



Tillamook County Board of Commissioners

201 Laurel Avenue, Tillamook, OR 97141

Phone: 503-842-3403

Mary Faith Bell, Chair
David Yamamoto, Vice-Chair
Erin D. Skaar, Commissioner

May 26, 2021

RE: Tillamook County COVID19 Health Equity Plan

Dear Mr. Paul Shively,

Tillamook County continues to make progress toward achieving the county goal of 65% of the eligible populations vaccinated by June 2021. We also support and strive to achieve the state goal of 70% of eligible Oregonians vaccinated before the end of June 2021. We further strive to reach parity in vaccinations by reaching an 80% vaccination rate for BIPOC. Our efforts will be further bolstered by the opportunity to receive funding to support implementation of equity strategies and vaccination incentives.

Tillamook County COVID19 vaccination response has been well-organized, inclusive, and comprehensive since its inception. We review and provide updates on COVID19 cases, testing, and vaccination status three times each week and regular communication throughout the week. Volunteers, health care providers, CBO and others have been engaged throughout the vaccination process and continue to make it possible for the county to achieve our goals. We are pleased to see that our vaccination rates continue to be among the highest in the counties across the state of Oregon (top 10 in all age groups) but there is more work to be done to ensure that BIPOC population and others receive a COVID19 vaccine.

Attestation: We have each reviewed the attached responses to all questions posed by OHA in the creation of a COVID19 vaccination health equity plan 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.

Sincerely,

Handwritten signature of Mary Faith Bell in blue ink.

Mary Faith Bell

Board of Commissioners, Chair

Handwritten signature of Melissa Paulissen, MD in blue ink.

Melissa Paulissen, MD

Health Officer

Handwritten signature of Marlene Putman in blue ink.

Marlene Putman

LPHA Administrator

A. Introduction

Tillamook County is committed to achieving our goal to move to Lower Risk once 65% of our population age 16 years or older have received a first COVID-19 vaccine dose while also demonstrating our commitment to continuing to eliminate racial and ethnic vaccine disparities and inequities.

Tillamook County also supports the OHA goals to:

- Reach parity in vaccination rates by closing gaps in race and ethnicity vaccination rates (focus to get all BIPOC communities to 80%) by end of August 2021.
- Ensure vaccine access to all populations with a focus on populations experiencing racial and ethnic vaccine inequities.
- Encourage and facilitate local public health partnerships with community-based organizations.
- Use multiple channels for providing meaningful, culturally-responsive, low-barrier vaccine access.
- Continue to actively collaborate with community-based organizations, employers, and others to proactively reach all eligible populations who have not yet been vaccinated, especially those experiencing racial and ethnic vaccine inequities.

To inform our county efforts to achieve the county and OHA goals, Tillamook County LPHA and BOCC have reviewed the regional 4 county (Clatsop, Columbia, Lincoln, Tillamook) aggregate race/ethnicity and Tillamook county specific data. We have reviewed other county level data and the CBO survey provided by OHA. Tillamook County has also reviewed the agricultural employer survey results that were shared with the LPHA and the LPHA has provided information to its Regional Emergency Coordinator (REC).

To ensure that we address equity concerns for our county and state, OHA requires reiteration and written response to the required questions. The Tillamook County response to these required questions is provided below.

B. Required Questions & Responses

- 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?**

Strengths and Barriers demonstrated in data. Based on the experience of the LPHA and its partners, below is a list of operational, policy and systemic barriers and strengths.

Barriers:

- Race/Ethnicity (R/E) data is not available for each county.
- R/E Data does not represent the county population race/ethnicity, so data does not inform county planning or tracking/monitoring of vaccine efforts.

- R/E Data does not reflect/represent race/ethnicity of contiguous county populations where people may access services and resources.
- Difficult to determine where there may be a greater concentration of specific R/E population so it is difficult to determine or assess strategies to address linguistic and cultural concerns
- Vaccine rate among R/E groups is lower than rate for “white” (41.5.9%) R/E group
- Lowest rate of vaccination for R/E groups is among Hispanics (23.1%) (Other R/E (Black 26.8%; Asian 32.4%; Amer. Indian/Alaska Native 26.3%; Pacific Island/Native Hawaii 39.6%)
- Decreases in people seeking or accessing vaccine events, scheduling, calls, etc.
- Vaccine hesitancy among remaining population appears to be greater based on state and local anecdotal reports and supported by data.

