Lane County Public Health

COVID-19 Vaccine Equity Plan: Demonstrated Progress Report

September 2021

Submitted September 29, 2021

About this Document:

In May 2021, Lane County Public Health (LCPH) submitted *Lane County Vaccine Equity Plan: May 2021*to the Oregon Health Authority in order to secure a proportional share of CARES Act funding from state government to support ongoing vaccine equity efforts in Lane County. In submitting this plan, LCPH leadership committed to continuing "to make meaningful efforts to offer culturally-responsive, low-barrier vaccination opportunities, especially for populations in our jurisdiction experiencing racial or ethnic vaccine inequities" and to provide subsequent updates on our efforts.

This *Demonstrated Progress* document represents Lane County Public Health's report to OHA as required by the original grant agreement in the format proscribed by OHA.

To demonstrate progress toward plans to address vaccine inequities, especially among racial and ethnic populations, the LPHA must submit responses to questions outlined below. 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.***

Question #1 – Lane County Vaccine Equity Plan, May 2021

1. **Please review race/ethnicity data for COVID-19 vaccination for the LCPH 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?**

In our *Lane County Vaccine Equity Plan: May 2021*, we noted that "[d]ata and the experiences of Public Health and our partners in Lane County confirm that most people of color have not been vaccinated at the same rates as white people in our community." Following three months of operations and concerted, co-created vaccine equity strategies, we believe that we've made significant progress but are mindful that much more work remains to be done.

Measuring our progress toward vaccine equity quantitatively remains a significant challenge. As of September 16th, 2021, 247,461 people in Lane County have received at least one dose of a COVID-19 vaccine as reported in ALERT IIS. However, understanding the race and ethnicity among those people vaccinated is hampered by several structural issues:

1. The State of Oregon hasn't provided a consistent way of providing population data disaggregated by race, ethnicity, or age that facilitates analysis over time. For instance, the race/ethnicity population numbers reported by OHA have changed during the 10 months of the COVID-19 vaccine campaign; in February 2021 OHA reported approximately 4,000 Black/African-American residents in Lane County. Currently, OHA reports that population as over 9,000.
2. Point in time data about race/ethnicity vaccination rates have changed as new vaccination records are transferred into ALERT IIS. Many Oregonians received vaccinations in other states or from federal agencies who don't report directly into ALERT IIS as local providers must. Operationally, this translates, for instance, in a substantial difference between what OHA reported as Lane County's vaccination rates in mid-May 2021, compared with what is reported now as Lane County's May vaccination rate. The following table captures this difference.

Race/Ethnicity	May 2021 Vax Rate as Reported in May	May 2021 Vax Rate as Reported in September	Difference
American Indian/Alaska Native	27.8%	37.0%	+9.2%
Asian	Not included in initial report	53.0%	
Black	Not included in initial report	40.0%	
Hispanic/Latina/o/x	32.1%	43.0%	+10.9%
Native Hawaiian/Pacific Islander	50.3%	68.0%	+17.7%
White	49.3%	64.0%	+14.7%

3. ALERT IIS, as a legacy system, uses outmoded race/ethnicity delineations that are more akin to U.S. Census categories rather than REALD or the rarest race methodology[1] that OHA applies in population estimates for reporting on statewide Tableau dashboards. Further, one race/ethnicity has been selected for an individual from previous vaccinations, that prior selection cannot be changed.
4. The vaccination process in which inclusion of race/ethnicity data isn't required results in a significant proportion of patients not providing that information, which in turn results in a significant proportion of "unknown" race/ethnicities for individuals. Of those vaccinated to date in Lane County, 3.7% did not report their race/ethnicity and 1.6% reported their race as Other Race. Thus we do not know the race/ethnicity of 5.3% of those who are vaccinated, equal to about 4% of Lane County's 18+ population.

In light of these data limitations for COVID-19 vaccination rates, we are forced to rely more heavily upon what prior health disparity and access analysis tells us about Lane County: that health disparities exist, that race/ethnicity remains a strong predictor of differential outcomes for access to healthcare and well as healthcare outcomes for Black, Indigenous, People of Color (BIPOC). We remain committed to addressing these inequities in our community for COVID-19 vaccination access as a vital component of our overall commitment to redressing structural racism in Lane County.

