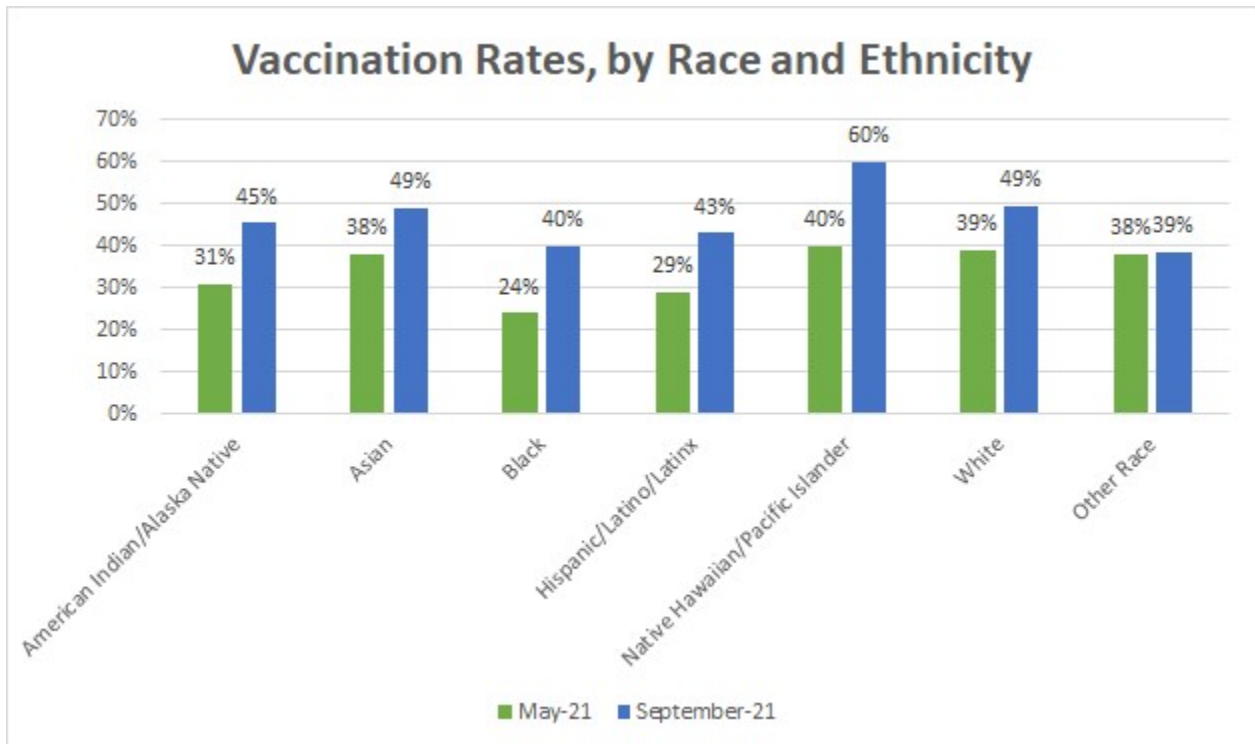


**COVID VACCINATION  
EQUITY PLAN  
UPDATE  
September 28th, 2021**

1. Please review the jurisdiction's response to questions #1 and #2 in the accepted equity documentation, as well as recent race/ethnicity data. Describe any improvements in equity gaps as evidenced in the data. Provide a status update on progress the LPHA and its partners have made to eliminate vaccine access barriers and implement plans to close vaccine equity gaps among specific racial and ethnic populations. Please be specific, provide an example of work about which the LPHA and its partners are particularly proud, and describe any tangible impacts in the community.



**Status update:**

Polk County remains committed to eliminating barriers to COVID-19 vaccine and we have made significant progress over the past 4 months. Comparing our current data in September to the previous May, the vaccination rates among our BIPOC communities have increased at higher rates than our White population. The highest increase was notably among our Native Hawaiian/Pacific Islander community at 19%; followed by our Black population at 16%; and our American Indian/Alaskan Native community at 14%. There was a 14% increase in vaccination in our Hispanic/Latino/a/x population in our county which represents our largest BIPOC population.