Strengths:

- Still experiencing vaccination rate increase among R/E groups as a whole.
- The greatest percent increase (6.6%) in the last 7 days was among “Hispanics”
- Vaccination rates by age groups show that the 4 counties in the region are individually and collectively within the top 10 (or greater) of counties’ vaccination rates except for 16-19 year-old where we are slightly below top 10.
- Consistent and positive rate of growth in vaccinations among age groups.
- Data for the region shows greater breadth of diversity than that in one county alone.
- Data suggests that counties have likely been working with these diverse populations and may have CBO, outreach efforts, plans, etc. to address the needs of specific populations.
- Data suggests that contiguous counties work together to share individual data, resources, and strategies for information, collaboration, and leveraging purposes. Strong partnerships already exist.

Based on local data for racial and ethnic groups, we determined the following:

- Most recent census data show county Hispanic pop. at 11%
- For this Plan, it is estimated that the Latino/Hispanic/LatinX population is at least 15% of county population.
- All other R/E groups combined are less than 7% of county population.
- Health Center patients and public health clients are 25% Hispanic Latino.
- Many people prefer speaking in their first language when accessing health and other personal services.

Thus, county strategies include extensive efforts to engage our Latino/Hispanic/LatinX community including linguistically appropriate materials, scheduling, call centers, information sessions, and outreach to services, CBOs, and businesses that engage/employ our Hispanic/LatinX residents.

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

Tillamook County maintains a strong infrastructure and related actions/strategies to support COVID19 Vaccine response through regularly scheduled meetings, communication, and community engagement to address community needs and specific racial and ethnic vaccination inequities.

Vaccine Planning Group. Public health convenes vaccine partners and community partners at least once per week to discuss vaccine strategies, data and reporting on vaccines, outreach, and vaccination events with vulnerable and hard to reach populations. The Tillamook County Vaccine Planning Group (VPG) consists of the county public health department, Tillamook County Community Health Center (federally qualified health center which has integrated county public health), Adventist Health Tillamook, Rinehart Clinic (a federally qualified health center in northern Tillamook County), regional representative from the Oregon Health Authority, County Emergency Manager, as well as area fire districts, and Medical Reserve Corps. CBO's are invited to attend on an as needed basis.

Vaccine Communications Work Group. County Public Health also convenes a weekly communication work group to address outreach strategies and messaging through multi-media resources, including print, radio, social media, and partner outreach with local community-based organizations. Information and actions developed by the committee are informed by the vaccine partners and shared at weekly vaccine partner meetings.

Public Health Team. To support countywide meetings, the county public health staff meet at least weekly to develop agendas, review data, develop vaccine requests and reports, and plan and coordinate vaccination events. The team is comprised of Emergency Preparedness Coordinator, LPHA Administrator, Public Health Officer, Public Health Nurse, Public Health Nurse Manager, Public Health Program Representative (Health Equity & Communications). Other staff are invited for content specific discussions.

Public Relations Team. The Emergency Preparedness Coordinator, Public Health Administrator/Information Officer, and Public Health Program Representative meet several times per week. The purpose of the meeting includes review messaging for multi-media, prepare three times weekly presentations for local cable access and live stream radio, and weekly FAQ sessions for local radio stations. Reports provided during the 3 times weekly Board of County Commissioner meetings are translated and posted on social media. FAQ are also translated and posted through local Spanish language sites/partners.

COVID19 vaccine actions/strategies. A summary of COVID19 vaccine actions/strategies implemented in the county are provided below (See also, "Phase 1 a Attestation" submitted to OHA (02/23/2021)).

- a. Communications & Education – multiple formats, venues, and languages – English & Spanish**
 - 1) Newspapers:
 - a. Print articles in at least 4 newspapers – English

