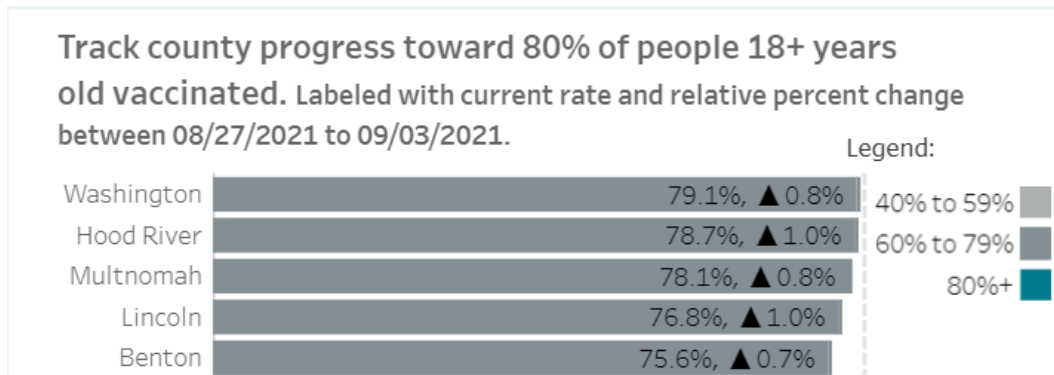


# Vaccination Equity Report Lincoln County – September 2021

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.

As of September 7<sup>th</sup>, 2021, Lincoln County’s vaccination rate for its eligible population stands at 76.8% (see screenshot below). Lincoln County has been amongst the few counties in the state to have vaccination rates above 70% for the 12 and older group. We were amongst the first counties to go to permanent “low risk” status in May 2021, when it used to be a statewide metric of reference. We were also amongst the first counties to reach to 70% threshold put in place by the governor’s office. Lincoln County’s vaccination rates align closely with the overall state vaccination rates and stands out when it comes to smaller and more rural counties in the state.



Source: OHA COVID-19 Dashboard, screenshot on 9.7.2021

Below are some screenshots from the Lincoln County COVID-19 vaccinations dashboard compiled by Peter Banwarth, our regional epidemiologist.

This dashboard is looking at vaccination data by ethnicity/race and by geography, among other things. It has been sourced by the weekly ALERT data files we receive from OHA. You’ll note that this dashboard uses vaccination rates of racial and ethnic subgroups. It also uses a different methodology than OHA. Since

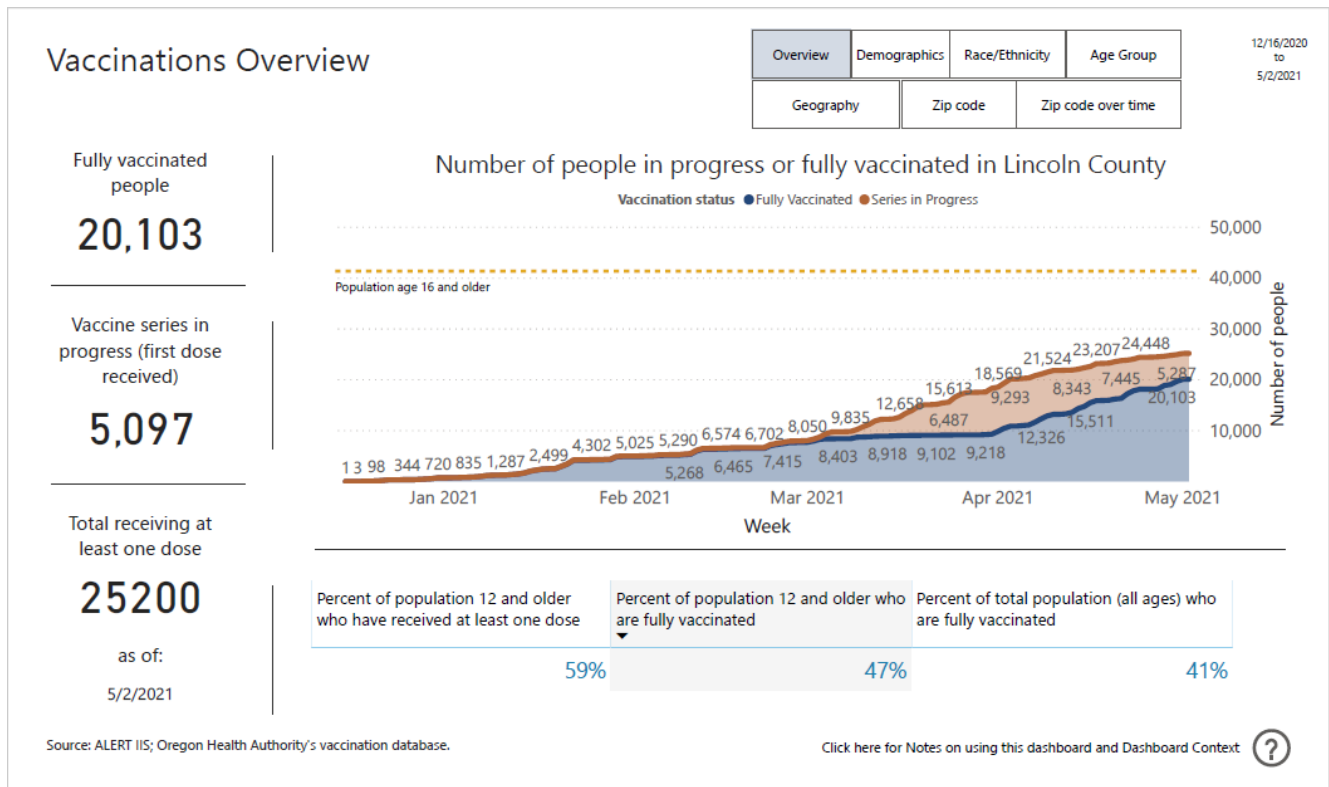
the rarest race methodology chosen by OHA is not providing small county level data and because not everyone agrees on its use, this dashboard reports the population percentages as “Race alone or in combination with another race”, which avoids overstating vaccination rates among non-White subgroups.

