Covid19 Community Vaccination: An OHSU Down Payment on Health Equity

National Minority Health Month Lecture

Donn Spight, MD, FACS, FASMBS
April 29th, 2022
Objectives

• Understand the disproportionate impact that COVID19 has had on underserved communities.

• Understand the efforts that OHSU has taken to promote equity in the treatment of COVID19.

• Learn some of the lessons of 14 months of VEC community vaccination.

• Recognize the opportunity for OHSU to transition the work of vaccine equity into an enduring legacy of health equity and justice.
“REDEFINING”
Leading Underlying Causes of Death in United States 2021

- Heart disease
- Cancer
- COVID-19
- Unintentional injuries
- Stroke
- Chronic lower respiratory diseases
- Alzheimer disease
- Diabetes
- Chronic liver disease and cirrhosis
- Kidney disease

OHSU’s Covid 19 Pandemic Response

- Since January 2021, OHSU has hosted 9 mass vaccination sites and over 134 community based vaccine clinics.
- To date, ~439 K vaccines have been administered at OHSU vaccine sites and another 532K in conjunction with the All4Oregon collaborative (~971,000 total!)
- 19% of OHSU employees have worked at an OHSU vaccine site
- OHSU’s website related to vaccine information has received >3.2 million unique visits.*
- 14 video PSAs on vaccine deliberation in 9 languages have been created
- [www.ohsu.edu/vaccinefacts](http://www.ohsu.edu/vaccinefacts)

PDX Mass Vaccination Site

Total Doses Administered by Day

Race
- White: 94,097 (65.08%)
- Null: 20,502 (14.08%)
- Asian: 11,556 (8.47%)
- Unknown: 1,939 (1.42%)
- Black: 2,083 (1.21%)
- Declined: 4,015 (2.94%)
- American Indian/Alaska Native: 670 (0.49%)
- Other Pacific Islander: 613 (0.45%)
- Native Hawaiian: 114 (0.08%)

Age Groups
- 12-15: 4,587 (3.36%)
- 16-19: 7,115 (5.22%)
- 20-29: 18,710 (13.25%)
- 30-39: 25,210 (18.49%)
- 40-49: 22,409 (16.49%)
- 50-59: 19,952 (14.63%)
- 60-64: 9,700 (7.12%)
- 65-69: 8,680 (6.83%)
- 70-74: 7,081 (5.78%)
- 75-79: 6,405 (4.70%)
- 80+: 8,603 (6.45%)

County

Ethnicity
- Non-Hispanic: 99,009 (72.58%)
- Null: 28,804 (21.12%)
- Hispanic: 8,474 (6.21%)
- Declined: 86 (0.06%)
- Unknown: 37 (0.03%)

Sex at Birth
- Female: 70,099 (51.59%)
- Male: 66,185 (48.52%)
- Unknown: 126 (0.09%)

Total Doses Administered: 251,714
- Administered 1st Doses: 125,385
- Fully Vaccinated Members: 126,329
- Scheduled Appts.: 1,803
- New MRNs Created: 23,880
COVID-19 vaccine countdown is a wake-up call.
Will Black and brown Americans be left behind?

If we do not design science and health care that benefits everyone, the enduring legacy of the pandemic will continue to be its terrible racial inequities.

Aug. 14, 2020, 1:41 AM PDT

By Dr. Donn Spight, Delvin Akins, Dr. Letisha Wyatt and Dr. Esther Choo, professor of emergency medicine at Oregon Health & Science University
Claim Yours: Donn Spight MD
Vaccine Equity Committee: Charge
(vaccineequity@ohsu.edu)

Convened February 2021: Now 22 members

• To ensure every Oregonian has access to Covid 19 vaccine regardless of race, ethnicity, language, mobility, zip code, education level, occupation, technology access, socioeconomic or immigration status.

• To be a resource for all OHSU Covid 19 vaccine processes to ensure accountability, cultural humility and mission based education, advocacy and outreach.

• To operationalize data driven vaccination clinics wherever needed.
Definitions: Equity

- Equity: the consistent and systematic fair, just and impartial treatment of all individuals including individuals who belong to underserved communities that have been denied such treatment, such as Black, Hispanic/Latino, Indigenous and Native American persons, Asian Americans, Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender and queer (LGBTQ+) persons, persons with disabilities, persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

Executive Order on Advancing Racial Equity and Support for underserved communities through the Federal Government.
- Joseph Biden January 20, 2021
Definitions: Underserved

• Populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life.

Executive Order on Advancing Racial Equity and Support for underserved communities through the Federal Government.
- Joseph Biden January 20, 2021
Vaccine Equity Committee (VEC)
Chairs: Donn Spight and Derick Du Vivier

VEC Admin Support
Lisa Huynh

VEC reports to:
Dr. John Hunter,
EVP & CEO, OHSU Health System

Operations and Workforce
Kat Phillips

Mobile Van Team
John Cockerham

Community Relations
Jenny Lee Berry

Project Coordinator
Stephani Shriver

Community Engagement
Suima Flores

Vaccine Education and Advocacy
Christopher Evans

Accessibility
Kurt Freeman

Youth
Allison Empey

Russian and Slavic
Zhenya Abbruzzese, Adventist

Latino/Hispanic
Leda Garside, HMC

Cultural Humility and Institutional Accountability
Leslie Garcia

OHSU Patients

Clincs
Robert Trachtenberg, Richmond
Brian Park, Richmond

Homebound
Connie Amos

Patient Experience and Translation Services
Banning Hendriks

Pediatrics
Hayes Bakken, Doernbecher

Strategic Communications
Mariana Phipps

Branding/Marketing
Megan Pugmire

Government Relations
Michael Harrison

HealthShare Data
Katrina McPherson

Healthcare ITG
T. Timbreza

Quality Management
Apoorva Somayazulu

Support Services

Pharmacy
Neil Edillo

VEC Advisors:
Eric Herman, Kevin O’Boyle, David Robinson and Abby Tibbs

2/24/2022
COVID-19 Cumulative Crude Death Rates in the U.S.
Number of COVID-19 deaths per 100,000 persons as of April 6, 2022

Source: Data from Centers for Disease Control and Prevention, Analysis by APM Research Lab. Crude death rates are the actual number of deaths per 100,000 within the given race/ethnicity group and are not adjusted for age.
Indigenous Americans have the highest COVID-19 mortality rates in the U.S.

