Oregon’s COVID-19 Plan
Resilience in Support of Equity (RISE)
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Oregon’s COVID-19 Plan – Resilience in Support of Equity (RISE)

Oregon enters a new phase of the pandemic: COVID-19 resilience

After more than two years of taking effective, science-based public health actions to slow the spread of COVID-19, Oregon has reached a new phase in the pandemic. The Omicron surge has passed. The spread of the SARS-CoV-2 virus has dramatically tapered. Now:

- More than 8 in 10 people in Oregon have at least short-term protection against severe COVID-19 disease through vaccination, a prior infection or both.
- COVID-19 infections have dropped 94% since the peak of the Omicron surge.
- COVID-19 hospitalizations have dropped to pre-Omicron levels.

Oregon has been more effective in its pandemic response than nearly all other states, in large part because most people in Oregon have demonstrated shared commitment to protect each other through their fidelity to getting vaccinated, wearing face coverings and limiting indoor gatherings.

Given our population’s current level of immunity, Oregon now can lift nearly all the public health requirements that helped prevent the worst forecasts of Omicron-fueled hospitalizations and deaths from becoming a reality. As hospitalizations decline, people in Oregon no longer need to rely on statewide policy interventions to reduce their risk. It is now possible for us to manage COVID-19 at personal and community levels.

But the pandemic is not yet over.

Like a wildfire that has been contained but not fully extinguished, the COVID-19 pandemic still poses risks to many of us.

Like a wildfire, the pandemic has left a stark and smoldering aftermath for communities trying to recover.

- To date, the virus has taken the lives of nearly 7,000 people in Oregon, leaving many more grieving the heart-breaking loss of their loved ones.
- The pandemic has disrupted the livelihoods provided by many businesses.
- COVID-19 has disrupted in-class learning in schools.
● It has left people shaken and traumatized, caused an increase in substance use disorders and behavioral health diagnoses, and exacerbated a crisis in mental health issues among youth.

● It has not only laid bare, but intensified long-standing and unacceptable health inequities.

● Finally, the pandemic has tested our understanding of what responsibilities bind us together in thriving, cohesive communities.

**Oregon RISE: Supporting community resilience and equity**

In this new phase of the pandemic, state and local officials can shift their focus from an initial emergency response toward a supporting role for community and personal decision-making.

This plan – Oregon RISE: Resilience in Support of Equity – outlines the near-term priorities Oregon will pursue to monitor COVID-19, shield people at highest risk, reinvigorate our communities and repair our social fabric.

Oregon’s top priority will be to support the capacity and follow the lead of the communities that have been hardest hit by COVID-19: communities of color and tribal communities. Before the pandemic, systemic racism and oppression fueled trauma, higher rates of chronic disease and other conditions potentially leading to loss of life and livelihood. The COVID-19 pandemic intensified and worsened these unjust and systemic health inequities and at the same time amplified the power of resilience, culture and social cohesion within these communities.

It’s also our priority to protect people who remain more vulnerable to severe disease from COVID-19, including older adults and people with underlying health conditions.

In the coming months after public health interventions lift, our goal will be to save lives by strengthening the resilience of people, schools and communities so they can protect themselves from COVID-19. Our five-point plan includes:

● **Protect communities who have been hardest hit by COVID-19.**
  
  » Oregon will distribute vaccines, tests and masks to people at risk in priority communities through partnerships with more than 175 local nonprofits, health clinics and other community groups.

● **Protect people who are most vulnerable to COVID-19.**
  
  » Oregon will continue to test wastewater samples from more than 40 communities to track disease spread and the presence of variants.
  
  » Oregon will maintain capacity to administer more than 25,000 COVID-19 vaccine doses per day.
  
  » Oregon is supplying providers enough courses of COVID-19 therapeutics to treat 1,443 people at risk of severe illness per week.
Oregon will maintain testing supplies and laboratory capacity to perform a baseline of 130,000 COVID-19 tests per week, in the event we face a resurgence in demand.

Oregon will continue measures to prevent the transmission of COVID-19 in long-term care facilities and other residential group settings that serve older adults and people with disabilities.

**Expand access to vital health care and support a thriving workforce.**

- Oregon will maintain or expand health coverage to as many as 300,000 people.
- Oregon will begin distributing $200 million in workforce development grants to benefit students, apprentices and adults seeking more competitive skills.

**Keep schools open for students, staff and families, and help students recover instructional time.**

**Restore social cohesion by listening to local communities and helping people protect themselves and others.**

These near-term priorities in the RISE plan will concentrate the efforts of Oregon’s health and human services agencies where state resources can have the greatest impact in the coming months. The plan reflects the recognition that:

**State agencies can begin to scale back broad intervention and supply efforts and focus on priority populations.** Large-scale mobilization by public agencies to deliver COVID-19 vaccine supplies, tests, masks and other personal protective equipment (PPE) is not as necessary as it was during the emergency response. For example, as the Omicron surge recedes, commercial supplies for at-home tests are again readily available. State agencies can focus on improving access to care and services for populations most harmed by inequities.

**It’s time for local and personal decision-making.** In an environment with low COVID-19 transmission, many local governments, communities, businesses and individuals are ready to evaluate their own risks and exercise their own decision-making about protective measures.

**It’s time to talk about a healthier future.** At a time when more than 8 in 10 people in Oregon have some form of immunity to COVID-19, state health officials have an opportunity to engage in thoughtful, long-term dialogue with a wide range of partners in local communities and co-create strategies to move forward equitably.

These factors mean that state health and human services officials can now concentrate efforts on helping communities adapt to the changing COVID-19 environment and eliminate the inequities the pandemic has worsened, such as access to health care and educational opportunities.

Oregon has been tested during the COVID-19 pandemic, but we have fared better than most other states because so many people in Oregon have looked out for each other. During the pandemic, about 8 in 10 people
in Oregon have reported faithfully following science-based health recommendations, such as getting vaccinated or wearing a mask indoors in public or limiting in-person gatherings.

As we move forward, we all have an opportunity to keep COVID-19 in retreat while we recover and rebuild from the far-reaching impacts of the pandemic. Every person in Oregon has an opportunity to RISE.

Oregon’s COVID-19 strategy has saved lives and kept cases and hospitalizations lower than in other states:

**Deaths prevented** in Oregon since the start of the pandemic: 5,796

**Oregon’s ranking among states** (including Washington, D.C.) in COVID-19 cases (per 100,000): 2nd lowest

**Oregon’s ranking among states** (including Washington, D.C.) in COVID-19 deaths (per 100,000): 7th lowest

**Oregon’s ranking among states** (including Washington, D.C.) in percentage of residents who are fully vaccinated: 18

1 Based on comparison of the US national average COVID-19 death rate (deaths per million) and Oregon’s COVID-19 death rate (deaths per million).

**Oregon’s ranking among states** (including Washington, D.C.) in the percentage of eligible residents who have received a booster: 10

Highest percentage of Oregonians who reported wearing masks during the Omicron surge 84% (currently 74%).

Oregon per capita hospitalization rate during the Omicron surge: 36% lower than the peak national average in hospitalizations during Omicron.

**Oregon’s ranking among states** in the rate of peak hospitalizations during the Omicron surge: 4th lowest.
Oregon’s five immediate priorities to strengthen local resilience and speed recovery from the COVID-19 pandemic
I. Protect communities that have been hardest hit by COVID-19

The COVID-19 pandemic has disrupted the lives of everyone in Oregon. But not everyone has been affected equally. People in tribal communities and communities of color have experienced the greatest impacts. Historical and contemporary racism and oppression have led to health inequities, lower rates of health coverage for people in Oregon’s Latino, Latina, Latinx community, barriers to health care, vaccinations, therapeutics, behavioral health care, housing and social services and a wide range of other supports.

