

# Public Health Advisory Council (PHAC)

## Meeting Minutes

October 11, 2022

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**ATTENDING:** Madhavi Bharadwaj, Robin Bousquet, Commissioner Nafisa Fai, Jennifer McElravey, Afam Okoye, Hemi Pariyani, Annie Paulsen, Larysa Thomas, Sonja Ackman.

**ABSENT:** Rachel Arnold, Nicole Bowles, Eileen Derr, David Eppelsheimer, Andrea Lara, Julie Scotland, Dick Stenson, Leticia Vitela

**COMMUNITY MEMBERS:** Juliette Bauer

**STAFF:** Dr. Marie Boman-Davis, Alex Coleman, Lainie Clem

**GUEST PRESENTERS:** Kathleen Johnson, Community Environmental Health Sr. Program Coordinator

### Welcome

Jennifer McElravey started the meeting with introductions and an ice breaker.

### Approval of Meeting Minutes

The September 2022 minutes were reviewed. Jennifer McElravey motioned to approve the minutes and Annie Paulsen seconded the motion. All were in favor, and none opposed. The motion was passed.

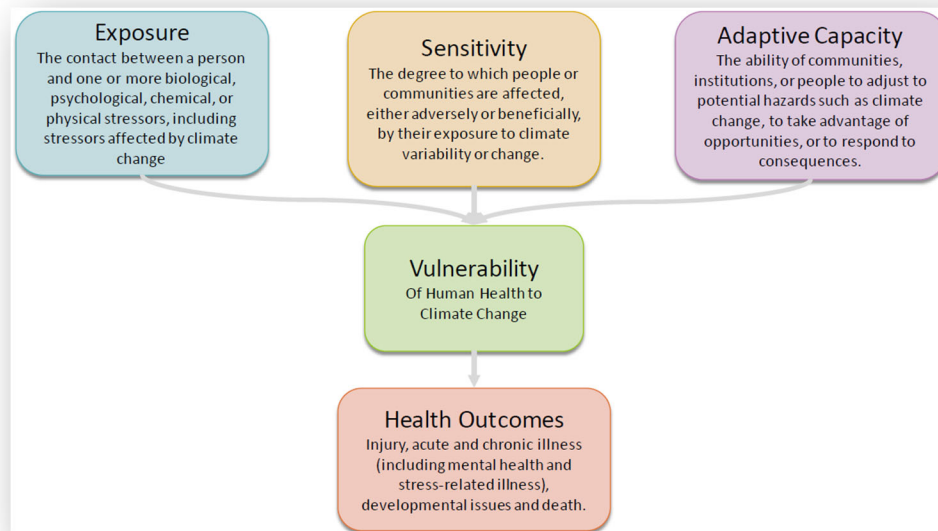
### Washington County Climate and Health Adaptation Plan

PHAC members received an update on Climate Change and Public Health from Kathleen Johnson. This presentation included a look at the health impacts of climate change, climate health modernization work happening in the Public Health Division, and an update on climate action planning. Highlights of the presentation are below. See PowerPoint for more information.

- **Climate events in Oregon**
  - **Wildfires** – 2021 was especially destructive, with an early season onset in May, 11 lives lost, and 1MM + acres burned.
    - Seven fires are currently burning in Oregon. The Cedar Creek Fire continues to burn near Oakridge.
    - Wildfires in 2020 caused heavy smoke throughout Oregon; Portland broke its previous Air Quality Index (AQI) record high (157) when it reached 477 on September 13<sup>th</sup> (over 500 is off the AQI scale).
  - **Extreme Heat** – the heat dome in 2021 is attributed with 8 heat-related deaths in Washington County and 96 deaths statewide.
  - **Snow and Ice storms** – in February 2021, a snow and ice storm caused over 200k households to lose power, leading to local CO<sup>2</sup> poisonings.
- **Definitions and Pathways**
  - **Climate Change Mitigation** – avoiding and reducing emissions of heat-trapping greenhouse gases to prevent the planet from warming to more extreme temperatures. The intention of Climate Action Plans is to reduce harmful emissions.
  - **Climate Change and Health Adaptation** – actions to prepare for and adjust to new conditions to reduce harm and prevent illness.
  - **Climate Change Resilience** – the ability to survive, recover from, and even thrive in changing climatic conditions.

