



Tootie Smith

Chair, Board of County Commissioners

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Oregon City, OR 97045

May 28, 2021

The Honorable Governor Kate Brown
Office of the Governor
900 Court Street NE, Suite 254
Salem, OR 97301-4047

Dear Governor Brown,

Clackamas County is pleased to submit our Vaccine Equity Plan and demonstrate our commitment to equity that guides us as we serve our community throughout the COVID-19 pandemic.

Our Vaccine Equity Plan demonstrates the careful, conscientious planning we have put into addressing equity in COVID-19 vaccine disparities. We have developed strong partnerships with community-based organizations (CBOs) that work with and represent our cultural communities of color, and these organizations have helped us create a robust plan to address outstanding equity issues in response to the pandemic. Clackamas County's largest minority population is the Latino/Latina/Latinx community, who are disproportionately affected by COVID-19. Our equity plan is designed to make vaccinations more accessible to underserved communities.

We'd like to highlight some of the strategies of our plan:

- **Engaging employers:** Clackamas County's farms, nurseries, food processing and food distribution sites primarily employ people of color. Throughout the pandemic, we have worked with CBOs to provide culturally responsive testing, education and personal protective equipment to help manage COVID-19 cases and outbreaks. This positioned us as trusted allies to prioritize outreach to these worksites. Our delivery of 600+ vaccines to workers on eight farms, thanks to our partnerships with neighborhood health centers, the Oregon Health Authority and Northwest Family Services, has helped reduce vaccine hesitancy and remove barriers to information and access. We've also provided vaccine opportunities and education to food processing companies, restaurants and hotels that employ a large number of low-wage earners.
- **Reaching the houseless population:** We are working with houseless service providers to address vaccine inequities and provide vaccine opportunities. We've partnered with Love One, fire districts, housing authorities, food pantries and Outside In to provide vaccines at mobile shower sites and food pantries, removing the transportation and scheduling barriers for this population.
- **Partnering with the justice system:** Clackamas County Public Health works with the county jail and corrections system on opioid prevention and infectious disease work, paving the way for collaboration on COVID-19. Our designated case investigator liaison manages COVID-19 cases and outbreaks in the justice system and helps adults being released from custody to quarantine when necessary and get access to vaccines. We offer a monthly vaccine clinic at Bridges to Change in partnership with Community Corrections.

- **Addressing vaccine equity gaps in the Latino/Latina/Latinx and Slavic communities:** We are still seeing a gap in vaccinations between our Spanish- and Slavic-language populations and the rest of the county. To address this gap, we are meeting biweekly with CBOs to ensure all farms have access to vaccine; providing easier vaccine access by matching community clinics to areas with high Latino/Latina/Latinx populations and offering referrals through our partners Bridging Cultures and Northwest Family Services; and providing funding for Bridging Cultures to increase their outreach to farm workers. To improve our outreach to the Slavic community, we are funding a full-time temporary Slavic outreach specialist.
- **Partnering with CBOs to reduce barriers to vaccines:** Our CBO partners help us advance our vaccination efforts by cohosting, volunteering at, promoting, assisting with scheduling or co-creating materials for vaccine clinics and information sessions. We discuss outreach strategies, community-specific concerns or vaccine questions, and obtain feedback on written materials to ensure suitability for the target population.
- **Consistent, customized communication to reach cultural communities:** In addition to meeting regularly with our partners, we send a weekly COVID email to keep our partner CBOs informed about vaccine events so they can share with their communities. We hold regularly scheduled events in the same locations to increase attendance among the Hispanic population and make it easy to promote events in advance. We work closely with our CBOs to approach vaccine hesitancy in a culturally responsive manner, using tailored strategies such as videos, informational tables at farms, private phone assistance, flyers, infographics and social media in Spanish. We've also created a vaccine comparison chart at the request of our CBOs to support them in vaccine education.
- **Addressing racial inequities in our system:** COVID-19 has reaffirmed systemic racism, from the disproportionate impact of the disease to the disproportionate access to vaccines. We are addressing these issues by hiring our first health equity coordinator; expanding epidemiology and data infrastructure to highlight health disparities; coordinating with the county's new Equity & Inclusion Office; taking our lead from equity-focused community-based organizations to address health inequities; and committing to a racially equitable response to public health crises, centering on community. Our school-based vaccine clinics remove barriers and provide a trusted environment for students and their parents.
- **Responding to vaccine hesitancy:** We are equipping trusted community members with accurate information so they can serve as vaccine ambassadors. We plan to offer vaccine training to leaders in the Latino/Latina/Latinx community, farmworkers, Muslim, Slavic, houseless, and intellectual/developmental disabilities communities through Boost Oregon and OHA. We're collaborating with Washington and Multnomah Counties to plan a faith leader summit to recruit their help with vaccine education.
- **Ensuring language accessibility:** All of our COVID information is provided in English and Spanish. Our online appointment scheduler allows users to use Google Translate to schedule vaccines in their own languages, preparing us to support them at our vaccine events with onsite interpretation services. Our CBO partners assist with additional language needs when planning community-specific events, and we are increasing the quantity of educational and informational materials translated into different languages.
- **Decreasing transportation and geographic barriers:** Clackamas County is geographically spread out, so we try to select vaccine clinic locations close to public transportation and in familiar neighborhoods. We are also working to partner with cab companies and local transportation providers to increase accessibility for vaccine events. Our home visiting nurses provide vaccines to homebound individuals or those who lack transportation options. Because so much of Clackamas County is rural, traveling to metropolitan clinics is a difficulty for many in our community. This disadvantage has meant that we have been unable to have large, semi-permanent clinics. These mobile clinics are the best way to immunize many that may not otherwise be able to do so. We'll continue to plan mobile events to bring the vaccine to groups that face transportation barriers.

