

# Equipping Local Health Departments to Build COVID-19 Vaccine Confidence Project - Team Charter

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PROJECT NAME:	<b>Building trust in public health in the COVID-19 Pandemic</b>
COUNTY, CITY, AND STATE:	<b>Jefferson County, Port Townsend, Washington State</b>
DATE REVISED:	<b>05/09/2022</b>

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## Part 1: Background and Context

### What is the current situation?

**1. Vaccine Confidence Project Focus:** *What specific aspect of COVID-19 vaccine confidence and vaccine misinformation do you want to improve?*

**Answer:** Our team wants to improve public trust in our county public health department. We believe mistrust is a root cause of vaccine hesitancy. We hope addressing that root will lead to wider-reaching, longer-lasting changes that ultimately improve vaccine uptake among marginalized demographics. We will take steps to building that trust by improving our staff's ability to relate to a spectrum of marginalized demographics. We will also improve access to public health information by building a mobile app that is more easily navigable for those who only access the Internet via smartphone or tablet. We hope to translate much of the static information on the app into Spanish.

**2. Problem Description:** *Briefly describe why this focus area was selected and what specific community health indicators informed this focus. Identify the magnitude of the problem, the populations experiencing inequities (at-risk; un/under-immunized) and how they are being impacted.*

We chose this focus because our vaccination uptake plateaued in February. Currently, we estimate 4,700 people in our county are unvaccinated. We do not have much data how many of those unvaccinated are part of a marginalized demographic. Partial data displayed on the Washington State Department of Health's [website](#) implies our Hispanic, Asian, Black and American Indian/Alaska Native populations, and any person younger than 18 are the least vaccinated. Anecdotal evidence implies our unvaccinated may also not have ready access to transportation, are living in very rural locations, and/or are from socio-economic circumstances that limit access to secure housing and other basic needs, educational opportunities and an Internet connection. One of our partner organizations, Olympic Community of Health, [completed a report](#) in 2021 that showed housing instability, financial strain, transportation and access to care were the top social needs in our region.

Our unvaccinated population may also be experiencing a language barrier. The largest non-white population in the county are Hispanic, according to the U.S. Census. Five percent of the total county population speaks a language other than English at home.

Anecdotal evidence also indicated most of our unvaccinated, yet eligible, residents were firm in their decision to not vaccinate. They are no longer open to hearing information from public health about vaccinations because they do not believe we are a trusted source of information, largely due to the parallel pandemic of mis and disinformation.

The lack of trust in public health among those who may benefit most from public health services is surely having an impact. The exact magnitude of that impact is still unfolding. So far, studies show those who are unvaccinated are most at risk for severe illness, hospitalization and death.

**3. Social and Structural Determinants:** *Identify and describe the specific social or structural determinants of health that are leading to these problems and to the inequities described above (e.g., access (transportation or financial barriers), cultural factors, lack of education about vaccines, etc.). What historical or structural context in the community sheds insights on the identified inequities (at-risk; un/under-immunized). Mistrust, public narrative, etc.?*

One of our partners, the Olympic Community of Health, [completed a report](#) on the region's social determinants of health in 2021. According to that report, housing instability, financial strain, transportation and access to care were the top social needs in our region.

Mistrust among the vaccine-hesitant deepened in our county when we hired a new health officer, Dr. Allison Berry, in July 2021. Dr. Berry was the first in the nation to put a health order into place that required restaurant patrons to show proof of vaccination if dining indoors. Protesters saw that action as our local government "forcing" people to get vaccinated. That kind of messaging deepened the rift between public health and those we try to serve.

Regarding our goal to reach Spanish speakers with our messaging, we've been able to translate some of our communications. However, our limited ability to keep our Spanish resources updated in a consistent way has prevented us from fully realizing our goal. We're hoping that more consistent funding and procedures will allow us to become a better resource for Spanish-speaking people. Until then, it's an extra challenge to expand our relationships with that community.

**4. Current Systems and Processes:** *Describe how the community, including your health department, is currently addressing the problem of COVID-19 vaccine confidence. What efforts have been made to meet the needs of the populations experiencing inequities. What are the systems and processes involved? When have they been effective and where do they fall short? **Provide any baseline data that may be available.***

Currently, we are partnering with the organization Olympic Community Action Programs (OlyCAP), to vaccinate people who are unhoused. Our public health nurses are traveling to homeless encampments and are offering \$50 gift cards to anyone who is willing to receive a COVID-19 vaccine.

We also took over a home-visit program previously managed by our county department of emergency management. With that effort, our nurses visit people who are home-bound because of mobility issues.

Our health department, in partnership with our county department of emergency management, put on 36 vaccination clinics since 2021 in schools, community centers and other central locations throughout the county. We also partnered with the Washington State Department of Health's Care-a-Van mobile vaccination clinic to conduct a handful of clinics that way.

