

Equity Plan Submission Guidance

May 2020; Updated 8/4/2021

(8/4 updates include deletion of requirements for moving into lower risk, which ended 6/30)

Purpose

- Demonstrate commitment to continuing to eliminate racial and ethnic vaccine inequities.
- Provide opportunity for any county to receive funding to support implementation of equity strategies and vaccination incentives.

Background

- OHA has the following goals:
 - Reach parity in vaccination rates by closing gaps in race and ethnicity vaccination rates by August 31, 2021.
 - Ensure vaccine access to all populations with a focus on populations experiencing racial and ethnic vaccine inequities.
 - Encourage and facilitate local public health partnerships with community-based organizations (CBOs) and employers in their jurisdiction.
- OHA has an expectation that jurisdictions are using multiple channels for providing meaningful, culturally-responsive, low-barrier vaccine access. While mass vaccination sites are a key strategy for vaccine access, these sites likely do not meet the needs for many populations that have borne the greatest burden of COVID-19 disease and death. In addition, due to decreased vaccine demand, many of these sites are starting to ramp down.
- OHA expects the LPHA and its partners have been and will continue to actively collaborate with community-based organizations, employers and others to proactively reach all eligible populations who have not yet been vaccinated, especially those experiencing racial and ethnic vaccine inequities. These collaborations are essential to ensuring groups such as migrant and seasonal farm workers, Black, Indigenous, Tribal, other communities of color, houseless populations and others have low-barrier, culturally responsive, meaningful access to vaccine.

Funding

- County governments have the opportunity to receive funding to support implementation of equity strategies and vaccination incentives.
- Funding is based on a population-based allocation formula developed by Department of Administrative Services (DAS).
- The first 50% of the funding will be provided up front once the county government signs the funding agreement.
- The second 50% of funding will be released if by August 31, 2021, the LPHA submits:
 - Equity plan documentation as outlined below and OHA and the Governor's Office review and accept the documentation, and
 - Documentation demonstrating progress toward accepted plans as outlined below.

Equity Plan Documentation

- Any LPHA may submit the equity plan documentation and attestation statement. Once OHA has reviewed and accepted the documentation the documentation will be posted on OHA's website and the county government.

Required Equity Plan 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 the LPHA jurisdiction on the <https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData> (click on statewide tab) and the race/ethnicity vaccination rate data shared weekly with the LPHA. Based on the experience of the LPHA and its partners, including community-based organizations, what are the operational, policy, and systemic barriers or strengths demonstrated in these data?
 2. What steps have the LPHA and its partners already taken to address specific racial and ethnic vaccination inequities in the community?
 3. What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?
 4. What plan does the LPHA and its partners have to close the specific vaccine equity gaps among specific racial and ethnic populations?
 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?
 - 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?
 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?

7. What steps have the LPHA and its partners taken to actively address vaccine confidence in the community?
8. What plans do the LPHA and its partners have continue addressing vaccine confidence?
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.
10. How has and how will the LPHA and its partners ensure language accessibility at vaccine events?
11. What plans do the LPHA and its partners have to decrease transportation barriers to accessing vaccine?
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?
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?

Required Attestation Statement

- Please copy/paste the statement in italics onto letterhead. The LPH administrator, LPH Officer and Chair of LPHA governing body are all required to sign (electronic signature accepted):

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.

Timeline and Review Process

- Complete Equity Plan documentation (as outlined above) must be submitted by Close of Business on August 31 to nora.zimmerman2@dhsosha.state.or.us.
 - Attestation Statement
 - Document that address each question outlined above by restating the question and providing response to each question individually.
- Once OHA has reviewed and accepted the submission, the documentation and attestation statement will be posted on OHA's website.

Reporting Demonstrated Progress

- To demonstrate progress toward plans to address vaccine inequities, especially among racial and ethnic populations, the LPHA must submit responses to questions outlined below by close of business on August 31, 2021. **Once approved, LPHA responses will be posted on OHA's website.**
- Please restate the question and provide a subsequent response specific to each question below:
 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.
 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.
 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.
 - 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.

- Documentation should be submitted to Nora Zimmerman at nora.zimmerman2@dhsosha.state.or.us.
- Once the documentation has been reviewed and accepted, the remaining 50% of the funding will be released to the county.