

Lane County Vaccine Equity Plan

May 2021



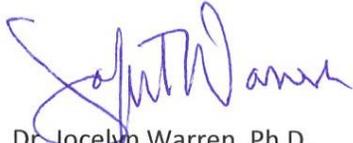
PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

Submitted May 27, 2021

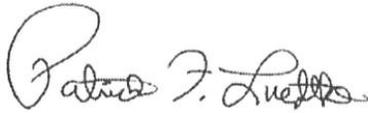
Required Attestation Statement:

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.



Dr. Jocelyn Warren, Ph.D.
Lane County Public Health Administrator



Dr. Patrick Luedtke, M.D.
Lane County Public Health Officer



Steve Mokrohisky
Lane County Administrator
[on behalf of the Board of County Commissioners, Lane County]

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?

Data 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. Only people who identify as Native Hawaiian/Pacific Islander (50.3%) have been vaccinated as a group at a higher percentage than people who identify as white (49.3%). The group with the lowest percentage of vaccination is American Indian/Alaskan Native people at 27.8%. LatinX/Hispanic and Hispanic people represent the second largest racial/ethnic group in Lane County at about 8% of the total population. Overall, 32.1% of those who identify as LatinX/Hispanic have been vaccinated.

There are likely many factors that contribute to the current disparities in vaccination rates between white people and people of color, including:

- The initial groups that were prioritized for vaccines were health care workers (especially those working in hospitals) and educators. Compared with the population as a whole, these groups tend to have lower percentages of people of color and higher percentages of white people.
- Because life expectancy is less and pre-existing conditions that are correlated to COVID death are experienced at higher rates in communities of color, the eligibility guidelines set out by the CDC and OHA favored white elders over communities of color. Because the median age is lower among communities of color in Lane County, the white population initially was vaccinated at higher rates.
- Historical and contemporary experiences of bias, exploitation, and racism in the U.S. health care system and in Lane County have eroded trust and confidence in public health and medical programs, including vaccination programs, among people of color and other marginalized groups.
- Mass vaccination clinics in the first several weeks were limited to weekends, which may have been inaccessible for workers in specific industries and people who don't have transportation.

Lane County Public Health is addressing barriers to vaccination and working to achieve vaccination parity through the following strategies:

- Began collaborating with community partners early in the pandemic to develop relationships and focus collective efforts on increasing COVID-19 testing, preventive behaviors, and vaccination.
- Developed an Incident Command Structure that includes a team devoted to community-based vaccination strategies and an Equity Officer on the Command Team to ensure that all activities within the Emergency Operations Center (EOC) are evaluated from an equity perspective.
- Ongoing use of surveillance data to identify the greatest needs in our county and work with community partners to identify and develop the best strategies to meet those needs.
- Reassigned and hired additional bilingual/bicultural staff to develop appropriate communications and staff the mass and community vaccination clinics. Bilingual staff are also available to schedule appointments over the phone for those not comfortable with or without access to a computer.

- Creating and deploying trauma-informed mobile vaccination teams that are able to access pockets of rural and other under-vaccinated populations, to provide vaccinations, COVID literacy information and resources.
- Identifying culturally appropriate community ambassadors to work within populations groups that are under vaccinated as a way to increase information and access to vaccine/resource information.
- Creation of the Community-Based Organization (CBO) Code program in the early stages of vaccination to ensure appointment access to communities of color and people within the ID/DD community during weekend mass vaccination clinics.

Data published by OHA also reveal that Lane County is closer to achieving vaccine parity than other similarly sized counties. Lane County ranks first in vaccination of the LatinX/Hispanic population, third in the vaccination of the Black population, fifth in vaccination of the Asian and Native Hawaiian/Pacific Islander populations, and seventh in the vaccination of the American Indian/Alaskan Native population. Although we have made some gains, there remains much work to do to reduce the inequities in vaccination observed between groups.

Initiatives to increase vaccination parity within communities of color:

- Worked closely with the University of Oregon’s Hawaii and Pacific Islands Club to host smaller vaccination events for American Asian, Desi and Pacific Island population.
- Co-hosted events with Asian Council of Oregon to host a Janssen vaccine clinic.
- Support ongoing tribal vaccination efforts by consciously collaborating with 4J NATIVES program on 12+ vaccinations.
- Targeted outreach and support of non OHA-funded CBOs for smaller vaccination clinics.

Lane County uses the weekly ALERT jurisdictional data exports to identify geographic areas and populations needs, so that we can plan vaccine clinics in those regions, with those communities, and address vaccination disparities. For example, we used mapping features along with zip code level vaccination rates (Table 1, pg. 15) to identify geographic areas with lower vaccine rates in which to establish recurring vaccination clinics. Below are the details of these recurring clinics:

- Churchill High School (zip code 97402), has the highest Latinx/Hispanic population in the county (16.53%). While 50% of the general population in that zip code have been vaccinated, only ~29% of the LatinX/Hispanic residents in that zip code have been.
- North Eugene High School (zip code 97404): this area’s vaccination rate is 54% for the general population and 37% LatinX/Hispanic.
- Bob Keefer Willamalane Center (zip code 97478) has been a recurring vaccination site to raise vaccination rates in that zip code from 43% for the general population and 25% for LatinX/Hispanic residents.

