

June 10, 2020

To: The Honorable Representative Paul Evans, Chair
House Committee on Veterans and Emergency Preparedness

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Subject: OHA Follow-up Memo, May Legislative Days

Why is health equity listed as the number one priority for lessons learned in the COVID-19 response? Why is the goal of closing equity gaps going to take 10 years?

OHA's 10-year strategic goal is to eliminate health inequities. This means people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

While health equity is the stated 10-year goal of our agency, the COVID-19 pandemic has shown how far short we are from eliminating health inequity in this state. Communities of color clearly have been disproportionately affected by COVID-19. For example, people who identify as Latino/a, Hispanic, or Latinx account for 32% of confirmed cases in Oregon but only 12% of the population. A crisis has a tendency to expose weakness and where systems fall short, and this pandemic has been no exception.

We acknowledge that engagement and conversations with communities of color should have happened sooner related to COVID-19 and commit to ensuring engagement and co-creation with communities to drive towards solutions that improve health outcomes.

Again, the disparities communities of color are experiencing in COVID-19 are indicative of centuries of structural racism influencing health outcomes. With every step we take with community to create more equitable COVID-19 outcomes in the short-term, we have an opportunity to break down barriers and work towards our 10-year goal to improve overall health equity. OHA has a responsibility to improve the state's responsiveness to communities of color and, through engagement with community partners, develop a clear plan of action that addresses the root causes of health disparities.

Below are two tools asked about during the committee hearing that help inform OHA's next steps for community engagement, action planning and accountability.

State Health Assessment and State Health Improvement Plan

Every five years the Oregon Health Authority Public Health Division describes the health of our state through the State Health Assessment (SHA). In 2018, a health equity analysis was completed as part of the SHA. The link to these data can be found at: <https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/sha-health-equity-analysis.pdf>.

One way in which OHA uses works to prioritize health equity is by elevating the Oregon State Health Improvement Plan (SHIP). The State Health Assessment and engagement with community partners helps to inform the SHIP. The SHIP is a five-year external-facing plan that identifies our state's health priorities with strategies that will lead to improvements in outcomes. This work is in addition to, and supportive of OHA's 10-year goal to eliminate health inequities. The SHIP is a key initiative of the Oregon Health Authority (OHA) that aims to advance health equity. The SHIP is intended to inform Community Health Improvement Plans (CHIPs), and state agency policies, partnerships and investments. Oregon's State Health Improvement Plan (SHIP) addresses the leading causes of death, disease, and injury in Oregon through evidence-based and measurable strategies intended to improve the health of all people in Oregon. Health inequities persist for individuals and communities based on factors such as race, gender, sexual orientation, geographic location, income and education. Without specifically addressing inequitable health outcomes, Oregon will not be successful in achieving its goal of optimal health for everyone.

The 2020-2024 SHIP will be addressing five priority areas: institutional bias; adversity, trauma and toxic stress; behavioral health; equitable access to preventive care; and economic drivers of health including housing, transportation and living wage. OHA is launching the 2020-2024 SHIP as a tool for our state's recovery from COVID-19. Co-created with over 100 community partners, the SHIP is designed to respond to priorities that communities identified in 2018 and 2019. Prior to COVID-19, social determinants of health were identified as critical to health in our state. The COVID-19 pandemic has worsened the short- and long-term trajectory in each of these five priority areas, making implementation of the SHIP even more critical. The 2020-2024 SHIP can be found at: <https://www.oregon.gov/oha/PH/ABOUT/Pages/ship-process.aspx>.

In addition to the SHA and SHIP, health equity has been prioritized by the nine-member Oregon Health Policy Board (OHPB), which serves as the policymaking and oversight body for the Oregon Health Authority. The Board is committed to providing access to quality, affordable health care for all Oregonians and to improving population-health. The 2010 Action Plan for Health has been updated by the Oregon Health Policy Board with a new roadmap that moves beyond the implementation phase and toward an upstream approach that advances health system transformation. It creates a framework that focuses on root causes of poor health outcomes, social determinants of health, health equity and use of evidence-based approaches while continuing to build out improvements to care coordination, data collection and measurement, and payment

methodologies. The link to the 2017-19 Refresh for the Action Plan for Health can be found at: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9963.pdf>.

How has OHA planned for the worst-case scenario for PPE needs in the coming months, specifically in the fall?

As the severity of COVID-19 increased across the nation, the acquisition and distribution of PPE was transferred from OHA to the Health and Medical Multi-Agency Coordination (MAC) team. In the event of a large-scale regional health emergency, the Health and Medical Multi-Agency Coordination (MAC) team is convened to respond to public health emergencies involving more than one county. The Oregon Health Authority Public Health Division follows the High-Impact Pathogen Plan of Operations (HIPPO) that identifies assets for use in planning for and identifying high-impact communicable pathogens, monitoring related health effects and mitigating spread to limit the health burden from outbreaks of these pathogens. The HIPPO has been followed closely in the state response to COVID-19, including the distribution model for PPE. Because the COVID-19 outbreak has affected countries worldwide, supplies of PPE have been extremely limited and production of new PPE severely disrupted.

The state is aware of the possibility of a surge of cases in the fall; however, there is no data to accurately project PPE needs. The PPE landscape continues to shift as some manufacturers have more capacity to fill equipment needs. Efforts to collaborate with the federal government to access additional PPE resources through the Strategic National Stockpile (SNS) continue. The Office of the Assistant Secretary for Preparedness and Response at the U.S. Department of Health & Human Services operates the SNS, which is the nation's largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a severe public health emergency. In addition, work is being done with the Department of Administrative Services (DAS) Logistics to procure PPE for the state going forward.