

## Equity Plan Documentation Report 9-21-21

**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.

There have been no changes with the population of Grant County.

The total number of residents in Grant County is estimated to be 7,189. The population is comprised of:

### **Ethnicity:**

- White: 94.3%
- Black/African American: .3%
- Asian 1.7%
- Native Hawaiian/Pacific Islander .1%
- Hispanic or Latino: 3.9%
- Two or more races: 2.9%

### **Age:**

Number of individuals in each age group

12 to 17-year-olds: 355

18 years old and above: 6,294

Over 60 years of age: 3,344

### **Income:**

Median household income \$44, 712

Per capita income: \$27,367

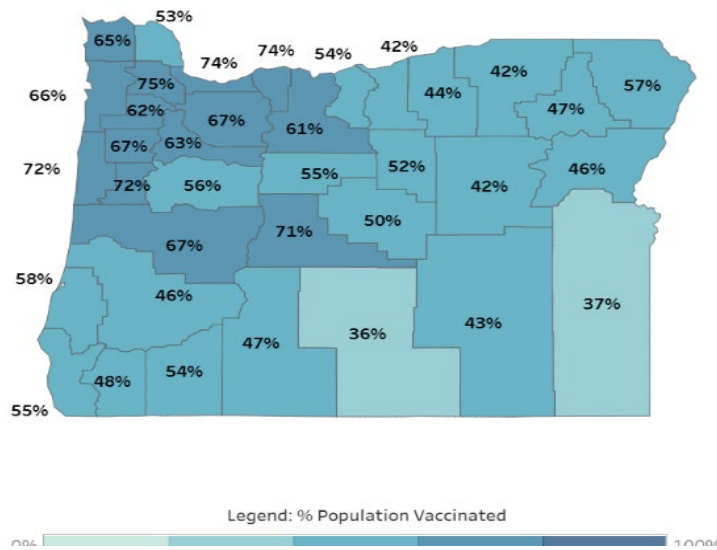
Grant County is estimated to have 15% of the population living in poverty.

The unemployment rate in Grant County is 10.5% compared to 6% for the state of Oregon and 6% for the National average.

Data for the week of July 5<sup>th</sup> through July 12<sup>th</sup>, 2021, the county vaccination rates were 42.1% of the population age 18 and older had received at least one dose of a COVID-19 vaccines. Data for the week of September 10<sup>th</sup> through September 17<sup>th</sup>, 2021, for the same population shows that 46.5% of the population had received at least one dose of a COVID-19 vaccines, which is a large improvement of 4.4% for Grant County.

Race and ethnicity data shows a improvement in all areas as well for the week of September 10<sup>th</sup> through September 17<sup>th</sup>, 2021 as compared to the week of July 5<sup>th</sup> through July 12<sup>th</sup>, 2021 for the region Grant County's data is located which includes Crook, Gilliam, Hood River, Jefferson, Morrow, Sherman, Wasco and Wheeler Counties. Those vaccinated that identify as Native Hawaiian/Pacific Islanders increased by 5%, Asians by 5.5%, Whites 6.8%, Blacks 5.5%, American Indians 5.8% and Hispanics 7.7%.

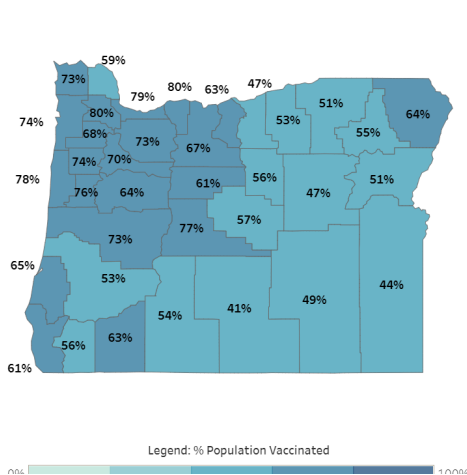
### July 2021 Data



### September 2021 Data

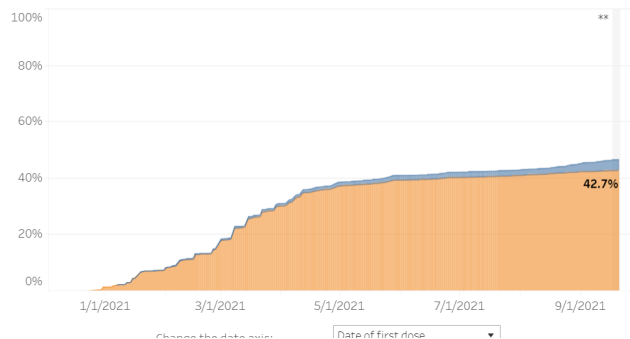
#### County profile of vaccination rates

