



May 14, 2021

Mr. Paul Shively
Oregon Health Authority

Re: Equity Plan Attestation Statement

Dear Mr. Shively,

By Tuesday, May 18, we expect that more than 65% of Deschutes County residents age 16 and older will have received a first dose of the COVID-19 vaccine. Per Governor Brown's request, we are submitting the attached Equity Plan to you for your review. We respectfully request State approval to move into the low risk category of the State's public health framework on May 21. Please find OHA's requested attestation statement below:

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.

Please reach out to us if you have any questions or need additional information.

Sincerely,

Nahad Sadr-Azodi
Acting Local Public Health Authority Administrator
Director of Public Health

Commissioner Anthony DeBone, Chair
Deschutes County Board of Commissioners

Dr. Richard Fawcett
Local Public Health Officer



Deschutes County COVID-19 Equity plan

Required Questions

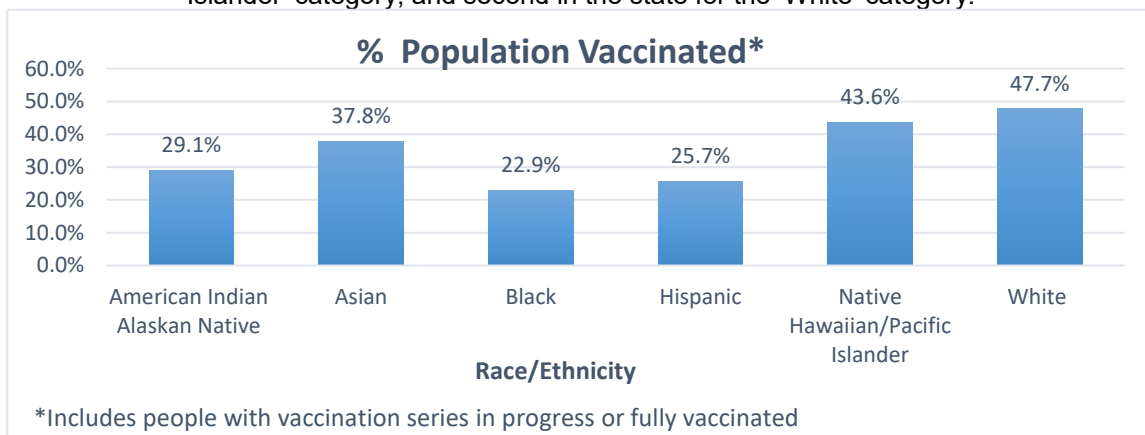
LPHA must respond to each of the following questions. Please restate the question and provide a subsequent response specific to each question.

1. Please review race/ethnicity data for LPHA jurisdiction on the OHA Website and the race/ethnicity vaccination rate data shared weekly with 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?

Deschutes County Health Services (DCHS) has made great strides in our vaccination rate for our Latino community, which is our largest BIPOC community. We now sit firmly in the center when ranking counties on this metric. Our strength is our partnerships. We have several organizations that are trusted resources for the Hispanic community including the Latino Community Association (LCA), Volunteers in Medicine (VIM), and Mosaic Medical FQHC. All three have helped with outreach and marketing and identifying and overcoming barriers. In the last month alone the County offered ‘family appointments’ at the Mass Vax, Mosaic hosted four Saturday LCA vaccination events in Bend/Redmond and Deschutes County Health Services has conducted pop up clinics at VIM. We have launched several waves of TV, radio, and social media education campaigns in Spanish. These spots utilize trusted Latino community members (doctors, priests and restaurant owners) to counter hesitancy. These efforts, combined with efforts throughout the year have assisted us in improving our vaccination rates for our BIPOC community.

From 5/6/21 to 5/12/21, the Deschutes County vaccination rate across all five BIPOC categories (American Indian/Alaska Native, Asian, Hispanic/Latinx, Black, and Native Hawaiian/Pacific Islander) increased by an average of 3.9% overall, with the greatest weekly increase in vaccination rate reported in the ‘Hispanic/Latinx’ category at 7.5%. The Native Hawaiian/Pacific Islander category also increased by 5.3%. During this period, the 7-day average vaccination rate increased by a greater amount in three out of five of the BIPOC categories than the ‘white’ category.

As of 5/12/2021, Deschutes County’s overall vaccination rate stands at 63.1%, which is higher than the state average of 57.8%. When comparing vaccination rates by race/ethnicity in Deschutes County to other regions/counties in Oregon, Deschutes County ranks seventh in the state for the ‘American Indian/Alaska Native’ category, sixth for the ‘Asian’ category, ‘seventh for the Hispanic/Latinx’ category, seventh for the ‘Black’ category; seventh for the ‘Native Hawaiian/Pacific Islander’ category, and second in the state for the ‘White’ category.





Some initial barriers faced in reaching this population revolved around DCHS struggling to provide culturally-responsive information and access to vaccine. DCHS has collaborated closely with the Concilio, a group of local Latinx community leaders brought together by the Deschutes County Incident Management Team, and the Latino Community Association (LCA) to improve meaningful and culturally responsive messaging for this population. In addition, through these collaborations, DCHS identified the importance of representation for the BIPOC community on the Incident Management Team which led to the creation of a BIPOC Liaison, a full time Language Access Team Lead and the current hiring of 10 Promotores de Salud to provide outreach to and assist with vaccination events. There has been tremendous effort to work through these barriers and thanks to our relationships with our community partners and their willingness to assist us in this work, much progress has been made.

