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NORTH CENTRAL PUBLIC HEALTH DISTRICT

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COVID-19 Vaccine Equity Plan

May 26, 2021

1. Based on the experience of the LPHA and its partners, including community-based organizations, what is the operational, policy, and systemic barriers or strengths demonstrated in these data?

Barriers:

1. There is concern and hesitancy among residents whose immigration status is undocumented around interacting with government agencies or the perceived need to show identification to receive vaccines.
2. There is concern about missing work due to post vaccination side effects, with loss of income.
3. Some residents have expressed distrust of government sponsored efforts.
4. Residents have had difficulty accessing appointments, and often appointments are not convenient.
5. Many people have received misinformation and disinformation about vaccine safety.
6. Some groups have cultural beliefs about the low utility of vaccinations, and obtaining vaccinations is not a priority.
7. Language barriers make it difficult for some residents to access care and information about vaccinations.
8. There is not an Indian Health Services clinic located in Wasco, Sherman or Gilliam counties.
9. Some residents express concerns about the cost of receiving the vaccine.

Strengths:

1. During the pandemic there has been close communication and cooperation between health care providers, local public health, CBOs, schools, city and county government agencies which all participated in Unified Command.
2. In the Columbia Gorge Region there has historically been significant cooperation and coordination of efforts around Migrant and Seasonal Farm Workers and health equity issues, and this continues regarding vaccine outreach.
3. Most agricultural employers in the region take a proactive role in promoting employee health and some have participated in vaccine outreach events.
4. The largest public school district, LPHA, local FQHC and many CBOs provide all written information in English and Spanish.
5. Local FQHC One Community Health and CBO The Next Door, Inc. have provided services and fostered a relationship with members of local tribal communities prior to and during the pandemic.

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

North Central Public Health District (NCPHD) meets weekly with clinical partners at **Mid-Columbia Medical Center (MCMC)** and **One Community Health (OCH)** to coordinate vaccine outreach efforts in the American Indian/Alaskan Native (AI/AN) population and the Hispanic and Latino/a/x population (H/L). NCPHD staff also participates in weekly conference meetings with the Community Based Organizations serving these communities. Below are descriptions of the efforts by NCPHD and the other organizations in the region.

Mid-Columbia Medical Center (MCMC), One Community Health (OCH) and North Central Public Health District (NCPHD) have a coordinated approach for outreach to agricultural business owners and workers. Many of the employees of this organization are members of the (H/L) population. Information about vaccine education is provided to orchard and farm owners via zoom conferences in coordination with the **OSU Extension** offices, and is presented to workers on site at orchard worker safety meetings by Traditional Health Workers (THWs). LPHA, local FQHC and local CBOs have created and shared Spanish language videos and posts on social media to promote vaccine education and availability

OCH has provided several vaccination clinics at Tribal In-Lieu Sites and at Celilo Village. This has been coordinated with **Columbia River Inter-Tribal Fish Commission (CRITFC)** and also with AI/AN THWs.

The Next Door, Inc. (NDI) is an organization that provides resources to help empower families throughout the Columbia Gorge. This organization makes sure to provide education materials and services that are both in English and Spanish. NDI has created Spanish radio ads, radionovelas, Spanish videos created by THWs featuring Latino community leaders talking about why they got the vaccine or showing them getting the vaccine. This shows a trusted member of their community got the vaccine. NDI hosts regional community partners meetings focused on Communications and Workplace Safety. They offer free “charlas” or presentations on-site at orchards to give information about the vaccine. NDI THWs table outside stores and businesses to give information about the vaccine and sign people up to get their vaccine. There is a biweekly radio show on Radio Tierra hosted by MSFW outreach workers. NDI created a vaccine confidence poster in English and Spanish. They also created large banners in Hood River and Wasco Counties with updated COVID-19 case numbers to show that COVID is still a current and serious health concern. In addition, The Next Door provides PPE to childcare providers, MSFW, Native communities, and Latino owned businesses when they are able to do so.

Bridges to Health (B2H), a program of the **Columbia Gorge Health Council** serves low-income residents of Wasco and Hood River Counties. Approximately 65% of the clients they serve are enrolled in the Columbia Gorge CCO Medicaid program. Many of the clients they serve are Migrant Seasonal Farm Workers (MSFWs), homeless or with unstable housing, medically fragile or youth in DHS custody. B2H helps clients access resources. B2H community health workers help reduce the barriers for clients by helping them with vaccine education and transportation. In addition, B2H Community Health Workers

are supporting public health and community vaccine clinics by signing up as volunteers, providing bilingual/ bicultural assistance

Eastern Oregon Coordinated Care Organization (EOCCO) serves the Medicaid population of Sherman and Gilliam counties. They have distributed patient/provider education on a broad level to their entire service area. These have been delivered in both English and Spanish. Additionally, EOCCO has sent out a mailer to their members to address some of the misconceptions associated with the vaccine. EOCCO offers free transportation through their NEMT program. EOCCO has been reaching out to some of their high-risk members directly who have been identified as having chronic conditions, but do not have a record of receiving a vaccine.