We have also been using both U.S. Census tract and ZIP Code level data to understand vaccination rates across race/ethnicity categories as well as rural and urban differences (See Figure 1, pg. 16).

Lane County is in the planning stages for other recurring clinics in locations where vaccination disparities are evident. In our rural communities we have seen success in raising the vaccination rates (63% general

population) in the rural coastal town of Florence (97439). For the McKenzie Valley area affected by the Holiday Farm Fire, we've provided multiple clinics over the past three months. We are planning follow-up events to focus on LatinX/Hispanic vaccination efforts in that region to raise vaccination rates among that population (currently at 40%).

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

Upon mobilization of a COVID-19 Emergency Operations Center using Incident Command structure in early 2020, Lane County has prioritized race/ethnicity equity in our pandemic response. Prior to vaccine roll-out that began in December, our EOC mobilized a Community Based Organization (CBO) Engagement & Outreach Branch that built upon existing LCPH relationships within the county to focus on such issues as targeted and culturally appropriate education, co-hosted testing clinics, and access to PPE. As the vaccine rollout process accelerated in early 2021, our EOC reorganized its branch structure to create a Tailored Strategies team within our Vaccination Branch to focus on how best to transform existing efforts into targeted vaccine access strategies. These early efforts within our EOC structure were informed by an ad hoc advisory group composed of members of Lane County Health & Human Services' Trauma Informed Care Committee and the Equity Committee. Further, we recognized the need for an Equity Officer as part of our EOC Command Team and filled that position in late March of 2021.

Since the inception of mass vaccination, the county has used a pre-registration process available in English and Spanish. Lane County staff who were already doing targeted outreach and testing events assisted with pre-registering people and following the recommendation of our internal equity advisors, our Vaccine Branch provided prioritization to people who self-identified as people of color in any given eligibility group. Our COVID Call Center also pre-registered community members over the phone (via both inbound and outbound calls) who lacked access to technology and/or internet access, in both English and Spanish. Our vaccination partner, PeaceHealth, also prioritized communities of color among the 80+ age group for its vaccination clinics at our urging.

In March 2021 – prior to general population vaccine eligibility - Lane County began offering scheduling prioritization (using administrative codes) for CBOs serving communities of color as well as other institutionally underserved populations at the county's vaccination events. Lane County offered this access to the NAACP of Eugene/Springfield, ARC of Lane County, Lane Independent Living Association (LILA), the League of United Latin American Citizens (LULAC), Centro Latino Americano, the Relief Nursery, the University of Oregon's Hawaiian and Pacific Islander Club, and HIV Alliance, as well as other community stakeholders.

The effectiveness of the CBO strategy was reflected in increases of our county's Black, LatinX/Hispanic, Indigenous, and Asian American vaccination rates as a proportion of the vaccinated population. When this prioritization was enacted, we saw noticeable increases among community members self-identified

in REALD categories, with increases of 82% among LatinX/Hispanic populations, 74% for Asian, 71% for Hawaiian, 57% for Black, and 20% for American Indian/Alaskan Native (AI/AN) (*data available upon request*).

Our Health Officer provided a standing vaccination order to cover CTCLUSI nursing staff to enable over 1,000 vaccinations in Lane County among tribal members and facilitated connections to the health officers of neighboring counties for standing orders.

At each step of vaccine eligibility, the Tailored Strategies team within our Vaccination Branch has focused on scheduling and delivering clinics using an equity lens. This team meets weekly to develop and implement specific vaccine outreach strategies for communities of color. To date, the team has held over 38 clinics across Lane County and has 27 more in the planning stage.

We know that increasingly sophisticated approaches are needed to reach vaccine parity for all members of our community. Lane County is committed to deploying culturally appropriate vaccination teams, to learning from the community about what works best, to supplying resources such as food and transportation, and to not allowing traditional barriers to prevent people of color from getting vaccinated. All of this is with an eye towards the future and a goal of building and maintaining relationships with both traditional and non-traditional leaders in communities of color. Lane County's largest non-white population is LatinX/Hispanic. We are using vaccination strategies that are continuously evaluated and adapted to respond to the diverse needs of this community. Our LatinX/Hispanic community members face barriers such as language access, fears surrounding law enforcement, fear of ICE including worries that immigration documentation is required to receive vaccinations, feeling unsafe at larger drive-through vaccination events, and a need for culturally-informed education in order to build vaccination confidence.

Indigenous and Tribal Community Members

An unknown number of Indigenous and Tribal community members in Lane County have been vaccinated by the VA and by Tribal Health Centers across the county and neighboring counties. The entirety of these data are not yet reflected in the OHA vaccine reporting.