With these data limitations fully in mind, we turn to what these data show of our efforts since late May when our Vaccine Equity Plan went into full effect. This first table shows the change in vaccination rates by race and ethnicity for adults in Lane County. Note that this comparative analysis uses the current (September) data for vaccinations rates in May rather than the earlier data provided in May about vaccination rates at that time. These data indicate that the vaccination rate increased most rapidly for Native Hawaiian/Pacific Islander (NH/PI) adults, Black adults, and Latinx adults. However, the vaccination rates for Black and Latinx people remain 21% and 20% lower than those of white people, indicating work remains to overcome barriers to vaccine access.

Race/Ethnicity Vaccination Rate Change May 25 to September 16, 2021 (18+)			
	May 25, 2021	Sept 16, 2021	Relative % Change
American Indian/Alaska Native	37.0%	45.5%	+8.5%
Asian	53.0%	59.7%	+6.7%
Black	40.0%	51.5%	+11.5%
Hispanic/Latina/o/x	43.0%	53.0%	+10.0%
Native Hawaiian/Pacific Islander	68.0%	83.7%	+15.7%
White	64.0%	72.8%	+8.8%

The second table shows the change in vaccination rates for all residents of Lane County inclusive of minors less than 18 years of age. Further, the table compares the rate of change between adults only by race/ethnicity and the population as a whole by race/ethnicity. Population wide, NH/PI and White individuals were vaccinated at higher rates, followed by Latinx and Black individuals. This is suggestive

[1] OHA currently uses the "rarest group" methodology to assign a race to people who choose more than one race. People who mark more than one race/ethnicity category are reported as being in the rarer or rarest race they selected in the OHA data given to local jurisdictions.

that we saw a much higher vaccination rate among White individuals aged 12-15 as the Pfizer vaccine was approved for this younger cohort in mid-May.

Race/Ethnicity Vaccination Rate Change May 25 to September 16, 2021 Total Population				
	% Pop Vax May	% Pop Vax Sept	Relative % Change	Rate of Change Difference between 18+ and Total Pop.
American Indian/Alaska Native	34.0%	43.9%	+9.9%	+1.4%
Asian	48.0%	55.1%	+7.1%	+0.4%
Black	38.0%	50.8%	+12.8%	+1.3%
Hispanic/Latina/o/x	38.0%	49.4%	+11.0%	+1.0%
Native Hawaiian/Pacific Islander	62.0%	79.9%	+17.9%	+2.2%
White	55.0%	72.8%	+17.8%	+9.0%

We remain concerned about the vaccination rates for Lane County's American/Indian/Alaska Native (AI/AN) community, however, communications with OHA lead us to believe that the vaccination rates are under-reported in ALERT IIS. We know that vaccinations were administered under the federal vaccination program on tribal lands and that those numbers are not reflected in ALERT ISS, but it is unclear what actual rates are.

