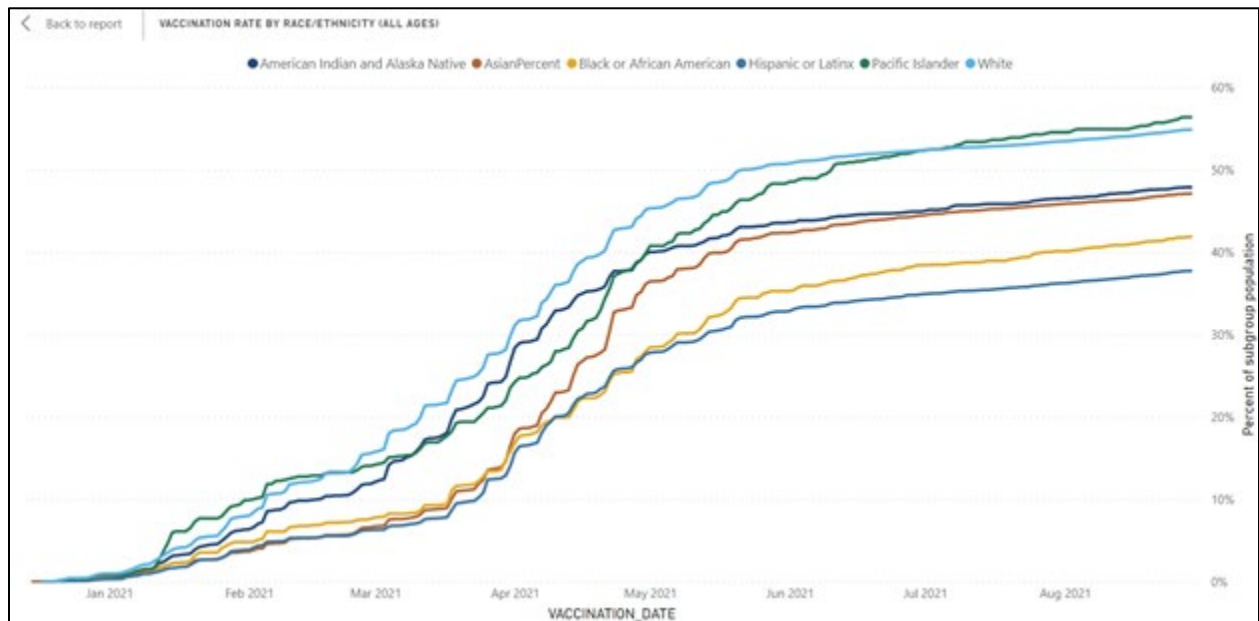
Data sources: Number vaccinated from ALERT database. Population (estimate) from 2020 Census data. Percent vaccinated calculated by dividing Number vaccinated by Population (estimate).

Discussion: Individuals identifying as Pacific Islander and White had the highest vaccination rate on August 29, 2021 (56% and 55%, respectively). Hispanic or Latine individuals and Black individuals had the lowest vaccination rates on August 29, 2021 (38% and 42%, respectively).

Note: These data show the number of individuals who have had one or more doses of the vaccine.

Note: ALERT race and ethnicity data includes a category for "Another race", but that category is also used by ALERT administrators to indicate when the race is unknown. This means the "Other race" category cannot be compared to the "Other race" population estimate, and so only the number vaccinated is reported.

Figure 3: Vaccination rates over time (1 or more doses)



Data sources: Number vaccinated from ALERT database. Population (estimate) from 2020 Census data. Vaccination rate calculated by dividing Number vaccinated by Population (estimate).

Discussion: Vaccination rates among all races and ethnicities increased at the fastest rate during March, April and May, when eligibility was widespread and mass vaccination clinics were being offered weekly. Vaccination uptake has slowed considerably for all races and ethnicities, beginning in June, but has continued.

Note: These data show the number of individuals who have had one or more doses of the vaccine, under the assumption that initial access has more barriers than getting the second dose.

Barriers and strengths for vaccination access

While many barriers remain, BCHD has strived to address barriers to increase the vaccination rates among racial and ethnic populations, rural and low-income communities, people with diverse abilities, and unhoused community members.

