

Deborah Kafoury Multnomah County Chair

September 15, 2021

Dear Directors Allen and Banks, and Dr. Sidelinger,

I am writing this letter with deep appreciation for the \$4,250,935 grant the State of Oregon provided to Multnomah County to advance vaccine equity in our community. Based on the progress that these funds have allowed us to make, I am also writing to request \$4.5 million in additional resources to continue advancing our vaccine equity efforts.

Upon being notified in May 2021 that these funds would be made available, Multnomah County worked quickly to identify areas within our existing COVID-19 response for Black, Indigenous and other communities of color that could be bolstered with additional resources. That analysis led us to allocate the funding to support the following efforts:

- The creation of a new program that provides \$150 in Visa gift cards to people who receive their full vaccine series at one of our vaccine clinics, as well as a Vaccine Ambassador program that provides a \$50 gift card to fully vaccinated individuals who bring a friend or family member to get vaccinated.
- An increase in our clinical presence at our school-based health centers in order to make it easier for students and their families to receive their vaccinations in a familiar and easily accessible environment.
- The funding of 36 community partners to provide incentive gift cards at vaccine events they are hosting in conjunction with health systems and other partners.
- Increased funding for culturally specific events and outreach efforts through Multnomah County's Racial and Ethnic Approaches to Community Health (REACH) program, which works to reduce chronic disease burden and disparities among Black/African immigrants and refugees; the County's Future Generations Collaborative program, which supports health equity in the Native American and Alaska Native community; and our Corrections Health division, which utilized the resources to reach at-risk youth and their families.

As detailed in the attached report, we have seen a marked increase in demand at our vaccine clinics since implementing these additional initiatives. While we recognize there were other factors that likely contributed to the increase in demand — such as recent workplace vaccine mandates and the surge in case rates and hospitalizations due to the Delta variant — we believe

that our incentive strategies have led to an increase in overall vaccination rates in our community, as well as a narrowing of racial and ethnic disparities by increasing the number of vaccinations in communities of color. These trends are demonstrated in graphs on pages 2 and 11 in the attached report.

We are encouraged by these trends and seek to continue leveraging the momentum these initiatives have helped create. However, based on our current, elevated level of vaccine demand, we project that we will spend down the full \$4.2 million by the end of this month. Without additional resources, we would be forced to sunset the gift card incentive programs at that time.

Accordingly, I am requesting an additional \$4.5 million to be used for our gift cards incentive program, which would allow us to continue this effective strategy through December 2021 and vaccinate and provide gift cards to approximately 27,000 community members. Of this funding, we would use \$3.2 million to purchase Visa gift cards, \$630,000 for staffing and supplies to operate the program, and \$670,000 to pass through to community partners for events they are hosting with health systems and other partners.

The ability to continue encouraging vaccinations through incentives is critical to helping our community members protect themselves and each other. Thank you for your consideration of this request.

As always, we appreciate the state's work to support the health, safety and well-being of all Oregonians.

With thanks and gratitude,

A handwritten signature in black ink, appearing to read "Deborah Kafoury". The signature is fluid and cursive, with the first name being more prominent.

Deborah Kafoury
Chair, Multnomah County Board of Commissioners

CC: The Honorable Kate Brown, Governor of Oregon

OHA Vaccine Equity Plan and Progress Report



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.**
- **Provide an example of work about which the LPHA and its partners are particularly proud, and describe any tangible impacts in the community.**

Improvements in equity gaps as evidenced in the data

Data show that between May 1, 2021, and August 30, 2021, Multnomah County racial/ethnic equity gaps in COVID-19 vaccination rates have narrowed. Multnomah County considers this trend to be a positive reflection of its vaccine equity efforts, but continues to also examine these data for inaccuracies based on methodologies that tend to misrepresent Black, Indigenous, and other People of Color (BIPOC) and eclipse persisting disparities.

To provide a comprehensive presentation of vaccination rates, Figure 1, below, shows the percentage of people living in Multnomah County, by race/ethnicity, that had received completed COVID-19 vaccination sequences at these two points in time. As Figure 1 shows, according to the data, in May, the Pacific Islander population of Multnomah County had the highest vaccination rate, followed by the white, non-Latinx population, with Native American/Alaska Native, Asian, Black/African American, and Latinx populations' rates being lower than that of white, non-Latinx people living in Multnomah County--indicating equity gaps for these populations.

While the same general pattern of rates is true as of August 30, 2021, as Figure 2 shows, the magnitudes of difference--or size of the gaps--between the vaccination rate of the white, non-Latinx population and those of Native American/Alaska Native, Asian, Black/African American, and Latinx populations have shrunk. Figure 2 depicts the difference in percentage points between the white, non-Latinx population's vaccination rate and each of the above BIPOC populations, both as of May 1, 2021, and August 30, 2021.

Figure 1. Percent Population with Completed COVID-19 Vaccine Sequence by Rarest Race and Ethnicity in Multnomah County, May-August 2021

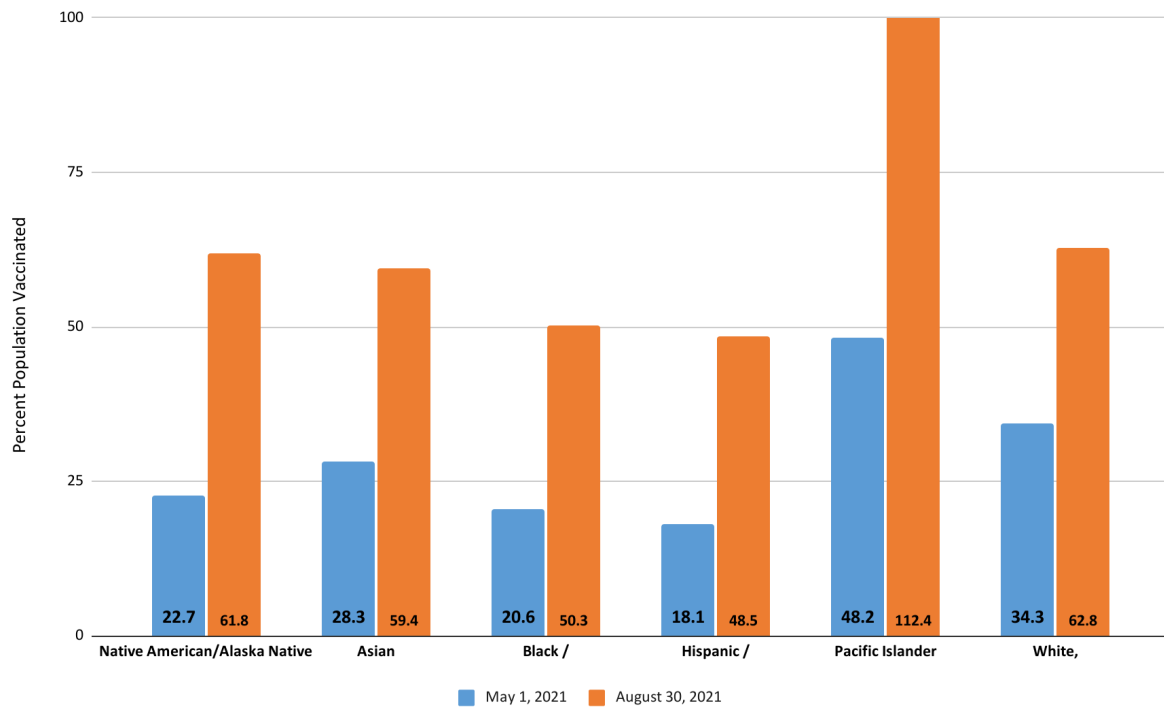
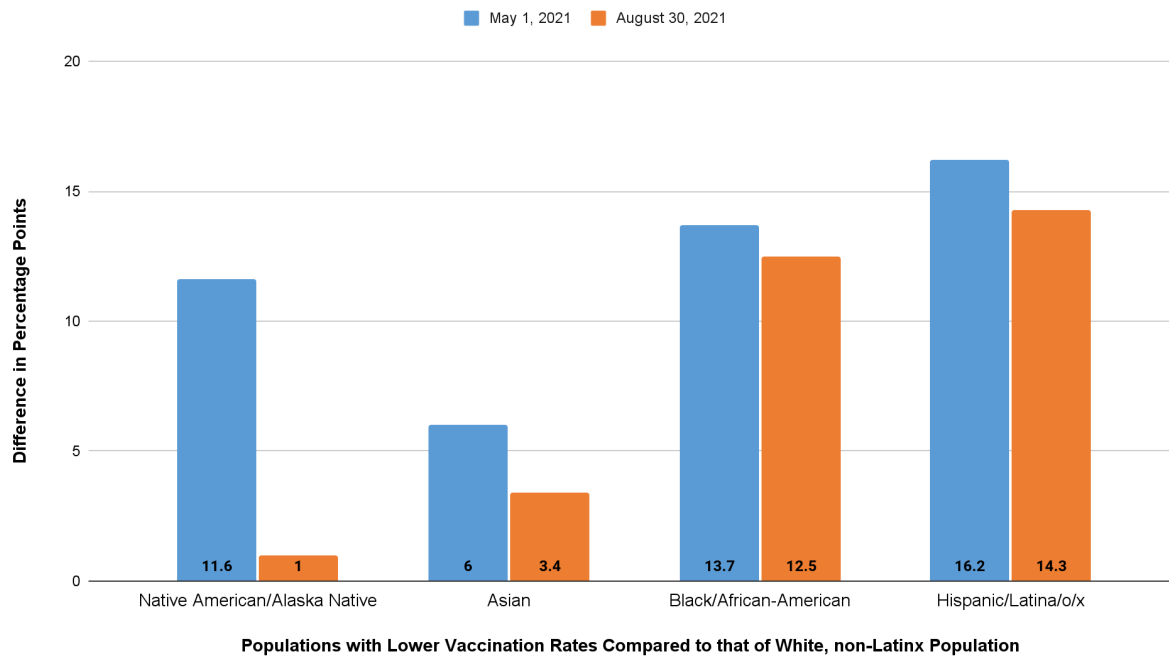