Our Vaccine Equity Plan provides a detailed account of Clackamas County's efforts to address COVID-19 vaccine equity and ensure equitable access among marginalized communities. We are committed to adapting and tailoring our efforts to meet the needs of the community until we close the vaccination gap.

As a result of the work that we've done and continue to do to address disparities, we are requesting approval to reopen Clackamas County as soon as we reach the governor's 65% vaccination goal. We are prepared and eager to reopen. Clackamas County is committed to eliminating vaccine disparities in close collaboration with our partnering CBOs, our neighboring counties and the Oregon Health Authority.

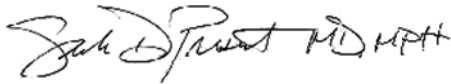
We have each reviewed the attached responses to all questions and affirm that the LPHA jurisdiction will continue to make meaningful efforts to offer culturally responsive, low-barrier vaccination opportunities, especially for populations in our jurisdiction experiencing racial or ethnic vaccine inequities.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

As a result of the work we have done and continue to do to address disparities, we are requesting approval to move Clackamas County to Low Risk as soon as the county meets the 65% vaccination threshold.

Sincerely,

A handwritten signature in black ink, appearing to read "Tootie Smith".

Tootie Smith, Chair, Clackamas County Board of Commissioners

A handwritten signature in black ink, appearing to read "Sarah Present MD MPH".

Sarah Present, M.D., Clackamas County Health Officer

A handwritten signature in black ink, appearing to read "Philip M-J".

Philip Mason-Joyner, Public Health Director



Clackamas County COVID-19 Vaccine Equity Plan

This plan provides details of Clackamas County's efforts to address COVID-19 vaccine equity and ensure equitable access among Black, Indigenous and other people of color ("BIPOC") and other marginalized communities. Our equity initiatives are ongoing and we are committed to adapting and tailoring our efforts to meet the needs of the community until we close the vaccination gap.

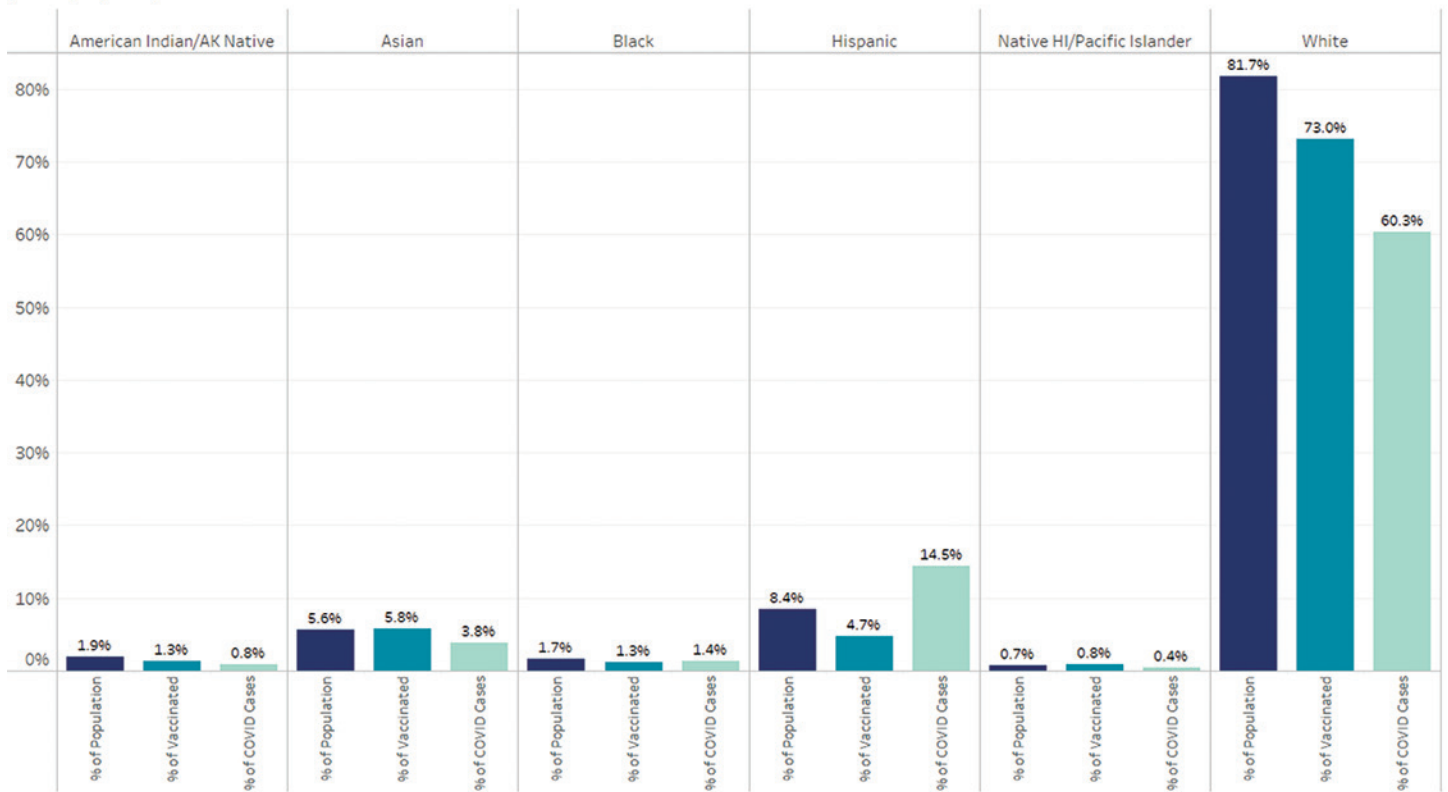


Q: Please review race/ethnicity data for the LPHA jurisdiction on the OHA website and the race/ethnicity vaccination rate data shared weekly with the LPHA. Based on the experience of the LPHA and its partners, including community-based organizations, what are the operational, policy, and systemic barriers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

