



Public Health

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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**North Central Public Health District
COVID-19 Vaccine Equity Plan Update September 2021**

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.

Please see attached original Vaccine Equity Plan for review of questions #1 and #2

The efforts that were outlined in the original plan are all continuing. The following information highlights the reduction in the vaccine equity gap in response to those efforts.

There has been improvement with vaccination rates in the general population in the counties of Wasco, Sherman and Gilliam, but there has been a greater increase seen in certain ethnic and racial groups. The largest improvement was noted in the Hispanic/Latina/o/x population in Regions 6 and 9 going from an 18.0% vaccination rate to a 51.9% vaccination rate, a change of 33.9%!

COVID-19 Vaccination Data OHA Early June versus end of December

Percent of population 18 + vaccinated with at least one dose

	6/1/21	9/28/21	% change
Wasco	54.8%	68.0%	13.2%
Sherman	49.8%	63.2%	13.4%
Gilliam	38.1%	46.8%	8.7%

COVID-19 Vaccination Data for Regions 6 & 9

Crook, Gilliam, Grant, Hood River, Jefferson, Morrow, Sherman, Wasco and Wheeler Counties

Percent of population 18 + vaccinated with at least one dose by region and rarest race and ethnicity

	6/1/21	9/28/21	% change
Native Hawaiian/ Pacific Islander	15.9%	34.8%	18.9%
Asian	18.2%	49.3%	31.1%
White	30.5%	59.0%	28.5%
Black	15.9%	35.0%	19.1%
American Indian/ Alaska Native	32.3%	49.5%	17.2%
Hispanic/ Latina/o/x	18.0%	51.9%	33.9%

COVID-19 Vaccination Data for Region 6

Hood River and Wasco Counties

Percent of population ***enrolled in Medicaid*** 16+ vaccinated with at least one dose by rarest race and ethnicity (June data not accessible)

	Region 6 (Wasco and Hood River Counties only) Medicaid 16 +	Regions 6 & 9 18+
	9/28/21	9/28/21
Native Hawaiian/ Pacific Islander	40.9%	34.8%
Asian	66.7%	49.3%
White	52.5%	59.0%
Black	67.3%	35.0%
American Indian/ Alaska Native	56.3%	49.5%
Hispanic/ Latina/o/x	69.0%	51.9%

It is somewhat challenging to evaluate improvements specific to the counties served by North Central Public Health District (NCPHD), as information regarding race and ethnicity is not available on single county level due to the relatively small size of the counties. The above data sets are overlapping to provide a more in-depth look at the vaccination status of residents of Wasco, Sherman and Gilliam counties, served by North Central Public Health District. ***The third data set is specific for members enrolled in Medicaid, so is not completely equivalent to the larger data sets.*** It does demonstrate in Hood River and Wasco counties a notably higher percentage of COVID-19 vaccinations among ethnic and racial minority populations as compared to the larger data set which includes all of Region 6 and Region 9.

An example of work that NCPHD staff and partners are particularly proud of is the new partnership with members of the Native Hawaiian/Pacific Islander/Samoan communities in the Columbia Gorge Region. As mentioned in the original equity plan, early in the summer NCPHD engaged with Utopia Portland (PDX) and the Samoa Pacific Development Corporation (SPDC). Utopia PDX’s mission is to provide sacred spaces to strengthen the minds and bodies of QTPIs – Queer and Trans Pacific Islanders in the Portland and Vancouver areas – through community organizing, political engagement, and cultural stewardship. SPDC is a (501C3) non-profit organization that serves the Samoan community in Oregon through educational and economic resources and cultural empowerment. The staffs of these organizations were able to provide information, education and wrap around services to members of the community during a particularly difficult time. NCPHD staff have been meeting regularly with Utopia PDX Executive Director Manumalo Ala’ilima and SPDC Board Chair Dr. Jacinta Galea’i and are working together to develop a roadmap towards meaningful connection with members of the Samoan Community who live in the region. Utopia PDX, SPDC and NCPHD are thrilled to be jointly hosting vaccination events specifically for members of the Samoan and other Pacific Islander communities. Leaders of the local Samoan community are involved, the advertising and education materials will be in Samoan and English, food will be provided from a local Hawaiian restaurant, and gift card incentives are available. SPDC and Utopia PDX are working with the regional food bank to provide culturally appropriate food boxes. At

NCPHD we are incredibly grateful for the thoughtful guidance provided by Dr. Galea'i and Manumalo Ala'ilima and their staff, and look forward to building a pathway to a strong community relationship with members of the Samoan/Native Hawaiian/Pacific Island community in the Columbia River Gorge

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.