Beginning in February the Coquille tribe offered vaccinations to all Coos, Curry, Lane, Douglas, and Jackson residents over 18 years old at the Mill Casino-Hotel. The Confederated Tribes of Siletz Indians reported vaccinating one-third enrolled members in March. Tribal vaccine efforts were done through the state of Oregon, the VA, or the Federal Indian Health Service. The Coquille Tribe opened an outpatient health clinic in Eugene in January with an Indian Community Development Block grant from HUD. These efforts expanded to The Mill Casino Hotel, Roseburg, Medford, and Portland and as of March 5, the health and human administrator for the Coquille said their vaccinations exceeded tribal enrollment. From May-August their vaccine events will be smaller and located on site at the tribal clinic and surrounding Kilkich locations, serving 10-20 people at a time.

The Confederated Tribes of the Grand Ronde reported giving over 12,000 vaccines at the end of March. The Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians report having all their vaccination needs being fulfilled in collaboration with local pharmacies.

The Confederated Tribes of the Siletz Indians has been providing vaccinations for tribe members at the Siletz Community Health Clinic.

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

As vaccine eligibility has expanded, Lane County created mobile vaccination clinics that can scale up or down in size, with staff who can provide culturally aware and trauma-informed vaccination clinics to our county's communities of color and others facing barriers to vaccine access. Since February the county has arranged 14 mobile events. Communities can request to hold a small vaccination clinic in conjunctions with LCPH by accessing a link (available in English and Spanish).

We work in collaboration with CBOs, local businesses and schools serving people of color to select vaccination sites that are identified by the communities themselves. We provide bilingual Spanish vaccinators and staff, materials on-site in culturally appropriate languages, arrange for additional interpreters, and provide the requested vaccine, if available. Some examples of CBO-specific vaccine requests we have been able to fulfill include the LatinX Alliance's preference for Janssen and LULAC requesting Moderna.

We have been learning from community partners whether and which incentives are likely to reduce specific barriers to vaccination and would encourage more whole families to be vaccinated. In order to encourage vaccination and address barriers, we have included hot meals at mobile boost events, scheduled events on Friday evenings to allow for recovery time post vaccination and will provide a smaller drive thru clinic for our coastal ID/DD community.

This work also supports the efforts of CBOs such as Occupy Medical's Black Thistle, Carry it Forward, Stop Death on the Streets, White Bird, and River Avenue Clinics to vaccinate the unhoused and unsheltered residents of Lane County as well as provide services and facilities for those in quarantine and isolation.

As part of continuing efforts to make vaccination efforts equitable, Lane County's COVID Incident Command has embedded two equity positions into the command staff in the Emergency Operations Center. The Deputy Equity Officer and Equity Officer advise on all aspects of the COVID response and work collaboratively with response staff who serve as Equity Technical Assistance advisors to assess and provide insights about vaccine equity gaps and successes across branches in our day-to-day operations.

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

We use OHA jurisdictional ALERT data exports for Lane County vaccination to identify areas with higher percentages of residents of color and lower vaccination rates and hold clinics in those neighborhoods. Starting this month, we are holding recurring vaccine clinics at local schools in these neighborhoods-- to aid in trust-building and consistency. We are recruiting additional Spanish-speaking providers as on-site educators for monolingual Spanish speakers and others with questions or concerns regarding vaccination.

Our Tailored Strategies team seeks to meet as many community-identified needs as possible when providing vaccination clinics. For example, in April, our Tailored Strategies team worked in collaboration with a local CBOs serving LatinX/Hispanic community members (the Family Resource Center and the Rural Organizing Project) along with local businesses, to sign-up Spanish and Mam-speaking community

members. These efforts were successful in signing up 200 people before the clinic opened to the general public. Around 500 vaccines were administered at the event.

The team works with employers to schedule on-site clinics for businesses with large percentages of LatinX/Hispanic employees. This is an additional way to reach people who may not be connected to a CBO, as well as their families. Some recent examples include Rexius, Oregon Ice Cream, and Paktec.

When we are unable to host a requested clinic in the desired time-frame or manner that is comfortable for the community, we connect these groups with other organizations who can fulfill that need. Staff participates in weekly vaccination coordination meetings with a wide range of partners involved in vaccination across the County, including CCOs. This ensures that information is disseminated in a timely fashion, that gaps and needs are identified, and that the group is able to troubleshoot each week.

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:

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?

Lane County continues to support our local community partners' efforts to expand access to vaccines to all community members. The county has expanded its small clinic capabilities and is hosting several weekly clinics in collaboration with CBOs and other community partners. Some of our upcoming events include another large clinic in Cottage Grove at Harrison Elementary School. The county is also assisting in getting the word out to LatinX/Hispanic community members, in collaboration with local CBOs. In the next few weeks, Lane County Public Health will also be providing vaccine, vaccinators, staff, and materials for vaccination clinics in Junction City, Eugene, and Springfield, at the request of Centro Latino Americano.

