



Yamhill County COVID-19 Vaccination Equity Plan

Yamhill County is committed to ensuring equitable vaccine access for all eligible people. This commitment includes specific strategies and partnerships to identify and provide access to those who have been disproportionately impacted by COVID-19 and those who are in populations where vaccine access may be more difficult.

1. 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?

Yamhill County Public Health (YCPH) works to ensure not only access to COVID-19 vaccine but equitable access by focusing on those populations and areas of our community that have had the highest burden of COVID-19 illness and the lowest vaccination rates. This includes the Black and Latinx communities (see table 1 and 2) as well as certain geographic regions (see table 3). Our goal, at minimum, is to have the percentage of various populations vaccinated reflect our population. While great strides have been made to decrease the race/ethnicity vaccination gap, there is still more work to be done. Yamhill County is committed to continuing the work with our community and community-based organizations.

Table 1

Yamhill Only Estimates based on 108,605 population and not of the eligible population due to data constraints

Group	Yamhill Population Estimate	Number Vaccinated	Population % Vax
American Indian/Alaska Native	3304	1720	52.1%
Asian	2914	934	32.1%
Black	1637	327	20.0%
Hispanic	16037	5441	33.9%
Native Hawaiian/Pacific Islander	511	233	45.6%
White	84201	35402	42.0%
Total	108604	44057	
Other Race		2472	
Unknown		6135	
Total		52664	

Table 2

Group	Population Estimate using OHA Method	Group's % of Total Population	% of Group with at least 1 dose	% of those with at least one dose who belong to group	% of those with at least one dose, only considering those we know Race/Ethnicity for
American Indian/Alaska Native	3304	3.04%	52.10%	3.27%	3.90%
Asian	2914	2.68%	32.10%	1.77%	2.12%
Black	1637	1.51%	20.00%	0.62%	0.74%
Hispanic	16037	14.77%	33.90%	10.33%	12.35%
Native Hawaiian/Pacific Islander	511	0.47%	45.60%	0.44%	0.53%
White	84201	77.53%	42.00%	67.22%	80.35%
Total	108604				
			Unknown	16.34%	

Initial efforts to address vaccination equity were constrained by the following:

- Eligibility requirements that prioritized healthcare workers and educators, many of whom in our county are white and of middle/higher socioeconomic status.
- Eligibility requirements related to older adults also impacted vaccine rates. Some populations in our community have a greater number of people managing social factors that lead to health conditions that reduce lifespan which limited their ability to be vaccinated based on age early on.
- Large-throughput style clinics and the demand on local public health authorities to use all vaccine within one week made it challenging to have more intentional plans for marginalized populations. These events were initially held during the workday, meaning that even once they became eligible, those unable to leave work or find transportation were unable to easily access vaccine.
- Initial requirements to pre-register or schedule an appointment in advance prevented those without computer access from accessing vaccines.
- Distrust in the government related to historical traumas likely reduced participation.
- Access to meaningful data that looks specifically at the Yamhill County eligible population.
- Geographical diversity of our county. Yamhill County has significant variation in access to healthcare services, pharmacies, and transportation throughout the County. Specific areas in Yamhill County have seen higher rates of COVID-19 illness (see table 3).

Table 3 Total Number of COVID-19 Cases in Yamhill County by Zip Code as of 4/1/21 (n=3,948)

Zip Code	Number of Cases	Cases per 100,000
97101- Amity	124	3268.32
97111- Carlton	123	3897.34
97114- Dayton	249	5228.90
97115- Dundee	113	2730.13
97119- Gaston	23	553.42
97123- Hillsboro	<5	n/a
97127- Lafayette	158	4224.60
97128- McMinnville	1,836	5080.10
97132- Newberg	917	3242.80
97148- Yamhill	97	2847.92
97347- Grande Ronde	<5	n/a
97378- Sheridan	243	2735.87
97396- Willamina	39	1236.53
Unknown	20	n/a

n/a: to provide meaningful estimates, rates only calculated when number of cases is >9.

These factors all played into the existing vaccine equity gap we are diligently working to close. The following strategies have been implemented to combat this gap and efforts will be continuously reevaluated.