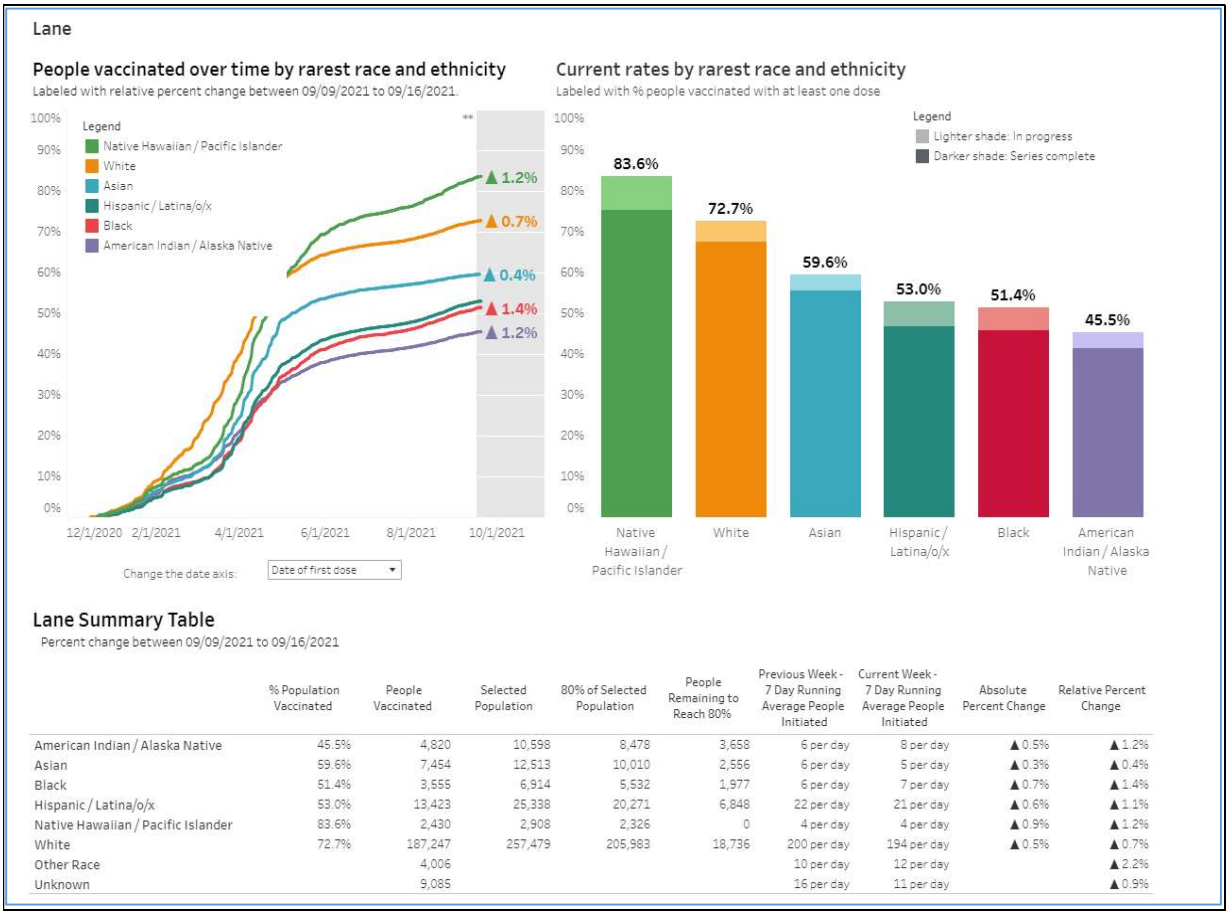
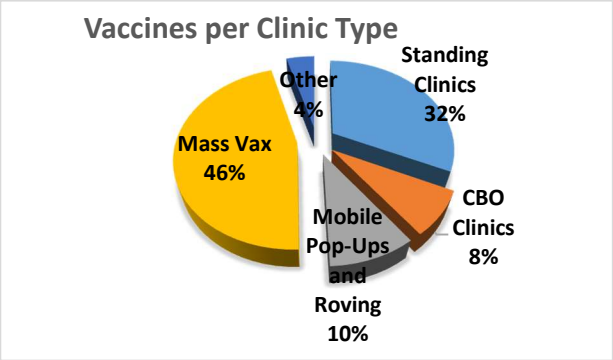


Figure 1: OHA Vaccine Equity Visualization for Lane County - Sept 16, 2021

Question #2 – Lane County Vaccine Equity Plan, May 2021

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

When the *Lane County Vaccine Equity Report* was submitted, LCPH had completed 14 equity-focused clinics between February and May. With the expansion of vaccine eligibility and the mobilization of our equity-focused clinic strategies, LCPH held 216 clinics during the months of June, July, and August, 75% of these (163), were equity-focused clinics. At these clinics, 5,987 vaccines (46%) were administered in mass vaccination while 5,100 vaccines (39%) were administered at an equity-focused clinic.



LCPH's COVID response uses equity criteria when prioritizing where to deploy COVID vaccination and testing resources. These criteria incorporate the four social vulnerability themes and social factors, geographic vaccine uptake and case data, and applying the Lane County Equity Lens (Appendix 1).