Operational barriers:	Language barriers, literacy-level barriers, geographic distance, transportation barriers, digital disparities, and limited clinical staff throughout the community in all sectors. Previously, scarcity of vaccines and days and hours of clinic availability were barriers. Vaccine is now available throughout the community at pharmacies, urgent care, primary care providers and focused clinics.
Operational strengths:	Weekend clinics and clinics scheduled during non-work hours, access to support in multiple languages, materials in plain language, rural clinics, targeted neighborhood clinics, and free transportation. Priority scheduling into reserved appointments at mass vaccination clinics. Drop-in availability with no appointment necessary. Highly committed local clinical partners.
Policy barriers:	OHA eligibility guidelines: racial and ethnic minorities are disproportionately affected by COVID-19 but were not widely, separately prioritized. This made facilitating vaccine access for underserved populations challenging before eligibility was opened to ages 16 and above and caused friction with some community partners.
Policy strengths:	OHA eligibility guidelines considered equity within the eligibility criteria.
Systemic barriers:	Racial disparity: the legacy of abuses and ongoing discrimination against non-White groups undermines the credibility of institutions. It has been vital to build and maintain relationships with community leaders to promote the vaccine among groups who have been historically marginalized and maligned.
Systemic strengths:	BCHD has longstanding relationships and a foundation of trust with many community partners.

BCHD is taking a multi-pronged, data-informed approach to ensuring equitable vaccine administration among our highest risk and underserved community members, such as unhoused, migrant seasonal agricultural workers, immigrants and refugees, BIPOC, individuals with limited English proficiency, diversity of intellectual and developmental ability, low-literacy, or digital disparities. This includes meeting people where they are (e.g., rural areas, farm sites, at home, neighborhood schools, etc.) and working with CBOs, community leaders, and health navigators to address vaccine confidence and promote and host vaccination events. BCHD continues these efforts through focused events and promoting existing vaccination opportunities through CBOs and other partners. BCHD has obtained an accessibility kit with hearing, vision and language tools for use at mobile events and another for a community partner serving high needs community members.

Communication Strategy

BCHD's Health Information Center (HIC) began producing one-to-one COVID-19 vaccine information in English and Spanish to reach community members in Benton County from the beginning of the pandemic and continues to the present. This includes weekly Spanish language videos, social media posts, website content and materials, and radio spots to promote vaccination opportunities in Benton County. In addition, the HIC has produced videos in Mam and Arabic. English and Spanish videos include subtitles to assist community members who are hearing impaired.

As a part of a community vaccine confidence strategy, the HIC developed the [Partner Resource](#) page, which includes downloadable vaccine facts, social media cards, and text for organizations' publications in Spanish and English. These community partner resources continue to be shared with and be informed by CBOs and the Benton County Vaccine Confidence Coalition.

BCHD strives to ensure that messaging reaches all community members in a way that is accessible and relevant. For this reason, Benton County staffed a bilingual communications coordinator in the HIC from the beginning of the response and prioritized the allocation of funding for a Spanish Communications Coordinator to continue working on the development of more inclusive and bilingual health communications products, as well as bilingual staff to respond to questions from the community received through the Benton County COVID-19 Call Center. BCHD is working with local retail pharmacies, the state COVID Immunization Pharmacy branch, CBOs, and the HIC to ensure multi-language signage is present at all local retail pharmacies, and to ensure language translation services are available and utilized. BCHD is also working to provide accessibility kits at each pharmacy.