- Forming our Vaccine Advisory Council to support equitable distribution of vaccine.
- Partnering with community-based organizations (CBOs) for outreach, engagement, and community education.
- Shift to walk-in availability as vaccine became more readily available.
- Direct outreach to peers and other traditional health workers when only healthcare providers were eligible.
- Work with community partners such as Yamhill Early Learning Hub and Childcare Resource and Referral when childcare providers became eligible to identify providers who may need additional support in accessing vaccine.
- Large through put events in three spaced out areas of the county: Newberg, McMinnville, and Grand Ronde through The Confederated Tribes of Grand Ronde, including one that began to operate on the weekend.
- Vaccine events in specific cities with higher rates of COVID-19 illness.
- Hosted weekly calls with healthcare providers and schools for planning and implementation work.

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

Beginning in January of this year, we convened a weekly (now bi-monthly) Vaccine Advisory Council comprised of representatives from local community-based organizations, health systems and state/county/municipal agencies, as well as the local coordinated care organization and Tribe. This advisory group includes members from the Public Health Board of Health, key stakeholders, and individuals from community-based organizations within Yamhill County. While working under the guidance of OHA regarding vaccine eligibility, this group assisted in determining priorities within the OHA framework while focusing on several vaccination goals:

- Ensuring that we are including a diverse perspective of needs in our community
- Ensuring that all people in Yamhill County will have adequate access to a COVID-19 vaccine
- Ensuring vaccination distribution is efficient and effective

Community Advisory representation includes:

- Yamhill Community Action Partnership (YCAP)
- Head Start
- Yamhill Community Care (YCCO)
- Virginia Garcia Memorial Health Center
- Northwest Senior and Disability Services (NWSDS)
- Grand Ronde Tribal Emergency Services
- Unidos Bridging Community
- Yamhill County Housing Authority
- Provoking Hope
- Yamhill County Board of Health members

The following steps were taken to address racial and ethnic vaccination inequities:

- Community-based organizations like Unidos Bridging Community (Latinx advocacy) and Provoking Hope (peer support) were each allocated a weekly number of reserved time slots at forthcoming vaccination events so their community health workers, outreach teams and peer support workers could register or schedule individuals and clients while working in the community.
- In partnership with Virginia Garcia and ¡Salud!, we coordinated on-site vaccination events at all of the largest agricultural employers in Yamhill County, as well as more targeted events for smaller agricultural employers and worksites in other sectors like manufacturing and technology. By offering vaccinations in the field and on job sites, we and our partners have been able to vaccinate individuals who otherwise would not have had the opportunity given the financial impact of missing work.
- Expanded vaccination events to add more flexible times (evenings and weekends) in hopes that this would provide even more options for those constricted by work schedules.
- Coordination of transportation services for individuals.
- Partnered with Providence Health for in-home vaccinations.
- Hosted vaccinations clinics onsite at workplaces non-agricultural workplaces.
- Partnered with volunteers and community-based organizations to ensure bicultural and bilingual staff at all vaccine events.
- Implemented a COVID-19 phone line with bilingual staff to support scheduling appointments and answering questions.
- Provided vaccine access through County Behavioral Health services.
- Provided pop up vaccine clinics at community events hosted by community-based organizations such as Unidos Bridging Community targeting our Latinx community members.

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- Hosted events in recurring and regular locations so the community knows where we will be allowing word of mouth to be used to share with friends, family, and community members.

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

We plan to continue working with our partners to offer vaccination events at flexible times, in various locations and settings and to reduce systemic/operational barriers as much as possible. We will continue to work with our Advisory Council, CBOs, healthcare providers, schools, and other partners as well as use data to identify locations for pop up and recurring events in areas of the community where barriers such as transportation may be challenging.

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

While there have been great strides made, we know there is more work to be done. We plan to work with our Advisory Council, CBOs, and Community Care Organization to identify barriers by asking about specific obstacles and reasons stated by individuals when they decline the vaccine. This information will be used to inform new strategies that include but are not limited to things such as:

- Providing additional locations for events, both single events and recurring events/locations.
- Participating in local community events such as fairs, rodeo, P.R.I.D.E, and other community events, particularly ones aimed for the Latinx community.
- Supporting CBOs with resources, including financial resource, to provide community education and information sharing.

