



Deschutes County COVID-19 Equity Plan Demonstrated Progress

To demonstrate progress toward plans to address vaccine inequities, especially among racial and ethnic populations, the LPHA must submit responses to questions outlined below. Please restate the question and provide a subsequent response specific to each question below.

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.

1. Please review race/ethnicity data for LPHA jurisdiction on the OHA Website and the race/ethnicity vaccination rate data shared weekly with 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?

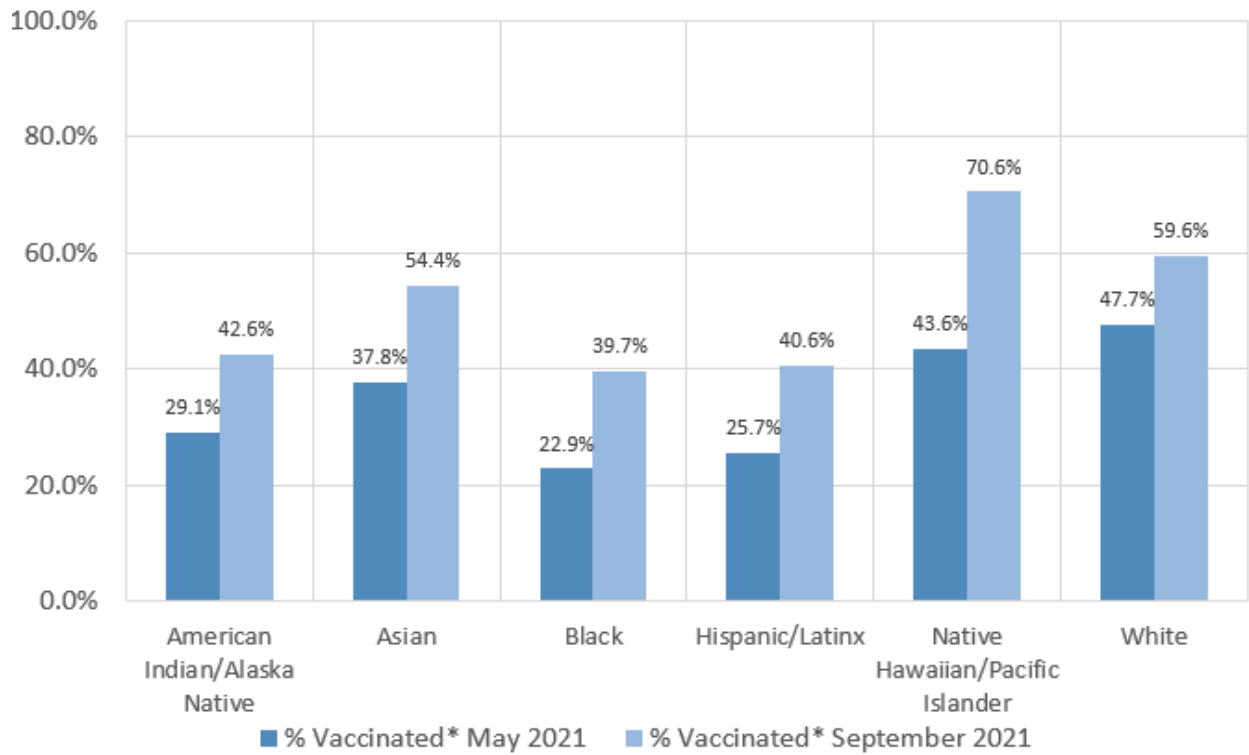
Deschutes County Health Services (DCHS) has made great strides in our vaccination rate for our Latino community, which is our largest BIPOC community. We now sit firmly in the center when ranking counties on this metric. Our strength is our partnerships. We have several organizations that are trusted resources for the Hispanic community including the Latino Community Association (LCA), Volunteers in Medicine (VIM), and Mosaic Medical FQHC. All three have helped with outreach and marketing, and identifying and overcoming barriers. Starting in the spring the County offered 'family appointments' at the Mass Vax, worked in collaboration with community partners to host Saturday LCA vaccination events in Bend/Redmond, and Deschutes County Health Services has conducted pop-up clinics at VIM. We have launched several waves of TV, radio, and social media education campaigns in Spanish. These spots utilize trusted Latino community members (doctors, priests and restaurant owners) to counter hesitancy. These efforts, combined with efforts throughout the year have assisted us in improving our vaccination rates for our BIPOC community.

