



**DOUGLAS COUNTY  
BOARD OF COMMISSIONERS**

**TOM KRESS    TIM FREEMAN    CHRIS BOICE**

1036 SE Douglas Ave., Room 217 → Roseburg, Oregon 97470

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September 28, 2021

To Whom It May Concern,

*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.*

Thank you,

**DOUGLAS COUNTY BOARD OF COMMISSIONERS**

A handwritten signature in blue ink, appearing to read "Tom Kress", written over a horizontal line.

Tom Kress, Chair

A handwritten signature in blue ink, appearing to read "Tim Freeman", written over a horizontal line.

Tim Freeman, Commissioner

A handwritten signature in blue ink, appearing to read "Chris Boice", written over a horizontal line.

Chris Boice, Commissioner

# Douglas County

## Vaccine Equity Plan

The purpose of this plan is to describe the ongoing efforts Douglas County is making to ensure access to vaccine to all populations, demonstrating a commitment to eliminate all vaccine inequities, including racial and ethnic vaccine inequities. Douglas County will focus ongoing efforts, using a multichannel approach, on providing meaningful, culturally responsive, low-barrier vaccine access. Douglas County and its partners have been and will continue to actively collaborate with community-based organizations, employers, and others to proactively reach all eligible populations who have not yet been vaccinated, especially those experiencing racial and ethnic vaccine inequities.

These collaborations are essential to ensuring groups such as migrant and seasonal farm workers, Black, Indigenous, Tribal, other communities of color, houseless populations, and others have low-barrier, culturally responsive, meaningful access to vaccine.

### **1. Please review race/ethnicity data for the LPHA jurisdiction at:**

<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData>

**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?**

As of 9/27/2021 Douglas County has vaccinated 47.6 % of the population over 18 years of age.

- Hawaiian Native/Pacific Islander 238 of 511 (46.6%); an increase of 30 since 8/21/2021;
- Asian 925 of 2125 (43.5%); an increase of 155 since 8/21/2021;
- White 39,498 of 106,420 (37.1%); an increase of 4,073 since 8/21/2021;
- Black 245 of 1212 (20.2%); an increase of 43 since 8/21/2021;
- American Indian/Alaskan Native 1124 of 4794 (23.4%); an increase of 146 since 8/21/2021;
- Hispanic-Latino 1570 of 6732 (23.3%); an increase of 249 since 8/21/2021.

Barriers initially identified include:

- Expansive geography of Douglas County with several remote communities having limited to no medical services
- Heavy reliance upon digital distribution of vaccine information and use of online scheduling platforms, predominately provided only in English
- Lack of local community-based organizations available to provide culturally and linguistically specific support to underserved communities
- Transportation requirements for people, especially in remote areas of the county, to travel to vaccination sites
- Very few or no Community Based Organizations (CBO) here that we can work with to reach BIPOC communities. Reaching out to other areas of the state for these partnerships, Douglas County does have an established MOU with the Chinese Friendship Association, willing to provide services in our communities if needed.

Strengths to overcome barriers:

- Strong relationships with partners
- Ability to increase vaccine delivery widely throughout Douglas County using a distributive model
- Ability to rapidly stand up a response team that is reflective of the communities we serve

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

Douglas County has strong working relationships with Tribal, state, regional, and local partners, including CBOs and others. These partnerships have proven to be invaluable in the COVID-19 vaccination efforts and in serving the populations most affected by inequities. Partnerships with fire and EMS providers allow mobile testing and vaccination in remote areas of the county and for the homebound who would otherwise not have access to vaccine due to disabilities or other challenges. The Coordinated Care Organization serving most of Douglas County, Umpqua Health Alliance, provides transportation for people who would otherwise be unable to travel to vaccine appointments as well as providing incentives to increase vaccine uptake.

Douglas Public Health Network’s Tiger Team, in partnership with Umpqua Valley Ambulance, provides pop-up vaccination clinics to remote communities throughout the county, to work sites, and to congregate settings including the jail, Rescue Mission, and adult foster care homes. Medical providers and pharmacies work in partnership with Douglas County and Douglas Public Health Network to provide vaccine throughout the county through a very successful distributive model. Aviva, a local Federally Qualified Health Center, provides a drive through testing and vaccine site, available to the public 5 days per week.

Douglas County has also developed an extensive communications plan that includes a 7 day per week COVID-19 hotline, social media pages and websites, videos, and infographics, providing testing and vaccine information in English and Spanish.

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

Our plan to deliver vaccines is to use as many community partners as possible to deliver vaccine as quickly, equitably, and efficiently as possible, and to respond to the conditions, as they exist. To that end, our vaccination plan is based upon a distributive model, allowing people easy access to COVID-19 vaccine in the places they would normally go for other vaccinations. Recognizing that barriers exist, our plan makes every attempt to low barrier vaccination to every member of our county.