As of April 6, 2022

**Crude Rate**

- Indigenous: 447
- Pacific Islander: 344
- Black: 339
- Latino: 259
- White: 322
- Asian: 159

**Age-Adjusted Rate**

- Indigenous: 548
- Pacific Islander: 460
- Black: 440
- Latino: 471
- White: 263
- Asian: 195

Source: Data from Centers for Disease Control and Prevention, Analysis by APM Research Lab, Share/embed this graph.

Age adjustment at the national level uses a direct age adjustment method, with 2020 used as the standard population. Details in our GitHub repository.
The **disparities** that led to the disproportionate burden of COVID-19 disease in underserved communities existed long before the pandemic.

• Black, Indigenous, Hispanic, Asian and other people of color:
  • Less likely to receive preventative health services
  • Often received lower quality care across the continuum
  • Have poorer health outcomes including lower health quality of life and higher incidence of functional impairment and mortality than white counterparts
How did we get here...

• Underlying comorbidities, such as hypertension, diabetes, and asthma, put people at higher risk for severe acute respiratory syndrome.

• BIPOC often employed in essential worker settings such as healthcare facilities, farms, factories, grocery stores, and public transportation, placing them in higher risk settings and in positions where working from home was not an option.

• Underlying comorbidities on a background of social and economic disparity, combined with barriers to accessing healthcare, exacerbates the adverse effects of each separate disease or social condition and increases morbidity.
Social determinants of Health

• The conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life.

National strategy: *Healthy people*

- 2000: Reduce Health Disparities
- 2010: Eliminate health disparities
- 2020: Achieve health equity and eliminate health disparities
- 2030: Expand Health equity focus to consider social determinants of Health

Some social factors and health risks affect African Americans at younger ages.
The complex history of medical mistreatment, structural racism, and transactional exploitation creates profound **mistrust** of health entities in general.

**Claim Yours:** Charlene McGee, Program Manager Multnomah County REACH
Mistrust is not unfounded...

Ayah Nuriddin, et.al. “Reckoning with histories of medical racism and violence in the USA” Lancet October 03, 2020 DOI: https://doi.org/10.1016/S0140-6736(20)32032-8
Mistrust/hesitancy only part of the story...

• Lack of opportunity is a major reason racial and ethnic minorities do not participate in clinical trials.

• The way that research is structured disproportionately excludes communities of color.
  • Distance to established research sites
  • Lack of effective outreach and messaging by study teams
  • Lack of culturally and linguistically appropriate recruitment materials

doi:10.1371/journal.pmed.0030019
<table>
<thead>
<tr>
<th>Population group</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| Overall population | • Lack of trust in government  
|                   | • Vaccines developed too quickly  
|                   | • Vaccine safety  
|                   | • Wait and see  
|                   | • Fear of injection  
|                   | • Lack time and money  
|                   | • Low risk, so do not need it |
| Black            | • History of medical abuse  
|                  | • Government cannot be trusted  
|                  | • Experience of racism in medical settings – treated different  
|                  | • Probably cannot get vaccine from a place they trust  
|                  | • Time off from work to get the vaccine  
|                  | • Lost time from work because of side effects  
|                  | • Catch COVID-19 from the vaccine |
| Hispanic         | • History of medical abuse  
|                  | • Implicit bias against Hispanics  
|                  | • Not sick, perceive self to be healthy  
|                  | • Insufficient information in Spanish  
|                  | • Concern about possible deportation from data collected |
| Immigrants       | • Concern about possible deportation if vaccine is defined as a public charge  
|                  | • Cost of vaccine  
|                  | • Side effects may affect ability to work  
|                  | • DNA alteration that forces sterilization  
|                  | • Language barrier |
The messenger is as important as the message to **build trust**

**Claim Yours:** Apostle Levell Thomas, Oasis of Praise Ministries
**Language** is everything.
(needs to be inclusive, appropriate, accurate, accessible)

Carlos Quesnel Melendez, lead Consulate of Mexico in Portland
### Languages >55% vaccinated

<table>
<thead>
<tr>
<th>Language</th>
<th>% vaccinated</th>
<th>Increase past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean</td>
<td>81%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>80%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Chinese (Mandarin, Cantonese)</td>
<td>78%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Punjabi</td>
<td>75%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hindi</td>
<td>77%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>76%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Nepali</td>
<td>80%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Laotian</td>
<td>77%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Farsi</td>
<td>74%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Hmong, Mong, Mien</td>
<td>74%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>72%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Thai</td>
<td>61%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Bosnian</td>
<td>63%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Burmese</td>
<td>67%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Oromo</td>
<td>60%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

Average vaccination rate for **Health Share** patients (all >16y) at time: **47%**

### Languages 40-55% vaccinated

<table>
<thead>
<tr>
<th>Language</th>
<th>% vaccinated</th>
<th>Increase past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amharic</td>
<td>54%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Tigrinya</td>
<td>58%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Arabic</td>
<td>54%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Spanish</td>
<td>52%</td>
<td>13.1%</td>
</tr>
<tr>
<td>English</td>
<td>47%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Armenian</td>
<td>44%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Somali</td>
<td>45%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Afghan, Pashto</td>
<td>46%</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

### Languages <35% vaccinated

<table>
<thead>
<tr>
<th>Language</th>
<th>% vaccinated</th>
<th>Increase past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen</td>
<td>37%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Romanian</td>
<td>16%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Swahili</td>
<td>23%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Russian</td>
<td>7%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Data (as of June 6, 2021)
Language Barriers Hinder COVID-19 Vaccination in Hispanic/LatinX community

• Ease of accessing vaccine information in English is dramatically different than in Spanish.