- **Latino, Latina, Latinx communities:** To date, the age-adjusted COVID-19 infection rate for Oregon Latino, Latina, Latinx community is 1.6x higher than it is for Whites. The age-adjusted death rate is 2x higher than it is for Whites.

- **Black, African American, African Immigrant communities:** To date, the age-adjusted COVID-19 infection rate for Oregon’s Black, African American, African Immigrant communities in Oregon is 1.8x higher than it is for Whites. The age-adjusted death rate is 2.1x higher than it is for Whites.

- **Tribal communities:** To date, the age-adjusted COVID-19 infection rate for the American Indian and Alaska Native communities in Oregon is 2.1x higher than it is for Whites. The age-adjusted death rate is 2.8x higher than it is for Whites.

- **Pacific Islander community:** To date, the age-adjusted COVID-19 infection rate for Oregon’s Pacific Islander community is 1.5x higher than it is for Whites. The age-adjusted death rate is 4.2x higher than it is for Whites.

- **Disability communities:** People with intellectual and developmental disabilities are more likely to get infected or have severe outcomes from a COVID-19 infection because of underlying medical conditions, group living settings, systemic health and social inequities and ableism. They are also more likely to have difficulty accessing vaccination services and support.

- **Older adults:** Out of the 6,772 total COVID-19 deaths in Oregon, at least 5,607 were 60 and older.

Oregon has pursued a multi-pronged strategy to support communities that have been hardest hit by the pandemic and eliminate the health inequities the pandemic has worsened. This strategy includes:

- Ensuring equity at the heart of the state’s response.
Continued — I. Protect communities that have been hardest hit by COVID-19

● Working closely with local and tribal governmental public health agencies in responding to COVID-19 and other important public health issues.

● Partnering with more than 175 community-based organizations (CBOs).

● Organizing hundreds of grassroots, community-specific vaccination and testing clinics.

● Combatting misinformation and disinformation, raising awareness and providing health information through culturally responsive outreach in 12 languages.

● Listening to community needs.

It is a critical goal for Oregon’s RISE plan to protect and support these priority communities, as it has been throughout the first two years of the pandemic.

● **Ensuring equity at the heart of the state’s response:** Oregon has collaborated with communities to apply an equity framework to policy and operational decisions throughout the pandemic. This approach has been reflected across the state’s response. For example, state health officials have adjusted strategies and data collection based on fair criticism that equity was not always at the forefront of the response. These adjustments include:

  » Focusing the distribution of vaccines and therapeutics to Federally Qualified Health Centers (FQHCs), clinics and non-profit partners in priority communities.

  » Eliminating inequitable criteria from crisis care standards.

  » Reporting a wide range of COVID-19 data by race and ethnicity.

● **Working closely with local and tribal governmental public health agencies in responding to COVID-19 and other important public health issues.** Oregon’s local and tribal public health authorities are foundational to our public health system and are responsible for listening to their communities and responding with public health actions. Governmental public health authorities collect data and develop strategic plans to improve health within their communities. As sovereign nations, the Nine Federally Recognized Tribes of Oregon make up the tribal public health authority over their land and people. The state supports these efforts in a government-to-government relationship by providing resources directly to the tribes to best serve their communities. Oregon provided $87 million to local public health authorities (LPHA) for the COVID-19 response.

LPHAs work closely with community partners to provide culturally responsive services to the community. LPHAs have a critical role in providing expertise, local data and resources to keep schools, businesses, agricultural settings and congregate care settings safe. They work closely with hospitals, health care providers and first responders to make sure these critical services are available.
● **Partnering with CBOs** that have long-standing, trusted relationships with priority communities to provide health and social services to save lives and livelihoods.

  » OHA awarded $45 million in health equity grants to nonprofit organizations and tribal governments throughout the state to address the disproportionate impact of the COVID-19 pandemic on Oregon’s tribal communities and communities of color. The grants address health and economic disruptions, food insecurity, housing and safety and violence prevention, among other needs.

  » Oregon provided $62 million to CBOs in 2021 with funds from the Centers for Disease Control and Prevention (CDC) and other sources. This does not include Federal Emergency Management Agency (FEMA) reimbursement funding for vaccination events and engagement or ongoing wrap-around supports. These CBOs were contracted to help local communities with outreach and engagement, contact tracing with LPHAs and direct aid in the form of social services and wrap-around support.

The CBOs support a wide range of communities across the state including migrant and seasonal farmworkers, African immigrants, Middle Eastern refugees, faith communities, those living in long-term care facilities. And they support all age groups across Oregon.

● **Organizing hundreds of grassroots, community-specific vaccination and testing clinics** in collaboration with local health clinics, CBOs and local health departments to reach priority communities.

  » Since fall 2020, Oregon has creatively partnered with local health departments, CBOs, FEMA and contractors to conduct more than 2,300 testing and vaccination events for migrant and seasonal farm workers, communities of color, rural communities and other areas experiencing health inequities.

  » Some of the most successful recurring vaccination events have been held at more than 150 food markets around the state that are popular with Latino, Latina and Latinx consumers. These events show how effective Oregon’s equity strategy can be when state health staff meets communities “where they are,” instead of asking the community to adapt to more conventional approaches, such as distributing vaccines through centrally organized mass vaccination clinics hosted at locations far from their neighborhoods.

  » Oregon has also supported door-to-door outreach in ZIP codes with the highest rates of unvaccinated people and the highest percentage of people of color. Community canvassers knock on doors to share information about local COVID-19 vaccination events and answer questions.

  *Since the summer of 2021, outreach teams have knocked on nearly 200,000 doors, reaching more than 53,000 people in Multnomah, Marion, Washington, Lane, Polk and Clackamas counties.*
Through its Protecting Oregon Farmworker (POF) program, OHA’s Community Partnership Outreach Program (CPOP) works with 27 CBOs to protect agricultural workers from COVID-19. Over the last six months of 2021, CPOP and POF partners:

- Provided education and resources to 1,132,259 people.
- Distributed 366,088 masks.
- Connected 46,137 people to wrap-around services.
- Vaccinated 62,702 people.
- Collaborated with Oregon Employment Department, Oregon Human Development Corporation and the Oregon Child Development Coalition to distribute 3,000 air purifiers to workers.

Oregon has also distributed home test kits and PPE (including N95 masks) to CBOs, tribal communities, LPHAs, K-12 schools, hospitals, shelters serving people experiencing houselessness, early learning facilities and migrant and seasonal farm workers.

State health officials have sent more than 270,000 home test kits, 800,000 N95 masks, 250,000 child-size masks and 500,000 surgical masks to organizations focused on serving migrant and seasonal farmworkers and people in communities of color.

Oregon Department of Human Services (ODHS) has provided the equivalent of 397,261 meals, in either food boxes or boxed meals, to 731 vaccination clinics in 36 counties. ODHS will continue to provide food boxes for vaccination clinics, through its contracted community partners, as requested by OHA.

ODHS partnered with LPHAs and OHA to ensure access to vaccines and boosters for older adults and people with disabilities, including those who needed to be vaccinated in their own home or in a variety of care settings.

- **Raising awareness and providing health information through culturally responsive outreach in 12 languages** to provide accessible, up-to-the-minute, factual information that people can use to protect themselves, their families and neighbors from COVID-19.

To date, OHA has produced more than 10,000 COVID-19 health education materials translated into Spanish, Vietnamese, Russian, Chinese, Chuukese, Arabic, Marshallese, Hmong, Arabic, Somali and other languages.
OHA has also tailored information and outreach efforts to meet the needs of different communities and audiences. OHA produces or sponsors:

- The Safe+Strong campaign, which leverages social media, a website and broadcast and billboard advertising to inform people in communities of color and rural communities about how to stay safe from COVID-19. It provides answers to questions about vaccinations, as well as resources for emotional and other support services. Safe+Strong also provides technical assistance to more than 100 CBOs to help keep their communities informed about COVID-19.

