OPCA COVID-19 Member Briefing

April 6, 2021, 2pm PST

HRSA DISCLAIMER

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,789,675 with 47 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
Second gentleman Douglas Emhoff elbow-bumps a man getting a COVID-19 vaccination at the White Bird vaccination clinic at WOW Hall in Eugene on Monday. Emhoff, county health leadership and community partners discussed the American Rescue Plan, an investment in community health centers to help underserved population through the pandemic. Dana Sparks/The Register-Guard/pool
## TODAY’S AGENDA

<table>
<thead>
<tr>
<th>Welcome and Overview</th>
<th>Purpose of COVID-19 Member Briefings:</th>
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<tbody>
<tr>
<td>Warm up and Data</td>
<td>Provide members with up-to-date information and resources for testing, vaccines and any emerging COVID-19 response needs.</td>
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<tr>
<td>COVID-19 Vaccines</td>
<td>Member Briefings will take place: First Tuesday and third Wednesday of the month at 2pm, January – April 2021</td>
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<tr>
<td>Policy Update</td>
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**Next Member Briefing:**
Wednesday, April 21, 2:00pm

**All Peer Group Spring Plenary:**
Improving Health Equity with a Racial Justice Framework
April 28th 11:30am-2:30pm
Warm Up Poll

What do you most want to learn about on today’s Member Briefing?

Respond by unmuting yourself or typing into the Zoom chat
Mentimeter- Issues & Concerns Poll

Go to www.menti.com and use the code 10 83 95 2

What are you the most concerned about at your health center right now?

*Keep this menti open for questions at the end of this presentation.*
COVID Data: Vaccines given to date

Survey week of February 19, 2021
COVID Data: Vaccinations to Date

Survey week of March 19, 2021
Vaccine Updates
COVID-19 vaccine will be available to all Oregonians 16 and up beginning April 19, 2021. Governor Brown has accelerated this timelines as urged by the Biden administration this morning.

- What does this mean for FQHCs?
- What does this do to the demand for vaccine appointments?
OHA COVID-19 Vaccination guidance and memos

March 18 – Administration of COVID-19 vaccines in remote communities:

March 26 – Extension of flexibility in vaccine eligibility to all FQHC sites in Oregon
https://www.orpca.org/files/Expanding_FQHC_Flexibility_to_All_Sites.pdf

March 29 – Financial Support for expansion of COVID-19 vaccination services in your centers
https://www.orpca.org/files/Financial_support_for_FQHC_vaccination_services.pdf
New State Vaccination Guidelines
https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3527A.pdf

Memorandum

To: LPHA, Hospital/Health System, Pharmacy, and Clinic Partners
From: David Baden, Chief Financial Officer
Date: April 2, 2021
Subject: Updated COVID-19 Vaccine Eligibility

Today Governor Brown announced some expansions to vaccine eligibility:

- Effective immediately, Oregon has expanded the list of underlying health conditions. Currently this affects people ages 45-64.
- On Monday, people age 16 and older who have at least one underlying health condition; frontline workers and the people they live with; and people living in multigenerational households will become eligible. Get full details here: https://go.usa.gov/xHxP4
Phase 1A Started on December 12, 2020

Everyone in Phase 1A, Groups 1, 2, 3 and 4 is eligible for the vaccine.

**Group 1**
- Hospital staff with patient care responsibilities
- Urgent care
- Skilled nursing and memory care facility healthcare personnel (HCP) and residents
- Tribal health programs
- Emergency medical services (EMS) providers and other first responders
- All health care interpreters and traditional health workers in any setting within Phase 1a

**Group 2**
- Other long-term care facilities, including all paid and unpaid HCP, all staff and contractors, including residents who meet the age requirements of:
  - Residential care facilities
  - Adult foster care
  - Group homes for people with intellectual and developmental disabilities
  - Other similar congregate care sites
  - Hospice programs
  - Mobile crisis care and related services

**Group 3**
- HCPs in outpatient settings serving specific high-risk groups
- Day treatment services
- Non-emergency medical transport (NEMT)
- Paid or unpaid caregivers (including parents or foster parents) of medically fragile children or adults who live at home
- Adults and age-eligible children who have a medical condition or disability who receive services in their homes

