

Josephine County Public Health: Equity Plan Demonstration of Progress

September 30, 2021

To demonstrate progress toward plans to address vaccine inequities, especially among racial and ethnic populations, the LPHA must submit responses to questions outlined below and have responses accepted by close of business on September 30, 2021. Once approved, LPHA responses will be posted on OHA's website.

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.

07/07/2021 (for comparison)		
American Indian / Alaskan Native		
Vax	Pop %	Pop
1,681	26.2%	6,411
Asian		
Vax	Pop %	Pop
940	42.0%	2,238
Black		
Vax	Pop %	Pop
411	25.7%	1,598
Hispanic		
Vax	Pop %	Pop
2,392	23.9%	9,994
Native Hawaiian / Pacific Islander		
Vax	Pop %	Pop
383	84.1%	456
White		
Vax	Pop %	Pop
60,320	48.1%	125,362
Current 09/29/2021		
American Indian / Alaskan Native		
Vax	Pop %	Pop

2062	33.0%	6255
Asian		
Vax	Pop %	Pop
1117	51.1%	2,184
Black		
Vax	Pop %	Pop
533	34.2%	1,599
Hispanic		
Vax	Pop %	Pop
3,268	33.5%	9,752
Native Hawaiian / Pacific Islander		
Vax	Pop %	Pop
496	99.0%	445
White		
Vax	Pop %	Pop
70,690	57.8%	122,319

Josephine County Public Health has been able, and continues, to directly address inequities in the community.

- Bilingual (Spanish) capabilities of our COVID-19 Vaccine Call Center and website for scheduling vaccine appointments.
- Continued close partnerships and direct support for healthcare providers in the community serving minorities, such as our FQHC Siskiyou Community Health. Public Health hosts a weekly meeting called 'Josephine County Community Healthcare Partners & Vaccine Providers Meeting'.
- Collaborating with the Community Engagement team with Oregon Health Authority's Public Health Division to utilize CBO power.
- Requesting the support of OHA's CRRU Field Operations Team for vaccine and testing events in our county. This team prioritizes minority populations intrinsically fulfilling this goal. They have multiple ongoing events in our community, one at a Mexican Food Store serving the Spanish Speaking population. In addition, they support more stand-alone/pop-up events such as an All Spanish Drive-Through event co-hosted with Josephine County's CCO, AllCare Health, and an event at a substance abuse treatment center. OHA's support has enhanced our ability to specifically reach out to our Spanish-speaking population and to those with substance use disorders.

- Completed approximately 50 administrations of COVID vaccine at a home-setting for individuals unable to leave their home. This is a service we continue to offer. Requests are processed through the COVID-19 Vaccine Call Center and referred to the local ambulance service for completion. This ensures equitable access to vaccines for those who are unable to leave their homes due to medical issues, lack of transportation, etc.
- Partnering with our CCO, AllCare Health, for direct outreach to individuals whose predominate language is other than English. AllCare has also and continues to utilize Josephine County's vaccine call center to contact their unvaccinated members – answering questions, encouraging vaccination, and scheduling with a trusted provider, all using the preferred language of the members.
- Through partnerships with community healthcare providers, we have conducted multiple vaccine clinics on school property for students/staff and their families. In addition, Josephine County Public Health meets weekly with schools about COVID specific topics, including prioritizing vaccination among their minority populations.
- We have supported multiple vaccine events at agricultural sites through healthcare partners such as Asante and AMR. At the last vaccine event for this group, Josephine County was able to provide Asante with volunteer staffing and vaccine resources, and Asante was able to also provide testing, making it a wholesome event.
- Since completing this plan in July, Josephine County was able to hire/recruit volunteers for our own COVID-19 Field Vaccination team. The county has successfully hosted our own vaccine clinics at: county jail, county fair, schools, a Labor Day event in a rural part of the county, a Spanish Outreach Drive-Through event co-hosted with our CCO, community organizations serving individuals with access and functional needs, a rural fire department, a local park with many individuals experiencing houselessness, and others. These events target individuals who may not otherwise have access to the medical system so that they can ask questions and receive the vaccines if they choose. These individuals include those who are incarcerated, are experiencing houselessness, have functional needs, do not have medical providers, live rurally, speak another language, have a different culture that is not conducive to scheduling medical appointments, etc.
- We have offered multiple vaccine clinics at faith-based organization, including organizations offering services in languages other than English. The majority of our local faith leaders, including the only Black faith leader in the area, have not responded to letters, nor to direct outreach by our Deputy Health Officer. For those who respond, we have provided testing and vaccination events with opportunities for individuals to ask questions around church services. Our Deputy Health Officer has also facilitated meetings between local physicians of faith and local faith leaders to spur conversation and creativity around reaching this group.

Josephine county continues a weekly internal Priority Population Vaccine Action Items meeting discussing the ongoing plan to close the vaccine equity gap.

1. The largest part of our plan consists of bringing the vaccine to the community with the goal of reaching people who are not typically engaged with the medical system and making it as easy as possible for people to access vaccines and medical professionals who can answer questions about vaccines. In Josephine County, the public health department has found that having vaccine clinics at community events where diverse individuals might be addresses the large

'vaccine inconvenient' group in our population, as well as those who have traditionally been marginalized by the healthcare system but do attend community fun events. The ongoing plan includes keeping a close eye on community events and requesting the presence of a culturally inclusive vaccine team there, especially those for racially and ethnically diverse individuals (a rarity in our community). This has been successful at the county fair, car shows, LGBTQ events, celebration events for holidays (Boatnik, Labor Day festivals, etc), art events, school start-up (orientation) events, recurring community events (Farmer's Market), and so on.