From May 12, 2021 to September 2, 2021, the Deschutes County vaccination rate across all five BIPOC categories (American Indian/Alaska Native, Asian, Hispanic/Latina/o/x, Black, and Native Hawaiian/Pacific Islander) increased by an average of 16.8% overall, with the greatest increase in vaccination rate reported in the 'Native Hawaiian/Pacific Islander' category, up 27% since May 2021. During this time-period, the increase in vaccination rates across all five of the BIPOC categories was higher than the rate observed in the 'white' category, which increased by about 12%.

When comparing the Deschutes County vaccination rate by race/ethnicity for individuals age 18 years of age and up to the rate in other Oregon counties, Deschutes County ranks third in the 'White' category; fifth in the 'Asian' category, and eighth in the 'Hispanic/Latina/o/x,' 'American Indian/Alaska Native,' 'Black,' and 'Native Hawaiian/Pacific Islander' categories.

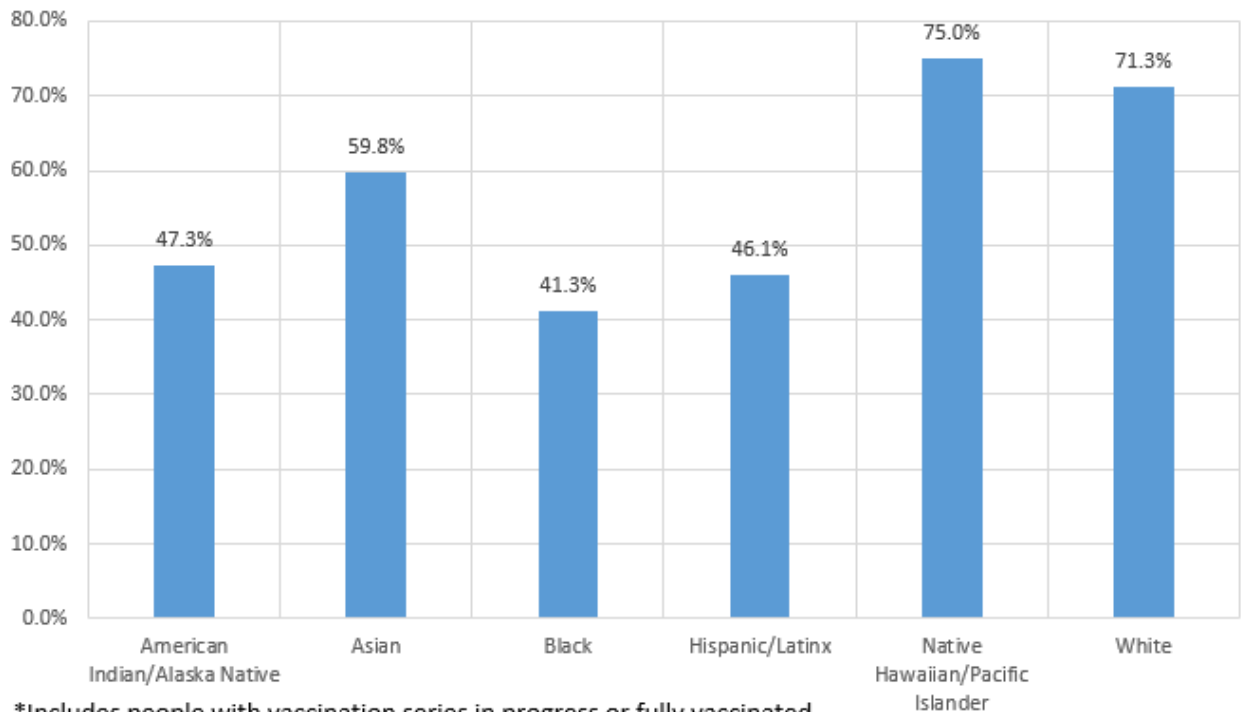


% of Total Population Vaccinated*



*Includes people with vaccination series in progress or fully vaccinated

% Population 18+ Years of Age Vaccinated*



*Includes people with vaccination series in progress or fully vaccinated



Some initial barriers faced in reaching this population revolved around DCHS struggling to provide culturally-responsive information and access to vaccine. DCHS has collaborated closely with the Concilio, a group of local Latinx community leaders brought together by the Deschutes County Incident Management Team, and the Latino Community Association (LCA) to improve meaningful and culturally responsive messaging for this population. In addition, through these collaborations, DCHS identified the importance of representation for the BIPOC community on the Incident Management Team which led to the creation of a BIPOC Liaison, a full time Language Access Team Lead and the current hiring of 10 Promotores de Salud to provide outreach to and assist with vaccination events. There has been tremendous effort to work through these barriers and thanks to our relationships with our community partners and their willingness to assist us in this work, much progress has been made.

Another barrier has been vaccine hesitancy amongst this population. Through our Vaccine Confidence Coalition there has been excellent progress to improve vaccine confidence in this population and other vulnerable populations. As we have progressed through this year, it has been gratifying to work with our community partners, learn from them and see the improvements we have made in reaching our Latinx community. That said, we know there is more work to be done and look forward to continuing to work with our community partners to increase meaningful, culturally-responsive, low barrier access to vaccines for all citizens in Deschutes County.

