Malheur County COVID-19 Vaccine Equity Plan

We have each reviewed the attached responses to all questions and affirm that the LPHA jurisdiction 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.

The 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.

Sarah Poe, Director
Malheur County Health Department

Dr. Sarah Laiosa, Health Officer
Malheur County Health Department

Dan Joyce, County Judge and Chair
Malheur County Court of Commissioners
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?

### Klamath, Malheur, Lake & Harney County Vaccination Rate by Race/Ethnicity; current through 6/7/21

<table>
<thead>
<tr>
<th>Demographic group</th>
<th>Number Vaccinated</th>
<th>Population (estimate)</th>
<th>Percent Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian and Alaska Native</td>
<td>1,167</td>
<td>5,239</td>
<td>22.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>589</td>
<td>1,574</td>
<td>37.4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>347</td>
<td>1,524</td>
<td>22.8%</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>3,958</td>
<td>15,245</td>
<td>26%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>320</td>
<td>472</td>
<td>67.8%</td>
</tr>
<tr>
<td>White</td>
<td>31,727</td>
<td>68,291</td>
<td>46.5%</td>
</tr>
</tbody>
</table>

*Fig 1 2 and 3. Klamath, Malheur, Lake & Harney Vaccination Rate by Race/Ethnicity; ALERT data on Fig. 2 current through 8/31/21. Data on Fig. 3 current through 9/29/21.*

Progress has been made, as is evidenced by the data from 8/31/21 (above) and just one month later, 9/29/21, (below).
<table>
<thead>
<tr>
<th>Demographic group</th>
<th>Number Vaccinated</th>
<th>Population (estimate)</th>
<th>Percent Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian and Alaska Native</td>
<td>1,268</td>
<td>5,239</td>
<td>24.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>606</td>
<td>1,574</td>
<td>38.5%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>376</td>
<td>1,524</td>
<td>24.7%</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>4,429</td>
<td>15,245</td>
<td>29.1%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>340</td>
<td>472</td>
<td>72.0%</td>
</tr>
<tr>
<td>White</td>
<td>33,793</td>
<td>68,291</td>
<td>49.5%</td>
</tr>
</tbody>
</table>

Operational Barriers:
- With few enrolled providers and a small health department, the sheer task of vaccinating more than 24,000 eligible people is a challenge. The administrative burden of procedure, staffing, reporting, and even keeping up with the changing guidance is intense and an extraordinary expectation for small teams of enrolled providers to manage.
- Few locally-managed CBOs were able to support vaccine efforts beyond social media outreach for the first several months. There has been an increase recently in additional support, but Malheur County has fewer CBOs able to support vaccine efforts than more affluent counties with locally-based, state-funded CBOs.
- At one time, data available from the Oregon Health Authority showed that close to 40 percent of those vaccinated in Malheur County did not declare race/ethnicity at the time of vaccination. Currently, the available data on race/ethnicity combines vaccine rates of Malheur County with three other Oregon counties. This makes a data-informed response difficult to develop.

Systemic Barriers:
- The relationship between marginalized populations and government and healthcare service providers has made vaccination among these populations a challenge from the outset. Previous negative experience with healthcare institutions or government...
are often reported as reasons people who have been disproportionately affected are hesitant to seek out or accept COVID-19 vaccination.

- Despite overlapping pro-vaccine messaging from Oregon and Idaho on regional television, radio stations and other forms of media, the vaccine rate of Malheur County’s eligible population is among Oregon’s lowest, and it mimics the rates of the Idaho counties we border. Whether COVID-19 vaccine resistance is driven socially, culturally, or politically – or some combination thereof - is unknown, but the data leads us to believe that our proximity to Idaho, which has among the lowest vaccine rates in the country, may be a barrier to reaching our vaccination goal.

- We have received reports of healthcare providers in the this and neighboring counties encouraging their patients to delay or forgo vaccination until more information about the vaccines is available. In some cases, healthcare providers have shared that they personally have no intention of being vaccinated against COVID-19. This can be harmful to public confidence in the vaccines.

**Policy Barriers:**

- Early in the vaccination effort, there were reports of some healthcare providers in the community requiring identification and/or proof of insurance. We believe this has since been corrected and have heard no further similar complaints. 8/31/21 update: This issue came up again, and has been brought up with several providers, who assure us that it won’t happen again.

