# UNION COUNTY
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1106 K Avenue | La Grande, OR 97850 | PHONE (541)963-1001 | FAX (541)963-1079


September 15, 2021

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.

Matt Scarfo, Commission Chair

Dr. Stanley Keith Graham

Carrie Brogoitti, Public Health Administrator

**Union County Equity Plan**

1. *Please review race/ethnicity data for the LPHA jurisdiction on the [https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData](https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData) (click on statewide tab) 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?*

Union County, Oregon is home to an estimated 26,835 people according to the U.S. Census Bureau's 2019 population estimates. This includes the following racial/ethnic composition.

| Race and Hispanic Origin | |
|---|---|
| White alone, percent | 92.6% |
| Black or African American alone, percent (a) | 0.8% |
| American Indian and Alaska Native alone, percent (a) | 1.3% |
| Asian alone, percent (a) | 1.3% |
| Native Hawaiian and Other Pacific Islander alone, percent (a) | 1.3% |
| Two or More Races, percent | 2.7% |
| Hispanic or Latino, percent (b) | 5.2% |
| White alone, not Hispanic or Latino, percent | 88.2% |

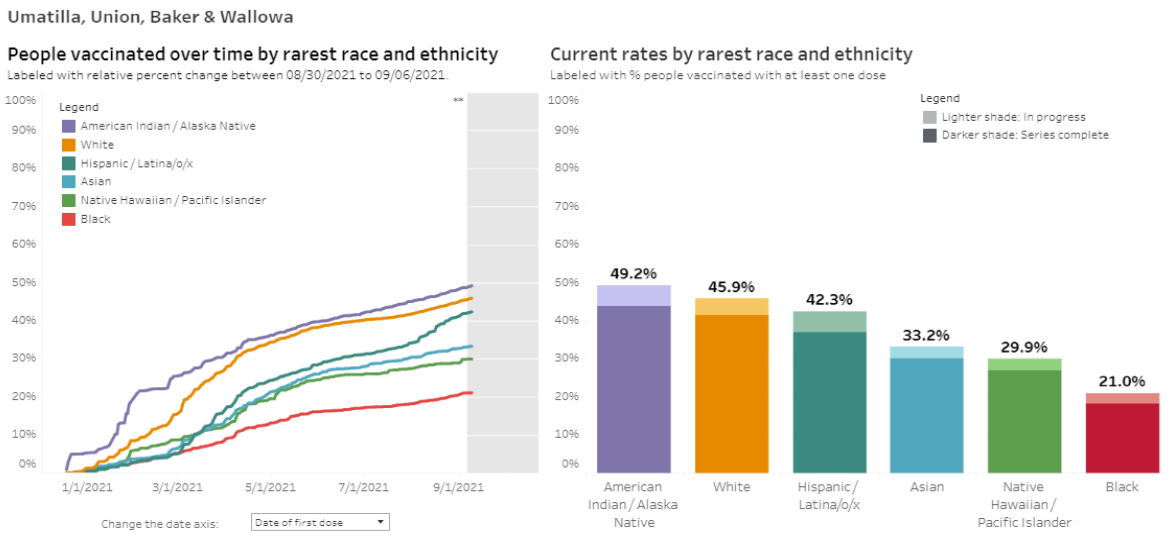
According to vaccine data available from the Oregon Health Authority as of 9/10/21 (see below), three of our racial/ethnic groups are vaccinated at similar percentages. American Indian/Alaska Native are the highest at 49.2% of the population vaccinated, followed by white at 45.9% and Hispanic/Latina/o/x at 42.3%. The data for Asian, Native Hawaiian/Pacific Islander and Black is lower, ranging from 21% to 33.2% vaccinated. The data does show that vaccination among all groups is increasing a steady rate, which means progress toward higher vaccination rates among all racial/ethnic groups is being made. It is also worth noting that the number of people in many of these groups and across four counties is relatively small. This does not diminish the need for continuing targeted efforts to address inequities, but does show that we can achieve our goal if we continue the current trend of people getting vaccinated.

