COVID19 Vaccination Equity Plan

May 14, 2021

Updated September 30, 2021 – see page 7 for updates

Required questions

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?

- The demographic makeup of Hood River County is not accurately reflected in the regional groupings as presented on the statewide data tab, and therefore our vaccine outreach efforts do not match these trends
- The race/ethnicity vaccine rates for Hood River County reflect dedicated efforts by the local health jurisdiction, community-based organizations, and clinical partners to ensure vaccine availability to our Hispanic/Latino and native communities
- With over 30% of our county identifying as Hispanic/Latino, this community has been a focus of targeted messaging and outreach
- A strength reflected in the vaccination rates among our Hispanic/Latino community is our wide network of bilingual and bicultural community health workers and staff who work to address access barriers
- Our data also reflect outreach efforts among our Native American population in the county that include partnering with local native organizations to host vaccine clinics and share information.
- Many Hood River County residents have received COVID19 vaccine in Washington State.

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

- Dedicated outreach using Community health workers in the community
- Partner with local provider groups for both testing and vaccinations
- Partnering with FQHC to target Hispanic and Native populations
- Partner with Heart of Hospice to provide on-site and in-home vaccines to those with transportation or mobility issues
- Outreach to businesses that traditionally employ MSFW (orchards, packing houses)
• Targeted outreach using funded CBOs that traditionally serve the populations in question (Age Plus, Columbia River Inter-Tribal Fisheries Commission, Bridges to Health and Eastern Oregon Center for Independent Living)
• Targeted outreach using non-funded CBOs and partners that traditionally service populations in need (Mid-Columbia Center for Living, Mid-Columbia Housing Authority, Shelter Services, Opportunity Connections, Adults and People with Disabilities, The Next Door, Inc., Fish Food Bank, Gorge Ecumenical Ministries, Hood River Valley Senior Center, Columbia Area Transit, Volunteers in Action, Community Action Program, etc)
• Robust media campaigns using English and Spanish language radio, print, television, and social media presence.
• Regular bilingual press releases
• www.HRCCOVID19.org website available in 5 languages
• Early access for Native and MSFW communities through FQHC
• Bilingual English/Spanish Call Center and information lines
• Adequate bilingual English/Spanish staff and volunteers
• On-site vaccine clinics
• Coordinated vaccine clinics with staggered locations/dates and times
• Transportation assistance to clinics
• Coordinate and communicate with local pharmacies that are offering vaccine services
• PIO attends regular JIC call

3. What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?
• As above
• Communication Team is getting ready to send a mailer to select populations within Hood River County that will list the “pluses” of getting COVID vaccine
• Continue to expand small walk-in, drop-in, pop-up and on-site clinics, as large volume clinics are no longer useful
• Offer drop-in hours for vaccine at the HD
• Continue to offer COVID vaccine to hesitant populations
• Hood River County Health Department has a representative who attends the Regional Health Equity Coalition and chairs the HRCHD Equity Workgroup

4. What plan does the LPHA and its partners have to close the specific vaccine equity gaps among specific racial and ethnic populations?
• Continue to work with CRITFC and OCH and other CBOs to outreach to the Native population during upcoming Fisheries in the region
• Continue to offer on-site COVID testing and vaccine clinics at in-lieu sites
• Continue to utilize community health workers to reach out into their populations to discuss vaccine safety and disease prevention
• Continue with targeted outreach to businesses that traditionally hire MSFW especially since our migrant population will continue to expand through the summer months
• Targeted outreach to our Asian population (Vietnamese and Chinese) through businesses (hair and nail salons, restaurants)

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?

   • The HRCHD began a biweekly partner call more than a year ago to keep our partners up to date on what was happening. This became a regional effort with Hood River and North Central Public Health District. Thankfully, Pacific Source Columbia Gorge Coordinated Care Organization staff were able to take on facilitating this meeting, and it is still occurring. This has become an important time for sharing information.
   • We also attend regular CBO/OHA coordination meetings, including vaccine education and communication weekly workgroup meetings
   • Hood River County has a tradition of community collaboration, this is nothing new.

   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?

   • Frequent communications, see communications plan
   • Regular partner meetings and updates
   • [www.HRCCOVID19.org](http://www.HRCCOVID19.org) website has all events listed as well as links for scheduling for other provider groups
   • Call center is staffed with bilingual assistants to help people find appointments, or to help them schedule.

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?