The disparity in COVID-19 vaccination rates among different racial and ethnic groups across Clackamas County and Oregon is a direct reflection of multiple intersectional factors including:

- Early vaccine prioritization by the state focused on healthcare workers and educators — two professions where people of color are largely underrepresented. Consequently, our communities of color did not have equitable access to vaccine from the onset of vaccine administration and are now in the position of trying to catch up.
- Systemic racism, both current and historic, contributes to mistrust of government and the healthcare industry among communities of color, particularly the Latinx community in Clackamas County. It takes time and consistency to earn trust and build vaccine confidence in these communities.
- Heavy reliance on online scheduling platforms creates an additional barrier for those disadvantaged by the digital divide or who speak a language other than English.
- Mass vaccination sites with appointment-based scheduling are effective at vaccinating large amounts of people, but are a disadvantage for those who are unable to get time off work, lack access to reliable childcare, and/or lack access to transportation.
- The majority of culturally specific organizations are based in Multnomah County and serve a higher concentration of BIPOC communities. The COVID-19 pandemic was the catalyst and opportunity for organizations to work in Clackamas County for the first time. Our first meeting with community-based organizations included a presentation of the county demographics to orient new partners.
- Due to a lack of a proportionate share of CARES Act funding, Clackamas County Public Health Division (CCPHD) was unable to compensate Community-Based Organizations (CBOs) like the other metro LPHAs for the critical services they provide.

Percentage of County Population, Those Who Have Been Vaccinated, and COVID Cases by Race/Ethnicity
(as of 5/23/2021)



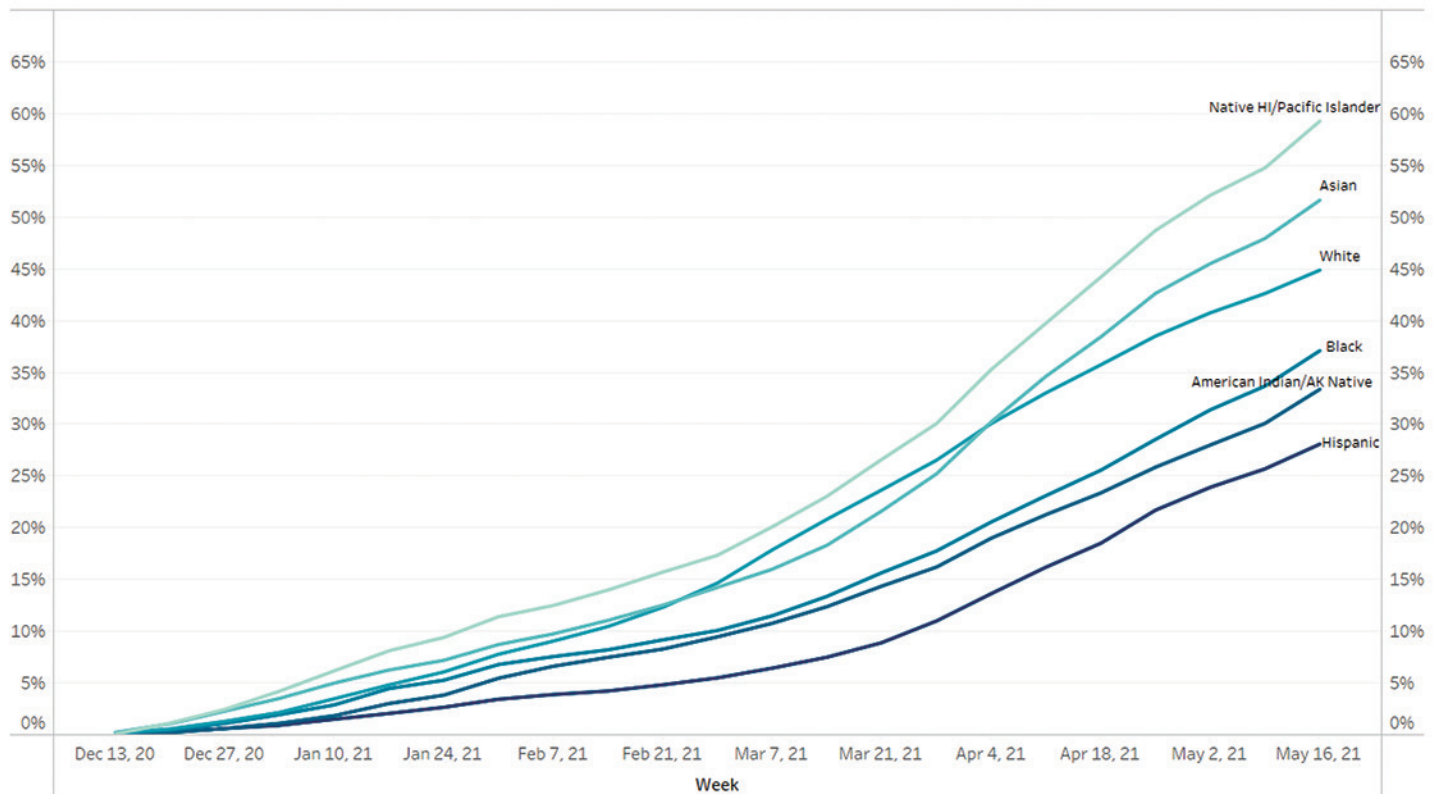
The data above shows the success of our initial and continued efforts to vaccinate minority populations as the scope of eligibility broadened. The partnerships established with CBOs for COVID-19 response have played a significant role in vaccinating communities experiencing disparities

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

Data driven decision-making and system improvements

CCPHD epidemiologists use ALERT vaccine data disaggregated by age range, zip code, and race/ethnicity in order to identify inequities or gaps in our distribution, as well as to assess longitudinal progress. For our population estimates, we use American Community Services (ACS) 1-year 2019 Public Use Microdata Sample (PUMS), choosing this form of census data because it is in alignment with what OHA uses. We employ the rarest race algorithm when performing statistical analysis on race/ethnicity data, again in alignment with OHA's methods. Lastly, we compare our cumulative vaccine rates to our COVID-19 case rates by race/ethnicity in an effort to vaccinate our communities who are consistently most at-risk for getting COVID-19, while also prioritizing communities with higher geographic barriers through zip code and Health Equity Zone analyses. We meet weekly with counterparts in the region to coordinate planning with CBOs in an effort to not overburden those working across the region. Together, the LPHAs implemented a regional vaccine calendar for partners to access a variety of vaccine opportunities. The calendar helps prevent duplication of vaccine events and identify gaps where communities lack access to COVID-19 vaccines.

