

Equity Plan Submission Guidance May 2020 (Updated 5/21/2021)

Purpose

- Provide process through which jurisdictions may move to Lower Risk once 65% of their population age 16 years or older have received a first COVID-19 vaccine dose while also demonstrating their commitment to continuing to eliminate racial and ethnic vaccine inequities.
- Provide opportunity for any county to receive funding to support implementation of equity strategies and vaccination incentives.

Background

- OHA has the following goals:
 - Reach parity in vaccination rates by closing gaps in race and ethnicity vaccination rates by August 31, 2021.
 - Ensure vaccine access to all populations with a focus on populations experiencing racial and ethnic vaccine inequities.
 - Encourage and facilitate local public health partnerships with community-based organizations (CBOs) and employers in their jurisdiction.
- OHA has an expectation that jurisdictions are using multiple channels for providing meaningful, culturally-responsive, low-barrier vaccine access. While mass vaccination sites are a key strategy for vaccine access, these sites likely do not meet the needs for many populations that have borne the greatest burden of COVID-19 disease and death. In addition, due to decreased vaccine demand, many of these sites are starting to ramp down.
- OHA expects the LPHA 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.

Funding

- County governments have the opportunity to receive funding to support implementation of equity strategies and vaccination incentives.
- Funding is based on a population-based allocation formula developed by Department of Administrative Services (DAS).
- The first 50% of the funding will be provided up front once the county government signs the funding agreement.
- The second 50% of funding will be released once documentation has been submitted by the LPHA demonstrating progress toward the plans outlined in the original accepted submission. OHA and the Governor's Office will be working with community leaders and LPHAs on how a fair measure for demonstrating progress will be defined.

Equity Plan Documentation and Moving to Lower Risk

- The earliest a county may move to Lower Risk is May 21, 2021.
- To move to Lower risk, at least 65% of all people age 16 years or older in the jurisdiction must have received a first dose.
- **Determination on whether or not a county meets the 65% threshold will be based on data published on the Monday prior to the movement Friday. Calculation will be based on ALERT data and doses administered through federal programs data combined.**
- In addition, an LPHA must do the following to move to Lower Risk:
 - Submit to OHA responses to questions related to LPHA's ongoing and future efforts to maximize meaningful, low-barrier access to vaccine for all eligible populations, especially those experiencing racial and ethnic vaccine inequities.
 - Submit an attestation statement form signed by the Local Public Health Administrator, Local Public Health Officer and the Chair of the LPHA Governing Body (this is the Board of Commissioners in all counties except Gilliam, Sherman, Wasco and Wallowa).
- **Any LPHA may submit the equity plan documentation and attestation statement. Once OHA has reviewed and accepted the documentation the documentation will be posted on OHA's website and the county government will receive complete funding. The county will not move to lower risk, however, unless the vaccination rate for 16+ year old population has reached 65%.**

Required Questions

- 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](#) (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?
 2. What steps have the LPHA and its partners already taken to address specific racial and ethnic vaccination inequities in the community?
 3. What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?
 4. What plan does the LPHA and its partners have to close the specific vaccine equity gaps among specific racial and ethnic populations?
 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?
 - 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?
 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?
7. What steps have the LPHA and its partners taken to actively address vaccine confidence in the community?
 8. What plans do the LPHA and its partners have continue addressing vaccine confidence?
 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.
 10. How has and how will the LPHA and its partners ensure language accessibility at vaccine events?
 11. What plans do the LPHA and its partners have to decrease transportation barriers to accessing vaccine?
 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?
 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?

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.

Timeline and Review Process

- Complete documentation (as outlined above) must be submitted by Close of Business on the Friday prior to the Friday on which the jurisdiction would move to Lower Risk. Announcement of jurisdictions moving to Lower Risk will be made on Tuesday prior to the Friday when movement will occur.
 - For example, to move to Lower Risk on Friday, May 21, LPHAs should submit complete documentation to OHA by 4:00 p.m. on Friday, May 14.
 - Jurisdictions moving to Lower Risk on Friday, May 21 will be announced on Tuesday, May 18.
- LPHAs submit the following to paul.shively@dhsosha.state.or.us by 4:00 p.m. on Friday a week prior to the Friday the jurisdiction seeks to move to Lower Risk:
 - Attestation Statement
 - Document that address each question outlined above by restating the question and providing response to each question individually.
 - Please note that late or incomplete submissions may result in delayed movement to Lower Risk due to additional review time required.
- **Documentation can be sent at any time, but documentation submitted for county after 4:00 p.m. on Fridays will not be considered for county movement to Low Risk the following Friday.**
- Once OHA has reviewed and accepted the submission, the documentation and attestation statement will be posted on OHA's website.