- Vaccine clinics have been happening in convenient locations (mid and upper valley)
- Music, food, and games have been advertised at some vaccine clinics
- Food boxes and PPE have been provided at vaccine clinics
- Community health workers have been conducting onsite presentations for agricultural workers centered on vaccine information and COVID-19 safety
- Survey has been used as a direct outreach tool to have employers invite agricultural workers to vaccine clinics

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

- Review local disease burden and immunization data to respond to communities at risk
- Utilize local, trusted partners as messengers to improve confidence in vaccines among those identified at-risk community members
  - Utilize CHWs to start the vaccine discussion
- Share key messaging around vaccine, including safety, efficacy, and availability of vaccine
- Expand resources for health care providers to help them have effective vaccine conversations with patients
- Celebrate and normalize vaccinations in general
- Combat misinformation by having active presence on social media, radio, and print and providing updates
  - Keep a running FAQ sheet available for call center and reception personnel
  - Public Health Officer addresses on his social media videos
- Lead by example

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

- Continue activities from #7 above
- Highlight trusted, local vaccine champions in media including print, radio and social
- County wide mailers outlining benefits of vaccination
- Bring more partners and stakeholders to the table
- Other activities yet to be determined
- Explore appropriate incentive options

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.

- Actively outreach to medical providers to address with patients
- Social media videos by Dr. Van Tilburg reperformed in Spanish for Radio Tierra
- Social media content bilingual run by media healthcare experts posted to Facebook and Instagram
- [www.HRCCOVID19.org](http://www.HRCCOVID19.org) website available in 5 languages
- Mailer outreach (Meals on Wheels, HRCHD, Age Plus)
- Regular PSAs announced on both English and Spanish language local radio
- Community Partner Bi-Weekly calls
- Multiagency communications team
- Bilingual Call Center and information lines
- Use EOC business liaison and Chamber of Commerce to reach businesses, and Environmental Health to reach licensed facilities with messaging
- Regular bilingual press releases
- Utilize regular JIC call to talk about trends
- Use of County reader boards to advertise pop-up and walk-in vaccine clinics

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

- Bilingual staff and volunteers at all vaccine events
- Use of Language Link services for languages other than English or Spanish
- ASL available on demand
- All partnering providers have interpreters and utilize bilingual volunteers
- HRC has a large number of Community Health Workers that are helping their populations access vaccines

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

- Vaccine clinics at the HRCHD is on the main CAT bus route and is accessible for walk-up services for many neighborhoods
- Columbia Area Transit (CAT bus), Age Plus, and Volunteers in Action all provide free rides for COVID vaccine appointments and clinics
- Ride scheduling assistance offered through the bilingual call center
• On-site vaccine services offered in convenient locations
• Offer COVID19 vaccine at FISH Food Bank
• On-demand vaccinations at HRCHD

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?

• Collaborating and sharing vaccine with the School Based Health Center
• Partnering with PCP offices, as well as specialty clinics to offer vaccines to all age eligible patients
• Continue to offer a wide variety of vaccination options in the communities
• Continue to provide transportation assistance to vaccine opportunities
• Consider appropriate incentives for youth
• Continue to work with the Health Media Club, and other school programs to outreach to 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?

• Continue to utilize the Bi-Weekly Community Partner call, Clinical Advisory Council meetings and Hood River Board of County Commissioners meetings to highlight what is happening in Hood River County
• Continue to report progress in social media and through other communication networks – see communication plan
• Monitor OHA provided vaccination rate information by race/ethnicity
• Utilize the JIC to report trends
Equity Plan Submission

Reporting Demonstrated Progress

1a. At least one vaccine access barrier identified in original submission has been addressed through policy and/or systems change.

One of our largest access barriers has been a lack of staff, not only within our local public health authority, but with our partners as well. We have utilized the OHA CRRU team to assist with providing walk-in vaccine clinic and testing events in areas that are convenient and likely to be accessed by those populations being targeted by outreach. We have many valuable community partners, without whose help, we would not have had the ability to address many of the concerns and needs of our communities. We have an amazing group of collaborative partners who all come to the table with their unique viewpoints and strengths!

1b. Documentation/examples must demonstrate that more than one racial and ethnic population was a community of focus in the response.

The HRCHD worked with vaccination partners to provide vaccine services targeted to specific populations. For example, the FEMA trailer was strategically located and staffed to make access by MSFWs as convenient as possible, ensuring there was adequate bilingual/bicultural staff available to address questions and concerns. Targeted outreach advertising these events were broadcast on Radio Tiera and through the orchardists.

