



Linn County Department of Health Services

PO Box 100, Albany, OR 97321
 Toll Free (800) 304-7468 | TTY/Oregon (800) 735-2900
www.linncountyhealth.org

“Working together to promote the health and well-being of all Linn County residents”

Linn County Equity Plan

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?

Linn County currently stands at 52.6% vaccinated with a first dose as of 9/20/21. Figure 1 the total number of people needed by age group to reach 80%. It also illustrates that Linn County is the 6th furthest county to 80%, and figure 2 shows the distribution by Ethnicity.

Figure 1.

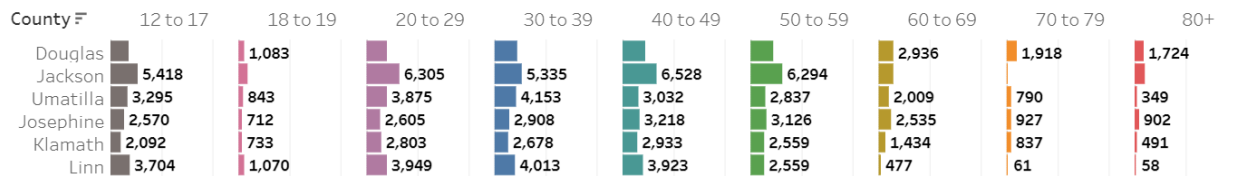
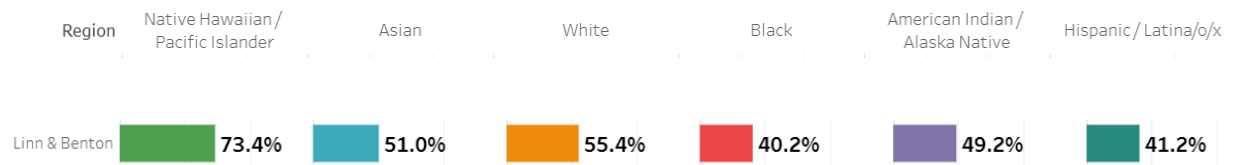


Figure 2.



Operational barriers: LCHD has been able to overcome most obstacles to our mass vaccination efforts though some are notable for planning purposes and After Action Reporting. Language

barriers, literacy-level barriers, scarcity of vaccine, geographic distance, transportation barriers, supply logistics, vaccine storage capacity in the community.

Operational strengths: Overall, LCHD has had very few operational barriers to our mass vaccination clinic. We've been blessed with great operational leadership, received supplies as quickly as we can expect during a pandemic, and have a group of amazing volunteers supporting our efforts. Later and weekend clinics, mobile clinic availability, access to support in multiple languages, materials in plain language, rural clinics, priority scheduling into reserved appointments at mass vaccination clinics.

Policy barriers: OHA eligibility guidelines: racial and ethnic minorities are disproportionately affected by COVID-19 but were not widely, separately prioritized. The complexity of the guidelines discouraged and confused many residents. This made facilitating vaccine access for underserved populations challenging before eligibility was opened to ages 16 and above and caused friction with some community partners. Linn County also has additional barriers in vaccinating school age individuals. Specifically, early on in the vaccine roll-out the Board of Commissioners made a policy decision for the health department to not vaccinate school-age children without parental consent. The health department was also unable to partner with schools for vaccinations, but Samaritan stepped in to fill that role. We have not been hosting vaccine clinics targeted at youth to avoid this issue.

Policy strengths: Linn County has been built largely off of partnerships. This proved an invaluable strength when pulling together large operations.

Systemic barriers: Racial disparity and ongoing discrimination against non-White groups undermines credibility of institutions. It has been vital to build and maintain relationships with community leaders to promote the vaccine among groups who have been historically marginalized. Linn County also has a large population that mistrusts government in general. That has been the largest challenge in this area.

Systemic strengths: Linn County Health Department has longstanding relationships and a foundation of trust with many community partners.

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

Linn County Health Department (LCHD) is working to ensure equitable vaccine administration among our highest risk and underserved community members, such as unhoused, migrant seasonal farm workers, BIPOC, individuals with limited English proficiency, intellectual and developmental disabilities, low-literacy, or digital disparities. This includes meeting people where they are with our mobile clinic (e.g., rural areas, CBO sites, farm sites, at home, etc.) and working with CBOs, community leaders, and navigators to address vaccine confidence, promote, register for, and host vaccination events.