Figure 2. Magnitude of Difference Compared to White, non-Latinx Vaccination Rate



Data notes for Figures 1 and 2

-Data are from the Oregon Health Authority COVID-19 Vaccination Metrics Dashboard.¹

-The race and ethnicity categories are coded using the rarest race method.

-The percentages of people vaccinated were calculated based on the full population for each race and ethnicity, rather than only the vaccine-eligible population.

-The August 30th vaccination rate for the Pacific Islander population is over 100% because more Pacific Islander individuals received a vaccine with a current address in Multnomah than are estimated in the population. This discrepancy may be due to differences in coding of race data between vaccination data and population data sets (e.g., rarest race methodology used for vaccination data).

These data show considerable progress. Specifically, according to the data:

- As noted above, the size of the gaps in vaccination rates compared to the white, non-Latinx population narrowed for each of the Native American/Alaska Native, Asian, Black/African American, and Latinx populations. As of May 1, 2021, the differences in rates ranged from 6 to 16.2 percentage points. As of August 30, 2021, the differences in rates ranged from 1 to 14.3 percentage points.
- The vaccination rate for each of the populations experiencing an equity gap compared to the white, non-Latinx population (e.g., Native American/Alaska Native, Asian, Black/African American, and Latinx) at least doubled from May 1 to August 30.
- Although still lower than the 63% vaccination rate for white, non-Latinx people in Multnomah County, the Native American/Alaska Native and Asian populations' rates are comparable, at 62% and 59%, respectively.
- The greatest growth in vaccine completion is seen among the Native American/Alaska Native population, with 172% greater vaccine coverage in late August than in early May.
- Although vaccination rates among the Black/African American and Latinx populations still lag behind that of the white, non-Latinx population, indicating there is more work to be done, these inequities have narrowed from roughly 60% of white, non-Latinx rate in early May, to around 80% the white, non-Latinx rate in late August--considerable progress for a four-month period of time.
- Pacific Islanders, who already had a higher rate of completed vaccinations than the white, non-Latinx population as of May 1, continue to have the highest vaccination rate in Multnomah County, indicating that efforts focused on this community continued their efficacy rather than stagnating due to early success.

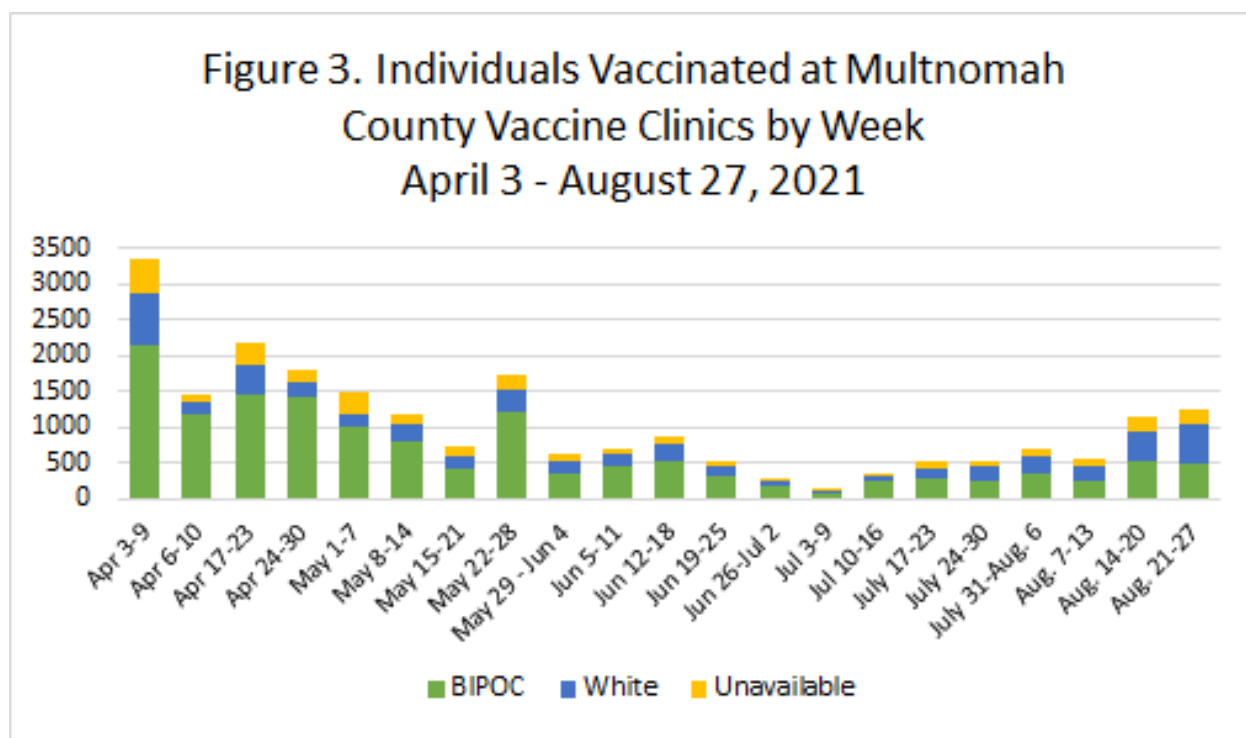
However, Multnomah County has reason to believe that these data may overestimate the reduction in racial/ethnic disparities. Multnomah County has been working diligently with the Oregon Health Authority (OHA) to identify and correct such instances. For example, healthcare data tends to be collected in ways that fail to recognize Native identity--such as if a person is Native but not enrolled in a federally recognized tribe, or a person is never asked to self-identify their race, or if their Native identity gets subsumed under multiracial or

¹

<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/StatewideProgress>

“other” racial categories. In the case of COVID-19 vaccination rates, these data inaccuracies mean the Native population estimate used as the denominator in the rate calculation is an undercount, resulting in an artificially high vaccination rate. As a result, the seemingly near elimination of a vaccine equity gap for Multnomah County’s Native American/Alaska Native population is a false assessment. Progress has certainly been made, but exact measurement of this progress is unknown. Multnomah County will continue to work with OHA on data justice issues, but the engrained, nationally systemic nature of the problem means there is no quick fix.

