Oregon Health Authority and the COVID-19 Public Health Crisis

Presented to
House Veterans and Emergency Preparedness
May 27, 2020

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The Public Health Response

- Strategy shifting from containment to mitigation to suppression
- Test, trace, isolate
- Public communications
- Community resources
- Data and modeling
- Guidance and support for health care
- Guidance for reopening



We must ensure that health equity is front and center in our response

- OHA's 10 year goal is to close health equity gaps
- Our first phase did not do that
- We are committed to correcting that for the next phase



We need to work through the balance of centralized and decentralized public health response to ensure clear actions and accountability



We need to be more self-reliant as a state for PPE and other medical stockpiles than we originally thought and planned for



We must be better prepared to address the secondary effects of the crisis

- Non-COVID-19 immunization rates
- Institutional bias
- Adversity, trauma, and toxic stress
- Economic drivers of health
- Access to equitable preventative health care
- Behavioral health



We should sustain and strengthen successful innovations

 Telemedicine: We had mostly only talked about it before, but now we know it works in this state



We should continue to strengthen collaboration and problem solving with other agencies

- DHS: Response to outbreaks in long term care facilities
- Agriculture: Shared playbook for food processing facilities
- Corrections: pre and post release



We are in the middle of the short-term emergency response, but we will also need a mid-term non-emergency COVID-19 response effort



OHA's Focus for the Next 30-90 Days

- Watch for and guard against a rebound of the virus
- Prepare for a second wave in the fall
- Address school issues
- Manage budget cuts
- Plan for the long-term



Thank You