Based on the collaboration and feedback we have received from our Community Based Organizations (CBOs) that were funded to work directly with communities experiencing inequities, it is difficult to understand why the data doesn't match the feedback and input we have been given about vaccination rates in our community. The data shows that our region is lowest in the state with "percent of population vaccinated with at least one dose by region and rarest race and ethnicity" among Native Hawaiian/Pacific Islanders and we do have the highest percentage of this group among the four counties in our region. At the same time, the feedback we have received from partners is that they believe we have done well in getting vaccine to this community. One possible explanation could be that race/ethnicity data was not collected for people that were vaccinated in these groups. Over 4,000 people or almost 10% of the people vaccinated in our region are listed as unknown, so this could account for lower numbers in

other categories. This 10% could bring the percent of people in the lower vaccinated groups much closer to the groups with higher rates.

Our County's race/ethnicity data has been compiled with three other counties. The demographic composition of these three counties are not the same. This is a limitation for us as it is not certain that this data is truly reflective of what is happening in our County. Therefore, we are using this data as one tool in understanding vaccination among our racial/ethnic groups. We are also listening to our CBO partners and their perspective on how the communities they were funded to serve are covered with vaccine. Our CBO partners have told us that they believe the racial/ethnic groups that show lower coverage rates in the data have gotten vaccinated. There is a discrepancy between the feedback we are getting and the data.

Some of the systemic and policy barriers we face in Union County are concerns about the safety of the vaccine and the fact that it has not yet been fully approved by the FDA. People are concerned about immediate side effects and also unknown long-term side effects. There are people that may be unwilling to get vaccinated in in light of state and federal mandates. For some of our racial/ethnic community members historical experiences with the government may lead to distrust in the vaccine and those that are promoting it. The size of our county and the lack of services in the more rural parts of our county coupled with limited transportation can make accessing appointments a challenge.




**Umatilla, Union, Baker & Wallowa Summary Table**

Percent change between 08/30/2021 to 09/06/2021

| | % Population Vaccinated | People Vaccinated | Selected Population | 80% of Selected Population | People Remaining to Reach 80% | Previous Week - 7 Day Running Average People Initiated | Current Week - 7 Day Running Average People Initiated | Absolute Percent Change | Relative Percent Change |
|---|---|---|---|---|---|---|---|---|---|
| American Indian / Alaska Native | 49.2% | 2,368 | 4,814 | 3,851 | 1,483 | 5 per day | 5 per day | ▲2.9% | ▲1.6% |
| Asian | 33.2% | 484 | 1,456 | 1,165 | 681 | 1 per day | 1 per day | ▲1.9% | ▲1.5% |
| Black | 21.0% | 316 | 1,501 | 1,201 | 885 | 1 per day | 1 per day | ▲2.3% | ▲2.9% |
| Hispanic / Latina/o/x | 42.3% | 7,057 | 16,666 | 13,333 | 6,276 | 25 per day | 25 per day | ▲4.0% | ▲2.5% |
| Native Hawaiian / Pacific Islander | 29.9% | 316 | 1,055 | 844 | 528 | 0 per day | 1 per day | ▲3.7% | ▲3.3% |
| White | 45.9% | 34,880 | 76,045 | 60,836 | 25,956 | 83 per day | 83 per day | ▲3.0% | ▲1.7% |
| Other Race | | 1,630 | | | | 3 per day | 3 per day | | ▲1.4% |
| Unknown | | 4,951 | | | | 11 per day | 13 per day | | ▲1.9% |

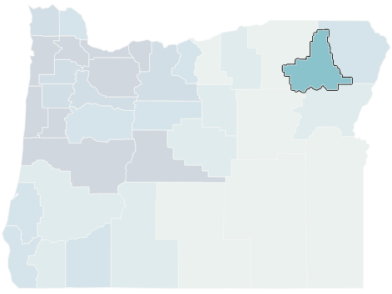
As of 9/10/21 https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData

## People Vaccinated by County*

The map shows the number of people vaccinated per 10,000 by county of residence.
Click on a county below to filter the data on the right and below. Click again to clear the filter.