Some barriers were faced later, when vaccines became more readily available, including the inability to adequately earmark or target other non-Latinx BIPOC communities. A BIPOC liaison was identified to champion our outreach to the various BIPOC communities. We partnered with local community based organizations (CBOs) to identify events and communities of color for purposes of promoting COVID vaccines among this population. The Latino community had existing businesses, churches and groups that we were able to leverage for these efforts. This was not the case for most of the other BIPOC communities. Several bilateral discussions were ongoing between Deschutes County, Thrive Central Oregon, boys and girls clubs and athletic groups and other CBOs in an attempt to reach more of the non-Latinx BIPOC communities, but we discovered that they have also experienced similar barriers in reaching those communities on similar efforts.

All this work is working to improve a cornerstone of trust with these populations. We recognize that prior to the changes and significant work mentioned above the health systems, including DCHS, were lacking in culturally and linguistically appropriate programing and outreach. Creating trust within these populations will take time and continued effort. This effort must not only focus on vaccine distribution but also on other healthy equity and access to services. We have hired a new Equity and Inclusion lead to spearhead our efforts on reaching the BIPOC communities.

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

Deschutes County Health Services and our partners have worked in collaboration to provide vaccinations to our vulnerable populations, including those experiencing racial and ethnic vaccine inequities. We continue to work together to ensure vaccine access for all of our citizens. Most recently, we have focused specifically on continued low barrier vaccine access to vulnerable populations, including those experiencing homelessness, those who are home-bound, rural residents and those experiencing racial and ethnic vaccine inequities. One of the most important



ways of achieving vaccine equity amongst these groups is the relationships and collaboration amongst ourselves and our local community-based organizations.

