Q1: 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.

Due to small population sizes, race and ethnicity data has been combined for Klamath, Lake, Malheur, and Harney Counties. The below data is current as of September 24, 2021, per the OHA dashboard.

A epidemiologic report is prepared for Klamath County each week, allowing further insight into service to under-represented groups. Note that population estimates may be low in some categories, causing the percent vaccinated number to be higher than 100%.
Klamath County’s vaccine equity plan was submitted five weeks ago. Demonstrating marked progress is difficult, but as indicated by the data, the needle is moving. The biggest gaps are in the Native American, Alaskan Native, and Hispanic populations.

Since the beginning of COVID vaccination efforts, community partnerships have been the key to success. Since the original equity report was submitted, Klamath Works (CBO) hosted a very successful, bilingual family fun night in the heart of a neighborhood with high poverty rates and a concentration of Hispanic families and businesses. Klamath Works ensured every booth had a Spanish speaker, hired several translators as float staff, and had food by a local Hispanic caterer. With the help of 29 agencies, it drew more than 500 participants and resulted in 33 vaccinations! For a comparison, a vaccination van was stationed at the county fair for two days, which draws over 10,000 participants, resulting in only two vaccinations.

Klamath County Public Health (KCPH) continued to partner with Transformations Wellness Center and sent vaccinators to their needle exchange events. Partnering with peer support specialists has helped participants feel more comfortable asking questions to make an informed decision to get vaccinated. In addition, KCPH hosted a vaccination booth at the Walk4Recovery event.

Klamath Tribal Health has continued to provide strong messaging and easy access to vaccines for its members. Despite having to postpone the annual Klamath Tribes Restoration event, Tribal Health still hosted a vaccination clinic to ensure those who were planning to vaccinate at
that time still had the opportunity. Additionally, it implemented a vaccine incentive program that quickly saw success.

Klamath Health Partnership hosted a vaccine clinic at Klamath Union High school for students and their families, which saw a good turnout. It also continues to provide vaccines at clinic locations in Klamath Falls and Chiloquin. As mentioned below, Klamath Health Partnership is in contact with local farms and food processors and has offered to provide on-site vaccinations to employees in that sector.

Sky Lakes Medical Center continues to provide easy access to vaccines by making them available at its pharmacies, walk-in clinic, home health, primary care clinics, and in the hospital for patients discharging from the Emergency Department or inpatient floors. It also continues to disseminate strong messaging in the community encouraging vaccine.

Cascade Health Alliance (CCO) and KCPH connected with the OHA Faith Liaison to engage with the faith communities. CHA conducted key informant interviews to ascertain the faith community’s feelings on vaccination and best ways to partner with them. This information will be synthesized to determine effective ways to engage congregations in a meaningful way.

All of the CBOs, clinics, and other community partners have continued to promote vaccinations among their clientele through newsletters, social media, flyers, and face-to-face conversations. They also assist their clients with scheduling appointments and help arrange transportation or others supports as needed.

**Q2: 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.**

Klamath Health Partnership has maintained contact with the farms it served previously. It is already planning a vaccination event with one of them. The response has been low with many of the other farms, but KHP remains ready to provide services upon request. Merrill and Bonanza clinics are frequently used by farmworkers and the provider there is trusted by his patients. He has been providing walk-in vaccinations six days a week. KCPH has remained in contact with Oregon Human Development Corporation, which provides services for farmworkers. Educational materials, masks, and hand sanitizer have been provided to their clientele multiple times.

The president of the Klamath Hispanic Advisory Board notified KCPH that it would be hosting the Mexican Consulate in October and requested to partner to help organize a health fair for attendees, many of whom are farmworkers. Without hesitation, KCPH accepted and has begun coordinating with local health and human service providers to participate.
Q3: 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.

Klamath Tribal Health conducted focus groups and a survey to understand perspectives on vaccines in the Tribal community. Participants reported that vaccine hesitancy was due to lack of trust in the government (the mandate exacerbated the sentiment) and the rapid speed in which the vaccine was released. They reported that access to vaccines was not an issue. Staff from Tribal Health are taking this information to heart and working with their members to address concerns and answer questions in a culturally appropriate way, understanding the impact of historical trauma.

KCPH is in the process of working with Developmental Disability Services to conduct a survey with its participants. The survey has been developed and discussions are currently underway to strategize on implementation and reporting. KCPH is closely listening to DDS staff as they provide direction on the best way to implement the survey and encourage participation.

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.

KCPH participates in regular conversations with its CBOs: Central Oregon Disability Support Network, Klamath Works, Friends of the Children-Klamath Basin, Klamath Tribal Health and Family Services; it recently engaged with Oregon Child Development Coalition. Its work in the community is respected and KCPH takes their guidance to heart. As mentioned above, Klamath Works was the lead agency for a vaccination event and KCPH played a supporting role. It was the personal touch and enthusiasm that made the event such a success.

Additionally, the upcoming event with the Mexican Consulate is being hosted by the Hispanic Advisory Board and its local and regional partners. KCPH is again coming alongside in a support role, understanding the importance of being present, but remaining in the background.