

Clackamas County Public Health Advisory Council  
Monday, August 28, 2023, 3:00 – 5:00 p.m.  
Minutes

PHAC Members Present: Elizabeth Barth, Kelly Streit, Dr. Ryan Hassan, Michael Foley, Christina Bodamer, Pam Bonner, Ruth Adkins, Mitchell Doig, Rebecca Stavenjord, Norberto “Beto” Contreras, Darcee Kilsdonk, Gianou Knox, Missy Albrich, Yvonne Smith  
PHAC Members Excused: Annie LaVerdure-Weller

Others Present: Philip Mason-Joyner, Kim LaCroix, Armando Jimenez, Susan Berns-Norman, Dr. Sarah Present, Carissa Bishop, Jenny Masculine

Topic	Minutes
I. Welcome & Introductions - All	Completed
II. Review of Agenda A. Any new items to be added to the agenda? Add: PHAC membership update	No new agenda items were added.
III. Minutes of June 12, 2023	Ruth Adkins moved and Yvonne Smith seconded. Motion passed.
IV. Public Input 3 minutes per person	N/A
V. PHAC Membership Update A. Tabitha Jensen B. Analyze the need for recruitment in January/February 2024	A. Tabitha recently took a position as a chief of staff for Multnomah County Commissioners and there was a conflict of interest, which led to her resignation. B. Will wait to see if there’s a need for recruitment
VI. Directors Report A. Health Equity Program Planner update B. Update: Opioid Settlement for CC C. Tobacco flavor ban, outreach to cities, proclamations. D. Tobacco Retail Licensing program hiring youth E. COVID Vaccine update F. Climate, heat preparedness – PHAC member involvement	A. Chijioke Oranye has resigned as Health Equity Program Planner. Will review the role over the Fall then move forward with recruitment, if necessary. B. The Board of County Commissioners approved \$1.5 million of initial funding for the Opioid Settlement. The funds are being used to enhance and to expand existing community focused efforts around addressing youth prevention, warm handoff programs, treatment programs, recovery support, etc. C. Staff are partnering with Northwest family services, The American Cancer Society, and Oregon's Partners for tobacco prevention. They're doing some intentional outreach with cities in Clackamas County and are requesting that city councils sign

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	<p>resolutions supporting the passage of a flavor Tobacco ban in Oregon.</p> <p>D. There is a Fall COVID vaccine that is anticipated to be available in September. There are some new strains coming out, and it's unclear how well that vaccine will affect some of the newer strains that are becoming more popular. These newer strains don't seem to be as severe as prior ones. This is the first time that the COVID vaccine will be commercialized, meaning it's not purchased by the Federal Government.</p> <p>E. One of the areas that we'll be working on is identifying opportunities to either leverage existing work, build upon things that we know need to be built upon and also gaps where we need to focus. <a href="https://www.washingtoncountyor.gov/public-health/local-climate-and-health-information">https://www.washingtoncountyor.gov/public-health/local-climate-and-health-information</a>  <a href="https://www.washingtoncountyor.gov/public-health/urban-heat-island-mapping-campaign">https://www.washingtoncountyor.gov/public-health/urban-heat-island-mapping-campaign</a></p>
<p>VII. Committee Updates</p> <p>A. Blueprint Steering Cmte</p> <p>B. Policy, Health Equity Cmte.</p> <p>C. Ethics Cmte.</p>	<p>A. Been trying to prioritize for next Blueprint grant. At last meeting, there were people that presented about some of the work they were doing in community including Project Hope that gave an update on Fentanyl and Opioid Settlement. Mitch will be taking a step back from this leadership role as his capacity is not able to handle it right now.</p> <p>B. The next meeting is September 12<sup>th</sup> at 10am. Will be talking about the suggested framework.</p> <p>C. Have been talking about revising the bylaws. Went through section by section, discussed any changes and edits that needed to happen. Talked about some verbiage changes and trying to increase the accessibility and readability of document without losing critical content. Will do a reading then vote.</p>
<p>VIII. Mobile Public Health Van</p>	<ul style="list-style-type: none"> <li>• Van purchased via ARPA grant for COVID vaccinations and HIV/STI Testing</li> <li>• Programming being developed as “Public Health Mobile Services” to expand service provision across all PH Department</li> <li>• Data drive focus on the following locations: Estacada, Mollala, Gladstone, Milwaukie</li> <li>• Leadership deliberated on which services CCPH will provide, and which will be delivered by partners</li> <li>• PHAC ethics deliberation</li> <li>• Multiple assessments completed/in-process to inform strategy</li> </ul>

