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July 12, 2021

RE: Josephine County Vaccine Distribution Equity Plan

Josephine County is committed to the shared goal, with OHA, of reaching parity in vaccination rates by August 31, 2021. We continue to focus efforts on partnerships with community-based organizations, employers, organizations serving diverse populations, and faith-based communities to close the gap in racial and ethnic vaccine inequities. Josephine County is actively working to best use multiple conduits for providing meaningful, culturally responsive, low-barrier vaccine access.

1. Please review race/ethnicity data for the LPHA jurisdiction on the OHA website (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?

Changing data has made tracking efforts complicated and inaccurate. However, Josephine County recognizes vaccination rates are disproportionate for people of color. 46.8% of people 16+ years old in Josephine County have received at least one COVID-19 vaccine, 3.6% are in progress while 43.2% are fully vaccinated. Josephine County demographic specific data is shown below.

Following statewide prioritization Josephine County focused initially on healthcare workers and educators, more often higher income earners and more often white. During those initial efforts Josephine County hosted multiple Mass Vaccination sites, requiring appointments via computer, initially only offered in English, also contributing to the disparity for non-English speakers, persons with transportation issues and shift workers. We also recognize hundreds of years of historical and systemic racism has led to mistrust of government and fear about a government sponsored vaccination program.

Josephine County has worked throughout the pandemic to minimize systemic barriers and unequal impacts for people of color through strong community partnerships and targeted outreach as described below. Early participation by private providers was widespread and the willingness to support community-based and private events of all sizes focusing on demographic diversity were easily staffed with multiple volunteers. With the return to business as usual and removal of guidelines, we are unable to staff as many events due to lack of vaccinators, who have also resumed under normal operating conditions.

Current 07/07/2021*		
American Indian / Alaskan Native		
Vax	Pop %	Pop
1,681	26.2%	6,411
Asian		
Vax	Pop %	Pop
940	42.0%	2,238
Black		
Vax	Pop %	Pop
411	25.7%	1,598
Hispanic		
Vax	Pop %	Pop
2,392	23.9%	9,994
Native Hawaiian / Pacific Islander		
Vax	Pop %	Pop
383	84.1%	456
White		
Vax	Pop %	Pop
60,320	48.1%	125,362

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

Josephine County led a best-practice model partnering early with local providers and community-based organizations who are established and trusted in the community and already serving racial, socio-economically, and ethnically diverse populations. Through those efforts, barriers of mistrust and access were mitigated. Outreach efforts included (not an exhaustive list):

- Communication with faith-based leadership and existing faith-based outreach programs
- Close relationships with medical providers and healthcare workers
- Partnership with AMR and Rogue Valley Council of Governments (RVCOG) senior and disability services for homebound individuals for on-site and in-home vaccination.
- Dedicated outreach in a preferred language and where those communities work and live.
- Partnering with trusted school officials for education and outreach.
- Direct outreach to businesses who traditionally employ MSFW (orchards, cannabis farming), including coordination of on-site vaccination events.
- Ongoing vaccine event coordination to meet populations “where they are”, vaccinated by people they trust, in a culturally conscious environment.
- Established and continue to operate a bi-lingual, local Call Center and website established for easy scheduling of COVID vaccine.

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

Josephine County Public Health COVID outreach team meets internally once per week to specifically discuss priority populations in our COVID-19 vaccine effort. In addition, Josephine County Public Health continues to meet multiple times each month to expand and strengthen our partnerships and planning efforts with local CBOs and community workgroups to implement vaccination events that are culturally appropriate.

Utilizing grant monies, we have contracted with a Marketing agency, Pollinate, to assist with outreach and messaging created to reach BIPOC, socio-economically underserved, and disabled populations. We will continue to use OHA race/ethnicity vaccine data and feedback from trusted partners in the community to inform strategies and monitor progress. Josephine County and Pollinate are committed to revising strategies and messaging quickly, as indicated by data analysis, to best reach identified populations. Additional efforts are somewhat dependent on securing equity funds from the State. Three contracted employees ~~solely~~ focus on these efforts, including our Deputy Health Officer. Leadership has been championed by the Public Health Preparedness manager, with fire season and real-world duties the support of those contracted employees is imperative for outreach and continued efforts to reach disproportionately underserved populations in Josephine County.

Our call center has begun making outbound phone calls to over 30,000 local Medicaid and Medicare members who have not yet received the vaccine. Our callers are receiving training on how to manage conversations around the COVID vaccines to encourage members to get vaccinated. Transportation will be offered to those who experience this barrier.

