

Clackamas County Public Health Advisory Council  
Tuesday, January 18, 2022, 5:30 – 7:30  
Minutes

PHAC Members Present: Annie LaVerdure-Weller, Elizabeth Barth, Michael Foley, Mitchell Doig, Kelly Streit, Dr. Ryan Hassan, Celess Roman, Christina Bodamer, Tabitha Jensen, Allison Myers, Leslie Delgado

PHAC Members Excused: Hannah Smith, Melanie Wagner

PHAC Members Not Present: Jill Thompson-Hutson, Heather Riggs

Others Present: Philip Mason-Joyner, Kim LaCroix, Sherry Olson, Dr. Sarah Present, Shane McElroy, Mike Sluss, Chijioke Oranye, Armando Jimenez, Bryan Hockaday, Commissioner Sonya Fischer, Abe Moland

Topic	Minutes
I. Welcome & Introductions & Ice Breaker	Completed
II. Review of Agenda A. New Items added to agenda?	No new agenda items were added.
III. Public Input 3 minutes per person	No public input was provided.
IV. Approval of Minutes from October 18, 2021	Dr. Ryan Hassan moved and Annie LaVerdure-Weller seconded. Motion passed. Mitchell Doig abstained.
V. Co-Chair Announcements A. Racism as a Public Health Crisis update B. Recruitment Update	<p><u>A. Racism as a PH Crisis:</u> Due to scheduling issues it has been difficult for the PHAC co-chairs to schedule meetings with Clackamas County Commissioners. The PHAC co-chairs have met with Commissioner Fischer and talked about next steps.</p> <p>Efforts are underway in the state Legislature during the short session to address this topic. HB 4052 is active and public hearings are being scheduled.</p> <p><u>B. PHAC Recruitment:</u> It will be determined in the Spring whether a PHAC recruitment will occur.</p>
VI. Director’s Report A. Introduction of Kim LaCroix, Deputy Director B. Introduction of Chijioke Oranye, Health Equity Planner	<p>Introductions:</p> <p>A. Kim LaCroix, now serves as Deputy Public Health Director, replacing Julie Aalbers</p> <p>B. Chijioke Oranye, Health Equity Planner, a new position within PH</p> <p>C. Bryan Hockaday, Communications Relations Specialist for PH, a new position within PGA</p>

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<p>C. Introduction of Bryan Hockaday, Communications Relations Specialist</p> <p>D. Blueprint Community Grants</p>	<p>D. Blueprint Community Grants: Funding recommendations will be presented at the next PHAC meeting on February 7<sup>th</sup>, 2022.</p>
<p>VII. Public Health Budget Preparation: FY 2022-2023</p>	<p>Public Health is seeing many new investments that help support the staffing infrastructure, which will assist with the provision of more services and better response to community needs.</p> <p>Sherry Olson, Fiscal Manger reviewed the current FY 2022 and projected FY 23 budgets. The budgets are made up of Federal, State, fees, permits and local county general funds. The amount of COVID funding to date has been \$28,912,753. The proposed FY 23 budget is \$22,573,126. Personnel costs are \$15,789,630 the remaining funding covers Materials, Supplies and Contracts. PH Modernization funding has been instrumental in boosting the budget and allowing PH to provide critical services and resources.</p> <p>PH funding dedicated to outreach and education:</p> <ul style="list-style-type: none"> <li>• substance use funding for surveillance, data tracking</li> <li>• Infectious disease</li> <li>• tobacco prevention</li> </ul> <p>Historically, funding for outreach and education has been piecemealed together while some programs have specific guidelines. Modernization and county general fund provide flexible dollars for the purpose of planning and infrastructure developments/enhancements.</p> <p>An updated organization chart was shared with PHAC members.</p> <p>Dr. Present advocated that more direct clinical services via home visiting nurses for those who do not have a medical home be addressed; one example is the need to address the high numbers for syphilis.</p>
<p>VIII. Regional Climate Health Report</p>	<p>Abe Moland, CCPHD staff, presented information on the Regional Climate Health Report. The report was released in November 2021.</p> <p>Abe started off the presentation by showing the exponential increase in the amount of global fossil fuel consumption over last century. In addition there have been huge increases in the Global Average Temperature, Global Environmental Disasters and Global Fossil Fuel Emissions.</p> <p>Abe’s presentation focused on upstream prevention measures, incorporating health equity lens into climate action and public health action.</p>