- “Platicas de Salud” programs for commercial and community Spanish language radio broadcasts, which provide COVID-19 prevention and protection health tips.

- Weekly “Noticias con OHA” on OHA’s en Español Facebook site.

- Weekly “Ask a Black Doctor” podcasts, which is also broadcast on commercial radio.

- The consistent adaptation of COVID-19 vaccine confidence messages and prevention information into oral Mesoamerican languages.

- Hearing community needs: Health officials have convened workgroups of community leaders to understand their COVID-19 priorities and adapt state strategies to better meet each community’s needs. Oregon health officials receive this feedback through listening sessions (in Spanish and English) from:

  - Black and African American groups
  - African immigrant groups
  - Asian, Native Hawaiian and Pacific Islander groups
  - Latino, Latina, Latinx groups

The state also works closely with tribal communities and communities of color to provide resources on how to keep them as safe from COVID-19 as possible. In addition, the state partnered with leaders in the older adult and people with disabilities communities to gain insight on how to best support these individuals.
In the next six months:

- Oregon will collaborate with local partners across the state to develop long-term COVID-19 strategies to meet individual community needs and eliminate the long-standing health inequities the pandemic has worsened.

- Oregon will distribute thousands of vaccine doses, masks and tests to migrant and seasonal farmworkers and other people at risk in priority communities through partnerships with more than 170 local nonprofits, health clinics and other community groups.

- Oregon will continue to keep hundreds of thousands of people in priority communities (communities that have experienced long-standing health inequities) informed about COVID-19 risks in 12 languages, as well as provide access to vaccinations, testing and treatment.

- Oregon will continue to honor the government-to-government relationship with the nine federally recognized tribes to support their needs as requested and in partnership with the tribes for the ongoing response to COVID-19.

- Oregon will continue to support the governmental public health system to ensure public health protections are available to every person in Oregon and support governmental public health entities in implementing local resilience strategies.
II. Protect people who are most vulnerable to COVID-19.

COVID-19 has disrupted life for every person in Oregon. It has hospitalized and claimed the lives of people of all ages, from every part of the state. Yet, we know COVID-19 poses greater risks of developing severe disease for some people, including those who are unvaccinated, immunocompromised or have underlying health conditions, 65 and older and people with disabilities. As the prevalence of COVID-19 recedes but remains in our communities, we will:

- Maintain vigilant early warning systems against COVID-19 variants in Oregon.
- Protect more people in Oregon by increasing COVID-19 vaccination and booster rates and eliminating current inequities.
- Maintain and monitor access to COVID-19 testing, especially in schools, health care and other settings.
- Provide ready access to COVID-19 therapeutics, especially for people with underlying conditions and others at high risk for severe COVID-19 illness.
- Prevent COVID-19 transmission among people living in long-term care and other group and congregate settings. Continue to encourage older adults and people with disabilities to get vaccinated, boosted, and to wear masks when around others.
- Protecting Oregon’s hospitals and health care system.

Oregon’s COVID-19 RISE plan will maintain our guard against new outbreaks to reduce the risk of COVID-19 infection among our most vulnerable populations and continue to improve access to vaccinations and boosters, treatment and testing.

We can continue to save lives, protect our health care system and reinvigorate our schools, businesses and communities. Here are the five key RISE strategies Oregon health officials and partners are pursuing to protect people in in the state from COVID-19.
1. **Maintain vigilant early warning systems against COVID-19 variants in Oregon.**

Oregon has an extremely robust genomic surveillance system that monitors for new COVID-19 variants. This surveillance system includes:

a. **Individual-level variant monitoring:** This form of monitoring is based on the sequencing of positive COVID-19 tests from patients. To date, Oregon laboratories and commercial partners have sequenced the genomes of 6.2% of positive COVID-19 molecular tests — more than 41,000 tests in total. Sequencing is performed by the Oregon State Public Health Laboratory and academic and commercial partners.

   Oregon has also established a successful “sentinel genomic surveillance” program, in which partners from around the state submit samples each week for sequencing. The sentinel program ensures that surveillance is performed on specimens from all areas of the state.

b. **Community-level variant monitoring:** Oregon is testing for the presence of variants in 41 communities across the state, which provides a more comprehensive view of the potential spread of any variants of concern. Wastewater samples represent not only one person but an entire community, including people without symptoms or access to testing.

   Both these levels of monitoring — individual, as well as community-level — mean that if a new variant emerges, Oregon officials can know quickly, respond promptly and alert the public.

**In the next six months:**

» Oregon will continue to test wastewater samples from more than 40 communities in every region of the state to identify the presence of any variants of concern.

» Oregon will sample more than 5% of positive COVID-19 tests to identify any potential variants of concern, maintaining a sampling rate above that of many other states.

**COVID-19 variant detection in Oregon: by the numbers**

- To date, more than 40,000 positive tests have been genetically sequenced.
- More than 40 wastewater testing sites monitor for variants weekly.
- Nine regional partners from across Oregon submit samples weekly.
2. Protect more people in Oregon by increasing COVID-19 vaccination and booster rates and eliminating current inequities.

People in Oregon have committed to keeping themselves and their communities safe by receiving recommended COVID-19 vaccinations throughout the pandemic, and these efforts have contributed to Oregon’s comparatively low infection, hospitalization and death rates since the start of the pandemic. As of March 1, 2022:

- 2.9 million people in Oregon – or 67% of our total population (83% of people older than 18) – have completed an initial vaccine series.
- 1.6 million – or 58% of eligible adults – have received a booster dose.
- 84% of people in Oregon 65 and older have completed a vaccine series.
- 75% of people in Oregon 65 and older have received a booster dose.
- 90% of residents of long-term care facilities have completed a vaccine series.
- 72% of residents of long-term care facilities have received a booster dose.

Throughout the pandemic, OHA, local and tribal public health agencies have organized high-volume vaccination clinics around the state as well as smaller, local clinics for communities that have been disproportionately affected by the pandemic. Those smaller, local clinic locations included faith centers, public housing divisions, schools, grocery stores, houseless communities and more. Oregon has prioritized vaccination clinics for people who cannot leave their homes, people who are experiencing houselessness, tribal communities and communities of color.

In the next six months:

- Oregon will maintain capacity to administer more than 25,000 vaccine doses per day through pharmacies, health care providers, FQHCs, mobile clinics and clinics serving priority communities in local neighborhoods.
- As vaccines become available for children 6 months to 4 years old, Oregon will ensure equitable access to vaccinations for the entire family.

**Vaccinating people in Oregon**

- *Since April 2021, more than 100,000 people have been vaccinated at high-volume sites.*
- *Since November 2021, more than 110,000 people have been vaccinated at mobile vaccine sites.*
- *More than 7,000 people have been vaccinated at 152 Latino, Latina and Latinx markets.*
- *More than 1,200 people living in long-term care facilities received booster doses at 73 clinics between December 2021 and February 2022.*
3. **Maintain and monitor access to COVID-19 testing, especially in schools, health care and other settings.**

Since the beginning of the COVID-19 pandemic in 2020, Oregon has supported health care and community partners across the state in their testing efforts. In the last two years, OHA has:

» Distributed 1.6 million tests to 459 unique clinical and community testing partners.

» Supported 1,457 K-12 schools with nearly 400,000 tests.

» Provided 200,000 home tests to Title I schools.

» Established the Oregon Testing Initiative, which provided funding to academic partners such as the University of Oregon, Oregon State University and OHSU to expand their own testing capacities.

**In the next six months:**

» OHA will maintain testing supplies and laboratory capacity to perform a baseline of 130,000 tests per week.

