



Morrow County Health Department

110 N. Court Street
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COVID-19 Vaccine Equity Plan Progress Report August 17, 2021

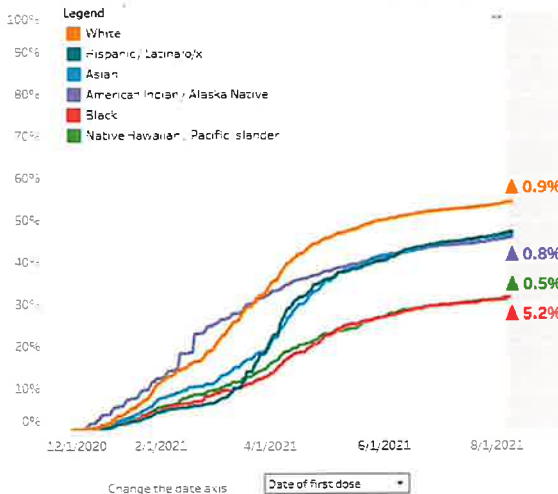
1. Please review the jurisdiction’s response to questions #1 and #2 in the accepted equity documentation, as well as recent race/ethnicity data. Describe any improvements in equity gaps as evidenced in the data.

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.

Crook, Gilliam, Grant, Hood River, Jefferson, Morrow, Sherman, Wasco, & Wheeler

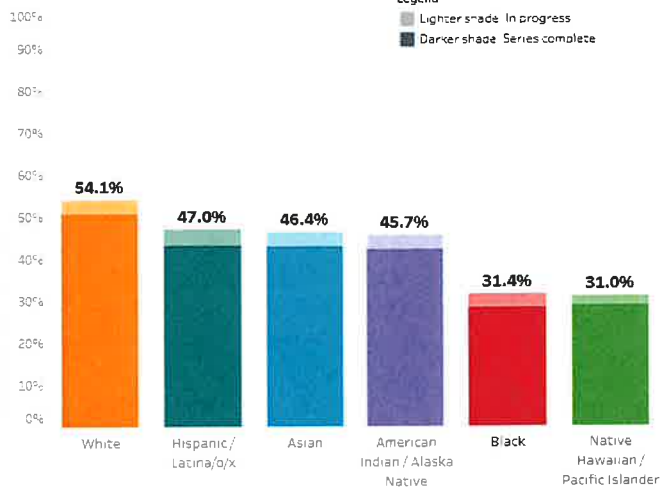
People vaccinated over time by rarest race and ethnicity

Labeled with relative percent change between 07/30/2021 to 08/06/2021



Current rates by rarest race and ethnicity

Labeled with % people vaccinated with at least one dose



As presented in the data above, our data is congregated with a number of other counties that include Crook, Gilliam, Hood River, Jefferson, Sherman, Wasco, and Wheeler. It is hard to draw specific data for our county since this region represents a large number of counties.

Morrow County Public Health continues to make great strides in its vaccination rates for the Latinx community, the largest portion of our BIPOC community. Our jurisdiction’s strength lies in the partnerships with community-based organizations (CBOs) that continue to be trusted resources for the Latinx community. We have continued to work with our community partners that include Euvalcree, Oregon Child Development Coalition, Doulas Latinas, Oregon Rural Action, United Farm Workers, Columbia River Health Clinic (FQHC), the Irrigon Clinic, Morrow County Health District, and Murray’s Pharmacy.

One strategy we implemented as a jurisdiction with the support of Oregon Rural Action of which we are proud, is providing canvassing in targeted geographical areas in the county. Through our previous efforts, we noticed that mass vaccine events did not work for the target vulnerable community. We learned that direct conversations with community members was needed. These direct conversations allow us to provide education about the vaccine, and at the same time, allow a space for individuals to ask questions and voice concerns they might have around the vaccine. During these one-on-one personal conversations, we become aware of local trends affecting people's choice in getting vaccinated. An added benefit of this partnership is that the people leading these conversations represent trusted community organizations. There are a number of other strategies we have implemented that reach the community where they are, rather than expecting them to come to us.

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.

As mentioned in our initial response in the original equity plan submission, the survey was not very helpful in targeting vaccine needs of migrant and seasonal farmworkers in Morrow County. In addition to our additional internal efforts mentioned previously, we partnered with the Centers for Disease Control and the Oregon Health Authority for the Migrant Seasonal Farm Worker (MSFW) Rapid Community Assessment. This project also incorporates resources from local public health departments, in addition to local CBOs. The research study is focused on obtaining quantified data from participants with the goal of learning what some common trends are that lead to a MSFW's and food processing plant worker's choice to get vaccinated or not. The other part of the project focuses on obtaining qualified data by interviewing key partners in direct contact with this subset of community members, such as personnel from human resource departments, plant supervisors, public health staff, and community partner staff. This project has, once again, granted us the ability to connect with community members on a more personal basis to provide education and outreach. To date, the project has gathered over 150 responses from employees in this sector of labor within our county. We are very excited to obtain the final results from this survey in order to continue to strategically provide the best ways to reach this vulnerable community.

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.

Morrow County Public Health and our partners received feedback from the Latinx community experiencing vaccine inequities. One major need that comes up is meeting people where they live, work, and socialize. The community doesn't want to add an additional task of scheduling a time to get vaccinated. They want to be able to conveniently access vaccine in the community. In past efforts, we focused on working with employers to offer vaccine on-site. We continue to reach out to new employers, in addition to offering vaccine on-site for locations previously visited. We've noticed people have had a chance to receive more information in regards to the vaccine, in addition to hearing testimony from fully vaccinated co-workers. We have also worked with landlords with a high percentage of tenants who are part of the community experiencing vaccine inequities. These housing sites normally house MSFW, food processing plant workers, monolingual Spanish speakers, in addition to monolingual K'iche (indigenous Guatemalan dialect) speakers. We have also taken advantage of key community events that happen over the summer. We offered a mobile vaccine clinic, in addition to providing a space where community members can have questions answered by a clinician. One specific example of the work previously mentioned was outreach at our annual Watermelon Festival in Irrigon. Irrigon is a great place to provide a mobile vaccine clinic because it is a city with a high concentration of Latinx community members. The event was also held in the zip code with the lowest rate of people vaccinated within our jurisdiction. We offered vaccine and provided community resources, in addition to recruiting participants for a study in which our county is participating. We have also partnered with schools in their various functions throughout the summer. We continue to diligently work with local schools to ensure our students are up-to-date with their immunizations, and also offer them the opportunity to receive the Pfizer vaccine, if they are eligible.

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.

Morrow County continues to host a regular standing meeting with our community partners in order to center the communities experiencing inequalities. These key community partners include Oregon Rural Action, Euvalcree, Oregon Child Development Coalition, Doulas Latinas, United Farmworkers, and Age+. In recent weeks, they assisted in planning, promoting, and hosting local community events that incorporated vaccine distribution as a key component. A specific example of this work is our recent partnership with Doulas Latinas. This event is centered around an immigration law workshop with a lawyer. Before and during the event, vaccine is provided, in addition to other resources like food boxes and community resources. If transportation is a barrier to and from these events, it is provided. We are continuing to build spaces where individuals have their needs met and also have easy access to the vaccine and information related to COVID-19. This event has a number of partners who are invested in its success.



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Public Health Director