

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?

Early on in the pandemic, the data clearly demonstrated that Black, Indigenous and other people of color (“BIPOC”), including Latinx, Pacific Islanders, and Asians, as well as immigrants and refugees, were experiencing disproportionate case rates, hospitalizations, and deaths from COVID-19. Given the well-documented impacts of systemic racism on the health of BIPOC communities, the disproportionate rate at which this virus devastated BIPOC communities was stark, but not surprising.

For over a decade, Multnomah County, and specifically the Multnomah County Health Department, has worked to acknowledge, understand, and address the harms perpetuated by systemic racism. Consistent with our commitment to address and eliminate health disparities, Multnomah County acted quickly to develop a BIPOC COVID-19 Plan at the onset of the pandemic, which outlined commitments and goals to ensure a racial equity lens was applied across all aspects of our response. This plan was developed specifically to address the challenges we anticipated would be detrimental to communities of color during the pandemic.

In tracking and reviewing OHA’s race/ethnicity vaccination data, Multnomah County identified the following core operational, policy, and systemic strengths demonstrated in the data:

- The Oregon Health Authority’s funding for culturally specific community based organizations (CBOs), in addition to Multnomah County funding for CBOs, was critical in increasing access to culturally specific and linguistically responsive COVID-19 services, including but not limited to community engagement, education and outreach, contact tracing, and wrap-around services. This was an important step taken early on in the pandemic to build trusted relationships between CBOs and community members and leverage the insight and wisdom of community leaders to help shape the COVID-19 response efforts. We believe the disparities we see in the vaccine data now would have been wider had these investments not been made.
- Additionally, the Oregon Health Authority (OHA) convened a COVID-19 Vaccine Advisory Committee (VAC), comprised of 27 diverse members, to advise on the State’s decision making process when determining how to sequence vaccines following the vaccination of 0-12 educators and staff, childcare providers, and adults 65 and older and before the general public. Ensuring that community members had a chance to engage in the vaccine sequencing process is a powerful and integral component of an equitable conversation. The VAC confronted the complexity of vaccine sequencing through a lens of community wisdom and experience, making meaning of data, and ultimately

brought the conversation around disparities and inequities to the forefront for our state.

Additionally, we identified the following barriers to vaccine access for BIPOC communities:

- Despite data demonstrating that BIPOC communities were most acutely impacted by COVID-19 across all indicators (case rates, hospitalizations and deaths), they were not among the first groups prioritized for vaccines once they became available in Oregon.
- The mass vaccination sites, which were critical in administering high volumes of vaccine doses per day, were not located in areas where BIPOC communities live and work. Other barriers to these sites included transportation, scheduling systems in English only and other language barriers, hours of operation, and technology.
- Culturally specific and community-based organizations (CBOs) have been critical to our response and recovery efforts. But because they have been chronically underfunded, their capacity to support the emergency response was limited at the start of the pandemic. Even as CBOs receive an influx of funding to support their work, it takes substantial time and resources to hire and train new employees. These administrative tasks remain underfunded, which limits the response and recovery work jurisdictions are asking these CBOs to perform.
- The apprehension that BIPOC communities feel about government vaccination efforts stems from historical transgressions by governmental bodies and health care systems against these communities. Governments and healthcare systems need to listen and share power with BIPOC communities and BIPOC-led CBOs and work together to rebuild trust. This can only be done over time and by contextualizing, addressing and supporting community readiness. It is also important to acknowledge and respect that, even with the support of trusted leaders, many people may take a long time to make a decision about getting the COVID-19 vaccine.
- We must support trusted leaders with information and strategies that are grounded in community strengths, wisdom, and the reality of historical and contemporary systemic racism. Their relationship to their respective communities are a valuable on-ramp for community members to make a decision about getting the vaccine. It is also critical to understand that “elders” in BIPOC communities are younger than those in the white community because of systemically worse health and lower life expectancy.

2. What steps have the LPHA and its partners already taken to address specific racial and ethnic vaccination inequities in the community?

Multnomah County stakeholders and community partners applied a leading-with-race approach early in its COVID-19 response both due to the obvious disproportionate impacts among Black, Indigenous, and other People of Color (BIPOC) and the County’s preexisting commitment to redressing systemic racism through all of its work. The following is an overview of strategies and activities that have already been implemented to address specific racial and ethnic vaccination inequities.