5. *OHA has provided LPHAs county level survey data from OHA- funded CBOs indicating their preferred involvement in vaccination efforts. In reviewing the CBO survey results that outline the interest of CBOs in your community to host, support, and/or promote vaccine events in your jurisdiction:*

- *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?*
- *How will the LPHA and its partners ensure that CBOs and navigators are aware of vaccine events so they can assist with registration and outreach as able?*

The survey data provided reinforced our continued collaboration with local CBOs. We have engaged with our CBOs to increase meaningful, culturally responsive, low-barrier access in the following ways:

- By identifying key community locations and days/times for vaccine events.
- By identifying barriers and problem solving solutions such as transportation, hours of operation, the need to pre-register and culturally appropriate educational material.
- By collaborating and co-hosting events together.
- By ensuring walk-in access for vaccines.
- By guaranteeing language accessibility in materials and at vaccine events.

To ensure awareness of events we:

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- Maintain an English and Spanish webpage with events.
 - Promote events in English and Spanish on Facebook posts.
 - Distribute flyers to Latinx business and other community locations.
 - Disseminate a weekly newsletter in English and Spanish.

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?*

Yamhill County began working with agricultural employers prior to the group being eligible to ensure a rapid response once they became vaccine eligible. This groundwork allowed us to move quickly and vaccinate on-site at all agricultural facilities that desired it. When the OHA survey information was provided we quickly cross-referenced and reached out to any facility we had not yet contacted. We matched their desire to get employees vaccinated by providing vaccine clinics on-site in partnership with Virginia Garcia Memorial Health Center, ¡Salud! and Providence Health. We also assisted by connecting employees to other vaccine events if on-site vaccination was not desired. Additionally, we reached out to local vineyard labor management organizations to ensure that those not employed by a brick-and-mortar facility had opportunity for vaccination.

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

Since the beginning of the pandemic, YCPH set a goal of distributing information to the community frequently, accurately and in a culturally appropriate manner. One ongoing effort is that we create and share at least one daily social media post (in English and Spanish) regarding upcoming vaccination opportunities, COVID-19 guidance changes, local success stories and other pertinent COVID information. This regular line of communication and information dissemination has enabled us to address community questions and concerns directly and in a timely manner.

Partners that work primarily with the Latinx community, like Unidos Bridging Community and Virginia Garcia, have each held several virtual townhalls/discussion/listening events, allowing community members to ask questions of trusted healthcare providers and local public health officials. These events have been well-received and are successful avenues of communication to dispel misinformation and disseminate facts.

We have worked with our CBOs to get culturally specific information developed by OHA to community members electronically as well as print materials such as flyers and handouts. We maintain our webpage with the latest COVID-19 information and continue to work with our Advisory Council and healthcare providers to understand questions and concerns people have and to share information and strategies.

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

We will continue to work with CBOs, our local CCO and healthcare providers to develop new strategies based on community feedback and need. We will continue releasing materials and information to educate the community about the vaccines, including risks and benefits, as well as continue supporting community partners and community-based organizations, especially when they are the most appropriate messengers of

information to the groups of focus. We intend to facilitate feedback loops to understand new or changing barriers to accessing vaccine and address them as they arise.

Our local CCO, Yamhill Community Care, is coordinating local healthcare providers for additional community listening and questions and answer sessions that can be recorded and shared.

9. *What is the communications plan to dispel misinformation through a comprehensive, multi-modal communications strategy for communities experiencing racial and ethnic vaccine inequities in your jurisdiction? Examples could include: Spanish language radio spots, physically distanced outdoor information fair, training local faith leaders and equipping them with vaccine facts and information to refer a community member to a healthcare professional for follow up, etc.*

In addition to the information above, we intend to:

- Endeavor to find successful avenues to get accurate and culturally appropriate information to community members, including risks and benefits. We plan to be available to provide vaccines as well as provide information and answer questions at many community events such as fairs, rodeos and local community days.
- We will continue to provide local leaders from our community, including faith-based organizations, with facts that they can share with people who come to them with questions.
- We will work closely with our Advisory Council and CBOs to identify other opportunities to provide information to the community with a focus on communities of color.
- We plan to run Spanish radio ads with vaccine information and availability on local Spanish-speaking stations.