Another barrier has been vaccine hesitancy amongst this population. Through our Vaccine Confidence Coalition there has been excellent progress to improve vaccine confidence in this population and other vulnerable populations (please see #7, #8 and #9 for further information). As we have progressed through this year, it has been gratifying to work with our community partners, learn from them and see the improvements we have made in reaching our Latinx community. That said, we know there is more work to be done and look forward to continuing to work with our community partners to increase meaningful, culturally-responsive, low barrier access to vaccines for all citizens in Deschutes County.

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

Deschutes County Health Services and our partners have worked in collaboration to provide vaccinations to our vulnerable populations, including those experiencing racial and ethnic vaccine inequities. We continue to work together to ensure vaccine access for all of our citizens. Most recently, we have focused specifically on continued low barrier vaccine access to vulnerable populations, including those experiencing homelessness, those who are home-bound, rural residents and those experiencing racial and ethnic vaccine inequities. One of the most important ways of achieving vaccine equity amongst these groups is the relationships and collaboration amongst ourselves and our local community-based organizations.

We acknowledge as a community that there is a need to continue to narrow the gap in providing vaccines to these populations and there is still a lot of work left to be done. We are committed to a continuous process of listening, learning, and improving. Below is a summary of the actions taken to date to address racial, ethnic and vulnerable populations in relation to COVID/vaccination inequities:

Mass Vaccination Clinic

- On-site video remote interpreting for over 35 languages
- Signage in Spanish
- On-site interpreters (1-2 per shift)
- Online scheduling in Spanish
- Disability Integration Site Assessment completed by FEMA with implementation of recommendations.
- Call Center for individuals needing assistance navigating the on-line scheduling system and/or individuals who do not have access to computers/smartphones.
- Collaboration with the Call Center and Volunteers in Medicine to save vaccination appointments for Latinx population.
- Volunteers in Medicine (who serves a large portion of our Latinx population) was given access to directly sign up Latinx individuals to assist in removing barriers of on-line appointment scheduling.
- Specialized "Fast tracking" for individuals with special needs such as mobility, Intellectual and Developmental Disabilities (IDD), mental health issues, individuals who need interpreter services, etc.



- Private area for vaccinations for individuals needing reduced stimulus.
- Vaccinations provided to individuals in their vehicles in order to accommodate special needs.

Community Vaccinations

- Weekly hosted community-based or home-bound vaccine clinics for vulnerable populations.
- Collaborated with Adult and People with Disabilities (APD) and other service providers/community based organizations (CBO) serving the aging adult population to identify barriers related to receiving the vaccine and identified outreach methods for these individuals.
- Mosaic has partnered with the Latino Community Association (LCA) and Volunteers in Medicine (VIM) to provide Latinx-focused vaccination clinics every Saturday.
- Mosaic continues to saturate the market with TV news, Spanish-speaking radio stations, posters/flyers at apartments, RV parks, restaurants, etc., frequented by the Latinx population.
- Mosaic and Deschutes County Health Services collaborated to reach out to the homeless population in shelters, camps and at congregate sites. These efforts included sending trusted individuals to talk with the population about vaccine hesitancy, videos for vaccine confidence (utilizing trusted individuals) and several pop up clinics at congregate sites, shelters and service areas.
- Specialized clinics for the IDD and Mental Health population including specialized supports for this population and specialized scheduling (collaborated directly with providers, group homes, etc. to sign up individuals for vaccines).
- Block appointment scheduling for IDD/Mental Health and Substance abuse congregate living sites in order to accommodate support staff accompanying individuals for vaccinations.

Scheduling & Call Center (Hotline)

- Interpreters available at all times.
- Online pre-registration available in Spanish.
- 3 bilingual staff who are actively training or working the hotline to decrease the need for interpreter services.
- Utilizing Linguava for all ESL callers who are not Spanish-speakers, or for when our bilingual staff are unavailable.
- Two staff members specially identified to make accommodation language/ADA arrangements prior to arrival at the mass vaccination clinic.
- Partnership with Volunteers in Medicine to help schedule vaccinations and accommodations for the Latinx patient population.

Contact Tracing/Case Investigations

- Contact tracers and case investigators collaboration with vaccine clinics/leaders to ensure education for cases/contacts on when they can receive vaccine doses as to communicate this information to individuals in real time and in Spanish.
- Direct assistance with cases/contacts that need help rescheduling their vaccine appointment due to new infection or exposure; working closely with the hotline team to ensure these individuals are taken care of. All provided for vulnerable populations and those facing racial and ethnic inequities in obtaining vaccines.
- Standard email communication to cases/contacts including encouragement to pre-register, links to the website, and the hotline number for people to call and schedule appointments. All provided in Spanish.
- Prioritized hiring bilingual staff, provided increased pay for these hires given the additional skillset to assure all services and connection with vaccine information is provided in Spanish.
- Increased training of non-bilingual staff to ensure cultural competency when working Latinx cases, as well as increased training on utilization of interpreting services.
- Partnered with Latino Community Association for wraparound services for Latinx cases and contacts.
- Prioritization of potential Latinx cases/contacts during the day to ensure these individuals are called within 24 hours and receiving support as needed in a culturally sensitive way



- Timely translation of all letters/templates/infographics to ensure accessibility to Spanish-speaking cases/contacts; all communication materials are available in both English and Spanish.