2. Another planning effort is creating vaccine events outside of scheduled community events. OHA's Community Engagement Team has been helping Josephine County Public Health collaborate with CBO's to meet the diverse racial/ethnic groups these CBO's are already serving. In addition, public health is and will continue to work directly with many other organizations to create vaccine opportunities. This includes (not an exhaustive list): Cow Creek Tribe, VA, library, agricultural sites/wineries, cooling sites, Mexican food stores, Property Management companies, Bottle Drop, religious organizations, non-profit organizations (Rotary, Lion's Club, ect), landscaping companies, schools and school based health centers, congregate care settings.
3. The last significant portion of our ongoing planning is providing marketing and education for COVID-19 vaccination. We are actively advertising in English and Spanish in multiple formats (social media, radio, billboards, ect) utilizing Pollinate, an advertising expert.

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.

Unfortunately, despite continued efforts with agricultural workers, we have met resistance. Josephine County has coordinated and supported several vaccine events for migrant and seasonal farm workers since the vaccines were released. Culturally responsible efforts were made, such as providing translators and asking local leaders of the community to do outreach. Since the Equity Plan was created, we have supported one vaccine clinic with the Wine Association of Southern Oregon and Asante. We offered vaccines at Williams Fire Station for all Williams community members, a location in the heart of agricultural work in our county. Outreach efforts continue, especially through coordination with OHA's Community Engagement Team (Susan Parrish) to reach CBOs that serve this population. However, the health department's direct outreach has not been well received. We hope that events prioritizing Spanish-Speaking individuals will help catch some agricultural workers too, such as the upcoming event supported by AllCare for Drive-Through Vaccination or the ongoing vaccine and testing event at La Zapoteca supported by OHA's CRRU Team. Having OHA sponsor the weekly events at La Zapoteca has allowed our vaccine team to engage in other community events. Speaking with the owner of La Zapoteca and our other Hispanic market in town confirmed that their customers include migrant workers. We have spoken with the owners in Spanish and in English, answered their questions, provided support and encouragement of their own methods of promoting vaccination, asked for their ideas on outreach to the community, offered our support, and provided flyers and cards in Spanish detailing how to access vaccines and care for COVID-19.

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.

1. Our COVID-19 Vaccine Call Center had just been initiated (April 2021), and we were learning all kinds of things from the community! One of the quickest things we learned is the demand for **in-home vaccines** and our lack of plan to serve this need. The call center collected the names and phone numbers of people in need, as well as a description of how they could be best served, so that we could create a plan to serve them then reach back out via telephone. In collaboration with our local ambulance service AMR, Josephine County Public Health was able to create a solution to this request by dispatching AMR to individual's homes. We communicated this plan back to the call center and included it in press releases. The Vaccine Call Center was able to call the list of individuals in need and share the resolution, as well as implement the solution for individuals with the need going forward.
2. When we first received vaccines, we had a small supply of vaccines and a high demand for them, and no call center yet to help with this imbalance. After our first few mass vaccination events, we moved toward a community healthcare provider model to distribute the vaccine. In an attempt to save our provider's phone lines, we did not publicize who had the vaccine. Instead, we created a simple online form for community members to fill out to request a call to schedule a vaccine. These numbers were shared with vaccine providers for call backs at their convenience. It worked very well, except for **those without easy access to the internet or the ability to utilize it**. We quickly heard from community members about the inequity of this system. Our Josephine County COVID-19 Call Center rectified this issue. The Call Center still offers the ability to schedule appointments online *and* a call line to answer questions and schedule appointments, both in English and Spanish.

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.

This has been difficult for our county because of a lack of response to our inquiries.

- We have tried reaching out to migrant and seasonal farmworkers via their associations and employers without success.
- We have hosted an event with the CBO UCAN, serving those experiencing unstable housing.

- UCAN has participated in some meetings/planning activities, but their participation fell off due to their own workloads.
- We have tried to engage with our only local houseless shelter with poor response.
- We have reached out to local companies who traditionally employ a higher rate of recently incarcerated individuals and individuals with substance use disorders with minimal response.
- Cow Creek Band of Umpqua Tribe of Indians was happy to explain to us what they are working on for vaccines, but was not interested in working with us further.
- We reached out to the political groups (Democrats and Republicans respectively) without warm response.
- The Latino Grocery Stores were welcoming but not interested in participation in planning or decision making.
- AllCare Health has a Latina Language Access Manager, who we connected with for ideas on reaching the Latinx population. She has been a tremendous source of information, and she has taken the lead on guiding vaccine outreach events in a way that is culturally appropriate.
- We reached out to Long Term Care Facilities to offer support, including vaccine question and answer sessions, but we had no response.
- Food Banks and Food Box providers offered a variety of involvement from okay to hang a flyer, okay to place the call center card in the food bag, and okay to host a vaccine clinic. However, they were not interested in active participation.
- We regularly listen to the community comment session of Commissioner and City Council meetings. While this is informal feedback, it is the voice of the people we serve and we take it seriously.

We are always ecstatic to receive feedback from partners and community members and do our best to incorporate their comments into our plans and thinking process.