Our health department reorganized and reinforced communications, creating two full-time communicator roles. One of those roles is specifically dedicated to COVID-19 communications. Those employees built a COVID-19 alert section to the website with information in English and in Spanish. They maintained resource directories, including up-to-date information about where to get vaccinated and tested. We continue to post case rate data Monday through Friday, helping keep the public informed about transmission risks. Our communications team also continues to complete trainings in how to combat mis, dis and mal-information. Meanwhile, our front desk has fielded hundreds, if not thousands, of phone calls from the public who called in for information (and sometimes to express fear and frustration about pandemic-related concerns).

Our efforts have done well to reach the vast majority of our county residents. More than 70 percent of the eligible county population has received their booster dose. However, there are still nearly 5,000 unvaccinated people who seem staunchly opposed to the COVID-19 vaccine for reasons that seem more related to distrust in the government than anything else. That issue is extremely hard to resolve.

**5. Intervention Levels:** *Describe how upstream your current efforts are. To what degree are your current efforts to address these inequities (at-risk; un/under-immunized) changing the context within which those most impacted live? Are most interventions treating the health problem at the individual level versus the systems level, preventing inequities by making social or structural level changes at the community or societal levels?*

Our efforts to improve public trust in public health in the midst of this global pandemic may seem small. However, they are innovative and important steps in the right direction. We are aiming for structural, long-term and wide-reaching changes that we hope will benefit our marginalized populations, and in so doing, benefit everyone.

## Part 2: About Your Project

What are we trying to accomplish?

**6. Project Description:** *For this project, describe what specific aspect of the problem or system will be the focus? Think through each of the following considerations when describing your project:*

- *Which aspects of the existing systems or processes will be improved?*

More skilled communication between public health employees/partners and members of marginalized/underserved communities.

- *What are the scope and boundaries (e.g., geographic, specific providers)?*

Anti-racist Literacy Training with in-county consultant.

Civic Plus mobile app designer.

In-county Spanish translator.

- *What specific subpopulations experiencing the inequities will be the focus of the project?*

Non-white populations, all people younger than 18, native Spanish speakers, those who only access the Internet on phones/tablets.

- *What social or structural determinant(s) of health will be addressed?*

Internet access, language barriers, systemic racism.

- *How will this project impact existing inequities?*

Begin to build some foundations of trust by improving anti-racism literacy and access to information.

**7. Team Members:** *List the Project Team members whose input and support this project will require.*

Name	Affiliation	Core or Design Team	Expertise/Role
<b>Bonnie Obremski</b>	Jefferson County Public Health	Core Team	COVID-19 Communications Specialist, project lead
<b>Kara Gerlek</b>	Jefferson County Public Health	Core Team	Public Health Nurse, specializing in outreach to underserved
<b>Liz Anderson</b>	Jefferson County Public Health	Core Team	Communications Specialist
<b>Veronica Shaw</b>	Jefferson County Public Health	Core Team	Deputy Director
<b>Apple Martine</b>	Jefferson County Public Health	Core Team	Director
<b>Tonia Burkett</b>	Usawa Consulting	Design	Founder, Facilitator Anti-Racist Literacy Training
<b>Justin Blecha</b>	CivicPlus	Design	Project Manager, Mobile App for COVID-19 Web Pages

How will you know that a change is an improvement?

**8. Outcome Measures:** *List the outcome measures that you ultimately want to affect as a result of this project.*

Increased vaccine uptake among marginalized populations

Increased public communication/interaction with public health office/services

**9. Aim Statement:** *What short-term outcome, in measurable terms, are you hoping to accomplish? Specify how much, for whom, and by when.*

- Anti-racist literacy training for 20 public health employees/partners
- Launching of a mobile app containing COVID-19 information and translated into Spanish
- Lowering of COVID-19 case, hospitalization and death rates

What changes can we make to improve?

**10. Stakeholder Needs:** *Who are the various stakeholders that could be impacted by this project and what are their specific needs? These could include team members listed above, as well as others.*

Stakeholder	Needs
Jefferson County Immigrant Rights Advocates	Easier access to public health information, especially in Spanish
Non-white populations	Better education of public health employees on the subject of anti-racism
Public health staff	Better education of public health employees on the subject of anti-racism

**11. Drivers/Root Causes:** *List what could be the root causes of the problem you are trying to solve through this project.*

- Mis, dis, and mal-information.
- Lack of access to our public health messaging
- Systemic racism
- Limited diversity, equity, and inclusion skills among public health staff

**12. Change Ideas:** *What are potential change ideas that you might test to address the root causes and ultimately impact the outcome identified in your Aim statement?*

Level of trust in public health messaging and services

**13. Process Metrics:** *What process metrics will help to understand how well the change is being implemented and to what degree it is leading to a change in outcomes?*

- COVID-19 case, hospitalization, and death rates
- Vaccination/booster rate
- Rate of communications with public health

**14. Balance Metrics:** *What balance metrics will help to understand whether the change is having unintended consequences in other parts of the system?*

Rate of community members accessing public health services

Number and nature of public comment submissions