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March 10, 2021

The Honorable Representative Maxine Dexter, Chair
The Honorable Representative Cedric Hayden, Vice-Chair
House Committee on Health Care Subcommittee on COVID-19
900 Court St. NE
Salem, Oregon 97301

SUBJECT: Committee questions regarding COVID-19 vaccines

Dear Chair, Vice-Chair, and Members of the Subcommittee:

Thank you for the opportunity to respond to your questions regarding the COVID-19 vaccines. Please find below OHA's responses.

TOPIC: GENERAL PROCESS/MISC.

Q1: What options do couples who are both eligible to receive the vaccine together?

Couples who are both eligible for the vaccine have different options to access the vaccine depending on the eligibility group they are in. For example, if a person is eligible due to employment at a health care setting and their partner is eligible due to employment as an educator, they each would access their vaccine through their employers. Some vaccine sites and clinics have created opportunities for eligible people to sign up for a vaccine appointment together. Couples should check with each vaccine opportunity in their area to see if they can schedule an appointment together, or ask 211.

Q2: What is the plan for more effectively vaccinating those people who have limited access to transportation/limited mobility? Mass vaccination clinics with cars still aren't accessible for many.

OHA is working on multiple options to more effectively vaccinate people who have limited access to transportation/limited mobility. OHA has been working closely with pharmacy partners since December to provide vaccinations in skilled nursing facilities and other long-term care facilities in the federal pharmacy program. We are continuing to work with those partners as needed and requested for delivering doses to other smaller homes.

In addition, we are working closely with the ODHS Adults and People with Disabilities division to work county-by-county and facility-by-facility and house-by-house for those in adult foster homes and receiving in-home care. That partnership is through local public health authorities (LPHAs).

Finally, LPHAs have been working on methods with vans and partnering with local community organizations that work with aging populations to determine ways to reach out and figure out how to get vaccine into those seniors that have limited mobility options. This will be an ongoing effort to open more places for vaccine delivery as we receive more vaccine.

Q3: What are the plans for effectively getting to our 1a groups that still haven't been vaccinated, especially those in congregate living and/or healthcare settings such as adult foster homes and integrated care/retirement facilities?

There are multiple, simultaneous efforts statewide to serve individuals prioritized under the state's vaccine implementation plan including older adults and people with physical, developmental and intellectual disabilities as well as adults receiving behavioral health services in congregate settings. These efforts have organized support in partnership with state agencies, LPHAs and stakeholders.

The CDC Pharmacy Partnership for Long-Term Care Program focuses on individuals who live in large congregate settings. These facilities typically have oversight from either the Oregon Department of Human Services or the Oregon Health Authority. The three pharmacies serving Oregon in the CDC program are Consonus, CVS and Walgreens.

The multi-agency team supporting this program in Oregon developed implementation strategies that go beyond the CDC program to be inclusive of all congregate living settings in Oregon including smaller group and home settings.

Large congregate living settings, such as nursing facilities and assisted living, were prioritized as those facilities have had a disproportionate impact from the pandemic and most had successfully enrolled in the CDC program, allowing for faster deployment of vaccine when the CDC program launched on December 21, 2020. The state not only encouraged all potentially eligible facilities to enroll, but it provided significant support for a high level of inclusion.

Following the enrollment period in December, Oregon shared a list of all potentially eligible licensed facilities with the CDC so that every facility could be considered for the program – whether that facility took the necessary steps to be enrolled or not. In early January, after receiving the final list of accepted facilities from the CDC, ODHS and OHA leaders sent the names of every facility not ultimately accepted into the program to that facility's LPHA so that they could be included in vaccine clinic planning at the county level.

Following that effort, ODHS local offices have reached out to all licensed adult foster homes that care for older adults and people with disabilities to track whether they have connected to a clinic opportunity and, if not, what needs they have to ensure residents and staff can be served.

As of March 9th, 97% of the 1,200+ facilities enrolled in the CDC program have received a first-dose clinic. For adult foster homes licensed by the ODHS Office of Aging and People with Disabilities (APD), there are multiple efforts underway to provide access to vaccine clinics. APD local offices, as well as staff who serve in APD's Area Agencies on Aging (AAA), are surveying adult foster homes in their communities to assess their need to connect to a clinic. Of the APD adult foster homes:

- ✓ Oregon has about 1,400 APD adult foster homes and about 1,300 currently serve residents.
- ✓ 768 homes have received a vaccination opportunity for residents and staff as of March 9th.
- ✓ 518 homes are reporting that they still need a vaccination opportunity and require assistance.

ODHS and OHA are working together to connect adult foster homes to clinic opportunities with LPHAs and Coordinated Care Organizations (CCOs). APD and AAA are assisting adult foster homes to connect to vaccine clinic opportunities in the following ways:

- Provided the list of facilities not enrolled in the CDC program to LPHAs and CCOs to connect and support vaccination services for adult foster homes in their area.
- Secured staffing contract support to provide vaccines for adult foster homes in Washington County, including those previously enrolled in the CDC program.
- 3,100 vaccines were allocated to Washington County this week for the specific use for adult foster homes as the county has a high concentration of APD adult foster homes.
- 4,800 additional vaccines were allocated for Baker, Clackamas, Douglas and Multnomah counties, which either have a high concentration of adult foster homes or have implementation challenges.
- As additional vaccine becomes available, the expectation is that roughly 3,000 to 3,600 doses a week will be allocated for these homes.

Q4: How will the Johnson & Johnson vaccine be strategically used given its single dose and standardized storage requirements while taking into account its relative scarcity?

The single-dose Johnson & Johnson vaccine is just coming online and we are looking forward to the added ability it will give us to vaccinate individuals that are hard to reach (rural/remote counties, non-ambulatory people) or a challenge to follow up with to administer a booster dose.

