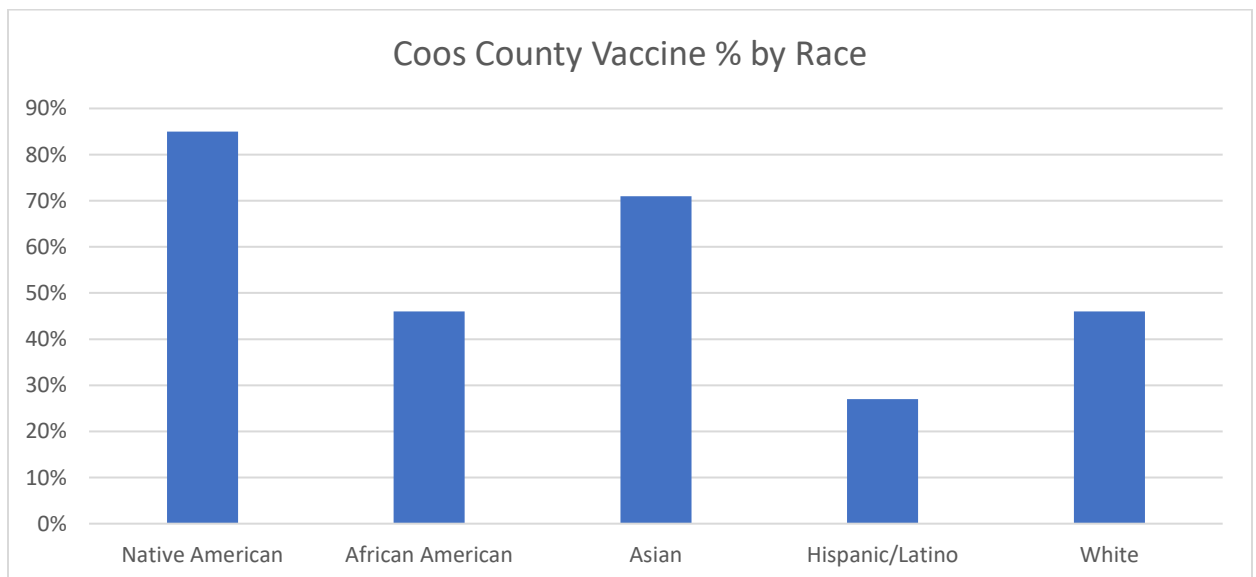
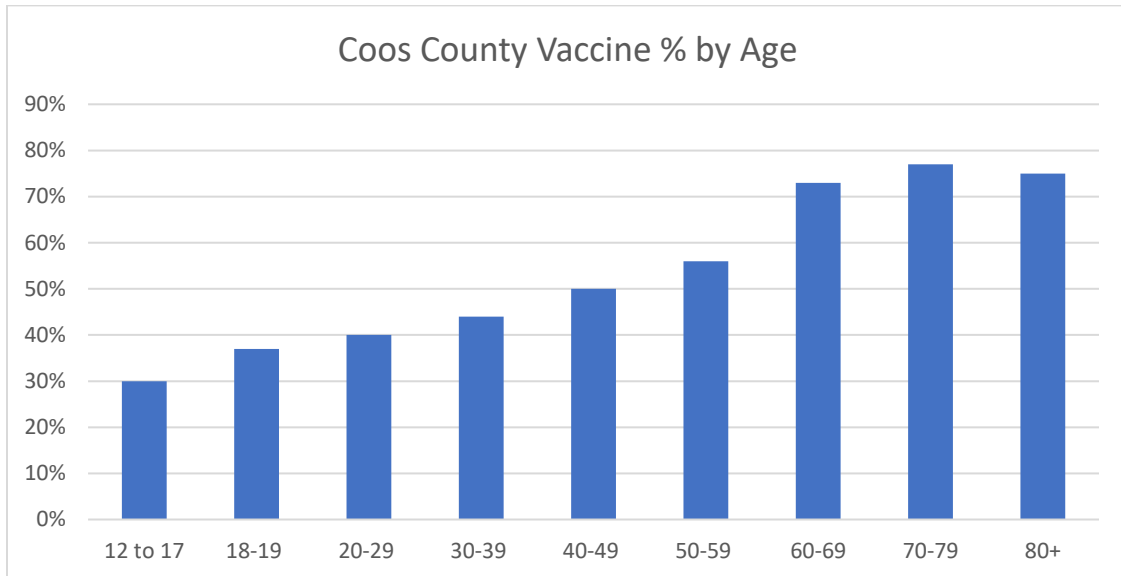


LPHA must respond to each of the following questions. Please restate the question and provide a subsequent response specific to each question.