• Information is not straightforward—there are multiple pages, multiple links people have to go through

• Online Spanish resources require 1-1.5 more clicks to access COVID-19 information.

• The community faces preexisting barriers to technology access.

• Often no scheduling available in Spanish
OHSU's VEC approach to Hispanic/LatinX community

- Development of Cultural Specific Plan for Latino Community
- Development of 8 scripts for 00:30 spots
- Development of questions for "Ask a nurse" sponsored content
- Implementation of a media strategy with Mkt/Media Relations/Social Media
- Provided prioritized list of media outlets to Marketing
- Allocation of budget for a 3-month radio campaign
- Media buy agency secured spots
- Creation of video snippets with marketing
- Recommendations to increase awareness of OHSU clinics to Latino Community Organizations.

- Media Relations to develop sponsored content
- Creation of content calendar - matching spot/clinics to each week of March through May
- Recording of the spots
- Development of other outreach efforts
- Scheduling vaccine clinics with community organization/churches to vaccine in Latino/Hispanic Community
Community centered, Community focused events

**Talaalka COVID-19**
Loo maabna inaad balan qabsato

Si aad ugu ugu ogaato COVID ama aad u hesho munaasabadka talaalka ee loo dhexeeya qabsado ama wax: www.ohsu.edu/vaccineevents 833-647-8222

Juu 27
Luul 24
10 a.m. - 4 p.m.
Historic Parkrose Pop-Up Market
10750 NE Sandy Blvd Portland, OR 97220

Munaasabad bilaash ah oo bulshada loo qabanaayo

- Talaalada Pfizer ee dadka waawayn iyo caramuurtta 12+ jarada ah
- Talaal amaan ah oo bilaash ah
- Shagaale labo luqadood ku hadla ayaay jooga goobta
- Balamso kuuradaa 2aad adeegga qooba jooga

Toaagarrooqabhi Portland Trail Blazers ee qorto kuuradaado: koobnaad ee talaalka COVID-19 oyo heli doona fanaanado, hooner, ama tigadhaa munaasabadka eediyarta 2021-22 season.

**接种 COVID-19 新冠疫苗**
无需预约

6月 21 日
7月 12 日
3 - 7 p.m.
Harrison Park School
2225 SE 87th Ave, Portland, OR 97216

**社区免费接种**

- Pfizer（辉瑞）疫苗，面向成人和12岁以上儿童
- 疫苗不仅安全，而且免费
- 现场有双语工作人员
- 现场预约接种第二剂疫苗

社区免费接种

OSHSU OHSU 2025: Enhance Health and Healthcare in every Community

833-647-8222

Call us to get your COVID-19 vaccination appointment or register at https://www.ohsu.edu/health/vaccine-scheduling-bsxc

4 - 7 p.m.  
May 11 & 13  
Hillsboro Stadium  
Pfizer (12+)

11 a.m. - 7 p.m.  
May 16  
Hillsboro Stadium (Español)  
Pfizer (12+)

Vaccination for 12+ year-olds available  
Safe and free vaccine  
Bilingual staff on-site  
Schedule your 2nd dose on-site

Not required to have a social security number, an Oregon ID or insurance. Not required to be an OHSU patient.
Tallaalka COVID-19 ee bilaashka ah iyo madadaalo Hal-abuurumo leh

G wybka taloob: 1-3 Dagaalka 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
-Bisaadda Covid-19 ee xanuunaasiinada oo hal-abuurumadda.

Faahfaahinta:
- Faahfaahin ahaan: 1-3 Dagaalka 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
-Cusaarteynta ugu xidh kartaa "Covid-19"
- Fadlan markii saameyntaasiinaha si saxtaada dhammaan ku sameeyiisaas ugu xidh kartaa "Covid-19"

For more information, visit:
- Moda Covid-19 Vaccine Center
- Go to the official website for the center

Free COVID-19 vaccinations and Trail Blazers fun

Family fun and free Trail Blazers tickets
- Free admission every 30 minutes
- Discover on purchase of station tickets
- Places and event will vary per person
-Free parking and easy access
- Max Bleck 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

Get the family vaccinated
- March 1st through March 31, 2021
- The location will vary by the date, time, and vaccine availability.

Vacunas contra la COVID 19 y diversión con los Trail Blazers gratis

Diversión en familia y boletos gratis para ver a los Trail Blazers
- Entradas por persona cuesta 30 minutos.
- Disfruta de la compra de entradas y boletos.
- La ubicación y el evento cambiarán dependiendo de los asistentes.
- Estacionamiento gratuito y fácil acceso
- Max Bleck 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

Esta estaciónamiento gratuito en Stirling-Ellis.

Traiga a su familia a vacunarse
- La vacuna es gratuita el 12 de Abril de 10 a 7 p.m. en Stirling-Ellis.
- Ofrece un intenso ambiente de vacunación para evadir el entorno sanitario.
- El estacionamiento es gratuito en Stirling-Ellis.
OHSU Inclusive language Guide

• Released February 2021
• Intended to be an evolving tool to help OHSU members learn about and use inclusive language in institutional communications, patient care (including chart notes), instruction and presentations around descriptors of:
  • Race and ethnicity
  • Immigration status
  • Gender and sexual orientation
  • Ability (including physical, mental and chronological

Cultural humility must be continuously centered in all aspects of community engagement to achieve true bidirectional partnership.
“Being able to understand another person’s culture...can be a key element of providing quality care”

National Alliance for Hispanic Health
We share space with Cultural Humility

- Cultural Humility is about recognizing that there are things we don’t know and should approach learning of other cultures respectfully - A life long goal and process of self reflection.

- We must show humbleness, and ask questions so that we can better understand.
- Show respect toward the cultures of others
- Push ourselves to challenge our own cultural biases
- -communication styles
- -cultural identities
- - practices
- -Use of reference terminology
- Recognize and challenge power imbalances for respectful partnerships
- Develop mutually beneficial partnerships with communities - Not one sided
- Make ourselves feel vulnerable and not seek to control
- Advocate and maintain institutional accountability (Data, Trends, Outcomes for diverse representation) to better serve and respond to different community members.
Definition for Cultural Humility – 3 Dimensions:

A humble and respectful attitude toward individuals of other cultures that:

- pushes one to challenge their own cultural biases,
- realize they cannot possibly know everything about other cultures,
- and approaches learning about other cultures as a lifelong goal and process.