Priority Scheduling for Mass Vaccination Clinics

Before the Oregon State University (OSU) Reser Mass Vaccination Clinic moved to a drop-in option, local CBOs, school districts, and Benton County Health Navigators scheduled underserved populations into reserved appointment spots for the clinics each week. These trusted agencies provided culturally and linguistically appropriate support over the phone or in-person, took time to answer questions about the vaccine, and directly scheduled individuals for vaccination. This approach ensured access to vaccine appointments for underserved populations that otherwise filled up extremely quickly through the regular online and phone registration process. The organizations that participated in this effort included: Casa Latinos Unidos (focal population: Latine), Cornerstone Associates (intellectual disabilities/developmental disabilities, low-income), Corvallis Housing First (low-income), Community Services Consortium (Latine, low-income, frontline essential workers, agricultural

workers), Benton County Health Navigation Program (agricultural workers, Latine, low-income), International Moms Group (international families connected to OSU), Strengthening Rural Families (rural, low-income), Stone Soup (unhoused, low-income), Corvallis School District School Navigators and Family Liaisons (Latine, Arabic-speaking, BIPOC, unhoused, low-income), and the Maternity Connections Network (Latine caregivers). Other organizations with limited or no staffing capacity were provide with a direct line to BCHD for priority scheduling, including Corvallis/Albany Branch of the NAACP (BIPOC).The scheduling of Mass Vaccination Clinics ended on June 10, 2021; however, vaccinations are available through primary care providers, pharmacies, urgent care, and through targeted vaccination events. Many of these locations are available for drop-ins with no appointment necessary. The CBOs mentioned above continue to engage in vaccine confidence building and assist community members with finding appointments, signing up, providing incentives, and arranging transportation for vaccine opportunities in the community.

One particular outreach effort involved hosting a COVID-19 vaccine education session for OSU athletes prior to a mass vaccination clinic. The presenters included the Health & Wellness Chair of the Corvallis / Albany Branch of the NAACP, a local provider, and Benton County Health Officer.

Mobile Vaccination Clinics

BCHD partners with Samaritan Health Services (SHS) and CBOs, community leaders, and agricultural sites to promote, register, and/or host small and mobile vaccination clinics for highest risk and underserved populations. CBOs and employers can choose how to collaborate based on the staffing capacity of the involved organizations. This works well for vaccinating sheltered and unsheltered unhoused community members, migrant seasonal agricultural workers, and rural communities that have experienced additional barriers to attending a mass vaccination clinic.

Since the general population has become eligible, BCHD has increased the use of mobile clinics for community members with limited English proficiency and BIPOC community members through ongoing community partnerships. Specifically, Benton County Health Navigation has an ongoing partnership with Casa Latinos Unidos to provide education and outreach to agricultural workers and host mobile clinics at farm sites.

The Benton County Public Health Immunization Program has provided four clinics onsite at agricultural workplaces, six clinics at the jail plus on-demand for new admissions, and 22 clinics for the unhoused at shelters, campsites, and the Corvallis Daytime Drop-In Center (CDDC), which is a resource hub for information, referral, and direct services for individuals experiencing poverty and those who have co-occurring mental health conditions. Outreach and vaccinations provided to unhoused community members are done in partnership with CDDC, Cornerstone Associates, Community Services Consortium, Unity Shelter, Street Outreach Response Team, and Benton County Harm Reduction.

Schools have been identified as a neutral community location where individuals of diverse racial and ethnic backgrounds can receive their vaccines.

- BCHD partnered with SHS to host mobile events at Blodgett Elementary School (5/13), Kings Valley Charter School (5/18), and Wren Community Hall (6/15). Outreach included:
 - Spanish and English flyers, social media posts, weekly Spanish videos, and monthly Mam videos.

