

BIPOC Reopening Priorities and Strategies for Support

Prerequisites for phased reopening of Oregon - Governor’s Plan:

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| <ol style="list-style-type: none"> 1. Declining prevalence of COVID-19 2. Minimum testing regimen 3. Contact tracing system 4. Isolation/quarantine facilities (and supports) | <ol style="list-style-type: none"> 5. Statewide sector guidelines to protect employees/consumers. 6. Sufficient Hospital capacity to handle a surge in COVID-19 cases 7. Sufficient PPE supply for healthcare workers |
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STATE REOPENING CRITERIA	BIPOC REOPENING STRATEGIES
<p>Declining prevalence of COVID-19</p> <ul style="list-style-type: none"> The percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year. A 14-day decline in COVID-19 hospital admissions. 	<p>Ensure health inequities don’t worsen for BIPOC hospitalizations and deaths</p> <ul style="list-style-type: none"> Regularly monitor trends for BIPOC cases, hospitalizations and deaths and report out as part of regional data and reopening dashboard. Add decreasing BIPOC hospitalizations as a re-opening criteria. If BIPOC hospitalizations are rising while overall hospitalizations are down within the 14-day period, interventions must be in place before moving forward with reopening. Analyze decreasing hospitalizations for each race/ethnicity and/or have targeted remediation for categories not being met. Through direct support, collaboration with partners and advocacy, increase access to basic needs and wraparound social services especially for BIPOC with underlying conditions. These efforts represent an important upstream approach in preventing and decreasing severe illness and hospitalizations.
<p>Minimum testing regimen: measured regionally</p> <ul style="list-style-type: none"> Testing at a rate of 30 per 10,000 people per week. (Prioritize symptomatic persons, contacts of known cases, all people in congregant settings when someone tests positive, frequent tests of frontline workers). Maintain an appropriate number of testing sites to accommodate its population and must fully advertise where and how people can get tested. Testing must be accessible to low-income and underserved communities. 	<p>Work with trusted organizations to ensure BIPOC have access to testing throughout the county</p> <ul style="list-style-type: none"> Regularly monitor and report out disaggregated race and ethnicity of positive and negative tests to help determine if testing for BIPOC is adequate. To improve collection of disaggregated race and ethnicity data for negative tests, work with the state to encourage providers to collect, and labs to report race and ethnicity data for negative tests. Map existing testing sites by provider type and location. Identify community organizations to promote existing testing. Create informational materials to distribute to the community for current

	<p>testing resources.</p> <ul style="list-style-type: none"> • Develop proposal and budget to expand community, and culturally appropriate testing in the county. • Advocate to ensure Federally Qualified Health Centers and safety net clinics have access to the supplies and resources necessary to provide expanded access to testing. • Pilot community testing model in areas of increased risk or need. • Identify community organizations to recruit, assist or host community testing sites as needed. • Provide equity and other relevant training for healthcare workers/volunteers administering BIPOC community testing. • Ensure the local definition of frontline workers also includes professions with large numbers of BIPOC folks so they can be prioritized for testing.
<p>Contact tracing system: County level</p> <ul style="list-style-type: none"> • Minimum of 15 contact tracers for every 100,000 people. Multnomah County (122). • Every county must be prepared to contact trace 95% of all new cases within 24 hours • Contract tracing workforce must be reflective of the region and be able to conduct tracing activities in a culturally appropriate way and in multiple languages as appropriate for the population. 	<p>Implement a multi-layered culturally specific contact tracing system</p> <ul style="list-style-type: none"> • Recruit the majority of expanded contact tracing capacity within county positions as <i>culturally specific</i> and/or <i>diverse language capacity</i> - ensuring employees have the knowledge, skills and abilities to work with BIPOC communities. • Work with existing culturally specific Community Health Workers (CHWs) and Community Based Organizations as contact tracers, navigators, etc. • Contract with trusted community based organizations (CBO's) to provide wrap-around support for people and families isolating for 14 days (food, rent assistance, etc.). • Advocate that federal, state or other CARES funding goes to the county to support culturally specific strategies and CBO's.
<p>Isolation/Quarantine facilities</p> <p>Counties must have hotel rooms or other shelter locations available for people who cannot self-quarantine if required, or who test positive for COVID-19 and cannot self-isolate. The Department of Public Health at the Oregon Health Authority will provide</p>	<p>Ensure facility capacity is adequate to support BIPOC communities or find alternate strategies.</p> <ul style="list-style-type: none"> • Prioritize people with underlying health conditions for isolation in hotels. • Provide community based organizations the ability to refer sick people unable to isolate at home to hotels. • Determine if alternate isolation strategies are needed for large intergenerational families (renting large houses, airbnb, etc.).