Josephine County acknowledges a policy barrier for the population who do not have a SSN and do not want to go where they might be asked for one. We will be communicating through our partners that there is no need for a SSN and no cost for the vaccine, ~~in~~

Josephine County is supporting distribution of \$25.00 Visa gift cards by providers, for all shots administered beginning Friday July 9, 2021. This incentive is intended to lower barriers in obtaining vaccines, such as transportation costs, babysitting costs, lost work time. This will likely be most impactful for the priority populations.

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

Specific outreach and vaccination events are continuing to be planned with faith-based organizations and CBO's to close equity gaps.

- Latina/o/x Catholic church partnership for vaccination, and information events after Mass.
- 'Care in the Park' for the houseless and those experiencing insecure housing to include hair care, wound care, dog food, snack food, lunch, testing and vaccinations, conducted for June 17th, and each month following, based on evaluation of success and return on investment.
- Josephine County Public Health will host vaccination/information booths at county events, such as our county fair, monthly First Friday events downtown, Pride events, Growers (Farmers) Market and other events attended by specific racial and ethnic populations.

Our contract with Pollinate (marketing agency) will focus on outreach for specific populations to include BIPOC, socio-economically underserved, and disabled populations.

Josephine County will continue to work with our local medical community to offer on-site COVID testing and vaccine clinics to racially/ethnically diverse patients. Josephine county continues to encourage community health worker' outreach to diverse populations to educate regarding vaccine safety and scheduling. In addition, LPHA is engaging businesses that traditionally hire Migrant Seasonal Farm Workers (MSFW) as our migrant population will continue to expand through the summer months. Josephine County is currently recruiting for an Outreach Coordinator to assist with distribution of flyers and business card sized vaccination scheduling information with English on one side and Spanish on the other, including a QR code on both sides directing to our online scheduling platform. The business sized cards are being distributed to businesses countywide including medical practices, grocery and convenience stores, car related services, restaurants, etc.



**PROGRAMACIÓN DE VACUNACIÓN
CONTRA COVID-19**

Llame al (541) 916-7030 para hablar con
una persona en vivo o visite
co.josephine.or.us/COVID19 para
utilizar el formulario de solicitud de cita de
vacunación.



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?

Josephine County hosts a weekly call with medical providers and regular ongoing contact with CBOs to facilitate vaccination events and strategize outreach opportunities to provide low-barrier and culturally responsive vaccinations and education countywide. Efforts continue around vaccination and question/answer booths staffed by bi-lingual, multi-cultural medical staff at community events, partnering with schools, businesses, and faith leaders.

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?

The Josephine County Call Center has a dedicated provider phone line to assist with scheduling for special events, large or small, and directing the public to those events. CBOs have historically hosted an event and providers administer the vaccine; the LPHA has facilitated those partnerships. "Closed" events can also be managed by providing a special link for self-registration or managed through the Call Center.

Ongoing partnerships with CBO's, fire stations, and other community partners continue to prove invaluable providing a trusted voice and support before, during and after clinics. We will continue to commit funding, in addition to OHA funding, for vaccination work.

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 4 agricultural workers in its jurisdiction since the LPHA last provided information to the REC?

Upon receipt of the agricultural employer survey results Josephine County LPHA conducted an outreach effort contacting each employer providing education and assistance scheduling employees. As a result, we coordinated 2 onsite vaccination events with our AMR community partner. Translation and culturally appropriate personnel participated in each event. An early harvest is prescribed due to weather conditions and additional outreach to vineyards, agricultural and legal marijuana farms is underway to provide onsite vaccinations.

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

Josephine County Health Department has built several strong relationships with “community-based organizations” (CBOs) representing unhoused, low-income, intellectual and developmental disabilities, BIPOC, rural, and faith communities, while actively seeking additional partnerships. The Josephine County Health Officer and Deputy Health Officer actively share new information, developments and facts from OHA and our regional Medical Advisory Group. In turn, our partners share the same valid information with the communities and public they serve and our call center staff are receiving ongoing training to increase confidence and alleviate fears of callers.

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

Unlike many urban and metro areas of Oregon, Josephine County is largely rural and demographically identifies more than 50% of its residents as conservative or registered as republican voters. Nationally, reports show that thirty-one percent of Republicans are not likely to get the COVID vaccine. A number of skeptics in Josephine County remain wary of being vaccinated with questions about the need for the vaccine and the vaccine’s long-term safety lying at the heart of their doubt. Additionally, informal polling indicates a base of people who do not believe contracting the COVID virus is dangerous or who have family or friends with strong opinions regarding the vaccine and do not get vaccinated to avoid confrontation. We will begin messaging emphasizing quick and private vaccine availability.

Working with Pollinate (contracted marketing agency), Josephine County is committed to messaging specifically to the rural and conservative demographic, in addition to BIPOC, socio-economically underserved, and disabled populations. Pollinate has previously conducted demographically specific outreach messaging to Josephine County residents and is uniquely qualified to help positively brand vaccination in Josephine County.

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?