We received 34,000 doses of the Johnson & Johnson vaccine the first week of March and anticipate additional doses will begin to flow by the end of March. Our strategy for this initial allocation to multiple vaccinators is to assure that they understand how to use and are able to locally focus its

administration. That includes a focus on adult foster homes and in-home seniors in four counties, funding two new pharmacy chains (Bi-Mart and Walmart), providing more doses for the Portland International Airport drive-through vaccination clinic, and sending doses to every county around the state.

Q5: Will you have achieved 70% or higher vaccination in all 1a and 1b, groups 1-5 (educators and seniors) by the time you open up further eligibility to group 1c (agricultural workers, adults with one or more underlying conditions per CDC, etc.) ?

Based on vaccine supply, we expect to have enough first doses to vaccinate the estimated eligibility groups by the end of March. However, we know that there have been many people across Oregon who were not in any of the eligible population categories that did receive vaccinations. While we are not able to know exactly how many people that is, we are monitoring numbers very closely to assure that the populations eligible have as much opportunity as possible during their eligibility times to receive vaccine. During March, we will monitor the rates of vaccination of people age 65+ very closely to get to around 70-75% of vaccination completion by the end of March.

Q6: Recognizing our low levels of infection within Oregon and that school openings have caused little documented spread, to what extent are you considering reevaluating the "Ready Schools, Safe Learners" Guidelines?

OHA and ODE continually examine the evidence for control of transmission of COVID-19 in schools and the spread of disease in communities. The last major revision of the Ready Schools, Safe Learners was in January. Subsequent to this revision, the CDC released the Operational Strategy for K-12 Schools through Phased Mitigation. There is good alignment between Oregon's guidelines and the CDC. More schools are returning to in-person instruction since the public health metrics were changed from required to recommended and the Ready Schools, Safe Learners guidance was updated in January. On March 5, 2021, Governor Brown directed ODE and OHA to review and update, by March 19, 2021, existing requirements that can better facilitate the return of in-person instruction while also reducing the risk of transmission of COVID-19. This process is underway.

Q7: By the fall, all high-risk adults will have had the opportunity to be vaccinated, what are your thoughts on loosening the school opening guidelines?

The Ready Schools, Safe Learners guidance was recently updated. While the 2021-2022 school year will likely not be a complete return to pre-COVID-19 times, it will also likely look different than the 2020-2021 school year. Multiple factors will be taken into account in revising school guidelines for the fall including: COVID-19 variants present in Oregon and their links to case spread and severity; vaccination rates and their impact on cases, severe disease and deaths; and additional information on measures to control the spread of disease in school settings, including updated guidance from federal partners.

Q8: How does the lottery system center equity?

The new system described in the Governor's February 26 press conference is for one location in Oregon (the Oregon Convention Center). This system was set up to assure that older adults did not have to continually check the scheduling site.

The new Oregon Convention Center vaccine site appointment scheduling process for eligible older adults who live in Clackamas, Columbia, Multnomah or Washington counties will be based names of all eligible older adults in the metro area. OHA will then send a randomly selected list of names to All4Oregon that matches the number of vaccination appointments available for scheduling at the Oregon Convention Center. All4Oregon will contact individuals to schedule their appointments.

The random selection provides registrants with an equal opportunity to access the vaccine without favoring registrants who are able to secure an appointment online or through 211. In addition, there are many other opportunities for older adults in the four counties to receive vaccinations including many local pharmacies, other events being set up by LPHAs, and at Federally Qualified Health Center events.

TOPIC: BIPOC COMMUNITIES

Q9: People of color and tribes are not getting vaccinated effectively, especially considering their disproportionate risk for infection and death based on the data we have seen thus far. For example, the OHA Vaccination Report sent on 3/1 shows 4% of those who have received the vaccine identify as Hispanic, and 1% have been received by those who identify as Black. Additionally, language accessibility with OHA's tools for scheduling has been lacking or difficult for some to find thus far. How are you planning to intentionally and successfully improve vaccination success in these communities?

While there is much work to do, OHA is taking actions to provide vaccines among Tribes and communities of color.

OHA has been providing a direct Tribal allocation to six Tribes, the Urban Indian Health Program and One Community Health for Celilo Village. As of March 5, A total of 19,600 prime Moderna doses have been allocated to the tribes/tribal programs and following with the needed boosts. In addition, OHA provided a one-time transfer of 1400 prime doses to Indian Health Services for 2 tribes that are receiving from IHS. One tribe has reached their estimated population, a few others are getting closer and the larger ones will take a bit longer but will eventually reach their estimated population needing vaccines. They have included, tribal members, tribal employees and others connected with social or economic ties to the tribes. We continue to work with NARA to reach urban Indian population.

In addition, OHA and the Governor have decided to launch three pilot FQHC sites to move forward with vaccinating the next eligible group immediately, including those who would not otherwise become eligible until March 29th. The three FQHCs selected are Virginia Garcia, Columbia River Health and One Community Health. These three FQHCs will be able to immediately serve:

- Adults 45-64 with one or more CDC-defined underlying health conditions
    - Plus all pregnant women who desire vaccination regardless of age
- Certain front-line workers:
    - Migrant seasonal farm workers
    - Seafood and agricultural workers
    - Food processing workers
- People living in low-income and congregate senior housing
- Individuals experiencing houselessness

Community providers submitted information on OLIS for the March 3rd hearing for reference and context on the intentional work OHA and community partners are doing to provide vaccine education and access.

OHA is also working with community partners to provide information on the vaccines and how to access them. In July 2020, OHA awarded grants to over 170 community-based organizations to provide culturally and linguistically responsive COVID-19 community engagement, contact tracing and wraparound services. This network is playing a vital role in the vaccine rollout.