Equity-Focused Criteria for COVID-19 Vaccination Efforts

In deciding where to prioritize COVID resources and strategies, consider the following:

- Locations and collaborations that will provide vaccine access to BIPOC populations
- Partnerships with community-based organizations and schools serving those with lower vaccination rates than the general population.
- Industries that traditionally are known to have BIPOC workers, as well as specific businesses with BIPOC staff and clients such as:
  - Agricultural work places, Factories, Restaurants, Grocery stores, Wood mills, Construction companies, Processing plants, Barber and beauty shops, Auto body shops/garages, among others
- Non-English speakers who need services in other languages, and/or those who would not seek vaccination or testing at non-LCPH locations due to immigration status fears.
- Encampments and locations where those experiencing lack of or unstable housing and/or transportation access, congregate or seek services.
- People experiencing poverty, who are under or un-insured, disparity of access to medical care and/or transportation, intellectual or developmental disabilities, and mobility needs.
- Locations and geographic areas identified as being under vaccinated and/or over represented in cases. With the understanding that zip codes across our county are large and there are smaller geographic areas within zip codes such as schools, parks, businesses known to house and serve prioritized community members.
- Rural communities with limited access to vaccine.
- Elderly and immunocompromised.
- Use SoVI Themes and Social Factors as a resource
  1) Socioeconomic status (poverty, un- or under-employed, income, education)
  2) Household composition and disability (>65, <17, disability, single parent household)
  3) Racial or ethnic minority, English language ability
  4) Housing and transportation (crowding, lack of transportation, multi-unit structures, lack of housing)

At A Glance: CDC/ATSDR Social Vulnerability Index | Place and Health | ATSDR

Using these equity criteria, LCPH has developed three modes of delivering equitable and accessible vaccinations (equity-focused clinics) to Lane County residents, as outlined in the following sections which cover operations from June through August, 2021.

Standing recurring clinics at community-centered locations that are trusted and accessible for BIPOC community members in high-priority, lower-vaccination zip codes. Having vaccination clinics at a standing location on a regular schedule lets our community know: *we are here.* Throughout the summer months, clinics took place on Tuesdays in eastern Springfield at Bob Keefer Center, Wednesdays in western Eugene at Churchill High School, and Fridays at North Eugene High School. Clinics in Thurston and Bethel areas (Cascade, Echo Hollow, and Splash! Lively Park Swim Center) occurred on a rotating basis.

- 24% of LCPH clinics were standing clinics.
- 31% of total vaccines were given at standing clinics
- 2,044 staff and volunteer hours.

Standing Clinic Site	Zip Code	Clinics	Total Staff Hours	Vaccines Given
Bob Keefer Community Center	97478	12	547.5	886
Cascade Middle School	97402	2	72.0	298
Churchill High School	97405	13	483.5	1165
Echo Hollow Pool	97402	8	241.5	177
North Eugene High School	97404	13	542.5	1313
Splash! Lively Park Swim Center	97478	3	157.0	384
TOTAL		**51**	**2,044**	**4,223**

CBO clinics held in collaboration with community-based organizations at locations identified by the CBO as being ideal to provide vaccine access to their clients. These collaborations let our community know: *you can find us with trusted partners.*

- 19% of LCPH vaccine clinics were CBO clinics
- 8% of vaccines given were at CBO clinics
- 630 staff and volunteer hours.

CBO Clinics	Community Priority	Clinics	Total Staff Hours	Vaccines Given
Carry It Forward	BIPOC, unhoused	3	39.0	3
Centro Latino Americano	BIPOC	8	171.0	326
846 Justice Today	BIPOC	2	37.5	101
ARC (Florence)	Rural, BIPOC Disability communities	6	242.5	164
NAACP	BIPOC	17	272.0	282
Whitaker Community Council	Unhoused, low-income	6	110.5	154
TOTAL		**36**	**630.0**	**866**

Pop-up and roving clinics are requested by the community and are another engagement and outreach strategy. The Roving Team also provides in-home vaccinations to community members with language barriers, disability or illness that prevents them from accessing vaccination elsewhere. The flexibility and agility of these clinics and vaccinations lets our community know: *we will go to where you are.* Locations of these clinics include: low income housing, schools, rural areas, in-home vaccinations, store-fronts, restaurant kitchens, unhoused encampments, long-term care facilities, factories, warehouses, sidewalks, "van clinics" at locations across the county out of a county van, libraries, and community events.