People eligible: 400,000 approximately

Phase 1B Started on January 25, 2021

**Groups 1–5**
- Childcare providers, early learning and K-12 educators and staff
- People 65 and older

**Group 6**
Eligible no later than March 29, 2021
- Adults 45–64 with one or more underlying health conditions with increased risk*
- Migrant and seasonal farm workers
- Seafood and agricultural workers
- Food processing workers
- People living in low-income senior housing, senior congregate and independent living
- Individuals experiencing homelessness (sheltered and unsheltered)
- People currently displaced by wildfires
- Wildland firefighters
- Pregnant people 16 and older

Educators: 152,000 approximately

People over 65: 765,000 approximately

**Group 7**
Eligible no later than April 5, 2021
- Frontline workers as defined by the CDC** and their age eligible family members in the same household.
- Individuals living in a multigenerational household
  - Multigenerational household means a household where:
    - People from three or more generations live, such as a home where an elder lives with a parent and grandchild; or
    - An individual or individuals residing with and caring for a relative who is not their own child (i.e. a grandchild, niece, or nephew)
- Adults 16–44 with one or more underlying health conditions with increased risk*

All people who are 16 and older

Phase 2

Eligible no later than May 1, 2021

OHA 3327A (4/2/2021)
**Frontline workers include people who work in these industries:**

- A frontline worker is someone who has a job that puts the individual at higher risk for contracting COVID-19 because of:
  - Regular close contact with others outside of their household (less than six feet); and
  - Routine (more than 15 minutes per person(s)) close contact with others outside of their household; and
  - They cannot perform their job duties from home or another setting that limits the close or routine contact with others outside of their household.

These include:

- Vaccine manufacturing, and manufacturing of therapeutics, devices, supplies, or personal protective equipment
- Other food and agriculture not included in Phase 1b, Group 6, including ranching, beverage manufacturing, nurseries, garden centers, farm supply stores, veterinary services, fishing and hunting, forestry
- Grocery stores and retail (any) stores, including food markets, pharmacies, convenience stores, retail clothing and specialty stores
- Community colleges, colleges, universities, vocational rehabilitation, trade and professional schools and related educational support services, administration of education programs
- U.S. Postal Service
- Public transit, including rural, interurban and urban bus and rail operators, school and employee bus transportation, special needs transportation
- Manufacturing, including wood, paper, petroleum, coal, asphalt, roofing, chemical, plastics, metal, industrial machinery, computers, electronics, transportation, cabinet and countertops, medical equipment, repair and maintenance, industrial design services
- Transportation and logistics for any industry included in Phase 1b, including air, rail, water, truck, taxi, limousine, charter bus, other transit and ground passenger transportation, driving schools, wholesalers, warehousing, storage and delivery services, packaging and labeling, motor vehicle and parts dealers, electronic shopping and parts dealers, transportation rental and leasing, and repair and maintenance, related services
- Food service, including restaurants and bars, commissaries, community food service
- Energy, including utilities, oil and gas extraction, mining, gas stations, fuel dealers, fuel delivery, environmental consulting, utilities
- Water and wastewater, solid waste management and recycling, including utilities
- Housing, including construction, contractors, real estate, community housing services, affordable housing programs, traveler accommodations, commercial accommodations, interior design, architectural, engineering and related services.
- Information technology and communications, including software publishing, telecommunications, data processing, hosting and related services, internet publishing and broadcasting and web search portals, computer system design and related services, consumer electronics repair and maintenance, communication equipment repair and maintenance
- News media, including broadcasting and publishing, newsstands
- Child day care services not included in Phase 1b, groups 1-4, including day camps and after-school activities.
- Public health, including scientific and technical consulting, research and development, administration
- Health care and related services not included in Phase 1a, including services for elderly and persons with disabilities, other individual and family services, funeral homes and funeral services, cemeteries and crematories
- Public safety not included in Phase 1a, including, including civil engineering, waste management and remediation services, human services and social services, such as child protective services
- Finance, including banks, credit intermediation, credit bureaus, securities, commodities contracts, financial investments and related activities, accounting, tax preparation, payroll services, company management,
- Legal, including courts staff, judges, attorneys, court reporting, parole and probation offices
- Government, including employees and contractors performing services or business for the public, and elected officials, libraries
- State of Oregon legislative and executive branch as specified by the Department of Administrative Services (DAS)
- Other: Investigation and security services, zoos and botanical gardens, nature parks and similar institutions, amusement and recreation industries, appliance repair and maintenance, personal and household goods repair and maintenance, pet care, drying cleaning and laundry services, religious organizations, private household services (e.g. in-home child care, housecleaning, in-home repair), administration of conservation programs
* Underlying health conditions with increased risk as defined by the Centers for Disease Control and Prevention (CDC)

