May 14, 2021

Oregon Health Authority:

On behalf of Lincoln County and the Lincoln County Health and Human Services Department, Public Health Division, we the undersigned have each reviewed the attached responses to all questions and affirm that as Lincoln County’s Local Public Health Authority (LPHA) we will continue to make meaningful efforts to offer culturally-responsive, low-barrier vaccination opportunities, especially for populations in our jurisdiction experiencing racial or ethnic vaccine inequities. We commit to implementing this plan to close the racial and ethnic vaccine inequities in our jurisdiction.

Lincoln County’s LPHA and its partners will continue to ensure that vaccine sites are culturally-responsive, linguistically appropriate and accessible to people with physical, intellectual and developmental disabilities and other unique vaccine access needs.

Doug Hunt
Chair, Lincoln County Board of Commissioners, Governing Body of Lincoln County’s LPHA

/s/ Florence Pourtal

Florence Pourtal
Interim Public Health Director, Lincoln County’s LPHA Administrator

/s/ David Long

Dr. David Long
Lincoln County’s LPHA Health Officer
Lincoln County Vaccination Equity Plan - Updated May 17th 2021

1. Please review race/ethnicity data for the LPHA jurisdiction on the OHA website 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 table below demonstrates a gap in vaccination coverage for the Hispanic population that constitutes the second largest population group in Lincoln County. We will focus our efforts in continuing our outreach to this community in collaboration with local Community Based Organizations (CBOS) such as the Ollala Center, Centro de Ayuda, Juntos en Colaboración, and other community partners in the Hispanic/Latinx population, to ensure we can address barriers in access, vaccine hesitancy, misunderstandings about the public charge and vaccine costs, and lack of opportunities to access vaccines outside of work.

Specifically, here is some of the information we were able to gather recently. Having to sign-up for a clinic has been a barrier as this proves too complicated for some people and they are giving up all together. We will be promoting walk-ins and targeted events. One of the policy barriers we have been made aware of is that people who do not have a SSN, do not want to go where they might be asked for one. We will be communicating through our partners that there is no need for a SSN and no cost for the vaccine. Some systemic barriers have been identified around information provided as the following: too many words, fonts are too small, there is not not enough repetition of the same information. It’s going to be important to ensure that the outreach for this population is conducted by Hispanic/Latinx partners to reach this population.

We are also planning on reaching out again to employers in the tourism industry and the agricultural and fisheries sectors, to ensure we are offering the vaccine to migrant workers and seasonal workers from the Hispanic/Latinx community. We are planning on reaching people working in the fields - seasonal jobs mostly, come and go to work in the season, many field workers w/in MAM community - salal pickers - blackberries, blueberries, strawberries, they travel from here to California to Washington depending on the season.

Salal pickers are self employed and they sell to the same buyers every week, which the buyer may go and pick them up at a point to get them to and from the job. We will organize a mobile clinic at these locations.

Finally, we are planning on engaging with the faith community and offering vaccination events after church.
We will also look into the large number of “unknown and other races” that constitute more than 10% of the overall county population. We will likely go into the Vaccine Administration Records (VARs) and update the data into ALERT based on the information so it gives us a more accurate representation of the distribution of vaccination rates in Lincoln County.

<table>
<thead>
<tr>
<th>% of total Region population</th>
<th>Lincoln County Estimated Count in each group based on regional %</th>
<th>People Vaccinated LC</th>
<th>% of people vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>3.9%</td>
<td>1,884</td>
<td>1,027</td>
</tr>
<tr>
<td>Asian</td>
<td>1.8%</td>
<td>870</td>
<td>332</td>
</tr>
<tr>
<td>Black</td>
<td>1.3%</td>
<td>628</td>
<td>217</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.5%</td>
<td>3,623</td>
<td>980</td>
</tr>
<tr>
<td>Native Hawaiian/PI</td>
<td>0.6%</td>
<td>290</td>
<td>88</td>
</tr>
<tr>
<td>White</td>
<td>85%</td>
<td>41,059</td>
<td>18,733</td>
</tr>
<tr>
<td>Other race/unknown</td>
<td></td>
<td></td>
<td>5,301</td>
</tr>
</tbody>
</table>