- 32% of LCPH clinics were pop-up and roving clinics
- 10% of vaccines given were at pop-up and roving clinics
- For a total of 1,346 staff and volunteer hours

Pop-Up and Roving Clinics	Clinics	Total Staff Hours	Vaccines Given
Mobile Pop-Ups and Roving	70	1,346	1,248

LCPH is particularly proud of the work of our COVID-19 Mobile Team. These staff provide vaccinations and COVID education in dynamic and flexible ways that adapt to the needs of the community. They work directly with community members facing health inequities and lack of access, particularly those who are BIPOC, to build relationships, offer supports such as connecting them with wrap around services, and serving as trusted sources for COVID-19 information.

This team uses two key strategies:

1. They provide outreach and engagement in collaboration with CBOs and within BIPOC communities, using their own social capital and community connections to identify needs and provide tailored responses.
2. The Roving Vaccination Team vaccinates people where they are. These staff are cross-trained to provide vaccination and testing services as well as health literacy education about COVID-19.

As summer has turned to fall, the team has found that conversations with community members experiencing hesitation or fears about the COVID-19 vaccines require more depth of communication, active listening, and time. Even as the delta variant has increased the dangers of COVID, our team reports that vaccine hesitancy among communities of color remains deeply rooted.

Fears about government conspiracies, long-term health consequences of the vaccine, and social unacceptability of being vaccinated are some of the reasons our Mobile Team continues to do the deep work of listening and engaging. Our team often has to have multiple

Local Meat Processor (Three visits):

A worker contacted the team to report that no one at the factory was vaccinated. He asked the Roving Team to visit, saying he believed the workers, who were all Latinx, would be motivated to get vaccinated if we showed up with the vaccine.

The Roving Team collaborated with the owner and developed ideas to incentivize vaccination. The owner is offering a $50 bonus for all employees who get fully immunized. We have vaccinated almost all employees in two visits and have one more to go.

(Roving Team Community Outreach Report—see appendix 2 for full excerpt)

conversations with people before they are ready to get vaccinated (if at all). Community members regularly express their gratitude at the opportunity to speak with someone who looks like them or speaks their language, who has taken the time to listen to their concerns and offer factual vaccine information.

The Mobile Team offers bilingual (English-Spanish) outreach and engagement services that are trauma-informed and culturally representative, in order to provide the in-depth, one-on-one approaches that are often needed to overcome vaccine hesitancy. These staff participate in various weekly and monthly meetings to develop BIPOC outreach strategies and partner with community leaders to receive feedback on LCPH's vaccination efforts.

Some examples of the Mobile Team's successes include:

- Over 400 public health packs have been put together and distributed in street outreach. These packs include hand sanitizer, a mask, and a flyer with vaccine clinic locations in English and Spanish. Additional COVID educational flyers on topics such as the delta variant, or myths and facts, are also included. A local BIPOC community leader is adding these public health packs to the "blessing boxes" his organization gives to community members.
- The Roving Team's contact phone number is on Spanish-language radio and they receive daily calls to set up appointments for vaccinations.
- In July, 750 Lane County Fair tickets were given out as incentives with vaccination.
- Between August 11 and September 3, approximately 3600 $50 visa gift cards were distributed throughout the county to anyone who received their vaccine at a LCPH clinic as a "back-to-school" vaccine incentive strategy.
- Over 50 in-home vaccinations at the request of community members, most in response to language, illness, or disability needs.

Vaccine Delivery

Out of the various COVID vaccine delivery means, LCPH is the provider of the majority of vaccinations to BIPOC populations in Lane County for all demographics except Black/African American and Asian. Black and Asian residents of Lane County receive their COVID-19 vaccinations at pharmacies at slightly higher numbers than at LCPH clinics. As an aspect of our current efforts to continue increasing vaccination rates among Black residents of Lane County, we are currently in the process of identifying the pharmacies most frequented by Black community members for their vaccinations and developing engagement and outreach efforts that may amplify these vaccination trends.