Josephine County continues to utilize social media, using much of the OHA developed media, online education with our Health Officer during live Commissioner meetings and Spanish language outreach coupled with English. As we begin to work with Pollinate; a thoughtful and targeted marketing plan will be developed and implemented. Messages will prioritize individuals discussed in this equity plan.

Our Health and Deputy Health Officers have written a medical consensus letter, signed by most over 70 local providers to address misinformation, dispel myths and demonstrate a united, educated message. The letter was translated into Spanish, written at a 5th grade reading level, and distributed via all local papers.

Additionally, as detailed above, question 5a, we have partnered with local promoters for community-based events to include Boatniks over Memorial Day weekend and the Josephine County Fair, outdoor events with historically enthusiastic public participation.

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

Josephine County has been culturally sensitive and responsive to the demographics of our County and will continue to provide multi language accessibility including staffing ASL interpreters. We have contracted for ASL and relied on Public Health staff and strong partnerships in our medical and CBO community to fill any gaps.

In addition, the distributive model has been utilized in Josephine county since early 2021. The providers are accustomed to, and excel at, providing medical services in multiple languages, including vaccination services.

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

Josephine County has provided vaccination events in all corners of the County, partnering with local Fire agencies in small stations, and with local providers who are trusted in their community. We continue to promote and support those efforts. Additionally, we partnered with our local ambulance company, AMR, and other community vaccine providers to host small vaccine opportunities 'where people live and work', including those who are home-bound.

Our local CCO, All Care Health, has a contract with a local agency, Ready Ride, to provide free transportation to all Medicaid members and many Medicare members. Ready Ride is being utilized to provide transportation to sites for vaccine administration. Anyone who schedules their vaccine through our local Call Center is offered this assistance when appropriate.

We have also begun an outreach campaign toward smaller, racial, socio-economically, and ethnically underserved populations who are residents of mobile and trailer home parks. Much of this outreach is concentrated in our most rural communities, and we are currently gauging interest and scheduling events to meet the residents where they are most comfortable and reside, ultimately mitigating transportation and communication barriers.

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?

We support low-barrier access to vaccine for the youth of Josephine County through collaboration with the school-based health centers and supporting school-based vaccination events, with administration of vaccines led by local medical providers. In Grants Pass, the County seat, we have witnessed parental protests and active resistance regarding the Oregon State law allowing minors who are 15 years or older to consent to vaccination without parental consent. We continue to support the vaccination events and, through marketing and information sharing, hope to alleviate parental fears.

Providing factual information and working with trusted, influential community leaders has been a successful strategy. We will continue to reach out to local CBOs that regularly work with and are trusted by the youth and families in the area. We will work diligently with Pollinate to develop and implement robust marketing and focused messaging for youth populations experiencing inequities and expect to close the gap in vaccination rates.

We are looking for advocates, or vaccine champions, from minority groups to encourage their local communities to get vaccinated. We are recruiting for a community liaison to encourage vaccination and prefer to have this person represent a minority group.

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?

Continue to utilize the weekly Community Provider Partner call, Medical Advisory Group meetings and Josephine County Commissioners meetings to highlight what is happening in Josephine County. Monitor OHA provided vaccination rate information by race/ethnicity and utilize social media and Pollinate analytics for outreach success and indicators for change.

ATTESTATION:

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.



Dr. David D. Candelaria, MD

Josephine County Public Health Officer



Josephine County Commissioner



Michael Weber

Josephine County Public Health Director

Josephine County Public Health – Equity Plan Addendum

October 8, 2021

1. *Overall, there is a lack of specificity in which racial and/or ethnic groups are being prioritized in the strategies described. Please consider adding additional R/E groups throughout this plan.*

Josephine County is predominately white at 92.9% according to 2019 [population estimates published on Census.Gov](#). The next largest group is Hispanic or Latino at 7.7%. 1.7% of the population is American Indian and Alaska Native, 1.1% are Asian, 0.6% are Black or African American, 0.3% are Native Hawaiian and other Pacific Islander.

At the time that the original equity plan was written, vaccination rates for all of the above racial/ethnic groups were lower than Josephine County Public Health was comfortable with except for Native Hawaiian and other Pacific Islanders, who were 84% vaccinated. White individuals were only 48% vaccinated, Hispanic 24%, American Indian and Alaskan Natives 26% vaccinated, Asian 42% vaccinated, Black or African American 26% vaccinated. While prioritizing the BIPOC community was an essential effort of our health department and the topic of multiple meetings each week, Josephine County Public Health maintains efforts towards all ethnic/racial groups.

In the original equity plan, when racial and/or ethnical groups were referenced, we were generally discussing our largest community of color, Hispanic or Latino. Much of our efforts were focused on providing culturally appropriate events for Spanish speaking individuals and those who identify as Hispanic or Latino.