- Cancer
- Chronic kidney disease
- Chronic lung diseases, including chronic obstructive pulmonary disease (COPD), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies, or hypertension)
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight and obesity (defined as body mass index, or BMI, greater than 25 kg/m²)
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease
- Substance use disorder

¹ This is not an exhaustive list; see https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html for a full list.
HRSA Federal Equity Allocations to FQHCs

**Phase 1 HRSA Allocations**

250 Health Centers Nation Wide:

- Multnomah County
- Virginia Garcia Memorial Health Centers
- Lane County
- Neighborhood Health Center
- Yakima Valley Farmworkers Clinic

**Phase 2 - 700 New Health Centers Invited as of March 11**

- Clackamas CHC
- La Clinica
- Mosaic Medical
- NARA
- Outside In
- Siskiyou CHC
- Tillamook CHC
- Valley Family Health Care
- Wallace
- White Bird
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<th>Milestone</th>
<th>Phase 2</th>
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<tr>
<td><strong>Health Center Vaccine Program Invitation/Notification</strong></td>
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<td>VPC registration opens - Identify two POCs and have them register for the</td>
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<td>Health Center COVID-19 Vaccine Program Online Community (VPC)</td>
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<tr>
<td>Complete and Submit Conditions of Participation Agreement (COP) and</td>
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<td>Readiness Assessment by 11:59 p.m. local time within VPC</td>
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<td>Health Centers access VPoP and place first orders</td>
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<td>Shipment of vaccines and delivery tracking information sent to site POCs</td>
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<tr>
<td>Begin administering vaccines</td>
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<td>Reporting in Weekly Survey starts</td>
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Timeline visual as of March 12!
Cohort 5 has been moved to the same timeline as Cohort 4
Phase 3 Now Invited to Participate!

HRSA Resources:

• Vaccine Program Quick Reference Guide – March 25th

• VPoP Fact Sheet - April 2nd
  https://www.orpca.org/files/VPoP_Fact_Sheet_04.02.21.pdf
Phase 3 Now Invited to Participate!

HRSA invites you to join a Town Hall to learn more about the Health Center COVID-19 Vaccine Program and expectations for program participation. If you’re unable to attend, we will share a recording of the webinar.

• Wednesday, April 7
  2:30-3:30 p.m. ET
  Join the day of the session

Submit questions to Health Center Program Support. Select “Health Center COVID-19 Vaccine Program”—the fourth option on the “Health Center Program Questions” screen. Then select “COVID-19 Vaccine Program General Inquiry.” You can also call Health Center Program Support at 877-464-4772, option 2, 8:00 a.m. to 8:00 p.m. ET, Monday-Friday (except federal holidays).
HRSA Vaccine Allocations

• If you don’t want to participate please complete the opt out form (still requires you to get onto the VPC portal)

• If you want to participate eventually but are not ready yet, please go through the process to authorize but don’t have to order.

• If you do opt into the program your HRSA weekly survey becomes required instead of optional.

OPCA will begin to work with the state to generate and share your Phase 3 VTRcks PIN numbers.

Please contact Claire Tranchese, ctranchese@orpga.org with any questions
HRSA Weekly Vaccine Survey Changes

Removing these questions:

- Question 5: Does your health center currently have walk-up/drive-up COVID-19 testing sites?
- Question 10: What percentage of health center staff members were unable to work due to COVID-19 (e.g., due to site/service closure, exposure, family/home obligations, lack of PPE, etc.) in the last week?

