



# JACKSON COUNTY

*Health & Human Services*

**Health and Human Services  
Public Health Division**

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**Re: Jackson County Vaccine Equity Demonstration of Progress**

- 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.**

As shown in Table 1 below, the Native Hawaiian/Pacific Islander group leads all races/ethnicities in vaccination rates at 60.7%. Interestingly, this group also has nearly all people aged 65+ vaccinated (Figure 1). The Black population has the lowest vaccination rate at 31% and also the lowest vaccination rate growth since June 2021 at 6.1%. The Hispanic population has shown the greatest growth at 13%.

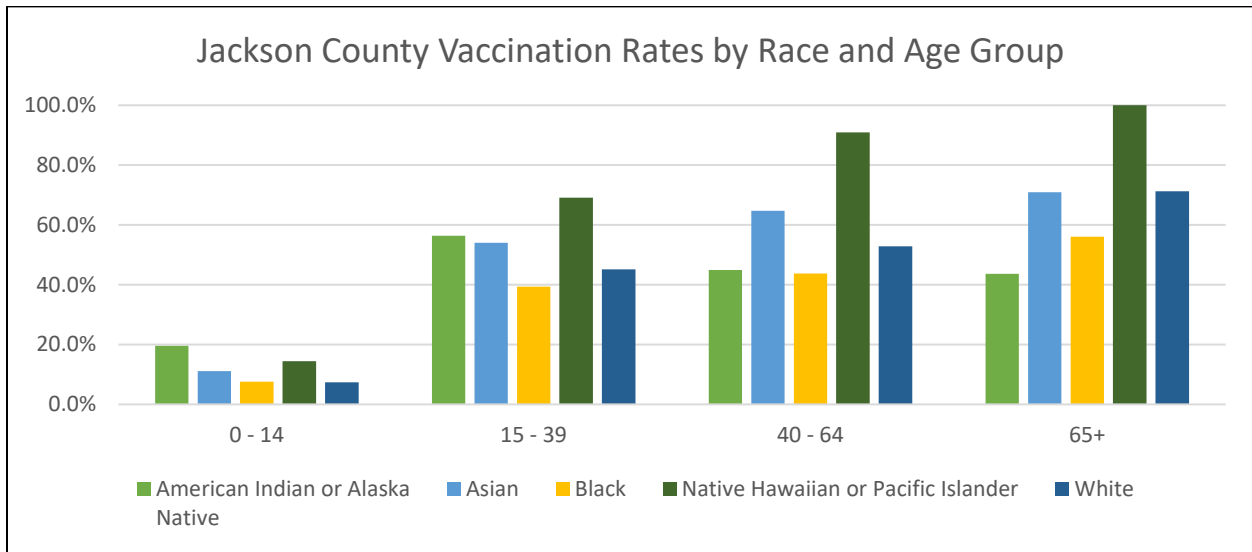
Much of the vaccination equity work in Jackson County has been focused on the Hispanic community and agricultural workers. However, improvement in education, outreach, and vaccine access is still needed to for all BIPOC populations. To help close vaccination inequity gaps, Jackson County Public Health (JCPH) has been recruiting a Vaccine Equity/Community-based Organization Coordinator for several months. To help temporarily fill this need, Oregon Health Authority (OHA) has recently assigned a staff person to assist in identifying strategies, projects, and incentives to address inequities in Jackson County. In addition, the JCPH Division Manager participates in monthly Vaccine Equity Hub meetings, which serves to reduce vaccine inequities throughout Jackson County. (Note: See question #2 for specific work and tangible impacts.)

Table 1

| Jackson County Vaccination Rates by Race/Ethnicity |                         |                          |        |
|--|-------------------------|--------------------------|--------|
| Race/Ethnicity                                     | Vaccination Rate 6/1/21 | Vaccination Rate 9/27/21 | Growth |
| American Indian/ Alaska Native                     | 29.6%                   | 42.5%                    | 12.9%  |
| Asian  | 37.8%                   | 48.7%                    | 10.9%  |
| Black  | 24.9%                   | 31.0%                    | 6.1%   |
| Hispanic   | 26.5%                   | 39.5%                    | 13.0%  |
| Native Hawaiian/ Pacific Islander                  | 50.4%                   | 60.7%                    | 10.3%  |
| White  | 39.1%                   | 47.2%                    | 8.1%   |

\*Vaccinated = has received at least one dose

Figure 1



**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.**

Vaccination education, outreach, and events targeted for the Hispanic population, including migrant and seasonal farmworkers, has been one of the focuses in Jackson County. In May 2021, Jackson County Public Health, CBOs, and other community partners convened a Migrant Seasonal Farmworker/Agricultural planning group whose goal is to identify gaps in outreach efforts and steps moving forward to close the gaps. This group has done outreach to the robust pear, grape, forestry, and marijuana/hemp industries in an effort to increase vaccinations for agricultural workers. The group continues to meet biweekly to identify vaccination gaps and solutions.

One of the most successful Hispanic and agricultural worker COVID-19 vaccine operations has been at La Placita restaurant in West Medford on weekends. It has been one of the leading recurring vaccination sites in Jackson County, with 2,295 vaccinations provided since it began (April 24 - Sept 26, 2021). During vaccine events, community partners provide food boxes and gift cards for those getting vaccinated. The efforts of all those involved in the La Placita events is reflected in the 13% Hispanic vaccination rate growth in Figure 1. The continued success was noted in an email excerpt from OHA on September 22, 2021:

*Local PH Administrators, Local PH Officers, Tribal Health Directors and Local/Tribal PH Staff,*

*CRRU Field Operations, in partnership with Vive NW, is piloting an expanded market-based approach to vaccination and testing events for the Latina/o/x community based on successful recurring vaccination clinics held at La Placita in Medford and Paisanos Plaza in Portland. Field Ops will be piloting the clinics with weekly or every-other-week events at 8 markets and possibly expand in the future.*

- 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.**

In an effort to improve vaccine equity, JCPH assigned staff to interview community partners that serve BIPOC populations to determine how JCPH can improve equity work and relationships with partners. The primary recommendation from the interviews was that JCPH hire staff specifically dedicated to equity work, both internally (programmatic) and externally (work with community partners). As a result of this feedback, JCPH is currently recruiting a Vaccine Equity/Community-based Organization Coordinator. The job posting was shared with community partners to help distribute and recruit.

- 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.**

Jackson County Public Health is a member of the Vaccine Equity Hub. As the name implies, its intention is to improve vaccine equity in our community. The Vaccine Equity Hub is a partnership between Jackson County Public Health, the regional health equity coalition (SO

Health-E), local hospital systems, FQHCs, CBOs, and CCOs. The Hub provides a venue for JCPH and other members to get feedback on equity issues, develop equitable vaccination strategies, and share information.