- b. Social media and web page – English and Spanish in 2 virtual sites
- 2) Radio:
- a. 3 times weekly live stream updates on local radio station – English
 - b. 1 time weekly recorded in Spanish
 - c. Recorded PSAs in English and Spanish aired throughout the week
- 3) Social media – All materials in English and Spanish
- a. Facebook – English and Spanish w/daily posts
 - i. Tillamook County Community Health Center
 - ii. Consejo Hispano
 - iii. Condado del Tillamook
 - b. Consejo Hispano - Twitter, WhatsApp
 - c. TCCHC Webpage – English and Spanish (Google translate and documents/forms provided as links previously translated by staff of OHA documents)
- 4) COVID19 Testing and/or vaccination Information – English, Spanish, TTY
- a. Call Line: TC CHC – 8:00am-5:00pm, M-F – English, Spanish live; TTY; other language through “Language Line” contract.
 - b. Dedicated email address English, Spanish live; other language through “Language Line” contract.
 - c. Rinehart Clinic offers call number and returns call in English and Spanish
- 5) Clinic Services
- a. Individualized education for vaccine hesitant individuals with health care providers and certified medical interpreters (in at least 1 of 3 county health facilities).
 - b. Outreach to Oregon Health plan members and others by bilingual care coordinators.
- 6) Communications Workgroup – comprised of vaccine partners – meets weekly
- a. Design weekly message to share for all sites
 - b. Designs outreach materials, Q&A topics, share information about local Q&A sessions, etc.
- 7) FAQ Sessions for Community – English and Spanish – offer on an ongoing basis
- a. Businesses – target those employing high percent of LatinX/Hispanic
 - b. Catholic Church – Spanish mass
 - c. School District – school board, parent meetings, staff meetings
 - d. Juntos (for parents and students in county schools held in Spanish)
 - e. Consejo Hispano (located in Columbia county but reach Tillamook residents)
- 8) Creation of Content and Materials – English and Spanish for community and partners
- a. Established social service network - expanded list serve to include Spanish CBO and others, key contacts list for target populations, etc.
 - b. Surveys of interest in vaccine and # of individuals – businesses, schools, organizations serving hard to reach populations
 - c. Letter to businesses
 - d. Letters for schools – staff and parents
 - e. Letters for churches
 - f. PSAs for radio
 - g. Videos (x6) – English and Spanish
 - h. Weekly updates of COVID19 cases, testing, and vaccination rates

- i. Translation of documents for partners
 - j. Campaigns to address vaccine hesitancy – interviews, photos, etc.
- 9) Informational Meetings - Virtual and in-person meetings with businesses, organizations, FBO, CBO & schools to cover a variety of topics
- a. FAQ about COVID19 testing, quarantine, vaccine, etc.
 - b. Address ongoing requests and provide outreach engage staff to determine needs
- 10) Partnering with LatinX Organizations to create and share messaging
- a. Consejo Hispano
 - b. Condado del Tillamook
 - c. Bilingual staff in other organizations
 - d. Oregon State University Extension Services Juntos Club
 - e. Sacred Heart Catholic Church
- 11) Contract with REDE Group Consulting to improve communication
- a. Conducting community interview, surveys and focus groups to assess appropriate communication pathways for target populations (English and Spanish, TYY, etc.)
 - b. Providing incentives for participants.
 - c. Information, reports, and recommendation sharing with Health Center DEI and Communications group/staff to inform communication strategy and other outreach.

b. Events – free, language appropriate, and geographically dispersed – completed and ongoing

1. Geographic accessibility – POD events held w/in 20 min of residence for most
2. Language accessibility - English and Spanish offered at all vaccine sites
3. Accommodate work schedules – vaccine clinics have varied hours and days of the week
4. Community-based Event with FBO and CBOs
 - i. Homeless Connect with CBO – free food, clothing, vouchers, and vaccine.
 - ii. Catholic Church – after Spanish Mass - Sundays
5. Large Food Processing Employer-based clinics
 - i. Creamery, Werners, Tillamook Country Smoker, Pacific Seafood - offered through large employers –targeting those employing LatinX/Hispanic.
6. Vaccines provided for current and new youths and adults in custody (ongoing).
7. Long-term Care/Skilled Nursing Facilities – on site clinics
 - i. Outreach to facility staff to determine needs
 - ii. Provided education for staff and residents
 - iii. Administered vaccine at all facilities in the county
8. Adult Foster homes & IDD population – On-site and special events
 - i. Outreach to facility staff and families to determine needs
 - ii. Work with case managers to engage families
 - iii. Offer assistance with scheduling
 - iv. Provide education to staff and families, individuals
 - v. Administered vaccine at facilities and through special scheduled clinics
9. Other target population efforts are provided in “Phase 1 a Attestation” previously submitted (02/23/2021).
10. Walk-ins now welcome at POD sites through-out county

11. Primary care clinics throughout the county are now offering vaccine for patients
12. On-site mobile vaccine opportunities for farms offered throughout the county– employ large number of Hispanic/LatinX.
13. Vaccination clinics held for all three public school districts and private schools for both educational staff and students. Information about the clinics were offered in English and Spanish. Onsite interpreter present.