» OHA will fulfill requests for up to 200,000 tests each month from schools, LPHAs, health care providers and community partners.

» Oregon will continue to distribute 1 million COVID-19 tests to schools for screening.

» Oregon has set aside 120,000 COVID-19 tests to conduct enhanced exposure and diagnostic testing in schools and will keep on hand a target supply of 100,000 tests at any given time to support schools in future months.

4. **Provide ready access to COVID-19 therapeutics, especially for people with underlying conditions and others who are at high risk for severe COVID-19 illness.**

Several therapies are available to treat COVID-19, including Evusheld, a monoclonal antibody used to prevent COVID-19 for people who are unvaccinated. Treatments are in short supply, but access continues to improve. Currently, Oregon receives weekly allocations of about 1,200 doses of monoclonal antibodies and about 5,000 courses of antiviral pills for people who are at increased risk of severe COVID-19 illness.

Oregon is ordering enough courses of COVID-19 therapeutics for providers to treat 1,443 people per week. To date, Oregon has distributed the following therapeutics to providers throughout the state:

» 5,292 courses of Molnupiravir (oral antiviral).

» 4,460 courses of Paxlovid (oral antiviral).

» 6,072 courses of Evusheld (monoclonal antibody).
Continued — II. Protect people who are most vulnerable to COVID-19.

» 6,090 courses of Sotrovimab (monoclonal antibody).
» 365 courses of Bebtelovimab (a new monoclonal antibody).

Oregon is committed to making these treatments accessible across the state and prioritizes communities that have been disproportionately affected by the pandemic, including tribal communities and communities of color, rural communities and people with medical conditions or disabilities that put them at higher risk for severe disease. Locations prioritized for distribution include tribal clinics, regional hospitals and FQHCs that provide care to underserved communities.

In the next six months:

» Oregon is exploring partnerships with pharmacies that participate in the Federal Retail Pharmacy Therapeutics Program to broaden access to therapeutics in communities across the state.
» Oregon is partnering with the Oregon Primary Care Association to mirror the federal “Test to Treat” program at several FQHCs around the state.


Since the first days of the pandemic, many older adults, people with disabilities and others living in nursing homes and other long-term care facilities (LTCFs) or group homes have been among those most vulnerable to COVID-19. Oregon was one of the first states in the nation to take steps to limit visitation and tighten infection controls at LTCFs. The Oregon Department of Human Services (ODHS) requires all LTCFs and adult foster homes to follow enhanced protocols under an Executive Order when they have either a case of COVID-19 or a suspected case. Since the pandemic began, through March 8, 2022, ODHS’s Aging and People with Disabilities (APD) program had issued 5,086 Executive Orders, which had an average duration of 22.49 days.

Oregon also reports on LTCF outbreaks each week, and cases and deaths at foster homes and group homes for people with intellectual and developmental disabilities (I/DD).

ODHS regulates LTCFs and I/DD providers and will continue to take action to protect residents in direct care settings.

In the next six months:

» ODHS will incorporate protective measures that are currently included in the state’s COVID-19 Executive Orders into standard infectious disease outbreak protocols. I/DD providers will continue to be required to follow the Office of Developmental Disabilities Services (ODDS) scenarios document if there is an outbreak.
ODHS will continue to use available funding to provide support for COVID-19 testing and access to vaccines for those living in long-term care facilities, adult foster homes, I/DD group homes, and for Oregonians who receive Medicaid-funded long-term care services and supports in their homes.

Providers and case management entities will continue reporting COVID-19 cases of individuals so state officials can monitor for health and safety.

ODHS will continue requiring that all providers have emergency plans in place.

Mask requirements for all providers of direct care and supports to individuals in services will continue, and ODHS will make PPE/masks available to in-home providers and individuals who are receiving services.

ODHS also will continue to provide support for people who are houseless or economically vulnerable so they can stay safe from COVID-19 and receive the shelter and nutritional support they need. This includes:

- “Shelter Plus.” This program was launched during the Omicron surge to help hospitals safely discharge patients who needed a safe place to get medical and wrap-around services after their discharge but did not need a nursing facility level of care. These patients had been waiting for hospital discharge for days and weeks prior to Shelter Plus.

- Providing shelter to people who are COVID-19-positive and houseless or challenged with housing to help slow the spread of COVID-19 in houseless and other at-risk situations, and reduce the need for hospitalization.

- Helping with voluntary isolation: Helping economically vulnerable people with active COVID-19 infections isolate by providing them with a hotel room and meals until they are no longer infectious and have recovered.

- Providing food benefits: ODHS will continue allowing two home-delivered meals per day for Medicaid-funded in-home consumers.

6. Protecting Oregon’s hospitals and health care system

LTCFs have also played an important role in protecting the health care system during the Omicron surge. In coordination with ODHS, LTCFs provided strategically located decompression beds, which enabled hospitals to safely discharge patients who could be treated and recover in a lower level of care, freeing hospital beds to treat patients with more severe cases of COVID-19 and other serious medical issues. Since April 2020, state-contracted COVID-19 Recovery Unit beds have served 3,069 people, and Decompression Units have served 496 Oregonians.
The state will continue to maintain decompression beds at LTCFs to help hospitals move patients who can be safely and appropriately discharged to lower levels of care. ODHS will:

» Maintain 45 COVID-19 Recovery Unit beds at two facilities and 40 Decompression Unit beds under contract at two facilities through May 31, 2022, aimed at easing demand for hospital beds and assisting long-term care facilities managing a severe outbreak or workforce shortage crisis.

» Help long-term care facilities that need support to maintain adequate staffing.

» Embed ODHS APD case managers in hospitals to provide streamlined hospital discharge placement support. APD will expand the number of hospitals with embedded case managers to assist with discharge placements. The number of hospitals supported statewide will be based upon interest from hospitals.

**In the next six months:**

ODHS has multiple projects underway to attract and retain direct-care workers who support older adults and people with disabilities. Projects under development in the next six months include, but are not limited to:

» Providing new training programs to support Oregon’s goal of providing culturally sensitive long-term services and supports.

» Developing relationships with regional workforce boards that train direct-care workers to explore new ways to attract individuals to careers in long-term services and supports, and new apprenticeship models.
III. Expand access to vital health care and support the development of a thriving Oregon workforce

The COVID-19 pandemic did more than disrupt our lives and our economy. It starkly revealed gaps in opportunities and inequities in care that Oregon needs to address moving forward. Oregon is prioritizing investments to close three gaps that the COVID-19 pandemic highlighted:

- Expand access to health care and prepare Oregon to offer universal health coverage.
- Expand access to behavioral health services to help people in Oregon recover from the emotional toll of the pandemic.
- Future Ready Oregon: Investing in and advancing a diverse workforce.

1. **Expand access to health care and prepare Oregon to offer universal health coverage.**

   During COVID-19, people in communities that have experienced the worst health inequities — such as disproportionately lower access to testing, vaccinations and therapeutics — have been people who have experienced the greatest barriers in accessing health coverage, particularly people in the Latino, Latina, Latinx and Black, African American, African Immigrant communities.

   To protect people in Oregon from COVID-19 going forward and achieve OHA’s goal to eliminate health inequities by 2030, state health officials are committed to expanding the number of people who have health coverage and lay the foundation to achieve universal coverage in our state.

   » **Health coverage rises during the pandemic:** Oregon [recently released health insurance survey data](#), which showed an increase in coverage during the pandemic among the Black, African American, African Immigrant community. People in the Latino, Latina, Latinx, Native Hawaiian and Pacific Islander communities also saw gains in coverage.

   During the pandemic, the federal health emergency provided enhanced federal support to state Medicaid programs, as well as enhanced supports that allow people to purchase health coverage through the Oregon Health Insurance Marketplace (Marketplace). Federal officials also suspended eligibility reviews for Medicaid to provide greater access to health care for people struggling to make ends meet.
Continued — III. Expand access to vital health care and support the development of a thriving Oregon workforce

During the pandemic, health coverage increased in Oregon. Today, 95% of people in Oregon have health coverage.