Aside from racially/ethnically specific groups, our county public health has also worked diligently to provide events that were appropriate to other underserved groups such as individuals experiencing homelessness, individuals experiencing functional/access barriers, individuals without transportation, etc.

2. *Q7: Distributing science-based information through CBOs is an important communications strategy for reaching communities experiencing vaccine inequities. Alone, this may not meet the needs of racial and/or ethnic communities to have their specific concerns identified and addressed. Please describe how the LPHA is supporting regionally specific needs for addressing vaccine hesitancy.*

We have reached out to individuals from the BIPOC community with minimal response, so the CBOs remain central in our efforts. We are meeting the needs of our region by providing accurate information to the places that these individuals hear from. Since Spanish is the predominate other language spoken in our county, our publicity and education efforts have included Spanish versions. Our calling center includes native Spanish speakers. We connect Spanish speakers to providers who speak Spanish.

Our region mostly consists of rural, white individuals, the majority of whom voted for Trump, are white evangelicals, and have lower levels of education. All of these factors are shown to be associated with lower vaccine rates.

Below is a screen shot from a Boost Oregon Presentation created by Tessalyn Morrison for the recent Health Officer Caucus. It supports the above statement and helps explain many of the shortcomings in our county. Of note is that the 63.1% was the representation of variability attributable to religion and

politics a couple months ago. That variability has strengthened over time to 84.1%, emphasizing the importance of reaching out to this group. While Josephine County reaches out to the BIPOC community, we also feel the importance of reaching out to the white community who is experiencing their own set of vaccine inequities. CBOs are a central focus because they are often interacting the most directly with both our BIPOC and our rural white populations.

Religion + politics and vaccine status

Together, White Christian identity and political affiliation with Trump in the 2020 election explained ~~63.1%~~84.1% of the variability in vaccination status in Oregon counties.

3. *Q10: Please explain what the “distributive model” refers to in this response and how this improves language access.*

The distributive model refers to the process many health departments utilized and OHA themselves endorsed and encouraged. Mass vaccination events were well suited to the early days of COVID-19 vaccine administration, but Josephine County realized this was not a good method for the long-term—due to sustainability and staffing issues—nor for serving diverse populations—due to concerns about attending large events sponsored by government entities. So, we quickly moved to initiatives that would better serve all members of our community.

The essence of the distributive model is providing vaccines to community providers that are already serving diverse community members. Each week, Josephine County Public Health delivers vaccines directly to approved vaccine providers, including our FQHC, clinics, pharmacies, doctor’s practices, etc., where language access is a required part of their operations. Providers order vaccines via a convenient online survey. This has been an effective model for our community: tens of thousands of people have been vaccinated by vaccines *distributed* by public health, which multiplied public health’s ability to vaccinate many-fold and ensured care in ways that better served many in our minority populations.

4. *Q13: Please describe how Josephine Co is engaging with Black, Indigenous, Tribal and other communities of color to review progress and co-lead in developing solutions/strategies.*

We have struggled with this issue. Many of our outreach efforts to the leaders/organizations representing communities of color have not been reciprocated (see below excerpt from Josephine County's Equity Plan Demonstrated Progress document for more details).

We have seen some progress recently thanks to OHA's Community Engagement team. We had a successful meeting last week with several previously unengaged CBOs who indicated interest in a continuing relationship with the health department. We are excited for the future of these relationships.

- We have tried reaching out to migrant and seasonal farmworkers via their associations and employers without success.
- We have hosted an event with the CBO UCAN, serving those experiencing unstable housing.
- UCAN has participated in some meetings/planning activities, but their participation fell off due to their own workloads.
- We have tried to engage with our only local houseless shelter with poor response.
- We have reached out to local companies who traditionally employ a higher rate of recently incarcerated individuals and individuals with substance use disorders with minimal response.
- Cow Creek Band of Umpqua Tribe of Indians was happy to explain to us what they are working on for vaccines, but was not interested in working with us further.
- We reached out to the political groups (Democrats and Republicans respectively) without warm response.
- The Latino Grocery Stores were welcoming but not interested in participation in planning or decision making.
- AllCare Health has a Latina Language Access Manager, who we connected with for ideas on reaching the Latinx population. She has been a tremendous source of information, and she has taken the lead on guiding vaccine outreach events in a way that is culturally appropriate.
- We reached out to Long Term Care Facilities to offer support, including vaccine question and answer sessions, but we had no response.
- Food Banks and Food Box providers offered a variety of involvement from okay to hang a flyer, okay to place the call center card in the food bag, and okay to host a vaccine clinic. However, they were not interested in active participation.
- We regularly listen to the community comment session of Commissioner and City Council meetings. While this is informal feedback, it is the voice of the people we serve and we take it seriously.