**11,657 people vaccinated in Union**

| 1,303 | 10,354 | Note: 98,214 people vaccinated have an address on file that is outside of Oregon. |
|---|---|---|
| Series In Progress | Series Complete† | |



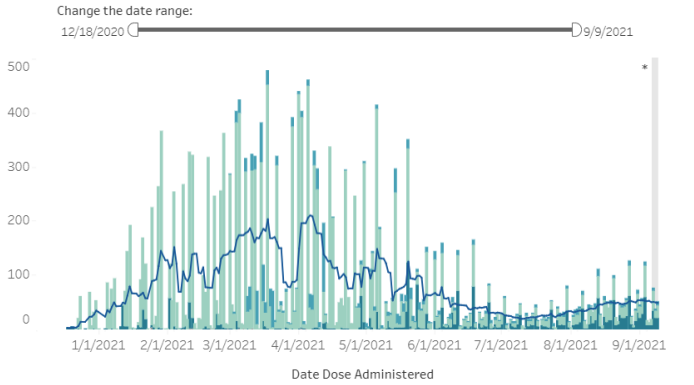
Legend for Rate per 10,000:
3,472 — 6,834

## Doses Administered by Day

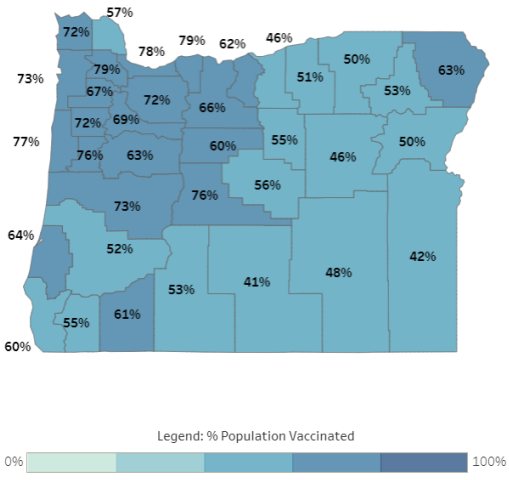
This chart shows the total number of COVID-19 vaccine doses that have been given to residents of the selected region by day and manufacturer.
**Doses administered during this time may not yet be reported.

**20,577 doses administered in Union**

| 2,422 | 16,517 | 1,619 | 19 |
|---|---|---|---|
| Pfizer | Moderna | Johnson & Johnson | Unspecified |




As of 9/10/21 https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccinationTrends/OregonCountyVaccinationTrends

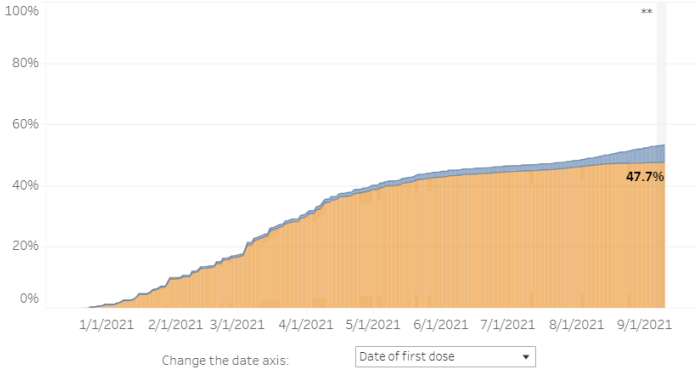



Legend: % Population Vaccinated
0% — 100%

Select a county:
Union

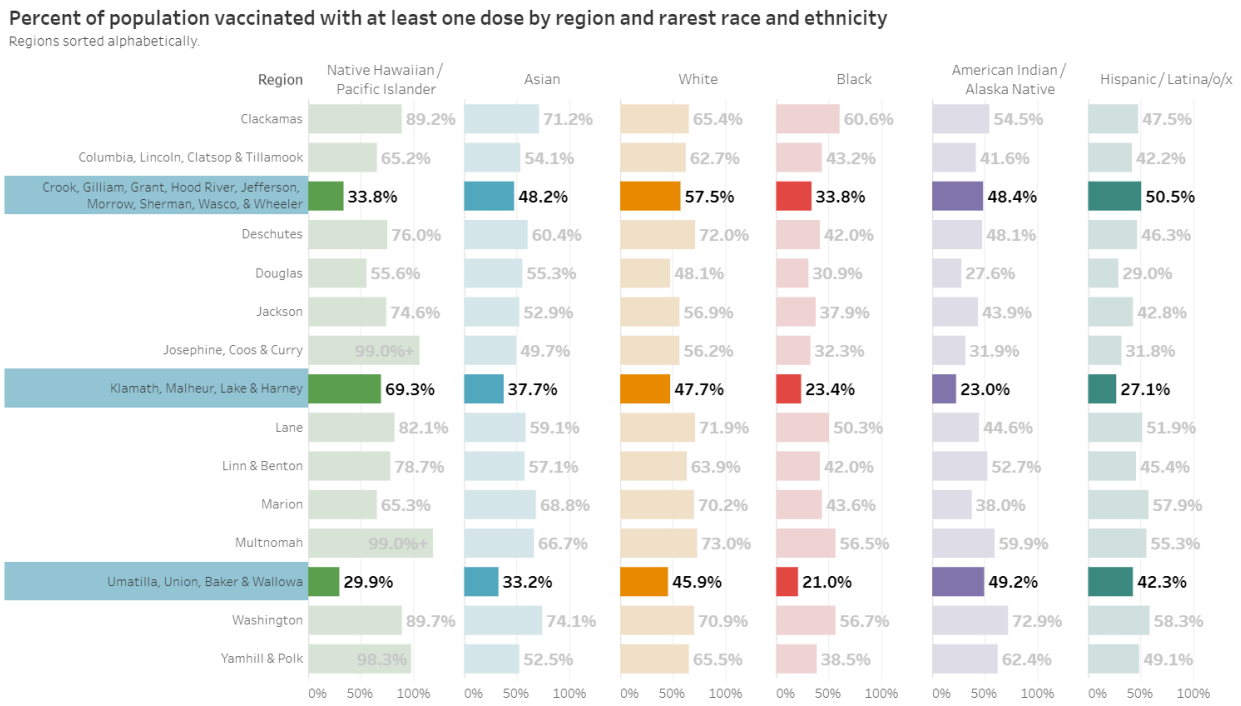
### 53.3% of people 18+ years old in Union County have received at least one COVID-19 vaccine

