

Public Health Advisory Council (PHAC)

Meeting Minutes

April 12, 2022



Public Health
Prevent. Promote. Protect.



ATTENDING: Jennifer McElravey, Dick Stenson, Commissioner Nafisa Fai, Madhavi Bharadwaj, Larysa Thomas, Nicole Bowles, Eileen Derr, Andrea Lara Silva, Leticia Vitela, Robin Bousquet, Hemi Pariyani, Sonja Ackman, Afam Okoye

ABSENT: Rachel Arnold, David Eppelsheimer, Julie Scotland

STAFF: Dr. Marie Boman-Davis, Alex Coleman, Vivianna Lindley, Dr. Carrie Shuler, Dr. Kristen Bobrow, Kathleen Rees

GUEST PRESENTERS: Rachel McCullough-Sanden, Dr. Kim Repp

Welcome

Jennifer started the meeting with introductions and an ice breaker.

Approve March's Meeting Minutes

March's minutes were reviewed. Jennifer McElravey motioned to approve the minutes. Larysa Thomas and Afam Okoye seconded the motion. All in favor and none opposed. The motion was passed.

Long-COVID

PHAC members received an update on community resources available and data collection opportunities. See PowerPoint for more details.

- The Public Health strategic plan is actively used and integral to operations
- Washington County Research, Analytics, Informatics and Data (RAID) team was the first to identify the disparity in Hispanic and Latinx communities being affected by COVID in contrast to non-Hispanic/Latinx communities within the county
- The bridge to intervention is always approached with an equity lens
- Long-COVID is now a legal disability under the Americans with Disabilities Act (ADA) Sections 504 and 1557
- Women may be experiencing long-COVID at higher rates than men, this is something to keep an eye on as literature is published
- ICD-10 code: U09.9 Post COVID-19 condition, unspecified
 - This code is not to be used in cases still presenting with active COVID-19. However, an exception is made in cases of re-infection with COVID-19, occurring with a condition related to prior COVID-19
- There is a specialized clinic in Portland to treat long-COVID, and more developing throughout the Country

Comments/Feedback

- Multiple long-COVID pediatric patients and parents. Patients are told they don't have long-COVID by neurologists, they are denied the reality of their symptoms. Providers

need education on long-COVID. There is a lot of testing and barriers to get into the special clinic, so we need to improve access

- Seeing stigmas arise for minority groups who are experiencing long-COVID
- Hearing a lot of concern about long-COVID as a pre-existing condition and access to (and cost of) health insurance
- For healthcare education there are several different long-COVID ECHO programs -- online trainings for healthcare providers. Here is one out of Univ of New Mexico: <https://hsc.unm.edu/echo/partner-portal/programs/covid-19-response/us-covid19/long-covid-fatiguing-illness-recovery/>
- I think training Community Health Workers or other community navigators, specifically around long-COVID, to help patients and families navigate these complex systems would be really helpful.
- Facing a lot of problems at the state level communicating about treatment for long-COVID. We need to listen to community members and educate providers.
- The question at hand should be: How can we focus on supporting the health of individuals experiencing long-COVID and not focus all energies on diagnosis?
- There is still fear in getting access to care; vaccinated and tested. There are community members still suffering fear and hesitation due to the Public Charge Rule which is no longer in effect.
- The study implicating reduced risk of long-COVID if vaccinated should be shared out to the public. This may facilitate more engagement with getting the vaccine.
- It is difficult to use protocols for patients with treatments in rehabilitation because they are entering clinics and wax and wane, they do great one day and fall backwards the next. Each patient has their own needs so one size fits all doesn't work. Very frustrating for all.
- I can imagine that long COVID is going to be present across almost all Washington County public health services: suicide prevention, substance use/addiction, mental health. So those might be other providers to assess for their level of knowledge about long-COVID.
- An important role that the county can play is to estimate the economic impact of long-COVID at the local level, to help to advocate for additional long-term funding to strengthen public health. This could also shed light on disparate impacts across racial, ethnic, rural/urban, etc. groups.

Q&A

Q: What do we know about minority groups that are dealing with long-COVID? Do we have the numbers?

A: We know there will be an impact, such as holding a job less willing to provide accommodations. We are also seeing disparities in the literature. Disproportionate experience of COVID (Hispanic/Latinx communities) leads to an equally disproportionate experience of long-COVID.