OHA is working with community partners to build trust within each community, to elevate the wisdom of each community, and to follow a model of engagement that contributes to accountable relationships. To date, the community engagement vaccine team has engaged in vaccine dialogue with the following communities, and more engagement is planned:

- Black and African American community
- Rural LGBTQIA+ community
- Intellectual and developmental disabilities community
- Physical disabilities community
- Pacific Islander community
- Migrant and seasonal farmworker community
- Faith community leaders
- Traditional health workers

The team supported the work of the COVID-19 Vaccine Advisory Committee (VAC). OHA engaged the VAC in January 2021 to co-create a vaccine sequencing plan focused on health equity to ensure the

needs of systemically affected populations, including communities of color, tribal communities and people with intellectual and developmental disabilities, are met. More information about the VAC, including membership and meeting recordings and materials, can be found here.

Q10: What community partners are being mobilized to effectively reach the BIPOC community? Particularly among the LatinX community who are facing the greatest disparities.

A list of OHA-funded community-based organizations can be found online at www.healthoregon.org/communityengagement. Specific to Latino/a/x communities, OHA-funded CBOs include: Ballet Folklorico Ritmo Alegre, Bienestar, Casa Latinos Unidos, Catholic Community Services, Center for Intercultural Organizing, Centro Cultural del Condado de Washington, Centro de Ayuda, Centro Latino Americano, Columbia Gorge Health Council, Community Development Corporation, Consejo Hispano, Doulas Latinas, El Programa Hispano, Familias en Accion, Hacienda Community Development Corporation, HIV Alliance, IRCO, Interface Network, Latino Network, Mano a Mano, Northeast Oregon Network, Northwest Family Services, Olalla Center, OCDC, Oregon Latino Health Coalition, Project Quest, 4th Dimension Recovery Center, Rosewood Initiative, UCAN and Western Oregon University Foundation.

Q11: What kind of improvement should we see in vaccination rates and by when?

OHA has been monitoring our vaccination rates very closely we feel confident enough in the increased supply chain will reflect an increase in rates of vaccination in communities of color. We expect a nearly doubling of vaccine near the end of March and will be able to start vaccinating over 200,000 new Oregonians per week. As reported by the Biden administration on March 2, we expect to have enough vaccine by the end of May to vaccinate all adults.

Q12: How will you measure success?

Success will come not when we get enough supply to vaccinate all Oregonians, but when we are able to drive down rates of hospitalizations and deaths from COVID-19.

OHA will measure vaccination roll-out success by achieving vaccination rates that are comparable to the overall population (i.e., no disparity), as well as to similar populations elsewhere in the U.S.

OHA will reach this by continued community partnership and new access points to the vaccines. OHA has created many new pathways to administer vaccine across the state, but as we receive more vaccine over the next few months, we will need to shift to providing more places, including doctors' offices, more mobile opportunities, and partnerships with community based and other organizations to try to break down all barriers to receiving a vaccine. We are going to redouble our communication and reach out efforts to try to convince people who are hesitant to receive a vaccine that it is safe and effective.

Q13: Have there been developments in the work exploring how to better track and create access to vaccine distribution in BIPOC communities?

OHA is engaging with community leaders and partners to co-create culturally specific vaccine plans. Additionally, OHA has funded LPHAs to work with communities to ensure culturally and linguistically responsive vaccine access. Several community-based organizations and LPHAs are working together now to bring vaccine to communities in spaces that are known and trusted, using community-based organization staff to manage the registration process and provide language access. Examples include vaccine events offered in partnership with:

- Highland Haven Christian Center in Portland;
- Interface Network and Mano a Mano in Woodburn;
- Asian Health and Service Center among other community-based organizations serving Asian communities in Portland;
- Muslim Educational Trust in Washington County; and
- several Pacific Islander-serving community-based organizations in Portland.

Q14: How did you come to the decision to split essential workers, postponing some who have been working since the very beginning in public-facing jobs, and delay their eligibility until May 1?

Considerations for who is eligible for the initial COVID-19 vaccine are guided by a framework that includes equity, individual, environmental and activity factors that suggest increased risk for contracting or spreading the virus or experiencing especially serious health consequences from the virus. Each factor can be assessed along a continuum of lesser or greater risk or severity. Because these factors often interact with one another, eligibility recommendations include consideration of all four factors.

The 27-member COVID-19 Vaccine Advisory Committee (VAC) convened for four formal business meetings during the month of January 2021 and held three optional information sessions to discuss topics related to vaccine delivery. The VAC was convened with the specific intent of centering equity in all vaccine sequencing decisions and helping OHA reach its strategic goal to eliminate health inequities by 2030. On January 28, 2021, the VAC delivered its final recommendations for vaccine sequencing following 0-12 educators and staff, childcare providers, and adults 65 and older and before the general public.

The VAC recognized that due to the impact of systemic racism, colonialism and oppression, BIPOC and Tribal communities are disproportionately impacted by the underlying health conditions that create a higher risk for COVID-19. Indeed, the COVID-19 vaccine is most effective at preventing hospitalizations and death from COVID-19, which are disproportionately found among people with one or more underlying conditions. The VAC also recognized that certain frontline industries are disproportionately BIPOC and have faced a significant number of COVID-19 cases and outbreaks, including food processing. Finally, there may be individuals who have an underlying condition who are

unable to work and would not otherwise be prioritized for vaccine if sequencing were based solely on occupation.

Q15: Why have we strayed from CDC guidelines with regards to the prioritization of Grocery Workers?

The CDC's Advisory Committee on Immunization Practices (ACIP) develop recommendations on the use of vaccines in the United State. ACIP developed categories of essential workers to help states "prepare for the allocation of initially limited COVID-19 vaccine supply by mapping essential industries to corresponding COVID-19 vaccination phases and workforce categories, as recommended by ACIP." ACIP recognized that other factors would be considered in prioritizing vaccines within the essential worker eligibility category.

ACIP states: "Racial and ethnic minority groups are disproportionately represented in many essential industries, which may be contributing to COVID-19 racial and ethnic health disparities. Jurisdictions may want to consider the distribution of the workforce in these industries as they prioritize vaccine allocation."

