Planning for the “Next Phase” of the COVID-19 Pandemic

March 2022

A review of common COVID-19 priorities across California, Colorado, and Oregon.

Introduction
As state and territorial public health agencies continue to respond to the COVID-19 pandemic, it is important to simultaneously begin planning the transition from an entire agency response posture to a more sustainable response. While we expect that public health agencies will need to maintain a level of activity to mitigate and contain the future spread of COVID-19, they need to return to some degree of typical operations as soon as possible to protect the overall health of their communities. ASTHO offers this summary and analysis of plans from California, Colorado, and Oregon to inform the return to more typical operations while still maintaining sufficient focus on the COVID-19 response.

Ongoing COVID-19 Mitigation and Prevention Measures
The three states’ plans illustrate a nationwide shift from overall prevention toward more targeted protection for the most vulnerable to severe disease. Oregon’s Resilience In Support of Equity (RISE) plan includes this as a core component of its plan, while California’s SMARTER plan and Colorado’s Roadmap To Moving Forward highlight this aim throughout several plan components. California’s plan includes focused mask messaging for those who are unvaccinated and/or otherwise at increased risk for severe disease. Colorado and Oregon’s plans outline resources to increase surge capacity in high-risk communal settings, including long-term care facilities (LTCFs), correctional facilities, and childcare facilities.

The three plans also include refreshed strategies in the following areas:

- **Testing**: All three plans outline new strategies focusing primarily on sustaining capacity for laboratory testing and supply for home tests. California’s plan also includes a Request for Innovative Ideas around public-private partnerships to disrupt the testing market and drive down testing costs. Colorado’s plan emphasizes the normalization of testing in traditional medical settings to alleviate burden on the public health system and emergency departments.

- **Vaccination**: All three plans include new strategies, though approaches differ between a focus in California on promotion of booster shots and school vaccine mandates, an increased emphasis in Colorado on provider-administered vaccines, and a shift in Oregon toward vaccine supply and access for vulnerable populations and ongoing vaccine education.
  - **Resources**: [ASTHO COVID-19 Vaccine Comparison](#) / [ASTHO Vaccination Policy Toolkit](#) / [Legislative Prospectus: Immunization](#)

- **Masking**: Two of the three plans refreshed their masking strategies, illustrating a shift nationwide from targeted mask mandates toward individual risk assessment. Tactics focus on
continued encouragement of mask wearing in high-risk settings, maintaining strategic stockpiles of PPE, boosting healthcare PPE supply chains, and supporting individuals who choose to mask.

- **Safe Schools:** Two of the three plans include school safety as a core component. California’s plan emphasizes indoor air quality initiatives and test-to-stay programs, while Oregon’s plan focuses on tailored safety plans for at-risk students, and systematically capturing lessons learned from the pandemic for future use.

**Healthcare Readiness and Access**

Strategies focus on reinforcing the healthcare system largely fall under three categories:

- **Healthcare Preparedness and Capacity** is a core component of Colorado’s plan and a common theme for California and Oregon. Shared strategies include surge capacity planning, encouraging appropriate use of emergency services, and securing healthcare facility PPE supply. California’s plan includes a focus on expanding the existing Medical Reserve Corps team for surge planning. Colorado emphasizes enhanced emergency response training for health care workers. Oregon stresses the role of LTCFs in alleviating hospital strain and resources to support LTCF capacity.

- **Healthcare Workforce Planning** is another core component in Colorado’s plan, as well as in California’s funding priorities. Colorado outlines tactics for increasing wages to attract new healthcare workers to Colorado and shore up career pipelines, while California highlights $1.7 billion dollars in new funding toward the health and human services workforce.

- **Treatments and Therapeutics** are a focus of all three plans and a core component of California’s, with tactics focused on local supply, provider and patient education, and partnerships with providers and pharmacies. Other tactics include California’s focus on telehealth as a tool for effectively prescribing treatments and OR’s partnership with the Oregon Primary Care Association to establish Federally Qualified Health Center “Test to Treat” programs.

Also of note is Oregon’s emphasis on **Addressing the Behavioral Health Crisis**, outlining strategies for increasing behavioral health workforce capacity, supporting new K-12 behavioral health programs, and removing systemic barriers for underserved communities.

- **Resources:** [COVID-19 and Beyond: Improving Youth Mental Health Outcomes and Disparities](#) / [Legislative Prospectus: Mental and Behavioral Health](#)

**Health Equity**

The disproportionate impact of COVID-19 on communities of color necessitates aggressive action to address the immediate impacts of COVID-19 and the preexisting systemic barriers that amplified those impacts. Each plan proposes strategies for promoting health equity, which fall under three key themes:

- **Monitoring and Addressing Health Disparities:** Common strategies across the three plans include continued efforts to monitor and ensure equitable vaccine, testing, and treatment distribution and access to bridge racial disparities in access and resulting health outcomes.
  - **Resources:** [Legislative Prospectus: Health Equity](#) / [State Policy Can Reduce Systemic Racism in Public Health](#)
• **Addressing Systemic Barriers to Health Equity**: California and Oregon highlight initiatives to create affordable housing in their plans, while Oregon’s “Healthier Together Oregon” program includes strategies toward food security and behavioral health services. Colorado’s plan requests increased federal funding to support its safety net system to ensure that underserved populations and the uninsured have access to healthcare.
  o **Resources**: Resilient, Accessible, and Affordable Healthcare: Bouncing Forward From COVID-19

• **Building and Maintaining Community Partnerships**: California’s plan emphasizes local partners as the key to an equitable response, proposing a new Office of Community Partnership and Strategic Communications to promote and coordinate new partnerships. California allocated new funding toward local partnerships between hospitals and community-based public health organizations. Oregon emphasizes the important role of community partners in ensuring that the next phase of the COVID-19 response is equitable and tailored to each community.

Of note, while California and Oregon both include health equity as a priority in their COVID-19 transition plans, Oregon made health equity a core strategy of the plan while California included health equity as a cross-cutting approach throughout their plan.

**Additional Topics of Note**
The above priorities represent those that were most common across the three plans, but several other priorities are featured prominently, including:

• **Public Health Readiness, Infrastructure, and Practice** (e.g., public health workforce recruitment/retention/resilience, capturing preparedness best practices, national coordination, and sustainable/flexible federal funding)
  o **Resources**: Legislative Prospectus: Public Health Workforce / Legislative Prospectus: Maintaining Public Health’s Legal Authority to Prevent Disease Spread

• **Health Communication Strategies** (e.g., communication methods and partners, combating misinformation/disinformation)
  o **Resources**: Community Partners Offer Key Insights to Health Departments for Increasing Vaccine Confidence

• **Data and Surveillance** (e.g., community spread, wastewater surveillance, emerging variants, public health data modernization and interoperability)
  o **Resources**: AASTHO Legislative Prospectus: Data Modernization and Privacy Protections

**Conclusion**
After review of the three state COVID-19 transition plans, common themes emerged that will allow state and territorial health officials to scale their public health response to COVID-19. The analysis above will position jurisdictional leaders to move toward a sustainable agency response to COVID while addressing other public health threats. AASTHO will complement this review with its own list of top 10 response.