COVID Vaccine Delivery by Race - Below are the Number of vaccine doses by self-identified Race

Sub Organizational Groups	AI/AN	Native Hawaiian or Pacific Islander	Black or African American	Asian	Latinx	White	Unknown
Corrections	34	16	30	23	43	1,213	478
Fire Depts, Parks, and Other Public Services	194	31	61	117	184	3,326	771
Hospitals	722	317	537	1,541	2,303	42,075	2,414
LCPH	3,511	1,568	2,465	5,645	9,794	119,833	9,282
Medical Clinics	2,551	1,227	1,264	2,040	5,060	60,567	4,944
Non-Profits, Dental, and Other Businesses		1			9	148	29
Other Health Depts	39	13	15	47	55	1,016	301
Pharmacies	3,487	1,499	2,676	5,728	8,605	127,726	7,619

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.***

<u>Question #6 – Lane County Vaccine Equity Plan, May 2021</u>

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?

What was reported in May, continues to be true currently. LCPH has contacted every employer on the agricultural employer survey. Our outreach and engagement staff contacted dozens of farms and 29 vineyards across the county and only one, King Estate, requested a clinic, which was held in April.

One blueberry farm, Fall Creek, is contemplating a clinic for workers and families. Many farms asked that we stop contacting them as their workers, including seasonal workers, are vaccinated. Some requested information about vaccine clinic locations. Our outreach and engagement staff have visited, called, and maintained contact with farms form in southern Lane County, the McKenzie Valley, and coastal regions. An outreach and engagement staff member who works for a local vineyard, has used his knowledge of the needs of migrant and seasonal farmworkers to inform strategies. This included clinics at Kalapuya High School in Bethel in order to provide vaccine access to students with families who are migrant and seasonal farmworkers.

LCPH's clinics in areas of the county known to have populations of farm workers offered expanded hours to make sure clinic times were accessible. Our mobile team's outreach and engagement strategies include contacting businesses and industries with Latinx workers and offering repeated visits to their places of work in order to make vaccination accessible to them and their families.

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.***

LCPH's collaborations with CBO's throughout the pandemic have been an ongoing relationship of creating a strategy, evaluating the strategy's effectiveness, and adjusting accordingly. The following was shared by Maria Aguirre, Communications Manager of Centro Latino Americano:

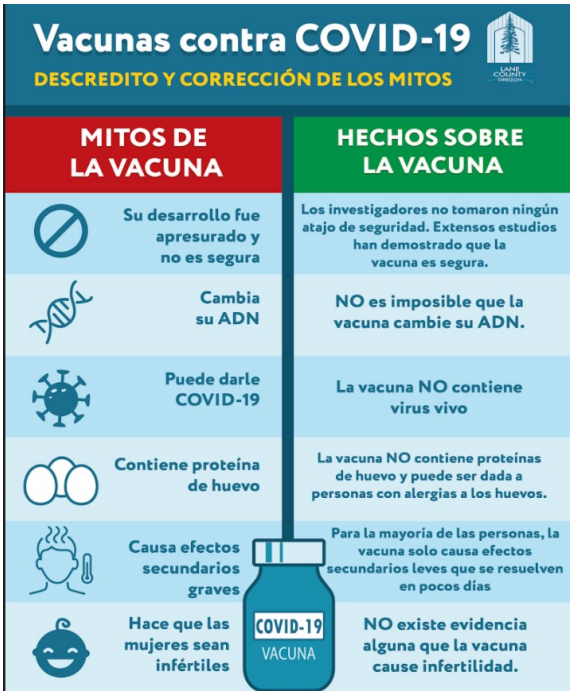
> "At the beginning of the vaccination efforts, Lane County set up Mass Vax/Drive-thru clinics where the National Guard was called to support these efforts. These clinics were not culturally sensitive and very difficult to access for many Latinx Community members. The reality is that many members of our community don't drive, so it was very difficult to attend a drive thru-clinic. They don't speak English and need extra help while filling out forms, many times they need to have the forms filled out for them. Some are undocumented, so settings like mass vax clinics where the military is present are very intimidating, to say the least, and not very trauma informed.
>
> For these and many other reasons we saw that Latinx community members were not attending the mass vax clinics. LCPH and the CBO's worked together to provide a more culturally responsive approach to vaccine clinics, where community members felt safe and heard, and very grateful to have a space tailored to support their needs.
>
> LCPH and Centro Latino Americano have been collaborating throughout the pandemic, sharing data, providing feedback and finding the best way to increase vaccine access for the Latinx Community.
>
> We have been collaborating since March in the organization of Community Vaccine Clinics that are responsive to the needs of the community we serve. Centro has done the outreach for these clinics (tailored to Latinx members) and LCPH has collaborated with vaccinations and even incentives. It has been a great partnership that has worked really well for our community."