PacificSource Community Solutions (PSCS) has been doing outreach phone calls to Medicaid members in Hood River and Wasco Counties to provide COVID-19 vaccine information and answer questions. PSCS is working with NCPHD to provide de-identified data with vaccination rates combined with race and ethnicity information.

Oregon Child Development Coalition (OCDC) annually convenes **RAMAS**- Resources Available for Migrant Access to Services. This coalition provides resources to local and migrant seasonal farm workers. The “welcome packet” that families receive when arriving in Wasco County includes resources directing families to vaccination sites and provides information.

AgePlus and the **Mid-Columbia Senior Center** provided telephone and direct mail outreach to English and Spanish speaking seniors in the region.

NCPHD has worked closely with all of the school districts in the 3 county region to supply vaccine information to students, staff and parents. Vaccination clinics have been held at local middle schools and high schools, which are familiar and welcoming sites for many families.

The above efforts highlighted outreach work being done with the AI/AN and H/L communities. The total number of residents of Wasco, Sherman and Gilliam counties ages 16 and up is estimated to be 26,636. Potentially due to this small total population, smaller ethnic and racial populations that reside in the region, such as Black and African American, Asian, Native Hawaiian and Pacific Islander, have fewer coalitions or groups that convene on a regular basis. NCPHD staff has reached out directly to members of the NH/PI community for insight as to that community’s interest in COVID-19 vaccinations, as well as the general impact COVID-19 has had on the community. NCPHD staff has also reached out to the school district liaison to the NH/PI community, and is hoping to connect with that person. NCPHD has also reached out to our CBOs regarding those smaller populations for insight into outreach efforts. NCPHD has strongly encouraged our clinical partners that serve individuals of these smaller groups to contact their patients directly and provide opportunities for patients to ask questions of their trusted providers.

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

NCPHD is reaching out to CBOs and other local community partners who provide services to specific racial and ethnic populations to gain insight on perceived vaccination rates and vaccine hesitancy among different populations. This ensures that all populations are being considered when making decisions surrounding vaccine efforts. NCPHD has reached out to local school districts for the contact information of key stakeholders of different groups, including Pacific Islander and Asian communities, and is working with those stakeholders to understand barriers and ways to overcome the barriers around vaccine access. NCPHD is also working with faith –based organizations to reach additional racial and ethnic populations. There are ongoing meetings with community partners to share information and events. NCPHD has received de-identified address level data from PacificSource Community Solutions for ethnic and racial minority residents of Wasco County that have not yet been vaccinated. Billboards, paper flyers and “campaign” type yard signs are being placed in those neighborhoods to provide information about vaccinations and clinics.

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

NCPHD and clinical partners are holding smaller sized clinics in locations that are more convenient and more welcoming to different populations. Worksite events in orchards are planned, as well as additional events along the Columbia River. Vaccine clinics are occurring at multiple locations throughout the county, with evening and weekend hours to enable increased access to workers who are unable to take time off work. NCPHD and partners will continue to provide vaccine education delivered by community health workers to enhance confidence and trust among those of different racial and ethnic populations. Vaccination events are held at local schools, which are a trusted space in the community.

There is a FEMA/OHA Mobile Vaccination Unit that arrived in Wasco County on June 2, and will remain for 6 weeks. Print, social media, radio, paper flyer and billboard campaigns are happening to draw attention to this resource. The MVU is providing Johnson & Johnson and Pfizer vaccines. It is open on weekends and after regular work hours. Any Wasco County resident or any Out-of-State person who is working in Wasco County at the time they receive their vaccine at the MVU is given a **\$50 VISA card**. While this incentive does not target a specific group, other than those living and working in Wasco County, it does provide extra incentive for those who have not yet gotten vaccinated to do so.

OCH is taking steps to enhance its tribal outreach along the Columbia River. This includes recruiting and hiring three native health care workers, organizing a tribal outreach team within OCH that includes its CEO and hosting weekly coordination calls with Columbia River Inter-Tribal Fish Commission (CRITFC) staff.

NCPHD will work with the school districts in Wasco, Sherman and Gilliam that are conducting summer schools and will provide information to those children and their families about the safety and availability of COVID-19 vaccines. Vaccination clinics will be held at the school sites including school sites in the orchards.

NCPHD will continue to work with faith based organizations that serve racial and ethnic minority populations to provide information to their members, and to get feedback regarding how their members can best be served.

5. 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?

Education materials are provided in a variety of languages. In addition, community partners provide staff and volunteers at clinics that are bilingual/bicultural. NCPHD participates in weekly strategy meetings with local CBOs around engagement and access, and uses suggestions from CBOs to guide outreach work.