Long Term Care Facilities (LTCF) Team

- The LTCF team vaccinated staff and residents at 18 Adult Foster Homes between Bend, Redmond, Sisters, Terrebonne, and La Pine.
- LTCF staff administered vaccines at assisted living facilities that either did not have the staff capacity to administer a large quantity of vaccines, or had trouble acquiring vaccines through the pharmacy partnership.
- After all LTCF vaccine clinics, kept communication open with facilities needing additional vaccines for residents or staff. This has led to additional vaccinations provided by public health onsite and at 3 different facilities.
- Assisted (and continue to assist) the vaccination team in providing vaccines to home-bound individuals throughout Deschutes County.

Vulnerable Populations

- Partnered with vulnerable population case management entities (CMEs) on a routine basis to provide vaccine updates and information. CMEs involved are Aging and People with Disabilities, Deschutes County Intellectual and Developmental Disabilities (IDD), Brokerage, and Council on Aging
- Engaged with these CMEs and other community-based organizations in focus groups in collaborative problem-solving around access challenges related to vulnerable and BIPOC populations.
- Outreach efforts conducted via email, direct phone contacts, and media via Public Information Officer.
- Provided direct assistance around scheduling challenges to vulnerable populations identified via outreach efforts.
- Provided direct support in scheduling appointments.
- Provided sensory-friendly clinics in the community for IDD population.
- Offered car doses for individuals with special needs.
- Surveyed CMEs for home-bound citizens needing home doses and coordinated getting these contacts to the vax unit for in home vaccinations as needed.

Unhoused & Shelters Group

- Worked to plan, coordinate and strategize equitable access to COVID-19 vaccines.
- Developed a work group comprised of several leaders in the community providing direct service and outreach to those experiencing literal homelessness throughout Deschutes County.
- Solicited feedback directly from vulnerable populations to create best practices and to address hesitancy specific to this population.
- Created specific messaging to address hesitancy and ensure that all those in our community have the confidence to make personal decisions about receiving a COVID-19 vaccine.
- Printed flyers on weatherproof paper.
- Created an education video featuring familiar and trusted service providers addressing concerns specifically identified by this population in relation to vaccines.
- Created "recovery kits" to provide to individuals after they receive their vaccine (e.g., water, electrolyte packets, ice packs, masks, hand sanitizer).
- Coordinating to provide "pop-up" vaccine clinics at congregate settings to increase easy access.
- Mosaic providing mobile outreach vaccine clinics to homeless camps, homeless shelters and the warming shelter.
- Public health provided vaccinations for staff and clients at the Covid-19 isolation motel.

Case Management (Wrap around team) and Community Based Organizations (CBO's)

- Contracted with 7 CBO's to provide wrap around support to residents of Deschutes County in order to help individuals and households successfully isolate/quarantine (I&Q). CBO's include:



Latino Community Association, Thrive Central Oregon, Chinese Friendship Association of Portland, D.A.W.N.S House, Central Oregon Disability Support Network, Bend-Redmond Habitat for Humanity, and Friends of the Children Central Oregon.

- Wrap around services include: contactless grocery delivery, prorated rent/mortgage/utility payments for the duration of I&Q, assistance applying for lost wages relief (i.e.: Pandemic Unemployment Assistance or the COVID Temporary Paid Leave Program), hotels for individuals unable to isolate from at-risk family members, and other urgent needs the individual or household identifies that would help facilitate successfully staying home.
- Deschutes County Wrap around team in partnership with these seven organizations, have assisted 2384 residents via 911 individual referrals.
- CBO's and Wrap around team providing outreach/education as appropriate to provide individuals with information to answer vaccine questions and/or guide individuals/households to schedule vaccine appointments.
- Many of these CBOs are actively advertising both the wrap around support and the vaccine information to their communities.

Public Information

- Contracting with a bilingual/bicultural media company (ICG) and developing communications campaign in Spanish which will provide radio and television spots, Facebook live interviews to dispel misinformation, and engaging outreach materials for the Promotores to use for community outreach.
- Posting regularly on English and Spanish County social media channels - specific themes include vaccine misinformation, giving people an idea of what to expect, showcasing language access and accessibility resources and promoting the fact that vaccines are free and no insurance or identification are needed.
- Produced videos in English and Spanish to showcase the vaccination clinic and help people feel comfortable with the language access services, accessibility and general process of the clinic.
- Coordinating with our Language Access Unit Lead to increase frequency of radio interviews in Spanish.
- Translating recurrent COVID-19 communications, provide culturally relevant communications and provide live interpretation for the weekly COVID-19 BoCC updates (on Facebook Live).
- Providing stickers and buttons in English and Spanish for people to take with them after they receive their vaccine.
- Timely translation of all letters/templates/infographics to ensure accessibility to Spanish-speaking cases/contacts; all communication materials are available in both English and Spanish.
- Responding to media requests and assuring that language access and accessibility are highlighted when talking about vaccination access.
- Providing information to businesses in English and Spanish, as well as offering personalized resources, PPE and vaccination clinics to local businesses.
- Spanish language access for business-related questions and ad-hoc support.
- Sharing information on vaccine sign-up for frontline workers, involving the Latinx community during all business interactions.

Liaison

- Concilio – Collaborated with a group of Latinx leaders to develop a group to come together to work with the COVID Response Team to provide guidance around needs for the Latinx community.
- Innovated a new position within the Incident Command System: BIPOC Liaison. The BIPOC Liaison works within the Incident Command System and Services as a communication link between the response organization and stakeholders who serve the BIPOC community. This important position helps ensure the specific needs of historically underserved communities are met, so that all people have the ability to access resources in times of COVID and other disasters or emergencies.



