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?

Malheur, Klamath, Lake, and Harney County Vaccination Rates by Race/Ethnicity
Data from OHA Dashboard, 8/17/2021

<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/Alaska Native</td>
<td>1,106</td>
<td>5,239</td>
<td>21.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>575</td>
<td>1,574</td>
<td>36.5%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>333</td>
<td>1,524</td>
<td>21.8%</td>
</tr>
<tr>
<td>Hispanic/Latina/o/x</td>
<td>3,779</td>
<td>15,245</td>
<td>24.8%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>310</td>
<td>472</td>
<td>65.7%</td>
</tr>
<tr>
<td>White</td>
<td>30,669</td>
<td>68,291</td>
<td>44.9%</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.

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 video-conference 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.

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.
• 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.
• 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 migrant
farm workers congregate. MCHD will help as needed with this outreach effort, but IRCO will take the lead on these vaccination clinics.

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 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.

- 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.

- 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.

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. 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 with other MCHD nurses or other vaccine providers. She is currently in contact with the Oregon Law Center, who 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.

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.

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.

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.

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.