Please restate the question and provide a subsequent response specific to each question below:

- 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.
- a. The quickest way to see improvements in the equity gaps is by using current population data, which decreased the number of people in each demographic category, thus improving the percentage of vaccinations. It's not something we did intentionally, but it is progress in the right direction. We are working closely with our CBOs to identify the gaps and find ways to reach those populations.

CBOs are planning Multiple vaccine events in September in areas with a high Hispanic population.

Based on demographic information, the populations we should most focus on (by percentage) are Black or African American and American Indian and Alaska Native. Based on sheer numbers, however, the Hispanic/Latinx population needs most of our attention.

Our pediatric providers have been vaccinating people regardless of age, and one clinic in particular, Snake River Pediatrics, has been very productive in improving Malheur County's vaccination rates. One of the providers at SRP, Matt Berria, PN-C, Ph.D., has authored a letter which was co-signed by 41 additional providers encouraging our community to get vaccinated. That letter has received good press, and we have purchased advertisements in our local newspapers highlighting the letter and signed providers.

One of our CBOs has begun taking on a leadership role in ensuring vaccines are available at the various low-income housing units in Malheur County. Age+ is working with Valley Family Health Care to set up their Mobile Vaccination Unit at some of these locations. Age+ is also active in ensuring transportation is provided to and from the vaccination clinics to help decrease barriers to vaccination.

Our PIO recently attended a webinar aimed at public relations professionals in public health, and one example of reaching a community was provided by a county in the

southeastern United States. A Spanish-language cartoon was created, with the main character being a well-respected Abuela (grandmother) in the community. Abuela had all the right answers to vaccine-hesitant people's questions, and she was instrumental in educating the Spanish-speaking population in that county, and increasing their vaccine rates. MCHD is looking into doing something similar in our county; whether identifying a well-respected Abuela who will be willing to speak out, or creating some sort of content.

At a recent vaccine event, several people who identified as Hispanic lined up to receive their vaccines. Anecdotally, one said she had just been waiting until the vaccine had full FDA approval. Another seemed slightly unhappy to receive a vaccine, but said it was the "right thing to do." At a future event, our PIO plans to interview vaccine recipients who are willing to talk on the record and encourage others to be vaccinated. The hope is that people within the Hispanic community will see that people who look like them are being vaccinated, and it will help ease their concerns.

The IRCO event is planned for the end of September, but having a party-like atmosphere in their own neighborhood will encourage positive feelings for vaccination, and hopefully, will encourage residents to partake in the offerings. VFHC will be at an event in the small town of Adrian in mid-September, which will be the first time vaccines have been widely available in that town. Adrian has been particularly resistant to the vaccine, but the hope is that by reducing the barrier of a 30-minute drive to "town," more people will be encouraged to receive the vaccine. People from other areas attend this event every year, so the hope is that we will be able to vaccinate people from surrounding counties, as well.

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 have encouraged our CBOs to reach out to minority communities, and we continue to seek out ways to communicate with minority communities in Malheur County, in an effort to educate them about the vaccine. Migrant farmworkers are being specifically targeted in a three-day September event held at a migrant housing complex. Many migrant farmworkers will begin to leave our county in October, so we are actively working to engage them before they leave. CBOs will share the outcome of these efforts during weekly Zoom meetings with representatives from the LPHA and CBOs. Successful efforts will be recognized on our website and social media channels, as well as in the local news outlets. We recognize that not everyone has access to the Internet, so we encourage word-of-mouth communication, and also post flyers in high-traffic areas, or areas where the events are taking place.

- 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.

When we reached out to a leader of the Native American population, he seemed either unwilling or unable to help us reach members of his community with our information. Otherwise, we have not received specific feedback from any specific ethnic community, and continue our efforts to reach out to them. Without large gatherings, it is more difficult to reach people, but we continue to hope that our messaging and efforts are able to reach more people of all communities. A community which experiences health care inequities which is not a specific ethnicity, but is, in fact, a regional community, would be Jordan Valley. This area is about an hour away from any medical care, and because of the state mandates that all health care workers be vaccinated, the almost all the volunteer staff of the Jordan Valley Ambulance has threatened to stop providing service rather than receive the vaccination. Our county Ambulance Director is working with the care providers in his jurisdiction, to try to ease their hesitancy to be vaccinated. If they do, in fact, stop providing services, there will be no one available to care for the people of Jordan Valley in an emergency. Jordan Valley ambulance frequently responds to serious car wrecks on Highway 95 north of the Nevada border. This area would be without emergency services.

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.

In the community of Adrian, which has not had widespread vaccinations available to the public, we are, at the request of a non-profit organization in town, providing a mobile vaccination unit at a large-scale event in September. Representatives of the community reached out to the LPHA and our CBOs for assistance with vaccinating the tight-knit community, which has lost two members to Covid-related illnesses. Two vaccine clinics were held in the school in 2021, but those were open only to school employees, their families and close friends. Our hope is to show Adrian that we see them, they are important, and that we want community members to be as safe as possible. People

who live within communities are best able to assess what their communities need. As we hear from communities regarding their needs, we work with them to see how we can assist.