- Hired Latinx Outreach Lead position to recruit and lead 10 Promotores de Salud embedded within the Latinx community in order to provide vaccine information from a trusted source and to assist with Latinx community vaccination events.
- Hired full time Language Access Unit lead embedded in the Incident management team. This individual manages all interpreters, coordinates interpreter schedules for vaccine clinics and assists with translating information documents, patient forms, media releases, social media marketing and signage.

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

Deschutes County continues to work to ensure vaccine access to all of our citizens. Since the start of providing COVID-19 vaccinations, Deschutes County has collaborated with our community partners to provide vaccines to our most vulnerable populations. Most recently, we have been focusing specifically on continued low barrier vaccine access to vulnerable populations, including those experiencing homelessness, those who are home-bound and those experiencing racial and ethnic vaccine inequities. One of the most important ways of achieving vaccine equity amongst this group is the relationships and collaboration amongst ourselves and our local community-based organizations.

Deschutes County Public Health partners closely with community-based organizations, employers, and other health care provider with the goal of providing vaccines to all of our citizens who are in the eligible population to be vaccinated. This is especially important for our vulnerable population (IDD, Mental Health, Homeless individuals, Older Adults) and those experiencing racial and ethnic vaccine inequities. We have become innately aware of how important these partnerships are in our pursuit to vaccinate all of our community in a culturally responsive and low barrier way, leading to meaningful access to vaccine.

As of May 28, Deschutes County Health Services will be moving from the Mass Vaccination Clinic model to a distributive model. We have worked with many partners to assure that vaccine is available in Primary Health Care Clinics, Urgent Care Clinics, Federally Qualified Health Centers (FQHC) and others. In addition to this, Deschutes County IMT has collaborated with the local School Districts and health care clinics to assure that vaccinations are provided on site at high schools in order to remove as many barriers as possible to support our youth 16+ to receive vaccine. Current planning efforts are aligning between the county, pediatric providers and the schools to provide clinics at the schools for youth ages 12+. Local Pediatric clinics will also be individually offering vaccines to youth. In addition to this, both Mosaic and St. Charles Health System have agreed to provide vaccinations through their clinics for all community members, regardless of if they are current patients.

Deschutes County Health Services will focus our future efforts on pop up clinics to reach our Latinx community, homeless individuals, homebound individuals, agricultural businesses, rural population, school aged youth and frontline businesses. The current plan is to have one day of a stationary clinic that all citizens can walk into for first doses, second doses or missed appointments. In addition, Deschutes County will provide three days a week of vaccination pop up clinics. These clinics will focus on collaboration with frontline businesses, vulnerable populations, rural populations and those experiencing racial and ethnic vaccine inequities. An example of current collaborations include collaboration with Mt. Bachelor and Sunriver Resort to vaccinate all of their oncoming frontline summer staff. Other collaborations include family friendly vaccination clinics in La Pine for youth 12-18. Further collaborations are occurring with OSU Cascades and COCC to vaccinate their student populations. In addition, Deschutes County is collaborating with Mosaic Medical to provide vaccinations to homeless individuals by going to this population with vaccine and by providing vaccine confidence education. Deschutes County is also providing vaccinations to home-bound individuals identified by community service agencies as home-bound.



For the rural population, Deschutes County is collaborating with the school district and school based health center to develop specific messaging on vaccine confidence and availability of vaccine for hard to reach families. The district will work with us to get this messaging out to these families. In addition, DCHS hopes to work with the community to provide vaccines at local events such as festivals in La Pine and Sisters. Further, the Vaccine Confidence Alliance has created specific messaging for this population around vaccine confidence.

Both DCHS and Mosaic have trusted relationships with the homeless population. Tremendous efforts have been made already to vaccinate these individuals. Going forward, continued patient conversations and ongoing attempts will be made through vaccine clinics at shelters, in homeless camps and at congregate sites. These efforts include vaccine clinics at Jericho Table, Family Kitchen, COVO, Shepherds House, Bethlehem Inn and the Isolation Motel. NeighborImpact has also joined the efforts in providing vaccine information to this population.

Going forward we will make vaccination as convenient as possible. Mosaic Medical will offer walk-in clinics 6 hours/day three days/week at a central site offering Pfizer (the most flexible vaccine) in east Bend. Mosaic will also continue and amplify the use of their mobile van for pop up walk-in clinics in areas frequented by Latinx community members (markets and businesses). The FQHC is also advertising their vaccine clinics through East Cascade Works, an agency that coordinates with many Latinx staffed businesses, and creating Facebook Live events with their Spanish speaking physicians. Additionally, we are collaborating with Medical Teams International (MTI) to host pop up clinics as needed.

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

Beyond the convenient walk up pop up clinics listed in #3, we have also supported messaging from local doctors and faith-based leaders in Spanish advocating that everyone get vaccinated and dispelling rumors creating hesitancy. We are constantly looking for trusted resources to provide educating to the community. In addition, the Call Center has an ongoing partnership with Volunteer in Medicine (VIM) to help schedule vaccinations and accommodations for their Latinx patient population with interpreter services readily available. Further, the Concilio in Bend continues working in collaboration with the Covid-19 Response Team to identify sites for better access to the Latinx population through pop up or mobile vaccination. Mosaic continues to saturate the market with TV news, Spanish-speaking radio stations, posters/flyers at apartments, RV parks, restaurants, etc., frequented by our Latinx population. In addition, our Vaccine Confidence Coalition is also working to provide education and information in many different ways to provide meaningful information to this community.