Q: How do we know symptoms are stemming from COVID?

A: We can see it neurologically and the symptoms are so widespread that it is apparent this is an issue following COVID. There may be a single test developed eventually to identify long-COVID.

Q: Are you collecting reports of symptoms from physicians? What are you hoping to do with this data?

A: The questions on the presentation have not been asked of anyone yet. This was brought to the PHAC for feedback. A next step would be to conduct a health assessment with Washington County physicians to see if they have heard of long-COVID and/or have patients with long-COVID symptoms.

Q: Do we know what other communities/states are doing with long-COVID? Shouldn't we be collaborating with other public health officials?

A: We are just now getting space to approach this topic. Marie will be bringing it to the regional public health administrator meetings for collaboration discussions.

Q: Are any other states conducting long-COVID surveys to do this kind of research and action?

A: There are some LPHAs doing this, but it is not consistent as many are still buried in active COVID response.

Budget Updates

PHAC members received an update on the 22-23 budget cycle.

- Tranche 2 of the ARPA budget is being worked on
- Marie has presented the Public Health budget to our Assistant County Administrator, Marni Kuyl, and her colleagues who are looking at the overall County budget in decision making. Once finalized, our budget will go to the budget committee in May and the public will have an opportunity to comment
- Marie is engaging in key conversations to understand the budget process to effectively identify opportunities in the process for PHAC to provide input and/or letters of support
- Thank you for sending the letter to the Board and County Administrator supporting the proposed Public Health budget
- Requests in our budget for County general fund are things like the Medical Examiner's Office which has no funding from the state or grant opportunities. We are required to have this program by law but are not guaranteed any funding. So, this funding is always needed. Finding a way to get permanent support from general fund instead of asking each cycle is a goal
- The proposed FY22-23 operating budget for the PH division was approximately \$29 million of which about \$7 million (24%) was general fund subsidy. The majority (\$5.4 million, 75%) of general funds requested were to support PH administration and the four PH programs that have primary responsibilities (e.g., legally required activities) that support the Board of County Commissioners in their capacity as the Local Public Health Authority. The operating budget is very low for a county of our size; our budget is about a third of Multnomah's.

Q: Is PH having issues with competitive wages to retain staff?

A: Our budget guidance was to maintain a flat budget (this is not to say it stays the same when staff receive pay raises or COLAs), and any decisions to change salaries for classifications lies with HR. We do comply with the pay equity law which means any new hire receives a salary analysis that takes into consideration their past experience when determining which step of the salary range to start them on.

Q: Is the Washington County Jail under Public Health?

A: The Jail and Corrections are part of the County, but not the Public Health Division or the Health and Human Services Department. All their healthcare services are provided through a contracted healthcare provider. Public Health does provide a limited scope of service within Community Corrections primarily around HIV/STI testing and sometimes TB testing.

County Updates

- Volunteer Appreciation Reception April 20th
 - This will be an in-person event at the Washington Street Conference Center
 - RSVPs are needed by 4/13 for those certain or possibly going. Alex sent out the invite to the PHAC to obtain these

- Member biographies
 - The use would be providing it to presenters, so they have some knowledge of who their audience is (what fields/organizations/communities are represented on the PHAC)
 - Anyone who is comfortable, please send Alex a short write up. She will compile it into a single document that can be sent to presenters before the meeting
 - There is a member roster publicly available online, but this only includes names. These bios would not be published on the website

- Discussion on training/support needs for the group
 - Public Health Modernization dollars are available to support leadership, such as the PHAC. We have until 6/30/23 to use this funding
 - Is there training the PHAC would want to have? Send your feedback to Alex.
 - There is a plan to bring emergency response training to the PHAC and an overview of how the emergency response program in Washington County works
 - New boards and commissions opportunity:
<https://www.co.washington.or.us/BOC/board-adopts-charter-for-advisory-council-on-racial-equity.cfm>
 - Applications for the Council on Racial Equity can be found here:
<https://washco.granicus.com/boards/w/b7ebe19be8d33a24>

Closing

Alex will be sending out a survey for feedback on virtual versus in-person meetings as we enter a new normal. Next meeting will be May 10, 2022, via Zoom.