- Cultural humility was established due to the limitations of cultural competence.

- Cultural humility encourages an active participation in order to learn about a patient's or clients personal and cultural experiences. Every encounter is unique.
Process of Cultural Competence

Cultural Awareness

Cultural Desire

Cultural Knowledge

Cultural Encounters

Cultural Skill

The Process of Cultural Competence

Campinha-Bacote

Campinha-Bacote Process of Cultural Competence.pdf (rampages.us)
Practicing Cultural Humility: The 5 Rs

**Reflection** – Approach every encounter with humility and always try to learn from others. *Be open minded.*

**Respect** – Treat every person with the utmost respect and strive to preserve dignity at all times. *What you say and what you do will have an impact.*

**Regard** – Hold every person in their highest regard and don’t allow unconscious bias to interfere in an interaction. *Slow down your thinking, actions, words and/or expressions.*

**Relevance** – Seek to understand every encounter. *Consider every encounter as unique.*

**Resilience** – Increase your personal/community resilience (*give it another attempt*). *Exercise empathy and compassionate at every encounter.*
Thinking

Feeling

Doing

Reflection
Respect
Regard
Relevance
Resiliency
Communities want and need an authentic, enduring partnership with OHSU that goes beyond a transactional relationship.
OHSU VEC Community Partners (100)
March 2021 to present

- 4D Recovery
- Adelante Mujeres
- African Communities Behavioral Health Collaborative
- APANO
- Asian Health and Service Center
- Banks Middle School
- Banks School District
- Bienestar
- Blazers Boys and Girls Club
- Bridges Collaborative Care Clinic
- Bridges Pamoja
- Carewell SEIU 503
- Centro Cultural de Washington County
- Centro de Prosperidad
- Chinese Friendship Association
- City of Maywood Park
- Confederated Tribes of the Grand Ronde
- Earl Boyle Elementary School
- Emmanuel Central Church
- Free Orchard Elementary School
- Friends of the Children
- Gobierno de Guatemala
- HAKI Community Organization
- Harrison Park K-8 School
- HB Lee Middle School
- Hillsboro Medical Center Salud Program
- Hillsboro School District
- Historic Parkrose
- Hmong American Community of Oregon
- Imago Dei – Eastside
- Immigrant Refugee Community Organization
- Immigration Counseling Services
- Islamic School of Portland
- Jade District Association
- League of United Latin American Citizens
- Life Change Church
- Lincoln Street Elementary School
- Lot Whitcomb Elementary School
- Lu Mien Association
- Lu Mien Fellowship Baptist Church
- Lutheran Community Services NW
- Markham Elementary School
- McDaniel High School
- Metro Sanitation Workers
- Mexican Consulate
- Moda Health
- Mt. Olivet Church – Westside
- Multnomah County Corrections Health
- Multnomah County Dept of Community Justice
- Multnomah County REACH Program
- Multnomah Educational Service District
- Muslim Community Center
- National Association of Health Service Executives
- National Coalition of Black Health Services Executives
- Ngoc Phuoc Pagoda
- North Clackamas School District
- NW Educational Service District
- Oasis of Praise
- OHSU Adventist Health Portland’s Slavic Navigation Program
- OHSU Partnership Project
- OHSU Transgender Health Program
- Oregon Chinese Coalition
- Oregon Health Authority
- Oregon Home Care Commission
- Oregon Latino Leadership Network
- Oregon Pacific Islander Coalition
- Parkrose Middle School
- Parkrose School District
- Portland City Blessings Church
- Portland Community College Dreamer Resource Center
- Portland Community College SE Campus
- Portland Public Schools
- Portland Refugee Support Center
- Portland Trailblazers
- Prescott Elementary School
- Project Access Now
- Quest Integrative Center for Health
- Reedville Elementary School
- Reynolds School District
- Roca de Luz Eterna
- Scott Elementary School
- Self Enhancement Inc
- Slavic Community Center of Northwest
- Slavic Media
- St. Elizabeth Ann Seton Catholic Church
- St. Peter Catholic Church
- Sweethearts of Portland
- Togo Community Organization of Oregon
- Trillium Family Services, Parry Center
- Vietnamese Community of Oregon
- Witch Hazel Elementary School
Race/Ethnicity of VEC Workforce

- 57% White
- 18% Asian
- 12% Hispanic/LatinX
- 7% Black/African American
- 1% Native Hawaiian/Pacific Islander
- 1% Middle Eastern/North African
- 1% Indigenous or Alaskan Native
- 1% Other

1466 OHSU Members have expressed interest in staffing VEC events
512 OHSU members have filled 2800 shifts

Updated 4.28.2022
VEC Community Vaccination Champions

Number of Vaccine Clinic Shifts Worked

- Abhijit Pandit
- Flor Pottenger
- Annette Vu
- Stephen Christy
- Judith Baggs
- Nathan Robertson
- Allna Tudorico
- Kandace Kyles
- Carroll Wall
- Joan Morgan

4/29/2022
The battle to promote Health equity is uphill. It requires not only desire but commitment, innovation, appropriation and often reallocation of resources across the entire system to be attainable.
Centers for Medicare and Medicaid Service’(CMS) Pillar: Health Equity, 2022 Strategy

• Health Equity
  • The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language and other factors that effect access to care and health outcomes.
Oregon Health Authority (OHA) Definition: Health Equity

• Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

• Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:
  • The equitable distribution or redistributing of resources and power; and
  • Recognizing, reconciling and rectifying historical and contemporary injustices
OHSU Community Vaccination Events (134)