Cumulative Percent of Population Vaccinated by Race/Ethnicity
(as of 5/23/2021)



Our Epidemiologist and Best Practice Researcher presented to all local fire agencies contracted with CCPHD to participate in the distribution of COVID-19 vaccines in local communities on the importance of collecting race / ethnicity data in the Vaccine Administration Record. As a result, the fire districts agreed to consistently collect and enter race / ethnicity into ALERT.

Engaging employers

Clackamas County is home to an abundance of farms, nurseries, food processing and food distribution sites all of whom employ Latinx and other minority employees. Throughout the pandemic, we have worked together with CBOs to provide culturally responsive testing, education, and personal protective equipment to assist in managing COVID-19 cases and outbreaks at these worksites. This has positioned Public Health and our CBO partners to become trusted allies and establish relationships that have allowed us to extend support by offering vaccination opportunities to employees and their families.



Through these established relationships, CBO partners and our COVID-19 outbreak investigation team have connected us to farms that are interested in onsite vaccine clinics. In partnership with Neighborhood Health Centers and OHA, we have delivered over 600 vaccines to farmworkers across eight farms including J. Frank Schmidt, Montecucco Farm, C & S Farms, Swan Island Dahlias, Aurora Farms, Pure Seed Farm, Koida Nursery, and Sester Farms. Additionally, CBO partners went onsite to farms to promote vaccination and assist workers and their family members in registering for a vaccine clinic if there was not one provided at their farm. Additionally, we have prioritized outreach to worksites such as food processing and food distribution facilities with a significant minority and uninsured employee population. These efforts, done in partnership with our CBOs, have successfully reduced hesitancy and removed barriers to information and access. We have provided or arranged onsite vaccination opportunities to several facilities including Bob's Red Mill, Dave's Killer Bread, Pacific Foods, Kroger food processing, and Coremark food distribution. As eligibility has opened up, we continue to prioritize support for minority and uninsured populations and low-wage earners at additional worksites including construction, manufacturing and landscape companies.

Through our Environmental Health program, we have relationships with restaurants and hotels that employ a large number of low-wage employees including the BIPOC community. We have provided vaccine information, education about the benefits of a vaccinated workforce and vaccine opportunities multiple times to our licensees. Additionally the assigned Environmental Health Specialist (several who worked as case investigators and outbreak managers) has reached out to their facilities to promote vaccination and vaccination opportunities.

Reaching culturally specific communities

We have collaborated with CBOs to customize vaccine opportunities and outreach. These include a Cambodian New Year event and hosted clinics specifically for Latinx seniors. We send a weekly list of the vaccine events to CBOs for them to promote and schedule appointments for community members before they are released widely to the public. This strategy resulted in a notable number of Chinese speakers being vaccinated thanks to support from Asian CBOs.

Clackamas County's Emergency Operations Center (EOC) established a Liaison Section within its response structure since the start of the COVID-19 pandemic. The section is comprised of culturally-specific staff focused on equity & outreach — to gather input from the community and use that qualitative data to help inform and improve the County's response operations. Clackamas County will integrate this type of model into its programs, services and future emergency response activities.

Partnering with housing and houseless service providers

One of the ways we aim to address inequities is in working with houseless service providers to organize vaccine opportunities and effectively communicate with the houseless population. Our partner, Love One, has been a notable advocate in these efforts by coordinating with Clackamas Fire to provide vaccines at mobile shower sites, a trusted environment for the houseless population Love One serves. We continue to partner with the Estacada Food Pantry to provide vaccine to the houseless community that frequently accesses their resources. We have collaborated with Outside In to set up a mobile vaccine clinic at the food pantry in Estacada, at My Father's Heart, and the Clackamas Service Center. Similarly, we collaborate with the Fire Districts and Housing Authority of Clackamas County and Northwest Housing Alternatives to deliver vaccines to low income residents. These efforts remove the transportation barrier and eliminate the challenge of trying to schedule appointments in advance.



Partnering with the Justice System

We have a well-developed relationship with the County jail and Community Corrections founded in our opioid prevention and infectious disease work prior to COVID-19. These established relationships have been foundational in addressing COVID-19 with persons involved with the justice system. Public Health has a designated case investigator liaison who manages COVID-19 cases and outbreaks in the jail setting, who assists adults releasing from custody with accessing safe quarantine when indicated, who provides monitoring for custody releases as appropriate and assists with access to vaccine. We provide a monthly vaccine clinic at Bridges to Change in partnership with Community Corrections. This site is open to all Bridges to Change clients (people transitioning from houselessness or incarceration), Community Corrections clients and people in recovery housing or substance use treatment. This vaccination clinic also provides STI testing. We continue to work with these partners to reach this vulnerable at risk population.



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

COVID-19 has clearly exposed systemic racism, from the disproportionate impact of the disease to the disproportionate access to vaccine. Our current systems clearly reward and provide advantages to those with English skills, health insurance, education, transportation, stable housing that is not over-crowded, and digital skills and access. The pandemic provides us a blueprint of systems needing improvement.