We have hired bilingual vaccinators, medical leads, registration and logistics staff who are trauma-informed and equity-trained to provide culturally-representative and responsive vaccine clinics as part of our mobile vaccination clinic strategy. We continuously develop and review Spanish-language written materials (i.e., website information and flyers) and we develop bespoke materials requested by CBOs for their outreach and educational efforts. The county has contracts with multiple certified translation services to translate all web content, social media posts, vaccine newsletters, and wait-list emails in Spanish.

Our Public Information team has worked with the City of Eugene on a Spanish-language campaign with local media presence, La eKiss and Radio La Que Buena on COVID vaccination. We are now transitioning to sharing weekly vaccine clinic information with local Spanish-language media influencers and radio shows. We have collaborated with Centro Latino Americano in providing weekly press conferences in Spanish that were broadcast on social media.

We facilitate a weekly meeting with leaders in the Black community to coordinate events and messaging. These meetings have resulted in increased trust between the participants and LCPH as well as between CBOs. We have coordinated small clinics, CBO codes, and vaccine confidence events.

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?

Lane County Public Health staff participate in a variety of weekly meetings with local CBOs, Coordinated Care Organizations, and other community stakeholders. The upcoming events are discussed at these meetings to inform outreach and registration efforts. All Lane County Public Health vaccination clinics are now open to the public without appointment and our partners are making that information available in their outreach efforts.

A barrier we are currently evaluating is the need for a centralized calendar with all upcoming vaccination events. We continue to explore the best means of accomplishing this since the schedule is dynamic and constantly evolving. Public Health staff are in the process of collaborating with outside partners to share this information in a way that is accessible and accurate.

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?

Lane County staff contacted all the employers surveyed who indicated interest in on-site clinics to schedule for those who were still interested. We have also provided vaccination information and assisted employees in signing up for clinics, including doing on-site visits to some businesses to sign-up employees (and any interested family members) for clinics.

In April, Lane County Public Health held a vaccination clinic at King Estate Winery for 90 workers of mostly LatinX/Hispanic migrant and seasonal farmworkers. We continue outreach efforts to farms and are in the planning stages with some local farms to hold on-site vaccination clinics for workers and their families in June.

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

The BIPOC Communications Liaisons and the Deputy Equity Officer created the [Elders of Color campaign](#) to leverage the trust they have in their community to encourage vaccinations among their peers as well as younger members of the community. These interviews were primarily of Black elders in Lane County and also included the participation of Indigenous and LatinX/Hispanic elders, who shared their reasons for getting vaccinated. The videos are

Dr. Patrick Luedtke, our Health Officer, has hosted webinars to increase vaccine confidence:

- 3/9/21, “Vaccine Confidence in the Black Community” – NAACP, Black Unity, St. Mark CME Church and 8:46 Justice Today
- 4/28/21, “COVID 19 Vaccination Virtual Townhall for Clergy and Leaders of the Faith Community” – Organized by Rhonda Busek, the Executive Director for the Lane Community Health Council, with Jocelyn Warren, LCPH’s Public Health Manager.
- Panel discussions about the vaccine with the County’s Incident Response Public Information Officer, Jason Davis, and Dr. Luedtke at the ARC for Lane County.
- Vaccine confidence training with LCPH’s Maternal and Child Health nurses and local CBO, the Relief Nursery’s staff.

available on Lane County Public Health's social media accounts.

Lane County staff participated in a three-part podcast series with local podcaster Ayisha Elliot ([Black Girl in Eugene](#)), about health disparities in the Black community that addressed increasing vaccine confidence, health equity, and the work that LCPH has done in the community to address inequities in April and May.

LINKS:

- <https://anchor.fm/ayisha-elliott/episodes/Bridging-broken-relations-w-Black-community-e10ihm1>

Bridging Broken Relations with the Black Community: Lane County staff discuss what it's like behind-the-scenes of administering vaccines during this pandemic particularly to communities of color who have a broken relationship to the government and specifically healthcare

- <https://anchor.fm/ayisha-elliott/episodes/Racism-is-a-now-considered-public-health-crisis-evjctv>

Racism is Now Considered a Public Health Crisis: Volunteers in Medicine and Lane County staff discuss the 2020 Health Equity Report and Lane County announcing that racism is a public health crisis.

- <https://anchor.fm/ayisha-elliott/episodes/Historic-violence-on-Black-People-in-Healthcare-ev5n30>

Historic Violence on Black People in Healthcare: Lane County staff discuss the historic origins of the health care system and its ties with the Black community, as well as how historic violence is correlated with vaccine hesitancy among a community disproportionately impacted by COVID.

The county has utilized BRINK communications to ensure that general campaign materials are culturally appropriate and represent diversity in a positive way.

Our Health Officers, Dr. Luedtke and Dr. Guzman, provide regular news interviews and host twice weekly calls for local providers to share the most up-to-date information as well as strategies to increase vaccine confidence among patients.