2020 to serve as a North Star to guide COVID-19 response. Out of this document, Multnomah County developed BIPOC Plan commitments and goals to ensure racial equity is centered in the following areas of work: 1) Data, Trends, Visibility, and Accountability; 2) Contact Tracing; 3) Community Testing; 4) Isolation and Quarantine; 5) Personal Protective Equipment; 6) Communications and Innovation; 7) Prevention, Basic Needs, and Safety Net Services; 8) Health Care and Wellness; 9) Community Wisdom and Faith Communities; and 10) Economic Vitality.

Community Engagement - Intensive, culturally specific community engagement has been a primary strategy to lead with race from the start. Multnomah County both 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. Vital community networks have included: the Future Generations Collaborative, Latinx Natural Leaders, Pacific Islander Coalition, Multco REACH partners and ACHIEVE Coalition, Latinx CBO executive leaders, Multnomah County Public Health Advisory Board (MCPHAB), Black COVID Work Group, Latinx Statewide vaccine planning group, Slavic COVID Work Group, Somali/Congolese Work Group, and BIPOC Regional Vaccine Work Group. Examples of significant contributions from these groups in steering Multnomah County and the region's approach include:

- MCPHAB reviewed and advised on issues regarding medical and public health ethics, including racial inequities in the Oregon Crisis Care Guidance.
- Multco REACH partners and the ACHIEVE Coalition provided input on federal Centers for Disease Control and Prevention (CDC) supplemental funding for COVID-19 vaccination strategies. This culturally specific public health approach includes a community needs assessment; communications and health literacy strategies; and a train-the-trainer model for key messengers (including youth leaders and staff, barbers, braiders, DJs, party promoters, and other influencers).

NATIVE AMERICAN/ALASKA NATIVE & PACIFIC ISLANDER COMMUNITIES

COVID 19 RESOURCE EVENT
DRIVE-THRU & WALK-IN

We will be providing the following:
COVID 19 Testing
COVID 19 Information
Family Resources

Date: Saturday, June 27th, 2020
Time: 11am - 6pm
Location: 9901 SE Caruthers, Portland, OR, 97216

Free!
Insurance not needed!

To make an appointment:
***Call: 503-988-8939 OR
***Fill out this online form:
<https://sugeni.us/cYj>

For more information, contact Virginia Luka
virginia.luka@multco.us or 971-978-9985

UTOPIA PDX, Future Generations Collaborative, Samoa Pacific Development Corporation, PACIFIC ISLANDER COALITION, MULTNOMAH COUNTY HEALTH DEPARTMENT

REACHing Us:
African Immigrant and Refugees
The 411 on Vaccines including Flu and COVID

Thursday, February 25th
5 - 7 pm

This event will be live streamed virtually at
www.facebook.com/multcoreach

Presented by the Lutheran Community Services Northwest
in Partnership with Multnomah County REACH Program

Made possible with funding from the Centers for Disease Control and Prevention

Community Partnerships - Community-based organizations (CBOs), especially culturally specific CBOs, serve as a bridge of trust between community and government, and those partnerships have been essential to broadly reach community members with critical public health messaging, testing events, isolation and quarantine supports, wraparound services, basic needs resources, and vaccination opportunities. OHA funds 79 CBOs to provide COVID-19 wraparound, education, and other services. Multnomah County funds 17 CBOs (13 are also funded by OHA) for COVID-19 wraparound services, community engagement, and vaccination work. The County actively collaborates with all 83 CBOs to provide support to local communities. In recognition of CBOs' essential role, Multnomah County has worked to forge long-term partnerships that include building community capacity.

Communications Plan - Multnomah County has developed and implemented a comprehensive communications plan with the goal of eliminating racial and ethnic health disparities in COVID-19 infection, hospitalization, and death and to curb community spread of the virus. Objectives include:

- Acknowledging and addressing concerns specifically from BIPOC and immigrant and refugee communities who have experiences that warrant distrust of healthcare and government.
- Tailoring strategies and messaging to respond to the unique cultural considerations of different communities.
- Building confidence in the safety and efficacy of authorized COVID-19 vaccines.
- Fostering realistic expectations of COVID vaccine availability.
- Reinforcing the need for continued everyday prevention measures that we know work.
- Communicating when, where, how, and by whom the public can get vaccinated in the region to address access issues faced by BIPOC communities.

