

COVID-19 Response Emergency Board Request, August 2022

Objective: Continue community commitments to eliminate COVID-19 health inequities and ensure adequate hospital capacity through statewide access to vaccination, testing and therapeutics.

Background: Oregon's public health system will need additional financial resources to support the ongoing COVID-19 response across the state. This work will focus on serving communities through culturally-specific, locally-designed solutions to eliminate COVID-19 health inequities.

- The Oregon Health Authority (OHA) requests **\$25 million** in General Funds to support the ongoing COVID-19 response.
- FEMA match has dropped to 90% as of July 1, 2022 and other costs are ineligible for FEMA or through CDC grants.
- The September 2022 Emergency Board request represents less than **2% of OHA's overall COVID-19 response** commitment.

COVID-19 response commitments between July 1, 2022 and June 30, 2023:

Area of work	Activities	Measurable outcomes	GF Request
Vaccine and booster administration	Field operations tailored to areas of the state with greatest need; pediatric vaccine administration; fall 2022 bivalent vaccine administration; workforce augmentation for local public health; vaccine administration for individuals who are homebound or houseless	·1.62 million vaccine doses administered ·24 missions supporting FQHCs and other providers ·36 staff to supplement FQHC staffing	\$7,000,000
Testing*	Field operations tailored to outbreaks and areas of the state with greatest need; outbreak testing; laboratory infrastructure; uninsured community member testing	-500 tests conducted -Rapid test kit distribution	\$1,400,000

Therapeutics	FQHC therapeutics program; Oregon Resource Allocation Advisory Committee recommendations	 -6 FQHCs engaged in therapeutics pilot project -1,000 therapeutics administered 	\$300,000
Public health partner infrastructure	Isolation and quarantine wraparound services; local vaccine events; migrant and seasonal farmworker-specific supports	Over 1,000 community vaccine events, 86% of which will serve communities of color .5,134 people will receive wraparound supports .68,953 food boxes will be delivered to people in isolation or quarantine .500,000 items of PPE distributed to migrant and seasonal farmworkers with 20,474 tests and 28,000 vaccines administered	\$2,500,000
Public health infrastructure	Staffing; financial and contract administration; translations and interpretation; warehouse need;, technology; communications; postage; equipment; workforce development	-48 workforce development trainings -54 newsletters; 36 English language educational videos; 24 Spanish language educational videos; 120 video spots in 5 Indigenous languages; 156 live Spanish language radio interviews and 156 blog posts; 12 media availability livestreams	\$6,800,000
Donations and volunteer time	Donated PPE and SERV- OR volunteer hours		(\$3,000,000)

Non-FEMA	Security; cleaning costs;	\$10,000,000
eligible	contact tracing; legal	
expenses**	services; data system	
-	maintenance and	
	operations	

^{*}Most of OHA's testing services are covered by CDC federal grants. This only represents a portion of testing infrastructure that would be paid by FEMA and require General Fund match.

For more information: Contact Cara Biddlecom, Public Health Division Deputy Director at cara.m.biddlecom@dhsoha.state.or.us or 971-673-2284 or Nadia Davidson, Public Health Division Director of Finance at nadia.a.davidson@dhsoha.state.or.us.

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 Public Health Division at 1- 971-673-1222, 711 TTY or cara.m.biddlecom@dhsoha.state.or.us.

^{**}Non-FEMA eligible expenses include items that have been submitted and denied in previous FEMA submissions.