In partnership with One Community Health and OHA, a Mobile Vaccine Unit (MVU) was stationed in Wasco County for 6 weeks during the majority of cherry harvest season. An estimated 5,000 agricultural workers from outside the region come to the Columbia Gorge during harvest. Information about the availability, safety and importance of COVID-19 vaccine was provided to agricultural employers and delivered directly to migrant and seasonal farmworkers (MSFWs) at the orchards and packing houses. Outreach was conducted in Spanish and English via flyers, social media, billboards, phone banks and door to door canvassing. \$50 gift cards were distributed to Wasco County residents and **people from out-of-state or out of the country working in Wasco County** (to target specifically MSFWs) receiving their first dose of a COVID-19 vaccine. The MVU was located in The Dalles, the largest city in Wasco County, and was easily visible from a main thoroughfare. The hours of the MVU were somewhat dictated by the extreme heat, but were as consistent as possible to facilitate access. The MVU was open on weekends also to improve access. The MVU was very successful, with a total of **1661 vaccinations** (the highest of any MVU in Oregon to date!) provided while in Wasco County. From data collected by One Community Health, roughly 40% of the vaccines dispensed were received by people who identified as Hispanic/Latina/o/x.

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.

In order to have a better understanding of the challenges that community members face in Wasco, Sherman and Gilliam counties regarding vaccine inequities, a survey was developed and distributed on-line and in person (please see attached survey). The survey was developed over a several weeks by NCPHD staff using the CDC Vaccine Confidence Survey Question Bank from the Rapid Community Assessment Guide and with permission from the author Achieving COVID-19 Herd Immunity in Oregon: Progress & Challenges (July 13, 2021) as a framework. Respondents were given a \$20 gift card as an incentive to complete the survey.

The results were shared with health care and other community partners, and with community members via the NCPHD website and at local meetings.

There were 120 responses total, with approximately 30% of responses from the Latina/o/x community, which nearly matches the NCPHD demographic spread. There were 3% of responses from the Indigenous population. Here is a brief summary of the results.

72% of respondents were vaccinated, 28% were unvaccinated.

The education level was a near linear correlation to vaccination status - the lower the education the more likely to be unvaccinated.

The Caucasian population of unvaccinated people appear to be firm in their resolve not to be vaccinated (72% said they do not plan on it). Compared to the vaccinated population, the unvaccinated feel they are not getting enough information about the vaccine but they also do not trust any sources to give them truthful information.

The Latina/o/x unvaccinated population appears more open to changing their opinion on becoming vaccinated with more information

NCPHD staffs continue to participate in weekly meetings with local community partners such as The Next Door, Inc., Eastern Oregon Council for Independent Living, Bridges to Health, Age Plus and others who directly serve underrepresented communities. Some of the takeaways from sharing the survey data were:

1. As a region we need to rekindle focus with our community partners in doing another campaign directed at the Latina/o/x population, addressing their specific fears regarding vaccines (side effects primarily).
2. Continue NCPHD campaign to combat misinformation and provide accurate facts about the vaccine, because we appear across the board to be one of the more trusted information sources. Specifically we need to address concerns surrounding the speed of vaccine approval and side effects.
3. Access is not an issue. Nearly everyone felt that getting their vaccine was easy, or would be easy if they wanted it.
4. Parents will vaccinate their children according to their own vaccine status.

In addition to this deliberate process, NCPHD staff receive input from community members daily during the course of case investigations, contact tracing, COVID-19 test and vaccination scheduling, and other interactions. NCPHD staff meets weekly and discusses questions and requests that community members make. For example, in August it became evident that community members were not able to easily access the Pfizer vaccine, so an adjustment was made at the NCPHD vaccine clinic to accommodate more appointments. Community members who live in more rural parts of the county also were experiencing difficulties accessing vaccinations, so with the assistance of the OHA CRRU, vaccine events were held at Farmer's Markets in Arlington, Condon and Grass Valley. As the beginning of the school year approached, in response to families and educators requests, vaccine events were held at local high schools and middle schools. Once school started additional appointment slots during after-school hour were created

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.

The sharing of power and decision making is perhaps the most challenging step in providing thoughtful, equitable and informed services that are culturally sensitive and meet the needs of communities experiencing inequities. NCPHD recognizes that the current structure of public health and health care in general does not lend itself easily to this important work. Recognizing that true power sharing will take trust and time, NCPHD is working on building more solid relationships in our community. Part of that work is in providing services in an open and humble manner.

NCPHD prioritizes community member questions and needs, and makes every effort to respond to these needs. For example, members of the houseless community and organizations who serve those individuals were concerned about difficulty in accessing testing and vaccinations, and reached out to NCPHD. NCPHD provided multiple clinics for testing and vaccinations at a community meals site and also at a local temporary housing site early in the summer, and again in August as COVID-19 cases increased. Over time staff members were recognized and NCPHD accepted as an agency working to support houseless members of the community.

Due to the surge in the pandemic at the end of summer, at NCPHD we have had to shift our work back to predominantly case investigations, contact tracing, testing and vaccinations with less time than we had hoped for relationship development with those experiencing inequities. Our staff has been working tirelessly to meet this incredibly large increase in workload, and we are functioning in a surge capacity manner with minimal time for long term planning. We know this will improve, however, and at NCPHD we plan on continuing building relationships and exploring new ways to structure decision making with all of our communities experiencing inequities, due to race, ethnicity, physical or behavioral health challenges, geographic isolation and more.

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