Despite the inaccuracies embedded in vaccination rate data, Multnomah County-collected data show success in the County’s attempts to center vaccine efforts on BIPOC communities. As Figure 3, below, shows, nearly every week since April, the majority of people vaccinated at Multnomah County vaccine clinics have identified as BIPOC.



An overview of Multnomah County’s strategies to close racial/ethnic vaccine equity gaps is provided in the following section. Despite evidence of success, Multnomah County will continue its efforts to eliminate persisting equity gaps.

Progress in eliminating vaccine access barriers and closing vaccine equity gaps among specific racial and ethnic populations

Multnomah County and its partners achieved the above progress in reducing vaccine access barriers and equity gaps among specific racial and ethnic populations through continued data monitoring, intensive community engagement, following community’s lead, and capacitation of community-based organizations

(CBOs). Multnomah County has applied and evolved these approaches

- To expand scopes of work for contracted CBOs to include providing additional supports needed at this stage of the pandemic;
- To grow its initial success with community-based vaccine clinics, offering both ongoing, fixed-site vaccine clinics and mobile vaccine events, designed to reach populations most in need; and
- To multiply the layers of its vaccine communications plan--building out targeted outreach strategies and honing techniques to reach smaller, specific audiences, while also maintaining mass communications.

Expanded CBO scope of work

Multnomah County amended its existing contracts with 17 CBOs for CHW wraparound support to expand their scope of work to include vaccine access and add additional funding to help address barriers to vaccine access. These contract amendments totalled a \$3.4 million commitment. Examples of ways CBOs addressed barriers include funding babysitters, transportation, and other enabling services to help people attend vaccine events.

Community-based vaccine clinics

Between May 1, 2021, and September 4, 2021, Multnomah County has administered 15,396 COVID-19 vaccinations through County-sponsored clinics, including ongoing, fixed-site clinics and mobile clinics at CBOs, multi-housing communities, employers, and other community sites.

Fixed-site clinics

In collaboration with partner CBOs and BIPOC community leaders, Multnomah County used geographic data on vaccine access and COVID infection rates to locate ongoing vaccine clinics in areas that would be convenient to BIPOC communities experiencing COVID/vaccine inequities. Multnomah County triangulated case rate data, by race/ethnicity, by census tract, to determine priority neighborhood locations for County clinics (for examples of mapped data, see [BIPOC vaccinations](#) by census tract, [45+ vaccinations](#) by census tract, and [15+ vaccinations](#) by census tract) and consulted with BIPOC community leaders to discuss additional strategies to ensure clinic locations would meet BIPOC community needs. CBO partners Latino Network and IRCO opted to partner with the County to hold

COVID-19 VACCINATION CLINICS

All Oregonians age 12 and older are eligible to get vaccinated against COVID-19. At County COVID-19 vaccine clinics:

- No appointment is needed.
- The vaccines will be provided at no cost to you.
- You do not need health insurance.
- You do not need to bring proof of eligibility, identification or a social security number in order to get a vaccine.
- Youth 12-14 require a parent or guardian's consent.

These events are focused on serving African American, Black, Afro-Caribbean, Latinx, African/Black Immigrants and Refugees, and other people/communities of color. Everyone is welcome.

Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
8:30 am to 5:30 pm	9:00 am to 3:00 pm	8:30 am to 5:30 pm	10:30 am to 7:00 pm	8:30 am to 5:30 pm
Fabric Depot 700 SE 122nd Ave., Portland Indoor site Pfizer 12 years and older	Fabric Depot 700 SE 122nd Ave., Portland Indoor site Pfizer 12 years and older	MHCC - Gresham Last Day 8/26 26000 SE Stark St., Gresham Indoor site Pfizer 12 years and older	PCC - Cascade Last Day 8/20 600 N Killingsworth St, Portland Indoor site Pfizer 12 years and older	Fabric Depot 700 SE 122nd Ave., Portland Indoor site Pfizer 12 years and older
Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
9:00 am to 3:45 pm	10:30 am to 7:00 pm	9:00 am to 3:45 pm	2:30 pm to 5:00 pm	12:30 pm to 4:30 pm
Arbor Lodge 7440 N Denver Ave, Portland Indoor site Moderna 18 years and older	MHCC - Gresham Last Day 8/26 26000 SE Stark St., Gresham Indoor site Pfizer 12 years and older	East County Health Center 600 NE 8th St, 2nd Floor, Gresham Indoor site Moderna 18 years and older	IRCO Mid-County 10301 NE Gilman St, Portland Indoor site Pfizer 12 years and older	Latino Network @ Rockwood Boys and Girls Club 454 SE 165th Ave, Portland Indoor site Pfizer 12 years and older

For more information:

- Scan QR Code to the right
- Visit website - multco.us/vaccineclinics
- Call 503.988.8939

[VISIT MULTCO.US/COVID19](https://multco.us/COVID19) FOR THE LATEST UPDATES

weekly vaccine clinics at their sites, and Mount Hood Community College, Portland Community College - Cascade Campus, and Fabric Depot were selected as sites of additional, County-run ongoing vaccine clinics. It was not always possible to identify host facilities exactly where data showed the greatest need (e.g., the Lents neighborhood), but alternative sites were located as close as possible. To supplement these clinic sites, Multnomah County redistributed some County-allocated vaccines to smaller clinics and pharmacies that serve BIPOC, immigrant, and low income communities in additional geographic areas of need.

Mobile vaccine clinics

Multnomah County leveraged a variety of partnerships to offer numerous pop-up vaccine clinics and smaller vaccine events. In addition to culturally specific CBOs and community coalitions, health system and emergency response partners, including Providence, Legacy, Kaiser Permanente, OHSU, Medical Teams International, Multnomah County's Medical Reserve Corps, Portland Fire and Rescue, and American Medical Response, bolstered capacity for these clinics. Many mobile clinics were arranged by request from the community, with demand so high, it was challenging to fulfill every request.

To bring convenient vaccine access to the Black/African American and African immigrant and refugee communities, the REACH Program partnered with numerous CBOs, including Self-Enhancement, Inc. (SEI); Rosewood Initiative; the Boys & Girls Club; Highland Christian Center; Center for African Immigrants and Refugees of Oregon (CAIRO); African Family Holistic Health Organization; Vancouver Avenue Church; East Portland Community Center; Emmanuel Temple Church; Play Grow Learn; Salvation Army East; Abundant Life; Ethiopian and Eritrean Cultural and Resource Center; Urban League; the Elks Lodge; Portland Opportunities Industrialization Center (POIC); African Youth & Community Organization; and St. Paul Missionary. REACH also worked with Providence to offer culturally specific events centering the Black/African American community; this partnership was especially effective at holding smaller events in areas with concentrated COVID cases, like Wood Village.

Through strong advocacy from Multnomah County Public Health's Community Partnerships and Capacity Building (CPCB) team, Providence's Promotores program teamed up with Multnomah County on-the-ground staff to stand up smaller mobile clinics in churches that would be comfortable locations for people in the Latinx community to access vaccines. The Lideres Naturales (Natural Leaders) group, which has been convening since the start of the pandemic to leverage the power of existing relationships within the Latinx community to advise government response, informed clinic design for events centering the Latinx community and performed extensive in-person outreach, which has proven effective for smaller mobile clinics and reaching people who have been waiting for a variety of reasons to get vaccinated. On a completely volunteer basis, the Lideres Naturales reached out to businesses, farms, and neighborhoods to register people for vaccine clinics; organized 13 vaccine events; and volunteered at these clinics, making people feel welcome, sharing stories, and creating an environment of trust so people felt more comfortable.