- 3/28: Emmanuel Central
- 3/29: Emmanuel Central
- 4/17: Portland City Blessings Church
- 4/18: Quest Integrative Center for Health
- 5/11: Latino/Salud (extended hours) at Hillsboro Stadium Drive-Through
- 5/13: Latino/Salud (extended hours) at Hillsboro Stadium Drive-Through
- 5/15: Portland City Blessings Church
- 5/16: Muslim Community Center, Mult Co. REACH
- 5/19: Mt. Olivet Church – Beaverton/Aloha
- 5/20: Mt. Olivet Church – Beaverton/Aloha
- 5/22: Emmanuel Central Church
- 5/23: Quest Integrative Center for Health
- 5/26: Chinese Friendship Association (Hillsboro Stadium Drive-Through)
- 5/29: Common Ground Church – Central Beaverton
- 6/2: Lutheran Community Services NW
- 6/3: Prescott Elementary School, Parkrose School District
- 6/6: Muslim Community Center, Mult Co REACH
- 6/7: Latino/Salud (extended hours) at Hillsboro Stadium Drive-Through
- 6/11: Bridges Collaborative Care Clinic (gift card allocation)
- 6/12: Vietnamese Community of Oregon
- 6/13: Life Change Church
- 6/13: St. Peter’s Catholic Church
- 6/15: Trillium Family Services, Parry Center
- 6/16: Chinese Friendship Association (Hillsboro Stadium Drive-Through)
- 6/16: Mt. Olivet Westside
- 6/21: Harrison Park K-8 School, Portland Public Schools
- 6/23: Lutheran Community Services NW
- 6/24: Prescott Elementary School, Parkrose School District
- 6/26: Common Ground Church
- 7/6: Trillium Family Services, Parry Center
- 7/10: IU Mien Association
- 7/10: VNCO Vietnamese Buddhist Temple
- 7/12: Harrison Park K-8 School, Portland Public Schools
- 7/15: Mt. Olivet
- 7/24: Parkrose Marketplace (canvasing/outreach only)
- 7/25: Parkrose Marketplace
- 7/31: IU Mien Association
- 8/1: Reynolds High School, Reynolds School District
- 8/2: Harrison Park School, Portland Public Schools
- 8/3: National Night Out at Maywood Park (gift card allocation)
- 8/7: 1st Annual Pacifica Unity Festival (gift card allocation)
- 8/7: Roca De Luz Eterna, Cornelius
- 8/21: Mult. Co/Hacienda CDC at Cully Park (vaccinator only)
- 8/24: McDaniels High School, Portland Public Schools
- 8/25: McDaniel High School, Portland Public Schools
- 8/26: McDaniel High School, Portland Public Schools
- 8/28: Roca De Luz Eterna, Cornelius
- 8/29: Reynolds High School, Reynolds School District
- 8/29: Multi. Co. Potluck in the Park (vaccinator only)
- 9/1: Parkrose Pedal at Parkrose Middle School
- 9/11: Scott Elementary School, Portland Public Schools
- 9/16: Portland Trailblazers
- 9/18: Roca De Luz Eterna, Cornelius
- 9/19: Reynolds High School, Reynolds School District
- 9/22: PCC SE Campus
- 9/23: McDaniels High School, Portland Public Schools
- 9/26: Parkrose Marketplace
- 9/29: Parkrose Middle School, Parkrose School District
- 10/1: Banks Middle School, Banks School District
- 10/2: Scott Elementary School, Portland Public Schools
- 10/3: OHSU Health Equity Fair
- 10/9: Roca de Luz Eterna, Cornelius
- 10/10: Reynolds High School, Reynolds School District
- 10/13: PCC SE Campus
- 10/14: Mult Co. Community Corrections
- 10/15: Slavic Community Center of NW
- 10/16: 40 Recovery on MLK
- 10/20: Parkrose Middle School, Parkrose School District
- 10/22: Banks Middle School, Banks School District
- 10/23: 40 Recovery in Hillsboro
- 10/29: APANO/Hmong American Community of Oregon
- 11/4: Mut Co. Community Corrections
- 11/6: 40 Recovery on MLK
- 11/10: PCC SE Campus
- 11/14: 40 Recovery in Hillsboro
- 11/19: APANO/Hmong American Community of Oregon
- 12/1: PCC SE Campus
- 12/8: Harrison Park K-8 Peds Clinic, Portland Public Schools
- 12/10: Friends of the Children
- 12/11: Witch Hazel Elementary School, Hillsboro School District
- 12/14: Free Orchard Elementary School, Hillsboro School District
- 12/15: HB Lee Middle School, Reynolds School District
- 12/16: Reedville Elementary, Hillsboro School District
- 1/5/2022: Harrison Park K-8, Portland Public Schools
- 1/6: Reedville Elementary, Hillsboro School District
- 1/7: Friends of the Children
- 1/8: Witch Hazel Elementary School, Hillsboro School District
- 1/11: Free Orchard Elementary School, Hillsboro School District
- 1/12: HB Lee Middle School, Reynolds School District
- 1/14: PCC SE Campus
- 1/21: Markham Elementary School, Portland Public Schools
- 1/22: Lincoln Street Elementary School, Hillsboro School District
- 1/25: Emmanuel Central/Rise Partnership/Carewell SEU 503
- 1/26: Emmanuel Central/Rise Partnership/Carewell SEU 503
- 1/27: Mut Co. Community Corrections
- 2/4: PCC SE Campus
- 2/5: Life Change Church/Carewell SEU 503/Oregon Home Care Commission
- 2/9: HB Lee Middle School, Reynolds School District
- 2/11: Markham Elementary School, Portland Public Schools
- 2/12: Lincoln Street Elementary School, Hillsboro School District
- 2/16: Mt. Olivet West Campus, Beaverton
- 2/20: Blazers Boys and Girls Club/ Project Access Now
- 2/24: Emmanuel Central/Rise Partnership/Carewell SEU 503
- 2/25: Emmanuel Central/Rise Partnership/Carewell SEU 503
- 3/1: Lot Whitcomb Elementary School, North Clackamas School District
- 3/4: Roca de Luz Eterna/Project Access Now, Cornelius
- 3/5: Life Change Church/Carewell SEU 503/Oregon Home Care Commission
- 3/7: Moda Health/TrailBlazers/Mult. Co REACH
- 3/11: Earl Boyles Elementary School, David Douglass School District
- 3/13: Blazers Boys and Girls Club/ Project Access Now
- 3/16: Mt. Olivet West Campus, Beaverton
- 3/19: St. Elizabeth Ann Seton Catholic Church/Project Access Now
Evolving Landscape of Vaccination 2021