5.6% are in progress while 47.7% have completed the series




As of 9/10/21 https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/StatewideProgress

| All Topics | Wallowa County, Oregon | Baker County, Oregon | Umatilla County, Oregon | Union County, Oregon | Oregon |
|---|---|---|---|---|---|
| **Race and Hispanic Origin** | | | | | |
| White alone, percent | 95.6% | 93.7% | 90.4% | 92.6% | 86.7% |
| Black or African American alone, percent (a) | 0.5% | 0.7% | 1.2% | 0.8% | 2.2% |
| American Indian and Alaska Native alone, percent (a) | 0.9% | 1.6% | 4.3% | 1.3% | 1.8% |
| Asian alone, percent (a) | 0.5% | 0.9% | 1.1% | 1.3% | 4.9% |
| Native Hawaiian and Other Pacific Islander alone, percent (a) | 0.1% | 0.1% | 0.3% | 1.3% | 0.5% |
| Two or More Races, percent | 2.4% | 3.0% | 2.7% | 2.7% | 4.0% |
| Hispanic or Latino, percent (b) | 3.6% | 4.7% | 27.6% | 5.2% | 13.4% |
| White alone, not Hispanic or Latino, percent | 92.6% | 89.7% | 65.1% | 88.2% | 75.1% |




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

In Spring of 2020 the Center for Human Development (CHD), who works on behalf of Union County to provide public health services, began holding regular cooperator calls with key stakeholders in the COVID-19 response. In an attempt to meet our responsibility to serve disproportionately impacted groups, CHD set up meetings with stakeholders focused on serving the members of our community most at-risk for contracting or having serious/severe outcomes from COVID-19. Early on this work was largely focused on persons living in congregate settings and people experiencing underlying health conditions. Our meetings included Long Term Care Facilities, Adult Foster Homes, and homes for persons with Intellectual and Developmental Disabilities (IDD).

CHD reported its first case of COVID-19 in March 2020. In June 2020 we had a large outbreak that resulted in our case count increasing significantly in a matter of days. While it was unfortunate that our community experienced this outbreak, having it so early in the pandemic gave us a lot of information about how the virus was impacting our community, particularly how it was impacting our racial/ethnic groups. This outbreak and its disproportionate impact on racial/ethnic groups in our community made it clear that we would be most effective in responding to the pandemic and helping our community if we worked in partnership and collaboration with CBOs that had established trust relationships with specific groups and are best able to offer resources and support to the diverse members of our community. We met multiple times a week with a broad group of CBOs and key stakeholders to coordinate and collaborate our response. We held twice weekly meetings for quite some time, which were

then paired back to one meeting per week, and now we have shifted to once per month (although frequency will be revisited as needed). By the time we finalized formal MOUs with OHA funded CBOs in September and October of 2020 we had been meeting with some of them weekly, or multiple times a week, for at least six months. While we were operating in Incident Command, CHD considered these meetings and our partners to be a critical component of our Operations Branch for our incident response. CHD organizes and facilitates these meetings, but the focus is always for all participants to share information about what we are doing to serve the community, the needs we are seeing in the communities we work with, and how we can support each other with a focus on disproportionately affected populations.