Multnomah County Communications and the COVID-19 Public Information Office (PIO) strive to produce high quality materials that are accessible and meet the needs of BIPOC community members while respecting the cultural nuances in specific BIPOC communities. To date, the team has translated materials into more than 50 languages. The PIO team employs a variety of strategies to disseminate factual information and counter misinformation concerning COVID-19 vaccine safety, efficacy, and access and availability. This is accomplished by:

- Ensuring 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.
- Leveraging trusted community voices to amplify messages around vaccine safety, efficacy, and access/availability.
- Utilizing culturally specific media to reach communities missed by general public-focused efforts through paid and unpaid venues.



Community Clinics - Multnomah County has worked with its community partners to hold community vaccination clinics, including events with closed registration to focus on culturally specific communities. These clinics have been strategically located geographically to promote low-barrier access for culturally specific communities. As of May 14th, Multnomah County has held 120 community vaccination clinics, about half of which were BIPOC-specific or focused on other culturally specific communities, and vaccinated more than 20,000 community members, about 75 percent of whom identified as BIPOC.

Multnomah County's existing commitment to culturally specific programming provided a strong foundation for this approach to community clinics. For example, as a recipient of CDC Racial and Ethnic Approaches to Community Health (REACH) funding, Multnomah County was eligible for supplemental funding to support vaccination outreach, education, and administration specifically for Black, African American, and African immigrant and refugee communities. To date, Multco REACH has hosted 46 first and second dose culturally specific and neighborhood focused COVID-19 vaccine community clinics.

Based on the success of these clinics, Multnomah County is advocating for health systems to leverage the wind-down of the Oregon Convention Center mass vaccination clinic and shift their resources to support community-based clinics that integrate the same community feedback that has made Multnomah County's clinics so successful.

County Health Center Partnership - Multnomah County's Community Health Center and Public Health

VACUNAS

PARA LOS TRABAJADORES

Toda la familia es bienvenida

Este evento se enfoca en servir a nuestros trabajadores de restaurantes, supermercados y procesamiento de alimentos.

Esta clínica contará con la vacuna Pfizer COVID-19, por lo que todos los participantes deben tener al menos 16 años.

Mientras está en la clínica de primera dosis, tendrá la oportunidad de obtener su cita para la segunda dosis.

Enlace para registrarse:
<https://bit.ly/3hh2q3z>

No necesita una cita, pero si tiene cita esperará menos

Lugar: Campus en Gresham de Mount Hood Community College: 26000 SE Stark St, Gresham, OR 97030.

Fecha: Miércoles 19 de Mayo 2021

Hora: 10:30 am a 6:30 pm

ESCANEA CON LA CÁMARA DE TU TELÉFONO INTELIGENTE PARA REGISTRARTE

Division have coordinated closely over the course of the pandemic. Collaboration has focused on shared messaging, equity strategies and complementary vaccination clinic locations, hours, and communities/languages of focus. The County's Health Center's efforts to address racial/ethnic vaccination disparities have included the following:

- Partnering with the Public Health Division to implement an early "vaccinate the vaccinators" campaign to provide vaccinations to health care providers of other safety net systems and clinics serving BIPOC populations who could not store or receive vaccines.
- Holding listening sessions and vaccine interest events, in partnership with the Public Health Division, providing information about COVID-19 and different COVID vaccine types and addressing community concerns about vaccine safety.
- Holding vaccination events at health centers and other sites geographically located where patient populations had the highest positive testing rates, e.g., Emmanuel Church (Northeast), East County Health Center, Imago Dei (inner Southeast Portland), and Trinity Lutheran (Northeast Portland).
- Making outreach calls directly to patients to offer vaccine appointments, focusing on elderly patients from BIPOC communities with the highest positive testing rates. Outreach calls are conducted in multiple languages.
- Weekly monitoring of vaccine access by race, ethnicity, age, language, and income/insurance status. Vaccine appointment data show that over 70% of vaccinated patients, to date, were BIPOC, 47% required an interpreter, and 31% were uninsured.
- Offering on-site language interpretation at every vaccination location, including on-demand iPad interpreters and scheduled in-person interpreters. All-day, in-person interpreters for Spanish and Somali languages are scheduled at select clinics.
- Publishing information on vaccine availability focused on BIPOC patient populations and in multiple languages.
- Offering multiple COVID-19 vaccine types and informing patients which types are available on specific days. Soon, vaccine locations will offer all three of the approved options (i.e., Pfizer, Moderna, and Johnson & Johnson).
- Working with CBO partners to soon offer Saturday vaccine options for working families.