Beginning April 1, 2021 through June 30, 2021 healthcare and community partners serving the Marion and Polk region convened weekly to coordinate mobile vaccine efforts and outreach throughout the region, focusing on low barrier events for the BIPOC population. The group known as the *Marion and Polk Mobile Vaccine Committee*

was organized and led by Salem Health and had a primary goal of bringing vaccines to the community with minimal barriers. Beginning July 1, 2021 the *Marion Polk Mobile Vaccine Committee* transitioned into the Marion and Polk Community Population Health Committee focusing on decreasing health disparities specific to diabetes and obesity among the Hispanic/Latino/a/x community of Marion and Polk Counties. Although this is a shift in focus away from COVID-19 vaccination, it is a great example of how the partnerships formed during this pandemic have strengthened our ability to work together to decrease other health disparities affecting people in our community.

We utilized the FEMA mobile vaccine unit to eliminate barriers to vaccination. The vaccine unit was strategically set up in Independence at the centrally located and highly visible high school parking lot. This zip code had demonstrated a lower vaccination rate as well as a higher Hispanic/Latino/a/x population. The vaccine unit operated during evening and weekend hours which was an identified barrier to people being able to access the vaccine. The events were advertised on the local Spanish radio as well as at businesses throughout the county. Door to door canvassing was completed in targeted neighborhoods that had an increased density of BIPOC community members. The FEMA team was able to conduct multiple on-site mini-vaccine clinics that included a local farm, a migrant head start center, a farmer's market and an annual community pancake breakfast. This resulted in 338 vaccinations being given and 61% of vaccine recipients identified as Hispanic/Latino/a/x.

We are proud of the targeted focus of our vaccination efforts related to a local faith based organization. St Patrick's church is located in Independence and consists of a predominantly Hispanic/Latino/a/x congregation. Through a partnership between our public health department, our health system and our CCO, we were able to create a video targeted to our Hispanic/Latino/a/x population that featured both the Priest of St. Patrick's Church and our public health department epidemiologist. This project and partnership then led to plans for a vaccination clinic to be held at the church. The Salem Health Mobile Vaccination Unit was able to hold **five** vaccination clinics at St. Patrick's church over a four month period. In excess of 1000 COVID-19 vaccines were administered over the course of these events. Interpreters and culturally responsive staff were onsite to provide guidance and language services to community members.

Partnership and community collaboration was key in advancing vaccine equity in our county. Late spring we collaborated with OHA COVID-19 Recovery and Response Unit (CRRU) for Micronesian community specific vaccination clinic in the 97304 zip code, where the highest concentration of our Pacific Islander population resides. An additional clinic was held across the bridge in Marion County. During the low barrier (no registration was required) events, 105 individuals were vaccinated.

A recent partnership with Family Building Blocks, Creating Opportunities, Community Services Consortium and Salem Health to host a vaccination clinic at the Polk County

Academy Building (that houses Public Health) on September 11, 2021 successfully vaccinated 33 individuals. A follow up clinic is scheduled on October 2, 2021.

We have partnered with the *Rede Group*, to launch a COVID-19 Polk County Community Assessment. The purpose of this assessment is to better understand the barriers and limitations to vaccination among our BIPOC and rural communities. Responses from the survey and focus groups will help us formulate strategies with an aim to increase vaccination rates throughout the county.

*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.*

**Status update:**

We have prioritized efforts to address the vaccine access gaps and barriers of the migrant and seasonal farmworkers living in our community. Each farm listed in the OHA agricultural employer survey was contacted by Salem Health and/or Polk County Public Health to assess vaccination needs and potential barriers. The Salem Health Mobile Vaccine unit was able to provide on-site vaccination clinics at various farms and food processing facilities within Polk County. In situations where a mobile vaccine clinic was not possible due to low worker numbers, we coordinated with facility/farm management for staff and family members to have a designated day and time to attend the mass vaccination clinic at Western Oregon University. Additional translation services were on hand during those blocked clinic dates.