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

Lane County is in the midst of a robust public engagement process around vaccine confidence. We continue to seek the input of our community partners on messaging so that we can assist in developing and sharing. Key components of our strategy include:

- On May 26, Dr. Luedtke will host a Virtual Town Hall that will be inter-faith based with attendance from local churches and the Eugene Islamic Center.
- LatinX/Hispanic CBOs asked for a Myths and Facts handout and Black community leaders requested messaging about vaccine supply. In response to the specific request from the

LatinX/Hispanic community, the “Myths and Facts” document will be disseminated across local Spanish-language media and will be printed as flyers our community partners will use. This is in addition to the myths and facts information that currently exists on the County’s webpage in English and Spanish.

- Several Local CBOs have identified phone banking as their most effective means of outreach. LCPH staff are supporting the efforts of Centro Latino Americano to call 3,000 Spanish-speaking families with an educational script that consists of common questions and concerns addresses myths with fact-based evidence and provides information on vaccination site locations.
- LCPH in partnership with the University of Oregon and CBO Escudo Latino frequently survey LatinX/Hispanic community members in order to better understand barriers experienced by its community members. We work in and with community to identify barriers that we are able to address in messaging and tailored outreach strategies.
- The “Doctor is In” weekly webinar was launched this week in an effort to stimulate COVID related conversation between health care providers and community members. The weekly webinar features a rotating list of providers and will be broadcast in both English and Spanish. Listeners are encouraged to submit questions to be answered in real time.

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.

[See previous two answers for more information]

Lane County’s Incident Response staff includes BIPOC Communications Liaisons as part of our COVID response. They are part of the Public Information staff. These staff serve as a cultural bridge between community-based organizations, health care agencies, and their respective communities In addition, These staff build on existing relationships across the community and create new connections with underserved populations to utilize new communication channels, identify key elected and community leaders in the communities, and collaborate on messaging, education, and vaccine clinics.

The BIPOC Communication Liaisons also partner with the Vaccination Branch Director, Equity Officer, the Deputy Equity Officer, community response network consultants, and Lane County’s Public Health Communicable Disease staff for vaccine outreach efforts and education. They regularly communicate externally with CBOs, medical providers, OHA and other key stakeholders, including at the weekly Black Community Leaders meeting, to identify and address vaccine equity gaps and reassess strategies.

LCPH works with CBOs to determine the best routes for communication for the communities that they serve. The PIO team creates visuals and graphics that are requested and these are shared by other partners as well and at vaccination sites. For example, Centro Latino Americano requested a dynamic graphic to demonstrate how close the county is to reaching the 65% vaccination rate. The PIO generated a branded graphic and shared it widely among partners. .

LCPH creates Spanish-language flyers about the vaccines that use language that is at a literacy level that makes it broadly accessible. The flyers make it clear that no insurance or immigration proof is needed to receive a vaccination. These flyers are being disseminated by community-based partners, including the

staff of CAHOOTS, who are distributing these flyers at LatinX/Hispanic businesses around the Eugene/Springfield metro community.

LCPH is recruiting LatinX/Hispanic community members for interviews in Spanish that will be shared across our platforms, about why they chose to get vaccinated and what the experience was like for them as a strategy to increase vaccine confidence and dispel misinformation.

Our COVID call center also is an invaluable resource for community members. The call center can schedule appointments, provide COVID literacy information, answer questions, and dispel myths and rumors. The Center has also partnered with Community Health Centers of Lane County to make outbound calls for scheduling vaccine appointments.

Finally, we take advantage of existing opportunities to promote vaccinations at community events, including the Asian Celebration this summer. We have also worked in conjunction with NAACP to provide a health fair at a vaccination boost event held by the organization.

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

LCPH strives to have Spanish-speaking, bilingual staff at every vaccination event. When our Spanish-language interpretation needs are broader than what county staff can provide (such as at our large-scale mass vaccination clinics), we hire Linguava to provide in person and/or over the phone certified medical interpretation. Linguava is also always available by phone for other language interpretation needs at all our vaccination clinics.

At community events for which we anticipate other language needs, we strive to provide in-person interpreters. In south Lane County, for example, we partner with local CBOs to have Mam-speaking interpreters on site for Indigenous Guatemalan Mam-speaking community members who attend our vaccination clinics.

We have VARs and info sheets available in Spanish at every clinic, and in other languages when community members request additional language support in pre-event registration.

Our large vaccination clinics provide white vests for Spanish interpreters so they are readily identifiable at a distance by other staff who may need their assistance and by community members. We regularly evaluate our Spanish signage and improve it when adjustments are needed.

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

LCPH's case management team has arranged 126 rides to people attending a vaccination clinic between 3/21/21 and 5/17/21 in collaboration with Rideshare and Oregon Taxi. Since our earliest mass vaccination clinics, we've partnered with Lane Transit District to coordinate RideSource transportation assistance by ensuring that LTD had advance notice of all clinics. Further, we created express lanes for RideSource buses and taxis to quickly speed them through clinic traffic.