c. Scheduling – available in English and Spanish in -person; other languages through telephonic language line or TYY

1. Telephone – call to schedule an appointment or get assistance
2. Email – for assistance in scheduling or questions
3. On-line schedule with technical assistance – easy one-click button for all vaccine sites in the county with dates, time, vaccine featured and bilingual staff
4. Videos created to assist with on-line scheduling
5. Easy link with URL published widely in county, region, and state.

d. Transportation Difficulties, Physical Mobility or Homebound Needs – English & Spanish

1. Call or email if need assistance – transportation provided through NEMT with CPCCO for OHP members; YMCA wrap-around partners transports to POD site.
2. Call or email for those not able to travel – Home vaccine is provided by nurses
3. Transportation vouchers are also available, if preferred.
4. No home or form of transportation - A mobile clinic is available to reach targeted groups and communities, as was used during the outreach to homeless/houseless event.
5. Difficulty entering and exiting a vehicle – vaccine offered in vehicle or wheelchair assistance provided with trained staff and volunteers.

e. Outreach

- a. Virtual and in-person meetings with businesses, organizations, & schools (see a.8 above)
- b. Health Clinics – contacting patients in English and Spanish (see also, Question 4, below)
 - i. Text messaging with information on how to schedule and ask questions
 - ii. MyChart messages to patients about scheduling and questions
 - iii. Calling patients that have not received a vaccine
 - iv. Asking patient during appointment if they would like to receive a vaccine.
- c. Network outreach to LatinX workers in agricultural jobs – diary, fisheries
- d. Specific on-site events at farms/diary continue to be offered.

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

To continue to address inequities, the LPHA and its partners will:

- Continue to implement actions/strategies described above.
- Provide additional and enhanced community-based outreach through CBOs (CARE, Inc., YMCA) and FBO and Catholic Church

- Provide additional weekend and evening events with partners, as needed.
- Based upon request after additional outreach, host Q&A sessions with communities of color and other identified vulnerable populations.

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

It is estimated that approximately 15% of the county population identifies as Hispanic. Other R/E groups account for less than 7% of county population combined (see below). As the Hispanic population constitutes the greatest population outside of “white”, outreach and engagement efforts continue to be targeted to our Hispanic population. Based on a review of local/county data, it is estimated that 23.1% of the Hispanic population in Tillamook, Clatsop, Columbia, and Lincoln county is currently vaccinated compared to seven days ago, where it was estimated to be 21.6% (1.57% increase). Other populations in the county are reflected in local/county vaccination data with the following increases in vaccination rate over the seven days period starting 05/17/21 – 05/24/21:

- 1.55% (American Indian / Alaskan Native)
- 1.46% (Asian)
- 1.53% (Black)
- 2.63% (Native Hawaiian / Pacific Islander)
- 1.41% (White)

This 1.57% increase in vaccination rate for individuals who identify as Hispanic is similar to other populations in the community which indicates that outreach and education efforts are successful.

Individual Outreach to Address Vaccine Hesitancy and Increase Vaccine Confidence. County communication strategies identified above will continue. However, given the steady decrease in the number and amount of people scheduling vaccine appointments via our electronic scheduling or calling to schedule an appointment, outreach efforts need to pivot to address the questions, concerns, and hesitancy related COVID19 vaccines of any type. For people that are strongly opposed to the vaccine, public health and partners will continue to provide information and education but realize that it is unlikely that personal positions will change. For people that are not adamantly opposed to COVID19 vaccination, questions remain about the safety and efficacy of the available vaccines. These concerns are often best addressed through one-on-one conversations with people that are trusted and well-informed on research-based information about COVID19 vaccines. Therefore, we are advocating for and supporting a multi-pronged approach for our community vaccine response: (1) Primary Care clinics engage with all unvaccinated patients; (2) Pharmacies providing prescriptions and vaccines engage with patients; (3) continue to provide a community vaccine line; and (4) continue to provide vaccine site(s) that offer service in English and Spanish for people without a primary care provider.

Primary Care Clinic response should provide outreach to all unvaccinated patients, especially BIPOC, through culturally and linguistically appropriate means including:

- Electronic Health Record (EHR) systems to identify patients
- Patient Electronic Charts (i.e. MyChart) to message about vaccine, scheduling, etc.
- Text Message information, links, reminders, etc. about vaccine, scheduling, etc.
- Phone call to address concerns and inform of how to obtain vaccine, etc.
- Patient visits – annual exam, acute/urgent care, etc. to address patient concerns

Primary care clinics should review/scrub their respective Electronic Health Records to identify unvaccinated patients and to prepare for and provide culturally and linguistically appropriate outreach and engage. Further, Clinics should coordinate with Columbia Pacific Coordinated Care Organization to identify unvaccinated BIPOC populations served with Medicaid. CPCCO will provide assistance with targeted outreach to their clients.