Participants in these meetings and our collaboration throughout our response have included AGE+, Building Healthy Families (BHF), COFA Alliance National Network (CANN), Community Connection of Northeast Oregon (CCNO), Department of Human Services (DHS), Eastern Oregon Center for Independent Living (EOCIL), Euvalcree, Micronesian Islander Community (MIC), Northeast Oregon Network (NEON), Oregon Marshallese Community Association (OMCA), Oregon Rural Action (ORA), and a number of representatives from the Oregon Health Authority.

Since we began our vaccine roll out, these weekly meetings have been a space for identifying strategies and messages that will resonate with our community members and to coordinate our work to support efficacy and not duplicate efforts. Our plans and activities to address racial/ethnic vaccine inequities are developed in partnership and collaboration with our CBO partners. We develop ideas together and allow our CBO partners to take the lead on activities when they determine this is the the best approach for reaching the communities they know and serve.

Some of the activities already undertaken include working with our CBO partners to make information and resources available in the most common languages used in our community. This includes providing dedicated phone numbers where callers can obtain vaccine information and support in getting their vaccine in a variety of languages most commonly used in Union County (Spanish, Marshallese, Chuukese, Pohnpeian and Palauan). While we were offering online appointment scheduling members of our community could get assistance in completing online vaccine appointment registration in these languages, and have always been able to request interpretation support at vaccine clinics in these languages when needed. Information about how to get vaccinated is translated into Spanish, Marshallese, Chuukese, Pohnpeian and Palauan and shared widely on social media (Facebook/Instagram), including written materials and videos. We also use radio and newspaper to promote vaccine availability.

To assure that members of our community who are not connected to social media, radio, or the newspaper received information about where and how to get the vaccine, particularly the older members of our community, we mailed a postcard to all Union County residents ages 65+ that included transportation information and how to obtain information in the languages listed above.

Our CBOs have completed and are still planning to hold and participate in multiple culturally-specific outreach events. Events include the distribution of face masks, culturally specific food, and information about upcoming vaccine opportunities and assistance in accessing these opportunities. There are also efforts to provide outreach in the small towns in our County in addition to conducting outreach to and supporting vaccine access for our agricultural workers.

In addition to working with our CBO partners, we have worked closely with our health systems partners to support their education and vaccine work as well as with our local school districts and Eastern Oregon University to assure vaccine information and access is available. We have utilized OHA resources, like the mobile vaccine team, to conduct events that increase access. On many occasions we have gone out in the community to vaccinate people at long term care facilities, adult foster homes, IDD group homes, in private homes, at businesses and other places upon request to increase low-barrier options and decrease racial/ethnic inequities.

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

CHD and our CBO partners that are well connected to our community's diverse racial/ethnic groups plan to continue working together as we have thus far to address vaccine inequities and continue those activities identified above. We will continue to host regular (at least monthly) meetings with our CBOs and other key stakeholders where we focus on strategies to identify and address vaccine inequities, plan and collaborate on outreach, and help the community recover from the pandemic. We will retain a focus on inequities among specific groups including agricultural workers and the racial/ethnic groups experiencing inequities. CHD will continue to participate in and support events organized and led by our CBOs, educational partners, and others. We will consider conducting surveys to better understand the need and gaps to help develop future strategies for reducing inequities. Local public health will do all of this work in partnership with our CBOs and other partners and follow their lead on what role is best for us to play based on their knowledge of the community and how to best approach this work.

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

CHD and our partners will continue working together to assess community need and develop actions that are most appropriate for addressing vaccine equity gaps. As we have done throughout the pandemic, CHD will continue supporting our CBOs that are trusted by the groups experiencing racial/ethnic vaccine inequities in the work they are doing to support vaccination and provide help when it is requested. This could include providing information or administering vaccine. We will also work with schools to conduct on-site vaccine clinics for their staff and students if this is an option they would like to offer.

One specific action we are working toward is establishing onsite bilingual assistance in English and Spanish at least once per month during walk-in vaccine clinics. This will be for health insurance needs as well as COVID vaccine needs.