- Promotion through schools, Agricultural Outreach Health Navigators, CBOs, food banks, faith communities, and key community leaders.
- Posting printed flyers and variable message/reader board signs in key physical locations throughout the community.
- BCHD partnered with the Oregon Health Authority (OHA) Mobile Vaccine Unit (MVU) to host vaccine events in rural areas of Benton County. This included events held at Monroe High School (7/6-10, 7/27-31), Philomath High School (7/6, 7/27), and Alsea School (7/7, 7/28). Outreach included:
 - Spanish and English flyers, social media posts, weekly Spanish vides, and monthly Mam videos.
 - Promotion through school districts, Agricultural Outreach Health Navigators, Clinical Health Navigators, CBOs, and faith communities.
 - Promotion to Latine networks on social media and text.
 - Promotion on Spanish radio station KWIP La Campeona 880AM.
 - Posting physical flyers key locations, and including them in food boxes at local food pantries.
 - Usage of variable message/reader board signs in key physical locations in each community.
 - Outreach by the Community Health Centers of Linn and Benton Counties to call all eligible unvaccinated patients to invite them to upcoming events in the area.
 - Canvassing the Monroe area by bilingual English/Spanish OSU Extension Service staff to promote the Monroe events.
 - Provision of food boxes and gift cards to a local grocery store by OHA and BCHD as an incentive.
- BCHD collaborated with SHS, OSU Extension, Casa Latinos Unidos, Corvallis Multicultural Literacy Center, International Moms Group, and the Corvallis/Albany Branch of the NAACP to host vaccination clinics on 6/27 and 7/25 at the Boys & Girls Club of Corvallis (BGCC), which is located next to the Spanish dual immersion elementary and middle schools in Corvallis. Outreach included:
 - Spanish, Arabic, Simplified Chinese, and English flyers and social media posts, and weekly Spanish videos.
 - Promotion through the sponsoring CBOs, Corvallis School District's School Navigators and Family Liaisons, Agricultural Outreach Team, Health Navigators, OSU Diversity and Cultural Engagement Centers, Latine churches, Korean Churches, Chinese Church, and Mosque.
 - Promotion to Latine networks on social media and text.
 - Promotion on Spanish radio station KWIP La Campeona 880AM.
 - Prior to the first event, the Benton County Health Officer, Community Health Centers of Benton and Linn County's Medical Director, Health Equity Coordinator, Communicable Disease Manager, and SHS Infectious Disease Specialist hosted virtual Vaccine 101 sessions in English and Spanish for the Corvallis School District community. Additionally, they presented the same Vaccine 101 sessions with the region's Maternity Connections Network for their recurring Latine caregiver/parent group.
 - Posting physical flyers in key locations in Corvallis, and including in food boxes at local food pantries.
 - Usage of variable message/reader board signs in key physical locations in Corvallis.
 - Canvassing key areas of Corvallis by bilingual English/Spanish OSU Extension Service staff and volunteers. The BCHD Epidemiologist produced a heat map of

- neighborhood vaccination rates to guide the canvassing.
- Provision of gift cards to BIPOC owned restaurants and local grocery stores by BCHD as an incentive.
- BCHD is collaborating with OHA MVU to host additional school located vaccination events. Corvallis School District's back-to-school resource and vaccination fair was held on 8/24 and 8/25, with second dose clinics scheduled 9/14 and 9/15. Corvallis School District handled all of the promotion of these events in multiple languages and ensured that Spanish and Arabic interpreters were on site. Events are also scheduled the week of 9/26-10/1 at each of the county's four public school districts with second dose clinics scheduled the week of 10/18-10/22. The Monroe High School, Philomath High School, Alsea School, Corvallis High School, and Crescent Valley High School clinics will all be open to the general community.
- Corvallis School District is convening BIPOC community leaders to plan outreach for the events at their high schools, including Corvallis/Albany Branch of the NAACP and Casa Latinos Unidos.
- BCHD plans to promote the events in Monroe, Philomath, and Alsea through channels used for previous events in these areas.
- BCHD plans to provide gift cards to a grocery store and OHA will provide free food boxes at each event.

BCHD is partnering with SHS and the Coalition of Graduate Employees, AFT Local 6069, to host vaccination events on 9/3 and 9/24, with the focal population being OSU students of color, LGBTQ+, and other marginalized populations in the general community. The events are open to the entire community and feature prize drawings, free food, and a drag show after the event. Promotion is occurring through OSU Diversity and Cultural Engagement Centers, INTO, Student Health Services, graduate student orientations at each department, sororities and fraternities, social media, CBOs, and posting flyers and variable message/reader board signs in key physical locations in Corvallis.

BCHD recently purchased a van that is outfitted to work as a mobile clinic and is being utilized to support vaccination events. It is a key component in the planning process to conduct outreach to vulnerable populations to continue to reduce vaccine inequities in the county.