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

Coos County has done a remarkable job with health equity from the very beginning of our efforts despite facing several barriers to reach these populations. For instance; there are very few minority leaders/organizations in Coos County for partnering in outreach to Hispanic and African American populations, in addition to limited data and the ability to locate these populations throughout our county. Despite this challenge Coos still has done a very good job in conducting outreach and getting these populations vaccinated. It is strongly believed that our rates are likely higher for each category as a significant number of people indicated (Other, Unknown or Native Hawaiian/Pacific Islander) over our current census data. We attribute this to our great coordination and wonderful partnerships with the tribal organizations and healthcare facilities in our county. Coos did not experience policy or operational/funding barriers for targeted outreach. Support of leadership at LPHA, County and medical community was a strength in this area.





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

Coos County started and led vaccine equity committee in March of 2021 with representation from the Hispanic population such as EPuerto, LPHA equity personnel, LPHA outreach coordinator and an African-American member from our LPHA. This committee was a subcommittee of the overall Vaccine Prioritization and Distribution Committee that was led by Coos Health and Wellness and involved all the Vaccine Distribution partners in the county such as the Hospitals, pharmacies, tribal governments, and Federally Qualified Health Centers. Meetings for both committees are held weekly. Some clinics have already been held for targeted outreach for agriculture/seafood industry, Hispanic population, and rural towns of less than 5,000 citizens where no medical clinics are present. Worked with medical providers to ensure vaccine clinics held in areas as well. All forms are available in Spanish. Spanish interpreters are provided at clinics. Targeted messaging for specific groups has also been conducted and is on-going through various forms of media. LPHA also is conducting a community survey that may provide insights about specific racial/ethnic groups' vaccine hesitancy (if we receive more responses from non-White participants). Targeted outreach has also included specific outreach to the houseless community with a local tribal partner offering clinics in local homeless center to assist in reaching this demographic. Outreach to churches assisted by local Christian radio station. Specific outreach to elder populations has included a postcard handed out with an elderly meal support service to ask if they need help in being vaccinated. We also have been vaccinating ships that come into port from a variety of nations such as Japan, China, and Panama.



Coos County Staff and Medical Reserve Corp Volunteers Vaccinate a Chinese Cargo Vessel

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

LPHA will continue targeted clinic and messaging and implement a mass mailer to hard to reach groups in collaboration with our local CCO. (Advanced Health) LPHA will continue to gather feedback from partners on strategies and continue to research effective talking points from focus groups and data. LPHA is scheduling clinics in low income neighborhoods, churches, restaurants, and industry to reach minority populations. We will continue to build and maintain our strong partnerships with organizations that impact the BIPOC community, IDD populations, houseless population, low income, and rural communities. Our Equity committee will continue to focus seeking out additional steps to reach minority and difficult to reach groups.



Coos Health & Wellness
April 15 · 🌐

WHAT CAN I DO TO HELP WITH VACCINE EQUITY IN ROLLOUTS?

Communities of color have been disproportionately affected by COVID-19, dying at higher rates than others.

It's really important that people from these communities have **access to vaccines** to protect themselves, their coworkers, and their families.

If you have reliable internet access, offer to **sign people up** for vaccine appointments.

Research and share call numbers, alerts and links to nearby appointments at mass vaccination clinics or community vaccination sites with eligible people you know.

Volunteer or work at a call center —especially if you speak a language other than English.

Offer rides to people who may need transportation to vaccination appointments, or offer to arrange a ride share service.

Johns Hopkins Bloomberg School of Public Health ✓
Paid for by Johns Hopkins Bloomberg School of Public Health

Not everyone has equal access to the #COVID vaccine, but there are ways you can help. Lisa Cooper from Johns Hopkins Center for Health Equity offers some ideas....
[See More](#)

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👍 Like 💬 Comment ➦ Share

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

Various strategies have been mentioned above and will continue to be amended through the LPHA Vaccine Equity Committee. Specifically regarding the local African American community, we are also tentatively planning a video outreach campaign to address vaccine hesitancy. Regarding the Hispanic community, we offer forms and interpreting services in Spanish as well as our targeted clinics.



Coos Health & Wellness
April 29 · 🌐

¿Necesito una tarjeta de identificación para mi cita para la vacuna contra el COVID-19?

NO necesita documentación ni identificación específica.
Recibirá una tarjeta de vacunación que demuestre que ha sido vacunado; asegúrese de conservar esta tarjeta.

OHA en Español is sharing a COVID-19 Update.
April 28

Sabemos que muchas personas en Oregon tienen preguntas sobre cómo recibir la vacuna contra el #COVID19.

En su cita de vacunación contra el COVID-19, es posible que se le pida una identificación, pero no es necesario que la proporcione para recibir la vacuna.

Like Comment Share

- 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 3 organizations to increase meaningful, culturally responsive, low-barrier access to vaccines? How will the LPHA and its partners ensure that CBOs and navigators are aware of vaccine events so they can assist with registration and outreach as able?