**Strengths:**

- The Malheur County Incident Command System Team was well organized and operating efficiently after hosting more than 30 COVID-19 testing events in the months leading up to the vaccination effort. With staff volunteers from multiple county departments, we were called “The Gold Standard” by OHA staff for our rural testing operations. Pivoting our focus from testing to vaccine events was seamless and successful, as we completed 35 low-barrier, walk-in vaccine clinics over five months, administering nearly 8,000 doses.

- MCHD was able to hire a full-time public information officer who has worked almost exclusively on COVID-19 vaccine messaging. This has enabled MCHD to readily respond to questions and concerns from the public and the media, and to spend dedicated time tailoring vaccine information to specific groups, such as Spanish-speakers.

- MCHD has a good reputation for serving our Hispanic and BIPOC neighbors. Approximately 70 percent of MCHD clients identify as Hispanic or BIPOC. More than 30 percent of MCHD staff are bilingual in Spanish. Every vaccine event had bilingual, bicultural staff and volunteers ready to serve our Hispanic population in an engaging, effective way.

- MCHD was already doing significant health equity work prior to COVID-19 thanks to Public Health Modernization. We used the MCHD Health Equity Lens for outreach and communication and vaccine event planning. As an organization, we worked together to carefully update our department’s Mission, Vision, Values, and Health Equity Statement through the pandemic.

2. What steps have the LPHA and its partners already taken to address specific racial and ethnic vaccination inequities in the community?
MCHD is using a data-informed approach (as well as we are able, given the limited availability of county specific data) to help ensure immigrants, refugees, migrant/seasonal farm workers, older adults, LGBTIQ+, people experiencing houselessness, and other marginalized populations are receiving an equitable vaccine administration. We feel confident the limited data we have received is accurate and racial and ethnic vaccine inequities exist to the extent reported. We are working to ensure parity in vaccine accessibility by partnering with CBOs, healthcare providers, and community leaders to increase vaccine confidence and promote vaccination events throughout Malheur County. Some of our efforts have included:

- Ensuring Spanish-speaking staff are available in person and by phone during business hours at MCHD and onsite at all of our vaccine clinics.
- Hiring a full-time public information officer who has focused her efforts almost exclusively on COVID-19 vaccine and has worked closely with bilingual staff to ensure all major vaccine announcements and updates are available in both English and Spanish. She has also developed strong relationships with multiple media partners, including the local newspapers, Boise-based television stations, and many social media page managers. She has attended all CBO meetings since she was hired, offering regular updates on vaccine availability in the county as well as access to bilingual (Spanish) materials as they were developed and/or requested.
- Producing bilingual (Spanish) vaccine materials, including:
  - Two high-visibility billboards, one electronic and one standard
  - Three “Get Vaccinated” rack card designs (one pictured on this page)
  - A “Get Vaccinated” postcard which has been mailed to every Malheur County zip code residential address
  - Numerous flyers for vaccine events, distributed electronically and in print
  - Ongoing social media posts announcing opportunities for vaccination
    - MCHD social media accounts: Facebook, Instagram, Twitter
- Welcoming a partnership with the Mexican Consulate in Boise, which serves Malheur County and the surrounding region, to promote an eight-day vaccine event offered by OHA and FEMA. Head Consul Ricardo Gerardo Higuera and representatives from his office were in attendance on the first and last days of the event.
- Purchasing on-air promotion of our vaccine clinics on two regional Spanish radio stations, La Poderosa 100.7 FM and La GranD 106.3 FM.
- Paying for a live Spanish radio broadcast on La Poderosa 100.7 FM and La GranD 106.3 FM from one of our vaccine events where $5 food vouchers for an on-site BBQ food
truck were being given away and the Mexican Consulate had representatives in attendance.

- Sharing vaccine information updates and resources at least bi-weekly with CBOs, healthcare partners, and the Malheur County COVID-19 Taskforce during videoconference meetings.
- Distributing information packets to over 35 faith-based communities in Malheur County which have included English and Spanish printed materials regarding the availability, safety, and efficacy of the vaccine.
- Providing malheurhealth.org (MCHD website) updates at least once a week with new information about the vaccination effort, both locally and statewide. MCHD’s website offers Google Translate in dozens of languages.
- Writing press releases and blog updates on a weekly basis, which are directly shared with multiple media partners in both print/electronic and television.
- Emailing weekly media updates with information on COVID-19 testing and vaccine clinics.
- Maintaining an up-to-date list of vaccine providers on our website and sharing this information with local media on a regular basis.