In southern Lane County, the Guatemalan Mam-speaking community needed linguistically appropriate vaccine information that was not just in Spanish or English. A local CBO, the Family Resource Center worked in collaboration with LCPH to provide clinic and vaccine information in Mam, provided Mam interpreters at the vaccine clinics, and asked that LCPH hold clinics at schools and at later times so that farmworkers could go after work. LCPH provided these school-based clinics that went until 7 and 8 pm to increase accessibility.

Since June, 2020, LCPH has been collaborating with University of Oregon researchers to conduct community-based research examining Latinx community members' perceptions about COVID-19 vaccinations and to capture reasons for vaccine hesitancy. The participants of the study are recipients of community food bank distribution services (where the surveying takes place) and participation is voluntary. The food bank program is run by Escudo Latino, a CBO providing services to Latinx

community members in the Springfield area. After the questionnaire is completed, team members share additional information regarding wrap-around services available county-wide, sign people up for vaccine appointments if requested, and provide vaccine-literacy information.

While the study is not complete, LCPH has used data gathered from the survey to inform our communication efforts to counteract vaccine-related misinformation that is prevalent in the Latinx community. We created flyers in English and Spanish (as seen below) that have been shared widely in print and on social media to address commonly encountered myths and facts about the COVID-19 vaccine.



This flyer, along with all graphics and flyers LCPH creates, are in a shared folder that is openly accessible to all of LCPH's community-based partners and regularly used by them. Community-based partners often request specific graphics or information to be created by LCPH to address particular needs of the communities they work with. For example, after receiving the feedback from CBOs that BIPOC community members didn't know where to go to get vaccinated, LCPH added QR codes linked to a Spanish and English webpage with a current listing of vaccine clinics, to all COVID-related graphics and flyers that are widely available.

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.

LCPH awarded $614,975 of the $2,000,000 of funding received from the state to support equitable vaccinations, to eight community-based organizations (CBOs) who serve BIPOC and unhoused community members in both rural and urban areas across the county.

Organization	Award	Equity Focus
ARC	$85,000	ID/AD, low-income, BIPOC
Volunteers in Medicine	$20,000	Unhoused, BIPOC, low-income
Whiteaker Community Council	$85,000	Unhoused and low-income
Rural Organizing Project	$85,000	Latinx, Rural, low-income
Centro Latino Americano	$85,000	Latinx
8:46 Justice	$85.000	BIPOC
Comunidad y Herencia Cultural	$85,000	Latinx
Holistic Aid	$84,975	Unhoused
TOTAL	$614,975	

These organizations are using a wide breadth of approaches to increasing vaccine access among the communities they serve. LCPH is providing technical assistance as requested as well as vaccine and

clinics. As mentioned previously, an arm of our equity-focused clinics is having vaccination clinics in collaboration with CBO's, at the location of their choosing, as per their request.

LCPH participates in bimonthly CBO network calls in collaboration with OHA. OHA-funded CBOs share their work, challenges, and successes, as well as their requests of Lane County. LCPH staff also participate in a weekly Black Leaders meeting that includes participation of the University of Oregon, Trillium, NAACP, OHA, the African Association of Lane County, A Healthier Oregon, Lane ESD, and Friends of Lane County. The standing agenda of this meeting is:

- What new events have you hosted?
- What's in the pipeline?
- What do you need from LCPH and what do you need from each other?

The information shared at these meetings guides the content of the weekly CBO communication newsletter that is published Fridays by LCPH's outreach and engagement lead. The newsletter includes our upcoming clinics, answers frequently asked questions, and spotlights a local organization.

