

Washington County Vaccine Equity Plan: May 14, 2021



This plan outlines Washington County's efforts to address the vaccination equity gap among communities of color and other underserved community members. We are committed to continuing and adjusting these efforts until we close the gap.

Q: Please review race/ethnicity data for the LPHA jurisdiction on the OHA website 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?

A: In Washington County and across the state many communities of color are not being vaccinated against COVID-19 at the same rate as whites. The disparity is expected based on several factors:

- Communities of color were not among the first groups prioritized by the state. Healthcare workers and educators are more often higher or middle-income earners and more often white.
- Hundreds of years of historical and systemic racism has led to mistrust of government and fear about a government sponsored vaccination program. Examples inflicted on Black Americans include the Tuskegee Experiment and the misappropriation of Henrietta Lacks' cervical cells.
- Mass vaccinations sites, which are delivering the bulk of the vaccinations are often difficult to get to, and many low-income shift workers may not be able to get off work to go to appointments.
- Most vaccination sites required people to make appointments via the computer and scheduling systems were often only available in English. This prevented many people who need language and computer assistance—or who couldn't spend hours refreshing browsers-- from making appointments.

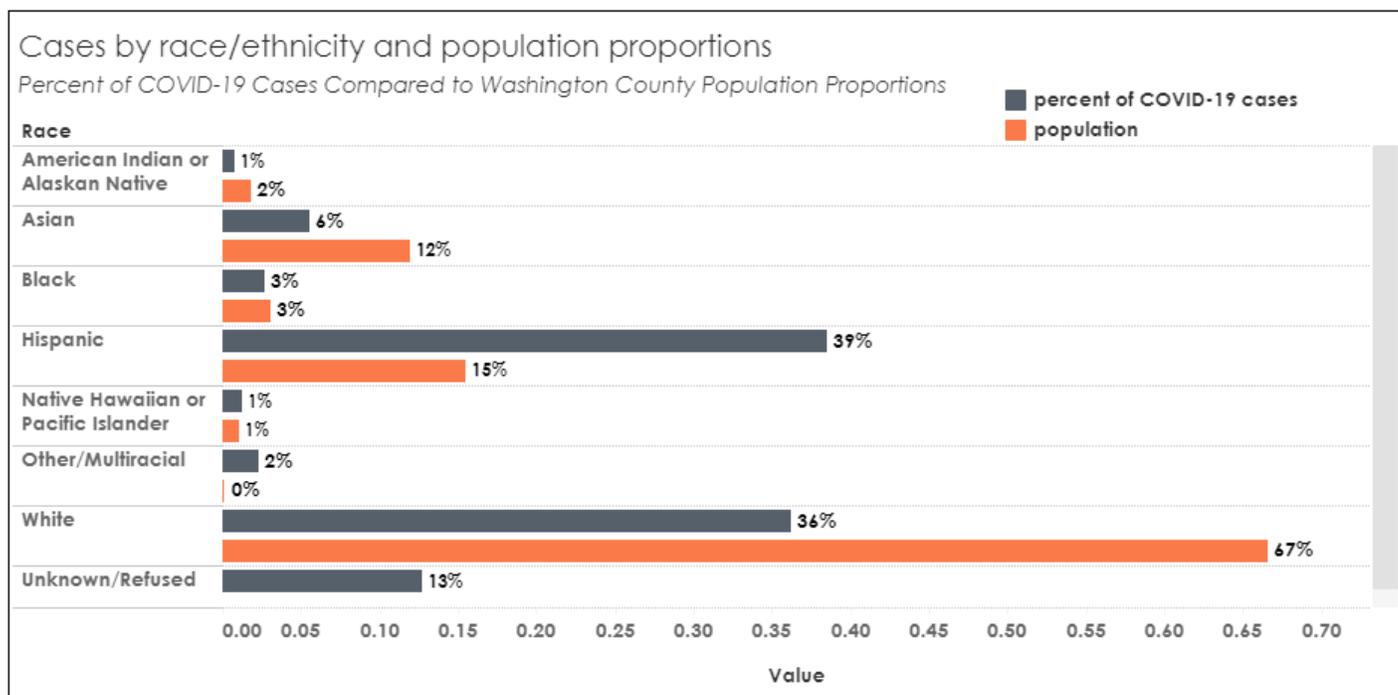
These factors combined to cause the vaccination equity gap that we are now trying to close. To help overcome these barriers, Washington County has focused its efforts on ensuring equitable distribution of the vaccine by:

- Partnering with community-based organizations to host, schedule and organize community clinics for communities of color and those most affected by the pandemic.
- Forming a COVID-19 Racial Equity Advisory Group, made up of more than 25 community-based organizations from many different racial and ethnic backgrounds. This group helps us co-create strategies to make sure we are removing barriers and reaching everyone who wants a vaccine. It also helps us increase vaccine confidence.
- Ensuring traditional and community health workers were included in the first healthcare worker priority group and supported in making appointments.
- Working with Community Action's Child Care Resource and Referral Program to support childcare providers who serve low-income and non-English speaking families to access appointments.
- Working with our developmental disabilities program to hold priority clinics for people with developmental disabilities and their caregivers. Many are from communities of color and immigrant populations.

The state’s race and ethnicity vaccination data for Washington County shows that our efforts are already making a difference. We are committed to continuing these efforts and to adapting our strategies until we close the vaccination equity gap.

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

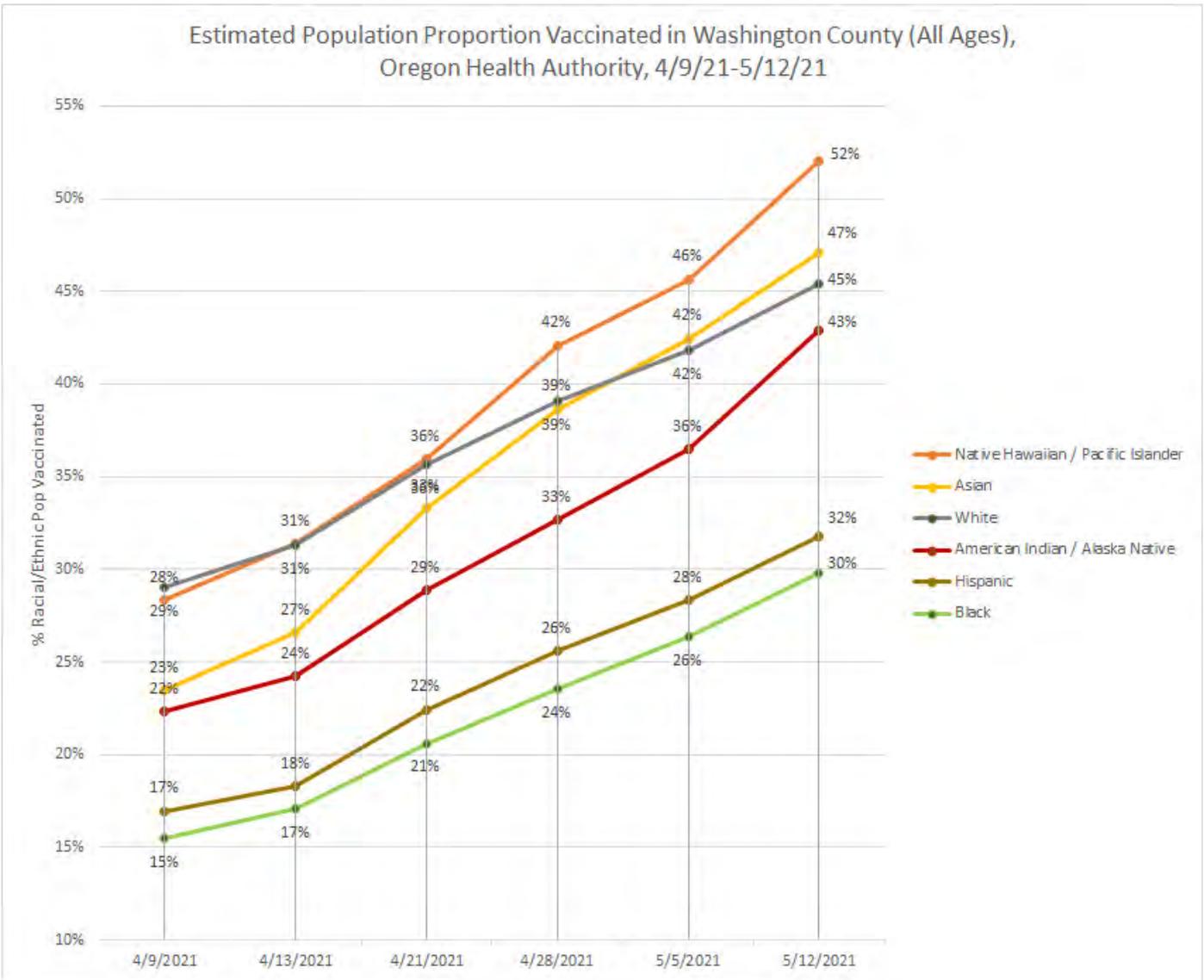
A: Washington County is committed to ensuring equity among our communities of color and other underserved populations who have been disproportionately affected by COVID-19. The most striking example of this disparity became evident in April 2020, when we learned that more than 50% of community members who had tested positive for COVID-19 identified as Hispanic or Latinx. That is more than three times higher than you would expect, as Hispanics make up only about 15% of our population. Since then, we have made considerable progress addressing this disparity. In the last year, the number of community members testing positive for COVID-19 who identify as Hispanic or Latinx has dropped from more than 50% to 39%. We believe our efforts to reduce disease spread, provide resources, and to inform our Latinx community have helped to reduce this disparity.