Another specific action we are working toward is providing mobile vaccination opportunities in outlying communities where geographic or barriers of convenience may limit access. Union County is large, and some of our smaller communities do not have health care providers. The vaccines we currently have for COVID-19 have very specific storage requirements, which makes it difficult to provide vaccine outside of a health care facility. This is particularly challenging on 90-100-degree summer days when it would be best to meet people where they are at in the community. Adding a mobile unit to our resources would allow us to have increased flexibility for offering vaccine. This tool will be useful in closing vaccine equity gaps among specific racial/ethnic populations by supporting ease of access by being better able to meet and serve people in the community.

We will also be looking at making improvements to our mass vaccination sites and possibly using the mobile unit to increase access to vaccine at our main CHD facility. We have heard from the CBOs that were funded to serve and understand our racial/ethnic communities that many people would prefer to get vaccine at mass vaccination events or at CHD rather than having events that are specific to them and separate these groups out from the rest of those being vaccinated. Because of this feedback, we still see mass vaccination and events at our facility as an important strategy. Our primary mass vaccination site has been great but is an older building that could use some improvements to make it a good option going forward. Additionally, we have found drive-through options to be ideal for vaccine administration but our weather makes this difficult during the cold, windy winter months and hot summer days. We have a great option for providing drive through services at our facility but it needs to be covered to make it work for all seasons and all types of weather. We plan to explore improvements so we can offer more drive through events as a strategy to increase low-barrier access. The mobile vaccine unit can also be used to support these outdoor vaccination events that are located at CHD, it can be parked at the drive through vaccine location and provide a base for our clinical staff, their supplies, and the vaccine that requires special handling.

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:*
    a. *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?*

In reviewing the CBO survey results that outline the interests of CBOs serving our community, the primary responses were that they would like to conduct outreach for existing events and assist with vaccine events. One CBO that serves multiple counties also stated they would be

interested in hosting their own vaccine events. The steps we are taking to engage and actively partner with the CBOs include inviting them to participate in our vaccine clinics, which includes opportunities to help staff the vaccine clinics and/or conduct outreach and education at the vaccine clinics. Our CBO partners have been essential in helping staff our vaccine clinics and are helping us support culturally-responsive, low-barrier access. Outreach activities to promote existing vaccine events include multilingual postcards and videos campaigns for social media and radio and newspaper ads. CBOs are planning and implementing outreach activities to provide information on vaccine and help people that are interested in getting the vaccine to connect with the option that works best for them at community events, providing information on places where people can get vaccinated and how people can obtain assistance with registration and outreach in multiple languages. When CBOs plan their own vaccine event, CHD will work with them to administer vaccine.

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?*

Throughout the response we have held regular meetings with our CBO partners to share information about vaccine events so they can help as able. We will also communicate directly with our partners if needed. Vaccine events are publicized on the CHD website and social media so partners can always go here to find information about our upcoming vaccine events and they know how to reach us if they have 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?*

CHD and our partners are providing vaccine information to our agricultural workers and helping them access vaccine. CHD and Northeast Oregon Network (NEON), one of the CBOs funded to serve Union County, plan to focus on one-on-one outreach to our local agricultural workers using existing connections to this community. NEON also has an employee assigned as part of their job to work on providing education and outreach to the agricultural community. This staff member is reaching out to all of the farm owners they can identify to build relationships with them and provide information and educational visits where they bring Gatorade and snacks and talk about the vaccine and what to do if you get COVID. They also plan to distribute Personal Protective Equipment. Another focus of planned outreach is connecting with people at hotels and where they may be living after work hours to provide education. When there are larger groups, NEON with work with CHD to will help organize events or coordinate transportation to vaccine clinics or pharmacies. They also plan to hand out “care kits” that contain things that might be helpful after being vaccinated like Gatorade and food that will help people take care of themselves after receiving the vaccine. They are also working with business owners to help

them support employees in taking the day after getting vaccinated off in the event that the employee does have an immune response to the vaccine.

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

Public health works to assess the needs of our community and develop interventions based on that information. CHD has focused on listening to our community and listening to our CBO partners that have connections and relationships with racial/ethnic groups experiencing vaccine inequities. The information we have received has led us to focus on addressing vaccine confidence by engaging in respectful dialogue and sharing information to help people make the best vaccine decision for themselves and their families. CHD has partnered with community leaders to create content for social media that contains accurate information. For most of the pandemic we had a weekly or biweekly Facebook live with one of our local media outlets, and a weekly interview on the local radio station. We have widely promoted information about who to contact to get information about the vaccine in the non-English languages most commonly spoken in our community. This has included newspaper and radio ads and direct mail to persons over 65 years of age. CHD has participated in a number of presentations to various groups when requested to provide information about vaccine. This includes participating in "town hall meetings" with a broad group of community leaders. CHD has also maintained up-to-date COVID-19 information on our website and social media platforms through the pandemic.