Coos has already partnered and will continue to partner with CBO's on clinics and outreach. The LPHA and our hospital partners have created a community based vaccine scheduler and vaccine

information. Each partner is doing their own targeted approach to reaching minority groups such as tv, newspaper and social media campaigns. Our CCO, local Fire Department, Homeless shelter, disability services, and chamber of commerce have all been made aware of the vaccine scheduler and how to direct clients. The vaccine scheduler offer both online and phone access to scheduling and is easy. LPHA also promotes local clinics through a weekly PSA that promotes events that are not accessible through the community scheduler such as walk in clinics where no scheduling is required. This PSA is promoted on the CHW website and on social media.

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?

LPHA has hosted 3 specific vaccine clinics for the seafood industry in our county. One of our community partners ensured a clinic was held for forestry workers as well. We are continuing to do at least 1 scheduled agriculture/seafood targeted clinic per month. We have also done specific media campaigns for this group in Spanish.

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

Partners have promoted messaging from various locally trusted voices-ranging from medical professionals, business leaders, and general community members who have publicly shared their experiences and why they received the vaccine. LPHA has shared a variety of information out to the community directly from OHA. LPHA leadership will continue to look at focus group data for the right messaging to build additional confidence. LPHA is currently conducting a community wide social media survey on vaccine confidence in an effort to discover what specific concerns exist in our community. Combined with survey data from the state level, this will allow for messaging directed to our community. LPHA will work with vaccine/medical partners, businesses, and community organizations to utilize state vaccine incentive funding to continue increasing the vaccination rate of Coos County.

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

LPHA leadership will continue to look at focus group data for the right messaging to build additional confidence and share the information with community partners for continued development of effective outreach/education. LPHA leadership participates in community groups/meetings/events to gain feedback/insight from individuals with confidence concerns. Partners share messaging from LPHA and State OHA. LPHA will work with vaccine/medical

partners, businesses, and community organizations to utilize state vaccine incentive funding to continue increasing the vaccination rate of Coos County.

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? 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.

LPHA messaging includes promotion of PSA's and social media that include Spanish translation to improve access to information. Currently LPHA is creating a plan to interview local leaders and vaccinated individuals who represent racial /ethnic minorities for promotion through social media and you tube. These short informational video will specifically address some current misinformation and build vaccine awareness. Social media from OHA in Spanish shared alongside OHA posts. Coos is also looking into a candidate who was unvaccinated that was hospitalized from COVID willing to share their story and why others should avoid making the mistake.

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

Interpreters and interpretation devices, forms in various languages, sharing these documents with all partners. This information is shared on our scheduling system when it is available in advance.

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

The local cab company has been providing rides to clinics for those unable to drive or have access to transportation and they have continued to voice their support for doing so. Local CCO helps with this as well. LPHA has contract in place for at home delivery with local EMS provider through contract and discussing ways to expand the program.

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?

Targeted clinics in areas with higher density of these populations, continuing partnerships with our tribal governments, and ensure effective communication to these populations. LPHA has partnered with school based health clinics through Waterfall and LPHA is doing specific outreach to youth through social media. Continue to work with community groups engaged in these populations. We continue to work with and coordinate with the Confederated Tribes and the Coquille Tribe on our vaccine committee and holding clinics in coordination with the local

casinos and houseless populations, our local school districts, youth sports associations and minority representatives in the local community. Furthermore, we work with Bay Cities Ambulance to do coordinated efforts of identifying the homeless/transient population by going to parks, bridges, supermarkets, community gathering spots and offering them testing and vaccines. CHW is also going to lead a field promotional team of going door to door with flyers of information on clinics in the area and this team will target urban housing/low income neighborhoods, and use zip code information on communities with 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?

Report on progress at the Vaccine Equity Committee and our community partners meetings. Include data in future public service announcements and media campaigns. Continue to participate in community groups that actively engage with these communities.



Coos County Staff lead a Mass Distribution Vaccine Event at Coos Bay Fire 2/6/2021. Over 800 Doses of Covid-19 Vaccine were administered in 8 hours.



*Promotes and provides innovative quality health services,
prevention, and education for our communities*

281 LaClair Street, Coos Bay, OR 97420
p. 541-266-6700 • f. 541-888-8726

For reference in this document our list of community partners is extensive and include but not limited to:

Hospitals

- Bay Area Hospital
- Coquille Valley Hospital
- Southern Coos Hospital

Medical Facilities/Clinics

- North Bend Medical Center & Satellites
- Bay Area Clinic
- NOVA Care
- Waterfall Health Clinic (FQHC)
- Coast Community Health Clinic (FQHC)

Pharmacies

- Safeway
- Walgreens
- Fred Myers
- Wal-Mart
- Rite-Aid
- Broadway Pharmacy
- Bi-Mart

Fire/EMS

- Coos Bay Fire Dept
- Bay Cities Ambulance
- Myrtle Point Ambulance

Community Based Organizations

- Coos Elderly Services
- Nancy Devereux Center
- South West Oregon Workforce Council
- Community Emergency Response Team
- Medical Reserve Corps
- Coos County Friends of Public Health
- Connections Case Management
- Star of Hope
- Bay Area Chamber of Commerce
- E-Puerto Youth Sports

And all the school districts and education services in our county.