



CROOK COUNTY HEALTH & HUMAN SERVICES DEPARTMENT

Health and safety for everyone in Crook County

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COVID-19 Vaccine Equity Plan Demonstration of Progress

1. 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.

Responses must include:

- At least one vaccine access barrier identified in original submission has been addressed through policy and/or systems change. **OR**
- At least one specific concrete example is provided that demonstrates plan implementation efforts. Concrete example means that specific community partners, specific communities of focus, and outcomes are called out in the example. **AND**
- Documentation/examples must demonstrate that more than one racial and ethnic population was a community of focus in the response.

Crook County Health Department worked with Oregon Health Authority, Latino Community Association, Mosaic Medical, St. Charles Health System, and Oregon Child Development Coalition to host two pop-up vaccine events focused on reaching our Spanish-speaking community. Spanish-speaking Health Department staff canvased neighborhoods and local businesses to promote the events, social media promotion was boosted in Spanish and English. The event offered music, free tacos from a local vendor, and free food boxes.

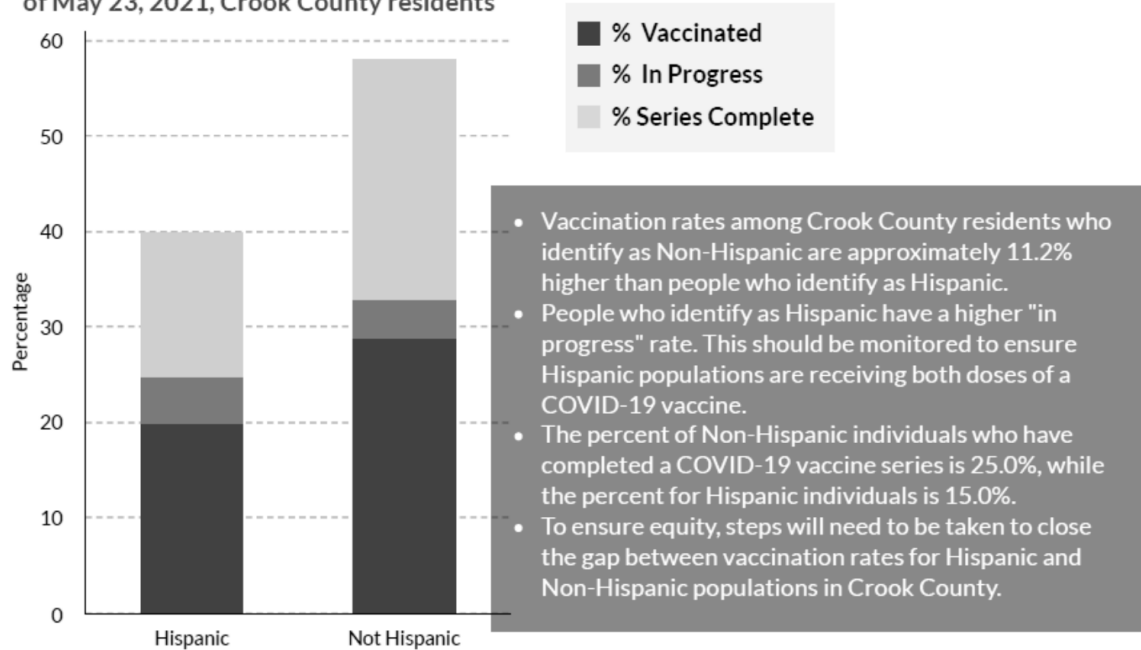
Approximately 65 first and/or second doses were administered during these events, as well as vaccine education. Relationship building around these events likely resulted in increased comfort among our Spanish-speaking population in coming to our other vaccine events to be served. Data below shows that our vaccination percentages among Hispanic and Not Hispanic ethnicities are close to equal as of September 2021.

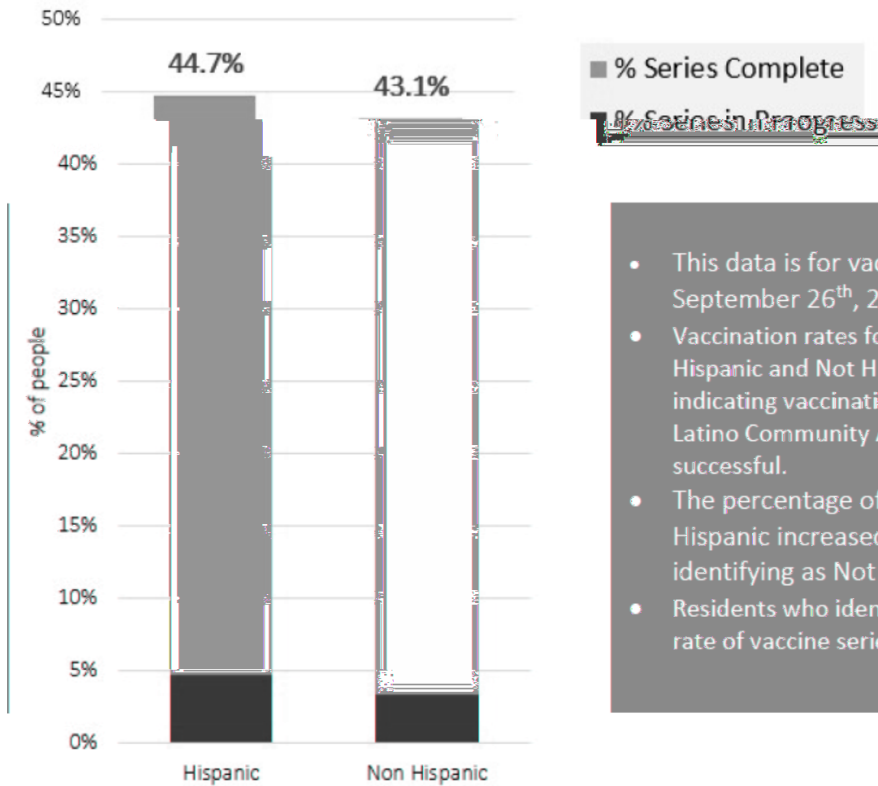
Additional mobile clinics have been implemented in Crook County to increase access in rural and isolated areas of the county. Food boxes and gas cards were available at these clinics to support members of these communities.

