

Vaccine Mandate Report for September 23, 2021

Submitted by Mark Mitsui, PCC President

Introduction

This report is in response to the PCC Board directive to conduct an equity analysis of a vaccine mandate and using the information from that analysis, and other pertinent information and data to provide additional data to amend BP 22-029 and to inform the board vote on BP 22-029 or provide additional information for the board to develop another vaccine mandate policy.

Vaccine Mandate Report Contents

- Background Information: September, 2021 Student Vaccination Survey and equity-related analysis, compliance considerations (e.g., new federal rules, potential Governor's Executive Order, etc.) and findings of the PCC Vaccine Requirement Exploratory Team.
- Implications of the Background Information.
- Recommended Amendments to BP 22-029

Background Information

September 2021 Student Vaccination Survey (See Attachment #1)

On September 1st, 2021, a third "pulse survey" was distributed to 51,171 PCC students, covering three distinct subpopulations of students:

- 8,723 prospective students, specifically students admitted to PCC but not yet enrolled;
- 30,531 currently registered students, specifically student with active registration for Summer or Fall terms;
- 11,917 stopped out students, specifically students who were enrolled in a credit program but stopped enrolling at some point since Spring 2020 (our first term in remote operations).

Of the 51,171 students who were invited to complete the pulse survey, 4,756 students responded (9.3% response rate overall.)

Some Key Survey Findings, Including a High-Level Equity Analysis

- 76.1% of survey respondents indicated that they are already vaccinated (3620/4756).
- 1.7% of survey respondents indicated that a vaccine mandate would make them more likely to become vaccinated.

- 13.2% of survey respondents indicated that a vaccine mandate would make them less likely to become vaccinated; 6.2% of respondents indicated they would pursue exceptions.
- In terms of a high-level equity analysis, racial disparities in vaccination rates are higher than previously thought. The relatively high overall vaccination rate of 76.1% is largely driven by the high vaccination rate of White students (2226/2626 or 84.8%). By comparison, Black/African American respondents indicated a vaccination rate of 40.5% (119/294) and Latino/a/x respondents indicated a vaccination rate of 63.5% (582/916).
- There were also variations by race regarding the potential impact of a vaccine mandate on a student's likelihood of becoming vaccinated. For example, 40% of Native Hawaiian/Pacific Islander respondents indicated that a mandate would make them less likely to become vaccinated. In contrast, 5.8% of white respondents indicated that a mandate would make them less likely to become vaccinated. All categories of students of color reported a higher than 5.8% response rate regarding increased reluctance to be vaccinated due to a mandate.
- Another difference by race was the lower likelihood of unvaccinated students of color to enroll in in-person courses, if a mandate is implemented. For example, 35.3% of Native American/American Indian/Alaska Native respondents would be less likely to enroll in in-person classes compared to 5.4% of white students.

The implications of these and other findings will be discussed in the "Implications" section.

Compliance Considerations

- New federal OSHA Emergency Temporary Standards regarding vaccination requirements for employers with more than 100 employees have been ordered by the Biden Administration. We are anticipating publication of the new rules and determining whether or not they will apply to PCC and are working with legal counsel in anticipation of the release of these rules, possibly as early as the week of September 20, 2021.
- We are also anticipating a possible Governor's Executive Order for a higher education vaccine mandate.

These compliance considerations and implications for policy implementation, including the possible timing of their issuances, are incorporated into the "Implications of the Background Information" section.

Key Findings of the PCC Vaccine Requirement Exploratory Team (See "Attachment #2")

PCC Vaccine Requirement Exploratory Team:

Greg Pitter - IT Application Services Director

Karen Sanders - Pathway Dean

Theresa Payne - Office of Equity and Inclusion, Equity Investigator

Angela McMahon - COVID-19 Reopening Director

Introduction

In recent weeks students and employees in our healthcare programs, as well as PCC employees who work at or visit K-12 settings, Corrections, and Department of Human Services facilities have come under vaccine mandates through Oregon Administrative Rules or Executive Orders. By responding to these requirements, we have gained insight into what would be required to implement a broad vaccination mandate. Additionally, the team interviewed three higher education institutions who are implementing vaccine mandates. Key findings and recommendations are summarized below:

Key Findings/Learning Points/Recommendations

- For the colleges and universities implementing a mandate, meeting the legal requirement for proof of vaccination has proven to be incredibly time consuming. OHA definition states "Proof of vaccination" means documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual's name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is a one-dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered. Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record card, or a print-out from the Oregon Health Authority's immunization registry.
- At least one institution interviewed is reported to have put the mandate implementation on hold.
- From separate correspondence, not included in this team's report, additional advice provided includes a warning to not change policies or exception types "mid-stream".