Motivated/Eager
Willing but without information or access
Willing but lacking confidence
Willing but lacking motivation
Unwilling
Opposed
Mandated

Unvaccinated patients found in the community
Evolving Landscape of Vaccination 2021

Mitigation of barriers to access:
- Technology
- Language
- Immigration status
- Transportation
- Structural inequity

Mitigation efforts:
- Education
- Advocacy
- Outreach
- Messaging
- Partnerships

Strict criteria, Restricted access
Mass Vaccination Sites

Unvaccinated patients found in the community

Jan/Feb
March/April
May/June
July-August
September-October
Evolving Landscape of Vaccination 2021

Mitigation of barriers to access:
Technology, Language, Immigration status, Transportation, Structural inequity

Strict criteria, Restricted access
Mass Vaccination Sites

Willing but without information or access
Willing but lacking confidence

Motivated/Eager
Willing but lacking motivation
Unwilling

Leave no community behind
Incentives, Direct marketing, Strategy
KIDS 12+ Pfizer EUA
Mass Vaxx sites close

Education, advocacy, outreach, messaging, Partnerships

Compassion
Normalizing questions
Personal decision rights

Data/Information sharing, Canvassing
Listening, “Moving at the speed of trust”, Community dialogue

Unvaccinated patients found in the community

Jan/Feb
March/April
May/June
July-August
September-October
Motivated/Eager: Jan/Feb
Willing but without information or access: March/April
Willing but lacking confidence: May/June
Willing but lacking motivation: July-August
Unwilling: September-October
Opposed
Mandated

Mitigation of barriers to access:
- Technology
- Language
- Immigration status
- Transportation
- Structural inequity

Data/Information sharing,
Canvassing
Listening,
“Moving at the speed of trust”,
Community dialogue
Compassion
Normalizing questions
Personal decision rights

Leave no community behind
Incentives,
Direct marketing,
Strategy
KIDS 12+ Pfizer EUA
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Mass Vaxx sites close

Data/Information sharing, Canvassing
Listening, “Moving at the speed of trust”, Community dialogue
Compassion
Normalizing questions
Personal decision rights

3rd doses/Boosters
Restricted access for unvaccinated,
Regulations Mandates,
Workforce safety,
Educate the leaders
Delta Variant anxiety

Motivated/Eager
Willing without information or access
Willing but lacking confidence
Willing but lacking motivation
Unwilling
Opposed
Mandated

Jan/Feb
March/April
May/June
July-August
September-October

Unvaccinated patients found in the community
Evolving Landscape of Vaccination

Motivated/Eager Parents
- November-December 2021

Omicron fear and anxiety
- January-February 2022

Strong desire for Boosters

Low motivation
- March-April

??
- May-June

??
- July-August

Kids EUA 5-11, Restricted access

Mid Mass Vaccination Sites

Parental decision making

3rd Doses & Boosters
Elementary School focus
Emphasis on testing
Ensuring best practices at DCH

*Peds Vaccine available

Evolving Landscape of Vaccination

Adult Vaccine availability
Motivated/Eager Parents

Omicron fear and anxiety

Strong desire for Boosters

Parental decision making

Kids EUA 5-11, Restricted access

Mid Mass Vaccination Sites

Parental decision making

3rd Doses & Boosters

Elementary School focus

Emphasis on testing

Ensuring best practices at DCH

Return to high volume vaccination efforts

Partnerships

Leave no community behind

*Peds Vaccine available

November-December 2021

January-February 2022

March-April

May-June

July-August

Adult Vaccine availability

Evolving Landscape of Vaccination
Evolving Landscape of Vaccination

- Kids EUA 5-11, Restricted access
- Mid Mass Vaccination Sites
- Parental decision making
- 3rd Doses & Boosters
- Elementary School focus
- Emphasis on testing
- Ensuring best practices at DCH

*Peds Vaccine available

- Return to high volume vaccination efforts
- Hyper-local hyper-accessible vaccination efforts
- 2nd Booster for 65+
- Battle of mixed messages
- Partnerships
- Leave no community behind
- Emphasis on access to oral COVID19 treatments

- Motivated/Eager Parents
- Omicron fear and anxiety
- Strong desire for Boosters
- Low motivation
- ??
- ??
- ??
- ??

- November-December 2021
- January-February 2022
- March-April
- May-June
- July-August

Adult Vaccine availability

*Peds Vaccine available
Current Picture

- Large scale pandemic fatigue
- Unclear messages: Masking, “vaccinated”
- Waning interest in public safety measures
- Entrenched anti-vax positions
- Uncertainty around long term vaccine effectiveness
- High levels of hesitancy among parents of vaccine eligible children
- Anxiety over when children 6mo-4yrs will become eligible
- Strong desire for return to “normalcy”
- Need for “Recovery” that addresses pre-existing inequities, severe limitations in access to mental health services
Shifting National Demographics of Covid19 Death

- Overall death rates still remain highest for Indigenous, Pacific Islander and Black peoples.
- However, disparities in Covid-19 death rates decreased significantly for most racial and ethnic groups compared to the first year of the pandemic.
  - About 13% of Covid-19 deaths were among Black people in 2021, down from about 16% in 2020.
  - Similarly, 16.5% of Covid-19 deaths were among Hispanic people in 2021, down from about 19% in 2020.
Work remains to be one!

OHSU sits at an inflection point in which the narrative defining it’s place in the community can be re-written
Community Vaccination Events

OHSU Healthsystem COVID-19 Vaccination Trends

This dashboard presents information on all COVID-19 Vaccines administered by OHSU to community members.