Federally Qualified Health Centers

The Community Health Centers of Benton and Linn Counties (CHC), which are Federally Qualified Health Centers (FQHC) serving uninsured, underinsured, underserved, and migrant and seasonal farmworkers, called their eligible patient panel to schedule vaccine appointments, and continue to host ongoing weekly vaccination clinics. In addition to promoting this opportunity through Benton County Health Services and BCHD's social media pages, it is promoted through the Vaccine Confidence Coalition and other existing networks as a small, safe, centrally located drop-in opportunity for underserved and marginalized community members. The CHCs have provided direct phone outreach to their pediatric population, prioritizing BIPOC families, with invitation to community vaccination clinics and encouragement through incentives. They have administered over 2,000 doses across all sites.

Vaccine Confidence Coalition and Additional Educational Sessions

Benton County's Vaccine Confidence Coalition includes members from key organizations, community leaders, and faith communities that represent unhoused, low-income,

intellectual and developmental disabilities, BIPOC, rural, and faith communities. The Coalition is an opportunity to learn more about the COVID-19 vaccine and associated myths, gain access to resources to increase vaccine confidence, understand the vaccination process in Benton County, and share information with and support their clients and communities to receive the vaccine. The Coalition met three weeks in a row beginning on March 24, 2021 and has now moved to a bi-weekly meeting schedule with follow up communication.

In collaboration with CBOs, schools, and organizations that serve historically underrepresented communities, scheduling for additional educational sessions continue. For example, the Benton County Communicable Disease Manager continues to accept invitations to present COVID-19 updates and educational information to the Corvallis / Albany Branch of the NAACP.

Linn Benton Latine Vaccine Workgroup

OSU Extension Service hosts the Linn Benton Latine Vaccine Workgroup, which is focused on reducing the vaccination rate equity gap among Latine community members in Benton and Linn counties. Key work includes using neighborhood maps produced by the BCHD Epidemiologist to canvass Latine neighborhoods prior to events, supporting Spanish radio ads promoting ongoing vaccination opportunities at urgent care in both counties, and collaborating with SHS to produce bilingual flyers for vaccination opportunities.

Faith Communities

Key faith community leaders are represented on the Vaccine Confidence Coalition and additional outreach is occurring with the local mosque, Korean churches, and Latine churches. Each leader was offered the opportunity to arrange an onsite vaccination clinic for their congregation. Vaccine educational outreach continues.

BCHD has utilized focused vaccination efforts to reduce vaccine inequity. Rural and workplace clinics have been utilized to increase the vaccination rates of the Latine and migrant workers. In addition to the rural clinics and agricultural outreach, four clinics were carried out at a local timber company with a large proportion of Spanish-speaking workers. BCHD's Public Health Immunization Program was called back to the company to vaccinate a group that were on their way to Mexico and would not have another chance to receive the vaccine. These efforts by community partners and BCHD have helped bridge the gap and improve the vaccination rates among the Latine population.

2. Provide an update on the LPHA and its partners' work to address the vaccine needs of migrant and seasonal farmworkers in the jurisdiction and share the outcomes of these efforts.

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.

a. 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?

Benton County Health Navigation and community partners continue to survey and provide outreach to agricultural sites. Many Benton County agricultural sites reported small numbers

of workers needing vaccination who could be scheduled into the mass vaccination site. BCHD has facilitated one vaccination clinic and two pre-clinic vaccine education sessions with agricultural employers in Linn County.

BCHD has continued to address vaccine inequity among agricultural workers through Health Navigators and partnerships with CBO's. BCHD has connected with schools and located high-needs neighborhoods as indicated by heat mapping, etc. Vaccine events have occurred throughout rural communities in Benton County, with a focus on vaccinating rural and agricultural workers. These events include two vaccination clinics at an agricultural employer in Benton County. Benton County Public Health Immunization Program has also provided four clinics at an agricultural workplace.

Casa Latinos Unidos is partnering with SHS's Mobile Medical Van to provide on-site vaccination clinics for local farms and growers. The OHA MVU was also utilized for a vaccination event at Stahlbush Farms. The Benton County Agricultural Outreach Team continues to perform routine check-ins with Linn and Benton County farms to evaluate additional vaccine needs.