Multnomah County and the Lideres Naturales also partnered extensively with CBOs to do outreach and offer vaccine events centered on the Latinx community: Adelante Mujeres, Boys and Girls Clubs, Bustos Media,

Latino Network, City of Fairview, City of Wood Village, Consulado de México, David Douglas School District, East County Raising, El Programa Hispano, Familias en Acción, Hacienda CDC, Iglesia Comunidad de Gracia, Iglesia Visión Nueva, La Pulga, La Tapatía, Lara Media, Metropolitan Families Services, Migrant Education Program of Oregon, Oregon Latino Health Coalition, PlayEast Program, Providence Medical Team International, Reynolds Education Association, Reynolds School District, Townsend Farms, TV Jam, United Oregon, Univision, Virginia Garcia, Vive NW, Wood Village Baptist Church.

Multiple CBO partners partnered with Multnomah County to hold mobile clinics centering on the Asian community. Over 800 people were vaccinated at six community based events. Partners included Vietnamese Community of Oregon, The Giving Tree, Asian Pantry, Oregon Chinese Association, Lao Community and Buddhist Center NW, and Chinese Friendship Association.

Multnomah County supported local Pacific Islander and Native communities to offer community-driven events. CBOs Native Wellness Institute (NWI), Native American Rehabilitation Association (NARA NW), Native American Youth and Family Center (NAYA), and United Territories of Pacific Islanders Alliance Portland (UTOPIA) led outreach for these events, with support from Multnomah County community liaisons, to ensure community members knew how to access vaccines and resources at these events. Data show a high vaccination rate among the local Pacific Islander population; Multnomah County believes this community-driven approach contributed to this success and could serve as a useful case study to highlight the specific aspects of this community-driven outreach that were especially effective.

In addition to these mobile clinics centering culturally specific communities, Multnomah County leveraged other community partnerships to ensure mobile clinic vaccine access to homebound individuals, families with school-aged children, adult entertainers, and clients of harm-reduction sites.

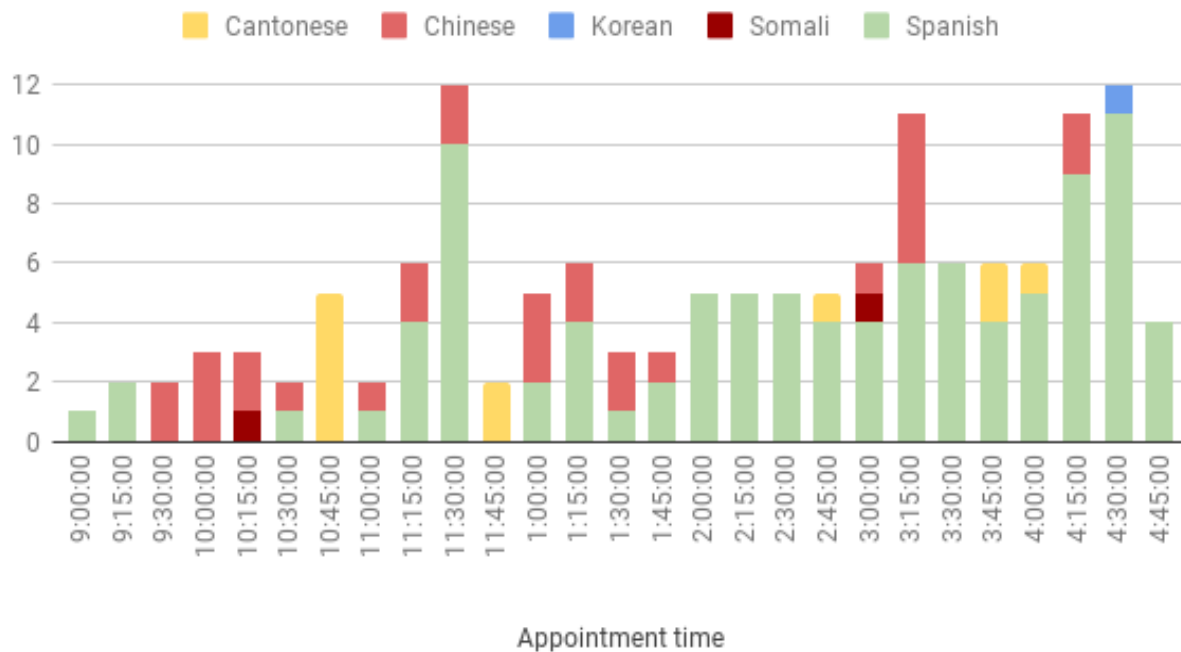
Language access at vaccine clinics

Interpretation services

Ensuring interpretation services to decrease language barriers at ongoing and mobile vaccine clinics has been a key approach to closing equity gaps in vaccine access. The Language Access team's primary goal is to make the vaccine clinics more accessible, welcoming, and safe for the participants. Multnomah County prioritizes in-person interpretation with on-site bilingual staff through the Bilingual Volunteers program whenever possible. The ongoing clinics at Latino Network are staffed by Spanish-speaking nurses and program coordinators. Program coordinators welcome clients as they arrive, which has been very effective at overcoming cultural barriers and hesitation. When in-person interpretation is not possible, clinics employ technology, with video interpretation using iPads as the preferred method, with over-the-phone interpretation serving as a back-up. Two staff were dedicated to coordinate language access at vaccine clinics.

This approach has remained successful over time, as clinic logistics have changed. At first, participants signed up before each clinic, meaning staff could plan interpretation needs and request Bilingual Volunteers accordingly. For example, a graphic like Figure 4, below, would be prepared prior to each clinic.

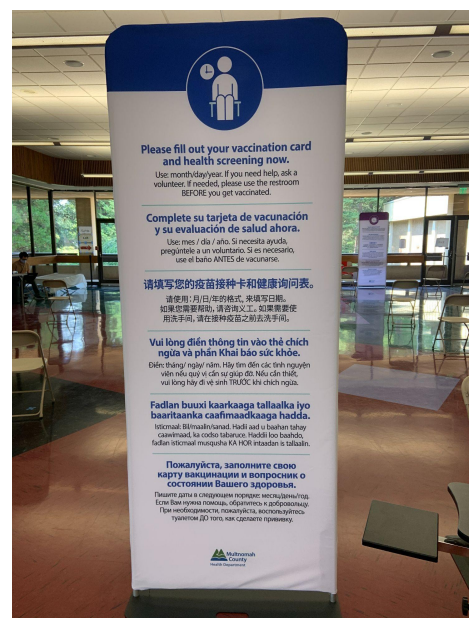
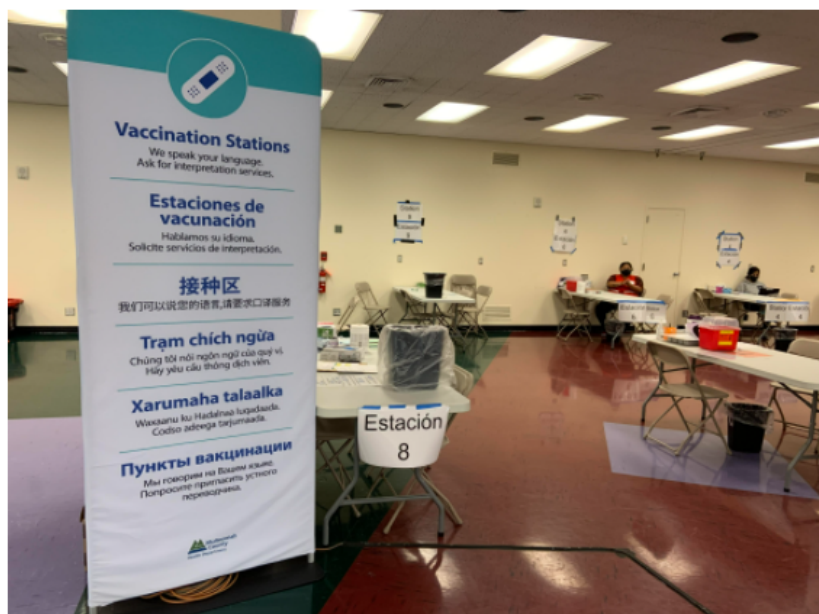
Figure 4. Languages/hour



Over time, clinic dynamics changed to include increasingly more walk-in participants, and clinics now operate as walk-in only. Clinic staff now request volunteers based on the community of focus for each clinic (e.g., BIPOC, Latinx, Russian, etc.). While this strategy is inherently less reliable than what was possible when participants signed up, video interpretation on iPads with the County’s language partners, predominantly IRCO and Linguava, has been an effective alternative. We have around 50 languages available for video interpretation and 237 languages for over-the-phone services, 24 hours a day, with IRCO alone. Video interpretation has also enabled an ASL interpretation for clients.