Developed and maintained by Faliza Khan, Business Intelligence & Advanced Analytics, ITG, OHSU

Last Updated: 4/27/2022 5:34:18 AM

Total Doses Administered by Day

Available Doses

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna</td>
<td>2,600</td>
</tr>
<tr>
<td>Pfizer</td>
<td>6,774</td>
</tr>
<tr>
<td>J&amp;J</td>
<td>300</td>
</tr>
</tbody>
</table>

Total Doses Administered

- Administered 1st Doses: 7,025
- Administered 2nd Doses: 4,349
- Scheduled Appts.: 13
- Boosters (includes extra doses for immunocompromised pts.): 3,833

Race

- White: 4,287 (36.60%)
- Null: 4,630 (39.53%)
- Asian: 1,173 (10.01%)
- Unknown: 316 (2.70%)
- Black: 677 (5.78%)
- Declined: 494 (4.22%)
- American Indian/Alaska N.: 77 (0.66%)
- Other Pacific Islander: 47 (0.40%)
- Native Hawaiian: 12 (0.10%)

Age Groups

<table>
<thead>
<tr>
<th>Age</th>
<th>Doses</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11</td>
<td>832</td>
<td>7.10%</td>
</tr>
<tr>
<td>12-15</td>
<td>1,746</td>
<td>14.91%</td>
</tr>
<tr>
<td>16-19</td>
<td>1,041</td>
<td>8.89%</td>
</tr>
<tr>
<td>20-29</td>
<td>1,705</td>
<td>14.56%</td>
</tr>
<tr>
<td>30-39</td>
<td>2,047</td>
<td>17.48%</td>
</tr>
<tr>
<td>40-49</td>
<td>2,012</td>
<td>17.18%</td>
</tr>
<tr>
<td>50-59</td>
<td>1,372</td>
<td>11.71%</td>
</tr>
<tr>
<td>60-64</td>
<td>442</td>
<td>3.77%</td>
</tr>
<tr>
<td>65-69</td>
<td>258</td>
<td>2.20%</td>
</tr>
<tr>
<td>70-74</td>
<td>136</td>
<td>1.16%</td>
</tr>
<tr>
<td>75-79</td>
<td>85</td>
<td>0.73%</td>
</tr>
<tr>
<td>80+</td>
<td>74</td>
<td>0.63%</td>
</tr>
</tbody>
</table>

Ethnicity

- Non-Hispanic: 4,715 (40.25%)
- Null: 4,394 (37.51%)
- Hispanic: 2,428 (20.73%)
- Declined: 151 (1.29%)
- Unknown: 25 (0.21%)

Sex at Birth

- Female: 5,890 (50.29%)
- Male: 5,815 (49.65%)
- Unknown: 8 (0.07%)
Where are we now

Boosters, expanded child eligibility? Endemic COVID?

• Continued **family-centered** community sites to support distributed model of resource allocation to meet concurrent demands for: testing, vaccination, monoclonal antibody treatment, oral COVID prophylaxis.*

• Continued recognition that **Primary vaccination series is as critical as Boosters**

• Continued data driven vaccination outreach in critical areas with emphasis on maintaining open access.

*OHSU Sites: OHSU Pharmacies, Primary/Immediate care clinics, Richmond, HMC, Adventist, **Van based community events**
What is next?

- Broadening of resources to provide additional services to communities
  - COVID home test kit distribution
  - COVID education and support (Monoclonal antibodies, medical prophylaxis, “educate the educators”)
  - Long COVID clinic information/access
  - OHP Registration
  - Flu vaccines
  - Traditional health screening
- Transition of VEC operational structure to enable sustainability and pivot to more broad health equity focus.
  - Director of Health Equity Operations
  - Community Health Navigators

*https://www.ohsu.edu/health/covid-19-vaccines-information-and-appointments*
The path to “Recovery” is not so simple in the community

• Transition from response to recovery must incorporate numerous lessons learned and address persistent limitations access to mental health and other services.

• More favored perspectives moving forward:
  • Restoration, restitution, reparations, resiliency, re-imagination
From down payment to continued investment

• Continued partnership
• Ensuring culturally responsive care in all facets of OHSU Health care delivery
  • Access to insured care
  • Patient clinical journey
    Connected Care Center (C3)
    Patient Centered Primary Care Home
    Language access plan
    Digital Health
  • Collecting, monitoring and acting upon disaggregated hospital data (HDRC)
• Health Literacy: education, advocacy, outreach
• Research participation
• OHSU hospital expansion project
• Mobile screening and care delivery
Centers for Medicare and Medicaid Service’ (CMS) Pillar: Health Equity, 2022 Strategy

1) Close the gaps in healthcare access, quality and outcomes for underserved populations

2) Promote culturally and linguistically appropriate services to ensure understandable and respectful care and services that are responsive to preferred languages, health literacy, and diverse communication needs.

3) Build on outreach efforts to enroll eligible people across Medicare, Medicaid/CHIP and the Marketplace

4) Expand and standardize the collection and use of disaggregated data across CMS systems

5) Evaluate policies to determine how CMS supported safety net providers

6) Ensure engagement with and accountability to communities' CMS serves

7) Incorporate screening for and promote broader access to health-related social need

8) ensure that CMS programs serve as a model and catalyst to advance health equity through nations healthcare system including states, providers, plans and other stakeholders.
Health equity and justice can be timeless aspirations!

• Asynchronous prioritization can mitigate the challenges of limited resources.
  • Necessary for maintenance of both hope and trust
• Let’s negotiate the timeline rather than the destination
Lessons learned from 14 months of community vaccination.

• The disparities that led to the disproportionate burden of COVID-19 disease in underserved communities existed long before the pandemic and will remain long after without deliberate action.

• The complex history of medical mistreatment, structural racism, and transactional exploitation creates profound mistrust of health entities in general.

• The messenger is as important as the message to build trust.

• Language is everything. (inclusive, appropriate, accurate, accessible)

• Cultural humility must be continuously centered in all aspects of community engagement to achieve true bidirectional partnership.
Lessons Learned from 14 months of community vaccination (A Call to Action)

- **Health equity** is an uphill battle that requires not only desire but commitment, innovation, appropriation and often reallocation of resources across the entire system to be attainable.