» The Oregon Health Plan (OHP) – Oregon’s Medicaid program provides health coverage to people with incomes up to 138% of the federal poverty level. OHP enrollment grew from approximately 1.1 million people in Oregon to 1.4 million state residents. OHP now covers approximately 1 in 3 people in Oregon.

» In some rural and frontier counties, which have been hardest hit by COVID-19, OHP covers nearly 4 in 10 people.

When the federal public health emergency ends, state health and human services officials will have 12 months to complete eligibility renewals for OHP members. State officials estimate that approximately 300,000 people risk losing their health coverage.

Minimize disruptions in OHP coverage when the federal health emergency ends

The end of the federal public health emergency poses a challenge for many people who depend on OHP, but it also presents an opportunity for Oregon. State health officials recognize that many working people cycle between OHP coverage, limited employer coverage, coverage through the Marketplace and no health coverage, depending on their employment status and earnings. When people experience disruptions or gaps in their health coverage, they also experience disruptions in health care for themselves and their families.

State health officials are working to minimize disruptions in coverage for eligible people in Oregon affected by the end of the federal health emergency. The recently passed HB 4035 provides the state direction and resources to keep people covered, while it lays the groundwork for future expansions in health coverage.

HB 4035 directs resources toward creating an orderly transition for the estimated 300,000 people who may no longer qualify for OHP.

● State health officials are gearing up outreach efforts to ensure people are aware of potential changes to their OHP eligibility and know what they need to do to maintain coverage, based on their eligibility. These efforts will be closely coordinated with CBOs, FQHCs, Coordinated Care Organizations (CCOs) and other partners.

● Under HB 4035, OHA will convene a Work Group that includes health systems, CCOs, community partners and people on OHP to develop effective strategies to reach OHP members and keep them connected to health coverage.
ODHS officials are preparing the Senior Health Insurance Benefits Assistance Program (SHIBA) to help older people understand their options when the federal public health emergency is lifted.

ODHS’ APD program is reviewing state flexibility under the Medicaid Long-term Services and Supports program to determine ways Oregon can continue to provide long-term services and supports Medicaid can cover for eligible people who have intensive needs that go beyond what hospitals can provide.

Expand health coverage

HB 4035 sets up a process for OHA to potentially create a “bridge health plan,” which could be offered to lower-income people who do not qualify for Medicaid because their earnings push them slightly above OHP income thresholds. This plan would:

- Cover approximately 55,000 people who make between 138% and 200% of the federal poverty level.
- Resemble New York or Minnesota’s “Basic Health Plan,” in which the federal government gives the state the Marketplace tax subsidies that the population qualifies for and directs that state to provide coverage instead through their managed care organizations.
- Be fully funded by the federal government (if approved). The plan would come at no additional cost to Oregon’s budget.
- Require permission from the federal government (as well as federal permission to keep the eligible population covered until the program is set up).

OHA has begun talks with the federal government to discuss the possibilities of implementing a bridge plan in Oregon.

In the next six months:

- State health and human services officials will focus on minimizing disruptions in care for approximately 1.4 million OHP members.
- OHA will take steps to maintain and expand health coverage for approximately 300,000 people who may move off OHP or who struggle to make ends meet, but make too much to qualify for OHP coverage.
2. Expand access to behavioral health services to help people in Oregon recover from the emotional toll of the pandemic.

Even before the COVID-19 pandemic, Oregon faced a behavioral health crisis. According to the Kaiser Family Foundation, nearly 1 in 4 adults in Oregon had a mental illness in 2019. For too long, Oregon’s behavioral health service system has been fragmented and hard to navigate for consumers. Inadequate funding has left too many people with severe mental illness unable to get the care they need, overloading the public safety system and eroding the quality of life in our communities. In turn, the resulting criminalization of mental illness puts too many people in jail, not treatment, while at the same time, it overwhets the state psychiatric hospital with criminal referrals.

COVID-19 compounded the stresses in the lives of people in Oregon and on the state’s behavioral health programs. In the early months of the pandemic, between 30% and 50% of Oregon respondents to the Center for Disease Control and Prevention’s (CDC’s) household pulse survey reported symptoms of an anxiety or depressive disorder. Behavioral health programs struggled to obtain adequate PPE to protect patients and staff. The loss of staff made it hard for many treatment programs for children and adults to stay open.

During the pandemic, Oregon’s behavioral health system:

» Lost 383 residential treatment beds (218 have since been restored through state funding interventions).

» Lost hundreds of staff due to the emotional, physical and financial effects of the pandemic.

State health officials mobilized to address the urgent crisis in behavioral health.

During the pandemic, OHA took unprecedented action to stabilize behavioral health programs and protect patients:

» As physical distancing forced clinics to close, Oregon provided $30 million in vacancy payments to providers to keep them afloat.

» State health officials provided $15 million in workforce retention and recruitment bonuses (up to $2,000 per staff person) and other supports, such as childcare stipends for staff and funding for building improvements.

» To mitigate staffing shortages, Oregon offered resources for temporary staffing to help providers:
  - Children’s system: Oregon provided 60 positions for surge pool staffing, which began in September 2021 and has been extended to March 31, 2022.
  - Adult residential treatment emergency staffing resources: Oregon supported 187 positions across 25 facilities.
- Reduce red tape: OHA reduced administrative burdens on behavioral health programs, pausing more than 40 reporting requirements.

  » The Oregon State Hospital (OSH), the state’s psychiatric hospital for adults with severe mental illness, instituted an emergency management team and new COVID-19 operating protocols. OSH has not had a single COVID-19 fatality since the start of the pandemic, despite high infection rates in the surrounding community.

**Expanding access to behavioral health services is a top priority for Oregon.**

This priority was reinforced by Oregon voters and the legislature in the past two years.

- In November 2020, Oregon voters passed Measure 110, or the Drug Addiction Treatment and Recovery Act. The purpose of Measure 110 is to make screening health assessment, treatment and recovery services for drug addiction available to everyone who needs them; and to adopt a health approach to drug addiction by removing criminal penalties for low-level drug possession.

  » **Access to Care Grants (awarded in March 2021):** OHA distributed a total of $21,503,191.42 in grants to fund treatment and support services for people with serious behavioral health and substance use issues.

    - OHA funded 67 organizations across the state, including tribal governments, with a focus on serving priority communities.

As of February 2022, more than 16,000 people have received substance use disorder (SUD) treatment, peer support, housing, harm reduction, employment support and other services.

- In June 2021, the Oregon Legislature directed nearly $700 million toward funding behavioral health services to make treatment services more widely available.

  » M110 called for OHA to create an Oversight and Accountability Council (OAC) to oversee creation of Behavioral Health Resource Networks that will increase access to services for addiction treatment.

  » Nearly 400 organizations applied for funding and the OAC is currently wrapping up its evaluation processes to decide upon award grantees.

    - Treatment will be culturally and linguistically specific
    - Peer support services will be expanded
    - Harm reduction supports will increase access for many
In the 2021 session, legislators approved HB 2949, which provides incentives to build a more diverse behavioral health workforce, including scholarships for undergraduates, stipends for graduate students, loan repayments, and more direct paths to licensure. The new law provides:

- $7 million for clinical supervision.
- $20 million fast-tracked to increase training, scholarships and loan forgiveness, and begins housing and childcare stipends for a diverse behavioral health workforce in both licenses and non-licensed occupations.

OHA is also standing up 988 — a hotline similar to the 911 emergency response phone number — for people to seek help when someone experiences a behavioral health crisis.