Visual communications

In addition to interpretation needs for interpersonal conversations, vaccine clinics needed to overcome language barriers associated with signage welcoming and directing clients. The vaccine team partnered with CPCB and Health Communications to conduct clinic walk-throughs from the perspective of community members to identify places where signage could be more inclusive regarding visual communication that is clear and multilingual. Findings from these walk-throughs resulted in a partnership with the Public Information Officers to make new signage for inside and outside the clinics that utilizes more iconography versus wording and has written messages translated in all threshold languages (i.e., English, Spanish, Russian, Chinese, Vietnamese, and Somali).



Vaccine incentive program

On July 10, 2021, Multnomah County rolled out its vaccine incentive program. Participants received VISA gift cards totaling \$150 for a full vaccine series. Vaccinated ambassadors--or people who brought friends and family to get vaccinated--received a \$50 gift card for each person they brought in. Ambassador incentives were instrumental in getting friends and family members who may not have known about a vaccine event to participate. The goal of the incentive program was not just to make getting vaccinated more appealing, but more so to help people overcome barriers like lack of child care, paid leave time, and transportation. The incentives are also a sign of appreciation for people taking the time to get vaccinated and encouraging others to do so to protect themselves and the community. In addition to further describing the vaccine incentive program, this section includes anecdotes, or “Stories from the Field,” showing the program’s successful impact.

Stories from the Field: Meeting Basic Needs

One young man told me that he was so happy for the incentives because he was looking for a way to help out at home. He planned to take his giftcard and go straight to the grocery store to buy food for his family as they had been struggling recently.

At one of our clinics an older gentleman told me that he wanted to get the vaccine anyway, but that he constantly has to work. The incentives, and in particular the referral cards made it so that he could buy the car parts he needed so he could fix his car and get to work quicker and not have to take the bus. He left very happy with his \$500 (\$150 for his vaccine and \$350 for bringing some family members).

Multnomah County allocated a total of \$4,302,000 for the incentive program across multiple settings, spanning efforts of both Multnomah County Public Health and Integrated Clinical Services (ICS), including Public Health’s ongoing, fixed vaccine clinics (\$682,000); Public Health mobile clinics put on in partnership with CBOs (\$720,000); and ICS vaccine events at Student Health Centers and other school sites for youth and their

Stories from the Field: Encouraging Youth

A couple parents stated that it wasn't until the incentives were announced that their minor children were interested in vaccines. The parents even gave the children the referral vaccine giftcards to add another incentive for their children getting vaccinated.

Stories from the Field: Vaccine Ambassadors

At the Chinese Festival held at Pioneer Courthouse Square, a member of the houseless community gathered eight other members from his community to receive the vaccine.

At the vaccine event held at the Somali American Council of Oregon, Somali youth dialed their friends and family to try to get as many people vaccinated as possible. Several teenagers were able to encourage eight people to come to the event. The interest built by the program resulted in the vaccinators having to request 40 additional vaccines beyond what they initially brought for the event.

At another event, group of friends came in together (17-18 year olds) when they found out about the incentives. One of them had already been vaccinated and she knew that if she brought her friends, not only would they have less risk of becoming sick, but she would also get \$50 for each friend. She said the incentives made her "get off her butt" and convince her friends to come with her.

families (\$1,200,000 for both staff support and gift card incentives). In addition, to infuse the incentive program into more community-based efforts, which may be more likely to reach some people, Multnomah County dedicated \$500,000 for partner organizations to host vaccine events and distribute incentives. The County sent out a survey to CBOs soliciting requests and selected CBOs and allocated funding based on if the proposed clinics would center BIPOC and/or other priority populations and the number of individuals estimated to be reached. In this way, the County was able to ensure incentives would promote vaccination among communities most in need through both prominent CBOs serving large numbers, as well as smaller organizations serving more focused, specific communities (e.g., immigrant and refugee communities) that may be harder to reach. The remaining \$1,200,000 of the initial vaccine incentive program funding was set aside for Fall 2021, and is currently being allocated.

Between July 15 and September 4, 2021, over 200 vaccine events offering these incentives have been held. As Figures 5 and 6, below, illustrates, the number of vaccine doses administered per week has continuously climbed since the onset of the incentive program. Due to this success, Multnomah County has also recently approved additional funding to expand the incentive program, including \$250,000 to be distributed through REACH program efforts, \$80,000 by the Future Generations Collaborative, and \$20,000 through Corrections Health for youth and families.

