Columbia County COVID-19 Vaccination Equity Plan

Columbia County Public Health (CCPH) is committed to eliminating inequities related to the COVID-19 vaccines and other associated health services, and the county will strive to reach parity in vaccination rates across all demographic categories by December 31, 2021. The county will seek to accomplish this mission by ensuring meaningful access to vaccinations, continuing to facilitate partnerships with COVID-19 vaccine providers and community-based organizations (CBOs), and through engaging employers in its jurisdiction. CCPH will continue to collect and report data to inform decisions, evaluate access to care, and engage community leadership to strategize on ways to increase vaccine uptake.

1. Please review race/ethnicity data for the LPHA jurisdiction on the OHA website (click on statewide tab) 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?

According to the OHA data, communities of color in the North Coast Region have lower vaccination rates than whites, with the exception of the Pacific Islander and Native Hawaiian population in the region:

<table>
<thead>
<tr>
<th>Percent of population vaccinated with at least one dose - Columbia, Lincoln, Clatsop &amp; Tillamook¹</th>
<th>% Vaccinated</th>
<th>People Vaccinated</th>
<th>Selected Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian / Alaskan Native</td>
<td>41.8%</td>
<td>2,218</td>
<td>5,307</td>
</tr>
<tr>
<td>Asian</td>
<td>54.3%</td>
<td>1,358</td>
<td>2,502</td>
</tr>
<tr>
<td>Black</td>
<td>43.5%</td>
<td>759</td>
<td>1,745</td>
</tr>
<tr>
<td>Hispanic/Latina/o/x</td>
<td>42.5%</td>
<td>4,338</td>
<td>10,216</td>
</tr>
<tr>
<td>Native Hawaiian / Pacific Islander</td>
<td>65.4%</td>
<td>498</td>
<td>761</td>
</tr>
<tr>
<td>White</td>
<td>63.0%</td>
<td>73,199</td>
<td>116,182</td>
</tr>
<tr>
<td>Other race</td>
<td></td>
<td>2,228</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>10,367</td>
<td></td>
</tr>
</tbody>
</table>

Additional data from Columbia Pacific Coordinated Care Organization (CPCCO) also provides evidence of disparities:

Percent of partially or fully vaccinated Columbia Pacific Coordinated Care Organization (CPCCO) members who reside in Columbia County:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black, Indigenous, and People of Color</td>
<td>41.0%</td>
</tr>
<tr>
<td>English Language Learners</td>
<td>39.8%</td>
</tr>
<tr>
<td>Members with a Schizophrenia Diagnosis</td>
<td>57.1%</td>
</tr>
<tr>
<td>Transportation Need</td>
<td>63.0%</td>
</tr>
<tr>
<td>Youth (ages 12-17)</td>
<td>25.8%</td>
</tr>
<tr>
<td>Older adults and seniors (65+)</td>
<td>67.1%</td>
</tr>
</tbody>
</table>

Zip codes with the highest rates of unvaccinated CPCCO members (members who reside in Columbia, Clatsop or Tillamook):

Areas where ≥ 60% of members are unvaccinated:
- Clatskanie
- Rainier
- St. Helens
- Vernonia

Feedback provided to CCPH identified several factors to explain the vaccination equity gap:

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2 Percent of subpopulation partially or fully vaccinated by Columbia Pacific Coordinated Care Organization (CPCCO). COVID-19 Vaccine Weekly Update using ALERT data through 9/5/2021

3 What Zip Codes have the Highest Rates of Unvaccinated CPCCO Members? by CPCCO. COVID-19 Vaccine Weekly Update using ALERT data through 9/5/2021

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Deficiency of community-based organizations located in the county with a specific mission to serve racial and ethnic communities.

Physical distance to health and other services. Despite its proximity to the Portland metropolitan area, a significant proportion of Columbia County residents live in unincorporated areas without convenient access to health care, and many residents travel out of the county for work, services and regular primary and specialty care.

Availability of high-speed broadband internet. Residents without internet do not have the ability to research nearby healthcare facilities, schedule appointments, plan routes and access telemedicine services.

Mistrust and suspicion of governmental health recommendations and government-organized healthcare.

Misinformation about vaccine safety and efficacy has circulated in local communication channels.

Initial scarcity of COVID-19 vaccine and state eligibility phases. During the initial months of COVID-10 vaccine rollout, Columbia County received relatively fewer doses of vaccine because it is not home to a hospital and there is a local healthcare workforce shortage.

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

Our local vaccination planning team formed when vaccines first became available in December of 2020. The team used equity principles to guide vaccine allocations within the county and took several steps to ensure access for eligibility groups identified in the OHA sequencing plan.