**In the next six months:**

- Oregon will contract with behavioral health providers to restore approximately 100 additional residential treatment beds.
- People experiencing a behavioral health crisis will be able to call 988.
- Behavioral Health Resource Networks, funded through Measure 110 grants, will begin to provide treatment, including culturally responsive services for priority communities, including tribal communities.

3. **Future Ready Oregon: Investing in and advancing a diverse workforce**

Oregon entered the decade with a declared need of 300,000 additional postsecondary credentials to prepare adult workers for a future of increasingly complex work. The disruption created by the pandemic has exacerbated the workforce crisis, as well as highlighted significant disparities in how our workforce system serves Oregon’s communities of color. As in prior recessions, people in communities of color, people with low incomes, people with disabilities, and rural Oregonians were hit hardest.

Barriers to job readiness and career advancement are made more difficult by a workforce system that is often siloed, inefficient, and difficult to navigate.

**Future Ready Oregon aims to realize the full potential of Oregon’s workforce and meet the needs of Oregon’s employers**

Future Ready Oregon 2022 advances Oregon’s economic competitiveness and ensures equitable opportunities for a diverse workforce. In particular, Future Ready Oregon 2022 will advance opportunities for historically underserved communities, including adult learners, dislocated workers, and disconnected youth. Investments emphasize recruitment, retention, and career advancement opportunities, while prioritizing key populations, including people of color, women, people with low incomes, rural communities, veterans, and Oregonians who are incarcerated or formerly incarcerated.
Investments will focus on key sectors with need for workers: health care, manufacturing, technology, and construction (pre-apprenticeship programs only).

Workforce needs in these skilled trades sectors are projected to grow, with increased investments in infrastructure and housing, an aging workforce, and record retirements. These key sectors provide short-term pathways to meaningful employment, higher earning potential, and opportunities for economic mobility.

Passed by the legislature, Future Ready Oregon 2022 provides a $200 million investment in Oregon’s workforce system that uses existing infrastructure to expedite short-term solutions, while making investments that aim to address inequities in the workforce. It prioritizes key populations and advances collaboration and partnerships with diverse CBOs and workforce education and training providers. Future Ready Oregon 2022:

» Expands investments in programs that are successfully providing career-connected learning opportunities for historically underserved communities, such as community college career programs and registered apprentice programs.

» Connects key populations to job training, employment, and career advancement opportunities.

» Directs financial benefits to individuals, including stipends for earn-and-learn models and funds to pay for education, training, and wrap-around services (e.g., tuition, fees, supplies, transportation, housing, and childcare).

» Creates Benefits Navigators pilot programs, which will be located at one-stop WorkSource Centers or community-based organizations.

» Brings business and community leaders together to make investment recommendations to state policy makers in industry sectors (health care, manufacturing, and technology).

In the next six months:

» Services to participants, students, apprentices, CBOs, education and training providers are expected to be available for initial implementation in summer of 2022.
IV. Keep schools safe for students, staff and families and help students recover instructional time.

The first two years of the pandemic had an immense and disruptive impact on Oregon’s children. In particular, COVID-19 and the response to COVID-19 has disproportionately impacted Black, American Indian, Alaska Native, Latino, Latina, Latinx and Pacific Islander communities; students with disabilities; and students and families navigating poverty. Students, families and educators have been resilient in the face of the many challenges.

When Oregon schools closed their doors in March 2020, Oregon Department of Education (ODE) rapidly responded by communicating with school and district leaders, establishing a strong partnership with OHA and by crafting guidance for comprehensive distance learning to ensure Oregon’s students had access to learning even though the physical school campus was closed.

Ready Schools, Safe Learners (RSSL) -- a guidance document with supplemental resources -- was released in summer 2020 and detailed the health and safety protocols necessary to maintain school operations and deliver an equitable education. The RSSL guidance document would become a foundational guide, updated as needed to align with CDC guidance and state policy decisions.

In addition to guidance, ODE took deliberate steps to:

- Ensure all students maintained access to breakfast and lunch at no cost.
- Launch a multimedia campaigns to call attention to the social, emotional and behavioral needs of students, families and staff; promote school readiness for safe in-person learning; and promote the importance of student, staff and family engagement in mitigation layers in schools to protect in-person learning during the Delta and Omicron surges in late 2021 and early 2022.
- Communicate with school and district leaders weekly by email and virtually through routine touch points, and with partner organizations and other networks to establish clear channels for problem-solving and sense-making.
- Create a dedicated webpage and resource hub.
- Develop resources to support continuity of instruction, including digital learning best practices, for students who may experience gaps in in-person instruction due to isolation, quarantine or school closures.
Continued — IV. Keep schools safe for students, staff and families and help students recover instructional time.

- Provide school leaders detailed information about the responsibility to serve students experiencing disability through Individualized COVID-19 Recovery Services.
- Work with the legislature to secure nearly $200 million for summer programming for K-12 academic activities and enrichment. Promoted the Summer Learning Best Practices Guide.
- Manage more than $1 billion in federal resources dedicated to safe reopening of schools.

Over the next few months, Oregon will:

- Implement plans to lessen the burden of COVID-19 on schools.
- Launch programs to improve student behavioral health.
- Support and enhance opportunities for students with identified disabilities.
- Address unfinished learning and academic disparity.

Implement plans to lessen the burden of COVID-19 on schools

OHA and ODE are partnering to prioritize the safety protocols needed to reliably continue full-time, in-person learning for all students. Most students learn best in person, where they have access to other on-site critical services.

As schools thoughtfully prepare and plan health and safety mitigation for March 12, 2022, and beyond, ODE has provided practical updates to the Ready Schools, Safe Learner Resiliency Framework, and ODE and OHA have updated the School Health Advisory to emphasize care and connection and personal decision-making as students and staff transition to local policies regarding face coverings beginning March 12.

The Resiliency Framework effective March 12 includes safety protocols for quarantine, contact tracing and testing that meet the current conditions of the pandemic. The March/April School Health Advisory reinforces the updates to the Resiliency Framework and reiterates how we support every student and family through this transition to ensure that students and staff stay safe during in-person learning.

Launch program to improve student behavioral health

ODE is launching the Care and Connection 2.0 program. The program builds on the successful 2021-22 program and includes a toolkit, guidance, and resources such as the Handle with Care tool and customizable media including posters, social media templates and communication to families. We will continue to add ideas, inspirational content from schools and districts and resources throughout the year.

In addition, ODE has launched a $5.5 million Strengthening Mental Health in Education 2.0 Initiative. The work advances the implementation, professional learning and evaluation of ODE’s Integrated Model of
Mental Health, which rests on four, intersecting pillars -- strengths-based, trauma- and SEL-informed, and equity-centered. The initiative will fortify mental health infrastructure along three fronts: (1) increased mental health literacy of school communities (administrators, staff, students, families, community partners); (2) credentialed mental health professional learning for school administrators, staff and CBOs serving students and families; and (3) Community Care Pilot: development, implementation and process evaluation of a credentialed mental health-focused school-based student and family emotional support/system navigator position.

**Support and enhance opportunities for students with identified disabilities**

Under OAR 581-015-2229, each eligible student’s Individualized Education Plan team is required to consider the need for Individualized COVID-19 Recovery Services. ODE provides districts with significant support related to the implementation of Individualized COVID-19 Recovery Services, including:

- Provision of technical assistance on an as-needed basis, as follow-up to multiple training opportunities provided upon initial adoption of the rule.

- Review of Safe Return to in person learning plans, and the offering of technical assistance where needed

In addition, ODE offers support to families and school districts in understanding how current and changing CDC, OHA and ODE guidance intersects with the Individuals with Disabilities in Education Act, the Americans with Disabilities Act and Section 504 plans. ODE’s goal is to ensure as many in-person school days for students as possible, so the intersection of COVID-19 mitigation and prevention with these laws is a critical space to foster clarity between OHA and ODE.