Figure 5. COVID-19 Doses Administered at Public Health Sites

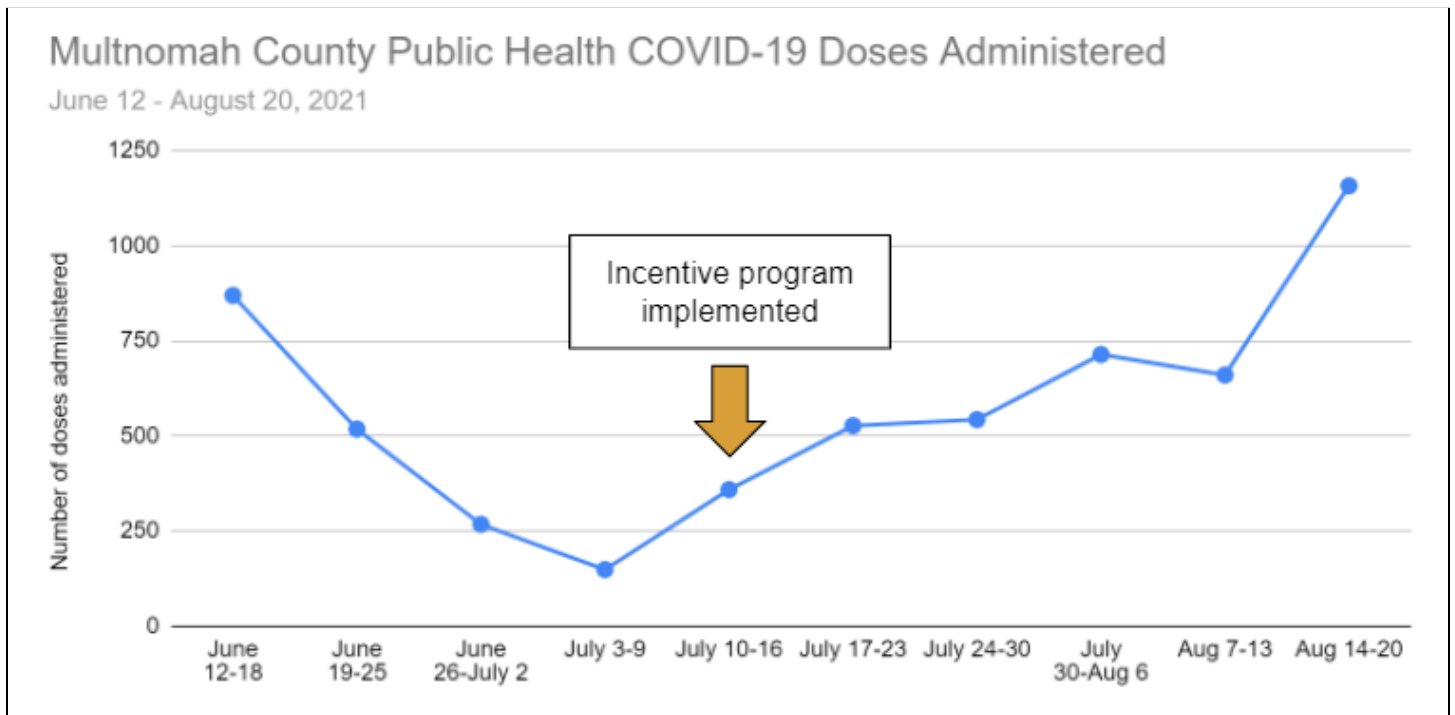
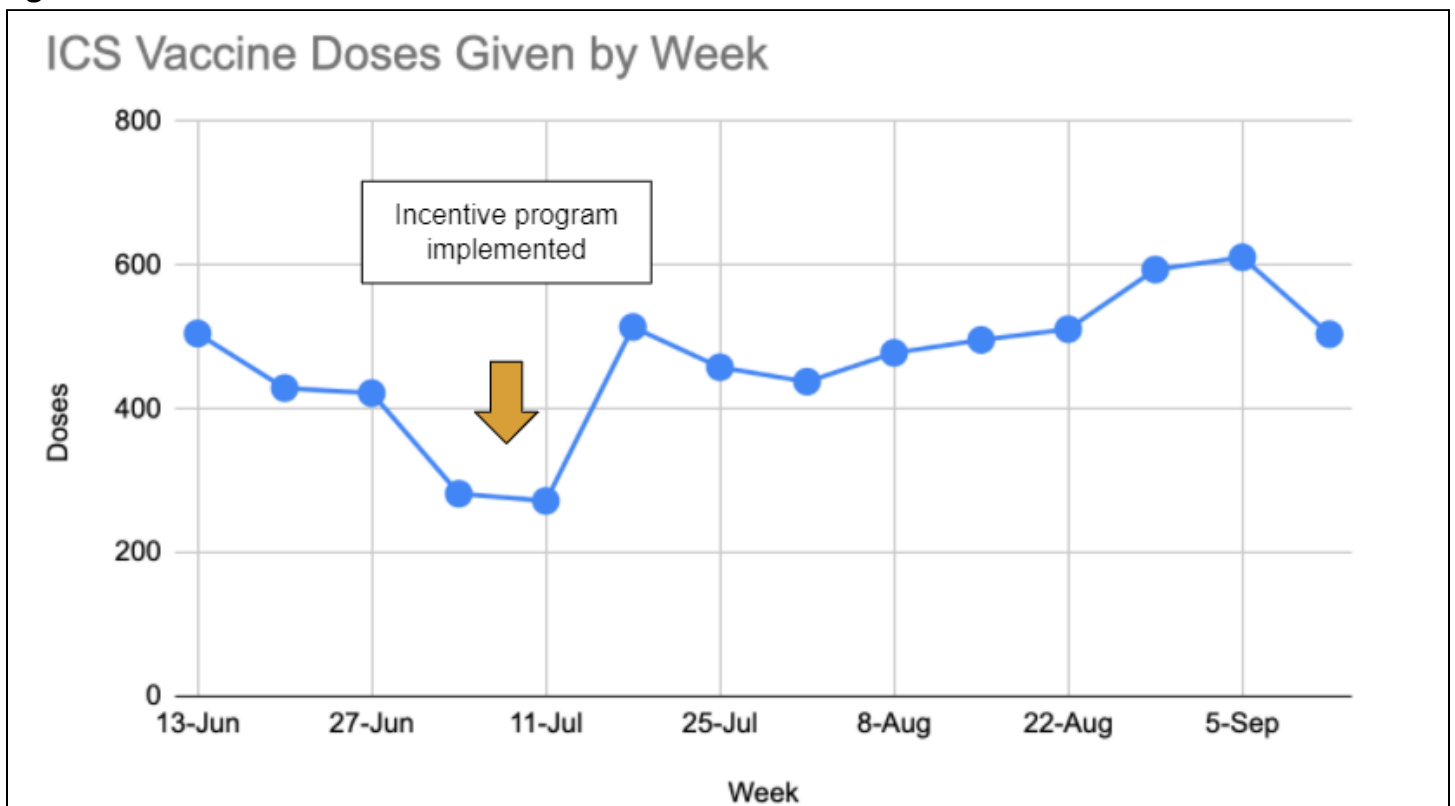


Figure 6. COVID-19 Doses Administered at ICS Sites



Communications and outreach

As forecasted in Multnomah County's Vaccine Equity Plan, vaccine communications strategies have expanded to meet the community's needs at this point in the pandemic, which include addressing the questions and concerns of the people and communities that have not yet decided to get vaccinated, providing ongoing information to support people throughout the decision-making process, advertising vaccine access opportunities, and promoting overall health literacy to empower vaccine decisions but also continued use of protective measures by vaccinated individuals. As anticipated in the Vaccine Equity Plan, meeting these objectives has entailed more targeted, including face-to-face and community-specific, outreach.

Targeted outreach

An important new outreach strategy has been equipping and encouraging more and more community members to be messengers. Multnomah County arranged community-based education sessions where trusted members of the community spoke and answered questions. The REACH Program also responded to several community requests for this type of event and brought in doctors from the community and other subject matter experts outside of the County.

One of the most successful targeted outreach strategies has been the Vaccine Ambassador program. REACH partnered with Highland Haven, Beyond Black CDC, Coalition of African CBOs, barber shops, local artists, and participants in the #multcovaccinates campaign to offer trainings that empowered community leaders to feel confident answering questions within their own communities about vaccines and how to access vaccine clinics.

Together, they developed a low barrier to entry program where people can utilize their strengths and relationships to advocate for vaccine confidence with a clear plan of action. This strategy, as well as the #multcovaccinates and upcoming video campaigns, will allow Multnomah County to tell the story of people's decision to protect their families and community with a vaccination.

The Communications Team also leaned on its relationship with the CPCB team and EOC community liaisons to ensure CHWs at Multnomah County/OHA-funded and other CBOs were equipped to provide in-person outreach, including how to refer people to vaccine clinics. As noted above in descriptions of vaccine clinics and targeted outreach, Multnomah County continues to find smaller, more intimate outreach to be highly effective, especially for smaller, specific community-focused events. CBO partnerships also facilitated more passive targeted outreach

**¡Obtenga su vacuna COVID-19!
¡Hágase una prueba de COVID!**

IRCO MID-COUNTY
10301 NE Glisan St., Portland
Todos los viernes
Pruebas: 11:00am-1:30pm
Vacunación: 2:30pm-5:00pm
De 12 años para arriba

Prueba gratuita de COVID-19 y vacuna Pfizer desde su vehículo / carro
No se requiere identificación, seguro médico, o cita previa.
Las fechas y horas pueden cambiar. Llame al 503.988.8939 o consulte
multco.us/letsgetvaccinated antes de ir.

Los jóvenes de 12 a 14 años deben tener el consentimiento de sus padres o tutores y tener un adulto con ellos durante todo el proceso de vacunación.

Nos enfocamos en llegar a negros, indígenas, latinos, isleños del Pacífico, asiáticos, inmigrantes y refugiados, otras personas de color, personas sin seguro médico y personas sin un proveedor de atención médica regular. Todos son bienvenidos y nadie será rechazado.

¿Preguntas? 833.822.7828

Multnomah County Health Department

approaches by ensuring educational materials and vaccine clinic information were present at places harder-to-reach populations already access, such as CBOs serving sex worker/adult entertainment communities, unstably housed individuals, and school-age youth.