The data sets used for population denominators come from the U.S. Census Bureau’s annual American Community Survey that asks several questions about race. The following tables have been used:

- Tables B02008-B02013, which tabulate Race alone or in combination with another race.
- For Hispanic/Latinx, the dashboard uses table B03002. Lincoln County’s population requires using the 5-year tables.

**Figure #1** below describes an overview of where the COVID-19 vaccination efforts were in Lincoln County for the period mid-December 2020 to early May 2021. In early May 2021, the overall vaccination rate for the population 12 and older who had received at least one dose was 59%.

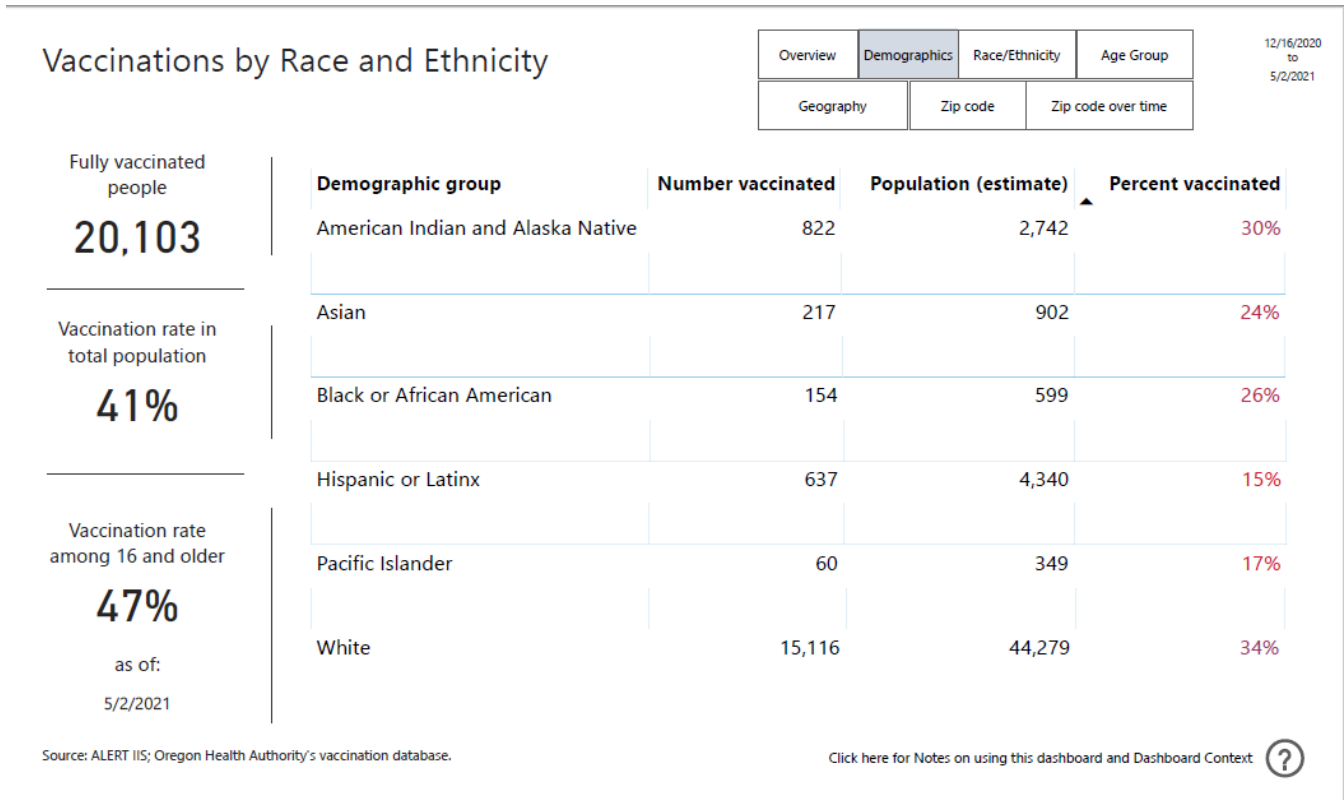
**Figure #1**



Source: Lincoln County COVID-19 Dashboard, ALERT data for period from 12/16/2020 to 5/2/2021

**Figure#2** describes COVID-19 vaccinations by Race and Ethnicity in Lincoln County for that same period. The demographic groups with the lowest vaccination rates at the time were the Hispanic or Latinx group (15%) and the Pacific islander group (17%).