ODE holds monthly special education director webinars where we provide updates related to the most current information about the state’s response to COVID-19 and provides time for directors to problem-solve and share local solutions.

ODE maintains a system of special education county contacts who are available to provide information, resources, and technical assistance to parents, families, school districts, and community partners about questions related to special education.

**Address unfinished learning and academic disparity**

For the vast majority of students, families and educators in Oregon, the COVID-19 pandemic precipitated enormous changes in their experience of teaching and learning. The pandemic and Oregon’s response to it have created more complexity and disruption in the lives of Oregon’s tribal members, communities of color, those living with fewer financial resources, and people navigating houselessness. Over the course of this COVID-19 pandemic, ODE has built resources to support the different ways that learning has happened in Oregon.
ODE’s work is focused on making sure that students, families and educators have the tools they need for a better future. This includes:

- Continuing to develop new instructional materials and digital learning resources that support blended classrooms and developing free, editable educational materials through Oregon Open Learning.

- Promoting an approach to student assessment that is kind and fair, including providing formative and interim resources to everyone to support student assessment. Support educators in using classroom assessment practices to ensure students and families receive ongoing, accurate information about their learning progress and what may be unfinished as a result of the pandemic.

- Providing middle school students with access to career exploration activities to connect them with their interests, passions, and aptitudes and greater school engagement.

- Managing over $1 billion in federal funds through ESSER III Fund, and the Emergency Assistance to Nonpublic Schools fund. ODE is responsible for ensuring these funds are used in ways that are reasonable and necessary for responding to, and recovering from, the pandemic and ensuring a strong future for Oregon’s students, schools and communities.

- Working with the State Board of Education to adopt a social emotional learning framework and standards.

- Promoting the Summer Learning Best Practice Guide which describes how to design summer learning experiences that support student mental health, address unfinished learning, and provide enrichment opportunities.

**In the next six months:**

- Develop a Communicable Disease Management plan for fall 2022 that will build upon the learning and experience of managing COVID-19 in schools.

- Offer Oregon-specific mental health literacy program in summer 2022 for classroom teachers, school staff, CBO staff, administrators, counselors and other mental health professionals, parents, families and caregivers. The program will be free for all and offered in an asynchronous digital format.

- Revise guidance to support the accommodations process for students who have health conditions that require individualized safety planning and provide training on that guidance to special education directors.

- Expand learning time through summer learning, after school and other “out of school” times, review digital instructional materials so they are high quality, and provide after-school learning grants to organizations serving specific community groups.
V. Restore social cohesion by listening to local communities and helping people protect themselves and others

Healthier Together Oregon

The COVID-19 pandemic has affected every person in Oregon. It strained nearly every aspect of our lives, especially the many bonds that connect us. It forced us to distance ourselves from each other to slow viral transmission. It disrupted work, education, worship and play.

And as much as large majorities of people in Oregon stood by each other and faithfully adopted public health recommendations, the virus also amplified wedges between us. As surges came and went, cycles of fear and fatigue tested public patience. Polarization frayed the bonds of trust among community members. Changing health guidance and the need to impose statewide rules eroded the credibility of health experts among different segments of our communities.

The stressors of fatigue and mistrust have fueled the growing prevalence of misinformation, disinformation, confusion and apathy during the pandemic, which leaves too many people vulnerable to the virus.

A vital priority of Oregon’s RISE plan is to establish or rebuild trust between local communities and health experts, restore social cohesion and help people navigate the next phase of the COVID-19 pandemic together. Oregon will do that by:

- Restoring social cohesion by listening to and supporting the priorities of local communities.
- Working with communities to implement Healthier Together Oregon, a collaborative state health improvement plan, and support implementation of community health improvement plans.
- Supporting the actions Oregonians take to protect themselves and others.

1. Restoring social cohesion by listening to and supporting the priorities of local communities

   Rebuilding trust and collaboration starts with listening. Across the state, community organizations partner on community health improvement plans, which describe values and direct actions to improve health. Local public authorities are key to this work. At the state level, OHA commits to Healthier Together.
Oregon, a community-driven, statewide health improvement plan designed to catalyze local solutions that address social factors that impact community health – access to housing, living-wage jobs, quality education and affordable health care.

Under Oregon’s RISE plan, state and local health officials are fulfilling both these promises.

Public health officials hold listening sessions to understand and support local priorities.

Healthy and resilient local communities are a vital bulwark to protect us against any potential future surge of COVID-19, or other threats, such as wildfires, floods and other disasters fueled by climate change. We all depend on local public health agencies and community-based service organizations to have the capacity to address health and social issues that have a direct impact on our everyday lives too.

Most importantly, local organizations need the capability to eliminate health inequities that unfairly burden people who are in communities with higher rates of health problems.

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Healthy and resilient local communities are a vital bulwark to protect us against any potential future surge of COVID-19, or other threats, such as wildfires, floods and other disasters fueled by climate change. We all depend on local public health agencies and community-based service organizations to have the capacity to address health and social issues that have a direct impact on our everyday lives too.

Most importantly, local organizations need the capability to eliminate health inequities that unfairly burden people who are in communities with higher rates of health problems.

COVID-19 fully exposed unjust health inequities for people who are Latino, Latina, Latinx, Black, African American, African Immigrant, and other people of color, people from tribal communities, people with disabilities and others. These inequities are the direct result of systemic racism, discrimination and government policy decisions over time. In Oregon, we can make different choices to give everyone a fair opportunity to live a healthy life.

Under Oregon’s RISE plan, state health officials are convening listening sessions with people from local communities across Oregon who represent these priority populations and rural communities, where many people felt unheard during the emergency phase of the pandemic response. State health officials are also committed to holding listening sessions with representatives of LPHAs, to discuss ways to strengthen local-state collaboration moving forward.

The listening sessions:

- Put community strengths, values, culture and wisdom at the center of the dialogue.

- Seek input on ways state and local health officials and health care providers can support local
strategies to limit spread of COVID-19 through testing, vaccines, treatment and other prevention strategies, which are led by Black, Indigenous and people of color, and tribal communities with intersecting identities.

» Go beyond COVID-19 to include ways state and local partners can collaborate to address other health and social issues that are important to the community, such as more behavioral health services and affordable housing.

In the first few months of 2022, Oregon health officials have held 20 listening sessions in both English and Spanish.

**Working with communities to implement Healthier Together Oregon, a collaborative state health improvement plan, and support implementation of community health improvement plans**

Prior to the pandemic, health officials at OHA staked out a crucial goal: eliminate health inequities by 2030. The COVID-19 pandemic has only reinforced the urgent need to achieve OHA’s health equity goal.

Local partners, including LPHAs, CCOs and hospitals, in partnership with tribal communities have community health improvement plans that are designed to facilitate local actions to improve health. Together, state and local health improvement plans give communities a path toward collective health actions.

At the state level, [Healthier Together Oregon](#) is the primary vehicle Oregon will use to eliminate health inequity. [Healthier Together Oregon’s](#) vision is that our state will be a place where everyone in Oregon can achieve health and wellbeing throughout their lives.

But, as COVID-19 has made starkly clear, not everyone has the same opportunity to live a healthy life. People of color, people with low-income, people who identify as LGBTQ+, people with disabilities, and people who live in rural areas of the state face considerable barriers due to inequities in the social and physical infrastructure that affects health.

[Healthier Together Oregon](#) sets the state on a path to address inequity head-on. Its strategies are driven by a broad, joint effort that lifts the voices of our most affected communities. They were developed by a coalition of CCOs, disability advocacy organizations, faith-based organizations, health equity organizations, hospitals, human services nonprofits, state health, housing, human services and transportation agencies and other groups.

