



HIGH COUNTRY

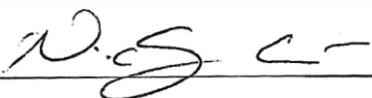
HEALTH AND WELLNESS CENTER

HARNEY COUNTY HEALTH DEPARTMENT

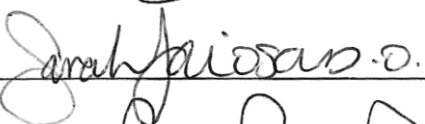
-We have each reviewed the attached responses to all questions and affirm that the LPHA jurisdiction will continue to make meaningful efforts to offer culturally-responsive, low-barrier vaccination opportunities, especially for populations in our jurisdiction experiencing racial or ethnic vaccine inequities.

-We commit to implementing this plan to close the racial and ethnic vaccine inequities in our jurisdiction.

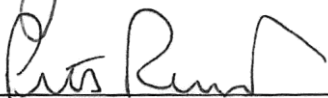
-The LPHA and its partners will continue to ensure that vaccine sites are culturally-responsive, linguistically appropriate and accessible to people with physical, intellectual and developmental disabilities and other unique vaccine access needs.

X 

LPH Administrator

X 

LPH Health Officer

X 

Chair of LPHA Governing Body



Harney County Vaccine Equity Plan

August 12, 2021

- Please review race/ethnicity data for the LPHA jurisdiction on the OHA website 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?

The pandemic has taught each county many unique lessons throughout the past year. One of which that is very clearly defined, is the disproportionate impact COVID-19 has had on our BIPOC community. We have taken dramatic steps to reach our communities of color and will continue to do so.

It is important to realize that Harney County is not as racially diverse as the rest of the state. With that mentioned, we do have a sizeable Native American population that is a vital part of the community. We realize that there are barriers in some health services and ensured this would not be the case in vaccine efforts. We have worked closely with our local tribe to ensure there are no barriers to care.

During the beginning of the vaccine effort, we realized there were barriers to obtaining the vaccine and also finding information about where local vaccine events were being held. To combat this issue, the health department and partners reached out to the local newspaper and radio for advertising on events. One specific barrier is that a large portion of our tribal population has lost faith in government. To help overcome this barrier, we worked with our local tribal government to have the message go out to all tribal members where vaccine clinics were located and that they were free to all. Another barrier was the lack of trust in healthcare workers not from tribal communities. We saw a barrier in tribal members not wanting to be vaccinated by a stranger, and so we worked with the tribal nurse and she volunteered at each of our vaccination events. This brought in many tribal members who felt comfortable knowing she trusted the vaccine and would vaccinate them.

Another barrier was transportation to these events. We partnered with our local bus service, ran through our local community center. They picked up passengers from their homes or local bus stops and then drove them to these events. We made sure that transportation was not a barrier, and even worked with our home health nurses to get vaccine to home-bound patients.

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

The health department has partnered with Community Based Organizations (CBO) to ensure vaccine outreach and assess to all. Our health department partners with Euvalcree, Central Oregon Disability Support Network, East Oregon Center for Independent Living, and Grant-Harney Casa to provide outreach as well as help at our vaccine clinics. They bring great expertise on reaching BIPOC groups as well as groups disproportionately impacted by COVID-19. When working with these CBOs, we provided vaccine clinics in partnership with them that gave away food boxes full of non-perishable items to any person who came to those vaccine events, as a way to incentivize vaccination as well as provide food for people in the community.

Transportation is a huge barrier in many communities. To help with this challenge, we have worked with our local Dial-A-Ride service that provides ride services that brought hundreds of people to our clinics. Transportation can be found by waiting at their fixed route, or scheduling a ride by calling 541-573-3030. This service is operated by Harney County.

Dial-A-Ride is operational with door to door service Monday – Friday 8am to 5:30pm and 8am-3pm on Sunday. The deviated fixed route is operational from 7am-7pm Monday – Friday and 8am – 5pm on Saturday with a 12-1 break for lunch. Drivers have brochures with the route, times and other details of the public transportation program. **Masks are required to ride. Drivers have them available if you do not have one.**



We have put advertisements in Spanish on our social media pages to ensure that there is no issue with language access, as well as plans to include Spanish advertising in our local newspaper. We have had a Spanish translator at our vaccine events and translation services available at no cost in our healthcare clinic where vaccines are provided every weekday (weekend vaccine available at Safeway).

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

As a health department, we want to ensure there are no inequities in our community. We will continue doing outreach to the Hispanic community through having a translator available at our clinics, advertising on the radio in Spanish, and also through Spanish language messaging about vaccine efficacy. In addition, we work closely with our tribal clinic. We have handled vaccinating the Burns Paiute members, but have relied heavily on the expertise of our tribal partners to get the message out about vaccine clinics, questions on the vaccine, and any other problems that may arise.

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

The main gap faced is among our Hispanic population. We had tremendous uptake from our tribal community and while we will continue our outreach efforts, our main equity gap lies in our Hispanic vaccine rates. We will continue messaging outlined above, and will make sure there is no barrier due to language or access to vaccine. We have had no request or response when offered to go to any migratory farm areas, and we have a very small population of Hispanics who work in that industry. Nevertheless, that is a priority and will continue to be offered and outreach will continue as well.

- 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 interests of CBOs in your community to host, support, and/or promote vaccine events in your jurisdiction:

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?