LCPH strives to continue offering smaller clinics at locations that are convenient to community members with access needs. For example, we have held clinics in 55+ mobile home parks in rural and metro Lane County. In addition, we have held fifteen events in the past two months for the unhoused and unsheltered, including those displaced by wildfires living in hotels. We have weekly vaccination clinics at

encampments for the unhoused and unsheltered in collaboration with community providers who are known and trusted by those community members.

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?

LCPH plans to continue holding vaccine clinics at school sites that are trusted, known, and accessible to youth of color. We partnered with the NAACP and the Black Student Union of Churchill High School in Eugene for two Pfizer prime and boost clinics.

In partnership with the 4J, Bethel, and Springfield school districts we are beginning to hold vaccine clinics at the same school site and time as school food box pick-ups to maximize family walk-ins.

We held a small clinic for Ophelia's Place, a local CBO that supports adolescent girls for 16+ and plan to have a follow up clinic for 12+.

In May we held both a prime and booster vaccine clinic for the University of Oregon, Hawaii and Pacific Island Club at the request of the community. This event included food, dance, and music. LCPH plans to continue holding community-partnered vaccine clinics, using resources such as food and music to make the event feel welcoming and safe.

In partnership with Centro Latino Americano and the University of Oregon, Lane County has assisted with testing site clinics at schools with many LatinX/Hispanic students. We will continue to support in transitioning these sites to vaccination clinics. Upcoming weekend vaccine clinics include Churchill High School (Eugene), the Arc of Lane County (Springfield) and Junction City High School.

LCPH's mobile vaccination teams are holding recurring weekly vaccination clinics at schools in areas of county with higher COVID rates and higher populations of LatinX/Hispanic students that will be promoted on Spanish-language local media. The school district is supporting these efforts by calling or texting families that self-identified as Spanish-speaking and/or families of color, to let them know about these events.

We are exploring incentive strategies such as coffee gift cards for harder-to-reach students who get vaccinated. This has not yet been implemented but is being explored.

Bethel school district is offering vaccinations to students and the Bethel community with vaccine allocated by LCPH. This school district has a significant LatinX/Hispanic student population.

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?

The Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI) have worked in collaboration with Lane County's Health Officer, Dr. Patrick Luedtke. In collaboration with the CTCLUSI Community Health Nurse, Kristy Petrie, RN, Dr. Luedtke drafted a standing order for Confederated Tribes, under which she has been able to vaccinate over 1000 individuals. Dr. Luedtke has also assisted other tribal partners across nearby counties to provide them with vaccination standing orders.

Lane County has focused on inter-governmental relationships with Tribal governments during the pandemic. As we continue to evaluate our vaccination efforts in terms of engagement with CBOs, we recognize the opportunity to bolster relationships with our county's Tribal governments and offer assistance and support to their vaccination initiatives. We are grateful for Tribal vaccination efforts that expanded beyond their own tribe members, once they had been vaccinated, into vaccinating non-tribal residents who attended their vaccination clinics. Lane County Public Health's Emergency Preparedness Coordinator, Selene Jaramillo, has ongoing relationships with the Siletz Tribe and the CTCLUSI.

In terms of Lane County's rural vaccination efforts, we have had great success in the rural, coastal community of Florence (zip code 97439), where we have had several large vaccination clinics with Lane County Search and Rescue (SAR). SAR has also been successful in vaccinating the rural communities along the McKenzie River corridor, which was the epicenter of the Holiday Farm Fire in September, 2020. These clinics take place at Blue River High School and the McKenzie Fire Station in Leaburg (zip code 97489). Our high vaccination rates in those areas reflect these efforts.

Additionally, we have continued to vaccinate residents who were displaced by the fire and are temporarily housed at the Red Lion Inn, in Eugene, which was purchased by Lane County and will become a limited-income housing development. Early in vaccination efforts, LCPH pushed out doses of vaccine to rural areas where seniors live in higher numbers, so older adults would not have to find transportation to Eugene to be vaccinated. The vaccine transfers were done directly to local pharmacies around Lane County for each expanded eligibility group. We have also coordinated provision of vaccine doses to all 16 school districts in Lane County, to ensure vaccine access for students in rural areas. In the rural community of Oakridge (zip code 97463) and the Highway 58 corridor, LCPH has partnered with the Orchid Clinic, the local fire department, and the City of Oakridge to provide vaccinations.

Lane County's BIPOC Communications Liaisons continue to engage community leaders to help schedule vaccine clinics and receive and relate feedback so we may continuously adapt and improve our vaccination strategies. The weekly meeting with leaders in the Black community will continue and we will focus on information sharing, event planning, and coordination of messages. Our BIPOC communications liaisons also report on vaccination trends within Black, Indigenous and other communities of color to a broader Lane County community audience. Lane County's COVID Incident press releases relating to equity and vaccine access are hosted by the Public Information and BIPOC communications teams.