Promoting vaccine clinics was a prime lesson in the need for focused, community-specific communications. Initially, the Communications Team employed social media, with messages in English and Spanish, to advertise vaccine clinics. The County also ran a comprehensive campaign in Spanish, in partnership with Univision. These efforts were successful, with social media posts about vaccine clinics going viral, but an unintended consequence was large numbers of people who did not identify as from the clinic's community of focus arriving before members of the intended community. As corrective action, clinics started setting aside slots for members of the priority community, and the Communications Team re-strategized event promotion, first by not encouraging sharing of vaccine clinic-related social media messages unless vaccine supply could accommodate large numbers. More importantly, the Communications Team worked closely with communities of focus to ensure event promotion effectively reached the intended audiences. Strategies included working with culturally specific CBOs on messaging and identifying non-mainstream media outlets, like culturally specific radio stations. Specific techniques also included

- Day-of radio ads for vaccine clinics.
- Inserting messaging without any County or other government branding into national television.
- Videos made by communities themselves.
- In-person outreach in barbershops.

As described in Multnomah County's Vaccine Equity Plan, the County's vaccine communications plan has always included ongoing community input to inform and evaluate messaging, especially with BIPOC and other populations experiencing COVID-19 disparities on top of a legacy of systemic oppression. The strong CBO, coalition, and other community relationships that had been providing this input have become even more important as communications needs have become more focused and community-specific. The Communications Team, which itself is diverse with many community connections, continued to work closely with the REACH and CPCB teams, using cross-program perspectives, to engage partners from culturally specific communities to develop and disseminate culturally relevant communications. Examples of this work with several specific communities include the following.

Latinx community

The Communications Team and CPCB team partner to regularly meet with established groups to gather input and build messaging based on common themes in feedback around misinformation, fear, and hesitation, as well as how community members have been responding to current messaging. In this way, community members serve as leaders translating communications for the community, not just through language, but by shaping the messaging itself.

Native community

The CPCB team and Future Generations Collaborative (FGC) have continued extensive community engagement to maintain community support in the face of pandemic isolation and other challenges. CHWs and community

- CHWs hosted a COVID conversation where five people shared their stories about why they got vaccinated. A note-taker created [graphic illustrations](#) that were posted to [FGC's facebook](#).



- At a listening session, Elders shared memories of past pandemics they have experienced. A tribal artist created a “Spiritually and physically protected” [logo](#) based off these conversations.
- Additional artwork by local artists, youth, and adults have been created and shared on social media and through the Native Wellness News, written by the CHWs.
- The FGC convenes a larger group of Native leaders working on COVID-19 response, messaging, and on-the-ground services, the Multnomah Native COVID Coalition. This coalition has developed shared messaging across the community, collaborated on testing and vaccination events, and worked cross-organizationally to respond to unique concerns in the community.
- The Native community have been leaders in demonstrating how data can be presented as stories and narrative, not just numbers. Illustrative communications products include the [FGC evaluation report](#) and [Prezi presentation](#).

Slavic community

The Communications Team has relied on the community wisdom of Slavic-serving CBOs not only to help develop messaging and identify culturally relevant media channels, but also to be the messenger, often refraining from branding materials with the Multnomah County logo or even framing communications in the County's voice. Community-driven communications products have included video testimonials from community members from varying backgrounds (e.g., scientists, doctors, faith leaders) describing why they chose to get vaccinated and what their experience was like. Multnomah County is also connecting with Public Health at Clark, Clackamas, and Washington counties and health systems in Oregon and Washington to

coordinate a regional strategy for supporting vaccination work and broader, longer-term public health issues in the Slavic community.

Continued mass communications

In addition to targeted outreach, Multnomah County continued to implement a robust, broad communications plan with braided goals of building health literacy and disseminating information about COVID-19, vaccines, and vaccine opportunities. The Multnomah County Communications Team roots all their strategies in a data-informed approach. Data considered include epidemiological and vaccination rate data; current trends in community questions, as reported back by Health Officers; and Google analytics reporting how many people have viewed or amplified a Multnomah County social media message. These latter data show that Multnomah County's social media audience has quadrupled since March 2020. The Communication Team's agility in responding to data and trends is reflected in the constant updating of materials in both English and Spanish on Multnomah County's [posters and flyers page](#).

Example of pride and its tangible community impacts

In addition to the many culturally specific vaccine clinics described above, the Latinx, Native, and Pacific Islander communities came together to hold Vax Fest NW, a two-day robust community event in Wood Village that offered vaccines, resources, and entertainment. Organized by the Latinx Natural Leaders, FGC, Oregon Pacific Islander Coalition (OPIC), and UTOPIA, individual community partner organizations included the Confederated Tribes of Grand Ronde, El Programa Hispano Católico, Play East, City of Fairview, City of Wood Village, Native American Rehabilitation Association, Native American Youth and Family Center, Native Wellness Institute, and Metropolitan Family Services, as well as Multnomah County and the Oregon Health Authority and many community volunteers. Native dancers, a mariachi band, and an Indigenous DJ made the event a joyous celebration and not just an opportunity to access vaccines and much needed resources. Overall, the community came together to provide over 200 vaccinations; give away 400 food boxes and 400 culturally congruent giveaway bags with resources and information; and serve 420 Indian tacos, 500 tamales, and 600 paletas (popsicles). Organizing Vax Fest NW had considerable challenges, given its scale, the many contributing organizations, and cultural differences, but overcoming these challenges only added to the event's accomplishments, which far exceed the already impressive quantifiable success. While the above narrative emphasizes the importance Multnomah County has found in smaller, culturally specific events, Vax Fest NW shows the synergy possible when communities come together to support each other's work toward health equity.



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.

Update on efforts to address MSFWs' vaccine needs and outcomes

Stories from the Field: Vaccine Inequities in Mexico

Fernando recently arrived from Oaxaca on a work visa. Oaxaca is the second poorest state in Mexico. According to him, the night before getting vaccinated, he attended an informational session put on by Luisa, who is also a farmworker and a community liaison. She said that many workers come in both concerned and unprepared for the vaccine. And it is important to dispel myths right away with accurate information about vaccines.

Fernando says if he had stayed in Mexico, he wouldn't be vaccinated. In fact, he doesn't know anyone in Mexico who has yet gotten the shot. "It's a big deal for many of these workers."

Farmworkers have been hit particularly hard by the pandemic. It's estimated that hundreds of thousands of agricultural workers have tested positive for the virus and thousands have died.

Multnomah County stood up a robust team to reach out to Migrant and Seasonal Farmworkers (MSFW) including staff from CPCB team, Food Processing and Agricultural Program Coordinators on the vaccine team, and people who work in food processing facilities to address their vaccine needs. These efforts primarily took the form of outreach and relationship-building, health education, and vaccine clinics. Multnomah County Health Department's Communications Team was also central to the outreach strategy as they worked directly with the MSFW Team and with farm owners or key contacts. The following section also includes some first-hand anecdotes---or *Stories from the Field*--collected through this work.

Culturally Specific Outreach and Relationship Building

CPCB staff served as a cultural bridge between Multnomah County, the MSFW community, and their employers. Staff reached out directly to people they knew who worked at local farms and food processing facilities and built relationships through culturally specific approaches and trauma-informed engagement. Farms and facilities that staff did not have relationships with started to open their doors to us due to the intentional relationship-building by the CPCB team. Through this relationship-based outreach, focused on meeting people where they are, Multnomah County was able to connect with many farms and improve communication with farmworker communities. These new relationships will not only allow us to connect with MSFW communities for ongoing COVID-19 prevention and response, but also general chronic disease prevention going forward.



Health Education

While employers were open to the idea of vaccine clinics for their employees, based on information gathered through relationship-building, it was clear that on-site opportunities for health education and familiarization with County staff should occur prior to clinic events. The four Program Coordinators from the vaccine team visited 16 farms and food processing facilities prior to clinic dates to ensure workers had access to information about vaccination and opportunities to get their questions answered. Program Coordinators attended all shifts, including night shifts and swing shifts, to ensure all employees had access to this health education.