Finally, primary care clinics should offer COVID19 vaccines of all types to patients through patient regularly scheduled appointments, scheduling vaccine appointments, or drop-in or urgent/acute care appointments.

Pharmacy response. There are three pharmacies in the county participating in the federal pharmacy program (Fred Meyer, Safeway, and Health Mart (aka Tillamook Pharmacy). Pharmacies are encouraged to provide outreach all clients, especially BIPOC, by having a user-friendly online scheduling tool in English and Spanish (via Google translate) with a wide selection of available dates and times for appointments. Certain pharmacies have now offered walk-in appointments as well (Safeway and Health Mart). Pharmacies also provide bilingual vaccine signage encouraging and offering free vaccine. They offer trusted medical advice and respond to questions from their clientele.

COVID19 Vaccine Information /Center. Public Health and CHC will continue to staff the call line/center and dedicated email with bilingual staff five days per week from 8:00am to 5:00pm. After hours calls to the CHC will be referred to the on-call health care provider.

COVID19 Vaccine Community Clinic. Tillamook Public Health and CHC will continue to operate a vaccine clinic for people that do not have a primary care provider. The clinic will be offered two days per week from 8:30 – 11:30 am with services and staff available for English or Spanish-speaking people. People can schedule an appointment or walk in. Additional clinic during other hours may occur based community partner and vaccine partner expressed need (for example: evening and weekend events).

Vaccine Incentives. Offer culturally appropriate incentives (i.e. gift, drawings, meals, etc.) to engage vaccine hesitant people.

5. 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:

5.a. What steps are the LPHA and its partners taking to engage and actively partner with these CBOs and other organizations to increase meaningful,

culturally responsive, low-barrier access to vaccines?

The LPHA is working alongside the following partners to engage with their client specific populations including R/E population. These partners each have at least one bilingual staff person and many are also bicultural. The LPHA will coordinate efforts to provide vaccination events, supplies, volunteers, vaccine information, education events (virtual and in-person), and support outreach efforts to engage client populations.

- YMCA – is OHA COVID19 county wraparound partner (funded by OHA) and has been working with LPHA since the beginning of the pandemic and will continue outreach efforts through one-on-one contact with people that received support services during the pandemic to ask about vaccine status.
- Sacred Heart Catholic Church – Latin mass offered on Sundays with information sessions and vaccine offering for 2-3 Sundays through July.
- CARE, Inc. – working with housing insecure / houseless individuals/LatinX populations will provide case management staff to engage with their client caseload and drop-in clients to ask about vaccine status and offer vaccine options and education.
- TFCC – Mentally ill and people with disabilities (ID/DD) and outreach staff (same as CARE, Inc. above)
- Consejo Hispano – provides wrap around services for region/LatinX and offer vaccine information and vaccine locations.
- OSU Ext. Juntos Program – Engagement Hispanic and LatinX populations offers information sessions and FAQ responses for community.
- Northwest Senior and Disability Services - elder care, ID/DD and homebound

5.b. How will the LPHA and its partners ensure that CBOs and navigators are aware of vaccine events so they can assist with registration and outreach as able?

The LPHA hosts regular vaccine partner meetings with vaccine providers from all parts of the county. During these meetings, we address what is working within the county to reach these populations and groups. All county vaccine providers post communications updates on their websites, in health clinics, through electronic health records, and social media sites. Community updates are given over the radio weekly. Further, the Tillamook Board of County Commissioner hold weekly updates at their board meetings and Community Forum which are accessible via cable access television and live stream on local radio stations.

The LPHA also coordinates the COVID19 vaccine Communications Workgroup and retains a Public Health Program Representative who serves as the communication coordinator to maintain contact with vaccine partners and CBO and FBO partners and other outreach sites. The position also coordinates event requests (i.e., virtual and in-person information sessions) and regular communication with these partners through emails including website and social media content (ready-to-post) and including vaccine site locations, available vaccine, testing, FAQs, etc.

