Vaccine Equity Progress  
Wallowa County  
November 2021

1. Describe any improvements in vaccine equity gaps since Spring 2021 as evidenced in the data. Provide a status update on progress to eliminate vaccine access barriers and implement plans to close vaccine equity gaps among specific racial and ethnic populations. Please be specific, provide an example of work about which OHA and its partners are particularly proud, and describe any tangible impacts in the community.

Wallowa county’s population  
Wallowa county is nestled in the historic lands of the Nez Perce people. It is rural and geographically isolated, with 2.2 persons per each of its 3,146.19 square miles. The county is populated by 7,200 persons, of whom 3.6% identify as Hispanic or Latino/a/x, .9% as American Indian and Alaskan Native, and 95.6% identify as White. Nearly 30% of persons living in the county are at least 65 years old, and 12.6% of the population under 65 years of age living with a disability. There have been 747 cases of COVID-19 among the population in Wallowa county and thirteen people have died with the disease.

Ensuring COVID-19 vaccine is accessible to all  
Overall, 58.6% of Wallowa county’s population has received at least one dose of COVID-19 vaccine, increasing by .3% weekly. Vaccine uptake is highest among persons 18 years or older (69.3%) and growing among of persons between the ages of 12 and 17 (35.7%).

Vaccine uptake and series completion is higher in Wallowa County than in neighboring counties, however, given the small population size, we use regional data to assess vaccine uptake in racial and ethnic communities. Regional data reflecting vaccination uptake by race and ethnicity shows highest vaccination rates among persons identifying as American Indians and Alaskan Native (52%), followed by 51% uptake among persons identifying as White or Caucasian, 44.7% among persons identifying as Hispanic and Latin X/O/A,
36.6% of persons identifying as Asian, 33.1% of persons identifying and Native Hawaiian or Pacific Islander, and 32.87% among persons identifying as Black or African American.

During initial planning during the spring of 2021, Winding Waters Clinic, the county’s only Federally Qualified Health Center, used HRSA data to identify communities that could experience barriers to access, including communities of color, Tribal communities, persons living with disabilities, and persons identifying as LGTBQ+. Plans were made for community outreach, to ensure adequate vaccine supply for persons from these communities, language needs could be met, and that vaccination venues were accessible.

Highlights include:
- Wallowa Memorial Hospital ensured that all healthcare personnel had early access to vaccine.
- Winding Waters Clinic and Wallowa Memorial Hospital partnered with community-based organizations to reach in-home older adults living in outlying areas with education and vaccinations. This includes home visit vaccinations and pop-up clinics at businesses to vaccinate their employees.
- Wallowa Memorial Hospital and Winding Water Clinic continue to create vaccine events where community members live and work and at times that are convenient to those communities. These include vaccinations in remote outlying areas.
- Winding Waters Clinic offered on-site vaccination clinics at alternative education setting.
- Local media is used to educate and engage individuals, including by messaging on social media about vaccine availability (date, times, and locations), how to schedule or where to go to get vaccinated. This messaging is also disseminated via KWVR, the local radio station.
• Winding Waters clinical pharmacist filled in at the local Safeway pharmacy to ensure staff coverage to maintain vaccine availability.

• Wallowa Memorial Hospital worked with the local Safeway Pharmacy to efficiently schedule vaccine appointments.

• Winding Waters and other medical providers in the community have coordinated efforts to reduce vaccine waste by sharing open vials between partners that are administering the vaccine in the county with a focus to making sure they used the whole vial once it’s opened with minimal waste. Communication and support between OHA, Wallowa Memorial, Winding Waters, and community-based organizations helped with these efforts and collaboration.

2. Please provide an update on OHA and partners’ efforts to address the vaccine needs of migrant and seasonal farmworkers in the jurisdiction and share the outcomes of these efforts.

A 2018 report estimated that a total of 14 migrant and seasonal farmworkers work in Wallowa County. Winding Waters reached out directly via telephone to persons whose primary language was not English and to those who might experience other barriers to clinic access.

3. The pandemic has demonstrated and elevated the structural barriers that perpetrate health inequities. To dismantle those structural barriers in the long-term so that health equity can be achieved across all populations statewide, transforming how public health works with communities to engage in multi-directional communication and dialogue with, share power with and center in decision making communities most affected by those inequities is essential.

   a. Please provide an example of feedback OHA and its partners have received from a community experiencing vaccine inequities, how OHA and its partners worked collaboratively with the community to address the
feedback and then shared back with the community the outcome of the resolution.

b. Please provide an example of how OHA and its partners have shared power with and centered the communities experiencing inequities in decision making to determine strategies to increase vaccine access for communities.

Wallowa county does not maintain a local public health authority, instead Oregon Health Authority administers limited public health activities in collaboration with the Wallowa County Healthcare District, Winding Waters Federally Qualified Health Center, community-based organizations and local pharmacy and clinical partners. Local partners meet regularly to identify opportunities and gaps in vaccine coverage and coordinate solutions.

- One barrier that was identified early in the vaccination efforts was the need to bring vaccine to individuals with limited mobility. Winding Waters called individuals to offer the vaccine and heard that lots of the older folks did not want to come in for the vaccine due to distance, so Winding Waters brought the vaccine went to them. In the first days of vaccination, the Winding Waters team traveled to multiple homes to provide at-home vaccinations to elders who otherwise would not have been able to drive to the clinic.

- The challenge of ensuring rural access to vaccine: The size of vaccine lots and unique storage needs of early vaccine make it challenging for remote counties with small populations to receive early doses of the vaccine. Local partners advocated that OHA get vaccines to the county sooner. OHA worked with partners to seek solutions to meet community demand.