ACIP also acknowledges the need to prioritize within categories based on local need and equity factors: "Sub-categories of essential workers may be prioritized differently in different jurisdictions, in accordance with local needs. Some jurisdictions may also face local factors that require the addition of industries not included on the CISA ECIW list. Jurisdictions have flexibility in weighing local economic and infrastructure needs, ethical considerations, and other equity factors in order to prioritize those working in industries in the CISA ECIW list for COVID-19 vaccine allocation."
Migrant and seasonal farmworkers, seafood and agricultural workers, and food processing workers play a vital role in Oregon's economy and agricultural industry, ensuring reliable food sources to support all Oregonians. Recent history has demonstrated significant and unique risks to agricultural workers, their families and Oregon's food supply through the spread of COVID-19. Farmworkers are at substantially high risk of COVID exposure due to working and living conditions that are often beyond their control.

Migrant and seasonal farmworkers, seafood and agricultural workers, and food processing workers in Oregon will be eligible for a COVID-19 vaccine no later than March 29, and remaining frontline workers as defined by the CDC will be eligible no later than May 1.

Q16: What is the eligible number of grocery workers, and would moving them up just make Phase 2c impossible?

According to the Oregon Blue Book, there were 43,304 food and beverage store workers in 2019. Based on the work that grocery store workers do, we expect that many to most would pass the frontline worker definition and would be eligible for vaccination no later than May 1st. Additionally, many people fall into more than one eligibility category, and we are encouraging people to get their vaccine once they are eligible earliest.

Q17: The BIPOC community is at disproportionately higher risk for COVID infection as they are more likely to work in low-wage jobs and less able to be able to stock up on groceries or have home delivery and so are interacting more often with the public. Is there another option you considered?

The 27-member COVID-19 Vaccine Advisory Committee (VAC) convened for four formal business meetings during the month of January 2021 and held three optional information sessions to discuss topics related to vaccine delivery. The VAC was convened with the specific intent of centering equity in all vaccine sequencing decisions and helping OHA reach its strategic goal to eliminate health inequities by 2030. On January 28, 2021, the VAC delivered its final recommendations for vaccine sequencing following 0-12 educators and staff, childcare providers, and adults 65 and older and before the general public.

The VAC used science and data to sequence populations for COVID-19 vaccine based on greatest risk for COVID-19 infection, hospitalizations and death. Due to the disproportionate burden of COVID-19 cases, hospitalizations and deaths among BIPOC and Tribal communities, specifically Latino/a/x, Black/African American, Pacific Islander and American Indian/Alaska Native populations, it is critical to ensure that at every point of vaccine sequencing, vaccine delivery centers those most impacted. Failure to do so will only increase inequities.
Furthermore, measuring race is a proxy for the experience of racism. Structural racism has created systems and conditions that place BIPOC and Tribal communities into the kinds of jobs, housing and health problems that put people at higher risk, and creates barriers to accessible and adequate health care. COVID-19 has exploited those injustices and the kinds of vulnerabilities that racism creates for BIPOC and Tribal communities.

Q18: To what extent has OHA looked at deploying work-site clinics to reach our frontline workers?

Many grocery stores have pharmacies and are already administering the vaccine and would be well situated to vaccinate their own employees. There are many other opportunities to work with employers.

OHA is having discussions with industry and other large employers about options for work-site clinics for front line workers. The new Johnson & Johnson vaccine's storage and handling requirements plus its one-dose capability make this a very good option. As we work through March and into April, we will continue to reach out and partner to open-up new avenues for getting vaccinated.

Q19: If in process, what partners have OHA collaborated with for this effort? Will there be robust planning to be sure BIPOC members of these priority groups are effectively offered the opportunity to be vaccinated.

OHA is working with industry partners on vaccine hesitancy. One way in which the VAC was successful is that it linked industry partners with culturally specific organizations, which must work

together in order for BIPOC members of these priority groups to be vaccinate. More specifically, OHA will be readying its community-based organization partners to begin messaging to their communities now about upcoming sequencing.

TOPIC: HEALTH/FITNESS CENTERS

Q20: What was the supporting material used to create the cap on health/fitness centers as well as their closure.

A modeling study published in Nature, relying on mobility data from cellphones, simulated the effects of reopening by category with a return to mobility patterns from early March 2020. There was a large variation of predicted risks with full-service restaurants, gyms, hotels, cafes, religious organizations, and limited-service restaurants producing the largest predicted increases in infections when reopened, with the reopening of full-service restaurants showing particular risk, finding that restaurants were the biggest drivers of new infections, due to factors including the high number of restaurants and the amount of time people spend dining out.

In October, the CDC updated guidance due to the fact that COVID-19 may spread through the droplets and airborne particles that are formed when a person who has COVID-19 coughs, sneezes, sings, talks, or breathes. The guidance states:

> "Circumstances under which airborne transmission of SARS-CoV-2 appears to have occurred include:
>
> - Enclosed spaces within which an infectious person either exposed susceptible people at the same time or to which susceptible people were exposed shortly after the infectious person had left the space.
> - Prolonged exposure to respiratory particles, often generated with expiratory exertion (e.g., shouting, singing, exercising) that increased the concentration of suspended respiratory droplets in the air space.
> - Inadequate ventilation or air handling that allowed a build-up of suspended small respiratory droplets and particles."

COVID-19 transmission risk is elevated during cardiovascular exercise and increased respiration; forceful respiration when coughing, sneezing, and yelling; close physical contact; and sustained physical contact.

As summarized in the section above, a modeling study published in Nature, also relying on mobility data from cellphones, simulated the effects of reopening by category with a return to mobility patterns from early March 2020. There was a large variation of predicted risks with full-service restaurants, gyms, hotels, cafes, religious organizations, and limited-service restaurants producing the largest predicted increases in infections when reopened.