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	<ul style="list-style-type: none"> <li>• PHAC was asked to deliberate on where public health should lie on the spectrum of assurance vs. full direct service provision, specially pertaining to vaccinations in Clackamas County.</li> <li>• General consensus from discussion was PH’s role lies in assuring services are accessible to the community through upstream policy, partnership coordination and capacity building.</li> <li>• Partnering for Vaccine Equity: Goal- Identifying and addressing inequities in adult flu and COVID vaccinations coverage among racial and ethnic populations.</li> <li>• CCPHD population focus: Latine/x with emphasis on MSFW</li> <li>• 3 strategies: CDC’s Rapid Community Assessment, Culturally specific media campaign with IZO, Mobile clinic (TBD)</li> <li>• Challenges: Staffing, Sustainable funding, Lack of internal infrastructure (billing, EPIC), Internal logistics coordination, New program and many unknowns</li> <li>• Next steps: Start the process of Hiring a Mobile Services coordinator</li> </ul> <p>Breakout groups:</p> <p><b>Group 1</b></p> <ul style="list-style-type: none"> <li>• Q1 <ol style="list-style-type: none"> <li>1. Being clear about the objective of the mobile van. This can help us find the right connections.</li> <li>2. Can there be opportunities for chronic diseases screening – BP monitoring/screening or other kinds of screening.</li> <li>3. How can be connect to other things such as addiction service, housing. How do we incorporate people with lived experience?</li> <li>4. How about using community health workers – peer supports etc.</li> </ol> </li> <li>• Q2 Orchid Health – Rural health connections. Create connections with rural health care organizations. Being flexible with days and times.</li> <li>• Q3 Think about the types of connections – digital connections and resources.</li> <li>• Making sure you have connections with organizations that have vetted materials and equipment.</li> </ul> <p><b>Group 2</b></p>

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	<ul style="list-style-type: none"> <li>• <u>Communications elements:</u> Lessons from BH mobile outreach-rural sites were weierded out by them showing up</li> <li>• Suggestion: focus on both community and community partner messaging about who/why/etc for consistency and understanding</li> <li>• Make sure everyone in the van doing the work has clear and consistent answers to decrease hesitation—be clear what services are and why</li> <li>• Both outreach and opportunities for people to walk up. Safety for public health staff in multiple parts of the community (especially if they are not initially well received)</li> <li>• Connection to collective medical for follow up for and communications about interactions. <a href="https://collectivemedical.com/">https://collectivemedical.com/</a></li> <li>• Partnering with local community health clinics</li> <li>• The Community Services Network holds community resource fairs</li> </ul> <p><b>Group 3</b></p> <ul style="list-style-type: none"> <li>• What about using students to provide some of the services? EG Clack Community College nursing or medical assistant</li> <li>• Outreach/referral - human services students could do that. Can be flexible to do research</li> <li>• Sympathy for the workforce challenge - RN hiring environment is tough; bottleneck at community colleges</li> <li>• Wash Cty thinking about staffing new recuperative care/medical respite program with a paramedic rather than RN</li> <li>• How help - CCC: students; Harmony campus can host</li> <li>• Check to confirm they are in touch with Catherine Potter at Kaiser Permanente (safety net program mgr)</li> <li>• Hoping will include gun safety/suicide prevention - include Galli from PH staff</li> </ul>
<p>IX. PHAC Retreat/Development Pt. 2</p> <p>Purpose: Developing a framework for integration of PHAC with the work of CCPHD to advance health equity in our communities, with high priority populations?</p>	<p>A. Responses:</p> <ul style="list-style-type: none"> <li>• Addressing trauma and healing- 8 counts, Reducing Health Disparities-7 counts, Access to healthy and cultural relevant food items- 6 counts, Housing and homelessness- 5 counts.</li> <li>• What do the social determinants of health affect people in our community? 9-Access to care, 7-Mental</li> </ul>