6. 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?

Weekly meetings occur with CBOs and other partners and information is shared at those meetings, in addition to list serves used for all vaccine clinic information. Vaccine clinic information is posted on the websites of OCH, NCPHD, MCMC and other clinical providers. NCPHD releases PSAs most days of the week detailing vaccination efforts.

7. 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?

OCH, MCMC and NCPHD continue to partner with OHSU Extension to reach out to growers to provide services to workers. These agencies, working as part of the RAMAS collective, also reach out to agricultural workers directly. In collaboration with OHA, a FEMA Mobile Vaccine Unit will be in Wasco County starting June 2. This unit will provide Pfizer and Johnson & Johnson vaccine during afternoon, evening and weekend hours, in a location that is easily accessible to agricultural workers.

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

There are ongoing community campaigns featuring local leaders and community members addressing vaccine safety and efficacy. The NCPHD leadership has made several presentations to community partners to directly address vaccine confidence, and continues to make presentations at county council meetings, local faith-based meetings, and other community organizations. THWs from NCPHD have reached out to their local religious leaders and have gotten permission to be present after services to answer questions about the vaccines.

And as noted above, local CBOs, NCPHD and the local FQHC have multi-media campaigns with input from community members. In addition to social media postings, NCPHD has worked with a local media company for targeted ad buys for specific populations.

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

NCPHD and CBOs will engage in formal and informal meetings to provide information to trusted community members so those individuals can share information within their community, and also provide information to NCPHD about their own community's vaccination questions, concerns or needs. NCPHD will use the zip code data and also the de-identified address level data to assess areas in the counties in which vaccination numbers are remaining at low levels. Very local level outreach, including flyers at local markets and apartment complexes, and small vaccine information events will be targeted to those areas.

NCPHD is planning listening sessions reaching out to local racial and ethnic minority residents to gain insight into their experience with the pandemic itself and COVID-19 vaccines. The information gathered will shape further outreach campaigns. The plan will be to hold these sessions once a month to gauge the response to outreach efforts.

10. 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?

In addition to the previously mentioned efforts, there will be NCPHD, MCMC and OCH staff members present at the RAMAS welcome event occurring the first full week of June to provide education and answer questions directly. NCPHD THWs have gone to local churches and workplaces to provide vaccine information. Radio spots and social media posts in English and Spanish are updated weekly, and NCPHD promotes the Safe + Strong campaign. The listening session noted above will also be an opportunity to provide accurate information and resources.

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

Volunteers and workers who are bilingual in Spanish and English are present at all stations of the vaccination process, such as check in and observation. Spanish is the most common non-English language spoken in Wasco, Sherman and Gilliam counties. Signage in multiple languages that allows the clinic staff to know the person's preferred language is present at the Mobile Vaccine Unit and at NCPHD clinics. The NCPHD contracted Interpreter Service line is then used for communication for languages other than Spanish. NCPHD is creating a plan for on-call access to ASL interpreters at vaccination clinics.

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

There are fixed route and dial-a-ride trips to vaccine clinics at no charge in Wasco, Sherman and Gilliam Counties through regional transportation agencies. The telephone numbers of these agencies are posted on the NCPHD COVID vaccine webpage. This information is also included in PSAs and media posts. Medicaid members also have access to transportation through non-emergency medical transport services. This is facilitated by THWs, medical clinic staff and CCO member support staff. Hearts of Hospice and Visiting Health Services from MCMC have provided in-home vaccines. There was an extensive telephone campaign from Hearts of Hospice, DHS and home visiting nurses to inform clients of

this option. One Community Health has provided mobile vaccine clinics at tribal fishing sites and villages. OCH and NCPHD have provided workplace vaccinations and will be providing vaccinations at orchards over the summer as needed. NCPHD has provided mobile vaccine clinics in smaller population towns such as Dufur, Maupin, Condon, Arlington and Moro. There have been and will continue to be vaccine clinics at local food pantries and community meal sites.

13. 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?

One Community Health and The Next Door provide vaccine education and access to AI/AN and H/L communities through ongoing programs and relationships. NCPHD is working with local schools to develop communication channels with local Hawaiian/Pacific Islander communities. OCDC and the Columbia Gorge Region ESD provide vaccination information to the families they serve.

14. 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?

NCPHD will review the equity plans and goals monthly, to assess efficacy of outreach efforts and events. Also, there is a weekly evaluation of local vaccination data to assess rates and to direct ongoing efforts.

It is hoped that the listening sessions planned by NCPHD will evolve into a dialogue, in which NCPHD will be able to provide updates regarding outreach efforts, and community leaders and members can provide feedback. NCPHD will continue to work with local clinical partners and CBOs and respond to community needs and suggestions.

We have each reviewed the attached responses to all questions and affirm that the NCPHD 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.

North Central Public Health District 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.



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