Tri-county regional dashboard, May 12, 2021

Not surprisingly, those most affected by the pandemic are also, in many cases, less likely to have access to the COVID-19 vaccination. According to the most recent Oregon Health Authority data in the graph below, 32% percent of Hispanics in our community have received at least one COVID-19 shot, compared to 45% of whites. This disparity also exists among Blacks, where only 30% have received at least one shot.

Estimated Population Proportion Vaccinated in Washington County (All Ages),
Oregon Health Authority, 4/9/21-5/12/21



This graph shows vaccination rates broken down by race/ethnicity for the total population of Washington County, which includes children 11 and under who are not yet eligible for the vaccine. (OHA data)

As Governor Brown mentioned during her recent press conference, our vaccination equity strategies are helping to close this gap. Since February we had held 29 clinics, delivering nearly 12,000 vaccinations. Each clinic has a specific focus for a particular racial/ethnic group or underserved community. Here are more details about our community clinics and other equity strategies:

Strategies to close the vaccination equity gap:

Community Clinics: We partner with community-based organizations (CBOs) to schedule appointments, share information and encourage vaccination. Some of our partners: Centro Cultural de Washington County, Pacific University, St. Anthony’s Church, Hillsboro Senior Center, Korean Society of Oregon, Muslim Educational Trust, Asian Health and Service Center, ¡Conéctate!, Hillsboro Chamber, Tualatin Valley Fire and Rescue, Washington County Medical Reserve Corp and many others.

Partnership with Virginia Garcia Memorial Health Center (VG): We have a strong partnership with our largest federally qualified health center. VG has distributed more than 30,000 vaccinations to underserved members of our community, including their own patients, those living in low-income housing and congregate sites, migrant and seasonal farm workers, and food processing employees.

Vaccine HelpLine: We operate a vaccine HelpLine for people who need language and computer assistance. We make people aware of the HelpLine through printed postcards and flyers, distributed through our CBO partners. Our HelpLine, staffed in 11 languages, has made nearly 2,500 vaccination appointments for people who otherwise would not have access to the vaccine. As most of our clinics are now open to walk-ins, our HelpLine is informing callers about both options.