Appendix 1: Lane County Equity Lens

This series of questions are embedded into LCPH's weekly COVID-19 Incident Action Plan and incorporated into the Emergency Operations Center objectives and strategies decision-making process.

What are we trying to do? What is our goal?

Vaccinate all vaccine-eligible residents of Lane County and eliminate the transmission of COVID-19. Achieve vaccine parity across all race/ethnicities.

Who will be impacted and are they being included in the process?

BIPOC community members who experience systemic racism and other forms of oppression experience the highest burden of health disparities and inequities. These impacts are evident in disproportionate cases and lack of access and historic discrimination distrust of medical institutions that result in barriers to vaccination.

Included in the process through CBO collaboration, targeted outreach, surveying, analysis of data available, representation among staff, building and fostering trust and relationships between LCPH and community members, regular collaboration and communication with BIPOC community leaders.

How might this decision increase, decrease, or ignore equity?

Consider: race, gender identity, age, country of origin, geography, disability, class/socioeconomic status, balance of power, etc.

[We use this question as a specific lens to evaluate how and where LCPH is deploying COVID-19 resources such as testing and vaccination clinics, and outreach and engagement strategies.]

How will we ensure communication to those affected takes place in an inclusive and culturally sensitive manner?

Examples of process questions asked when implementing objectives and strategies:

> *Are materials translated and shared effectively?*
>
> *Are we providing services in a culturally representative way?*
>
> *Are services available in languages other than English?*

LANE COUNTY'S EQUITY LENS

A racial equity lens is a set of questions we ask ourselves when we plan, develop or evaluate a policy, program or decision. Using an equity lens will help us identify potential impacts on institutionally under-served and marginalized individuals and groups, and to identify and potentially eliminate barriers.

The purpose of an equity lens is to be deliberately inclusive as we make decisions and to support us as we strive towards more equitable outcomes. The tool is explicit in drawing attention to the inclusion of institutionally under-served and marginalized populations, with an emphasis on communities of color, and can be adapted to focus on other communities.

https://lanecounty.org/government/county_departments/county_administration/equity_access_and_inclusion/equity_lensity Lens - Lane County

Are staff properly trained to interact respectfully and appropriately and in culturally responsive ways?

Do we have feedback loops in place to evaluate results and implement improvements?

What capacity building is needed so staff stay up to date on providing accurate vaccination education?

How will we know if we have accomplished our goal?

When we achieve parity in vaccination rates across all demographics.

Appendix 2: Roving Team Community Outreach Report (August)

LCPH Roving Team outreach and vaccination activities include:

- The owner of a local Mexican restaurant has posted videos on his social media getting vaccinated to motivate the community. He collaborates with our team and we have held five clinics in front of his business.

- The manager of a local coffee shop allows the Roving Ream to stop by and talk to his employees who were against vaccine. We visited more than ten times until all employees were vaccinated.

- The manager of a local Thai restaurant got the vaccine to motivate his employees to get the vaccine, I have only one of their employees who is not vaccinated, and we are working on motivating him to do it. About seven visits to immunize all personnel but one of them.

- Autobody shop: all employees are vaccinated but the owner has only the first dose, and we have been reaching to provide the second dose. He is very concerned about getting sick, we are planning on visiting him every time we are out until he gets the second dose. More than 6 visits.

- Taqueria (Four visits): The owner of this little restaurant asked us to bring the vaccine to him and we did. Four visits.

- Meat Market (Five visits): we are constantly visiting that business since the owner reports that many of his employees are not vaccinated, no success yet. Last visit they confirmed all employees were vaccinated, more than five visits.

- Homes (More than 50 visits): home visits to provide vaccines to community members with disabilities and chronic illness, or small business owners who are asking us to go to their houses on their day off or at the end of the day after they are done working.

- We have been contacting rural communities through their Fire Departments. For example, we coordinated a clinic with the Mohawk High School clinic that was promoted by the fire department on their social media. We vaccinated about 45-50 community member on a Sunday.

- Additional:

    Mechanic shop (5 visits)
    Taqueria (6 visits, all employees and family members vaccinated)
    Local CBO to set up clinics and promote events
    Long Term Care Facilities
    Rural High Schools
    Bottle Drop