A CDC published report detailed cluster of COVID-19 cases associated with fitness dance classes. During 24 days in Cheonan, South Korea, 112 persons COVID-19 infection were associated with fitness dance classes at 12 sports facilities. Intense physical exercise in densely populated sports facilities could increase risk for infection. The report concluded that vigorous exercise in confined spaces should be minimized during outbreaks.

A recent CDC report of an outbreak of COVID-19 among attendees at an exercise facility in Chicago where 55 cases were identified reinforced the need for multiple risk mitigation measure including appropriately wearing masks, maintaining 6 feet or more of physical distance, improved ventilation and appropriate isolation and quarantine in a setting that poses high risk for transmission of COVID-19.

Another recent report of likely spread of COVID-19 from fitness instructors in Hawaii demonstrated that transmission of COVID-19 was most likely in the day prior to symptom onset and at 1-2 days prior to symptom onset compared to more than two days before development of symptoms. These cases demonstrate the need for multiple risk reduction measures in place as individuals may be present on-site before onset of symptoms. This transmission occurred in a state with low levels of COVID-19 documented in the community.

When exercising, individuals often perspire. Perspiration can dampen a face mask and may decrease the effectiveness of the mask in preventing the spread of the virus causing COVID-19. A wet mask can make it difficult to breathe and the mask may not work as well when wet. A CDC report on effectiveness of cloth masks found that the poor performance of cloth masks in the study may have been because the masks were not washed frequently enough or because they became moist and contaminated.

Q21: Have there been any outbreaks or cases tied to actual health and fitness facilities or gyms whose primary purpose are exercise and wellness?

Examples of media stories about COVID-19 outbreaks associated with gyms can be found here, here, and here.

Since the beginning of the pandemic, OHA is aware of eight COVID-19 outbreaks in gyms or other fitness-related facilities in Oregon (through Dec 18, 2020):

- Athletic club (June-July): 30 cases that were associated with an aerobics class that was not wearing masks.
- Small private gym (September): 4 cases that overlapped with an outbreak in a university wrestling team.
- Trampoline center (October): 3 cases that were associated with a birthday party held in the center.
- Dance studio (October): 3 cases among persons who attended a class together.
- Martial arts studio (October): 18 cases among persons who were attending the studio in person, including staff and students.

- Crossfit gym (October): 10 cases.
- Pickleball facility (November): 13 cases.
- Pickleball facility (November): 12 cases.

For the purpose of outbreak reporting, OHA considers fitness-related facilities as workplaces. OHA publishes data on cases in workplace outbreaks in the Weekly Outbreak Report. Some outbreaks will not be listed in the outbreak report because, to protect privacy, OHA only reports workplace outbreaks with five or more cases and only for workplaces with at least 30 employees.

There may be additional cases associated with fitness-related facilities that we are not yet aware of. Additionally, many of Oregon's gyms and other fitness-related facilities have been closed or have had limited access during the pandemic, and we believe there would have been many more outbreaks at these facilities had they remained fully open to the public.

Q22: Were the potential negative impacts of health/fitness center closures considered when crafting the guidelines?

OHA weighed the potential negative consequences from actions in comparison to the benefits to reducing transmission. Fitness facilities are not the only location for people to participate in physical activity. Fitness facilities can provide opportunities to engage with clients virtually or outdoors with lower risk. Risk level guidance was updated to allow limited indoor activity with measures in place to reduce risk in counties at every risk level. This change was made after discussions with stakeholders.

Q23: What opportunity is there to make changes to the current guidance for operating health and fitness facilities going forward?

OHA examines new data and evidence and adjusts policies and guidance accordingly. OHA relies on a preponderance of data, often using different methodologies, to form the basis of recommendations - along with guidance from our federal partners.

TOPIC: WEBSITE/TECHNOLOGY

Q24: How does OHA go about crafting their public facing sites? Many people/constituents and some legislators find them very hard to follow.

Transparency and accessibility are the goals for OHA's websites. Our COVID-19 website and the covidvaccine.oregon.gov website aim to provide information to the general public and several stakeholder audiences. We translate public-facing guidance documents, one-pagers, social media cards, FAQs and infographics into 11 languages. Because communicating about COVID and the vaccine is complicated, our site relies on packaging information in FAQs and buttons and we continue to work on

using fewer words, more visuals and making our information architecture simpler. To reach disproportionally impacted communities and communities who have a distrust of government, we utilize the Safe + Strong website that we stood up in partnership with Brink Communications.

Q25: How far in advance can you currently schedule vaccine appointments and how are appointments released?

Vaccine clinics and appointments are operated and administered by public health and health care partners. OHA does not operate the scheduling for appointments. OHA has encouraged providers to scheduled appointments as far out as possible now that the vaccine shipments to Oregon are more reliable. OHA has also provided assurances of a weekly vaccine supply that will allow our partners to schedule out appointments through March.

Q26: Are all currently vaccine appointments available at once or are they staggered between Mondays and Thursdays?

Vaccine clinics and appointments are operated and administered by health care partners. OHA does not operate the scheduling for appointments. Health care partners vary in their scheduling practices.