Events such as the FEMA mobile vaccine unit were offered during evenings and weekends to address the access concern. The FEMA mobile vaccine clinic was offered at Meduri Farms twice during the summer and open to other farms, as well as the community. All of the local farms were notified of the FEMA vaccine unit event dates and encouraged to send their employees. We continue to meet with our local community based organizations monthly, which includes vaccine discussion related to gaps and facilitators to vaccination among BIPOC communities, including migrant and seasonal farmworkers.

Currently we are actively planning ongoing vaccination efforts with Interface Network, one of the *Community Based Organizations* serving Polk County. These efforts will be focused on providing increased vaccination access in the 97351 zip code, in areas trusted and highly visited by our agricultural worker community. By partnering with Interface Network and local businesses to provide vaccination access, we will be moving one step closer to breaking down systemic barriers related to vaccination. Interface Network has also dedicated bilingual and bicultural staff that will focus outreach efforts throughout Polk County, specifically focusing on agricultural workers, and other Latinx/Spanish speaking communities.

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.*

**Status update:**

A common theme that has echoed throughout our vaccination planning centered around our BIPOC population distrusting information being disseminated by the federal, state and local government. Utilizing our community based organizations to communicate has been critical to getting accurate, factual information to our BIPOC population in culturally appropriate ways. In order to support this endeavor our health department sponsored a ‘train the trainer’ event focused on building vaccine confidence that our community based organizations and community leaders were invited to. A total of 14 participants attended the *Advocating for COVID-19 Vaccine Training*, representing seven different community or social service organizations in the county.

We have also contracted with a local community based organization, Interface Network to provide culturally appropriate outreach to our Hispanic/Latino/a/x community.

Additionally we have continuously partnered with Salem Health and Oregon Health Authority Mobile Vaccine Unit to offer increased after hours and weekend vaccination options. The Polk County Epidemiologist provided an introductory presentation of COVID-19 Vaccines to grassroots community leaders that primarily serve the Latinx/Spanish speaking population throughout the region.

A media campaign was launched in partnership with Marion County, Salem Health and Interface Network targeted at our Latinx/Spanish speaking population in the Marion and Polk Region to increase vaccine confidence and make a connection to the LPHA. A contact name and phone number from Interface Network was provided for community members to access a bilingual staff person to answer follow up questions and to find vaccination opportunities. A parallel media campaign was also launched on the Spanish radio *La Campeona* to increase awareness of vaccination opportunities throughout the county. The campaign also included a live interview with the Polk County Public Health Epidemiologist.

*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.*

**Status update:**

Because we understand that some of the community members experiencing vaccine inequities may also have distrust in the government system, we have maintained trusted organizations (e.g. CBOs, trusted community leaders) within those communities at the center of conversations and decision making process by: 1) periodically checking in with partners and assessing needs; 2) providing access to vaccines and incentives as needed to decrease burden of vaccination; 3) identifying areas of highest lack of vaccination access and collaborating with partners to bring vaccines to rural communities of the county.

Through ongoing collaboration and partnerships we have coordinated with Community Based Organizations to offer vaccination clinics at low barrier locations throughout the county not limited to: neighborhood schools in Monmouth/Independence and Dallas, health department building, West Salem Farmers Market, Polk Fire 1 station, Oregon Child Development Corporation, Polk County Free Clinic and agricultural and food processing sites throughout the county.

Polk County Public Health, alongside our healthcare partners, CCO and numerous community based organizations continues to strategize opportunities to improve COVID-19 vaccination uptake among our BIPOC population and break down barriers. As we move forward we will continue to strive for health equity for all members of our community.