Changing one question:

- Question 14
  OLD version: How long will your health center have an adequate supply of PPE (e.g., masks, gloves, gowns, etc.) to serve your patients?

  NEW: Does your health center have an adequate supply of PPE (e.g., masks, gloves, gowns, etc.) to serve your patients? [Yes/No (Free text optional)]
HRSA Weekly Vaccine Survey Changes

Adding these new questions:

- Does your health center currently host mobile/pop-up clinics outside of your health center sites to enhance access to COVID-19 vaccination sites?

  If you reply “Yes” to this question, you will be asked:

- How many mobile/pop-up vaccination clinics did you host in the last week?

See the current version of the survey. HRSA will update both that page and our Survey User Guide by Friday, April 9.

Questions? If you have questions about the Health Center Program and COVID-19, please contact Health Center Program Support online. For non-specific inquiries, select “Coronavirus Inquiries (COVID-19)” as the issue type—the third option on the “Health Center Programs Questions” screen. Then select “COVID-19 General Inquiry”—the third option on the next screen.

You can also call Health Center Program Support at 877-464-4772, option 2, 8:00 a.m. to 8:00 p.m. ET, Monday-Friday (except federal holidays).
OPCA Vaccine Workgroup Calls

OPCA’s Vaccine Workgroup will only meet twice in April

- Wednesday, April 7th 8:30 am
- Wednesday, April 21st 8:30 am

OPCA will continue to:

- Share helpful workflow resources (such as the Weitzman Institute Vaccine ECHO)
- Share any updates or changes from the state or HRSA
Vaccine Workflow Resources from The Weitzman Institute

https://www.weitzmanlearning.org/coronavirus/

Slides: https://www.slideshare.net/CHCConnecticut/vaccinator-staff-roles-and-responsibilities
Recording: https://vimeo.com/531441528

Three types of Vaccine Clinics:
• Drive Thru
• Fixed Site
• Mobile
<table>
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<tr>
<th>Site Lead</th>
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<tr>
<td>• Oversees on-site COVID vaccine site</td>
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<tr>
<td>• Assists with on-site onboarding and training of team members</td>
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<tr>
<td>• Conducts morning huddles and afternoon debriefs with staff and leadership</td>
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<tr>
<td>• Prepares for daily site opening and responds to a wide variety of mid-day needs</td>
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<tr>
<td>• Scans and shreds pre-vaccination questionnaires daily</td>
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<tr>
<td>• Reviews inventory and submits requests to Purchasing for supplies</td>
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<td>• Escalates press inquiries, patient feedback, questions, or concerns to Senior Leadership as needed</td>
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### Nursing Lead
- Responsible for overall vaccine management
- Conducts morning huddles with vaccinating staff, including assignment of trailers, paying particular attention to newly added staff to ensure appropriate orientation
- Documents routine emergency medication and equipment checks daily in logbook, along with twice-daily temperature checks of fridge/freezer.
- Responds to questions and clinical issues that come up throughout the vaccinating day
- Responds with the Medic as needed and as able to support emergency response
- Carries out End of Day process in collaboration with Site Lead to ensure zero wasted vaccine doses
- Completes inventory reconciliation at the end of the vaccinating day
- Receives vaccine orders as they come in, and adds to inventory immediately
- Escalates clinical concerns, including temperature excursions, doses soon to expire, adverse clinical outcomes and concerns and other issues to the applicable Clinical Director immediately and as needed