- **Pathways**

*An illustration of the pathways from climate extremes to poor health outcomes.*



- **Vulnerable Populations**

- Communities of Color
- Children
- Older Adults
- Low Income Communities

- **Health impacts in Washington County**

- **Extreme Heat**

- In 2021, emergency department visits for heat illness increased by 116% (compared to the average number of visits between 2015-2019).
- In 2022, emergency department visits for heat illness increased by 50% (compared to the average number between 2015-2019).

- **Air Quality**

- Drier, longer summers increase quantity of wildfires.
- Drier, longer summers increase the length of pollen season.
- Average daily visits to the emergency department in the Ttri-county area increased by 129% the four weeks during/after the wildfire smoke concentration (in comparison to the four weeks before).

- **Mental Health** (How people relate to and experience extreme climate events.)

- Mental health is connected to our physical health (see slide #11, *Yale Climate Opinion Survey*). [2021 Regional Climate and Health Monitoring Report](#).
- 8<sup>th</sup> and 11<sup>th</sup> grade students' Self-Rating of General Emotional and Mental Health indicates a 17% and 20% decrease (respectively) of students reporting excellent or very good emotional/mental health (see graph on slide #12 representing *Oregon Healthy Teen Survey* for the 5-year span of 2011 – 2019). [2022 OHA Climate and Youth Mental Health Report](#).

- **Program Timelines and Milestones**

- We are actively in our 3<sup>rd</sup> update of our Climate and Health Monitoring Report, due out April of 2023. We have a Public Health Emergency Preparedness (PHEP) Epidemiologist and a PHEP Data Analyst now, which will really help us to get us closer to a public health indicator to better understand our population health impact. We will utilize Google trends and other data sources to examine and measure results.

- As part of Modernization efforts, we are connecting with numerous CBOs, who then connect to their communities:
  - We trained community health nurses on the risks of wildfire smoke and related health issues (actions to minimize smoke exposure in our homes).
  - We provided box fans and furnace filters to community health nurses to give out to make do-it-yourself HEPA filters.
- In spring of 2023, we hope to have enough data and health outcomes to be able to strategize and make action plans. By 2024, we hope to have a Climate and Health Adaptation Plan finalized (see slide #13, Public Health Timelines & Milestones).
- We will be presenting to the board in November, when a climate action resolution will be revisited. Planning committee efforts will begin next year in conjunction with the Sustainability Program. We will work with the EOC to incorporate more equity into our actions with our more vulnerable populations. By the end of 2023, we hope to have a draft of a health adaptation plan.

### **Questions**

**Q:** With regard to the increased emergency department visits (slides 7-10), on some of the worst days clinics and pharmacies were closed for business. Could this have potentially forced more people into the emergency department for medical assistance?

**A:** This may have impacted the numbers, but it is hard to determine. People who do not have insurance are often unable to utilize clinics, so they go to emergency departments for medical care regardless.

**Q:** I noticed that people did not seem to understand the health risks of being outside when the wildfire smoke was at its worst. There were kids on playgrounds, kids were still practicing sports outside, etc. Couldn't someone like Tualatin Hills Park & Recreation District or the school districts have shut outdoor sports activities and after school activities down?

**A:** We are in the process of hiring a regional communications specialist as part of regional public health modernization partnership. This person will be able to help develop and increase our ability to provide communications and education about things like wildfires. Kathleen will provide the group with a one-page informational flier about planning for wildfire season.

**Q:** Are we capturing the actual number of people who may not have been able to go to an ER or doctor during those times of extreme heat? How can we truly measure this?

**A:** Kathleen will speak with her team and see if she can obtain additional information about these numbers and their limitations.

**Q:** What are other counties doing about a climate action plan?

**A:** Multnomah Co. has been doing this work longer than we have. They have had a climate action plan in place for 10 years. We have engaged them in conversation about how they work with their CBOs to take action. We often share expertise/experience with our regional county partners, and we are working closely with them to develop a regional response. One of the ways we are doing this is with the use of a national heat risk tool. Our emergency management team is working to coordinate efforts with our regional partners to use this tool to keep the public informed.