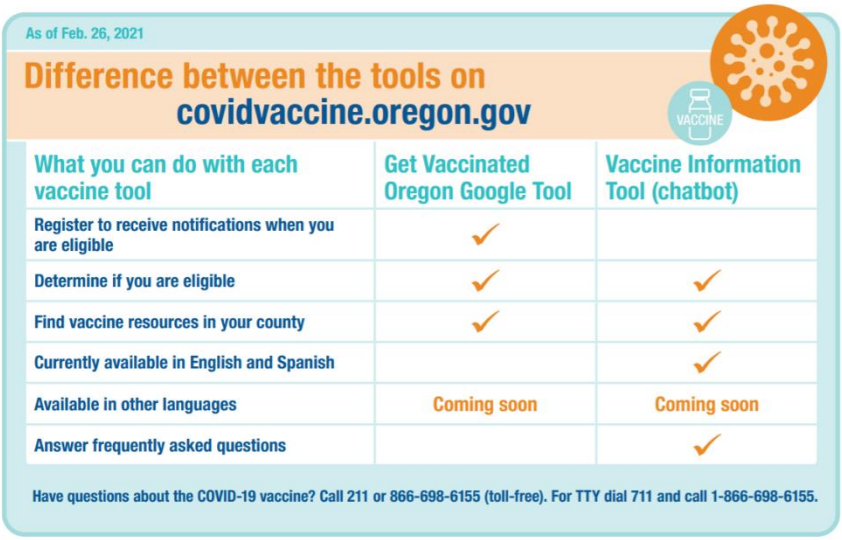
Q27: How quickly after vaccine policy changes are OHA websites updated? For example, the COVID Vaccine website as of 3/1 does not describe the changes to Get Vaccinated Oregon registration process?

OHA updates websites and materials as quickly as possible, and OHA's Health Information Center makes updates every day. The vaccine website was updated (3/1) and reads: "Starting Monday, March 1, 2021, people who are 65 and older, and people who are eligible in Phase 1A, will no longer be able to access vaccine appointments at the Oregon Convention Center via the Vaccine Information Tool (chatbot). Portland area educators, people who live or work in Marion County, and people who are 65 and older who have mobility issues can continue to access vaccine appointments via the chatbot for the Portland International Airport drive-thru clinic and the Legacy Woodburn Health Center."

"All Oregonians are encouraged to sign up to receive notifications of vaccine events at Get Vaccinated Oregon below. Eligible older adults in Clackamas, Columbia, Multnomah and Washington countries who want to schedule a vaccination at the Oregon Convention Center should sign up at Get Vaccinated Oregon. OHA will send a list of eligible older adults to All4Oregon health system partners, who will reach out to schedule appointments at the Oregon Convention Center. Because of limited supply, not everyone who is eligible for a vaccine will be contacted by All4Oregon and able to schedule a vaccination at the Oregon Convention Center."

Q28: Can we more clearly describe the purpose of the Get Vaccinated Oregon Website?

The main goal of the Get Vaccinated Oregon website is to allow people to register to get information about vaccination events in their area when they are eligible. In implementing this tool, OHA has included descriptions of the tool on the tool website as well as throughout other sites, developed an FAQ, developed and posted an infographic (shown below) to the vaccine webpage next to the tool links, and describe the tool and it's features in news releases (like this one) on Feb 5, Feb 8, Feb 12, Feb 22, and Feb 25. We welcome your feedback on communicating the purpose of this tool better.



As of Feb. 26, 2021

Difference between the tools on covidvaccine.oregon.gov

What you can do with each vaccine tool	Get Vaccinated Oregon Google Tool	Vaccine Information Tool (chatbot)
Register to receive notifications when you are eligible	✓	
Determine if you are eligible	✓	✓
Find vaccine resources in your county	✓	✓
Currently available in English and Spanish		✓
Available in other languages	Coming soon	Coming soon
Answer frequently asked questions		✓

Have questions about the COVID-19 vaccine? Call 211 or 866-698-6155 (toll-free). For TTY dial 711 and call 1-866-698-6155.

Q29: On the 'Get Vaccinated Oregon' website there is no place to put "pre-existing condition" that would qualify someone for the March 29th group, is this being addressed? If this question is going to be added later, people may feel they have signed up and not go back to check their account when OHA makes the change.

OHA is timing the addition of the eligibility questions for the week of March 8, depending on programming time.

Q30: What accessibility options are being explored in terms of language and technological accessibility? Is this being integrated throughout the process?

OHA is working to provide all original content in 11 languages other than English. With the addition of bilingual staff, we are able to transcreate most of our content into Spanish on the Spanish vaccine page and the OHA en Espanol Facebook page.

Many of the translated materials we create, from social media cards to one-pagers and fact sheets, are shared with our equity and community engagement partners, who then share that content with community-based organizations, local public health authorities and other local partners. Many of the materials in our community resources section are available in multiple languages.

OHA is also providing the Google™ Translate option to assist in reading the OHA website in languages other than English. We provide Spanish interpretation and American Sign Language interpretation for our weekly press conferences and media briefings and bi-weekly Facebook Live events. We are currently systemizing a process to include more ASL videos on vaccine information and safety measures.

Q31: Will you send written materials to populations who do not have technology accessibility?

Anyone who does not have technology or are not comfortable with technology can reach out to 211 for information and to make an appointment.

Q32: In the new Get Vaccinated Oregon system, are they prioritizing the call-back/email notifications to people by age group (older first)? Or is it first-signed-up-first-served?

The lists are being randomly selected from the pool of all currently eligible people in Clackamas, Columbia, Multnomah, and Washington Counties. OHA and All4Oregon are currently exploring prioritization of the older seniors.

TOPIC: SENIORS AND CONGREGATE CARE

Q33: For seniors, this system is not an improvement. Entities serving seniors were scaling up for the previous system. Another directional change only adds complexity.

Older adults age 65+ are now eligible for vaccinations around the state and the population of age 80+ has been eligible since February 8th. We have vaccinated nearly 60% of our population of age 80+ across Oregon, and over 40% of our population age 65+ as of March 8th.

The recent system changes impact one vaccination location (the Oregon Convention Center) and we have been working closely with All4Oregon team on this transition. We are continuing to work with them on improvements that will allow for longer term and more appointments to be opened-up through March. We developed these infographics to help describe how adults age 65 and older in the Portland metro area can find appointments at the Oregon Convention Center.

Q34: Please address the Marion County rate of infection vs. vaccine distribution. Marion County has a higher infection rate and a lower vaccine distribution rate that other areas. I.E., is there a formula by population or by prevalence of disease?