In addition, BCHD is planning to conduct additional outreach to the agricultural community with targeted messaging through the Spanish radio station and an aligned social media campaign.

3. The pandemic has demonstrated and elevated the structural barriers that perpetuate health inequities. To dismantle those structural barriers in the long-term so that health equity can be achieved across all populations statewide, transforming how public health works with communities to engage in multi-directional communication and dialogue with, share power with and center in decision making communities most affected by those inequities is essential.

a. Please provide an example of feedback the LPHA and its partners received from a community experiencing vaccine inequities, how the LPHA and its partners worked collaboratively with the community to address the feedback and then shared back with the community the outcome or resolution.

b. Please provide an example of how the LPHA and its partners have shared power with and centered the communities experiencing inequities in decision making to determine strategies to increase vaccine access for communities.

BCHD works closely with CBOs and the unhoused population. This community has been adversely affected by the current pandemic due to limited access to healthcare, food, and shelter and difficulty with quarantining or isolating if exposed to the virus.

The feedback that BCHD has received from the unhoused populations and the organizations that work with them is that health inequity has been a long standing issue among this population. There are multiple issues, including transportation barriers, appointment scheduling difficulties, access to digital information, and lack of a physical address, among others. Recommendations to improve access to healthcare for this population includes taking the services directly to the camps and utilizing familiar personnel. Constant changes in the outreach workers involved in the efforts can cause lack of trust among the community members.

During the pandemic BCHD has worked to address these barriers. In-person visits to the camps and shelters to provide services has proven successful. It is important to promote opportunities at familiar locations and with familiar faces. Benton County has utilized public health personnel that are familiar with the shelters and camps to promote vaccinations and improve health outcomes. The Benton County Immunization Program has conducted focused vaccination events among the unhoused every other Friday, providing 22 clinics at shelters, campsites, and the Corvallis Daytime Drop-In Center to date. Benton County Harm Reduction and CBOs have also helped transport unhoused community members to other scheduled vaccination events and local pharmacies to help reduce barriers to accessing the vaccine.

CBOs have worked together with BCHD to address vaccine inequity and help improve the overall health and well-being of our unhoused population. Some of these efforts include:

CSC:

Assisted with camp-site outreach and support at two Benton County Public Health Immunization Program field clinics for the unhoused. Provided transportation of unhoused people to four community vaccination clinics.

Cornerstone Associates:

Assisted at four Benton County Public Health Immunization Program field clinics for the unhoused and, beginning in June, provided grocery store gift cards to participants, developed easy-to-read flyers for vaccination events for unhoused community members, and continues to provide outreach and education to unhoused community members.

Unity Shelter:

Unity Shelter and other homeless services providers continue to provide vaccine outreach and education and promote the ongoing vaccination opportunities for unhoused community members at shelters, camp-sites, and at the Corvallis Daytime Drop-in Center.

Corvallis Daytime Drop-In Center

Provided the location for an ongoing fixed-site vaccination event and continues to provide vaccine outreach and education and promote ongoing vaccination opportunities for unhoused community members.

BCHD has prioritized including the unhoused, shelters and community based organizations that support the unhoused in conversations about vaccination and health equity. Through these efforts, BCHD has made headway at reducing vaccine inequity among this population. There is still a lot of work to do, but the conversation has begun and initial responses are showing that through the utilization of the recommendations from this group, overall health outcomes of this community are improving.

We have each reviewed the attached responses to all questions and affirm that the LPHA jurisdiction will continue to make meaningful efforts to offer culturally-responsive, low-barrier vaccination opportunities, especially for populations in our jurisdiction experiencing racial or ethnic vaccine inequities. We commit to implementing this plan to close the racial and ethnic vaccine inequities in our jurisdiction.

The LPHA and its partners will continue to ensure that vaccine sites are culturally-responsive, linguistically appropriate and accessible to people with physical, intellectual and developmental disabilities and other unique vaccine access needs.



Xanthippe Augerot
Benton County Commissioner, Chair



Dr. Bruce Thomson, MD, MPH
Benton County Health Officer



April Holland
Benton County Public Health Administrator