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.

Over the past few months, the Harney County Health Department and its partners have worked around the clock to provide COVID-19 vaccines to anyone who desired a shot, as well as address specific vaccine gaps in equity. Harney County’s data is grouped with Klamath, Malheur, and Lake counties, so that makes it difficult to determine the effectiveness of some of our efforts to reach our disparately impacted populations. Currently the data shows the following:

<table>
<thead>
<tr>
<th>Region</th>
<th>Native Hawaiian/Pacific Islander</th>
<th>Asian</th>
<th>White</th>
<th>Black</th>
<th>American Indian/Alaska Native</th>
<th>Hispanic/Latino/a/x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klamath, Malheur, Lake &amp; Harney</td>
<td>71.2%</td>
<td>38.3%</td>
<td>49.1%</td>
<td>24.3%</td>
<td>24.1%</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

As shown above, our group of counties has made tremendous progress with several groups, including the Native Hawaiian/Pacific Islander. Harney County has a very small Native Hawaiian/Pacific Islander population, Asian, Black, and Hispanic groups. However, we continue to work to reach out to these groups, which is difficult considering how small they are.

One group though where we have a fairly large population as outlined in our equity plan is our American Indian/Alaskan Native population. One of our main efforts outlined in our equity plan was to work with local tribal government in order to help gain trust in our local tribal community. We did this by continuing to partner with our local tribal clinic to provide COVID-19 vaccines, education, and outreach. We are fortunate enough to have a healthy relationship with our local tribal clinic, and we have a nurse practitioner who provides healthcare for our local tribe at their clinic. Over the past few months, she has
continued to help our clinic develop trust and relationships with our tribe, and also encourage patients to receive the COVID-19 vaccine to protect themselves and their community. While we are not able to provide the actual number of our tribal community that is vaccinated, we continue to see members come in to receive the vaccine and continue to make an effort to reach 80% vaccination rate for that community, along with all our BIPOC communities.

We have continued to work with our local CBOs, including Euvalcree, Central Oregon Disability Support Network, Grant/Harney CASA, and Eastern Oregon Center for Independent Living. Each group brings its own expertise to the table which has provided us with a valuable resource to reach out to our BIPOC and other communities. We continue to work on educating our community members, and these partners help tremendously by sharing our vaccine event and education information on Facebook, providing their own education materials, and helping coordinate vaccine events.

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.

Harney County does not have a large migrant/seasonal farmworker population, but continues to reach out to everyone in our community through outreach, education, and providing equitable access to vaccines for all. There are no more updates on this effort at this time.

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.

Harney County Health Department has partnered with many groups within our community, including Harney District Hospital, Wadatika Tribal Clinic, Safeway Pharmacy, Symmetry Care, and many more to educate our population about vaccine safety, as well as provide vaccines for the community. One response from some members of our community experiencing inequities was the problem of finding the vaccine. We addressed this by advertising in our radio, newspaper, and multiple social media platforms making sure people knew where our vaccine clinics were and when it was offered. We changed our policy a few months ago to provide vaccines on a walk-in basis instead of
requiring an appointment. This flexibility has seen a tremendously positive response! We have seen many people walk in to get vaccinated over the past few months, and many people change their mind and choose to be vaccinated.

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.

In an effort to reach these communities, we have continued to work with our Hispanic community through outreach using Spanish messaging. Our main source of messaging has come via Facebook and Instagram. While we have a small Spanish-speaking population, we understand the importance of reaching out to them. We have a community health worker who is fluent in Spanish and provides translation services five days a week, and also attended all our vaccine events to ensure there was language access. We also provided information about the vaccine in Spanish on our Facebook page to ensure that this community knew where and when to get vaccinated.

As seen in the graphic below, Harney County and the counties around us continue to make efforts to reach our different racial and ethnical communities. As previously stated, our CBOs have been excellent resources to help us reach out to these communities, and our efforts with our tribal government continues to be positives and paying dividends. While our four county numbers show only 24% of American Indians are vaccinated, our numbers in Harney County are much higher and we continue to provide vaccines around the clock for this community, and anyone who needs a vaccine. As a specific example of sharing power, we have worked with our tribal clinic to partner at our vaccine events, and even worked with their tribal nurse to provide vaccines at these events. As we gear up for the fall and winter, and potentially thousands of booster shots, we know it is important to continue these partnerships. We will continue to work with our tribal community, and when we have these events ensure it is known in our tribal community, and also that their clinic partners with us at ensure equitable vaccine access for all.

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