**Figure #2**



Source: Lincoln County COVID-19 Dashboard, ALERT data for period **from 12/16/2020 to 5/2/2021**

**Figure #3** describes how we added a line to our Race and Ethnicity table in June 2021 to reflect the fact that over 5,000 individuals who had received a first dose of a COVID vaccine did not inform their Race and Ethnicity data on their Vaccine Administration Records. 5,000 individuals represent over 10% of the overall Lincoln County population. 5,000 individuals represent 56% of the total population estimate for our BIPOC populations in Lincoln County. It is important to note that because we do not have any Race and Ethnicity data for these 5,000 + individuals, we likely have vaccination rates that are underestimated for the BIPOC population groups in Lincoln County.

Figure #3

### Vaccinations by Race and Ethnicity

At least one dose

Fully vaccinated people  
**25,619**

Vaccination rate in total population  
**53%**

Vaccination rate among 16 and older  
**60%**  
as of:  
6/20/2021

Overview	Demographics	Race/Ethnicity	Age Group
Geography		Zip code	Zip code over time

12/16/2020 to 6/20/2021

Demographic group	Number 1+ dose	Population (estimate)	Percent 1+ dose
American Indian and Alaska Native	1,274	2,742	46%
Asian	416	902	46%
Black or African American	253	599	42%
Hispanic or Latinx	1,471	4,340	34%
Pacific Islander	107	349	31%
White	22,040	44,279	50%
Another race, unknown, or not given	5,030		

\*Other\* race/ethnicity in ALERT does not match with \*Other\* race/ethnicity in population estimates. Therefore it is not possible to estimate the percent with 1+ dose, and only the number is given.

Source: ALERT IIS; Oregon Health Authority's vaccination database.

[Click here for Notes on using this dashboard and Dashboard Context](#)

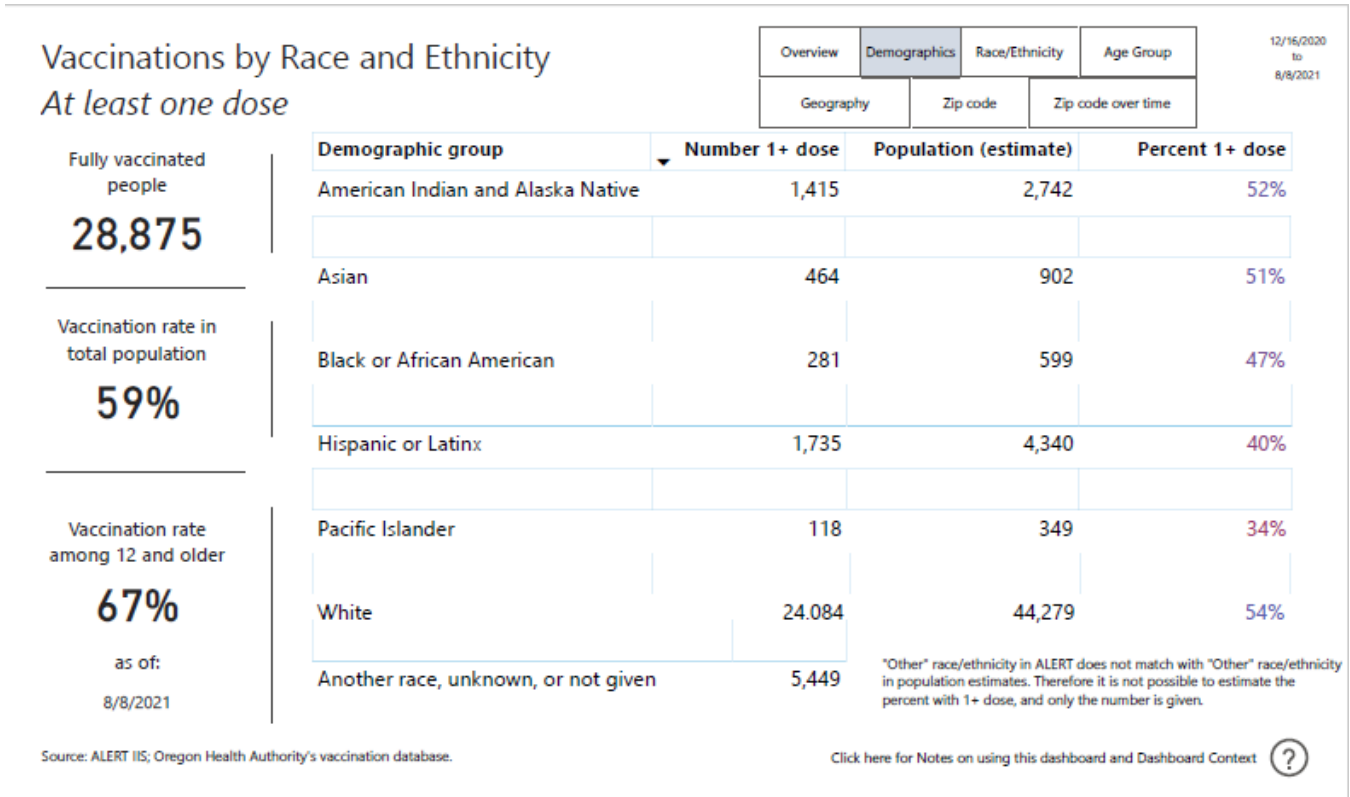


Source: Lincoln County COVID-19 Dashboard, ALERT data for period from 12/16/2020 to 6/20/2021