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 LPHA has worked alongside area agricultural employers, namely The Tillamook Creamery and the Tillamook Dairy Farmers to create vaccination opportunities for their employees. The survey results were used to confirm that the county was able to reach all agricultural employers within the county and provide vaccination events and opportunities, either onsite or at a vaccination point of distribution site. LPHA and vaccine partners continue to outreach to farms to offer vaccine on-site and offer to host information sessions in English or Spanish and to address individual employee concerns.

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

The LPHA has developed videos in both English and Spanish with the county's health officer and other staff to address vaccine hesitancy and to build vaccine confidence. We also use these videos as opportunities to showcase what occurs at a vaccination event, including the process, people involved, and how simple the process is to get the vaccination.

The videos are part of a "Why Vaccinate" campaign by the LPHA and are played alongside other vaccination outreach efforts like those of Adventist Health Tillamook. Videos and messaging were also provided in Spanish and shared through local Spanish language partners and CBOs. The LPHA hosted a communications workgroup within the county to address communication matters, which included ways to develop vaccine confidence in the county, messaging, and communication platforms. Vaccine partners have all agreed to use consistent messaging and to share infographics, videos, audio recordings, FAQs, and other messaging across partner sites. County specific items and content were and continue to be developed, using OHA and CDC guidance documents, and shared across multiple platforms to reach the community. County also uses and shares OHA and CDC information on multiple social media sites/platforms. (See also, Communication actions, above.)

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

Please see the answer above. These efforts will continue in the future. Further, building on the Governor's announcement of "Take your shot Oregon! Campaign and related incentives, Tillamook County will offer incentives for extrinsically motivated unvaccinated individuals. These plans are still in development and contingent, in part, upon access to state funding. Ideas include such things as drawings for gift cards, local business and restaurant coupons/discounts, and events featuring entertainment. All information about incentives will be available in English and Spanish and provided through our myriad network of media and communication methods.

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

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.)

As has been noted, there is a communications subgroup made up of members of the vaccine planning group within the county (LPHA, Adventist Health Tillamook, Rinehart Clinic, Columbia Pacific CCO, and county Emergency Management) that engage in providing current, correct, and crucial information regarding vaccine efficacy, confidence, and community health. As disinformation and misinformation is identified, an effort is made to correct it on all platforms that are being used (if a Facebook post indicated vaccine misinformation, a communication strategy across social media, print, and radio will be pushed). Current talking points and documents are available and are being shared or accessible to primary care providers and community leaders to distribute to their patients and public.

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

To ensure that there is language accessibility at all events, the LPHA and its partners will continue to use the myriad of approaches described above including such things as:

- Tillamook County Community Health Centers providing bilingual (Spanish/English) certified interpreters for events and translates of materials, for all county related vaccine events, information sessions,
- LPHA/Health Centers offers vaccine information line 5-days a week in English and Spanish to respond to questions and schedule appointments at any vaccine provider.
- Health Care providers offering services and support with bilingual staff and materials to assist at vaccine events and clinic visits and to assist with scheduling appointments.
- CBO partners providing at least one bilingual staff person (many are also bicultural) each to provide outreach and engagement to target populations.
- LPHA/Health Centers ensure that there are certified interpreters at vaccine events.

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

The LPHA and its partners will continue to use transportation strategies described Question 2. d above including but not limited to multi-lingual assistance.

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?

Once the LPHA was aware that vaccinations would be available for youths 17 years old and younger, the LPHA reached out to local school districts to develop a plan to vaccinate students and distribute vaccine information. We jointly developed a letter for parents and a related survey which was sent to

all parents/guardians of students in Tillamook County. On-line scheduling and phone-call scheduling was made available in English and Spanish for reserved PODs. We worked alongside the school districts to host vaccinations PODs for students both on and off campus and were able to provide transportation through community partners to off campus events.

The same strategy was used when the Pfizer vaccine became available for students 12-15 and parents were invited to attend events with students and offered the vaccine.

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?

As noted in prior questions, the LPHA convenes vaccine planning group meetings to update the efforts occurring within the county to ensure that we are communicating and reaching out to these populations and ensuring th.at we are providing all means necessary to provide access, information, and assistance in receiving the vaccine. Detail on other communication strategies provided in English and Spanish are provided above.

Further, LPHA and partners will engage our BIPOC community leaders and front-line workers to discuss vaccine status, vaccine hesitancy, and community engagement to develop additional strategies to build trust and increase vaccine confidence in our R/E populations. It is our hope that this convening will form the foundation for an ongoing group discussion and planning for our disproportionately impacted R/E populations.