Corrections Health Partnership - With the support of the Multnomah County Sheriff's Office and public health, Multnomah County Corrections Health has stood up several successful vaccination opportunities for adults and youth in custody. As of this writing 452 adults in custody have received at least one dose, with nearly 300 fully vaccinated. These efforts represent nearly two thirds of the male-identifying population in custody and 80% of the female-identifying.

Among those vaccinated, approximately 20% are Black/African American, 18% Hispanic, and 4.6% American-Indian. Staff have invested in ongoing education and trust-building with vaccine clinics offered at regular intervals.

3. What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?

Multnomah County will continue to prioritize BIPOC communities, follow communities' lead, and build community capacity. These will remain key strategies to continue addressing racial and ethnic vaccine inequities. On May 3, 2021, Multnomah County submitted to the CDC a non-competitive application for nearly \$4 million that will enable assessment and intentional planning of future work in these areas. Anticipated next steps in the implementation of these strategies include:

Update/Expand BIPOC Plan - Multnomah County will maintain the COVID-19 BIPOC Plan as its central strategic framework for COVID-19 response. The plan will be updated to reflect lessons learned so far, as well as to broaden the focus from the acute needs of early pandemic response to the needs of people experiencing long COVID, other health and social conditions that increase COVID risks and impacts, and preparation to address future emergency responses.

Policy, Systems, and Environmental Strategies - Racial and ethnic inequities in COVID-19 exposure, infection, hospitalization, and death are results of broader health and socioeconomic disparities rooted in long-standing systemic injustices. The choices individuals make regarding COVID-19 prevention are largely based on the choices they have. The next step in our COVID-19 response is integrating the County's COVID-related activities with the Public Health's existing priorities and frameworks aimed at addressing the social determinants of health and root causes of chronic disease with a racial equity lens. The Multnomah County Community Health Improvement Plan is one such place for integration. As the underlying causes of racial and ethnic COVID disparities, addressing broader health and socioeconomic inequities will bolster COVID recovery for BIPOC communities and build resiliency in these communities ahead of future public health emergencies.

Enhanced Community Support - This broader focus of our COVID response work will go beyond internal Public Health Division activities, extending into the scope of community partnerships. Widening the focus of CBO partnerships will help address underlying social determinants and health inequities. It will also support the urgent needs of community members who are experiencing too much daily stress and trauma to focus on decisions around COVID vaccination. Multnomah County plans to sustain funding to community partners for this work, including through the CDC grant mentioned above. An essential component of this continued work will be ensuring CBOs have the infrastructure they need to perform the work and that partnering with the County truly builds their capacity to address health-related issues. Greater flexibility in the CDC funds compared to previous CARES Act funding will help provide this needed support to community partners. One method of doing so will be a "Train the Trainer" model to train various community members and leaders to support health literacy activities.

Communications and Health Literacy - Multnomah County plans to add internal and partner capacity to enrich the communications plan and support more focused health literacy strategies to increase access to health and social services. A major goal in this next stage of communications will be to address concerns of people who have not yet decided to be vaccinated. It will require building on available vaccine information so that community members can become equipped to make the

decisions that are right for themselves and their families.

Meaningful Metrics - The County will work with community partners to establish meaningful ways to measure success in reducing vaccine inequities. Setting such goals is a community recommendation, and the County wants to ensure community is also involved in selecting the measures to be used. These metrics will enable community to hold the County accountable for its commitments to reducing health disparities.

4. What plan does the LPHA and its partners have to close the specific vaccine equity gaps among specific racial and ethnic populations?

Multnomah County will continue to use data and community feedback to inform strategies to close the vaccine equity gaps among specific racial and ethnic populations. Based on community input so far, Multnomah County anticipates shifting communications to be more heavily focused on outreach and informing trusted community voices and employing new and innovative ways to continue breaking down barriers to vaccine access.


Targeted Outreach - Multnomah County plans to increase focus on sharing the right messages with specific communities using the right messengers, based on our data and community feedback. Central to this effort will be face-to-face outreach within communities that express particular vaccination concerns and that have lower vaccination rates. It will be messaging based on community priorities, and those might be broader than COVID-19.