3. **What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?**
   - Continue to use OHA race/ethnicity vaccine data to inform strategies.
   - Continue working with CBOs, healthcare providers, and community leaders to promote vaccine confidence and increase vaccine opportunities.
   - Continue to work with CBOs and other partners to ensure transportation and language needs are being met at vaccination clinics.
   - Continue to engage faith communities with information about vaccine safety and availability.
   - Turn our focus from offering a weekly mass-vaccine format to supporting and/or participating in smaller, more targeted opportunities at locations where people congregate, as well as offer in-office vaccine appointments at MCHD.
   - Update the numbers following new Census data and updates to the OHA webpage re: metrics.
     - As cases increase in our county, we have begun a new, weekly drive-up testing and vaccination clinic at the county fairground.

4. **What plan does the LPHA and its partners have to close the specific vaccine equity gaps among specific racial and ethnic populations?**
   - Increase our meeting frequency with CBOs to weekly to disseminate information on vaccine availability, safety, and efficacy, as well as other current health topics in the community, giving meeting participants the opportunity to ask questions and make suggestions to best serve our community. The CBOs with which we work closely include the Department of Human Services, Euvalcree, Immigrant and Refugee Community Organization, Lifeways Behavioral Health, Malheur County Emergency Services, Malheur County Building Department, Malheur County Environmental Health, Building Healthy Families, Project DOVE, Eastern Oregon Center for Independent Living, Four Rivers Cultural Center and Museum, Community in Action, Malheur County Juvenile Department, St. Alphonsus Behavioral Health, Malheur Council on Aging, Age+ and Origins Faith Community.
• The OHA has joined our weekly provider meeting, and that simple step has increased provider attendance at the session, and providers are sharing information and learning from each other.
• Reach out to the state epidemiologist for county-specific data, so we have a better understanding of the goal, and use that information to inform our plan as we move forward.
• Plan and schedule vaccine clinics with our partnering CBOs such as Immigrant and Refugee Community Organization (IRCO), Origins Faith Community, and Euvalcree to reach the various racial/ethnic populations they serve, including but not limited to Latino/Latinx, Iraqi, Syrian, Somali and people from the Democratic Republic of the Congo. IRCO is planning three vaccine clinics at a housing complex in Nyssa, which is known to house Hispanic migrant farmworkers. The clinics will take the form of a block party, with a DJ, raffle, and a food truck, and people from other areas are welcome to attend. This event saw 27 people vaccinated; 26 self-identified as Hispanic, and four were between the ages of 12 and 17.
• Reach out to county school superintendents, CBOs, the local community college, churches and other organizations to identify and establish potential Vaccine Advocates, and train them using Boost Oregon’s training program.
• Continue to advocate on a grass-roots level, as well as utilizing our social media channels and conventional media outlets.
• Identify champions of specific racial and ethnic populations to request their assistance in reaching out to other members of their population, and to identify barriers and any hesitancies which exist.
• IRCO has received a grant to reach out to the migrant community in Malheur County, and is planning vaccine clinics in parks and housing areas where families of Hispanic migrant farm workers congregate. MCHD will help as needed with this outreach effort, but IRCO will take the lead on these vaccination clinics. We have reached out to IRCO to offer support and assistance in their efforts. Informed Ruth about OHA’s food program, in case they wanted to offer food at their upcoming events, hosted at low-income housing developments.
• Reached out to the Burns Paiute Tribe for assistance in communicating with tribal members in Malheur County.
• Reached out to active member of the local Native American community for guidance as to the best way to reach them and encourage vaccination. He suggested a few other people/organizations to talk to, but had no suggestions himself for how to reach the Native American population. Suggested we contact Four Rivers Cultural Center and Burns Paiute Tribe.
• Identified non-profit organizations in Idaho which offer services to Native Americans that could potentially reach our county. Plan to reach out for assistance.
• Contacted providers and pharmacies to check whether they have Pfizer vaccines, and posted those locations on our website and social media channels.