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<p>A. Review responses from PHAC members during pt. 1</p> <p>B. How do these priorities translate into action? What is PHACs role in the promotion of health equity in Clackamas County?</p> <p>C. What information does PHAC need to advance health equity in Clackamas County?</p>	<p>health/Behavioral health, 5-Community, 5-Food, 5-Housing, 5-Demographics.</p> <ul style="list-style-type: none"> <li>• How might addressing the social determinants of health improve health locally? Equity-6, Personal health-5, Resources-5, Community-4, Families-4</li> </ul> <p>B. Responses:</p> <ul style="list-style-type: none"> <li>• We may need some additional help into translating concepts into actionable strategies such as trauma and healing through PH actions. What is PH’s role in this?</li> <li>• Acknowledging the role of intentional policy making in creating the health disparities we are trying to address</li> <li>• Aligning funding with identified priorities and thinking through policy change in addition to programs</li> <li>• Addressing the social determinants of health</li> <li>• Addressing SHOD</li> <li>• “Un-silo-ing” care: Health is health. No wrong door access for all health concerns (funding &amp; regulatory)</li> </ul> <p>C. Responses:</p> <ul style="list-style-type: none"> <li>• Training on what health equity is and addressing health equity</li> <li>• We can think about trauma and healing across all of the areas that from data that we collected and bring in more resources to think deeply about this</li> </ul>
<p>X. Co-Chairs Selection (Oct)</p> <p>A. Details of the position</p> <p>B. Review of selection process</p>	<p>A. Co-chairs Selection</p> <ul style="list-style-type: none"> <li>• Two Co-Chairs will be elected by members of PHAC in October 2023. The term for each position is two years with a maximum of four years as a Co-Chair.</li> <li>• Co-Chair candidates can nominate themselves or be nominated by a fellow PHAC member with their agreement.</li> <li>• A transition period, October - January, will be observed to allow for orientation and existing co-chair mentoring.</li> <li>• Co-Chairs will assume responsibilities beginning in February 2024.</li> <li>• Co-Chair term: February 2024 - January 2026</li> <li>• Commitment: Approximately 2-5 hours per month, including PHAC meeting facilitation.</li> </ul> <p>B. Responsibilities</p> <ul style="list-style-type: none"> <li>• Facilitate PHAC meetings effectively. Support the development of the agenda alongside CCPHD staff.</li> <li>• Provide input and leadership on PHAC priorities and structure.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Work to engage all members in PHAC's work; through mentorship and acting as a resource.</li> <li>• Engage PHAC in assessing and improving its efficiency and effectiveness.</li> <li>• Provide support to the CCPHD Director as needed.</li> <li>• Provide input on the development of upcoming ethics deliberations.</li> <li>• Check in with members periodically to gauge the morale of the committee.</li> <li>• Assist with PHAC recruitment, ensure adequate representation on the Council.</li> <li>• When necessary, represent PHAC at meetings with the BCC, county administration or other staff.</li> <li>• Communicate with PHAC members as needed about relevant and current topics.</li> <li>• Periodically, monitor / attend PHAC standing committees.</li> </ul> <p>C. Important dates</p> <ul style="list-style-type: none"> <li>• Deadline to submit nominations- October 2, 2023</li> <li>• Election of 2 PHAC Co-chair-October 9, 2023</li> </ul>
<p>XI. Adjournment</p> <p>Next Meeting: October 9, 2023 3:00 – 5:00 p.m.</p>	<p>The meeting was adjourned at 5:01 p.m.</p>