Figure#4 describes the vaccination rates by Race and Ethnicity as of August 8<sup>th</sup>, 2021, in Lincoln County. The gaps identified in Figure#2 have been bridged significantly and our teams are continuing to focus on culturally specific and sensitive vaccination events.

For the Hispanic or Latinx population, the vaccination rate increased 23 points and is at 40% as of 8.8.2021. For the Pacific Islander population, the vaccination rate increased 17 points and is at 34% as of 8.8.2021. Other population groups saw their vaccination percentages increase 16 points for the American Indian and Alaska Native group, 27 points for the Asian group, and 21 points for the Black or African American group. The white group saw a 20-point increase during that same timeframe. These increases are likely higher across the groups since we have now over 5,440 individuals who are vaccinated and did not inform their Race and Ethnicity.

Figure #4



Source: Lincoln County COVID-19 Dashboard, ALERT data for period from 12/16/2020 to 8/8/2021

If we were to apply the same percentage of overall population to these 5,449 individuals, we would have the numbers described in Table 1:

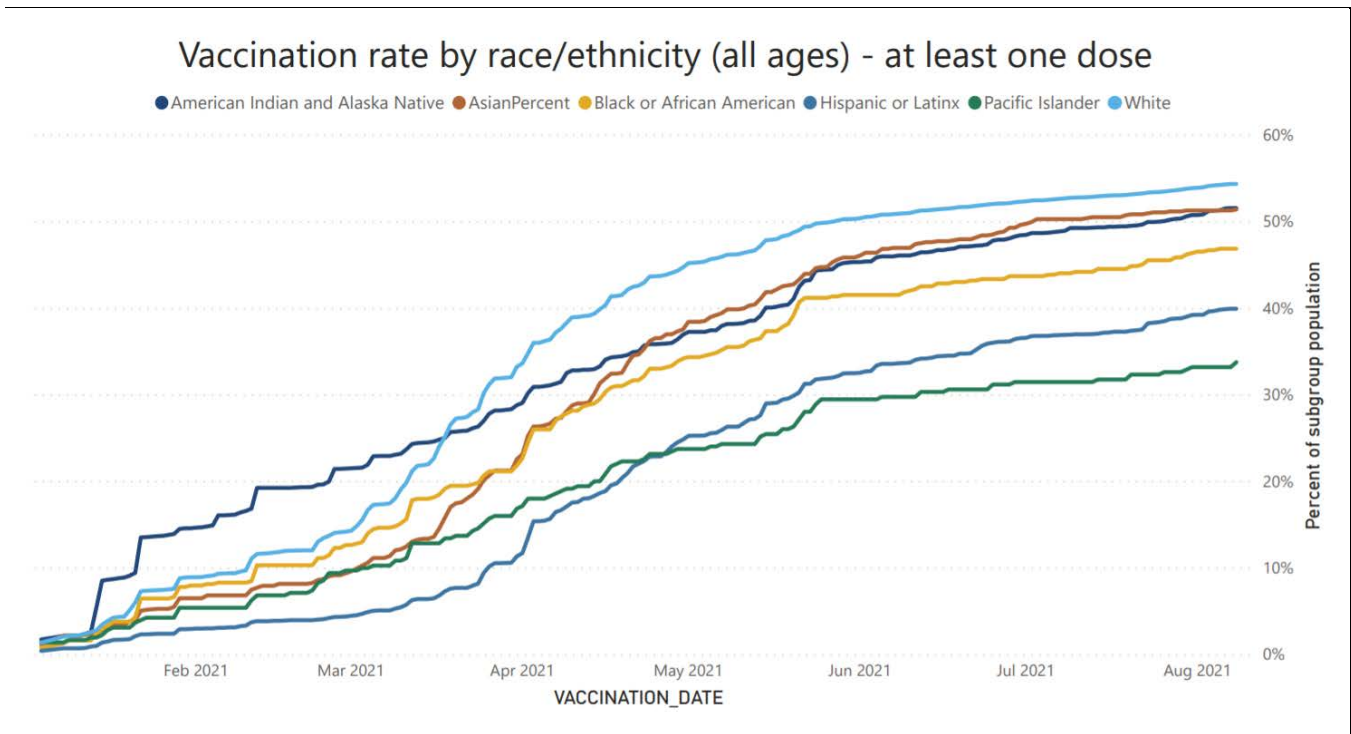
Table#1

Demographic Group	% of population estimate	Distribution of the unknown based on % of pop estimate	Updated Number with 1 dose	Updated vaccination rates
America Indian and Alaska Native	5.2%	283	1,415 +283=1698	61.9% (9 points)
Asian	1.7%	93	557	61.8% (+10 points)
Black or African American	1.1%	60	341	56.9% (+9 points)

Hispanic or Latinx	8.2%	447	<b>2182</b>	<b>50.3% (+10 additional points)</b>
Pacific Islander	0.6%	33	<b>151</b>	<b>43.3% (+9 additional points)</b>
White	83.2%	4,533	<b>28617</b>	<b>64.6% (+10 additional points)</b>

Finally, Figure#5 shows a clear and sustained increase in all race and ethnicity subgroups over time.