- Call Center. The team created a call center and a vaccine interest form, and the county distributed contact information to community partners, clinics, schools and other agencies.

- Local provider agreements. The county purchased appointment-scheduling software and entered agreements with providers to assist with scheduling and to facilitate organized events.

- Weekly COVID-19 Vaccination Updates. The county sent out weekly eligibility and scheduling information to local agencies and community members through May. The local vaccine planning team met weekly to review local provider capacity and messaging for OHA eligibility groups, and the county used newsletters, social media, texts, and traditional media for promoting uptake.

- Letter of agreement with CPCCO. CCPH and CPCCO exchanged data to conduct outreach and schedule eligible members for vaccine appointments. This allowed CCPH to assure access for the individuals prioritized by the OHA sequencing plan.

- Community vaccination clinics. The planning team supported multiple local providers to host events outside the traditional health care setting; county partnerships led to vaccinations at senior centers, churches, rural health clinics, shelter for individuals experiencing homelessness, places of employment, parks and annual events (e.g., County Fair & Rodeo), and the local correctional facility. For example, here is the flyer for an event held in June:
CCPH partners included: Rainier Senior Center; Columbia Community Mental Health; Community Action Team; Columbia Pacific Coordinated Care Organization; Columbia Pacific Food Bank; Community Health Center of Clatskanie; OHSU Family Medicine at Scappoose; Columbia Health Services; Genoa Health; Scappoose Rural Fire District; Mist-Birkenfeld Rural Fire Protection District; Columbia River Fire & Rescue; Hi-School Pharmacy in Scappoose and Clatskanie; Adventist Health at Vernonia, and Legacy Medical Group at Saint Helens. These partnerships created access points at schools, places of employment, fire agencies and homes in remote areas of the county.

In addition to smaller community clinics, the county recruited over twenty-five volunteers and collaborated with OHSU Family Medicine at Scappoose to offer low barrier vaccinations on two evenings per week through June, at a location that was convenient for commuters. Events were advertised in multiple languages and included interpreters at the site. CCPH also partnered with OHA's mobile team for 10 days to assure 1st and 2nd dose Pfizer vaccinations and food boxes were offered in county's recognized vaccine desert.

In sum, CCPH improved vaccine uptake by:
- Collaborating with community-based organizations, clinics, pharmacies and EMS agencies to host, schedule and organize community vaccination events.
- Recruiting a group of community volunteers for vaccination outreach and administration.
- Ensuring vaccination availability throughout the county at unconventional locations and convenient hours.
- Creating a local call center with language services to answer vaccine-related questions.

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

CCPH continues to build its capacity to offer vaccinations in areas with the lowest vaccination rates. To that end, CCPH continues to recruit public health volunteers and it has acquired necessary tools to improve access as a provider, including:
• Additional units for storage and handling of vaccines;
• A mobile van for the public health department;
• An electronic health record system; and
• Field office space for additional staff.

Additionally, CCPH will continue to:
• Leverage trusted, local vaccination providers to provide access at locations identified by local, regional and state partner agencies, and local and regional community-based organizations.
• Develop relationships with interested faith-based organizations to assist in building vaccine confidence and identifying individuals who are not yet vaccinated.
• Coordinate vaccinations for homebound individuals.
• Partner with community leaders to provide a vehicle for information sharing between CCPH and communities with low vaccination rates.
• Respond to feedback from community members and community-based organizations.
• Offer testing, vaccine education and vaccinations at five school-based health centers through partnership with Columbia Health Services, a local community-based organization and provider of health services. All five of the county’s school-based health centers are located in communities with relatively low vaccination rates.

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

In addition to the strategies described above, CCPH is working closely with the Columbia Economic Team to engage and pair employers with vaccination teams. The Columbia Economic Team informs local employers through various means, including a newsletter and website, and it offers workforce screening, recruitment, training assistance, and labor market information about the local area. Columbia Economic Team and CCPH are meeting regularly to inform employers and increase uptake at places of employment. The agencies also collaborated to create a simple form for employers to request onsite vaccinations for their employees.

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:**

a. **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?**

There are two OHA-funded CBOs serving Columbia County. The County executed MOUs with each CBO, and created processes to exchange information and receive feedback from the CBOs. CBOs providing wraparound services have incorporated vaccine questions into their client interactions, and have identified many new vaccine clients. The CBOs have also led vaccination efforts and the county provides supports to the CBOs upon request. The county highlights the work of CBOs in both internal and external communication, social media and community newsletters.