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

CHD plans to continue this same approach for addressing vaccine confidence. We will continue to assess the needs of our community and develop interventions for addressing vaccine information that consider the approaches that will work best in our community. We will continue to provide up-to-date information on our website and social media, in the newspaper and on the radio. We will support our CBO partners who are sharing information through a wide range of outreach activities in venues using multiple languages. We will continue to educate and provide accurate information to help people make their vaccine decision and provide them with the vaccine when they are ready.

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.*

Union County's plan for dispelling misinformation hinges on using a broad range of methods for sharing accurate information and relying on the expertise and trust relationships our CBOs have with our community to address vaccine misinformation. CHD plans to share information on our

website, on social media, in the newspaper, on the radio, and at outreach events that we are able to attend as COVID guidance and risk allows. We will also support our CBO partners in providing multilingual and multimodal information to the communities they serve and support them as requested in these efforts. We all bring a different strength and sets of tools and skills to the table, so our primary strategy is to support and collaborate with each other to assess the needs in our community and address them using the most effective approach possible.

CHD and our CBO partners have continued to share information about vaccine and with links to accurate information using a number of mediums—social media, radio, newspaper, mailers, and posters/flyers.

Our CBOs have plans to provide vaccine information at places in the community such as food distribution sites, the Farmer's Market, Celebrate La Grande, and others and some are working on plans to host their own events for the communities they serve. An example is the COFA language virtual events (see https://www.facebook.com/COFACANN).

Throughout the pandemic we have also maintained regular contact with our faith community. We attend a regular meeting with faith leaders and connect them with accurate vaccine information as well as information about where people can obtain vaccine.

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

CHD's bilingual staff members and our funded CBOs have and will continue to allow us to ensure language accessibility at vaccine events. Our CBO partners have regularly worked at our vaccine events, so at most of our vaccine events we have someone on-site that speaks or works for an organization that has staff that speak the most common non-English languages in our community. In the rare event that we do not have a person on-site that speaks the needed language we have been able to have interpretation services available via phone. We continue to invite our CBOs to help with and attend our vaccine events and as we begin to ramp up again this fall with newly eligible groups, boosters, and third doses we will continue this strategy.

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

CHD and our CBO partners have worked closely with our local transportation agency to identify all existing transportation options so this information can be shared with our community. The transportation options are widely publicized. In the event that we are contacted by individuals or groups that face transportation barriers, we will work with them to address their barriers even if that means going to them directly to provide their vaccine.

We also recognize that transportation barriers are most significant for those living in the more rural areas of our county. The bulk of our health care providers are located in La Grande, and while there is transportation available through our local transit provider this takes some effort for people that live outside of La Grande. With this in mind, we are planning to purchase a

mobile vaccination unit that can specifically be used to provide low-barrier vaccine opportunities throughout the County.

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 inequalities in COVID-19 disease, death and vaccination?*

CHD operates two School-Based Health Centers, one in La Grande and one in Union. We have been offering and plan to continue offering vaccine at these locations to address low-barrier access to youth including those experiencing inequities. We will also provide vaccine on-site at any of our schools upon request by the district. Our local pediatric clinic is offering vaccine as well as most of our pharmacies. When we acquire the mobile vaccine unit we will also be able to travel to areas throughout the county so youth can obtain vaccine more easily. As always, if transportation is a barrier we will work with each individual to come up with a way to get them vaccinated, including youth.

13. *How will the LPHA and its partners regularly report on progress to and engage with community leaders from Black, Indigenous, Tribal, other communities of color to regularly review progress on its vaccine equity plans and reassess strategies as needed?*

Collaboration and coordination between CHD and leaders from Black, Indigenous, Tribal, and other communities of color that includes review of progress on our vaccine equity plans and reassessment of strategies occurs at least monthly during our regularly scheduled meeting. CHD also reaches out to our partners to obtain input and expertise as needed and our partners are encouraged to contact us if there are opportunities we can work on related to addressing vaccine equity.