Harney County has only one CBO based in Harney County and a few that serve our residents. The only CBO that has shown interest is Grant-Harney CASA whom we have developed a great relationship with while working through the pandemic. We have regular phone calls/zoom meetings in which we discuss vaccine outreach efforts and figuring out ways to get more people vaccinated in Harney County.

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?

The vaccine events have been widespread throughout the community and CBOs are notified. At the moment, we are doing walk in clinics at our main site and CBOs have been notified of those services and are encouraged to spread the message to their partners.

- The agricultural employer survey results were shared with the LPHA and the LPHA has provided information to its REC about how the LPHA and its partners plan to use the survey results. OHA will review 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 its REC?

None at this time but we have constant contact with our REC and are focused on making sure our small population of agricultural workers has equitable access to vaccination.

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

As stated above but to follow-up, we have put out messaging in a number of formats. We realize that many people choosing to not get vaccinated do so because they have a lack of trust. We continue to gain trust with our community members through efforts such as through our health director going on the radio to be interviewed for a widely listened morning show. This interview has occurred many times throughout the past few months and centered around answering questions about COVID-19 risks as well as answering questions about the vaccine and its efficacy. In addition, our health director and health officer have gone to businesses, faith-based institutions, and nursing homes to educate and inform people about the vaccines available. In addition, they both did an hour-long Facebook Live FAQ session answering any questions about the vaccine from the community that was watched by thousands. We also have done messaging on our website, social media, radio ads, and in our local newspaper. In addition, we are providing FAQs on our website in English and Spanish in order to address vaccine confidence in our Hispanic community.

- What plans do the LPHA and its partners have to continue addressing vaccine confidence?

We will continue the efforts described above, as well as bringing in more partners who are respected by the community, and promoting vaccine through our healthcare providers. We have collaborated with each primary care provider in our area and placed a billboard in a highly trafficked area of town, with a picture of many providers from different practices asking people to please get vaccinated. In addition, we are continuing to provide up-to-date information on our website, and put updated FAQ's in the newspaper and on our social media pages. Our health director also works with our Local Community Advisory Council to gain input from local healthcare practitioners on how to address vaccine confidence and also

recruit them to the effort of encouraging vaccination. These partners in our LCAC include our dental offices, mental health facility, hospital, and more.

- **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?**

Facebook has been a major obstacle in increasing vaccine confidence. In response to the misinformation on the platform and other places, we have increased our posting on our social media platforms. These posts have been specific to addressing the misinformation. As well, our health director does weekly Facebook Live videos that are viewed by many and dispels many of the misinformation that is rampant. The posts we put involve facts and data that are difficult for the people opposed to vaccination to dispute. In addition, we are using mailers, newspaper FAQs, and radio interviews to dispel misinformation.

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

We have a Spanish translator who is fluent in Spanish. We also have vaccine forms in Spanish and if someone needs help in another language, we have a phone service to call to obtain translator help. In addition, OHA has provided vaccine information in many languages that we use to direct people to for help.

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

The Dial-A-Ride service is each day we have a vaccine clinic and can bring anyone to our clinics. We also have offered clinics in the outlying communities for anyone who can not come to Burns. In addition, we have partnered with our Home Health/Hospice to provide home-bound patients vaccine in their homes.

- **What plans do the LPHA and its partners have to ensure meaningful, low-barrier vaccine access for youth, especially those from the BIPOC communities experiencing inequities in COVID-19 disease, death, and vaccination?**

The local high school has agreed to promote and host a vaccine event on their campus. This event went well and many children and parents came to get vaccinated. We continue to provide vaccinations to children 12-18 at our clinic as Pfizer is available and also at Safeway Pharmacy. Part of our youth outreach is through comic books on vaccination, as many children are visual learners who will be influenced by these comics, provided by CBOs. In addition, we have increased our outreach on Instagram, a more popular social media

platform for many youths in our community. Our principals and school administrators are major proponents of vaccination, and also help us with youth outreach.

In addition, we have partnered with our local CBO to focus on these communities, as well as providing transportation assistance to all. Our CBOs have worked with us to provide food boxes, children's comic books on vaccination, and other outreach materials at our events and clinics. In addition, they have promoted our clinic vaccination events on their social media pages, and also helped by scheduling events and helping those in our community find out about them.

In order to break down barriers in our rural and frontier communities, we also partnered with OHA to provide a mobile vaccine clinic in our outlying communities. This helps those who can not or chose not to drive to Burns for vaccination. As some of these communities are several hours away, due to the size of the county, this will help break down travel barriers to those who can not come to our clinic. In addition to vaccine, food boxes are made available at these clinics to all.

- **How will the LPHA and its partners regularly report progress to and engage with community leaders from the Black, Indigenous, Tribal, and other communities of color to regularly review progress on its vaccine equity plans and reassess strategies as needed?**

We report weekly to our tribal clinic on how COVID-19 is being handled in the community along with vaccine uptake of tribal members and our community at large. We have a working relationship with our Tribal Council and make sure to keep them informed if anything monumental is happening in vaccination efforts in our community. This is helped by involvement of the tribal clinic nurse at each vaccine event. In addition, we have regularly scheduled calls with both OHA and our partner CBOs to discuss outreach to our BIPOC community as well as the broader community as a whole to address inequities and also raise vaccine uptake. This has included in-person meetings specifically addressing how to reach those in our community yet to become vaccinated.