Mosaic has partnered with the Latino Community Association (LCA) and Volunteers in Medicine (VIM) to provide Latinx-focused vaccination clinics weekly. Additionally, pop up clinics that are currently scheduled for Latinx populations will expand to allow first dose vaccination during second dose clinic days. DCHS will provide pop up clinics at sites identified by local community members and will provide pop up clinics located in Latinx community neighborhoods. DCHS is assessing using incentive funding to offer "block parties" in Latinx communities. This will take the vaccine to the Latinx community directly and offer incentives for people to join the event, learn more about the vaccines from our Promotores de salud and receive vaccine if they choose to do so. We have a list of several neighborhoods interested in having vaccines brought to their location.

DCHS will be collaborating with Medical Teams International (MIT) starting in June to assist with providing mobile vaccination to underserved communities. MIT will serve the Latinx community by providing vaccination services in the neighborhoods and businesses where this population lives and works. Further, DCHS is assessing the possibility of utilizing incentive funding to provide Vaccine Ice Cream truck events. This will include collaborating with Ice Cream trucks to provide vaccine and ice cream at local community events and in identified neighborhoods. DCHS intends to rent the Ice Cream truck for the day providing free ice cream to the community while they receive vaccine.



DCHS is working with Environmental Health (EH) staff to offer local businesses the ability to have vaccinations come to their site when environmental health visits for inspections. EH staff are collaborating with our vaccine group and public information group to create materials for EH staff to have on hand when they reach out to businesses to arrange visits (in both English and Spanish). For businesses who choose to collaborate on providing vaccines, DCCHS will send vaccinators with the EH staff to the business to provide vaccines. This will provide an environment that may feel more safe and accessible for frontline employees to receive vaccine.

Faith Communities – DCCHS is working with local faith leaders to identify how we can support Faith Leaders' efforts to keep their congregations safe. Part of this effort is currently being explored with the Interfaith Network of Central Oregon and a few other special faith communities. DCCHS hopes to partner with these organizations to provide on-site vaccine clinics for those congregations interested.

Finally, DCCHS is establishing a weekly walk-in clinic that will function as a barrier free walk-in vaccination clinic for first, second, and missed second dose vaccination. We will offer services 1-2 days a week based on demand. This clinic will allow a barrier free way for clients to access vaccination regardless of where they are in the vaccination process.

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?**

The OHA Community Engagement Coordinator hosts a bi-monthly meeting in conjunction with the LPHA liaison to the CBOs. The purpose of these meetings is to bring representatives from the CBOs, LPHA and OHA together to discuss on-going projects, successes, barriers to and gaps in service. One of the two meetings focuses on Outreach and Engagement, while the other focuses on Wrap-Around Support. These meetings provide a platform for all OHA-funded agencies to come together to brainstorm how to both increase and streamline access to vaccines and wrap around support.

- 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?**

There are 10 OHA-funded CBO's in Deschutes County; Latino Community Association, Mosaic Medical, Thrive Central Oregon, Volunteers in Medicine Clinic of the Cascades, Friends of the Children – Central Oregon, DAWNS House, JBARJ Youth Services, Bend-Redmond Habitat for Humanity, Central Oregon Disability Support Network. We are actively involved with each CBO to support, and promote vaccine events.

To promote the vaccination events, events are posted on the Deschutes County event calendar, posted on social media, including El Condado de Deschutes (Deschutes County's Facebook page in Spanish), shared via news releases and information is translated.

All vaccine events are posted on a shared calendar, posted on social media, advertised on radio, newspaper and the Deschutes County COVID-19 Vaccine website as well as CBO websites. We have also coordinated with Volunteers in Medicine to assist with registration and outreach. Other CBO's are providing similar services to their clients



locally. Deschutes County and CBO's have also reached out to partner agencies like Family Access Network and Pacific Source to provide similar outreach and outbound registration calls. The Central Oregon hotline also operates 7 days per week to assist with registration and offers language access support.

Additionally, Latino Community Association, Mosaic, and Volunteers in Medicine have been active members of the Central Oregon Vaccine Confidence Coalition. Their events and related vaccine confidence efforts have been actively promoted through this network of regional stakeholders.

In addition to planned events, we have hired Latinx Outreach Lead, Promotores de Salud, to work with CBO's to coordinate ongoing support, and education through targeted outreach to communities, and organizations to increase Latinx vaccination rates and vaccine confidence. Liaison meetings with local schools, hospitals and representatives of our local Concilio to promote culturally, and linguistically responsive outreach, education and engagement occur weekly.

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?

DCHS reached out to all agricultural and food processing companies in our county. They all indicated that they planned to visit the Mass Vaccination site for vaccinations. Central Oregon is actually a high desert climate with minimal agriculture and food processing industry.