<table>
<thead>
<tr>
<th>Pharmacy/Store</th>
<th>Phone Number</th>
<th>Offer Pfizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rite Aid Ontario</td>
<td>541-889-3390</td>
<td>Yes</td>
</tr>
<tr>
<td>Snake River Pediatrics</td>
<td>541-261-6556</td>
<td>Yes</td>
</tr>
<tr>
<td>Bi-Mart</td>
<td>541-889-2141</td>
<td>Yes</td>
</tr>
<tr>
<td>Malheur Drug, Vale</td>
<td>541-473-3333</td>
<td>No</td>
</tr>
<tr>
<td>Malheur Memorial Health Clinic, Nysa</td>
<td>541-372-2211</td>
<td>No</td>
</tr>
<tr>
<td>Medicap Pharmacy, Nysa</td>
<td>541-372-2222</td>
<td>No</td>
</tr>
<tr>
<td>Stark Medical, Ontario</td>
<td>541-889-2244</td>
<td>No, not offering Covid vaccines at all.</td>
</tr>
<tr>
<td>Walgreens, Ontario</td>
<td>541-889-6288</td>
<td>Yes, offers all 3 vaccines.</td>
</tr>
<tr>
<td>Walmart, Ontario</td>
<td>541-889-6040</td>
<td>No, they only offer Moderna.</td>
</tr>
</tbody>
</table>
Valley Family Health Care: - Yes, all locations offer Pfizer vaccines.
  o Nyssa, 541-372-5738
  o Ontario, 541-889-2340
  o TVPC, 541-889-2668
  o TVWC, 541-881-2800
  o Vale, 541-473-2101

- Reinvigorated our weekly meetings with health care providers, health systems, CBOs, the Oregon Health Authority and the county to coordinate vaccine events.
- Scheduled weekly testing and vaccine events in the county’s most populous city for the next eight weeks.
- Spoke with Julia Brown at Age+ about our free testing and vaccine event. She suggested adding information about free rides to and from the site, so the event would be accessible to everyone. That change was made.
- Flyers (in both English and Spanish) for the free testing and vaccine event were placed in grocery stores, hardware stores and other popular locations around the county.
- Hired a new employee to focus on health equity. Her first day was Aug. 3, and she has been very active in the role, assisting with the resubmission of our Health Equity Plan, which was recently approved, as well as with many of the items on this progress report.
- The Health Equity Coordinator and Public Information Officer are making plans to meet in-person with representatives of the CBOs, going to their site, sharing ideas and finding out what they need from us and how we can better collaborate on vaccine equity efforts.
- The Director and PIO spoke at an Ontario City Council meeting Sept. 28, and encouraged the council to promote vaccination to citizens of the city. In her presentation, Director Poe highlighted the three largest cities in Malheur County, and pointed out that of the three, Ontario had the lowest percentage of residents vaccinated. She encouraged the council to challenge their constituents to “beat” the other two cities.
- Our county sheriff has recently been attending some of our online meetings, and we have hope that he will be a more active participant with the LPHA, ICS and the rest of our team.

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?
  - Months before the vaccination effort began, MCHD established weekly online meetings with CBOs for the purpose of disseminating information about COVID-19 testing and resources, and to support CBOs in their goal of reaching the people they serve with this information as well as wrap-around services to offset COVID-19 hardships. Recently, we moved to a bi-weekly schedule and continue to encourage participation among CBOs. CBO attendance has dropped off in recent weeks. We are working to re-establish regular attendance and collaboration. We have worked with CBOs to purchase gift cards for vaccine incentives that they distribute at their events, and to inform them of the OHA’s program to provide food for vaccine events. We share information in a weekly Zoom call.
  - MCHD has partnered with the Four Rivers Cultural Center (FRCC), an expansive 85,000-square-foot facility, to offer walk-in vaccine clinics capable of
accommodating 700+ recipients in a day. The layout of the center lends itself to the one-directional flow we need to maintain proper physical distancing among recipients. We also partner with FRCC on promotion of vaccine events via their electronic billboard and social media pages.

- MCHD welcomes participation from Euvalcree during vaccine events to assist with Spanish interpretation and to enhance the culturally-responsive presence we have provided for our Hispanic vaccine recipients. We also partner with Euvalcree on promotion of vaccine events via their social media.

- MCHD has partnered with the IRCO to reach members of the Iraqi, Syrian, Somali and Democratic Republic of the Congo communities in Malheur County. With IRCO’s help in outreach, coordinating and scheduling, we offered a successful first-dose vaccine clinic at the IRCO Welcome Center on April 29 and second-dose clinic on May 27. IRCO reports that the vast majority of its eligible clients have been vaccinated.

- MCHD has partnered with Origins Faith Community during a free lunch event and gift card giveaway to offer outdoor, walk-up vaccinations to the populations they serve, making the vaccine convenient and accessible to all adults, particularly to those experiencing houselessness.

- MCHD has partnered with Treasure Valley Community College to offer an in-class presentation in Spanish to students enrolled in the English as a Second Language class. Staff were able to answer questions and address any concerns students had regarding the three available COVID-19 vaccines, as well as administer vaccine to those who requested it (several did).