We acknowledge as a community that there is a need to continue to narrow the gap in providing vaccines to these populations and there is still a lot of work left to be done. We are committed to a continuous process of listening, learning, and improving. Below is a summary of the actions taken to date to address racial, ethnic and vulnerable populations in relation to COVID/vaccination inequities:

Mass Vaccination Clinic

- On-site video remote interpreting for over 35 languages
- Signage in Spanish
- On-site interpreters (1-2 per shift)
- Online scheduling in Spanish
- Disability Integration Site Assessment completed by FEMA with implementation of recommendations.
- Call Center for individuals needing assistance navigating the on-line scheduling system and/or individuals who do not have access to computers/smartphones.
- Collaboration with the Call Center and Volunteers in Medicine to save vaccination appointments for Latinx population.
- Volunteers in Medicine (which serves a large portion of our Latinx population) was given access to directly sign up Latinx individuals to assist in removing barriers of on-line appointment scheduling.
- Specialized "Fast tracking" for individuals with special needs such as mobility, Intellectual and Developmental Disabilities (IDD), mental health issues, individuals who need interpreter services, etc.
- Private area for vaccinations for individuals needing reduced stimulus.
- Vaccinations provided to individuals in their vehicles in order to accommodate special needs.

Community Vaccinations

- Weekly hosted community-based or home-bound vaccine clinics for vulnerable populations.
- Collaborated with Adult and People with Disabilities (APD) and other service providers/community based organizations (CBO) serving the aging adult population to identify barriers related to receiving the vaccine and identified outreach methods for these individuals.
- Mosaic has partnered with the Latino Community Association (LCA) and Volunteers in Medicine (VIM) to provide Latinx-focused vaccination clinics every Saturday.
- Mosaic continues to saturate the market with TV news, Spanish-speaking radio stations, posters/flyers at apartments, RV parks, restaurants, etc., frequented by the Latinx population.
- Mosaic and Deschutes County Health Services collaborated to reach out to the homeless population in shelters, camps and at congregate sites. These efforts included sending trusted individuals to talk with the population about vaccine hesitancy, videos for vaccine confidence (utilizing trusted individuals) and several pop up clinics at congregate sites, shelters and service areas.
- Specialized clinics for the IDD and Mental Health population including specialized supports for this population and specialized scheduling (collaborated directly with providers, group homes, etc. to sign up individuals for vaccines).
- Block appointment scheduling for IDD/Mental Health and Substance abuse congregate living sites in order to accommodate support staff accompanying individuals for vaccinations.



- There was a special vaccine clinic organized from July 28th-August 1st at the Deschutes County Fair and Expo, several incentives were offered to get as many people as possible vaccinated. 71 total doses were given, with over 70% of those doses being first doses.
- We have also had partnerships with the Latino Community Association to offer vaccinations and incentives to the Latinx community
- There have been several pop-up vaccine clinics at churches e.g. St Francis Catholic church, St Thomas Catholic Church as well as businesses like La Frontera.
- DCCHS is providing vaccination for inmates at Deschutes County Jail.
- Central Oregon Pediatric Association (COPA) was contracted with some of the incentives money DCCHS received from OHA to provide vaccine outreach to mostly the youth who are eligible for vaccines

Scheduling & Call Center (Hotline)

- Interpreters available at all times.
- Online pre-registration available in Spanish.
- 3 bilingual staff who are actively training or working the hotline to decrease the need for interpreter services.
- Utilizing Linguava for all ESL callers who are not Spanish-speakers, or for when our bilingual staff are unavailable.
- Two staff members specially identified to make accommodation language/ADA arrangements prior to arrival at the mass vaccination clinic.
- Partnership with Volunteers in Medicine to help schedule vaccinations and accommodations for the Latinx patient population.

Contact Tracing/Case Investigations

- Contact tracers and case investigators collaborate with vaccine clinics/leaders to ensure education for cases/contacts on when they can receive vaccine doses as to communicate this information to individuals in real time and in Spanish.
- Direct assistance with cases/contacts that need help rescheduling their vaccine appointment due to new infection or exposure; working closely with the hotline team to ensure these individuals are taken care of. All provided for vulnerable populations and those facing racial and ethnic inequities in obtaining vaccines.
- Standard email communication to cases/contacts including encouragement to pre-register, links to the website, and the hotline number for people to call and schedule appointments. All provided in Spanish.
- Prioritized hiring bilingual staff, provided increased pay for these hires given the additional skillset to assure all services and connection with vaccine information is provided in Spanish.
- Increased training of non-bilingual staff to ensure cultural competency when working Latinx cases, as well as increased training on utilization of interpreting services.
- Partnered with Latino Community Association for wraparound services for Latinx cases and contacts.
- Prioritization of potential Latinx cases/contacts during the day to ensure these individuals are called within 24 hours and receiving support as needed in a culturally sensitive way
- Timely translation of all letters/templates/infographics to ensure accessibility to Spanish-speaking cases/contacts; all communication materials are available in both English and Spanish.