Per this document by the Latino Community Association our estimated number of seasonal farm workers in Deschutes County is 87. P.21

<https://latinocommunityassociation.org/wp-content/uploads/Latinos-in-Central-Oregon-10-11-20.pdf>

We have shifted our outreach and focus to target businesses with onsite clinics for the larger sectors employing Latinx community members including accommodation and food service. We will be utilizing Deschutes County Environmental Health staff to do direct outreach and education in these facilities during calls, routine inspections and email communications. We are offering pop-up clinics on site in licensed lodging and food service facilities and other employers who express interest

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

Deschutes County Health Services and partners have taken on numerous efforts to address vaccine confidence in our local communities. These include the following activities:

- Formation of the Central Oregon Vaccine Confidence Coalition (VCC). The Coalition was established in December and currently has over 160 members, comprised of Tri-County (Deschutes, Crook and Jefferson Counties) public health agencies, community and faith-based organizations, healthcare providers, chambers of commerce, educators, and advocacy groups. This regional, multi-stakeholder collaborative was mobilized to address the high degree of public hesitancy toward the COVID-19 vaccines. The overall goal of the VCC is to increase vaccine uptake through the coordination and implementation of evidence-based, equity-informed, and innovative strategies and recommendations. The work of the VCC is driven by a strategic framework organized around the 3Cs model of vaccine hesitancy developed by the World Health



Organization (confidence, complacency, convenience). VCC activities include regular meetings, weekly newsletters, and community outreach and education.

- COVID-19 vaccine information resource development for the general population, as well as tailored to key groups observed to have lower vaccine uptake (e.g., people experiencing homelessness, Spanish speaking community members, young adult community members, community members who live in more remote/rural areas of the County). Resources have been provided in a variety of formats for maximum reach (e.g., newsletters, infographics, social media graphics, videos, webinars, presentations, handouts, etc.).
- Ongoing data collection efforts to monitor vaccine attitudes and concerns. This includes rapid needs assessments of educators, essential workers, and healthcare providers; statistically valid and representative County-wide phone survey efforts to understand intent to get vaccinated and potential barriers to access; qualitative data collection done in partnership with researchers from OSU-Cascades to better understand the nuance in hesitancy attitudes; a survey currently being distributed to vaccine recipients at our mass vaccination clinic to understand positive drivers of vaccination decision-making.
- Promotional efforts like distributing custom-made buttons and stickers, as well as setting up selfie stations at our mass vaccination clinic, for vaccine recipients to show their excitement to friends/family and help socially normalize vaccination locally. Additionally, there are a number of communication efforts to build vaccine enthusiasm (more detail provided in Question 9).
- Having key Coalition stakeholders coordinate with logistics/operations teams to provide a vaccine confidence perspective for distribution considerations (e.g., where can we increase convenience or remove barriers to access?).
- Educating healthcare providers on the COVID-19 vaccines where needed and leveraging their trusted voice as messengers and vocal vaccine advocates. Boost and OSU-Cascades both gave Train the Trainer presentations to support this aim. St. Charles, Mosaic, and other local providers have been continuously engaging and educating staff around the COVID-19 vaccines.
- Hosting informational/Q&A sessions for community members to be able to ask questions of trusted professionals. These have been done in a variety of settings, including for education staff, and for high school and college students.



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

Deschutes County Health Services and partners plan to continue all the activities noted above. Several specific upcoming activities are noted below:

- The Vaccine Confidence Coalition continues to meet 1-2 times per month with weekly newsletters sent to members to share and coalesce around key messages.
- We continue to develop and distribute visually compelling, plain language resources to increase public knowledge around the COVID-19 vaccines.



- Another County-wide phone survey is slated for June to understand shifts in vaccination attitudes.
- OSU-Cascades will be providing the County with Train the Trainer materials based on their research that will be distributed widely so key stakeholders can navigate conversations in a compassionate and trauma-informed way.
- Ongoing community input and collaboration will be used to inform future vaccine communication and distribution, including how to best support providers and determine advantageous locations for pop up clinics.
- Additionally, the County plans to continue collaborating with and leveraging trusted messengers (e.g., community leaders, healthcare professionals, respected community members) to share the latest and most accurate research and science around the COVID-19 vaccines to the community members with whom they interact.

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.

The County and partners have engaged in a multi-prong communication plan, with specific attention paid to dispelling vaccine information, consisting of the following elements:

- We have rolled out a County-wide media campaign with support from Boost Oregon. The messaging for this campaign was informed by qualitative research (done in partnership with OSU-Cascades) to make sure we are creating a strong call to action for vaccination in alignment with community member values. The research was done with specific effort to recruit and incentivize participation from communities experiencing vaccine inequities. This campaign is currently on local radio and television (English and Spanish language channels), and will soon be distributed through streaming television, social media, and streaming radio. Additionally, all major healthcare providers in the County have co-branded the campaign's video assets with the County. For ease, you can find the links to these ads here:

[COVID-19 Vaccines | Support one another \(Spanish\)](#)

[COVID-19 Vaccines | Support one another](#)

[COVID-19 Vaccines | Make your own decision](#)

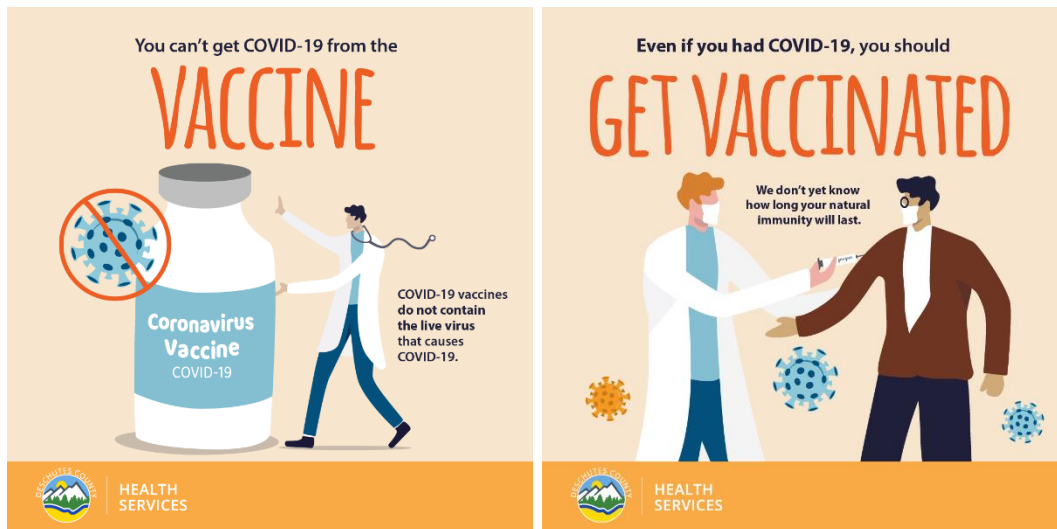
[COVID-19 Vaccines | Take control of your life](#)