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

All COVID-19 and COVID vaccine information shared by YCPH is in English and Spanish.

YCPH works to support vaccination events by having Spanish interpretation services available (through our staff, volunteers or in partnership with CBOs) and ensuring that all relevant forms, documents and signage are available in English and Spanish. Languages other than English and Spanish are provided via an interpreter phone service available at clinics and events.

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

Once transporting open vials of vaccine became allowable, YCPH partnered with Providence to provide in-home vaccinations for community members who experienced barriers preventing them from attending vaccination clinics. This allowed us to vaccinate individuals with mobility barriers, recently admitted residents at long-term care facilities who had missed earlier vaccination opportunities and others who required vaccinations to come to them. YCPH also coordinated with Northwest Senior and Disability Services and Yamhill County Developmental Disability Services to offer vaccinations to all local adult foster home residents and their staff. These partnerships are still in place and provide an ongoing opportunity to vaccinate anyone identified as having transportation barriers.

Additionally, we have partnered with non-emergent medical transportation services and our local CCO to support coordination of those needing transportation services.

We have also worked with our partners to identify pop up clinics in geographic areas where transportation may be more challenging to ensure a very short walk to access vaccine.

Our continued efforts in this area include exploring use of COVID funding to pay for transportation of those experiencing barriers.

12. What plans do the LPHA and its partners have to ensure meaningful, low-barrier vaccine access for youth, especially those from Black, Indigenous, Tribal and other communities experiencing inequities in COVID-19 disease, death and vaccination?

YCPH has partnered with local schools in all 7 districts across the county to offer vaccination events for youth through public health staff or a partner organization such as Providence. These events typically span the end of the school day so that students who ride the bus can receive their dose before leaving, or so that parents/family coming to pick up students can be vaccinated as well.

Several local community-based organizations have organized and hosted events geared towards families and asked us to be present to provide vaccines. These vaccination opportunities have been successful in reaching vaccine eligible 12–17-year-olds. Events typically offer resources for wraparound supports, food, live music, and other family-oriented activities. We will continue to attend events such as community fairs so that those wanting the vaccine will continue to have access.

We will continue to work closely with healthcare providers to support their needs in vaccinating youth as well.

13. How will the LPHA and its partners regularly report on progress to and engage with community leaders from the Black, Indigenous, Tribal, other communities of color to regularly review progress on its vaccine equity plans and reassess strategies as needed?

Yamhill County will continue regularly meeting with our Advisory Council which includes representation from our CBOs and other partner organizations to listen to feedback, provide updates and strategize how to overcome identified barriers.

We plan to engage and report progress in the following ways:

- Provide community updates through our weekly COVID-19 newsletter and data dashboard on progress towards our vaccine equity plan goals.
- Sharing vaccine data and progress with our COVID-19 Vaccine Advisory Council which meets twice monthly.
- Incorporating recommendations from our COVID-19 Vaccine Advisory Council into our vaccine planning efforts, and continually working with CBO partners to modify our strategies as needed.

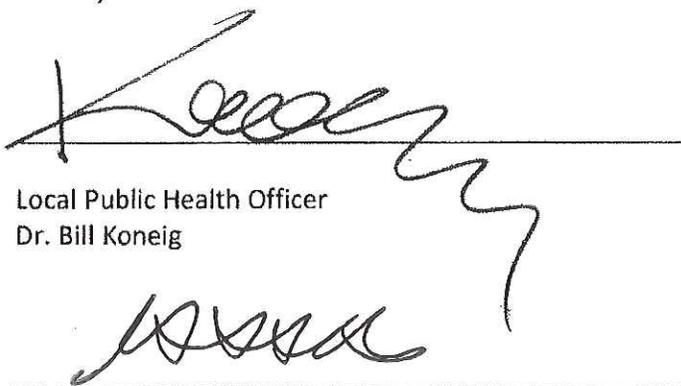
We have each reviewed the attached responses to all questions and affirm that the LPHA jurisdiction will continue to make meaningful efforts to offer culturally responsive, low-barrier vaccination opportunities, especially for populations in our jurisdiction experiencing racial or ethnic vaccine inequities. 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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