Our Public Health Department is addressing equity in a number of ways, including:

- Hiring the organization's first Health Equity Coordinator to lead and facilitate the division's efforts to address health equity and reduce health disparities among communities of color and other underrepresented groups within Clackamas County;
- Expanding epidemiology and data infrastructure to support the collection, analysis and sharing of health behavior and outcome data by race/ethnicity to enable us to highlight health disparities so that Clackamas County can focus on improving policies, systems, and programs to reduce inequities;
- Coordinating with the County's new Equity & Inclusion Office on incorporating diversity, equity, and inclusion principles into the Organization's core values, hiring practices, policies, programs, services, and grant-making;
- Strengthening existing relationships with community based organizations and building new relationships by investing in capacity building especially with culturally specific organizations so that the connection from the County to the community remains a priority.
- Taking the lead from culturally specific and equity-focused CBOs to partner on ways to address health inequities through implementation of the Blueprint for a Healthy Clackamas County (local community health improvement plan) and long-term within CCPHD's programs and service delivery; and
- Committing to implementation of a racially equitable response to public health crises, centering on community.



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

There is still a notable gap in vaccinations between the Latinx population and other racial/ethnic groups in the county. To directly address this and increase vaccination rates, we host bi-weekly meetings with contracted CBOs that receive grant funding from OHA. The purpose of these meetings is to strategize outreach across the county, share vaccine-related information and updates, and ensure that everyone knows how to access vaccines whether it is in the form of employer-based on-site vaccinations or information about community based clinics.

We also work to match community based clinics to areas with high Latinx populations and offer referrals through our Latinx CBOs to provide easier access to vaccine.

To close the vaccine gap in the Slavic community, we are hiring a full-time temporary Slavic Outreach Specialist. This outreach specialist will help to strengthen our relationship with the Slavic community and will enable us to collaborate with regional efforts to connect with this community and address hesitancy.

We will continue to support regional work groups with culturally specific CBOs to identify opportunities and gaps in vaccinating racially and ethnically diverse communities.

To assist us in reaching geographically isolated communities that are houseless, vaccine hesitant, and people of color, we are exploring mobile teams. This may be a “go” team of public health vaccinators that can staff events or provide small pop up clinics in the rural areas and engagement of mobile providers through health systems, private providers, or Outside in.

Q: 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?

We are actively engaged with over 30 CBO partners and maintain regular communication to discuss ideas and plans for vaccine events and vaccine education. We have a list of CBOs and the roles they are interested in playing to advance our vaccination efforts including co-hosting or volunteering at events, promoting events, assisting with scheduling for events, and co-creating materials. CCPHD will collaborate with the OHA Vaccine Operations Team - Equity (VOT-E) to support CBOs that expressed interest in hosting a customized event for their community.

Our regular partners include:

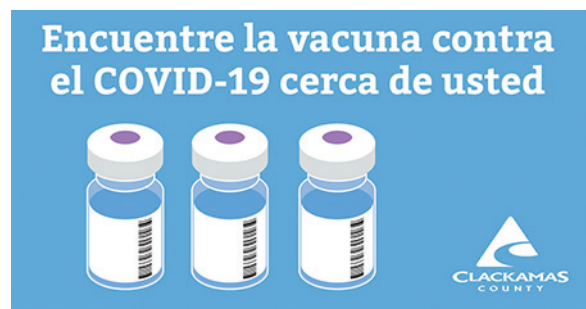
- AntFarm
- Asian Pacific American Network of Oregon (APANO)
- Asian Health & Services Center
- Black Parent Initiative
- Bridging Cultures
- COFA Alliance National Network (CANN)
- Catholic Charities
- Chinese Friendship Association of Portland
- Congregation Neveh Shalom
- El Programa Hispano Catolico
- Friendly House
- IRCO
- Latino Network
- LoveOne
- Mercy Connections
- Micronesia Islander Community (MIC)
- National Alliance for Filipino Concerns (NAFCON)
- Native American Youth and Family Center (NAYA)
- Neighborhood Health Center
- Northwest Family Services
- NW Housing Alternatives
- Oregon Chinese Coalition
- Oregon Marshallese Community Association
- Quest Center
- Slavic Community Center of NW
- Urban League
- UTOPIA PDX
- YWCA

We facilitate bi-weekly meetings with CBOs to discuss outreach strategies, community-specific concerns or vaccine questions, and obtain feedback on written materials to ensure suitability for the target population. We do this to ensure our messaging is appropriate, culturally responsive, and relevant to each community. The CBOs will continue to receive weekly vaccine communication, which includes vaccine event information and links to appointment schedulers, enabling CBOs to schedule directly with their community members.

CCPHD is going to pursue partnerships with faith-based communities to plan and host vaccine events in locations where communities comfortably congregate. It is critical for trusted faith leaders to lift up factual vaccine information to help build vaccine confidence.

Q: 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?

Through our partnership with CBOs, we provide the opportunity for priority registration for vaccine events. Our weekly vaccine communication keeps CBOs apprised of upcoming events so they can conduct outreach within their communities. With the new shift in vaccine supply and demand, we also make appointment links for upcoming vaccine events available on our county webpage and develop promotional flyers in multiple languages for sharing in populations without internet access. Consistency is a significant part of our strategy in planning vaccine events. We hold regularly scheduled events in the same locations to increase attendance among the Latinx population and make it easy to promote events in advance.



Examples of messages shared on social media.

We are participating in a regional online calendar of vaccine events through the Care Oregon Portal that will inform CBOs, partner agencies, 211, and Public Health Departments of vaccine opportunities available in the region.

We are also providing no-appointment necessary vaccination clinics and have seen an increase in vaccinations since implementing this change.

Q: 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?