Our weekly communication strategies are multiple:

- The Tailored Strategies team holds weekly LatinX Outreach meetings to stay up-to-date with LatinX/Hispanic community partner needs and to have clarity about our strategies and efforts in vaccinating community members.
- LCPH staff attend weekly CBO meetings in partnership with OHA. These meetings are opportunities to receive feedback from CBOs and relay it back to our command staff.
- LCPH staff will continue to meet with providers, including the CCOs to coordinate vaccine efforts where gaps exist.
- LCPH will continue to engage in COVID-related community conversations in order to inform future strategies.

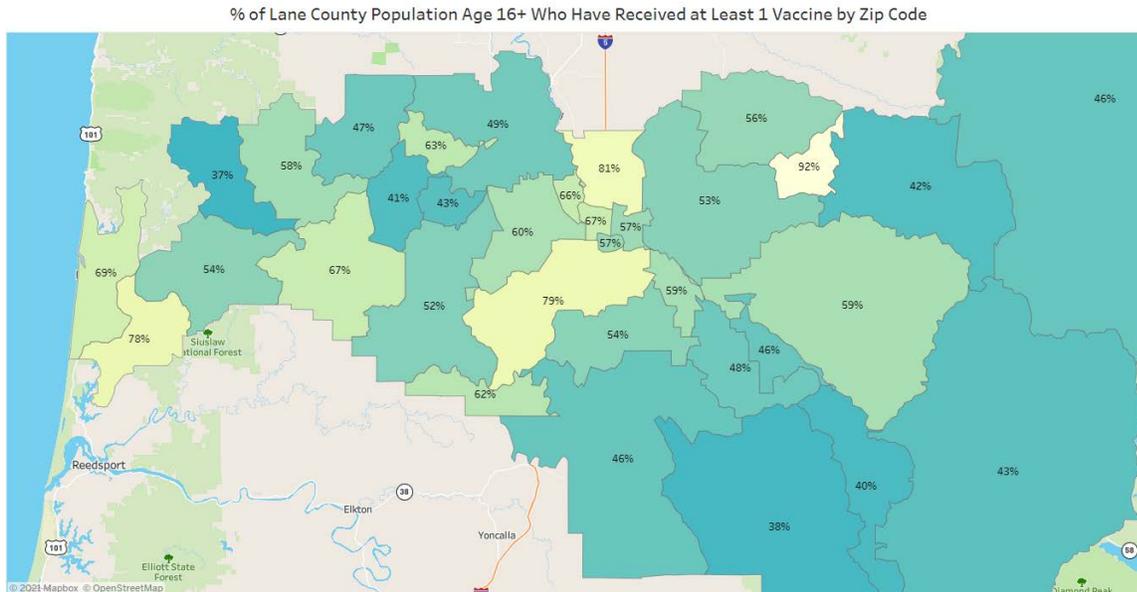
TABLE 1 (Vaccine Rates by Zip Code)

Vaccine Table (data as of 5/17/2021)

Zip	Population	~Hispanic Population	Unique Clients Vaccinated	Latinx Clients Vaccinated	% Vaccinated Clients Latinx	% Population Latinx	~% Population Vaccinated	~% Latinx Pop Vaccinated	Diff b/t % Pop Vaccinated & % Latinx Pop Vaccinated
Unknown			1,003	59	5.88%				
97324	1,297	62	6	0	0.00%	4.78%	0.46%	0.00%	-0.46%
97390	978	39	8	0	0.00%	3.99%	0.82%	0.00%	-0.82%
97401	44,750	2,577	27,041	1,614	5.97%	5.76%	60.43%	62.63%	2.20%
97402	51,489	8,511	25,915	2,448	9.45%	16.53%	50.33%	28.76%	-21.57%
97403	13,021	868	7,062	456	6.46%	6.67%	54.24%	52.53%	-1.70%
97404	34,390	2,918	18,470	1,081	5.85%	8.49%	53.71%	37.05%	-16.66%
97405	46,270	3,194	30,151	1,190	3.95%	6.90%	65.16%	37.26%	-27.91%
97408	13,069	697	9,014	411	4.56%	5.33%	68.97%	58.97%	-10.01%
97412	459	23	203	7	3.45%	5.01%	44.23%	30.43%	-13.79%
97413	955	15	404	11	2.72%	1.57%	42.30%	73.33%	31.03%
97419	1,143	121	554	19	3.43%	10.59%	48.47%	15.70%	-32.77%
97424	17,854	1,462	6,932	323	4.66%	8.19%	38.83%	22.09%	-16.73%
97426	9,635	485	4,316	174	4.03%	5.03%	44.80%	35.88%	-8.92%
97430	347	2	176	4	2.27%	0.58%	50.72%	200.00%	149.28%
97431	2,381	57	942	22	2.34%	2.39%	39.56%	38.60%	-0.97%
97434	930	57	314	12	3.82%	6.13%	33.76%	21.05%	-12.71%
97437	2,914	40	1,102	31	2.81%	1.37%	37.82%	77.50%	39.68%
97438	1,098	24	552	19	3.44%	2.19%	50.27%	79.17%	28.89%
97439	14,413	556	9,104	221	2.43%	3.86%	63.17%	39.75%	-23.42%
97448	12,889	1,156	5,222	285	5.46%	8.97%	40.52%	24.65%	-15.86%
97451	339	0	199	0	0.00%	0.00%	58.70%		
97452	1,650	87	662	24	3.63%	5.27%	40.12%	27.59%	-12.54%
97453	929	60	373	6	1.61%	6.46%	40.15%	10.00%	-30.15%
97454	1,389	42	694	20	2.88%	3.02%	49.96%	47.62%	-2.34%
97455	2,861	110	1,389	43	3.10%	3.84%	48.55%	39.09%	-9.46%
97461	810	0	284	8	2.82%	0.00%	35.06%		
97463	3,866	119	1,436	48	3.34%	3.08%	37.14%	40.34%	3.19%
97477	37,031	2,998	17,654	1,481	8.39%	8.10%	47.67%	49.40%	1.73%
97478	39,440	4,666	17,032	1,205	7.07%	11.83%	43.18%	25.83%	-17.36%
97480	317	14	115	3	2.61%	4.42%	36.28%	21.43%	-14.85%