- Communities want and need **authentic, enduring partnership** with OHSU that goes beyond a transactional relationship.

- OHSU sits at an inflection point in which the narrative defining its place in the community can be re-written.
Thank you!
# OHSU Resources

## COVID FAQs

## Unsure about COVID vaccines?
- [https://www.ohsu.edu/health/unsure-about-covid-vaccines-information-consider-and-how-learn-more](https://www.ohsu.edu/health/unsure-about-covid-vaccines-information-consider-and-how-learn-more)

## “COVID vaccine facts:”
- [https://www.youtube.com/watch?v=FeZEGFjH1VM&list=PLRulmArwyTFjGL-yIIYVVWkdRziTzbBs5](https://www.youtube.com/watch?v=FeZEGFjH1VM&list=PLRulmArwyTFjGL-yIIYVVWkdRziTzbBs5)
- “COVID vaccines for the Mexican/Latin American community” [Spanish](/vaccines/)

## General Vaccine information and appointments

## COVID testing Expo Center
- [https://www.ohsu.edu/health/covid-testing-portland-expo-center](https://www.ohsu.edu/health/covid-testing-portland-expo-center)

## Get a COVID-19 Vaccine:
### Events for Black/African American, Asian, Latino, Pacific Islander, Native American and Other Community Members
- [https://www.ohsu.edu/health/vaccine-scheduling-ycuo](https://www.ohsu.edu/health/vaccine-scheduling-ycuo)
  - English line: 833-647-8222
  - Spanish line: 503-437-9074
  - Russian: 503-386-0673

## Vaccine information and appointments (Spanish)
- [https://www.ohsu.edu/espa%C3%B1ol/vacunas-contra-el-covid-19-informacion-y-citas](https://www.ohsu.edu/espa%C3%B1ol/vacunas-contra-el-covid-19-informacion-y-citas)
### Vaccine Equity Committee

**Name** | **Titles** | **Chair** | **Committee Members**
---|---|---|---
Donn Spath, MD, FACS, FASMBE | Professor of Surgery, OHSU Department of Surgery Medical Director, OHSU Simulation | OHSU Chief of Staff | Zerly Abbruzzese, Healthcare Innovator, J Curve Consulting and Enigma Health Vaccine Advisory Committee, Adventist Hospital
Connie Amos, MS | Senior Director, Post-Acute Care | OHSU Chief of Staff | Zerly Abbruzzese, Healthcare Innovator, J Curve Consulting and Enigma Health Vaccine Advisory Committee, Adventist Hospital
Hayes Bakken, MD | Associate Professor, General Pediatrics, Oregon Children’s Hospital | OHSU Chief of Staff | Zerly Abbruzzese, Healthcare Innovator, J Curve Consulting and Enigma Health Vaccine Advisory Committee, Adventist Hospital
Jenny Lee Berry | Program Manager, Community Relations, Public Affairs | OHSU Chief of Staff | Zerly Abbruzzese, Healthcare Innovator, J Curve Consulting and Enigma Health Vaccine Advisory Committee, Adventist Hospital
John Cockerham, MPH | Program Manager, COVID Community Van | OHSU Chief of Staff | Allison Emepe, MD, Vice Chair of Equity, Diversity and Inclusion
Noel Edillo, PharmD | Assistant Director, Information Management and Medication Safety, Pharmacy Services | OHSU Chief of Staff | Christopher Evans, MD, MPH, Assistant Professor, General Internal Medicine & Geriatrics and Infectious Diseases
Allison Emepe, MD | Vice Chair of Equity, Diversity and Inclusion | OHSU Chief of Staff | Christopher Evans, MD, MPH, Assistant Professor, General Internal Medicine & Geriatrics and Infectious Diseases
Leah Garcia, MPA | Assistant Dean for Diversity, Equity, & Inclusion, School of Medicine | OHSU Chief of Staff | Deda Garside, RN, BSN, MBA, Safety Services Manager & Cultural Liaison
Leda Garside, RN, BSN, MBA | Safety Services Manager & Cultural Liaison, Clinical Nurse Manager, OHSU Health Hillsboro Medical Center | OHSU Chief of Staff | Michael Harrison, MO, Director, Local Relations
Brenden Hendricks, MBA | Director, Patient Experience | OHSU Chief of Staff | Katrina McPherson, MD, Pediatrics, Primary Care Clinic, Forest Grove
Brian FM Park, MD, MPH | Assistant Professor, Family Medicine, Richmond Clinic | OHSU Chief of Staff | Katrina McPherson, MD, Pediatrics, Primary Care Clinic, Forest Grove
Kat Phillips, MHA, PMP | Director, Health Equity Operations | OHSU Chief of Staff | Katrina McPherson, MD, Pediatrics, Primary Care Clinic, Forest Grove
Mariana Phills, MS | Senior Communications Specialist, School of Medicine | OHSU Chief of Staff | Megan Pagnini, BA, Director, Brand and Design, Marketing and Communications
Sapna Somayajulu, BS | Quality Specialist, Quality Management | OHSU Chief of Staff | Robert Trachtenberg, MS, Executive Director, OHSU Family Medicine at Richmond
Robert Trachtenberg, MS | Executive Director, OHSU Family Medicine at Richmond Interim Chief Administrative Officer, OHSU Practice Plan, School of Medicine | OHSU Chief of Staff | Eric Herman, MD, Chief Primary Care and Population Health Officer
Kevin O’Boyle, MHS | Vice President, Ambulatory Core | OHSU Chief of Staff | Eric Herman, MD, Chief Primary Care and Population Health Officer
David Robinson, PhD | Executive Vice Provost, and Interim Provost | OHSU Chief of Staff | Abby Tilke, JD, Vice President, Public Affairs & Marketing
Abby Tilke, JD | Vice President, Public Affairs & Marketing | OHSU Chief of Staff | Lisa Huyhn, BSc, Sr. Executive Assistant, Office of the Provost

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4/29/2022