The role of the County in this outreach will be less about directly interfacing with community members and more about equipping trusted community voices to answer questions and provide the information people need to make decisions around vaccination. These trusted community voices include but are not limited to faith leaders, BIPOC elders, local business owners, certified lactation counselors and community health workers (CHWs). Ideally, the people trained to educate communities about vaccines will also be trained to administer vaccines, meaning community members are more likely to have trust in both the information they receive and the process.

Expanded Vaccine Access - Multnomah County will continue to review data and community input to focus vaccination efforts in communities most impacted by COVID-19 and with the greatest barriers to vaccination. Anticipated strategies to further expand vaccine access include:

- Working with OHA and health systems to leverage opportunities for vaccine access in multiple settings based on community feedback.

REACHing Us:
A Faith In Health Virtual Conversation for our Community
The 411 on Vaccines including Flu and COVID





An opportunity to share and learn, facts about vaccines. Hear from medical and public health professionals and hear from families impacted by COVID-19.

Presented in Partnership with Faith Houses and Multnomah County REACH Program

Sunday, February 21, 2021
1:30 - 3:00 pm

Special Performance by:
The Y' Knot Band: A Yugen Music Project
1:00 - 1:30 P.M. and 3:00-3:30 P.M.

This event will be live streamed virtually at
www.facebook.com/multcoreach



- Engaging additional partners serving communities with low vaccination rates and continuing to support culturally specific CBOs in hosting vaccination clinics.
- Applying recommendations from the Statewide Latinx COVID-19 strategy work including ensuring accessible registration and expanded drop-in hours at vaccine clinics.
- Hosting mobile clinics to serve senior housing communities, multi-unit apartment buildings, and other high-density locations.
- Partnering with local retail pharmacies to assure community awareness of on-site vaccinations and low barrier access.
- Offering drop-in hours, evening hours, weekend hours, and other options at health centers and vaccine clinics to accommodate different work schedules.
- Exploring innovative ways to reduce barriers to access, such as helping employers provide paid time off for employees to get vaccinated, text to vaccinate for community members who are homebound.

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:

- **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?**
- **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?**

The County has an extensive, established business, social service, and culturally specific network from more than 27 sectors with regular communications, outreach, and relationship management provided through Liaison Officers and the Community Partnerships Team. This network has been in place since the beginning of the pandemic and has been the source of profound community input that has shaped all aspects of Multnomah County's COVID-19 response. Multnomah County continues to engage and partner with this network, including OHA-funded CBOs, in order to increase meaningful, culturally responsive, low-barrier access to vaccines and ensure CBOs and navigators are aware of vaccine events to assist with registration and outreach. Examples of how the County engages with partners include:

Liaison Officers

- Maintaining regular communications with sector representatives, including:
 - Holding twice monthly meetings with representatives from each sector.
 - Publishing regular sector specific newsletters.
 - Disseminating daily emails with the most up-to-date guidance changes, vaccine information, and COVID-19-related announcements and resources.
- Regularly convene four active culturally specific and data-driven outreach workgroups that incorporate relevant CBO partners.

- Coordinating requests from CBOs and other external stakeholders for Public Health leadership to speak on vaccine rollout and answer vaccine-related questions at community events.
- Host educational webinars with partners and the community at large, most recently focused on building vaccine confidence and promoting upcoming events.
- Collaborating with internal and external partners to maintain a regional vaccine event calendar that can be leveraged by CBOs and other community navigators (including Multnomah County's COVID Call Center and 211) to support community members in finding and signing up for a vaccine event that suits their needs.

Community partnerships

- Holding weekly meetings to coordinate communications with both CBOs funded by the County and/or State.
- Publishing a regular culturally specific newsletter.
- Culturally specific staff for Native American, Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities.
- Working closely with CBO partners and trusted community members to plan specific events and spread the word to encourage participation.
- Hosting weekly Spanish language interviews with the Health Officer.
- Training more than 250 vaccination ambassadors.

Examples of community input applied to vaccine efforts include having bilingual/bicultural volunteers at each of our events; creating and translating health education materials; coordinating transportation for elders; and having medical professionals, such as nurses, at each of our clinics to answer questions.

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?

The County reviewed survey results. Related activities include:

- Working with larger food processing sites to provide on-site vaccination, including offering vaccinations for family/household members and helping sign up employees.
- Providing vaccination education a few days before the mobile team arrives, including for day, swing, and night shifts, and offering vaccination to family/household members at same time.
- Providing educators and interpreters in the languages identified by employers on the survey.
- Sending invitations to all listservs about local low barrier vaccine clinics.