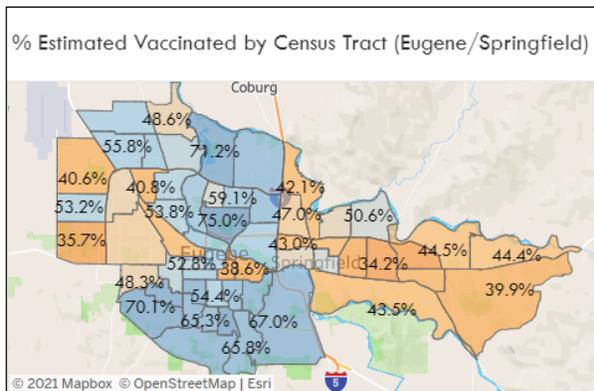
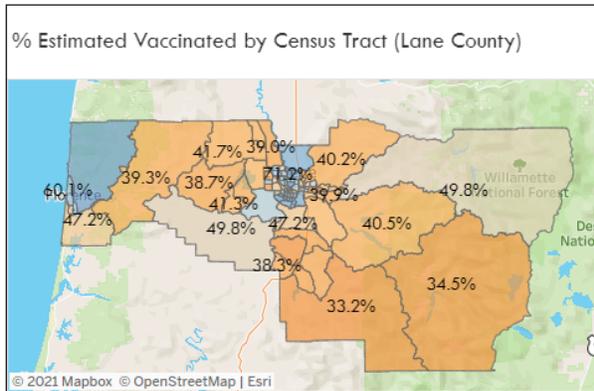
Population Estimates by Zip Code from US Census ACS 2018

Figure 1 (Vaccination Rates by Zip Code – U.S. Census-Derived Data)



% Vaccinated by Census Tract (click to filter): % Population Vaccinated

Population from ACS 2019 5-year estimates
Updated from 5/17/21 Data



% Estimated Vaccinated by Census Tract (table)

Census Tract	% of Tract 16+ Vaccinated	% of 16+ Vaccinated, Latinx	% of 16+ Vaccinated, Al/AN	% of 16+ Vaccinated, Asian	% of 16+ Vaccinated, Black
003700	27.63%	28.75%	70.00%	36.23%	21.15%
001902	34.06%	40.14%	5.62%	38.46%	
003800	34.20%	26.15%	4.92%	18.96%	106.25%
001400	34.84%	24.11%	66.67%	25.00%	
001201	36.40%	45.98%	8.24%	9.62%	3.95%
001903	38.30%	56.34%	25.00%	4.29%	
002504	38.70%	29.92%	16.90%	126.92%	
001102	39.71%	50.12%	45.00%	29.03%	
001500	40.41%	59.24%	6.67%		
003400	40.86%	59.88%	20.37%	163.64%	22.54%
000902	40.94%	51.82%	18.52%	3.77%	12.50%
001904	41.45%	40.92%	6.58%	80.95%	29.41%
001302	41.70%	28.64%	22.58%	66.67%	7.14%
000903	42.48%	15.23%	18.52%	48.28%	38.46%
002700	42.74%	44.59%	64.29%	19.59%	23.53%
001202	42.90%	50.54%	54.55%	120.00%	35.71%
000404	42.93%	26.92%			
001801	42.94%	36.84%	7.87%	19.38%	61.11%
003301	43.08%	81.61%	20.00%	11.37%	15.38%
001803	43.50%	85.00%	28.13%	19.30%	7.18%
000904	43.95%	37.06%		14.81%	
002501	44.08%	67.36%	18.75%	32.10%	5.30%
000403	45.64%	42.65%	43.37%	19.12%	
000500	45.72%	33.73%	19.67%		
001600	45.78%	68.67%	3.41%	25.71%	54.55%
001301	46.15%	21.40%	75.00%	10.34%	22.22%
001804	46.42%	92.63%	19.23%	87.50%	