<p>support to local public health to identify needs and help with resources.</p>	
<p>Finalized Statewide Sector Guidelines</p> <ul style="list-style-type: none"> Each sector must adhere to Oregon Health Authority statewide guidelines to protect employees and consumers, make the physical work space safer and implement processes that lower risk of infection in the business. 	<p>Support BIPOC businesses and employees to implement State guidance</p> <ul style="list-style-type: none"> Provide technical assistance, webinars and communications to BIPOC communities on reopening, including translation and interpretation of materials. Support BIPOC businesses and BIPOC employees working in sectors unable to maintain 6 feet of distance from customers or clients to get access to personal protective equipment (PPE) resources.
<p>Sufficient Health Care Capacity: measured regionally</p> <ul style="list-style-type: none"> Be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations compared to the number of suspected or confirmed COVID-19 hospitalizations in the region at the time Executive Order No. 20-22 was issued. 	<p>Advocate for equitable hospital access, and equitable treatment for BIPOC Oregonians</p> <ul style="list-style-type: none"> Request hospitals modify their critical care guidance to ensure it won't make inequities worse and won't penalize BIPOC people for past health inequities in chronic disease. The critical care guidance determines who gets ventilators and beds if there's not enough. Request hospitals provide critical care guidance for the community to see and understand.
<p>Sufficient PPE Supply</p> <ul style="list-style-type: none"> All hospitals in the health region must report PPE supply daily to OHA's Hospital Capacity system. Large hospitals and health systems in the region must attest to a 30-day supply of PPE, Counties must attest to sufficient PPE supply for first responders in the county. 	<p>Ensure Personal Protective Equipment (PPE) priorities include essential BIPOC businesses and community organizations who are specifically serving BIPOC communities (in alignment with public health guidance on priority populations)</p> <ul style="list-style-type: none"> Support childcare providers and others working with young children in getting adequate PPE. Support businesses and organizations serving BIPOC communities in accessing personal protective equipment, specifically in sectors that are unable to maintain 6-feet of distance from clients or customers. Work with culturally specific community based organizations to determine the best way to disseminate and distribute PPE (e.g., hubs, delivery, etc.) Add to dashboard a prerequisite that ensures PPE needs for BIPOC communities are being assessed, tracked and resourced to the greatest extent possible

	<ul style="list-style-type: none">• County-funded programs provide a basic threshold of PPE to contractors and clients.
	<p>Communications and Innovation</p> <ul style="list-style-type: none">• Support the creation of multiple modes of communication to share information on reopening and navigating resources including videos, oral recording and mobile platforms.• Where possible, also provide the above information on atypical local platforms such as community radio, cable access channels (particularly foreign language channels).• To the greatest extent possible, ensure that translated information is released at the same time as English version of information so there is no delay of information to non-English speaking communities.• Equip trusted community leaders and spokespeople with COVID-19 information.• Support creation of a community panel of BIPOC people with communications expertise to advise on communications strategy and supports for multilingual and multicultural communities.• Utilize communication channels to combat myths and fears (e.g. that inequities are because of exposure, not 'bad' behavior).