All our efforts take into account the health inequities faced and our vaccination program will strive to reduce the inequities where we can. To guide us in these efforts, we have looked at the Social Vulnerability Index (SVI) for our county, by census tract (where 0 is total equity and 1 is total inequity). Overall, the county has a high SVI (0.7504) with even higher needs in various census tracts, including:

Census Tract	Geographic name	Overall SVI score
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2	Reedsport	0.8352
5	Oakland	0.8523
9	Sutherlin	0.7902
12	Roseburg	0.7618
13	Roseburg	0.7509
14	Green	0.7531
16	Winston	0.8387
19	Myrtle Creek	0.868
20	Riddle	0.8397

Special efforts have been made in areas with high SVI to maximize vaccination capabilities by partnering with medical providers and pharmacies and by providing mobile vaccination clinics.

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

Our plan to deliver vaccines is to use as many community partners as possible to deliver vaccine as quickly, equitably, and efficiently as possible, and to respond to the conditions as they exist. Our plan is based on the belief that people should get their COVID-19 vaccine where they would normally get vaccinated for other diseases, at their provider’s office or pharmacy, but recognizes that only with other less traditional vaccinators would we reach much of our underserved population.

We recognize that this pandemic has been especially cruel in the disproportionate impact among front line workers, and in the Black, Hispanic, Native American, Pacific Islander and seasonal worker population. We also realize that those in group homes, those with intellectual disabilities and those who are disabled may find it hard to get vaccinated at large events. We formulated plans for these populations, including:

**Those with intellectual and developmental disabilities**

Special outreach was made to Care Connections, the case management group serving those in Douglas County with intellectual and developmental disabilities. People in this group along with their caregivers were given special priority access to the mass vaccination event on January 23<sup>rd</sup> and follow-up events in early 2021. Today, many vaccination sites are available through pharmacies and medical providers. DPHN works with state and local partners to provide in-home vaccination for community members who are home bound due to a disability.

**Caregivers**

Special outreach was made to SEIU for the caregivers they represent. They were given special priority access to the January 23 and follow-up mass vaccination events. The Tiger Team is conducting a series of pop-up events for caregivers and their families throughout the county and Aviva has a drive through vaccination site open to the public five days per week.

**Those living in adult foster homes**

Multiple contact attempts by DPHN and our CCO were largely unsuccessful in reaching this group. More recently, working with DHS, these groups have been contacted and vaccine delivery has been arranged through one of our regular providers. We have contracted with Umpqua Valley Ambulance (UVA) to provide vaccines to those homes having residents who cannot receive vaccine at their regular provider. The Tiger Team is scheduling visits to adult foster homes to provide vaccinations for residents, staff members and their families and is available upon request.

### **Those who are homebound**

Those who cannot leave their homes can be provided testing or vaccine through DPHN's Tiger Team and UVA, working with Oregon Health Authority and Oregon Department of Human Services and local partners.

### **Seasonal workers**

Douglas County and DPHN conducted mass vaccination events targeted to seasonal workers and have also had several pop-up vaccination events at worksites throughout the county. One of our vaccinators has a long history of working with seasonal workers and has been instrumental in reaching the Latinx population and helping to develop plans for vaccinating seasonal workers, many of whom arrive in May for the blueberry-picking season.

### **Those in county jail**

We are currently working with Wellpath, the Douglas County jail medical provider, for them to become a certified Covid 19 vaccine provider. When they become certified, the county will provide vaccine for Wellpath to vaccinate inmates. Until then, the Tiger Team, in partnership with Umpqua Valley Ambulance, routinely provides vaccinations to inmates at the jail.

### **Those who received a first dose of vaccine at a DOC facility or at the Oregon State Hospital**

We are currently working with Umpqua Health Alliance, our local CCO, to make outreach to this population and to find a vaccine provider for them. We would like to have single point of access for this group.

### **The senior and disabled population**

We have worked with our local DHS to have their case managers contact each of their eligible clients to get them vaccinated. For our March 13 mass vaccination event, the seniors and disabled were given special access to vaccines at this drive-through event. As some of those slots were not taken after 3 days, we expect that the needs of most of these clients were met.

### **Those Experiencing Homelessness**

Douglas County collaborates with HIV Alliance, the Dream Center, our county jail, the Roseburg Rescue Mission, and South River Community Health Center to provide vaccines to those experiencing homelessness or unstable housing. Vaccination events are scheduled at the Roseburg Dream Center, a drop in homeless shelter prior to COVID-19, which now provides food,

clothing, and other services to people experiencing homelessness. The Tiger Team also makes visits to offer vaccine to the men at the Roseburg Rescue Mission and women and eligible children at the Samaritan Inn.

### **Those for whom English is not their first language**

Our area has few for whom English is not a preferred language, with Spanish as the second most common preferred language. We have several native Spanish speakers on staff who can guide Spanish speaking to vaccine providers. Working with local employers and community leaders, we have partnered to organize and hold several events specifically for our Hispanic population.