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

- Partner with CBOs and collaboration groups serving the Latinx population to organize vaccination events that are culturally targeted
- Partner with worksites of migrant workers and Latinx employees to specifically outreach and organize events that are targeted to these groups
- Partner with the tribe to ensure their tribal members are vaccinated by helping with vaccine supplies as needed
- Continue utilizing the event submission form that all organizations, workplaces, and businesses have access to in the community. They can fill it out and we would set up a clinic to serve their specific populations. One example is a clinic we are working on doing at Grace Wins and ODHS for homeless populations.
- Continue conducting special clinics for the victims of wildfires as well as for folks who are unable to leave their homes.
3. **What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?**

- Continue with partnerships and specific clinics. We already have clinics we are planning at churches and workplaces to ensure we can vaccinate the newly arrived workers, organize a Latinx event or festival during the County Fair, incentivize with vouchers that our partners see as valuable to the community such as healthcare and dental vouchers, food vouchers etc.
- We have put in place a vaccination request form for partner organizations, businesses, and workplaces to fill and submit to us when they want to organize a vaccination event for the people they serve and/or employ. We have had 8 submissions so far from partners such as the Port of Toledo, ODHS, CHANCE Recovery, the city of Depoe Bay, Eddyville charter school, and the Lincoln County School District. We have coordinated events for all of these partners and will continue to outreach and promote the form to ensure that more people are aware of it and take advantage of it.
- We are strengthening our collaboration and planning efforts with local CBOs and community workgroups to design and implement vaccination events that are culturally relevant. One of the examples we are working on is partnering with two catholic churches to hold vaccination events after mass service for the Latinx community. We are also discussing specific and culturally relevant incentives to the Latinx community.
- Revamp our communication strategy according to the motto “less is more” with a specific focus on what’s available, where in Lincoln County. We want people to have easy access to information.
- We will be reaching out to the Confederated Tribe of Siletz Indians as well as representatives of the PI community to listen to their thoughts about promoting the vaccine to their members as well as members of the Pacific Islander community.

4. **What plan does the LPHA and its partners have to close the specific vaccine equity gaps among specific racial and ethnic populations?**

- See above and question # 1
- Continue to support local community based organizations in vaccine clinics targeted for specific populations by connecting them with volunteer staffing, connecting them with other partners, promoting their events through LPHA communication channels, and other needs as they are identified.
- Continue to offer mobile and pop-up clinics throughout the county. Go to where people work, play, pray, go to school, and live to make access to the vaccine as convenient as possible.
Specifically and based on feedback we are getting from the Hispanic/Latinx partners and community members, we will:

○ Enhance and simplify our communication to the community
○ Empower community partners and members to outreach to community members and discuss about vaccines
○ Organize mobile clinics that are culturally sensitive and in places people frequent such as worksites, churches, community events
○ Communicate about the simplification of the sign-up process and promote walk-ins

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:

● We have engaged with CBOs - based on their interest and capacity - for the following activities:
  ○ Education and information sharing regarding vaccines, vaccination events and sites
  ○ CBOs have helped with specific sign-up events to help and assist the people they serve to sign up for a vaccine appointment
  ○ Support and assist CBOs in hosting vaccination events - referred Rite-Aid pharmacy to Ollala so they could provide vaccines for a few events, engaged CBOs to promote the migrant workers specific events at the Yacht Club in early April, supported another vaccination event hosted by Ollala Center with staffing, promotion and vaccines
  ○ Engaged with NESS to outreach and promote the special clinic for victims of wildfires that was hosted by our partners at North Lincoln Fire and Rescue
  ○ Regularly engage and update CBOs during the monthly OHA-CBO call for Lincoln County

6. 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?

● We are conducting targeted and in-depth interviews with community partners and leaders in the Hispanic/Latinx community to gain better understanding on what barriers and possible solutions to break these barriers to access are.
● Continue regular meetings with our CBO partners where we share latest information and encourage them to host specific events and/or outreach to people to attend specific events.
● Continue outreach network meetings twice a month where we provide latest information to outreach partners and ensure that they have all they need to support and promote events in the community.
● Organize community conversations to further understand and address the barriers to accessing and addressing fear and hesitancy around COVID vaccination.