VACUNAS PARA LOS TRABAJADORES

Celebra el Día del Trabajador vacunándose

Este Primero de Mayo, Día Internacional del Trabajador, queremos agradecerles su trabajo esencial durante toda la pandemia. Por eso vamos a tener un evento de vacunaciones exclusivamente para usted y su familia.

Dígale a su empleador que desea registrarse para la vacuna y ellos le apoyarán.

No se requiere identificación, seguro de salud, ni cualquier tipo de pago. Este evento es para todos sin importar su estatus migratorio.

Enlace para registrarse:
<https://www.signupgenius.com/go/5-1pfzermhcc>

Lugar: Mt Hood CC/ Gresham Campus
26000 SE Stark St, Gresham, OR 97030
Hora: 1:00 PM to 8:00 PM
Primera Dosis (Pfizer)

Si necesitas ayuda registrarte, llama a María Martínez 971-207-3619 o Karlo Valle de Northwest Family Services al 503-548-8177.

1 de Mayo
De 1pm a 8 pm

- Supporting the Latinx Natural Leaders to provide education and outreach to agricultural and food processing employees who live in the Woodview and Fairfield areas.

To date, the County has coordinated, implemented, supported and collaborated to bring on-site vaccine efforts to Townsends, Sauvie Island, Sester Farms, and Bridgetown Natural Foods.

7. What steps have the LPHA and its partners taken to actively address vaccine confidence in the community?

Multnomah County has actively addressed vaccine confidence through communications media messaging, as well as community engagement events co-hosted by community partners to give community members space to raise their concerns and receive face-to-face responses from health professionals. REACH hosted several virtual community conversations and “town halls” for this purpose, and the Multnomah County Health Officer has attended about 10 community-organized Spanish-language events to provide information and answer questions. The goal of media, health education, and in-person communications around vaccine confidence is to provide non-judgmental information, to answer questions and to build trust. That allows people to make the best vaccine decisions for themselves and their families. Creating space for this learning and decision process has proven essential in helping community members make the decision to vaccinate, as has proven to community that the County is here to support them through all of their COVID-related concerns, not just to promote vaccination.

8. What plans do the LPHA and its partners have to continue addressing vaccine confidence?

Intensive outreach through trusted community voices will continue to be a vital means to address vaccine confidence. Multnomah County intends to continue holding listening sessions to directly answer community questions, as well as implementing the multi-modal communications plan described below.

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.

Multnomah County’s vaccine communications plan explicitly calls out countering misinformation as one of its strategies and ensures these messages reach communities experiencing racial and ethnic vaccine inequities by leveraging trusted community voices and through culturally specific media to amplify messages on vaccine safety, efficacy, access and availability. Past, in-progress, and planned examples include:

- Natural Leaders video testimonials from community members promoting COVID safety measures and safer cultural practices. Shared through social media.
- Natural Leaders and Latinx drive-through outreach fair where education and safety information was disseminated.
- Univision campaign to build vaccine confidence among Latinx and Spanish-speaking communities. Includes news, interviews, Facebook Live question and answer events, and targeted digital advertising.
- Local Russian-language television advertisements.
- Advertisements in local culturally specific newspapers to promote vaccine access for elders, including language-specific information for getting help with scheduling vaccine appointments.
- Targeted Facebook ads in Chinese, Spanish, Vietnamese, and Russian languages.
- Two videos produced with TV Jam in Spanish.
- Spanish Language Elemento Latino—don't be afraid to get services, shared through social media.
- Social media in multiple languages about vaccine safety and development.
- RTVI Russian TV vaccine advertisements for vaccine access.
- Maintain 24 translated webpages with frequently updated COVID-19 information.
- One pagers on specific topics driven by community request and input:
 - [How the COVID-19 Vaccines Were Developed](#), 25 Languages + 8 large print
 - [How The COVID-19 Vaccines Protect You](#), 29 languages + seven Large Print languages
 - [The Johnson & Johnson COVID-19 Vaccine](#), 7 languages (more coming)
 - [Diversity in COVID-19 Vaccine Studies](#), 15 languages (more coming in) + 7 large print
 - [You Were Vaccinated for COVID-19, What Now?](#) 27 languages
 - [Can I get the COVID-19 Vaccine if I'm Pregnant or Breastfeeding?](#) 7 languages (more coming)
- [Handbook for Migrant and Seasonal Farmworkers](#), (First edition, second edition is coming soon - handbook printed in Spanish)
- ["Common questions" webpage for REACH](#)
- Under development: Slavic booklet with Vaccine Information
- Animated video: <https://youtu.be/hF9yWPZ4mNw> (videos will be added to the language landing pages with corresponding languages). You can find them here: <https://vimeo.com/portlandbem>.