Long Term Care Facilities (LTCF) Team

- The LTCF team vaccinated staff and residents at 18 Adult Foster Homes between Bend, Redmond, Sisters, Terrebonne, and La Pine.
- LTCF staff administered vaccines at assisted living facilities that either did not have the staff capacity to administer a large quantity of vaccines, or had trouble acquiring vaccines through the pharmacy partnership.
- After all LTCF vaccine clinics, we have kept communication open with facilities needing additional vaccines for residents or staff. This has led to additional vaccinations provided by public health onsite and at 3 different facilities.
- Assisted (and continue to assist) the vaccination team in providing vaccines to home-bound individuals throughout Deschutes County.

Vulnerable Populations

- Partnered with vulnerable population case management entities (CMEs) on a routine basis to provide vaccine updates and information. CMEs involved are Aging and People with Disabilities, Deschutes County Intellectual and Developmental Disabilities (IDD), Brokerage, and Council on Aging
- Engaged with these CMEs and other community-based organizations in focus groups in collaborative problem-solving around access challenges related to vulnerable and BIPOC populations.
- Outreach efforts conducted via email, direct phone contacts, and media via Public Information Officer.
- Provided direct assistance around scheduling challenges to vulnerable populations identified via outreach efforts.
- Provided direct support in scheduling appointments.
- Provided sensory-friendly clinics in the community for IDD population.
- Offered car doses for individuals with special needs.
- Surveyed CMEs for home-bound citizens needing home doses and coordinated getting these contacts to the vax unit for in-home vaccinations as needed.
- Outreached to the homeless population and connected with a champion in the community who provided names and contact information of other homeless people. We reached out to provide resources for vaccinations to them

Unhoused & Shelters Group

- Worked to plan, coordinate and strategize equitable access to COVID-19 vaccines.
- Developed a work group comprised of several leaders in the community providing direct service and outreach to those experiencing literal homelessness throughout Deschutes County.
- Solicited feedback directly from vulnerable populations to create best practices and to address hesitancy specific to this population.
- Created specific messaging to address hesitancy and ensure that all those in our community have the confidence to make personal decisions about receiving a COVID-19 vaccine.
- Printed flyers on weatherproof paper.
- Created an education video featuring familiar and trusted service providers addressing concerns specifically identified by this population in relation to vaccines.
- Created "recovery kits" to provide to individuals after they receive their vaccine (e.g., water, electrolyte packets, ice packs, masks, hand sanitizer).
- Coordinating to provide "pop-up" vaccine clinics at congregate settings to increase easy access.



- Mosaic providing mobile outreach vaccine clinics to homeless camps, homeless shelters and the warming shelter.
- Public health provided vaccinations for staff and clients at the Covid-19 isolation motel.

Case Management (Wrap around team) and Community Based Organizations (CBO's)

- Contracted with 7 CBO's to provide wrap around support to residents of Deschutes County in order to help individuals and households successfully isolate/quarantine (I&Q). CBO's include: Latino Community Association, Thrive Central Oregon, Chinese Friendship Association of Portland, D.A.W.N.S House, Central Oregon Disability Support Network, Bend-Redmond Habitat for Humanity, and Friends of the Children Central Oregon.
- Wrap around services include: contactless grocery delivery, prorated rent/mortgage/utility payments for the duration of I&Q, assistance applying for lost wages relief (i.e.: Pandemic Unemployment Assistance or the COVID Temporary Paid Leave Program), hotels for individuals unable to isolate from at-risk family members, and other urgent needs the individual or household identifies that would help facilitate successfully staying home.
- Deschutes County Wrap around team in partnership with these seven organizations, have assisted 2384 residents via 911 individual referrals.
- CBO's and Wrap around team providing outreach/education as appropriate to provide individuals with information to answer vaccine questions and/or guide individuals/households to schedule vaccine appointments.
- Many of these CBOs are actively advertising both the wrap around support and the vaccine information to their communities.