Depending on the county, between 41% to 80% of people 18+ years old are vaccinated\*  
Percent change between 09/10/2021 to 09/17/2021



Select a county:

**46.5% of people 18+ years old in Grant County have received at least one COVID-19 vaccine**  
 3.9% are in progress while 42.7% have completed the series



The Grant County Health Department (GCHD) has been working to target the Hispanic population by reaching out the agricultural areas such as the orchards. We have offered and tried to provide a clinic onsite at the orchard, but the owners did not feel that this was warranted as their Hispanic population comes to town regularly and have been offered the chance to become vaccinated. We have had our Hispanic/Bilingual Nurse reach out directly to many of the Hispanic individuals in that work at the orchards. Our work with to try to bridge the gap between equitable access to COVID-19 vaccines shows in the increase in percentage of Hispanics that have been vaccinated since July 2021.

The GCHD has tried to work closely with all of the school districts and the hospital district in the county to supply vaccine information to students, staff, and parents. Vaccination clinics have been targeted to school staff and we were trying to provide onsite vaccine clinics in the schools, but with COVID-19 masking mandates for students in schools, we have hit some roadblocks. COVID-19 has become a much more sensitive topic for schools, and they are afraid to encourage COVID-19 vaccines at this time. We did become a COVID vaccine site at our SBHC. We also worked with SWCC/BMH to target 12–18-year olds this summer during well care visits/OSAA sports participation exams, to increase COVID-19 vaccination rates although these numbers still remain low. The OHA data does show that the vaccination rates for 12–17-year olds increased by 8.7% and 18-19 year old increased by 10.1%. Both of these age groups had the largest percentage of growth during this time.

The GCHD has worked to make sure there are multiple locations (four) to obtain COVID-19 vaccines along with making sure all three vaccines that are available in the United States are at these locations. We have also working to go out to all the outlying towns again this fall (so the next month) to provide Flu and COVID-19 vaccines to help increase our vaccine rates.

The GCHD has continued to work closely with the CBO's to improve media outreach and education to our counties residents.

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.

As mention above: The GCHD has been working to target the Hispanic population by reaching out the agricultural areas such as the orchards. We have offered and tried to provide a clinic onsite at the orchard, but the owners did not feel that this was warranted as their Hispanic population comes to town regularly and have been offered the chance to become vaccinated. We have had our Hispanic/Bilingual Nurse reach out directly to many of the Hispanic individuals in that work at the orchards. Our work with to try to bridge the gap between equitable access

to COVID-19 vaccines shows in the increase in percentage of Hispanics that have been vaccinated since July 2021. The GCHD has also continued to work with both the United States Forest Service and Oregon Department of Forestry to provide vaccines to their staff including seasonal and permanent staff. Working often directly with the department supervisors.

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.

The GCHD has heard time and time again from those who do not live in the John Day/Canyon City area that they feel like they do not have the same access to care or services in their areas. This is true, as these areas are much smaller in population and when we can offer vaccines in these areas, we have very low turn outs. In contrast to when we offer vaccines in the John Day area, we are able to reach a much larger number of residents at once and tend to give many more vaccines.

However, we have listened to this feedback, and have gone to the outlying communities (Seneca, Dayville, Monument and Long Creek) twice this summer and plan to go again in this fall (likely in the next month). We have also provided COVID-19 testing clinics in these areas' multiple times.

- 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.

The GCHD has worked with the CBO's and the BMH district to provide as many options for these outlying communities as possible. In these smaller areas, the schools and senior/community centers tend to be the best access points. We have reached out to the schools asking for their ideas on how to increase vaccination rates. The number one answer is providing vaccine clinics in their towns. So we are working to provide vaccine clinics again.