Vaccine allocations are not based on the disease prevalence in each county. Allocation decisions are based on the distribution of populations eligible for vaccine. These populations are not distributed evenly across all counties. Some counties may have populations that are more connected to established

health systems, while others have people who will need direct outreach. Not all counties will have the same demand for vaccines and uptake rates.

Every county is vaccinating Oregonians at different rates. OHA is adjusting allocations among counties to account for this. It is important that, as a state, we are addressing these local variations and moving forward through each phase together at a consistent and equitable pace. Marion county is also not in a lower vaccination rate as compared to other counties. They have vaccinated nearly 15% of their population as of March 3rd, which is close to the overall state average of 16%.

Q35: While adjustments have been made educators before seniors continues to be an issue.

OHA is on schedule to vaccinate Oregon seniors by the end of March. As of March 8, nearly 60% of Oregonians age 80+ have been vaccinated, and over 40% of Oregonians age 65+ have been vaccinated.

Q36: Call center efficiency – i.e. call centers receiving appt requests and a random sequence is applied to appointment allocation (a senior who provide testimony on Monday the 22nd of Feb had a solid suggestion).

People who are eligible can call 211 are able to get assistance with scheduling at vaccine events and through vaccine providers. The All4Oregon call center is able to assist with scheduling at the Oregon Convention Center and OHSU events in the Portland-metro area.

Q37: No specific plan of outreach and/or distribution directly to African American communities.

OHA is engaging with Black, African American and African Immigrant community leaders to co-create culturally specific vaccine plans. OHA recognizes that trust-building is a critical part of this work following centuries of systemic racism and intergenerational trauma and cannot be rushed; numerous community engagements and Black community leader meetings have been held with OHA and ODHS. Several community-based organization partners have been collaborating with OHA, and recent and forthcoming Black, African American and African Immigrant community meetings include:

a. Urban League PDX and Portland Oromo Community Association Vaccine Community Conversation, March 3, 2021
b. Free COVID-19 Drive-thru & walk-up testing, March 6, 2021, St. Aidan's Episcopal Church
c. Lane County Community, Vaccine Confidence in the Black Community, March 9, 2021
d. Lane County Community, Free COVID-19 Testing, March 13 ,2020, 10 AM – 2 PM, Volunteers In Medicine
e. Community Conversation with Dr. Kizzmekia Corbett, March 26, 2021
f. COVID-19 Prevention Strategies – "Clarion Callers" through the Children's Community Clinic

Q38: Migrant farm workers – a higher risk group, that shies away from the mass vaccine centers, how are you working with local pharmacies and workplace opportunities for vaccines?

OHA is working with three FQHCs to provide early access in March to migrant farm workers who will begin work in the weeks to come.

In anticipation of vaccines becoming available to migrant seasonal farm workers statewide starting March 29, we are working with agricultural employers, LPHAs, FQHCs, and trusted community partners, community based organizations, and our state agency partners such as Oregon Department of Agriculture to ensure that we can provide additional avenues for agricultural communities to be ready as this priority group.

OHA is developing a survey for farms and employers to gather information from agricultural businesses about effective ways to deliver vaccine to the workforce, including potential workplace vaccination events and collaborations with local health authorities, and community health centers.

Q39: What % of assisted living and senior living have been vaccinated?

97% of all facilities enrolled in the CDC Pharmacy Partnership for Long-Term Care have received a first-dose clinic as of CDC data available on March 9th, 2021. There are about 1,200 facilities enrolled. This program is the primary vehicle for the state's 130 licensed nursing facilities as well as the state's 558 assisted living, residential care facilities that are licensed by the Oregon Department of Human Services (ODHS) Office of Aging and People with Disabilities (APD).

Unlicensed senior living, retirement apartments and independent living communities serve a wide variety of individuals, some of whom are not in need of support in the same way that a long-term care facility would. We are encouraging these facilities to work with the LPHAs in their communities.

OHA and ODHS, in partnership with Oregon Health Care Association and Leading Age have surveyed independent living facilities to assess what facilities need assistance with vaccination support and are currently supplying additional vaccine to local public health authorities to help any facilities that still need vaccine.

There is no wrong door for Oregon seniors. OHA encourages residents of Independent Living Facilities to attend retail pharmacy sites or other mass vaccination sites if they are able to attend.

Q40: Group homes – adult disability and behavioral health – are they being reached? What is the total number to be vaccinated and what percentage is completed?

The ODHS Office of Developmental Disability Services (ODDS) surveyed the 347 licensed intellectual and developmental disability (I/DD) Group Homes who were initially determined to be enrolled in the

CDC program. The goal of the survey was to determine whether they had connected with their assigned pharmacy and had scheduled clinic dates. Of those surveyed, 344 responded:

- 340 facilities reported that they were aware of their assigned pharmacy, and/or had arranged another vaccination plan:
    - 109 facilities were in contact with CVS and had scheduled clinic dates
    - 203 facilities were in contact with Walgreens and had scheduled clinic dates
    - 28 facilities reported that they made alternative vaccine arrangements with an LPHA, hospital, health system or CC.
- 4 facilities reported that they were not in contact with an assigned pharmacy and did not have a vaccination plan.

ODDS is reaching out directly to the 4 facilities without a vaccination plan. ODDS will continue reaching out to the 3 facilities who did not respond to the survey to inquire about their vaccination plan and offer support. ODDS will also continue to work with CDDPs and Brokerages to support the licensed facilities who fell outside of the Federal Pharmacy Partnership for LTC program and need support creating a vaccination plan.