7. 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? 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?

● We very regularly meet with community based organizations and communicate the latest information about events to them during these meetings.
● Our website and social media is updated weekly if not daily.
● We are planning on strengthening our outreach to the chambers of commerce to ensure that they are aware and communicate information about clinics and vaccinations events to their members.
● We had developed our own survey and assessment targeted to employers, business partners and specifically workplaces such as fisheries, fish plants, and agricultural employers. We are using the data we collected to outreach to these places and ensure we offer specific events as well as provide information about the events that are available to their staff and employees to attend.

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

● Use and update VaxUp Lincoln County campaign in partnership with the Samaritan Health Systems
● Participate in the #myvaccinereason campaign, including use of interviews with various community partners and members to discuss their reasons to get vaccinated.
● Provide the latest information about vaccines on our accessible website and through social media.
● Through outreach, identify trusted individuals in the targeted population and invite them to participate in communications targeted for those audiences.

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

● Based on some of the feedback we have been getting, we are planning on communicating on the J&J vaccine and clarify questions we are getting from people.
● We have been using resources such as Boost Oregon to develop our messages around vaccine confidence.

● We are planning on getting specific interviews and storytelling done by a PR consultant with a specific focus on healthcare providers and their recommendations re: COVID vaccination.

● Continue focusing on outreaching to specific groups of the population to understand what keeps them from being vaccinated and use that information to develop specific communication strategies and messages.

● Empower community leaders to carry the vaccine voice back to their communities and provide forums - such as a town hall meeting - for people to ask questions about the vaccines.

● Use and apply the tools developed by OHA and its partners and build on the work that is being done statewide.

● Provide repetitive vaccine messaging and education through existing local channels that reach targeted populations to help counter miss information that people receive through their personal social networks.

10. 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.

● Move back to the basics on Vaccine education. Various CBO's highlighted how the education was very effective in January and February across the state reaching the first waves of people who got vaccinated. Now that we are attempting to reach people who were not eligible early on, they may not have been paying close attention and this current segment of the population may have missed out on the basics about the vaccine.

● Revive some of our earlier messaging as a plan to help dispel misinformation. Refocus on the truth about vaccines (not state the myth, but state the fact).

● Direct people back to that basic vaccine education that we have had available for months, to reintroduce that information to populations who missed out

● Continue to use audio and visual aides at clinics to help people navigate the clinics in multiple languages

● Multiple radio spots from local leaders about why they got the vaccine. Radio messages also in Spanish.

● Planning a “reasons to vaccinate” article with partnership from local doctors.

● Outreach to local faith leaders, including in Spanish and Mam, with CBO assistance.
11. How has and how will the LPHA and its partners ensure language accessibility at vaccine events?

- Continue utilizing existing interpretation and translation services at all of the events we have hosted and participated in.
- Continue translating all of the information and education materials into Spanish.
- Support CBOs to take the lead on culturally specific vaccination events.
- Partnership with OSU Extension and Olalla Center for material development in Mām.

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

- Mobile clinics and pop-up clinics closer to where people live, work, play, pray
- Continue communication and education efforts to connect Lincoln County residents with existing local transportation options that are currently available, i.e. dial-a-ride, rideline
- Free bus tickets for Lincoln County Transit.

13. 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?

- Partner with the schools and the school district to vaccinate 12 and older in school setting before the end of the school year
- Outreach to youth serving agencies, community based organizations, and religious establishments for summer planning efforts and opportunities.
- Direct outreach between meetings via phone calls and emails to invite and encourage open lines of communication

14. 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?

- Multi-agency coordination group that meets 2 times a week
- Weekly meetings with the school district
- Weekly meetings with Juntos en colaboración
- Monthly meetings with Coastal Equity and Inclusion Committee
- Monthly meetings with OHA funded CBOs
- Outreach network meetings twice a month
- Regular meeting with the Confederated Tribes of the Siletz Indians