COVID-19 Racial Equity Advisory Group: We meet frequently with representatives from CBOs, including those serving Latinx, Black, African American, Angolan, Chinese, Indian, Ethiopian, Muslim, Native American, Somali, immigrant and refugee communities, as well as faith-based organizations. This group helps us co-create vaccine strategies to make sure we are removing barriers and reaching everyone who wants a vaccine. As trusted messengers, these organizations are more effective at helping people overcome vaccine hesitancy. They share important information, answer questions and link people to opportunities for vaccination clinics. This group recently assisted us with developing an RFP process for our CBO vaccination and recovery grants.



“I’ve been in my house for over a year and getting the vaccine will help me feel a little more secure.” — Lucia Reynolds, vaccinated at St. Anthony’s Church in Tigard

1-833-907-3520

Need computer or language assistance?
Call us to get your COVID-19 vaccination appointment.

Llámenos para hacer cita para vacunarse contra el COVID-19.

Позвоните нам, чтобы записаться на приём для вакцинации от COVID-19

코로나 백신 예약을 하시려면 저희에게 전화 하십시오.

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دیری گیب سہابت ام اب ۱۹ حیووک نرسکاو قیرزت تۆو نئفیرگ یارب

Nasoo wac si aad u hesho ballan Tallaalka COVID 19.

Tumawag sa amin upang magpa-appointment para sa bakuna sa COVID-19

Gọi cho chúng tôi để nhận lịch hẹn tiêm vắc xin COVID-19 của quý vị

請來電預約施打新冠肺炎(Covid-19)疫苗

請來電預約施打新冠肺炎(Covid-19)疫苗

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WASHINGTON COUNTY
OREGON

Public Health
Protect. Promote. Prevent.

www.co.washington.or.us/vaccine
www.co.washington.or.us/vacuna

Education and Outreach:

- In collaboration with CBOs, we host Spanish Facebook Live [events](#) every month with health experts, Latinx leaders and county representatives.
- We have two social media campaigns to encourage people of varied racial and ethnic backgrounds to be vaccinated. Adelante mi gente (Move Forward My People) and My Vaccine Reason Washington County include testimonials and pictures of community members sharing why they were vaccinated.



- We train community health workers to educate underserved communities about the vaccines.
- We include vaccine messaging in our monthly CBO newsletter distributed to nearly 130 CBOs. *(examples attached)*
- We share COVID-19 news and vaccine updates through our Spanish [vacuna](#) web page and [Condado de Washington Facebook page](#).
- We promote vaccination opportunities to contacts in the Latinx community via messenger, WhatsApp, email, Facebook Spanish page and ask our partners to spread the word among their families, social groups, churches, and other contacts.
- We organized a Community Connectors group of county employees to work at community clinics and to inform their own professional and personal contacts about the importance of being vaccinated.
- We fund, support and sponsor partner vaccination campaigns, including the Hillsboro Chamber ¡Vacúnate ya! campaign and [video](#) and this community participation [video](#) produced by Elemento Latino

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

A: We continue to host more walk-in clinics with our CBO partners, promote vaccination opportunities, and share information to dispel vaccine myths and answer questions. We are also planning mobile clinics to go to low-income housing, communities with low vaccine uptake, ethnic focused grocery stores and other gathering spaces. We also plan to share clinic information with Health Share’s call center and to host clinics at food pantries and other locations where underserved communities receive services. We continue to partner with the tri-county region to develop coordinated equity strategies.

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

A: We have made significant progress in closing these equity gaps already, increasing our vaccinations rates among all communities of color. Our vaccination rate among our Native Hawaiian/Pacific Islanders is greater than our rate among our white population. This is likely due to the relatively small size of this population and

our efforts early on to partner with Pacific Islander CBOs to hold testing events. When vaccine became available, we worked with these same CBOs to hold vaccination clinics that were very well-attended.

Although we have held several clinics focused on Black, African, and refugee communities, we have not reached parity in vaccinating our Black community members. We are planning more clinics focused on our Black, immigrant and refugee populations and are increasing our partnerships with faith-based leaders in the Black community. We are also strengthening existing partnerships with community-based organizations, including Mercy Connections, Somali Empowerment Circle, Somali American Council of Oregon, Urban League of Portland, and Catholic Charities.