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4 https://www.jotform.com/211717415366051
b. 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?

In addition to outreach via social media, websites, newsletters, the county’s Public Health Information Officer, Health Promotion Specialist and Preparedness Coordinator maintain a comprehensive contact list of community partners and local multi-agency meetings, such as the Columbia Health Coalition. The county provides information about vaccination events to local agency leaders through these means to help with promotion and uptake. Our Health Promotion Specialist receives and responds to requests for information in additional languages. Our Emergency Management Department provides registration information to partners as well.

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?

CCPH’s Preparedness Coordinator maintains regular communication with the OHA REC to provide updates on our work with agricultural workers in the county. CCPH has matched COVID Vaccine Providers with multiple employers to offer on-site vaccination. Our ongoing strategy, in partnership with OHA, includes meaningful access to testing and vaccinations for local agricultural workers.

Only one local agricultural employer responded to the OHA survey. The county provided information to the employer about ongoing nearby vaccination events, language services, and transportation options.

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

Using results of a survey conducted by the University of Portland, specifically designed for Columbia County, CCPH designed billboards and posted them in visible locations. The survey results also informed webpages, social media activities and other communication. CCPH leadership discussed results in local media events and shared results with partners.

CCPH’s COVID-19 Response team also regularly reviews federal Vaccine Confidence reports, as well as state and regional media messages to design external communication about vaccine safety and efficacy.

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

Columbia County Public Health will continue to use several strategies to address vaccine confidence:
- Monitor local communication channels to respond to misinformation about the disease and vaccines;
- Tailor and redistribute federal, state and regional messages based on vaccine confidence reports;
• Invite local community leaders to promote vaccine uptake, and highlight local community members, employers and organizations that are promoting vaccination;
• Partner with other agencies, such as the Columbia Economic Team and School-Based Health Centers, to provide factual information about risk, disease severity and vaccine safety and efficacy;
• Advocate to improve broadband internet access and services for every resident;
• Review data by zip code, profession, race, ethnicity and school district to identify local health inequities and barriers, and locate mobile health services in areas with the greatest needs.

Second, the county seeks to continue to evaluate and improve access to care, and to facilitate conversations between providers and unvaccinated community members. CCPH believes many unvaccinated community members have not yet consulted with a health care provider about their decision not to seek vaccination. Community members identified Access to Care as a chief health issue in a recently completed Regional Health Equity Assessment. Further evaluation is necessary to determine whether community members are concerned about hospital level of care, primary care services, COVID-19 testing and vaccination, other specialty care, or all of the above.

Third, the county will continue to reevaluate vaccine confidence and local thoughts and beliefs about the vaccines; and research findings will inform a multi-layered, multi-tiered, multi-channel media campaign. The campaign will improve vaccine uptake with employer-led vaccination efforts.

9. 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?

The communication plan includes traditional media, social media, radio, billboards, blogs and newsletters; however, CCPH expects that local community members and employers will continue to have the greatest influence so CCPH seeks to highlight local stories that dispel myths and promote vaccination. CCPH will continue to improve information messages in collaboration with community-based organizations and the Columbia Economic Team.

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

CCPH recruited volunteers who are bilingual in Spanish and English, and requested assistance from partner agencies when a bilingual volunteer was not available. Spanish is the most common non-English language spoken in Columbia County.

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

Transportation to vaccination appointments are available free of charge via two agencies.
• **Columbia County Rider**: Residents have been able to schedule free transit to-and-from a vaccination appointment by calling 503-366-0159 or emailing CCRiderinfo@columbiacountyor.gov.
• **NW Rides** (CPCCO’s non-emergency medical transportation (NEMT) provider). NEMT services are normally only a covered benefit for CPCCO members, but the agencies
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?

School-based services. Testing, vaccine education and vaccinations will be available at five school-based health centers in the county, through partnership with Columbia Health Services, a local community-based organization and provider of health services. All five of the school-based health centers are located in zip codes with relatively low vaccination rates.

13. 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?

CCPH will review and report progress by:
- Sharing data with local agencies and creating opportunities for community-based organizations, CPCCO, healthcare providers, employers, schools and childcare providers to provide feedback.
- Sharing vaccine data and progress with the Regional Health Equity Coalition, which recently reformed and now meets monthly.
- Conducting research to learn about local thoughts and beliefs about the vaccines.
- Inviting public comment at Board meetings and via health@columbiacountyor.gov.

Attestation Statement

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.

Chair of LPHA Governing Body

Local Public Health Officer

Local Public Health Administrator

Date

9/30/2021

9/29/2021