We maintain weekly communication with OHA to provide updates on our work with agricultural workers in the county. We have matched vaccinators to multiple employers and offer on-site vaccination and testing events as described throughout the plan.. Our ongoing strategy in partnership with OHA is to ensure testing and vaccinations for incoming agricultural workers during the high season.

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


We work closely with our CBOs to approach vaccine hesitancy in a culturally responsive manner. We recognize that for many community members, vaccine information is most influential when delivered by a trusted source. We've worked with CBOs to develop educational materials, including videos, that can be shared alongside the vaccine scheduling assistance, PPE provision, and wrap around services offered by these organizations. Additionally, Northwest Family Services has set up an informational table at farms to address farmworkers' questions. They also provide the option to discuss the vaccine privately via phone with a trusted community member. This has been a very targeted and effective way to increase vaccine confidence.


We provide tailored messaging to address vaccine hesitancy among different groups. Our vaccine event flyers include vaccine information that corrects common myths. Additionally, we developed an informational infographic for CBOs to aid in their vaccine outreach efforts.

Clackamas County Public Government Affairs is working with Catholic Charities to make a series of videos to build vaccine confidence among the immigrant and refugee community.

Our ClackCo TV videos and social media pages are additional platforms for sharing accurate vaccine information and keeping the public updated on vaccine availability.


STILL HAVE SOME QUESTIONS ABOUT THE COVID-19 VACCINES?





The vaccines **cannot** give you COVID-19


All of the authorized vaccines have undergone transparent and thorough testing and trials with participants of different ages, genders, races and ethnicities to determine their efficacy.



None of the vaccines contain live virus and they cannot change your DNA.

VACCINE SAFETY


The vaccines were developed by health and medical experts to safely prevent you from getting severely sick. They do not contain microchips and cannot be used to track you.



SIDE EFFECTS


Side effects, like a sore arm, headache, or tiredness, are very common and should go away in 1–2 days. Serious side effects are very rare.

INCREASED PROTECTION



All of the available vaccines provide strong protection against severe disease and hospitalization. By getting a vaccine, you are helping to protect yourself and those close to you.


PROVIDED FREE OF COST



The vaccine is provided to you free of charge. You do not need health insurance and you do not need a social security number. Just wear a mask and bring a photo ID if you have it.

You can find more information about COVID-19 vaccines on the CDC's website. www.cdc.gov

Source:
www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html
<https://sharedsystems.dhs.ca.state.or.us/CH4Forms/ServerWeb3528.pdf>
www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html



CLACKAMAS COUNTY

Q: What plans do the LPHA and its partners have to continue addressing vaccine confidence?

We recognize that vaccine hesitancy continues to be a hurdle in our vaccination efforts. We also understand that vaccine information is better received when delivered by a trusted and respected community member. Our goal is to equip trusted community members with accurate vaccine information so they can serve as vaccine ambassadors. To this end, we have connected with leaders and respected members of various communities including the Latinx community, farmworker community, Muslim community, Slavic community, houseless community, and ID/DD community to offer COVID-19 vaccine training through Boost Oregon and OHA.

Trainings with Boost Oregon include acknowledgement of historical trauma and vaccine hesitancy among some BIPOC communities, information about vaccine development and how the vaccines work, as well as tips on communicating effectively with community members. Our Vaccine Confidence Planning Team, informed by communities, will continue meeting to discuss hesitancy among specific groups and develop tailored outreach and education in partnership with key stakeholders.

Q: What is the communications plan to dispel misinformation through a comprehensive, multi-modal 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.

One of our most recent communication strategies involves two trainings with Boost Oregon. These trainings will further equip CBOs, as well as public health staff, with the tools and information to promote vaccine confidence in the community. We are planning to co-host multiple conversation groups with a variety of communities to directly address vaccine hesitancy. We designed our communication plan in response to expressed need from the community realizing that we most likely will not be the most trusted source. That is why partnerships with our CBOs are so critical.

For communications materials, we created a vaccine comparison chart at the request of CBOs to support them in vaccine education. The chart compares the three vaccines in the United States as well as those used in other countries / continents like Mexico, Russia, and Africa. We translate social media posts and paid promotions in Spanish and Russian based on the demographic makeup of our community. Additionally, we have translated fliers for culturally specific events for use by our CBOs and other community members.

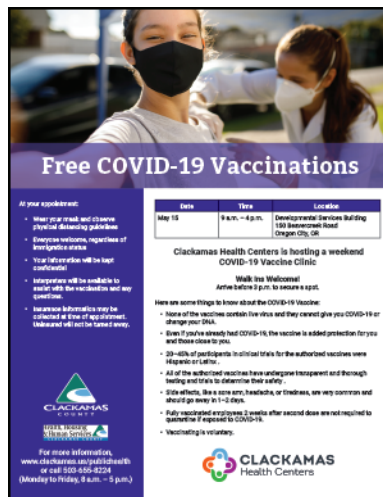
We have engaged with Univision on stories related to vaccine availability and hesitation. Further we develop vaccine messaging with our regional partners, Multnomah County and Washington County, to align communications and build vaccine confidence for a variety of populations. We've taken part in regional radio outreach and will participate with our regional partners in planning a Faith Leader Summit to discuss vaccine outreach with local faith leaders.

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

We are able to anticipate language needs at vaccine events organized by Clackamas County based on language preference specifications at the time of appointment scheduling. At the time of scheduling, our online appointment scheduler provides users with the ability to use Google Translate to schedule their vaccine in a language other than English. We provide on-site interpretation services regularly in Spanish and Russian and staff our vaccine events with bilingual staff when possible.

Our CBO partners assist with additional language needs when planning community specific events. For example, the Chinese Friendship Association provided event volunteers who are bilingual in Chinese and Mandarin after assisting us with scheduling a significant number of Chinese community members. Our Public Information Center, staffed with bilingual employees to assist callers in scheduling vaccine appointments in any language using Passport to Languages.