**Q:** You mentioned that you worked with CBOs to train community health workers to distribute fans and filters during the smoke and heat. Who were the partners and who were the subjects of that effort?

**A:** Yes, this was a box fan/air filter program we piloted with *Bienestar Oregon* for the Latinx community they serve. We provided education to community health workers about wildfire smoke and its health impacts, so they could inform their local Latinx community of the risks as well as what actions they could take to help reduce risks. The community health nurses reached out to people with chronic conditions, increased smoke/heat sensitivities, and greater exposure (like those who work outdoors). The Latinx community is generally exposed to more air pollutants than other populations. We do not have the data yet from that program, but we hope to have it soon so we can evaluate it.

**Follow-up Q:** Did or do we also include information about smoke alarms, changing batteries and CO<sup>2</sup> exposure in that training?

**Follow-up A:** No, that was not information that we included, but it is an excellent idea, especially information on (or a supply of) CO<sup>2</sup> monitors for when people must close-up their houses due to air quality.

**Additional comments:**

- As a local public health authority (LPHA), we engage in risk communications with our Tri-county regional grants. We are in the process of hiring a Regional Sr. Communication and Education Specialist, a position shared by Multnomah and Washington Counties. The purpose of this role is to provide coordinated care and messaging. We are collaborating, looking for ways to leverage data, and working on new strategies to reach out with risk communications. We have also hired a program coordinator to help lead these efforts.
- The county published its new website, which is easier to read and navigate. We plan to redo our programmatic pages, which will include a clearing house of community resources in one place—weatherization needs, air filtration needs, etc.—so the public can seek and find resources. Kathleen is working on supporting our county efforts towards a Climate Action Plan in addition to her work with the Public Health Emergency Preparedness Program.
- The Board of County Commissioners had a work session today at which Clean Water Services gave a presentation. The presentation brought up important issues that prompted Commissioner Nafisa Fai to introduce a resolution to address climate change. The intent of the resolution was to seek ways to mitigate the climate crisis we are in, as well as a commitment affirming how the county will respond. Commissioner Fai said that the resolution provoked some controversial discussion, and although it did not move forward, it was a step in the right direction. She believes the community is at risk without a climate action plan and indicated that three other commissioners felt that more discussion on the subject was necessary to determine what the county has done so far and the direction it is headed. She is pleased that the conversation is happening and is looking forward to future progress.

**Review Updates to PHAC Application**

2019 bylaws were updated to represent the council, and we wanted to add questions to represent PHAC in the application questionnaire; Alex sent the questions out to PHAC members to give everyone a chance to review and provide feedback.

The following are additional questions to add to the PHAC application [in Granicus] that we are proposing:

- |       |            |                          |
|-------|------------|--------------------------|
| • Age | • Language | • Household Income Level |
|-------|------------|--------------------------|

**Feedback/Questions:**

**Q:** When someone is interested in applying for the PHAC, how do they do it?

**A:** The application can be filled out on the website. If it needs to be in a different language, however, it must be printed and completed. There is currently a work group addressing this barrier.

**Q:** How wordy are the questions? Are they as simplified as possible?

**A:** Our county board application process requires essay questions to be equitable for ESL people. Alex will also find out the requirements for demographics, ethnicity, sexual orientation, etc., and if they are now required on the application.

**Q:** Why does income level matter? I do not think this question is appropriate to ask, it is too personal.

**A:** Income level was suggested to ensure equity and diversity (not skewed to include just wealthy individuals, for example). It will probably not be a required answer. Dr. Boman-Davis added that we have a workgroup considering these categories, and how they align with the SOGI and REAL D data we gather. One of our goals is to try and capture the same information across the board to maintain comparable information.

- Dr. Boman-Davis reminded the group that PHAC is in *statute*...are we aligning to statute? The purpose of the council is to advise our Board of County Commissioners (as the governing the body)

on public health matters. Is there a way to link our statutes to what is *governmental* public health? We are also bound by some Modernization guidelines.