Here are the current strategies the Healthier Together Oregon partners are pursuing:

» Increase affordable housing that is co-located with active transportation options.

» Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities.
» Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.

» Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.

» Provide culturally and linguistically responsive, trauma-informed, multi-tiered behavioral health services and supports to all children and families.

» Improve integration between behavioral health and other types of care.

» Increase affordable access to high-speed internet in rural Oregon.

State health officials at OHA will continue to hold listening sessions to learn how state agencies can collaborate with local partners to protect people in their communities from COVID-19 and address other health priorities.

Health officials will work with partners to update the Healthier Together Oregon priorities. These community-generated priorities and strategies will inform the way health officials invest resources in coming months and beyond. OHA is committed to giving local communities the support they need to achieve their health equity goals.

**In the next six months:**

» State and local health officials and local partners will co-create community strategies to strengthen health resilience and local capacity.

» State health officials and community partners will build budget and policy priorities to implement the Healthier Together Oregon plan, based on community input.

» The Healthier Together Oregon partners will co-create community indicators for success to evaluate the impact of the plan.

Healthier Together Oregon sets the state on a path to address inequity head-on. Its strategies are driven by a broad, joint effort that lifts the voices of our most affected communities.

2. **Supporting the actions Oregonians take to protect themselves and others.**

As COVID-19 transmission slows, it’s still important for people in Oregon to look out for each other, as we did in the first two years of the pandemic.

Oregon’s comparatively high rates of vaccination and mask-wearing have helped us achieve some of the lowest COVID-19 infection and death rates in the nation. Even in a time of low transmission, it’s important
to continue to protect as many people as possible through vaccination. It’s also important that people who want to maintain the protection a mask offers feel comfortable wearing masks, even after mask requirements lift for indoor public settings and schools.

State officials will continue to support people’s decisions to get vaccinated and wear masks.

» **Closing gaps in vaccinations:** Through partners at [Safe+Strong](https://www.safestrong.org), Oregon will continue to raise awareness and answer questions about the safety and effectiveness of COVID-19 vaccinations, particularly among parents of younger children and people who are eligible for boosters.

» **Supporting people who wear masks:** OHA and [Safe+Strong](https://www.safestrong.org) will provide signage for businesses that support their customers’ choices to wear masks, as well as supportive educational and awareness-building content people can share on social media:

  - Social media hashtags (English): #MasksWelcome (for businesses) and #MyMaskMyHealth (for people who want to wear masks).
  - Social media hashtags (Spanish): #CubrebocasBienvenidos and #MiCubrebocasMiDecision.

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**I wear a mask to keep myself and my community safe.**

*Thank you for respecting my choice.*

#MyMaskMyHealth
Supporting students who wear masks in schools: The transition to “masks optional” in schools is another challenge in what has been an extremely challenging school year. Students, staff, families - anyone who interacts with schools, will be affected by this shift. Many of Oregon’s youngest learners have never experienced in-person school in the absence of masking.

State health and education officials will co-create a toolkit for schools to use to center belonging, safety, and respect for choice during this transition. The toolkit will give educators tools to prevent bullying that may occur if a student or their family chooses to continue wearing masks once most schools transition to mask optional on March 12.

- The toolkit acknowledges that students with disabilities and who are members of tribal communities and communities of color, LGBTQ+ and others who live outside of the mainstream are likely to experience bullying more than others – and may rely on masks more than other students because their communities have been disproportionately affected by COVID-19.

Oregon health officials will continue to combat misinformation and disinformation, keep the public informed about the pandemic and provide updated guidance about the personal actions all of us can take to keep ourselves and those around us safe from COVID-19.

In the next six months:

- Oregon will continue outreach efforts to promote vaccine awareness and answer questions among people in priority communities. In collaboration with partners, we will reach close to 100% of parents, adults who have yet to be vaccinated, and every adult who is eligible for a booster shot in Black, Indigenous, communities of color and tribal communities.
The 5 essential tools for personal COVID-19 protection

Just like we bring essentials like a map, rain gear and a first aid kit on a hike into new territory, we all need some essentials to help us navigate the next stage of the pandemic. Here are 5 essential tools you can rely on to protect yourself and other people from COVID-19.

**Vaccination**

Get vaccinated and boosted if you are eligible. Stay up to date with vaccinations and boosters. COVID-19 vaccines and boosters are effective in reducing your chances of becoming infected and severely ill. If you can’t get vaccinated, you may qualify for Evusheld, a treatment that prevents COVID-19 infection.

**Information**

- Know the risk of COVID-19 in your community.
- Assess your personal risks and the risks of those around you. All of these actors can increase your risk. You will need to assess how much risk you have, and how much risk you and others around you are willing to tolerate when you take off the masks.
  - Are you unvaccinated?
  - Are you at increased risk for severe illness from COVID-19?
    - Are you immune compromised?
    - Over age 65?
    - Have a disability?
    - Have a health condition that makes you vulnerable, such as lung disease, diabetes, or heart conditions?
    - Pregnant?
  - Do you live with someone who is high risk?
  - Do you live in a multi-generational household?
  - Do you intend to be indoors with many other people (e.g. at work, in restaurants, at social gatherings)?
Preparation

- **Tests.** Keep rapid COVID-19 tests on hand or know where to get one. Test for COVID-19 if you start having symptoms.

- **Vaccination record.** Keep your vaccination information up to date and on hand with a card, photo or a digital vaccine record. Many businesses, venues and events continue to require proof of vaccination.

- **Supplies:** Keep a supply of high-quality, well-fitting masks in case risk levels in your community increase. If you assess that you’re at particularly high risk, you might want to get N95 or KN95 respirators, which offer more protection. If you can, have enough food and household goods to isolate for five days if you become sick.

Protection

- **Masks.**
  
  » Consider wearing a high-quality, well-fitting mask, to protect yourself or the people around you, especially if:

  ▪ You are unvaccinated.
  ▪ You are at high risk of severe illness from COVID-19 due to your age or a health condition.
  ▪ You live with someone who is at high risk or you live in a multigenerational household.
  ▪ Risk levels in your community are moderate or high and you will be indoors in a public place, (such as a grocery store or an office).
  ▪ You are on public transportation, in an airport or on a plane.
  ▪ You are with someone who may be at high risk of becoming severely ill with COVID-19.

  » Understand and support the choices other people make to wear masks based on their own risks and concerns about their families and others.

- **Medication:**

  » Check with your health care provider to find out if you’re eligible for monoclonal antibody or antiviral treatment for COVID-19 if you become infected.

Isolation

If you get sick with COVID-19, stay away from other people for 5 days and wear a mask for 5 days afterward. Avoid exposing other people to the virus.
Conclusion

COVID-19 changed our world, our nation, our state, and each one of us personally. For Oregon, the pandemic brought to light the strength of our character, and our willingness to sacrifice and care for each other. We saved lives. But the pandemic also displayed the shortcomings of government agencies and our health care system to care for everyone equitably. And it revealed the fault lines of distrust within our communities.

Moving forward we can gird our resilience against COVID-19 by our strength of commitment to make Oregon a better place for our families and each other.

This strength is alive and deeply rooted in the families, faith communities, social connections, rituals and celebrations of people in communities of color and tribal communities, who have tapped these bonds to survive centuries of systemic racism and oppression.

This strength runs through the self-reliance and independent values of our rural and frontier communities, many of whom endured and persevered through some of the worst local outbreaks of COVID-19.

This strength inspires the capacity for innovation and effective action our policy makers, public agencies and community partners have shown in establishing the Oregon Health Plan, expanding health coverage and protecting a healthy environment.

We don’t know what the end of the COVID-19 pandemic will bring. But we do know that, together, Oregon will RISE.
Oregon’s COVID-19 Plan

Resilience in Support of Equity (RISE)

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhssoha.state.or.us.

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