**Figure#5**



Source: Lincoln County COVID-19 Dashboard, ALERT data for period **from 12/16/2020 to 8/8/2021**

**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.**

### **December 2020 to May 2021 vaccination activities**

Below is a recap of the main vaccination activities that were undertaken in Lincoln County to reduce vaccine access barriers. These plans were made according to the narrow framework of the vaccination phases.

#### **Call Center and Scheduling**

Lincoln County put a call center in place very early on to answer our communities' questions. We staffed the operation with English- and Spanish-speaking personnel to ensure access to most in the county. Call Center staff provided tailored navigation and scheduling support for callers to reduce language, literacy, and technology barriers.

#### **Multi Agency Coordination group**

This group includes, but is not limited to, Lincoln County's hospital and primary care system (Samaritan Health Services), our EMS (mostly North Lincoln Fire, Newport fire, and Pacific West Ambulance), the school district, Oregon Coast Community College, county jail, the Lincoln County School District, and the PH Advisory Committee. This group was charged with vaccine allocation for the community (driven by the phasing process), as well as providing clinics in north, south, and central Lincoln County. This group pooled inter-disciplinary expertise to develop multiple models for vaccine delivery to accommodate differing contexts as vaccination efforts were scaled up and out to expand services to more locations and populations.

#### **Long-Term Care Facilities**

Most of the LTCF in Lincoln County did not benefit from the federal pharmacy partnership program. In collaboration with some of the MAC group members, we coordinated the vaccination of residents and staff members in LTCF and group homes at the time. North Lincoln Fire and PACWest ambulance vaccination teams were deployed to the LTCF to ensure that people could get vaccinated.

#### **People living with disabilities**

We offered a similar model to the group homes and foster homes that wanted us to come administer the vaccines to their residents at their locations.

### **Homebound individuals**

We started a partnership with some of the home health agencies operating in Lincoln County to ensure that the individuals who had identified themselves as home bound would be taken care of.

### **Mass vaccination clinics**

Mass vaccination clinics were set up in 3 jurisdictions in the county to expand geographical access to community members outside of Newport. In partnership with the members of the MAC Group, we set up weekly clinics in the Taft area of Lincoln City, Newport, and Waldport.

Scheduling for these clinics was offered in English and Spanish, Spanish/English interpreters and Spanish-speaking volunteers helped staff these events.

### **Migrant and seasonal agricultural workers vaccination events**

In partnership with OHA, Lincoln County was one of the first counties in Oregon to offer low-barrier vaccination events targeting migrant and seasonal agricultural and seafood workers. In late February, Lincoln County began compiling a database of employers and independent laborers to identify numbers of essential workers and occupational locations to reach them. In March, we developed information-sharing and coordination relationships with employers and community organizers to identify and plan possible models for vaccinating migrant and seasonal agricultural and seafood workers. With this intensive community-engaged preparation and the resources allocated by OHA, on April 2 and 3, we were able to vaccinate 500 mostly migrant and seasonal agricultural and seafood workers within walking distance of their occupational settings. This event was a pilot model for our targeted mobile clinics. These events lead with outreach to communities in their dominant language by bicultural community members through existing community channels for the target population.

### **Confederated Tribes of Siletz Indians**

We continued our partnership with the tribe to ensure tribal members had access to vaccinations. We assisted with vaccine supplies as needed. We have linked the tribe to a community-based organization (CBO) serving the Latino/a/x community to foster a partnership between the tribe and the CBO to provide Spanish/English language services and outreach to Spanish-speaking community members for the tribe's drive-through clinic.



## May to August 2021

### **Mobile and Targeted Vaccination Events**

Data-driven planning and decision-making led to a shift in operational strategy at the end of May 2021. We started to see a decline in attendance at our mass vaccination events and a decrease in vaccine demand overall. Based on these realities, we shifted our strategy to prioritize outreach and mobility to increase vaccination access for marginalized populations who have had limited access to vaccination due to social and geographic barriers. We began to allow walk-ins at all events, placed events on main roads and within walking distance of targeted populations with noticeable English/Spanish road signs, offered multiple vaccine options, and become more flexible by offering 1<sup>st</sup> and 2<sup>nd</sup> doses and the single dose simultaneously.