The communication strategy on the website for Linn County continues to produce COVID-19 vaccine information in Spanish to reach Spanish-speaking community members. This includes weekly social media posts, website materials, and radio spots to promote vaccine opportunities in Linn County. These community partner resources will continue to be shared with and

informed by community based organizations (CBOs). The Linn County team scheduled underserved populations into reserved appointment spots for the clinics each week. This approach also ensured access to vaccine appointments for underserved populations that otherwise filled up extremely quickly. Our CBOs continue to engage in vaccine confidence building and assist community members with finding and signing up for vaccine opportunities in the community.

The LCHD Mobile Clinic has been an unbelievably valuable resource. CBOs, community leaders, and farm sites reach out to register, and/or host small and mobile vaccination events for highest risk and underserved populations. CBOs and employers can choose how to collaborate based on staffing capacity of the organization. This works well for vaccinating unhoused community members both sheltered and unsheltered, migrant seasonal farmworkers, and rural communities that experience additional barriers with attending a mass vaccination clinic. Since the general population has become eligible, LCHD has increased the use of mobile clinics for community members with limited English proficiency and/or BIPOC community members through ongoing community partnerships.

3. What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?

LCHD will take the following actions to continue to address inequities in Linn County:

- Continue to use OHA race/ethnicity vaccine data to inform strategies.

- Continue to partner with community based organizations (CBOs) to inform vaccine confidence strategies, promote vaccine opportunities, assist with registration, and host specific vaccine clinics for BIPOC community members.
- Work with the CBOs and faith communities to identify trusted individuals that can serve as “Vaccine Champions”
- Further engage with faith communities with specific attention towards congregations serving English-language learners and BIPOC community members.
- Continue to build relationships with the local organizations serving BIPOC individuals to increase vaccine confidence and provide easy access to the vaccine among community members of color.

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

LCHD plans to collaborate with community based organizations (CBOs) to identify key trusted community leaders among specific racial and ethnic populations to become “Vaccine Champions” and share their story on social media with the reasons why they became vaccinated. Planned outreach by subgroup:

Asian and Pacific Islander subgroups - Identify key community leaders in the Pacific Islander community. We will also continue to provide outreach and vaccine information to schools, after-school programs and youth sports.

Black or African American - Work on relationship building and collaboration with our local NAACP chapter, continue to provide outreach and vaccine information to schools, afterschool programs and youth sports.

Latinx - Continue to partner with Casa Latinos Unidos to host mobile clinics for agricultural workers. We will also continue to provide outreach and vaccine information to schools, afterschool programs and youth sports. We have been asked repeatedly by CLU and Latinx community members to consider using incentives because of its success in other communities. Thusfar, this option has been prohibited by the Board of Commissioners.

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: a. 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?

Linn County Health Department (LCHD) has actively partnered with several CBOs to host, support, and/or promote vaccine events. The Latinx population is Linn County's largest marginalized ethnic group so that has been the major focus. We work close with Casa Latinos Unidos (CLU) and have attended and vaccinated at a number of hosted events including:

- July 14th – Sandy Ridge Berry Farm
- July 25th – Barenburg Seed Company

- August 18th – St. Mary’s Church
- August 20th – St. Mary’s Church

b. 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 as able?

LCHD communicates upcoming vaccine events through existing and new networks. Linn County also shares upcoming vaccine events in Spanish and English on the Linn County website, social media, and through radio advertisements, press releases. Here are some examples of different types of media venues:

https://www.gazettetimes.com/news/local/how-to-get-a-vaccine-in-linn-and-benton-counties/article_b3069c09-ef49-5137-a752-b52d3f22a94b.html

<https://www.npr.org/2021/05/06/993934677/oregon-public-health-workers-race-to-vaccinate-extreme-risk-counties>

<https://hh-today.com/music-and-a-chance-to-ward-off-covid-too/>

6. 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. a. 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?

The LCHD team and community partners continue to survey and provide outreach to agricultural sites. Many Linn County agricultural sites reported small numbers of workers needing vaccination who could be scheduled into the mass vaccination site. LCHD has facilitated a number of vaccination clinics with agricultural employers in Linn County.

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

Linn County Health Department (LCHD) meets with community based organizations (CBOs) and individuals representing unhoused, low-income, and intellectual and developmental disabilities, BIPOC, rural, and faith communities. The team provides an opportunity for LCHD to hear from local CBOs and community leaders about what they are hearing from the communities that they serve (e.g., myths, concerns, access issues and barriers, suggested solutions, etc.) which allows process adjustments, identification of resource and information needs, and informs the vaccine outreach and communication strategy. In addition, by partnering with CBOs and community leaders to conduct outreach and engagement, promote, register, and/or host vaccination clinics, community members have an opportunity to hear personal stories and learn about the vaccine during these encounters helping to improve vaccine confidence.