The following multi-lingual promotional flyers demonstrate one output from planning a Pfizer vaccine event with the North Clackamas School District, the most racially / ethnically diverse district in the county.



Free COVID-19 Vaccinations

At your convenience:

- Wear your mask and observe physical distancing guidelines.
- Everyone receives, regardless of immigration status.
- Your information will be kept confidential.
- Interpreters will be available to assist with the vaccination and any questions.
- Insurance information may be collected at time of appointment. Uninsured will not be turned away.

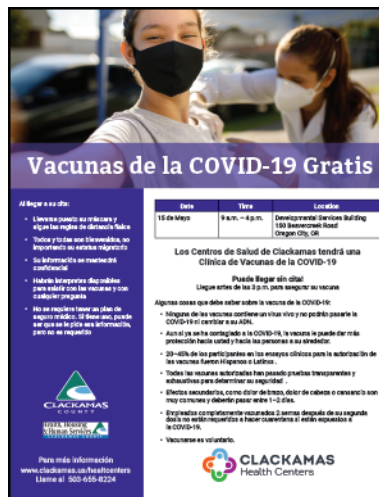
Date	Time	Location
May 18	9 a.m. – 4 p.m.	Developmental Services Building 100 Beavercreek Road Oregon City, OR

Clackamas Health Centers is hosting a weekend COVID-19 Vaccine Clinic.

Walk-ins Welcome!
Arrive before 2 p.m. to secure a spot.

- Have any questions? Please call 503-655-8224.
- Have you already had COVID-19? The vaccine is added protection for you and those close to you.
- 90-95% of participants in clinical trials for the authorized vaccines were Hispanic or Latinx.
- All of the authorized vaccines have undergone transparent and thorough testing and data to determine their safety.
- Side effects, like a sore arm, headache, or tiredness, are very common and should go away in 1-2 days.
- Fully vaccinated employees 1 month after second dose are not required to quarantine if exposed to COVID-19.
- Vaccinating is voluntary.

CLACKAMAS Health Centers
For more information, visit www.clackamas.us/publichealth or call 503-655-8224 (Monday to Friday, 9 a.m. – 5 p.m.)



Vacunas de la COVID-19 Gratis

At Registre a su aliter:

- Lleve consigo su máscara y siga las reglas de distancia física.
- Todos y todas son bienvenidos, no importa su estatus migratorio.
- Su información se mantendrá confidencial.
- Habrán intérpretes disponibles para asistir con las vacunas y con cualquier pregunta.
- No se requiere tener seguro de salud.
- No se requiere tener seguro de salud.

Date	Time	Location
May 18	9 a.m. – 4 p.m.	Developmental Services Building 100 Beavercreek Road Oregon City, OR

Los Centros de Salud de Clackamas tendrá una Clínica de Vacunas de la COVID-19.

Puede Registar sin cita!
Llegue antes de las 2 p.m. para asegurar su vacuna.

- Algunos datos que debe saber sobre la vacuna de la COVID-19:
- 90-95% de los participantes en los ensayos clínicos para la autorización de las vacunas fueron hispanos o latinos.
- Todas las vacunas autorizadas han pasado pruebas transparentes y exhaustivas para determinar su seguridad.
- Efectos secundarios, como dolor de brazo, dolor de cabeza o cansancio son muy comunes y deberían pasar entre 1-2 días.
- Personas completamente vacunadas 1 mes después de su segunda dosis no están requeridas a hacer cuarentenas si están expuestas a la COVID-19.
- Vacunarse es voluntario.

CLACKAMAS Health Centers
Para más información, visit www.clackamas.us/publichealth o llame al 503-655-8224



БЕСПЛАТНАЯ вакцинация от вируса COVID-19

At your convenience:

- Wear your mask and observe physical distancing guidelines.
- Everyone receives, regardless of immigration status.
- Your information will be kept confidential.
- Interpreters will be available to assist with the vaccination and any questions.
- Insurance information may be collected at time of appointment. Uninsured will not be turned away.

Date	Time	Location
May 18	9 a.m. – 4 p.m.	Developmental Services Building 100 Beavercreek Road Oregon City, OR

Clackamas Health Centers is hosting a weekend COVID-19 Vaccine Clinic.

Walk-ins Welcome!
Arrive before 2 p.m. to secure a spot.

- Have any questions? Please call 503-655-8224.
- Have you already had COVID-19? The vaccine is added protection for you and those close to you.
- 90-95% of participants in clinical trials for the authorized vaccines were Hispanic or Latinx.
- All of the authorized vaccines have undergone transparent and thorough testing and data to determine their safety.
- Side effects, like a sore arm, headache, or tiredness, are very common and should go away in 1-2 days.
- Fully vaccinated employees 1 month after second dose are not required to quarantine if exposed to COVID-19.
- Vaccinating is voluntary.

CLACKAMAS Health Centers
For more information, visit www.clackamas.us/publichealth or call 503-655-8224 (Monday to Friday, 9 a.m. – 5 p.m.)

Still there are some limitations to ensuring language accessibility at vaccine events. Vaccine opportunities through larger pharmacy partners like Safeway and Costco do not collect language preference information at the time of scheduling which limits our ability to ensure translation assistance at the time of the event.

We continue to take steps to make vaccine-related communication accessible in multiple languages. We translated the Moderna vaccine fact sheet into Khmer for the Cambodian New Year vaccine event after confirming that such a resource didn't exist elsewhere. We will continue to respond to unique language needs in partnership with CBOs, OHA, and Brink Communications.