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	<p>Mental health can be impacted by climate change. Different types and lengths of climate change events can create a range of mental health impacts:</p> <ul style="list-style-type: none"> <li>• Short and acute events that last a few hours to a few weeks like heatwaves, extreme storms, or wildfires</li> <li>• Long periods of extended climate change events like drought or recovery periods from acute events</li> <li>• Ongoing direct or indirect exposure to the hazards of climate change like rising temperatures, rising sea levels, and other global and regional threats</li> </ul> <p>Climate change is a risk factor and can add a layer of stress on top of underlying poor mental health.</p> <p>Moving forward there will be a focus on reducing greenhouse emissions in the county overall and building strong strategies around resilience and adaptation. Key strategies include building eco-friendly buildings, roads and how they connect to create healthy places.</p> <p><u>Priorities:</u></p> <p>Build capacity and alignment in the public health division and H3S to address climate change</p> <ul style="list-style-type: none"> <li>• Climate and health literacy training</li> <li>• New staff/roles</li> <li>• H3S department coordination</li> </ul> <p>Develop a division priority agenda</p> <ul style="list-style-type: none"> <li>• Integrate climate and health lens across departments</li> <li>• Develop climate and health policy agenda</li> <li>• Deepen community partnerships to build climate resilience</li> <li>• Engaging in regional climate efforts</li> </ul> <p>Continue engaging with the Climate Exchange and Climate Action Plan</p> <p><u>Key Takeaways</u></p> <ul style="list-style-type: none"> <li>• Health conditions related to poor air quality and extreme heat are affecting the largest amount of people in the region.</li> <li>• Few apparent long term trends. In 2020 was unusual. Coinciding with the COVID-19 pandemic, several heat, air quality, and foodborne communicable disease health outcomes decreased in counts.</li> <li>• Acute events lead to major impacts. Specific climate-related events caused spikes in health outcomes, like the 2020 wildfires.</li> <li>• We need ways to measure mental health impacts. There is a need for more robust and consistent tracking systems for mental health related impacts.</li> </ul>

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	<p>PHAC members spoke about the things we can do on a daily basis to improve our environment; installing solar panels, participating in a backyard habitat program sponsored by Metro or taking steps to improve our built environment. It's important to talk about climate change with family members, friends, clients and customers. Incentives may be available to help foster awareness and support.</p> <p>For more information seek out via Google: Clackamas County Climate Action Plan for ways to be involved.</p>
IX. COVID report – Update	<p>Dr. Sarah Present, Clackamas County Medical Officer, presented the most recent COVID report from 1/11/22.</p> <p>Clackamas County: 42,417 total cases, 445 total deaths. From 1/4/22 to 1/11/22 the number of cases increased by 5,228 with 12x deaths. It is believed the number of cases is a huge undercount. These numbers do not take into account home test or clinics. Based on recent data COVID is a disease of the unvaccinated. The increase in hospitalizations is due to the number of people getting Covid. Hospitals are very stressed right now.</p> <p>Questions arose as to when Covid can be treated like the flu. The answer is when mortality rates get down closer to the flu and our hospitals can manage cases and society can manage the risk benefit of this disease. If these factors occur there may be a time when Covid is treated by getting an annual booster.</p> <p>Home testing: anecdotal information is indicating that home tests should be given 24 to 36 hours apart. The rapid antigen tests are showing an increased rate of false negatives. The key is to stay home and isolate if tests are positive even if asymptomatic.</p> <p>The workforce is shifting away from contact tracing to vaccine delivery, clinics, and education.</p>
X. Announcements	No announcements were given as time expired for the meeting.
XI. Adjourn Next Meeting: February 7, 2022	Adjournment was completed at 7:35 p.m.