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

Linn County will continue to adjust and adapt the vaccine confidence communication strategy based on input provided by community based organizations (CBOs). LCHD will continue to

provide outreach and vaccine information to and in partnership with CBOs, faith communities, schools, and other key community leaders serving hard to reach, underserved, and marginalized community members. Specifically, this involves contact tracers providing OHA vaccine informational materials to individuals they speak with. We also share information and schedule events with CBOs including NAACP, CLU, and partners from Linn-Benton Health Equity Alliance, as well as local businesses. We are also on state, local, and regional calls with providers and partners to coordinate activities. We are currently re-opening our mass vaccination site at Samaritan's request here in Albany at the Fairgrounds.

9. 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?

Our communication plan includes radio spots, newspaper releases of vaccination events, social media posts, and coordination with our county information officer. We are currently pulling together an FAQ to provide individuals that reference misinformation or specify a concern such as not getting vaccinated while pregnant. LCHD will continue to provide opportunities to learn more about the COVID-19 vaccine and associated myths, gain access to resources to increase vaccine confidence, understand the vaccination process in Linn County, and share information with and support their clients and communities to receive the vaccine.

10. How has and how will the LPHA and its partners ensure language accessibility at vaccine events?

Ten Percent of Linn County identifies as Latinx, therefore it has been critical to evolve the health department strategies and programs to be accessible to the Spanish-speaking community. Mobile, small, and mass vaccine events in Linn County have Spanish signage, and physical interpreters on site. The implementation of mobile clinics has especially helped us better accommodate Latinx communities.

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

LCHD is meeting people where they are with small and mobile clinics to eliminate or minimize transportation barriers as much as possible (e.g., unhoused community members at shelters, wayside clinics, migrant seasonal farmworkers at farm sites, rural communities, and geographically diverse areas of the county. Transportation is also being addressed through Ride Line, Chance transportation vouchers, and the Linn-Benton Loop system.

12. 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?

LCHD and its partners will continue to provide outreach for youth and will closely follow data to guide our efforts. To increase accessibility to vaccine, Samaritan is providing on-site clinics at the local high schools and Jackson Street vaccine clinics at the skate parks. We are relying heavily on our partners to do outreach to school age citizens because of matters of local policy referenced above.

13. 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?

LCHD and its partners will share bi-weekly data and activity updates. The Health Department will also routinely engage with community leaders representing underserved populations and will adjust plans and reassess strategies as needed. Linn-Benton Health Equity Alliance, CLU and NAACP have been our primary conduits of communication to the BIPOC community and meeting are attended by health department staff.

Demonstrated 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.

LCHD continues to make progress in increasing the number of vaccinated in the county. It’s no secret that this county has a large population that fundamentally opposes vaccines and is also not supportive of more aggressive tactics in messaging and action. With that said, we have been able to progress via interpersonal communication methods and “showing up” all over the

county at events. Though we often have been gestured at or yelled at more than we've administered vaccines, we will continue to show up at events at least 3 to 4 days a week.

We were very proud of the mass-vaccination clinic. Our teams and volunteers vaccinated over 63,000 people. Half the people we vaccinated were from other counties and we were happy to support the state-wide effort in that way.

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.

We partnered with a number of large farm operators to promote vaccine events in the community. Our events were as follows:

- 5/5/21 – Case Farms (Estimated 50)
- 5/10/21 – National Frozen Foods (Estimated 25)
- 5/11/21 = National Frozen Foods (Estimated 25)
- 5/17/21 – Star Berry Farm (Estimated 35)
- 6/28/21 – Barenburg Seed Company (Estimated 25)
- 6/14/21 – Sandy Ridge Berry Farm (Estimated 20)
- 6/25/21 – Barenburg Seed Company (Estimated 10)
- 9/13/21 – Oregon Freeze Dry (Estimated 25)

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.

We were informed by our local NAACP that vaccine access was very challenging for the BIPOC community throughout Linn & Benton counties. We created an alternative system for the BIPOC community to access appointments at our mass-vaccination clinic. It created an opportunity to heal strained relationships between the county and some of our ethnic-based CBOs and was utilized by BIPOC populations in at least 8 other counties.

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 worked directly with both NAACP and CLU. In our interaction we basically provided a list of resources and then sat and listened. What came from that was numerous vaccine clinics, FAQs, and vaccine outreach education provided by the county.