Vaccination Clinics

Stories from the Field: Can I drop out?

During one of the special COVID-19 clinics organized by Providence Health Systems and the Latinx Natural Leader's group, Mauro, a farmworker from Mexico, approached the registration table to ask me a question: "Is this vaccine mandatory? I am a very healthy person and I do not want to get the shot at this time."

In an effort to honor his perspective and humanity, I took the time to explain the guidelines and the reasoning behind the use of the vaccine.

I looked at him when he left the table, but he did not stay. He vanished and I understood how important it is to meet the community where they are, knowing that at the end, this is a personal decision and we have to respect that.

Multnomah County offered onsite vaccination clinics at 14 farms and food processing facilities. Program Coordinators also provided vaccine operations and logistics support to connect farm and food processing facility employers with off-site vaccine sites. Based on the survey sent by OHA to determine which farms were interested in COVID-19 vaccination, Multnomah County focused outreach efforts on employers who indicated they had immigrant staff, especially from Vietnamese, Nepali communities where data were showing an increase in cases. The County coordinated with some employers to bus workers to off-site clinics and ensured that there were a couple of days set aside at fixed-site County vaccine clinics specifically for the businesses on the survey list. In total, the team connected 147 farms/processing plants with off-site vaccination clinics.

With the help of CPCB culturally specific staff, Multnomah County was able to reach people who were hesitant or had language barrier issues, especially at several small, targeted vaccine events in June that had significant impact for employees at multiple facilities. At an event held at Organically Grown on June 16, 2021, that MSFW team served a local community member, who had been turned away from a local pharmacy due to a language issue, in their native language; provided them with information to help them make an informed decision; and, once they had decided, administered their vaccine.

The vaccine team also met a community member who was a long time employee of a local farm/facility and did not initially intend or want to get vaccinated. They attended a Multnomah County vaccine event because they heard that cookies were available for everyone. When the community member showed up again to get

Stories from the Field:

Transportation and Availability

Luis said that he and his friends could not attend the clinics because they could not take a day off and some of them do not have transportation to get to the clinic locations. He mentioned that mobile clinics that meet people where there are, preferably after work hours, work best for their communities.

more cookies, a vaccine team member offered them the vaccine, and the community member ended up sitting down and deciding to get vaccinated.

Stories from the Field: Youth and COVID

David shared that he has been trying to get his kids vaccinated. He mentioned that one of his kids is open to the idea and said that he wanted to get the COVID 19 vaccine to protect his parents and grandparents.

“But my girl is refusing the vaccine,” David said. He mentioned that we need to put together more messages in the platforms that the youth are using. “If we do not use these platforms, we are pretending that we communicate with them, but they are not listening to us because we are not using their same language”.

He also mentioned that it would be helpful to facilitate conversations between the parents and their kids. “In our culture, we talk together, we stick together, and we need to solve this problem together.”

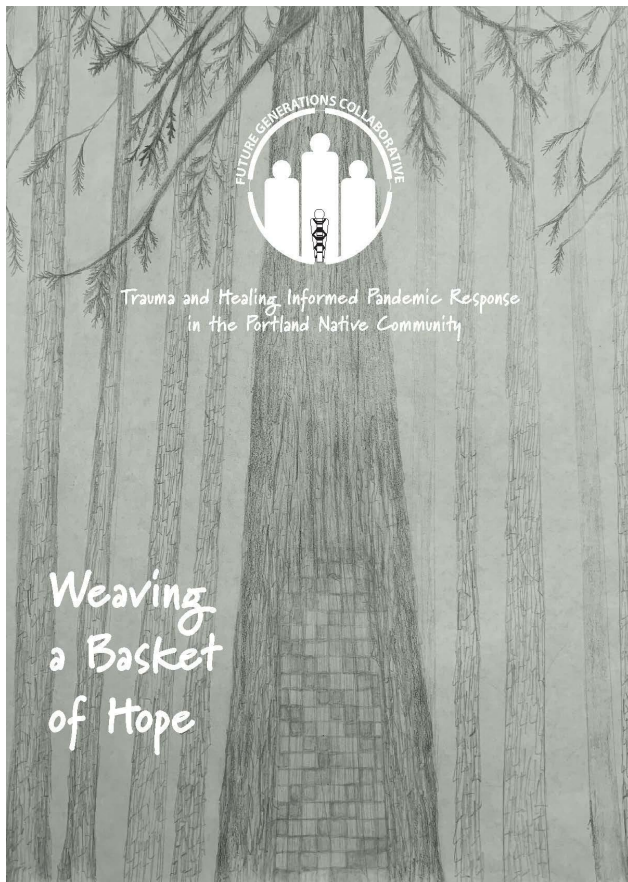
3. The pandemic has demonstrated and elevated the structural barriers that perpetuate health inequities. To dismantle those structural barriers in the long-term so that health equity can be achieved across all populations statewide, transforming how public health works with communities to engage in multi-directional 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.**
- 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.**

a. Responding to community feedback and sharing back the outcome

Since the beginning of the pandemic, Multnomah County has leveraged existing community advisory bodies and convened COVID-specific groups to ensure continuous input from communities about their concerns, recommendations, and insights into the experiences and needs of specific cultural and language communities. This structure has proven effective in generating a continuous, two-way feedback loop. As described earlier in this progress report, this ongoing community input has been especially helpful in developing and disseminating effective communications. In the first year of the pandemic, community feedback was also integral in shaping the wraparound and CHW support services provided, as well as how they were provided.

In this second year of the pandemic, community feedback has refined Multnomah County's community vaccine clinics, making sure they are as welcoming and comfortable for clients as possible, especially for people who have been hesitant. In addition to the ongoing feedback channels described above, Multnomah County sought feedback about vaccine clinics from the community partners that requested or hosted the event, clinic clients, and community volunteers. The vaccination team debriefed with all community partners



and volunteers involved in a clinic after the event. The Communicable Disease Services Director also attended various culturally specific coalition and partner meetings to hear input on how to shift resources and improve clinic design.

Feedback from the Latinx community, in particular, emphasized the importance of staffing the clinics with people who speak the language(s) of the clients--not just ensuring language interpretation is available for clinical discussions, nor having bilingual staff administering the vaccines. Rather clinics should also have (in this case) Spanish-speaking staff present to welcome and direct guests. The vaccine team increased their use of bi/multilingual community volunteers to ensure clients felt welcomed, comfortable, and attended to at every step of the way.

This response brought its own challenges, however. At first, there was distance between the vaccine staff and community volunteers--the latter did not have access to

breakroom facilities, their roles were limited, and feedback was that they did not feel validated or recognized--that it felt like two cultures colliding. As a next iteration of improvement, the vaccine team learned how to orient and integrate community volunteers. The vaccine team also hired additional staff representing many different cultural and language backgrounds and promoted BIPOC staff with experience working in BIPOC communities into leadership positions. The addition of more multilingual staff to the vaccine team created natural bridges between English-only speaking staff and community volunteers. The result was more effective teamwork and better experience for all staff and volunteers, as well as improved client experience.

b. Sharing power and centering communities experiencing inequities in decision-making

In addition to leaning on community wisdom regarding ways to make vaccine clinics as accessible for BIPOC communities as possible, whenever a CBO requested a culturally specific mobile clinic, Multnomah County

placed the majority of decision-making in the CBO's hands and viewed the County's role as provider of operational pieces only. CBOs controlled event planning and design--choosing the sites; whether or not the clinic was walk-in/drive-in; what, if any, other services were offered; whether or not there was music, food, and other activities; how to promote the clinic; etc. Multnomah County also never insisted on County branding. CBOs had ownership of the events. This model is not only in the spirit of how Multnomah County wants to function, especially as the local public health authority, but was also a key strategy behind the success of community-based vaccination efforts.