Vaccine Exploratory Team Recommendations

Short Term Recommendations

- A vaccination mandate from an external body will include definitions, and timeline, and requirements. Hold further system development work until these “knowns” are firmly established.
- Create a steering team including the authors of this report and representatives from HR, the Federations, CTE faculty, Healthcare faculty, Enrollment Services including Financial Aid, Student Affairs Administration, Student Conduct and Retention, Disability Services, Academic Affairs administration, and Information Technology.
- Brief and prepare stakeholders across Academic Affairs, Student Affairs, Information Technology, and other affected divisions of the College for the potential disruption of a mandate, particularly if one comes with a short deadline. Preparations should be made to deal with the potential impacts to instructor class assignments, financial aid eligibility, and delay of other projects if resources have to be dedicated to implementing and communicating a mandate, among others.
- Review vendors and technical solutions to become familiar with available features and costs.
- Continue research into capacity and functionality of our existing systems for immunization tracking.
- Identify an executive sponsor and dedicate FTE to coordinating and leading this work, plus additional workforce if students are required to be vaccinated.
- Lobby the Governor and Oregon Health Authority to improve functionality of Oregon’s ALERT Immunization Database and modify regulations to allow employers to use it for vaccination verification. Today, this system is limited to one-name-at-a-time searches for students only.

Longer Term Recommendations (once the vaccine requirement(s) are known)

- Develop an implementation plan with a timeline and clear outcomes.
- Develop work groups from a steering team and key subject matter experts.
 - Systems / process / procedure
 - Policy implications
 - Technical implementation
 - Student & academic affairs combined team for
 - Faculty - workload & employment implications
 - Students - academic implications if unable to complete

- Communication & change management
- Invest time to develop a clear and thoughtful communication plan.
- Unless required by external mandate, follow established medical and religious exceptions workflows.
- Individually review medical and religious exceptions requests to confirm they are fully completed and all supporting documentation is included, unless external mandates dictate otherwise.
- Avoid a system that includes the upload of vaccination cards. Digital image storage is complex and adversely impacts the performance of the network. Lean toward simplicity.
- Collect date and vaccination type data (Moderna, Pfizer, J&J) so that we have the capacity to respond should boosters be required later.

Implications of Background Information for Policy Development

- If the purpose of a PCC vaccine mandate is to increase vaccination coverage of PCC students, a mandate will have a relatively small impact. A mandate may also increase vaccine hesitancy among some students. Unvaccinated students of color are also less willing to participate in in-person instruction than white identified students, ameliorating an earlier concern that mandating vaccines for in-person instruction would result in disproportionate disenrollment of students of color.
- If the PCC Board elects to implement a vaccine mandate for reasons other than increasing vaccination rates, then the following policy elements will help mediate the value tensions between public health, equitable educational access, compliance and effective implementation.
 - In order to have timely communication with students, and to avoid potential “breach of contract” claims associated with a vaccine mandate enacted after registration begins, PCC should notify students of the vaccination requirement at the beginning of, or prior to, any registration period.
 - Unless superseded by federal rules or a Governor’s Executive Order, mandate vaccines for students participating in-person activities (e.g., courses, services, activities, etc.) only. This will allow continued vaccination education and outreach to unvaccinated students taking remote and online courses, who do not intend to come to campus.
 - Unless superseded by federal rules or a Governor’s Executive Order, an employee vaccine mandate should allow for a deferral of a vaccine requirement for employees that are not working on campus.

- Continue vaccine outreach education efforts in partnership with culturally specific organizations and public health authority efforts.
- Formally delegate to the PCC College President the authority to implement the board vaccine mandate policy (per BP 213, “College President’s Duties and Responsibilities” and per BP 2410, “Board Policies, Bylaws and Administrative Procedures”. Examples of implementation measures are included in the Vaccine Requirement Exploratory Team recommendations. Delegation of authority will allow for a more effective and timely response in case new federal rules or Governor’s Executive Orders are issued and the avoidance of changing policies “mid-stream”.

Recommended Amendments to BP 22-029, Portland Community College Vaccine Mandate Policy

August 19, 2021

August 19, 2021

Amended: September 23, 2021

BP 22-029

PCC COVID VACCINE MANDATE

PREPARED BY: Cabinet Leadership

Mark Mitsui, President

SUBMITTED BY: Mark Mitsui, President

REPORT: This resolution is in response to the PCC Board of Directors vote to develop a vaccine mandate proposal for consideration.

This proposed policy approaches a COVID vaccine mandate as part of a holistic response to COVID prevention. Governor Brown and the Oregon Health Authority have adopted rule 333-019-1025 mandating universal mask use in public indoor settings throughout the State of Oregon with an indeterminate timeline. In addition, Oregon OSHA has adopted rules that include other protective provisions such as infection control, cleaning, notification of exposure, and ventilation. PCC has adopted these rules institutionally and are actively enforcing them. Key assumptions:

- It is not known at this time which approach (voluntary or mandatory) will yield the highest vaccination rates (e.g., voluntary program with education versus mandatory program with education and exemptions). For the purposes of this proposal, the assumption is made that a mandate will increase the vaccination rates above the rate of a voluntary program.

Recommended Amendment: Strike the previous paragraph and add the following: “Per the most recent student survey, a vaccine mandate is likely to increase the PCC student vaccination rate by 1.7%.”