- Through this media campaign, specific attention has been given to reaching rural community members, both in terms of messaging and media placement. The campaign relies on data-driven decision making to determine which radio stations, TV channels, and other outlets are most likely to reach community members who live in rural parts of Deschutes County.
- We are currently working on a communication campaign specifically for our Latino(x) community members to be rolled by the end of May and running through the end of July. This campaign will include Latinx community leader involvement in a music video (Que te la pongo la vacuna) that will be shared widely on Facebook and through paid-advertising on YouTube. The campaign also involves Facebook Live events with experts and community leaders to address vaccine questions and misinformation. Additionally, the campaign will feature video stories and testimonials from Latino(x) community members.
- Additionally, since March, the County has implemented a social media vaccine confidence communication campaign, featuring compelling social media graphics that counter common vaccine myths, stories and testimonials from vaccine recipients and vaccine clinic volunteers, and



videos of local community leaders endorsing the vaccines. One such community leader was Mayor Daniel Richer of La Pine, who we featured in a PSA recommending COVID-19 vaccination. These have been shared in regular cadence on the County Facebook pages (English and Spanish), Instagram, and Twitter accounts.

- Currently there is a lot of misinformation circulating regarding vaccines causing sterilization/fertility issues, which appears to be creating strong hesitancy among our young community members in particular. In an effort to combat these myths, the County is working with Central Oregon Health Council, which is spearheading a video campaign featuring local physicians dispelling these myths and endorsing the vaccines. Once finalized, these videos will be shared across all available digital channels.
- The Vaccine Confidence Coalition (VCC) meets regularly and includes broad participation from community leaders across Central Oregon. The VCC weekly newsletter is sent to over 170 stakeholders each week and contains information to help members communicate with community members to provide accurate and timely information.
- We are also currently working to further engage faith leaders as vaccine champions and trusted messengers. Some work has been done to this effect, such as a Q&A sessions conducted in Spanish at a local church that holds Spanish language services back in February, and more efforts are being planned and considered.
- The County is also working to support other local communication efforts facilitated by various community organizations (for example, a communication campaign currently underway by community members in Sisters). In this way, we provide a public health perspective and ensure communications are consistent with vaccine communication best practices, but also allow interested organizations to frame messages in ways that are most resonant with the community members with whom they interact.



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

The LPHA and its partners ensure language accessibility at vaccine events by:

- Providing Spanish language interpreters at the Redmond Mass Vaccination Clinic and community clinics. Interpreters are accessible by clinic staff and volunteers via radio communication system so that vaccine recipients can be connected with little delay and are then expedited through the clinic. Interpreters accompany the patient throughout the entire vaccination process. They are side-by-side with the client and guide them from check-in, to registration, vaccination, check out, the waiting area and the exit. The same group of interpreters works week after week, so they are very familiar with the clinic process and help to guide the client and answer any logistical



questions they may have. For example “After I fill out my form, where do I go?” “Will they schedule my second-dose appointment today?” Having not only an interpreter, but also a guide through the vaccination process has helped clients feel more comfortable and well informed. The interpreter also serves as a cultural broker, bridging and mediating between cultural backgrounds and experiences to ensure that the vaccination process is a positive experience for all.



Interpreters are clearly identified with green vests that say “Interpreter” on the front and back (in both English and Spanish).

- In addition to interpreters, bilingual volunteers work the clinic and are identified with “Hablo Español” name badges.
- A full time Language Access Unit Lead has been hired and embedded in the incident management team. The Language Access Unit Lead manages all interpreters, schedules interpreters for vaccine events, translates websites, information documents, patient forms and signage.
- Welcoming vaccine recipients to locations with signage in multiple languages.
- Ensuring all signage is posted in both English and Spanish.



We offer support and services in other formats and languages - **just ask!** We will provide assistance.

Ofrecemos apoyo y servicios en otros formatos e idiomas. **¡Solo pregunta!** Te brindaremos asistencia.





- Providing Video Remote Interpretation (VRI) for over 35 languages, including ASL. Interpreters and volunteers are trained in best-use practices for these VRI iPads and accompany the vaccine recipient throughout the vaccination process.
- Utilizing several mobile Language Access Kits at clinics. Kits include:
 - iPads with VRI
 - “Point to your language” sheet
 - Assistive Listening Devices / Pocket Talkers
 - Whiteboards
 - Document Magnifier
 - Pads of paper and pencils for patients to use
- We continue to train clinic staff and volunteers on best practices for communicating through an interpreter.
- Clear face shields are available at entrance and checkpoints. Face shields allow for deaf and hard of hearing people to see the entire face of the wearer and facilitate lip-reading.
- We continue to train clinic staff and volunteers on how to use the tools in the Language Access Kits.