**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?**

Douglas County and its partnering organizations continue community outreach and organization of community vaccination sites at places of employment and community events such as the county fair and live music events. As of September 27, 2021, there have been 154 Tiger Team vaccination events. Additionally, Douglas County is working with Oregon Health Authority and FEMA to bring a vaccination team to a central location for two weeks in October with the possibility that the team may assist in the work to underserved populations through deployment to satellite locations.

**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?**

Vaccination events are posted in our thrice-weekly news release and on our website. A list on medical providers and pharmacies offering COVID-19 vaccinations are available through the DPHN website as well as through our 7 day per week hotline. We engage directly with many of our partners, collaborating and information sharing.

**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?**

We had a very active seasonal worker vaccination program, conducted through a local provider and through our tiger team. Several events have been organized through local employers and community groups.

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

Frequent updates are available to the community showing that the vaccines are safe, effective, and widely available. All are available on our DPHN Facebook page (videos) and on our DPHN

YouTube channel. Our public health officer is on the radio weekly, on Facebook Live weekly, and hosts a twice-per week update to a large group (up to 200 members) of community partners. Douglas County is working with partnering organizations to engage community leaders and influencers to conduct outreach to underserved communities.

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

Douglas County will continue with the current communications plans, adapted as necessary, frequently using questions from the public to address concerns. An email address has been set up so that the public can submit questions directly to public health. These questions are often answered by the public health officer. Additionally, we take information from the public comments and questions to adapt our messages, being sure to respond to those most important issues from the community.

#### **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.**

Douglas County uses available sources of multi-language source materials and multiple communication routes, such as Facebook, email, websites, You Tube, radio, etc., to get the messages out to all groups, especially those with inequities. We have established contacts in the community that are conduits to many underserved populations and work with these contacts, as well as our CBO's, to distribute information and make important connections with additional community leaders and influencers.

Our vaccine plan is only as good as our communication to those who give the vaccine and those who might get the vaccine. DPHN and Douglas County have utilized multiple strategies to communicate eligibility and accessibility of vaccine. Strategies include:

- Written daily reports, being distributed to over 20,000 subscribers in the county 7-3 days a week, on Monday, Wednesday, and Friday.
- Daily social media postings on our website
- Facebook live town hall Q&A events
- Vaccine FAQs on the DPHN website updated daily
- Multiple on demand radio, newspaper and television interviews.
- A Covid 19 hotline, staffed daily
- Briefings with interested community members, average attendance 50 to 100 (Monday and Friday at 10)
- A medical community coordination meeting, including the larger clinics, both hospitals, the CCO, public health, the nursing homes, the VA, the Cow Creek Tribe of the Umpqua Indians and our 2 FQHC's (Monday at 10:30 and Wednesday at 3:30)
- A meeting with Douglas ESD and the county school superintendents (Wednesdays at 10)
- Radio show on KQEN (Mondays at 12:30)
- Vaccinator meeting with each of our 50 vaccinators

Simplified registration for vaccine events has been a top priority. We have used Eventbrite, an online software accessible by a smart phone. For those not able to access event registration via the internet we have had Senior Advocates available via phone to help with registration, including Spanish-speaking staff. Average time to register has been less than 5 minutes.

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

Every mass vaccination event as well as many of the pop-up events are staffed with language interpreters. All written materials are available in both English and Spanish. A call line has been established and published for all mass vaccination events to receive signup instructions in Spanish and for anyone not having access to digital technology or needing assistance with signup.

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

Using mobile vaccination units and Douglas County's vast number of providers, we have made vaccine available to approximately 90% of the population within 5 miles of where they live. The Tiger Team was designed to respond to outlying areas, community gathering places, and special events. This helps with those who do not have great transportation means. Umpqua Health Alliance, our local CCO has agreed to provide NEMT to any county resident needing Covid testing or vaccination services.

**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?**

Douglas Public Health Network staff and partners continuously refer to gaps, efforts, and measures to ensure access and remove barriers to reduce inequities among groups and communities. Our Tribal partners are very active in both testing and vaccination efforts, not only for Tribal members but for non-Tribal members as well. The Tiger Team has partnered with several schools to provide vaccination events at the schools. Also, the Tiger Team is working with the Boys and Girls Club of Umpqua Valley to provide vaccine events at the club. Again, as written in question 1, there are few to no CBOs that reach the BIPOC community, let alone BIPOC youth.

**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?**

DPHN uses data on race, ethnicity, and vaccination rates to plan for and provide vaccination availability. We will continue to work with the Tribes and leaders of communities of color to review and assess strategies. As mentioned in the Progress Report, we did reach out to restaurants, wineries, vineyards, and other employers that have Latinx staff and were able to get educational materials to them in Spanish. We are able to keep in touch with them, now and in the future, to ascertain impact, strategies, and needs.

**Required Attestation Statement**

- Please copy/paste the statement in italics onto letterhead. The LPH administrator, LPH Officer and Chair of LPHA governing body are all required to sign (Electronic signature accepted):

~~*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.~~