Public Information

- Contracting with a bilingual/bicultural media company (ICG) and developing communications in Spanish, including Facebook live interviews to dispel misinformation, video testimonials from Latinx community members, and engaging outreach materials for the Promotores to use for community outreach.
- Contracting with Boost Oregon and GMS Media and Advertising to develop and disseminate a County-wide vaccination and public awareness campaign via radio, streaming TV, broadcast TV, and streaming radio informed by evidence-based messaging research on vaccine hesitancy conducted by OSU-Cascades.
- Posting regularly on English and Spanish County social media channels - specific themes include vaccine misinformation, giving people an idea of what to expect, showcasing language access and accessibility resources and promoting the fact that vaccines are free and no insurance or identification are needed.
- Produced videos in English and Spanish to showcase the vaccination clinic and help people feel comfortable with the language access services, accessibility and general process of the clinic.
- Coordinating with our Language Access Unit Lead to increase frequency of radio interviews in Spanish.
- Translating recurrent COVID-19 communications, provide culturally relevant communications and provide live interpretation for the weekly COVID-19 BoCC updates (on Facebook Live).
- Providing stickers and buttons in English and Spanish for people to take with them after they receive their vaccine.
- Timely translation of all letters/templates/infographics to ensure accessibility to Spanish-speaking cases/contacts; all communication materials are available in both English and Spanish.



- Responding to media requests and assuring that language access and accessibility are highlighted when talking about vaccination access.
- Providing information to businesses in English and Spanish, as well as offering personalized resources, PPE and vaccination clinics to local businesses.
- Spanish language access for business-related questions and ad-hoc support.
- Sharing information on vaccine sign-up for frontline workers, involving the Latinx community during all business interactions.

Liaison

- Concilio – Collaborated with a group of Latinx leaders to develop a group to come together to work with the COVID Response Team to provide guidance around needs for the Latinx community.
- Created a new position within the Incident Command System: BIPOC Liaison. The BIPOC Liaison works within the Incident Command System and Services as a communication link between the response organization and stakeholders who serve the BIPOC community. This important position helps ensure the specific needs of historically underserved communities are met, so that all people have the ability to access resources in times of COVID and other disasters or emergencies.
- Hired Latinx Outreach Lead position to recruit and lead 10 Promotores de Salud embedded within the Latinx community in order to provide vaccine information from a trusted source and to assist with Latinx community vaccination events.
- Hired full time Language Access Unit lead embedded in the Incident management team. This individual manages all interpreters, coordinates interpreter schedules for vaccine clinics and assists with translating information documents, patient forms, media releases, social media marketing and signage.
- Partnered with OHA and Peace Corps volunteers to outreach and offer vaccination directly to Asian owned businesses. Peace Corps volunteers visited and provided outreach and education directly as well as offered vaccine onsite to 28 businesses.

2. Please review the jurisdiction's response to question #6 and 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.

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?

DCHS reached out to all agricultural and food processing companies in our county. They all indicated that they planned to visit the Mass Vaccination site for vaccinations. Central Oregon is actually a high desert climate with minimal agriculture and food processing industry.

Per this document by the Latino Community Association our estimated number of seasonal farm workers in Deschutes County is 87. P.21

<https://latinocommunityassociation.org/wp-content/uploads/Latinos-in-Central-Oregon-10-11-20.pdf>



A list of seasonal farm workers was provided to Deschutes County by the Oregon Health Authority. Vaccine outreach and education was done to provide this group with all the resources and information needed to get their COVID vaccines. These businesses indicated that all employees were vaccinated or had been offered vaccination and resources directly.