- The statutes in Oregon changed before the PHAC was created. As a state, Oregon's has different governmental statutes than other states. It is required for Oregon to be modernizing our efforts, including our documents.
- Alex welcomes additional feedback to incorporate into an updated draft.

### **Overview of Public Health Training Opportunities**

PHAC members received information on how to access free public health trainings.

- [HRSA Regional Public Health Training Centers](#). This training network is provided by Health Resources Services Organization. It provides continuing education units (CEUs) if needed for other work. There are a lot of free courses offered, though not all are free. There is training available on leadership, business planning, data, and violence prevention, etc. NW Public Health Training Center offers webinars, toolkits, and self-paced courses.

**Note:** when you go to their webpage, you should be able to create an account with any of the ten training centers to access their courses. Click "Create a New Account." For the Job Category, you can put in any that are appropriate, or you can select "other," then enter "Local Public Health Advisory Council."

- [CDC TRAIN Learning Network](#). This is a national learning network that provides a range of trainings. Many of the public health training center courses are also available through TRAIN. As Marie mentioned last night, the CDC has put out an updated [Public Health 101](#) training plan that can be access through TRAIN. You can create an account on the website and use the information for Washington County Public Health to create your profile.

Although these training resources will not be specific to Washington County, these courses can aid in understanding what we are measuring ourselves against (i.e., the Public Determinants of Health), and they can provide a sense of how public health operates. Population health and community health can provide you with an understanding of what data we collect and how we measure it. Prior to the COVID shutdowns, the council was more involved in projects and actions. We are trying to incorporate more hands-on opportunities once again.

- For members who would like to learn more about what is in Statute related to public health in Oregon, please refer to the [ORS Chapter 431](#), which relates to State and Local Administration and Enforcement of Public Health Laws.

### **Updates**

- Review of upcoming meeting agendas
  - From a previous Mural conversation, members expressed the desire to learn more about community needs. Next month PHAC will receive an update on the 2022 Community Health Needs Assessment and learn about ways to be involved in the process to update our Community Health Improvement Plan.
  - Disability, Aging and Veterans Program update to learn more about older adult supports.
  - Data, how we use data, and the social determinants of health.
  - Legislative session work we engage in and how we can better address it.
  - State and County public structure.
- Legislative calendar and key dates
  - It is almost the start of the next legislative session, which is a long session. It will include the budget for the next biennium. The Board will adopt their legislative agenda in December. There was a work session presentation on [October 4<sup>th</sup>](#) that provided an overview of the proposed legislative agenda for the Board to adopt and another work session is scheduled for November 8<sup>th</sup>. Alex will send out links for these meetings. The legislative session begins on January 17, 2023.

- The newly elected governor will decide what policy option packages will go into the budget. This will tell us what we are allowed and not allowed to talk about. Dr. Boman-Davis will try to bring the most relevant issues to you.
- The Coalition of Local Health Officials (CLHO) has hired a lobbyist to help us monitor and stay connected to the legislative session. In the last two and half years of the pandemic, \$9 million was provided. It is unlikely that we will receive additional monies from our Oregon legislative session.
- County updates
  - The new county website is up and running, but as expected, it needs some adjustments. We found some inaccurate information on the PHAC webpage and have notified the web team of the necessary corrections. If you discover additional errors, please let us know and we will submit changes.
    - If you use the new website, we encourage you to provide feedback based on your experience.
    - Please remember that the format for all county email addresses have changed to: [firstname\\_lastname@washingtoncountyor.gov](mailto:firstname_lastname@washingtoncountyor.gov). Be sure to let Alex know if any correspondence bounces back.
- PHAC recruitment
  - The recruitment period for new PHAC members ends Tuesday, October 18. We have a few vacancies, so if you know anyone who might be interested, please forward this information to Alex.

### **Closing**

Jennifer McElravey closed out the meeting. Alex Coleman will send a follow-up email with details. The next meeting will be on **November 8, 2022** and will be hybrid. To attend via Zoom, click [here](#), and use Meeting ID: 708 212 8355. To attend in person, please join us in the “Board Room” at the [Brookwood Library](#) in Hillsboro (2850 NE Brookwood Pkwy, Hillsboro, 97124).