OHA's Behavioral Health Services (BHS) team surveyed their licensed facilities and has connected facilities with Genoa pharmacy to provide vaccination support. The state BHS license team will continue to provide oversight and survey providers to ensure vaccination needs have been met. Unenrolled settings are being given the following options to receive the vaccine, including:

- Contacting the local public health authority: Providers can contact LPHAs to access vaccine services with the LPHA and other community resources. LPHAs will provide both doses and will report updated vaccine data to OHA.
- Register as a vaccine provider: Agencies who can provide 100 or more vaccines per site can register to receive a shipment and store/administer the vaccine. These providers can bill as normal and will administer both doses.
- OHA state options and contracts: OHA will identify resources, such as pharmacies and other state contractors, to provide vaccinations for behavioral health programs.
- Other community resources: Agencies can access community resources such as OHSU, state-sponsored clinics, hospital clinics, primary care providers, or pharmacies.

Q41: It was announced by the Governor that an additional $220 million has been secured to reimburse hospitals for their efforts in the roll out of vaccines. How and when will this money be appropriated?

This question can be answered by the Governor's Office.

Q42: In testimony on March 1, PCUN noted that there are over 576 known workplace outbreaks of COVID19. Have these companies been fined for lack of observance of the rules and regulations? Additionally, it was reported that the housing for our farm workers is not compliant with the COVID guidelines, please explain.

OHA consulted with OSHA to answer this question**.** "Workplace outbreak" does not indicate that the employer was necessarily less compliant than other employers. While OSHA has remained aware of such outbreaks and we have inspected several such locations we have not explicitly targeted them and not all such inspections, when they occurred, resulted in a citation for violations of either the OHA mandatory guidance or the Oregon OSHA rules. Employer compliance does not equate with zero risk of transmission (and that was even more true in the early days); therefore, an outbreak does not necessary equate with the presence of violations.

Oregon OSHA must balance ideal protection against the feasibility of the rules being implemented, especially in a context where most employers who provide housing to their workers actually have no legal obligation to do so. We are taking public comment on those proposed rules now.

Q43: Please address how OHA may or may not incorporate the following suggestions for working with our Senior communities:

Q43a. Geographic areas where smaller communities can come together to obtain their vaccine would make that access easier.

Mobile clinics are an important way for us to reach our senior communities. There are a number of tactics we are currently employing that could be described as mobile clinics. The state has contracted with EMS providers and other entities capable of doing on-site vaccine administration. We also have partnerships with retail pharmacies to conduct in-facility clinics and in-store vaccination events for target populations. We will continue to leverage retail pharmacy partners as vaccine supply increases.

Q43b. Primary physicians. Often, outside of the more populated counties such as Multnomah, Lane, Marion, etc., individuals receive their primary medical outside of their home county. Advice from the public health entities in areas such as Douglas County have said to contact their primary care provider but as vaccine distribution is by county of residence, that doesn't help. Overcoming this would be helpful.

We have provided vaccine around the state in a consistent manner based on their proportion of the population of people age 65+ but understand that many Oregonians have been vaccinated in other counties and are closer to other counties. As more vaccine becomes available, and we continue to expand into more vaccine providers and into more primary physicians' offices in the next couple of months, this should be less of an issue.

Q43c. Eligibility - in many areas, individuals who are eligible are being turned away at clinics. Northwest Senior in Marion, Polk, Clatsop, Tillamook and Yamhill counties have sent a letter to those who are on the Medicaid or OPI caseload, as they provide those services, declaring their eligibility. That has helped immensely. But it's only in that area. DHS could adopt this statewide at least for those on services.

In the ODHS Office of Aging and People with Disabilities (APD), all home-care workers who serve Oregonians receiving Medicaid long-term care services and supports in their home, along with these in-home consumers received written confirmation that they meet the phase 1a criteria under the state's vaccine implementation plan. APD has asked that additional clarification be sent to LPHAs that directly highlights the needs of the APD consumers. In the meantime, APD and APD's Area Agencies on Aging have shared lists of prioritized individuals (about ¼ of the APD phase 1a population) to the LPHAs and are coordinating locally. In addition, the teams are continuing to address barriers that exist at the county level.

Q43d. Activate home health care agencies to provide vaccines.

We are working on this partnership opportunity but are keeping the efforts at a local level and are encouraging these discussions with LPHAs.

Q43e. Enabling local health entities to go into facilities or Adult Foster Care to vaccinate. This has occurred in Polk County very successfully.

LPHAs are developing strategies specific to their regions to best support getting residents vaccinated with their own allocations, some of which includes facility and AFH outreach. Each LPHA would have more information as to their local approach and partnerships.

Q43f. How to verify eligibility for seniors who are home bound but not on services?

OHA has provided a list of Medicaid recipients who are receiving Home Health and/or are high utilizers of ERs (without following with the MD) to ODHS.

Q43g. Contracting with the fire service/EMS to get vaccines to those who are home bound or without transportation.

Most APD consumers can go to a clinic as long as they do not need to wait for hours. Only a small percentage (less than 20%) cannot leave their own home. It is more complicated for AFH residents since their provider is caring for up to 5 residents. The individuals in these settings need onsite vaccinations.

Q43h. Appropriate short-term FTE to area agencies regionally to work with the access and coordination of vaccines for seniors. Metro, Willamette Valley, Southern Oregon and Eastern

Oregon coordinators would be game changing. Case Managers and other staff are working to try to help but they also have a 'day job' that is also extremely time consuming. Short term coordination support via FTE paid through COVID funds would immediately help break the issues of transportation free.

APD has authorized funding to its Area Agencies on Aging to assist in these efforts. ODHS has also delayed other work, such as standard reassessments, to allow the local offices to focus on assisting consumers in scheduling vaccines. The biggest barrier is still the on-line scheduling requiring multiple attempts to schedule an appointment.

Q43i. Short term FTE to the ADRC. Many seniors and people with disabilities are calling here instead of 211, which is appropriate, but there has been no additional staffing allocated.

ODHS is allowing the Area Agencies on Aging and Centers for Independent Living (which are ADRC contractors) to use federal COVID funding to assist with these efforts. ODHS was clear that they could use the funding to hire temporary staff. ODHS has also asked the ADRC programs to let them know if staffing is an issue.