Q: 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: We reached out to the CBOs that expressed interest in hosting a vaccine event or connecting people to vaccine events. From this list, we partnered with CBO co-hosts for clinics in Tualatin and Hillsboro as well as organizations that agreed to schedule appointments. These include: Adelante Mujeres, Bienestar, Center for African Immigrants and Refugees Organization (CAIRO), Centro Cultural de Condado de Washington, Chinese Friendship Association, Familias en Accion, Immigrant and Refugee Community Organization, Korean Society of Oregon, Latino Network, Leo'oe'ofa, Living Islands, Mercy Connections, Muslim Education Trust, Oregon Marshallese Community Association, Pacific Islanders of Intel, Project Access Now, Urban League of Portland, Vietnamese Community of Oregon and Young People Dreamers and Achievers. These organizations provide invaluable support before, during and after clinics. We will continue to commit funding, in addition to OHA funding, for vaccination work and to help organizations assist with recovery efforts.

Q: 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?

A: We use the feedback from our COVID-19 Racial Equity Advisory Group to tailor our vaccination efforts and clinics more closely to community needs. This includes providing more walk-in clinics, hosting clinics at community-identified sites, translating materials into additional languages and expanding hours and staff for our vaccine HelpLine.

We are providing \$2M of funding to culturally-specific CBOs to collaborate on vaccine work, including outreach and engagement, vaccine system navigation, culturally responsive communications, and other areas of work identified by CBOs that meet the needs and address barriers of different racial and ethnic communities.

Q: 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?

A: For all of our community clinics, we partner with our CBOs and members of the COVID-19 Racial Equity Advisory Group to share links to appointments so they can reach out to their clients, faith group members, families, and others they serve through newsletters, phone calls, and email lists. We also share these links on our Condado de Washington [Facebook page](#) and our vacuna [webpage](#). Only recently, as supply has outstripped demand and clinics have been slower to fill, have we started sharing appointment links for these clinics on our English language [Facebook page](#) and vaccine [webpage](#). In this way, we have prioritized the population we are trying to reach. We will soon have a list of vaccination events across Washington, Clackamas and Multnomah Counties so CBOs, Coordinated Care Organizations and other navigators can more

easily link individuals to a vaccine clinic that is convenient for them. As we become aware of other navigators, such as school partners, we will link them to these resources.

Q: 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?

A: We matched employers interested in getting their employees vaccinated with Virginia Garcia Memorial Health Center or ¡Salud! to either arrange to host an onsite vaccination clinic or to connect employees to existing clinics. We provided outreach to all employers who responded to the survey with information on local vaccine opportunities. We continue to partner with Virginia Garcia to plan vaccination events for migrant and seasonal farmworkers for the end of May through June as workers arrive.

We host a regular call with our partners who serve agricultural workers to share information, develop education and outreach plans, and identify resource needs and barriers. Partners include healthcare providers from Virginia Garcia, ¡Salud! and Neighborhood Health Center, as well as partners from community-based organizations.

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

A: We work with our CBO partners to address questions and bolster vaccine confidence in a variety of ways. Here are some examples:

- Host Facebook Live [events in Spanish](#) with Elemento Latino and Centro Cultural with a focus on answering questions and increasing vaccine confidence.
- Provide vaccine updates and information in our CBO newsletter (*examples attached*) to nearly 130 organizations. Topics include myths/facts about vaccines, tips on making a vaccination appointment or going to a walk-in clinic, and financial and mental health resources for those most affected by the pandemic.
- Provide interpretation in the languages most commonly spoken in Washington County at community clinics, having culturally sensitive staff on hand to answer questions.
- Promote social media campaigns with pictures and testimonials of people who are getting the vaccine.
- Provide support, content or technical assistance for partner organizations creating vaccine confidence messaging.

Q: What plans do the LPHA and its partners have to continue addressing vaccine confidence?