Additionally, One Community Health, Columbia River Inter-Tribal Fisheries Commission, and The Next Door, Inc. coordinated and staffed multiple vaccine and information events in Cascade Locks, where the seasonal fisheries were underway.

2a. At least one concrete example of LPHA’s efforts or efforts in collaboration with partners to address needs of migrant and seasonal farmworkers was provided

See 1b answer. Also, One Community health provided multiple on-site vaccine clinics at packing houses and orchard sites. They also provided culturally appropriate food and music at many of these events.

3a. 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.
We learned that many MSFWs were hesitant to get COVID19 vaccine from One Community Health (OCH) because they were asking for documentation needed to bill HRSA for vaccine administration. We approached OCH and formed an MOA to reimburse them for COVID19 administration fee for the MSFW population and ended up reimbursing them $50,000 for this work.

3b. 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 HRCHD worked closely with Heart of Hospice to provide individualized, at-home vaccine services for home-bound residents and their care givers. We had received numerous calls from care givers concerned with how to get this vulnerable population vaccinated, and we were able to utilize this valuable regional partner to meet the needs.

September 2021 Update on Equity Efforts Narrative

As of September 22, 2021, Hood River County boasts a 79.6% vaccination rate among those 18 and older. With the inclusion of federal data, this rate jumps to 80.4%. In addition to the efforts outlined in questions 1-13 above, we would like to highlight additional strategies employed to reach the underserved communities in our county and further address equity gaps in vaccine administration and outreach. We have further strengthened our partnerships with community-based organizations who have expertise in outreach to historically underserved populations including migrant/seasonal farmworker families, aging and/or homebound individuals, native communities, individuals experiencing houselessness, and others facing barriers to vaccination such as transportation, language support, and mobility restrictions. We have been active in our listening and response to these CBOs in what gaps exists among these specific communities for us to address. Some upcoming and noteworthy efforts focused on equity and inclusion are:

- Spanish language radio PSAs including the following topics:
  - What You Need to Know About COVID-19 Today
  - FAQ with Healthcare Provider on COVID-19 Vaccines
  - “Hug Your Grandkid” – Get Vaccinated
  - “Economic Recovery” – Get Vaccinated
  - “Let’s Get Back to Normal” – Get Vaccinated
- FEMA Mobile Vaccine Unit: Partnering with our local FQHC (One Community Health) to support and host a testing/vaccine unit stationed in the Upper Valley where there is a large population of Latino residents and migrant/seasonal farmworkers
• Free COVID-19 Testing Events: with the support of OHA’s CRRU team, the Hood River County Health Department hosts free PCR testing for anyone, regardless of documentation status or health insurance status
• Age+ Mailer sent to all to county residents Age 65+: Mailer includes vaccine safety information and where to find a vaccine
• Vaccine Pop Up Events Geared at Groups with Lower Vaccination Rates:
  o Columbia Gorge Community College
  o Hood River Children’s Fair
  o Families in the Park Concert Events
  o Cascade Locks Trail Days Event
  o Hood River County Fair
  o WIC/SNAP Mobile Market
  o Hood River Food Bank

We will continue with equitable protocols and strategies in planning for 3rd doses, booster doses, and vaccines for younger children. We will rely on the foundation we have created to address access barriers within our county that has allowed us to reach the high vaccination rate we have maintained since January.

Our county acknowledges that there is still work to be done to vaccinate more of our community, including among racial and ethnic minorities. However, it is apparent that the ALERTIIS data provided to us does not adequately represent the racial and ethnic breakdown of vaccinations completed due to missing data and some individuals opting out of reporting. Because of this, we feel it is imperative to also incorporate the voices of community members and organizations with group-specific expertise in our vaccine engagement strategies in addition to trends demonstrated in the data.

Recent data provided by OHA reflects that our county has vaccinated 60% of Hispanic/Latino individuals (with at least one dose) and 65% Native Hawaiian and Pacific Islander. These numbers are significantly higher than the percentages provided for our regional grouping of Crook, Gilliam, Grant, Hood River, Jefferson, Morrow, Sherman, Wasco, & Wheeler counties combined (52% for Hispanics/Latinos and 35% for Native Hawaiian/Pacific Islanders). These updated figures are further evidence that our demographic makeup differs from that of our neighboring counties. While the vaccine rates for Hood River County alone may still be underreported among racial/ethnic minorities, we do feel that it is important to look at county-specific trends when assessing success among specific communities.