Johnson and Johnson

COVID-19 VACCINE MOBILE CLINIC

FRIDAY MAY 7TH

10:00AM to 1:00PM
NAYA GENERATIONS
 8510 SE Steele St.
 Portland 97266

3:00PM to 6:00PM
NESIKA ILLAHEE APARTMENTS
 6370 NE 42nd Ave.
 Portland 97218

ON SITE-REGISTRATION AVAILABLE

email chw@nayapdx.org
 to reserve a spot or
 with questions

NAYA NATIVE AMERICAN REHABILITATION ASSOCIATION of the Northwest, Inc. Outside In NATIVE WELLNESS

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

The County has a language team that recruits representatives from the community to match vaccine

event participants' language needs. More than 200 people are on the language team and they have all volunteered to provide interpretation at vaccine events in 39 languages. Interpreters are supported by vaccine staff who also speak languages other than English, as well as workflows that clearly identify when interpretation services are needed. Phone interpretation services are offered if there is not an on-site interpreter who can support a specific language need. Language team interpreters provide more than just interpretation and site translation. They help create a safe, accessible, familiar, and friendly environment and support continuous and immediate quality improvement of accessibility and cultural appropriateness of services. Additionally, health screenings are translated in multiple languages and the County COVID-19 Call Center provides phone interpretation for appointment scheduling.

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

Our residents report transportation barriers including an inability to access sites that are not geographically close, being hesitant to take public transportation, and senior and disabled community members struggling to schedule and navigate rides to get to vaccine appointments. The County is addressing these barriers in the following ways:

- Helping with transportation assistance for vaccine appointments by coordinating cab pick-up and drop off or drive-through to a County-sponsored event,
- Sending a person Trimet tickets to get their vaccine, and,
- Creating a partnership with CBOs to assist with transportation through both cabs and Trimet tickets.

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?

With the recent approval of vaccines for people ages 12 and older, Multnomah County is hearing from communities a great need for information to help young people and their families make vaccine decisions. And people feel motivated to get back to some semblance of normal life. That's especially true for teens who have forgone in-person learning, sports and social activities. Experience has proven we need to invest time and provide repeated opportunities to share information and offer answers to questions for people to feel ready to make a decision around vaccination. Multnomah County plans to apply lessons learned to youth-focused communications and informational opportunities. Similarly, Multnomah County will apply the lessons it has learned about vaccination access through its work with older populations, including locating vaccine clinics at convenient locations for youth and considering factors like transportation. Many of the partnerships outlined above, including close coordination with the Federally Qualified Health Center Program and Student Health Centers, will be leveraged to support communications, informational opportunities, and vaccine access.

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?

Multnomah County will continue to use its community networks to report, review, and reassess strategies. These networks include the Future Generations Collaborative, Latinx Natural Leaders, Pacific Islander Coalition, Multco REACH partners and ACHIEVE Coalition, MCPHAB, Black COVID Work Group, Slavic COVID Work Group, Somali/Congolese Work Group, and BIPOC Regional Vaccine Work Group. Additional strategies include the Chair's Office supporting outreach to community leaders; communication plans integrating specific outreach for key populations; and regional Public Health Modernization data work through the Communicable Disease team. County Communications, PIO, Liaison Officers, and the Community Partnerships Team will support this work.

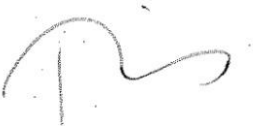
Required Attestation Statement

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.

A handwritten signature in black ink, appearing to read 'Jessica Guernsey'.

Jessica Guernsey, MPH
Public Health Director

A handwritten signature in black ink, appearing to read 'Jennifer Vines'.

Jennifer Vines, MD, MPH
Health Officer

A handwritten signature in black ink, appearing to read 'Deborah Kafoury'.

Deborah Kafoury
Multnomah County Chair