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

Given the geographical population spread of our county, it is understandable that even centrally located vaccine events may not be convenient or accessible for all. When planning vaccine event locations we are conscious of transportation barriers and preferentially select locations that are close to public transportation routes and in familiar neighborhood locations. We are working on plans to partner with cab companies and local transportation providers such as Canby Area Transportation and volunteer drivers with Social Services to increase transportation accessibility for vaccine events; we are also exploring how to make this feasible for our rural communities.

Our home visiting nurses are providing COVID-19 vaccines for individuals in the community who are homebound. The home visiting program is ongoing and we will continue to identify individuals who can benefit from in-home vaccination services. Mobile events are another strategy for removing the barrier of transportation. In partnership with some of our CBOs we will continue to offer vaccination opportunities at work sites and among other communities (e.g. houseless) where lack of transportation would prevent access to vaccine.



Drive through clinic in Clackamas County

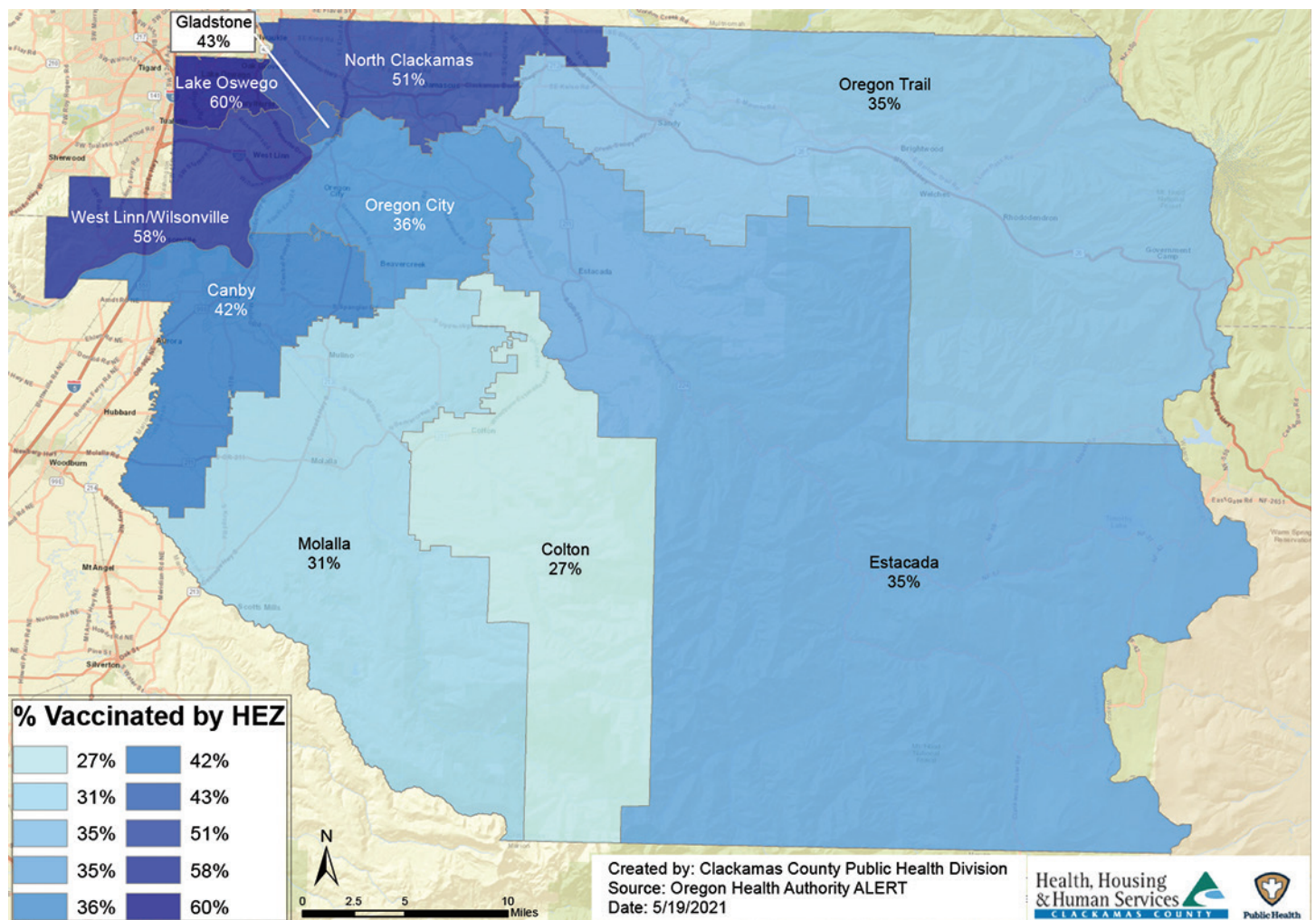
Q: What plans do the LPHA and its partners have to ensure meaningful, low-barrier vaccine access for youth, especially those from Black, Indigenous, Tribal and other communities experiencing inequities in COVID-19 disease, death and vaccination?

We continue to organize and offer school-based vaccination opportunities at middle schools and high schools throughout the county. This removes the barrier of transportation and provides a trusted environment for students and their parents. We promote vaccine events and provide vaccine education in collaboration with school districts. The English Language Learner (ELL) educators and houseless liaisons have assisted in outreach and we will continue to engage them.

To reach BIPOC communities and non-English speaking communities, we will partner with school-based clubs and organizations to increase awareness of upcoming school-based vaccine opportunities and answer students' and parents' questions about the vaccine in advance to alleviate concerns.

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

We collect and map data on where and who we have vaccinated in Clackamas County and review the data weekly. We note trends and gaps and bring those to the appropriate forums like our bi-weekly meetings with CBOs. We continue to reach out and engaged with culturally-specific CBOs and community leaders to engage and guide these efforts. Based on the insight to the communities they serve, CBOs give us feedback on our vaccination efforts that we use to adjust our strategies.



Percent of People With at Least One Dose of COVID-19 Vaccine by Health Equity Zone (as of 5/17/21)