Further, we began to embed COVID-19 vaccination into the service environment of marginalized communities as much as possible. Doing so helps prevent already overly stressed individuals from having to learn how to engage in a new, unknown, and perhaps mistrusted service environment. We worked with a wide array of community partners (employers, community-based organizations, businesses, and city governments and departments) to increase their ownership of vaccination events by asking them to co-host, promote, and staff events. We have found more success with co-hosted events due to the integration of the promotion of the event and the event itself into the co-host's trusted communication channels and their existing structures, practices, and social norms. Community members are often invited and encouraged to attend these events by people they know, trust, and identify with. Attendees of these co-hosted vaccination events are greeted and supported by familiar faces in their community who share common lived experiences and cultures with them. These co-hosted mobile vaccination events have evolved to represent more of a community event than a health care service because of the sense of community that is created which carries a culture that envelops the vaccination processes that occur within or adjacent to the community connections.

We have used this co-hosting model in a wide array of communities, including:

- seafood and agricultural communities,
- marginalized rural and frontier areas with more hesitancy and resistance to vaccination,
- wildfire survivors in the spaces where they are being sheltered or served with resources near the affected area, and

- people in recovery, unstably housed individuals, and people in the criminal justice system through the services they receive for their respective situations.

A more detailed example of the co-hosted community-oriented events described above is our La Juquilita events. La Juquilita is a popular Mexican grocery store in Newport and a trusted resource for our Latino/a/x and migrant community members. Olalla Center and La Juquilita have been primary hosts for vaccination events that have been held in the La Juquilita parking lot about once a month since early June. Olalla Center and La Juquilita have been the face of the events while Lincoln County Public Health has remained behind the scenes. Olalla Center’s bilingual/bicultural staff use their trusted relationships to provide direct outreach to their existing clients and to the greater Latino/a/x communities to answer questions about vaccinations and sign people up for these events. The incentives for the events are \$25 grocery gift cards to La Juquilita, which provides the grocery stores’ management more incentive to promote the events. La Juquilita’s owner and staff have promoted the events to their customers, which has likely contributed to gaining more trust in the events. Olalla Center staff, and additional bilingual/bicultural staff from other Juntos en Colaboracion partners, provide the first contact to the clients, all the front-end support for completing the paperwork, and then navigates them through the vaccination process provided by Public Health and our partnering health care providers.

Below is an overview of some of the additional work we undertook:

### **Geographic access**

- North Lincoln County
  - Taft Fire Station
  - Depoe Bay clinics
  - Wildfire survivor clinics in affected areas and in the shelter
  - Lincoln City Community Center clinics every other week
  - Oregon Coast Community College Lincoln City campus clinic
  - Lincoln City outlet mall
  - Powerhouse Detox in Otis
  - Women, Infant, and Children (WIC) clinic in Lincoln City
  - El Torito Mexican grocery store

- Central and South Lincoln County
  - Yaquina Bay Yacht Club, adjacent to the commercial fishing docks and industrial fishing supply store
  - Rogue Public House, across from the fish processing plants
  - Lincoln County County Fair during La Fiesta Latina
  - City of Yachats clinic at the Yachats Commons
  - Beachcombers Days in Waldport
  - Tidewater
  - Oregon Coast Aquarium
  - Shred day
  - Olalla Center clinics at La Juquilita and First Baptist Church
  - Women, Infant, and Children (WIC) clinic in Newport
  - Youth soccer league tournament
  
- East Lincoln County
  - Georgia Pacific
  - Port of Toledo
  - Toledo library
  - Summer Festival in Toledo
  - Toledo Waterfront Market
  - Toledo Swapmeet
  - City of Siletz City Hall clinics
  - Eddyville
  - Nashville

### **Youth focus**

- School vaccination clinics were held at each middle and high school prior to the end of the 2020-2021 school year, reaching over 300 youth 12 and older. Additional vaccination clinics will be held at all high schools at the end of September and early October 2021.

- Offering and promoting Pfizer at all mobile vaccination events held after the school year ended to provide youth 12+ access to the Pfizer vaccine.
- Angel Job Corps has been a coordinating partner in South Lincoln County, signing up their students and arranging transportation of their students to the City of Yachats and Tidewater events.
- Oregon Coast Community College (OCCC) is hosting back-to-school vaccination events at their Newport and Lincoln City campus, matching the incentives to provide \$50 gift cards to the OCCC bookstore, and promoting their vaccination events widely through back-to-school communications. OCCC Student Affairs and Nursing have had strong ownership of the events, which has added in integrating the vaccination events into the back-to-school processes. These events have also been marketed to the K-12 families through Lincoln County School District's communication channels.
- The youth soccer league hosted vaccination events at their tournaments and promoted the event through their communication channels.
- Toledo Library events were held during a youth reading program and offered in a location visible and accessible to the adjacent skate park.