- MCHD has provided in-person Spanish-language outreach at Hispanic businesses in the community to share information and answer questions about COVID-19 vaccines, including where to get vaccinated and what to expect during the vaccine process.

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?

- Continue to host bi-weekly meetings to share information about vaccine availability and any updates to the approved provider list.

- Reach out to CBOs to encourage meeting attendance among those have not been in attendance recently.

- Explore updating our meeting format to better attract and retain CBO participation.

- Continue to add vaccine events to our Events Calendar on the MCHD website and share the information with CBOs and community partners, including healthcare providers, media, and the general public via email and social media.

- As events are planned, we reach out to the CBO doing the event to ask whether they need assistance, and go to other CBOs for assistance as needed. We cross-publicize any events of which we are made aware.

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 review 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 have long-standing, trusting relationships with many of the agricultural employers, especially onion sheds and food processing, through the dedication of the MCHD Immunization Coordinator Angelica Resendiz, who is an RN, and bicultural and bilingual. Ms. Resendiz provides flu vaccines annually at many agricultural workplaces. She has coordinated several on-site COVID-19 vaccine clinics for agricultural workers, a high percentage of whom are Hispanic, with other MCHD nurses or other vaccine providers. She is currently in contact with the Oregon Law Center, which works with farmworkers, to identify additional jobsites at which to offer vaccination.
- We will continue to offer on-site vaccine clinics for those who declined vaccine at previous opportunities.
- IRCO is planning a three-day vaccine event on the site of a housing development known to house Hispanic migrant workers. LPHA is supporting them in that effort.

7. What steps have the LPHA and its partners taken to actively address vaccine confidence in the community?
- Hired a graphic artist to design a full-page newspaper ad featuring pro-vaccine messaging from several of Malheur County’s trusted healthcare providers, including the local hospital, FQHC, and a pediatric office. The ad ran in full color over two consecutive weeks. The high-visibility ad space was donated by a local newspaper.
- Purchased ad space in the Malheur County Fair program guide to share “Why I chose to be vaccinated” testimonials of trusted community members, including the county judge, county sheriff, a high school science teacher, a leader in the local migrant education program, and an older adult from one of the county’s more rural communities.
- Shared the above-mentioned testimonials, as well as others, on social media.
- MCHD was given additional ad space in the county fair guide to share “Staying Safe at the County Fair” tips. COVID-19 vaccination was prominent among them.
- Welcoming a partnership with the Mexican Consulate in Boise, which serves Malheur County and the surrounding region, to promote an eight-day vaccine event offered by OHA and FEMA. Head Consul Ricardo Gerardo Higuera and representatives from his office were in attendance on the first and last days of the event. The Consulate has actively promoted COVID-19 vaccination among the population it serves and often hosts or participates in vaccine clinics throughout the region.

8. What plans do the LPHA and its partners have to continue addressing vaccine confidence?
- We will utilize Technical Assistance from our county and state partners to promote language specific informational content.
- We will continue to host COVID-19 vaccine Q & A sessions with our Health Officer or Public Health Nurses for any groups that are hesitant and willing to learn more.
- We will promote vaccine confidence learning opportunities on social media, with CBOs and healthcare partners.
- Two new MCHD positions are posted to be hired by July 1, 2021 that will add to the effort to address vaccine confidence; One includes Health Equity Coordination and one includes Community Engagement Coordination. We look forward to the new strategies these staff will bring to the team to reduce disparities and protect more people with vaccination. The Health Equity person took on her role Aug. 3 and has been active in the process.
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? 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.

- Continue to share accurate information via Spanish-language social media posts, billboards, and printed materials.
- Explore additional advertising with Spanish-language radio to promote vaccine safety and availability.
- Continue to enlist the help of Spanish-speaking staff to address questions and concerns and dispel vaccine inaccuracies.
- Continue to utilize the Spanish-language materials and social media posts made available by the OHA.
- Continue to partner with print and broadcast media to promote accurate vaccine information.
- Continue to use mail, email, video-conferencing and social media to inform faith leaders, community leaders, and CBOs about vaccine safety.

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

- MCHD has staffed vaccine clinics with bilingual (Spanish) employees and volunteers.
- MCHD has partnered with CBOs to provide additional bilingual (Spanish) support as well as an enhanced culturally-responsive presence at vaccine clinics.
- MCHD has partnered with CBOs to reach members of the Iraqi, Syrian, Somali, and Democratic Republic of the Congo communities in Malheur County.
- MCHD will continue to utilize available staff, volunteers, and community partners to ensure language accessibility at vaccine events.
- MCHD provides consent forms in both Spanish and English.