National Guard Staff get trained on how to use Assistive Listening Devices.

- Using client experience observers (similar to secret shoppers concept) to identify barriers for Spanish speaking patients and then make improvements to clinic workflow based on feedback.
- All forms and paperwork are available in both English and Spanish. We use size 12 font or larger whenever possible

Deschutes County Health Services and its partners will continue to ensure access at vaccine events by:

- Continue to select locations that are ADA accessible.
- Administering vaccine in vehicles to patients with special needs.
- Private area for vaccinations for individuals needing reduced stimulus.
- Providing golf cart service from vehicle to front door and “fast tracking” for individuals with mobility or special needs.
- Wheelchairs are available throughout mass vax and community clinics.
- Continue to provide disability awareness tips and training to staff and volunteers.



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

We have received The Oregon Health Authority data analysis “Reducing Racial Disparities in COVID-19 Vaccination: *Identifying Communities in Need and Limited Access Follow-Up*” from Oregon Department of Transportation and are addressing any areas of concern. The following is in place currently to decrease transportation barriers to accessing vaccine:

- When Community members call the hotline for vaccine scheduling or 2nd dose re-scheduling, call takers are trained to ask if there are any barriers to making their appointment, for example: transportation.
- Call takers have a list of transportation resources available that they work in the following order:
 - **First:** Are you a Mosaic or St. Charles Family Care patient? If so, the hotline connects the caller with the appropriate person at those practices to assist in setting up transportation (community health worker/educator)
 - **Second:** Do they have insurance coverage? We clarify before asking this question that there is no cost/insurance/or ID needed at the MVC or any of the pop up clinics. If they have Pacific Source Commercial, we connect them with PS Commercial for assessment of transportation funding. If they have Medicare or OHP thru Pacific source, the individual is connected to LogistiCare to set up transportation.
 - **Third:** A new federal program begins May 24th and runs through July 4th, LYFT and UBER have committed to providing a free ride code (up to \$15) for those community members needing a ride for vaccination at any locations.
- In addition, the Call Center connects patients with a variety of community partners (Pandemic Partners, etc.) who arrange free rides for individuals in need. Mosaic Medical routinely funds patient rides and will continue to do so for vaccine visits.
- Efforts have been made to provide vaccine to the transportation disadvantaged by other means and measures. Other efforts include outreach to underserved communities to provide vaccine directly to the communities on site. Transit agreements, uber/lyft/taxi vouchers and other transit/transportation options/subsidies have been improved since the onset of the vaccination effort. The change to the distributive model will only improve opportunities.

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?

Mosaic Medical has hosted first dose clinics at 5 local high schools with one more to go. In addition, Deschutes County Health Services, Mosaic Pediatrics, COPA, Summit Medical Group, La Pine Community Health Center, St. Charles Health System, and Crook County Health Department and local school districts worked swiftly to expand existing free clinics in Bend, Crook County, La Pine and Sisters by adding additional regional free clinic in order to serve local students and families for the COVID-19 vaccine for those age 12 and older. The community pediatric providers are collaborating to host first dose vaccine events at several local middle schools before the end of the academic term. By hosting events at the students’ school we are providing convenient access in a place they will already be.

In addition, Mosaic and DCHS are also hosting walk-in clinics with Pfizer for youth.

Once the school year ends, we are planning to provide vaccines at schools during free lunch events in the summer.



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?

Data is collected and analyzed based on weekly datasets sent directly to LPHAs from OHA, data exported directly from the Oregon Pandemic Emergency Response Application (Opera), and data shared publicly on various COVID-19 Tableau Dashboards maintained by OHA. Vaccination rates are based on 2020 population data from Portland State University's (PSU) Population Research Center, 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS), and 2019 Public Use Microdata Sample (PUMS) from the ACS. The weekly Deschutes County COVID-19 Epidemiology Summary is shared publicly, providing an overview of vaccination data by race and ethnicity and keeping the community informed of local COVID-19 trends. Deschutes County is committed to using a racial equity lens to ensure our data use is ethical in all aspects of our work. As an organization, we are working to distribute decision making power across agencies and community members by centering racial equity in our use of data to address health disparities. Utilizing a variety of resources and datasets supports our work by allowing us to consider a wide array of qualitative and quantitative information to drive our collaborative decision making processes. Based on this quantitative data, we can seek out qualitative data from our local community and work to increase vaccination rates equitably across all races and ethnicities.

As of 5/5/2021, 26% of our Deschutes County BIPOC population has received at least one vaccination. Ongoing outreach efforts continue with Central Oregon Black Leaders Association (COBLA), Latino Success Initiative, Latino Community Association and our local Concilio. We have hired a Latinx Outreach Lead, and are hiring Promotores de Salud, to provide community health care through outreach, education, and support to increase vaccine confidence. This effort expands our ability to connect with individuals in the community through a team of Spanish speaking individuals, who are known and trusted in the community. Progress is monitored, and reassessed weekly through Incident Command & General Meetings, Deschutes County Vaccination Data by Race/Ethnicity, as well as direct feedback from our local BIPOC community leaders.

To assure ongoing bi-directional feedback, we will continue requesting feedback from our local BIPOC partners, provide a bi-weekly communication about upcoming vaccination plans focused on equity, and highlight vaccination equity efforts as a part of the Vaccine Confidence Coalition. In addition, we will assess vaccination rates, social media engagement and other metrics as available to continually improve strategies.