A: We will continue working with our partner CBOs, our COVID-19 Racial Advisory Group, and our employee Community Connector group to develop new strategies as we learn more about which specific groups are hesitant and the reasons behind this hesitancy as well as what barriers still exist and how we can address those barriers. The Metro counties are gathering research and considering a paid campaign to reach specific populations including 20 somethings, rural conservatives, and others who have expressed hesitancy. We use information we gather about hesitancy to inform future planning for clinic locations, hours and resources needed at clinics. We also encourage community leaders to attend the clinics and to wear pins that show they have been vaccinated.

Q: 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.

A: In addition to the strategies mentioned in previous questions we are:

- Running Spanish-language ads on two radio stations promoting our HelpLine and community clinics.
- Distributing HelpLine flyers and postcards in highly visible locations including M and M market, local micro and small businesses, including Latino grocery stores and food service minority-owned businesses, library locations and library books, at vaccination clinics, in food baskets and other locations.
- Writing a Spanish-language novella to distribute in hard copy and [via social](#) media channels to educate community members about continued safety precautions and the importance of vaccination.
- Working with CBO partners to encourage vaccination conversations in neighborhoods, walking neighborhoods to inform the community about walk-in clinics.
- Contracting with bicultural/bilingual (English/Spanish) photographer and video editor to produce PSAs, animated videos, and live streamline with vaccine updates.
- Meeting with community leaders, such as those from Russian speaking populations, to discuss vaccination confidence efforts and co-design additional strategies based on information shared.

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

A: We have interpreters at our community clinics and translated signs (see example at right) that give instructions and guide people in their native language. If we don't have an interpreter who speaks the language needed at a particular event, we use contracted phone interpretation services. Additionally, many of our clinic host staff are bilingual.



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

A: It has been difficult for many of our Washington County community members to get to the mass vaccination site at the convention center, and at the airport. With those locations and the Hillsboro Stadium closing, we are planning our county clinics in locations that will reduce transportation barriers. We contract with Ride Connection to provide transportation services to people 60 and over, adults with physical disabilities, and veterans of any age who need transportation to/from vaccine clinics.

- We are planning mass vaccination clinics (500-1000 doses a day) on, or near, mass transit routes and will continue to message about transportation resources including Trimet, Ride Connection, as well as the new Lyft and Uber options.

- Our community-based clinics (200-500 doses a day) will be located near mass transit or in a location that serves a population that already have access to that site.
- Our mobile clinics (50-200 doses a day) will go into communities with low vaccine uptake (identified by zip codes), and those that are further away from pharmacies or other convenient vaccination locations. We will also be going into high-density, low-income housing complexes, ethnic grocery stores, marketplaces, and other gathering spaces.

Q: 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?

A: In collaboration with community partners we are developing and promoting vaccine opportunities for youth in communities of color:

- School-based – We are exploring opportunities to do onsite vaccination at schools in zip codes with higher rates of COVID-19 and lower rates of vaccinations, including partnering with school-based health centers and vaccine events.
- Clinic promotion – We have planned four medium-sized clinics that will be providing Pfizer vaccine (Beaverton, Hillsboro, Tigard and Tualatin). We will promote through CBOs and other organizations serving youth in those communities as well as to school districts.
- Mass vaccination – in partnership with Virginia Garcia and FEMA we are helping to develop a 2-week Pfizer campaign that will focus on underserved communities with a focus on access for youth.

Q: 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?

A: We have several ways of reporting on progress and engaging with our CBO partners. These include:

- Sharing vaccine data and progress with our COVID-19 Racial Equity Advisory Group which meets twice monthly.
- Incorporating recommendations from our COVID-19 Racial Equity Advisory Group into our vaccine planning efforts, and continually working with CBO partners to adjust our strategies as needed.
- Coordinating with our county, health system, CCO and CBO partners serving the tri-county region to coordinate across county lines and align our efforts to reduce duplication and leverage resources to increase access for racial and ethnic groups across the region.
- Sharing information and feedback through several public information and communication workgroups.

Required Attestation Statement:

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.



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