### **Outreach efforts**

- Outreach to over 460 employers and independent contractors
- Development of an outreach network of community partners and leaders
- Engagement of our Community Based Organizations (CBO) to expand and amplify the outreach efforts as well as target specific groups and populations
- Systematic outreach prior to clinics in English and Spanish using fliers, in-person outreach, media, and social media outreach
- Partnership with OHA field teams to maximize outreach and vaccination efforts to more rural and frontier locations

### **Partnership with local CBOs and groups serving our minority populations**

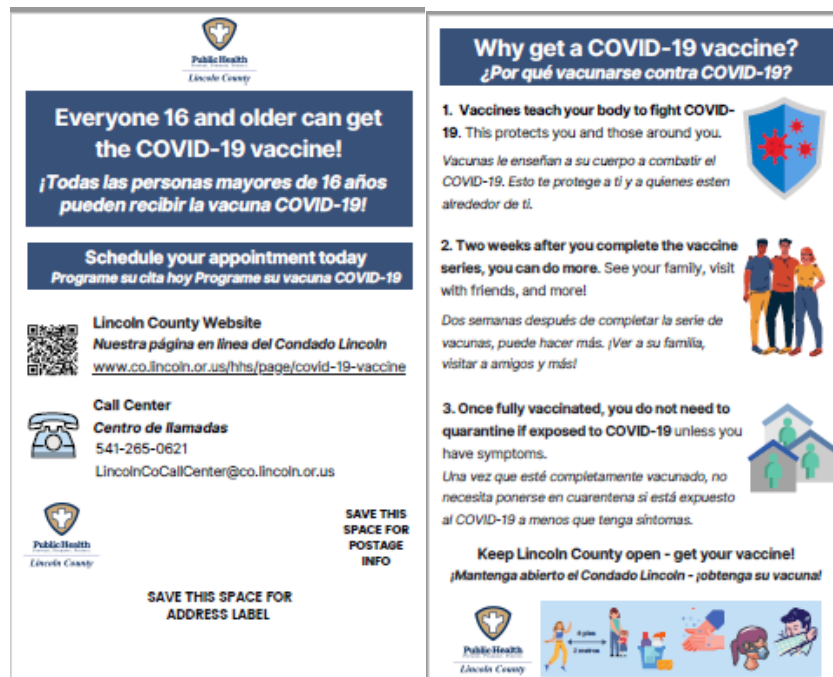
- Culturally centered events
- Interpretation services at the mobile clinics
- La Juquilita grocery store
- Soccer practice
- Fiesta Latina
- Lincoln City community center in partnership with the University of Oregon testing program
- National Night Out
- El Torrito grocery store (Lincoln City)

### **Vulnerable populations focus**

- Houseless (Chance recovery, Parole and Probation, Grace winds, Reconnections)
- Adults in custody (partnership with the Lincoln County jail)
- Wildfire survivors
  - The Haven
  - Panther Creek
  - Otis and the Grange
- Home bound
  - Partnership with home health nurses and agencies since January 2021 to ensure the needs of our community members who are at home could be met
- Service and fishing/ agricultural industry
  - Yacht Club
  - Rogue brewery
  - Sala pickers
- WIC participants through joint clinics in Newport and Lincoln City during the distribution of the Farmer's Market vouchers to WIC recipients

## Communication and public information campaign efforts

- Media and billboard campaign in English and Spanish: “I have got my shot; do you have yours” – we engaged community members rather than government agencies. Video can be viewed [here](#).
- Targeted social media campaigns in English and Spanish to promote vaccinations to areas in the county with lower vaccination rates
- Community wide mailer (in English and Spanish) – see picture below



- Narrow focus mailers for specific areas such as Tidewater and Otis
- Systematic communication and outreach for each event
- In-person outreach to community partners, members, organizations
- Juntos en Colaboracion and CBOs for culturally specific communications and events (see [this video](#))
- Networking, social media groups and outreach

**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.**

We are proud of the work we have been doing as a community and team from the beginning of the vaccination efforts. One of the highlights of our efforts is how we used data and an equity lens to switch our delivery model from a static mass vaccination model to a mobile clinic and outreach model driven by data and community engagement and involvement. One of the first mobile event we held was in Yachats. We engaged the local government, the local business community, the local fire station, the local newspaper and local volunteer groups and organizations and this event was a success that demonstrated a show of partnership amongst all systems involved.

We have also developed and sustained a Multi-Agency Coordination Group (MAC group). This group is made of representatives from various systems in our communities and has been the decision-maker and implementer of the vaccination efforts since the end of December 2020. This group has prioritized, planned, and made decisions about vaccination needs and administration.

**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.**

The migrant and seasonal farm workers population in Lincoln County consists of people working in the fishing industry and fishing plants, as well as salal berry picking. Most of this population is made of individuals from the Latinx and Hispanic communities. Most of the seasonal and agricultural work (fishing industry) tends to happen in the Spring and early summer around salal berry picking and fishing plants. We developed our own survey and assessment early in January 2021 to target employers, business partners and specifically workplaces such as fisheries, fish plants, and agricultural employers. The survey's goal was to outreach to these workplaces, create and strengthen partnerships, and assess how many people would become eligible for vaccinations. We used the data we collected to offer targeted events and outreach as well as to provide information about vaccinations and promote the events available to staff and employees so they could attend.

As early as April 2021, we prioritized the migrant and seasonal worker population working and living in Lincoln County. We were one of the first location in Oregon to provide an event that was targeted to these

populations and led in coordination with workplaces and businesses, the fishing and agricultural local industry, as well as the Oregon Health Authority and their Office of Equity and Inclusion. We led various events focusing on these populations. During the two first events, we decided to offer the J&J vaccine so individuals would not have to worry about having to schedule a second dose - which would prove to significantly reduce the barrier to getting vaccinated. That weekend, we vaccinated over 500 individuals. We reiterated a few additional events a few months later and have been able to have very positive outcomes.