Crook County Vaccination Coverate as of September 26, 2021

Race	Vaccine Initiated	Vaccine Complete	Population Count	Percent Initiated	Percent Complete
American Indian or Alaska Native	24	206	773	3.1%	26.6%
Asian	13	81	267	4.9%	30.3%
Black or African American	9	60	231	3.9%	26.0%
Native Hawaiian or Other Pacific Islander	3	27	63	4.8%	42.9%
Other	184	1874	.	.	.
Unknown	67	647	.	.	.
White	847	9598	23642	3.6%	40.6%

COVID-19 vaccination status by Hispanic Ethnicity as of May 23, 2021, Crook County residents





- This data is for vaccinations reported through September 26th, 2021.
- Vaccination rates for both residents identifying as Hispanic and Not Hispanic are close to equal, indicating vaccination equity efforts by CCPH and Latino Community Association (LCA) have been successful.
- The percentage of residents identifying as Hispanic increased 0.6% since last week, those identifying as Not Hispanic increased 0.5%.
- Residents who identify as Hispanic have a higher rate of vaccine series in progress.

Vaccination rates for persons who have received a vaccine

	Crook County	
Report Date	12/17/20 - 5/23/21	
	Hispanic	Not Hispanic
15 to 17	11.54%	10.93%
18 to 19	16.13%	20.88%
20 to 29	18.32%	14.18%
30 to 39	16.73%	15.80%
40 to 49	27.16%	19.56%
50 to 59	38.74%	25.59%
60 to 64	45.95%	34.41%
65 to 69	69.44%	47.11%
70 to 74	36.11%	57.27%
75 to 79	107.14%	61.00%
80 or older	40.91%	65.17%
18+	27.90%	33.08%
20+	28.53%	33.33%
40-64	34.41%	25.86%
65+	57.41%	56.13%

Vaccination rates for persons who have received a vaccine

	Crook County	
Report Date	12/17/20 - 9/19/21	
	Hispanic	Not Hispanic
15 to 17	32.69%	23.91%
18 to 19	32.26%	37.91%
20 to 29	32.60%	25.51%
30 to 39	26.91%	27.45%
40 to 49	47.41%	30.50%
50 to 59	51.31%	36.22%
60 to 64	59.46%	44.33%
65 to 69	69.44%	53.98%
70 to 74	38.89%	65.01%
75 to 79	107.14%	67.22%
80 or older	45.45%	69.50%
18+	41.07%	42.7%
20+	41.54%	42.76%
40-64	50.70%	36.41%
65+	59.26%	62.63%

2. 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.

Response must include:

- At least one concrete example of LPHA's efforts or efforts in collaboration with partners to address needs of migrant and seasonal farmworkers was provided

Crook County Health Department promoted mobile vaccine clinic events through our local OSU Extension Office. We sent general vaccine education materials, as well as event promotion through their listserv.

3. The pandemic has demonstrated and elevated the structural barriers that perpetuate health inequities. To dismantle those structural barriers in the long-term so that health equity can be achieved across all populations statewide, transforming how public health works with communities to engage in multi-directional communication and dialogue with, share power with and center in decision making communities most affected by those inequities is essential.

- a. 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.

Response must include:

- An example is provided that includes some concrete details. Generalities about how the LPHA and its partners approach responding to feedback is not acceptable unless a specific concrete example is provided.

CAVEAT: If the LPHA recognizes that they have not adequately developed authentic relationships with CBOs in which this type of feedback might be given and received, but the LPHA demonstrates in the response the need to develop or strengthen these relationships and identify what steps they will be taking or the technical assistance needed to do so, then the response could be deemed acceptable.

I do not have an example of feedback at this moment. We work closely with CBOs in the region, but have struggled with capacity to effectively work with CBOs who may be headquartered outside of the region and/or outside of Crook County. We are working to hire additional staff to have greater capacity to develop and sustain quality relationships with our CBO partners. All of our job postings now either require or give preference to bilingual candidates in an effort to diversify our workforce and better serve our community members who do not speak English. We were also granted funds to implement a video interpreting service in our clinic to increase language access. These improvements have been shared out with our partners and are being promoted on our website and social media platforms.

b. 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.

Response must include:

- An example may be provided that may or may not include concrete details. The response must demonstrate a good faith attempt at responding to the question and/or an understanding of what the question is seeking to prompt.

When conducting outreach to provide vaccine education or promote vaccine access, we always ask for feedback. For example, we will share that a vaccine clinic will be held at a certain location/day/time and then we ask if there are other locations/days/times that would work better for them. Members of our community have called us and asked if we can offer vaccine clinics at specific locations around the County – when those requests are made, we make every effort to fulfill them because it honors the initiative that those community members are taking to support themselves and their neighbors. These community members have represented employers, faith groups, or specific neighborhoods, or populations with unique needs (mental health, language needs, limited transportation, etc).