### Medic
- Respond to requests for medic evaluation
- Leads patient transport efforts if warranted
- Completes appropriate documentation on all encounters
- Completes incident report if applicable
- Equipment – Emergency Bag, O2, AED, Emergency Medication Bag
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<tr>
<th>Station</th>
<th>Duties</th>
<th>Equipment / Access Needed</th>
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| A       | Checks whether patients have an appointment and is eligible:  
• Marks patient as arrived  
• Directs patient to the appropriate lane (red, blue, or exit lane)  
• Directs early patients (more than 30 minutes prior to appointment time) to waiting area  
• Connects with remote Registration Support to locate patients not listed on the sheet | Enhanced iPad (with Google Sheets and Zoom) |
| B       | Asks if patient has ever been prescribed an EpiPen. Depending on answer:  
• Places car topper on roof (if no) or hood (if yes)  
• Blue car toppers denote VAMS self-scheduling (standard clinic)  
• Red car toppers denote 211 scheduling (3rd party clinic)  
• Provides red patients with the paper pre-vaccination questionnaire and vaccine EUA document | Car toppers, step stool, vaccine EUAs, pre-vaccination questionnaires, cardboard backers, pens |
| C       | • Directs cars to the appropriate vaccination lane  
• Ensures cars are evenly allocated / being mindful of delays in lanes and lane closures | N/A |
| D       | • Checks patients into their appointment  
• Verifies demographic information | Enhanced iPad (with Zoom) |
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| Vaccination     | • Locates patient in VAMs.  
• Reviews clinical questionnaire responses (paper or in VAMs)  
• Administers vaccine if clinically appropriate, documents in VAMS, and gives vaccine card to vaccinated patient |
| Trailers        |                                                                                                                                                                                                     | iPad, VAMS Healthcare Provider access (standard and 3rd party)                               |
| E               | • Writes vaccine time on each car topper  
• Assists cars merging as needed  
• Directs patients with car toppers on roof to slowly drive to site exit for 15 minute wait; Directs patients with car toppers on hood (known allergy) to waiting area staffed by Station F  
• Calls for Medic as needed |
|                 |                                                                                                                                                                                                     | Dry erase marker and eraser, step stool, watch/phone for time, training on call for Medic   |
| F               | • Ensures known allergy patients enter special waiting area.  
• Monitors patient for 30 minutes, rounding on cars to liaise with Medic as needed for questions/concerns. Calls for Medic as needed.  
• Directs patient to exit site once their waiting period is completed. |
|                 |                                                                                                                                                                                                     | Watch/phone for time, training on call for Medic                                           |
| G               | • Watches the flow of cars in the lazy river / lanes.  
• Calls for Medic as needed.                                                                                                                                                                         | Training on call for Medic                                                                 |
| H               | • Ensures cars have waited the required 15 minutes.  
• Removes and wipes off all car toppers.  
• Provides patient with a CHC card and sticker.  
• Directs patient to exit site.                                                                                                                                                                     | Watch/phone for time, dry erase marker, step stool, CHC 4x6, vaccine sticker, training on call for Medic |
Kaiser Permanente Safety Net Vaccine Equity Initiative

Flexible grants to be directed at activities that directly support safety net partner’s ability to vaccinate their patients, either themselves or in partnership with other vaccination providers. Grantees can use funding for multiple purposes, but consideration should be given for ability to scale impact of the organization.

- NOT aligned grant purposes
  - Should NOT focus on vaccine confidence education given duplication to other efforts
  - Should NOT focus on vaccine advocacy efforts

- Aligned grant purposes:
  - Staff to provide vaccinations (e.g. temporary workers)
  - Mobile vaccine staff, supplies, efforts
  - Community Health Workers to do outreach and help people navigate vaccine appointments and locations
  - Vaccination supplies, e.g. PPE, tents, etc.
  - Transportation vouchers for patients to get to visits

Applications due to OPCA via Survey Monkey tomorrow, April 7th
Kaiser Vaccine Messaging Resource Center

- https://covidcommunityresources.org/
The COVID-19 Community Corps

Our best path out of the COVID-19 pandemic is for every American to get a COVID-19 vaccination as soon as it’s available to them.

You’re invited to support the effort by joining the COVID-19 Community Corps. As a member, you’ll receive timely, accurate information to share with your family, friends, and neighbors. By encouraging them to get vaccinated, you’ll help protect them—and allow all of us to safely gather together again.

https://wecandothis.hhs.gov/covidcommunitycorps
Policy Updates
Policy Update
American Rescue Plan Act

• The American Rescue Plan Act (ARPA) in more detail -
  » Provides one-time funding (H8F) for a 2-year period of performance to support:
    • to prevent, mitigate, and respond to coronavirus disease 2019 (COVID-19) and,
    • to enhance health care services and infrastructure.