We have shifted our outreach and focus to target businesses with onsite clinics for the larger sectors employing Latinx community members including accommodation and food service. We are utilizing Deschutes County Environmental Health staff to do direct outreach and education in these facilities during calls, routine inspections and email communications.

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.

From May 12, 2021 to September 2, 2021, Deschutes County has worked collectively with CBO's and other local community partners across the county to hire and train a COVID-19 community outreach team. Throughout this process we were able to identify language barriers, hiring processes that presented inequities and mitigate those barriers through community collaboration. The result led to the first ever Deschutes County job posting in Spanish, hiring several individuals from diverse communities, and has led to more active involvement supporting multi-directional communication and dialogue within the BIPOC communities, increasing vaccination rates by 16.6%.

From early on during the beginning of the pandemic and to this date we continue to work with the Concilio. The Concilio was created to bring to the table and support initiatives that the BIPOC population needed. The Concilio is Latinx community leaders that have been bringing initiatives to Deschutes County and the County has implemented them and worked with other community partners in order to fill the gaps in our services. A couple examples that have not been mentioned above are, PPE distribution to Latinx owned business and community members with community partners, fotonovelas developed to be relevant to the Latinx community, secret shopper during vaccine clinics and feedback directly provided by Concilio members, as well as ICG campaign feedback.

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.

As part of our Latino/a/x Outreach efforts, Deschutes County has worked closely through community liaisons to increase community voice. This effort has involved grassroots approaches of community outreach, identified by communities experiencing inequities. Since May 12 2021, the Deschutes County COVID Outreach team has conducted 37 individual



outreach events at BIPOC owned and operated, grocery stores, churches, restaurants, community parks, medical clinics and businesses. Paired with a team that provides culturally and linguistically appropriate COVID education, and information, this effort has led to an increase in community confidence, an outreach to more than 1,500 marginalized community members, and exceeded vaccination increases by 5.8% compared to that of our white community members.

Additionally, the Central Oregon Vaccine Confidence Coalition (VCC) has been a mechanism for increasing community voice. Formed in December 2020, the VCC is a regional group comprised of over 170 community stakeholders from a variety of organizations (e.g., CBOs, health officials, education institutions, chambers, medical providers) coalescing around evidence-based, equity-informed, and innovative strategies for increasing vaccine confidence and uptake. As a function of having many different community voices at the tables, Deschutes County Health Services has been able to incorporate community feedback into its strategies and decision making.

Another approach that has helped share power is ongoing and representative data collection. Since December the County has administered three statistically valid phone surveys to understand vaccination attitudes, intentions, and barriers. The County contracted with OSU-Cascades to conduct focus group research with BIPOC, rural, and millennial community members. OSU-Cascades partnered with the Central Oregon Black Leaders Assembly (COBLA) and Latino Community Association (LCA) as part of this work in recognition of the need to address and change the histories of colonization and racism that exist within research and medical institutions, to recognize that insights from leaders within these communities would illuminate the data, and to adhere to emancipation principles of nothing about us without us. These partners helped recruit and run focus groups among the communities they serve. The work done by OSU-Cascades was shared back through train the trainer workshops and materials on how to communicate about the vaccines. Additionally, this work informed the County-wide communication campaign that has been running since May in partnership with Boost Oregon and GMS Media and Advertising. This communication campaign features a number of different culturally responsive messages tailored to different vaccination attitudes. Other research conducted to-date includes rapid needs assessments with educators, essential workers, and healthcare providers. Additionally, the County administered a survey to vaccine recipients at our Mass Vaccine Clinic to understand drivers of vaccine uptake. All of these methods of data collection were methods for bringing community voice into decision making, letting the data and evidence guide strategies to increase vaccine access for our community members.