- ~~In other words: (Vaccine mandate + education/outreach – exemptions) is greater than (Voluntary vaccination + education/outreach)~~
- ~~The current estimated student vaccination rate for fall quarter 2021 is approximately 84%, based upon student survey data. There are racial disparities in these vaccination rates.~~
- ~~The rate of students reporting being “unsure” or “unlikely” to be vaccinated is approximately 16% from the same survey data. There are racial disparities in the rates of students reporting as “unsure/unlikely” to be vaccinated.~~
- ~~Per the PCC Board of Directors Equity Statement, the board will also require a racial justice analysis of this policy decision.~~

Recommended Amendment: Strike the preceding four bullet points with the following:

- The results of the most recent survey and a high-level overview of an equity analysis are presented below:
 - 76.1% of survey respondents indicated that they are already vaccinated (3620/4756).
 - 1.7% of survey respondents indicated that a vaccine mandate would make them more likely to become vaccinated.
 - 13.2% of survey respondents indicated that a vaccine mandate would make them less likely to become vaccinated. 6.2% of respondents indicated they would pursue exceptions.
 - In terms of a high-level equity analysis, racial disparities in vaccination rates may be higher than previously thought. The relatively high overall vaccination rate of 76.1% appears to be largely driven by the high vaccination rate of White students (2226/2626 or 84.8-%). By comparison, Black/African American respondents indicated a vaccination rate of 40.5-% (119/294) and Latino/a/x respondents indicated a vaccination rate of 63.5% (582/916).
 - There were also variations by race regarding the potential impact of a vaccine mandate on a student's likelihood of becoming vaccinated. For example, 40% of Native Hawaiian/Pacific Islander respondents indicated that a mandate would make them less likely to become vaccinated. In contrast, 5.8% of white respondents indicated that a mandate would make them less likely to become vaccinated. All categories of students of color reported a higher than 5.8% response rate regarding increased reluctance to vaccination due to a mandate.
 - Another difference by race was the lower likelihood of unvaccinated students of color to enroll in in-person courses, if a mandate is implemented. For example, 35.3% of Native American/American Indian/Alaska Native respondents would be less likely to enroll in in-person classes compared to 5.4% of white students.
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- Recommended Amendment: The PCC Board authorizes the vaccine mandate policy **and in keeping with BP 213 and BP 2410**, delegates the authority to implement the policy to the PCC President and staff.
 - Health and safety protocols that promote prevention and mitigation of disease will meet or exceed Oregon Health Authority and Oregon OSHA rules, including, but not be limited to, face covering, physical distancing, frequent hand washing, cleaning, sanitizing, air handling, and ventilation along with daily symptom self-checks for students coming to campus.

Vaccine Mandate Policy Proposal

1. PCC Vaccine Mandate Purpose: To be determined.
2. The PCC vaccine mandate will apply to PCC employees and students. The PCC Administration will define the term “student”. ~~The definition of students will include students enrolled in either credit or non-credit courses, including students enrolled in community education.~~
3. The mandate will apply to students attending courses that meet in person for any portion of the class on college property and any students coming to campus for in-person support services or to participate in activities.
4. The mandate will apply to employees who teach or provide services at any college property, subject to bargaining with the Federations.
5. PCC Administration, unless superseded by external mandates, will be delegated the authority to develop an appropriate definition of “College property”. ~~includes any property owned, leased, or used by the college for providing instruction or college services.~~
6. Recommended Amendment: Replace this paragraph with the paragraph below in red. ~~In order to establish the infrastructure, procedures and capacity building to effectively implement this policy at scale, and address any demands to bargain (i.e. the 90-day “bargaining window”) over this mandate by the Federations, this mandate will take effect Winter Quarter of 2022, beginning January 10, 2022.~~
 - In order to have timely communication with students, and to avoid potential “breach of contract” claims associated with a vaccine mandate enacted after registration begins, PCC should notify students of the vaccination requirement at the beginning of, or prior to, any registration period.
 - Unless superseded by external mandates, included but not limited to federal rules or a Governor’s Executive Order, PCC should mandate vaccines for students participating in-person activities (e.g., courses, services, activities, etc.) only. This will allow continued vaccination

education and outreach to unvaccinated students taking remote and online courses, who do not intend to come to campus.

- Unless superseded by external mandates, including but not limited to federal rules or a Governor's Executive Order, an employee vaccine mandate should allow for a deferral of a vaccine requirement for employees that are not working on campus.

7. Culturally specific outreach and education efforts and vaccine clinics conducted at PCC sites will continue.

8. Additional surveys, ~~with a representative selection of sample populations,~~ will be **periodically** conducted to estimate changes in vaccination rates. **(Note: all surveys conducted so far have included all current and prospective students making the crossed-out section irrelevant.)**

9. Upon implementation, in order to perform an equity analysis of this policy decision, disaggregated data on vaccination rates and disenrollment of students due to lack of vaccination will be assessed and reported to the board. A similar equity analysis will be conducted for employees.

10. **Recommended Amendment: Strike this paragraph and replace it with the paragraph below in red. ~~PCC will provide to students and employees medical and nonmedical exemptions to vaccination as required by law.~~**

PCC will individually review medical and religious exceptions requests to confirm they are fully completed and all supporting documentation is included, unless external mandates dictate otherwise.