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

Malheur County spans nearly 10,000 square miles. While the majority of the population live in the northwest corner of the county in three incorporated cities, Vale, Nyssa, and Ontario, people do live hours away by vehicle within the county, far removed from healthcare services. Lack of sufficient, convenient public transportation is a long-standing barrier in Malheur County that will not be solved quickly. Three transportation options are working for some to address the barriers in this crisis:

- First, MCHD staff arrange for Non-Emergent Medical Transport operations to provide and arrange rides for anyone with Oregon Health Plan (OHP insurance) to a vaccine event site or appointment. We have shared this resource widely with community partners to share with their clients.
- Second, multiple enrolled vaccine providers, including MCHD, have provided vaccine clinics in multiple locations across the more rural parts of the county. Valley Family Health Care, a Federally Qualified Health Center with clinics in Nyssa, Vale, and Ontario, has been an excellent partner, utilizing their Mobile Access Clinic to offer vaccine in remote towns such as Jordan Valley, and in school and church parking lots. Saint Alphonsus Medical Center has also provided mobile vaccine
clinics, especially with Pfizer vaccine, targeting families with children ages 12 and up. Even small enrolled providers, such as Malheur Drug, have offered vaccine clinics to groups off site to address transportation concerns.

- Finally, two CBOs have reported they have transportation available and provide rides to vaccine sites for people with lack of other means of transportation.
- We added free transportation information to flyers for our weekly testing and vaccination events.

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?

- MCHD and its partners will continue to provide outreach and opportunities for vaccination for youth and will closely follow data to guide our efforts.
- Meetings held bi-weekly with MCHD staff and CBOs to discuss outreach and education efforts and share ideas to improve access.
- MCHD staff meet monthly to review outreach efforts and plan additional vaccine off-site clinics and in-clinic options.

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?

- Continue to host bi-weekly CBO meetings and report on our efforts and welcome ideas for collaboration.
- Continue to present at COVID-19 Taskforce bi-weekly meetings hosted by Malheur County Emergency Management with over 40 community stakeholders.
- Continue to host healthcare partner meetings and report on our efforts and welcome ideas for collaboration.
- Continue to participate in OHA hosted vaccine meetings and represent MCHD efforts and implement strategies shared.
- We have reviewed the updated Census data on the OHA website, and updated the chart above to reflect lower population numbers in the 2020 Census. We will continue to monitor the data to check our progress, and will report updates on our website and social media channels, as well as with the local media.

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. AGE+ advocates for the health of older adults around the state of Oregon. The low income housing units mentioned are the housing units where some of these older adults reside.

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, held at a housing complex for Hispanic migrant farmworkers, is planned for the end of September, and there are hopes that 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. Adrian’s population is about 20 percent Hispanic, but as a town rural enough to be considered “frontier” by The Ford Family Foundation, there are
major barriers to vaccine access for many residents. When we put efforts into equity, that needs to include factors other than race alone.

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, including Department of Human Services, Euvalcree, Immigrant and Refugee Community Organization, Lifeways Behavioral Health, Malheur County Emergency Services, Malheur County Building Department, Malheur County Environmental Health, Building Healthy Families, Project DOVE, Eastern Oregon Center for Independent Living, Four Rivers Cultural Center and Museum, Community in Action, Malheur County Juvenile Department, St. Alphonsus Behavioral Health, Malheur Council on Aging, Age+ and Origins Faith Community 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 by IRCO 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.

Four Rivers Cultural Center recently held a Mexican Independence Day celebration, and partnered with a local pharmacy to offer drive-through vaccines. Eighty eight vaccines were administered at the event, most to people who self-identified as Hispanic.

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.

As we continue relationship-building work with CBOs, the Health Equity Coordinator and PIO will begin visiting each CBO to talk to them about how we can better support their efforts, and what challenges they are facing. By increasing communication with the CBOs, and sharing with them what we need them to do to help us be successful, we hope to build more effective, trusting, working relationships. Working with community leaders is generally more difficult, since elected leaders in Malheur County are less willing to listen to facts about a topic their voters don’t agree with. Our Director has reached out to the Ontario City Council and given them a situation report at one of their public meetings, which was broadcast on Facebook. The PIO will work to share information with elected officials, and as we find some willing to speak publicly in support of the vaccine, we will work with them to make that happen. LPHA’s health officer has created informational videos to address vaccine hesitancy, and we’ve asked her if she would answer more questions on video that we can show on our social media channels.

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.