• $6.1 B of $7.6B to Health Center Program award recipients
  » Each H8F award was calculated using the following formula:
    • Base value of $500,000 plus,
    • $125 per patient reported in the 2019 Uniform Data System (UDS), plus
    • $250 per uninsured patient reported in the 2019 UDS

• Oregon health centers (30 total) received over $84M in awards, ranging from $670K to $10.9

[Image of logo: OPCA Oregon Primary Care Association]
Policy Update

ARPA

• **OPCA Press Release** *(March 25)*
  
  "For example, Klamath Health Partnership (KHP), a community health center serving Klamath County recently purchased an old ambulance to use as a mobile testing unit. In an effort to center equity, KHP is using their mobile unit to focus vaccination, testing, treatment and physical health services on communities of color which have been disproportionately impacted by COVID-19.

  “We are thrilled and thankful to receive this additional help so quickly,” said Amanda Blodgett, COO at KHP. “These additional resources will allow us to expand operational capacity not only during the pandemic but beyond.”"
Mark your calendars: ARPA Q&A Session

- Health centers will have 60 days following the upcoming fiscal year 2021 American Rescue Plan Act (H8F) Funding for Health Centers award release to submit information about planned activities and costs to be supported by the funding.
- Visit the H8F technical assistance page for the award submission guidance, information about upcoming question and answer sessions for recipients, and more.

**WHAT:** American Rescue Plan Act Funding Question & Answer Session

**WHEN:** Thursday, April 8, 10:00-11:00 AM PT

Join the day of the session

If you prefer to join by phone: 833-568-8864.
When prompted, enter meeting/webinar ID: 160 299 2757
Policy Update

Medicare Lump Sum Reimbursement Option for COVID-19 Vaccine

• On April 1, 2021 CMS announced that health centers may request lump sum payments for administering COVID-19 vaccines in advance of cost report settlement.

• CMS, through Medicare Administrative Contractors (MACs), will pay health centers up front for COVID-19 vaccines and administration at 100% reasonable costs like influenza and pneumococcal vaccines.

• Health centers will have the option to receive a lump sum adjustment based on the flu and pneumococcal vaccine costs from the most recent cost report or provide 60 to 90 days of actual COVID-19 vaccine and administration cost data.
Policy Update
State Legislature

• OPCA’s Week at the Capitol (March 29 – April 2)
  » CHC members + OPCA staff met with 58 of 90 members!
  » Discussed COVID-19 impact as well as vaccine successes
  » Opportunity to share OPCA legislative priorities
    • Telehealth (HB 2508), Oral health (HB 2969 and HB 2528), SBHC grants (HB 2591) and pilot expansion of Cover all Kids (HB 2164)
      • Resulted in a few additional legislator sign-ons to bills!

**THANK YOU** to all our members who joined these meetings and to Marty and Torie at OPCA for your work leading, coordinating and steering us last week!
Testing
Tuesday, April 13th - Supporting Schools on Navigating the American Rescue Plan

- Dr. Mike Magee, CEO, Chiefs for Change, will present their newly released resource: How Schools Should Use Funding from the American Rescue Plan to Support Students. He will speak to the recently approved COVID relief bill and help schools and their partners understand how to access resources available through the bill.
Order more BinaxNow

https://www.orpca.org/chc/operations/36-covid-19-resources

Sarah Andersen, Director of Field Services
Oregon Office of Rural Health
Email:  ansarah@ohsu.edu
Phone:  503-444-1570
Where to find the latest COVID-19 information

- OPCA’s Member Update: Sign up at https://action.orpca.org/newsletter_signup/
  » Check your spam or junk folders to ensure you are receiving these
- Visit OPCA’s website for COVID-19 resources: www.orpca.org
- Follow us on Twitter @OregonPCA Facebook @OregonPrimaryCareAssociation or LinkedIn: www.linkedin.com/company/oregon-primary-care-association
Meeting Evaluation

Go to www.menti.com and use the code 10 83 95 2

Please rate your satisfaction with today’s briefing on a scale of 1-5.

Let us know what information you plan to use from this briefing.
Thank You!