As discussed under question 1, we have developed and sustained partnerships with a variety of workplaces and organizations that either employ a seasonal and migrant workforce or serve these populations. For instance, we have a very strong collaboration with Pacific Seafood – a fish plant processing facility in the county. Not only did we put together the April 2021 vaccination events mentioned above, we also have continued reaching out and organizing events for their workforce specifically. Some examples of recent events are the two mobile vaccinations conducted at the Rogue Brewery in August and September 2021 on the bayfront in Newport – near the Pacific Seafood workplace as well as some workplace onsite events.

We also have a very strong partnership with a few community based organizations serving the Latinx, migrant and seasonal workers communities. These organizations are Ollala Center and Centro de Ayuda. Ollala Center has been instrumental in helping us creating vaccination events that are culturally appropriate and that meet the lifestyle and availabilities of migrant and seasonal workers. For example, in Lincoln County, these populations are more available on Friday afternoons/ evenings after work, hence why we decided to set up vaccination events at locations and times where and when people would be more likely to be available and attend the events. Some of these events are the ones we routinely conduct at La Juquilita Mexican grocery store in Newport and at El Torito in Lincoln City.

Centro de Ayuda is another organization that serves the Latinx and migrant seasonal workers community in Lincoln County. We have been partnering with them over time for wrap around services, specific testing events focusing on the Latinx communities, and some vaccination events. We have 3 upcoming events in partnership with them this month.

Finally, since the start of the pandemic, we have been a part of the Juntos en Colaboracion partnership that really focuses on the specific needs of our Latinx communities and migrants and seasonal workers in Lincoln County. As mentioned earlier, this collaborative has been a major contributor in planning vaccination and outreach events to the Latinx communities. Earlier this summer, the collaborative took on



the organization of a Fiesta Latina event at the county fair that not only offered some Latinx cultural experiences and some vaccinations.

**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.**

Lincoln County Public Health has consistent representation at community coalition meetings and continuously solicits feedback from service providers and other gatekeepers of our vulnerable communities. Two examples of this include our weekly Juntos en Colaboracion meetings with our partners who provide direct services to the Latino/a/x communities and our monthly meetings with our community-based organizations providing COVID-19 wrap-around services and outreach. Our transition to providing mobile vaccination events in locations frequented by vulnerable populations and at times outside traditional working hours is a direct response to feedback we received through Juntos en Colaboracion and from other community-based organizations. Further, multiple vaccination events have been developed and facilitated collaboratively with the Juntos en Colaboracion partners with a sole focus on ensuring access and convenience for the Latino/a/x and Spanish/Mam-speaking populations. These events included: Yaquina Bay Yacht Club, La Juquilita, La Fiesta Latina at the Lincoln County Fair, and El Torito. Outputs from these events are reported back to Juntos en Colaboracion during the weekly meetings that follow these events, and the iterative feedback and planning process begins again for additional events.

**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.**

We have been intentional in providing shared ownership of our mobile vaccination events. Co-hosts have the power to determine whether vaccinations are open to the public or are closed events for a specific population, how the events are promoted, and what space/time we can use to provide the vaccinations. Below are a few examples:

#### **Olalla Center/Juntos en Colaboracion Events**

Juntos en Colaboracion has a weekly COVID-19 workgroup that consists of bilingual/bicultural Latino/a/x-serving service providers. The bilingual/bicultural service providers are treated as the experts for how vaccinations should be delivered to the Latino/a/x communities. Through these weekly workgroup meetings, we collaboratively plan events -- such as La Fiesta Latina, La Juquilita, and El Torito -- with a focus on ensuring safe, welcoming, and convenient conditions. If our partnering bilingual/bicultural service providers say we need to provide vaccinations at the Mexican grocery store, on Friday and Sunday nights, and provide gift cards to the grocery store or the popular Latino-owned taco truck, we accommodate it.

For La Juquilita and El Torito Mexican grocery store events, we consider these events to be hosted by Olalla Center. The bilingual/bicultural Olalla Center staff provide most of the organizing power that brings in the targeted population to these events. Olalla Center staff, with support from Lincoln County Public Health and other Juntos en Colaboracion partners, make the decisions on locations, times, and conditions. We consider these Olalla Center community engagement events that have vaccination provided by Public Health nested inside them.

#### **Georgia Pacific in Toledo**

GP management and union members reached out to us to organize vaccination clinics at their workplace. We provided all the necessary vaccination clinics logistics and followed the lead of the GP team regarding engagement and outreach to their workforce. Incentives were also decided based on the workplace culture.

### **Middle and High School clinics**

As mentioned earlier in the report, we partnered with the Lincoln County school district and the Eddyville Charter school to offer vaccination events to their students before the end of last school year. The planning for these events was conducted in partnership with the school district administration staff, the school nurses, as well as the principals for each location. We followed their lead in terms of timing, location, how they wanted to organize the flow of students etc. We ensured the functionality of the clinic based on these predetermined and preplanned criteria.