

AGENDA

PUBLIC HEALTH ADVISORY BOARD

June 18, 2020, 2:00-4:00 pm

Join Zoom Meeting

<https://zoom.us/j/730818593>

Meeting ID: 730 818 593

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Meeting objectives:

- Approve May meeting minutes
- Discuss COVID-19 response activities to date
- Discuss academic COVID-19 surveillance studies
- Review Preventive Health and Health Services Block Grant work plan
- Hold public hearing on the Preventive Health and Health Services Block Grant

2:00-2:05 pm	Welcome and agenda review <ul style="list-style-type: none">• ACTION: Approve May meeting minutes	Rebecca Tiel, PHAB Chair
2:05-2:35 pm	COVID-19 response update <ul style="list-style-type: none">• Discuss response activities to date• Review active monitoring strategy• Discuss equity in COVID-19 response	Dean Sidelinger and Lillian Shirley, OHA staff
2:35-3:10 pm	Academic COVID-19 surveillance studies <ul style="list-style-type: none">• Discuss OHSU-PSU COVID-19 Key Study• Discuss OSU COVID-19 TRACE study	David Bangsberg, OHSU-PSU School of Public Health Javier Nieto, OSU College of Public Health and Human Sciences
3:10-3:25 pm	PHAB member discussion <ul style="list-style-type: none">• Discuss key issues that PHAB members should be aware of or should help problem solve on behalf of the public health system	Rebecca Tiel, PHAB Chair
3:25-3:40 pm	Preventive Health and Health Services Block Grant <ul style="list-style-type: none">• Review proposed FY 21 work plan	Danna Drum, OHA staff

3:40-3:55 pm	Public comment and Preventive Health and Health Services Block Grant public hearing	Rebecca Tiel, PHAB Chair
3:55 pm	Next meeting agenda items and adjourn <ul style="list-style-type: none">• Determine agenda items for July meeting	Rebecca Tiel, PHAB Chair

Public Health Advisory Board (PHAB)

DRAFT May 21, 2020

Meeting Minutes

Attendance:

Board members present: Dr. Jeanne Savage, Dr. Eli Schwarz, Kelle Little, Dr. Bob Dannenhoffer, Rebecca Tiel (Chair), Dr. Sarah Present, Dr. Veronica Irvin, Dr. David Bangsberg, Eva Rippeteau, Lillian Shirley (ex-officio), Teri Thalhofer, Muriel DeLaVergne-Brown, Carrie Brogoitti, Dr. Dean Sidelinger

Board members absent: Akiko Saito, Rachael Banks, Alejandro Qeral

Oregon Health Authority (OHA) staff: Cara Biddlecom, Danna, Drum, Krasimir Karamfilov

Members of the public: None

Welcome and Agenda Review

Rebecca Tiel

Ms. Tiel welcomed the PHAB to the meeting. She invited the board members to introduce themselves.

- Approval of April 2020 Minutes

A quorum was present. Dr. Schwarz moved for approval of the April 16, 2020, meeting minutes. Ms. Rippeteau seconded the move. The PHAB approved the meeting minutes unanimously.

Ms. Tiel invited Ms. Biddlecom or Ms. Shirley to provide a brief overview of the General Fund budget reductions for public health.

Ms. Biddlecom remarked that, in light of the state revenue forecast, state agencies provided proposed public health reductions to the General Fund budget for the current biennium. It is unknown if the reductions will be made. There is only one area in which there is a potential reduction to local public health. It is around HIV prevention. The other pieces are reductions to OHA. There are proposed reductions to Public Health Modernization, including the survey modernization work and health equity training and technical assistance, among others. Updates will be provided to the PHAB when new information is available.

Dr. Schwarz asked if why, in such a situation as now, are there any suggestions to cut further down on something that would probably help us, maybe half a year from now, when this all starts up again?



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Ms. Shirley stated that the public health approach had been in the spirit of “Let’s go forward.” The reality of the overall state budget is reflecting the overall state of revenue, given the consequences to the economy from the COVID-19 response and saving lives through our actions. All state agencies had to look at these reductions. OHA has a tremendous amount of support for the public health response and for the community response.

Ms. Shirley added that the money that Oregon received from CDC to get the response moving allowed OHA to contract immediately with the local public health. The second round of funding, the CARES Act, is extremely supportive, both of public health response, as well as of many of the other issues that have been raised in this time in our country. The third funding stream, which came from the Paycheck Protection Act, gave a significant amount of money to the CDC, so that they can shore up the public health system and the laboratory system across the country.

Ms. Shirley noted that given the state’s commitment to Public Health Modernization and the work that had been done with local public health authorities, and given the prioritization of health equity in Oregon and knowing the consequences within the state’s vulnerable populations, the COVID-19 response and disease had pointed out to us who got sick and why they got sick. All these things are converging to support the mission of the public health department, the State Health Improvement Plan, and the modernization work, as we continue to move to year 5 and 6. It is directionally correct. The work that the PHAB helped with and guided OHA through has prepared the state to respond and has also put OHA in a good situation to support public health and have public support for public health going forward. We need to be very disciplined about the future, but we are on the right path.

Dr. Schwarz asked if it would be possible, in a few months, to revisit this issue. A lot of the things mentioned by Ms. Shirley might have sustained effect on the public health system. Even though the state may cut a few inches off the modernization effort, maybe some of all this funding that goes into the system now could be billed in a way, so that it would have a sustained effect and have the same kind of outcome.

Ms. Shirley thanked Dr. Schwarz for the comment and expressed hope for making this a sustainably funded effort to move the modernization agenda and values forward.

COVID-19 Response Update

Dr. Dean Sidelinger, Lillian Shirley

Ms. Tiel remarked that Ms. Shirley and Dr. Sidelinger would provide an update on response activities to-date, including county reopening plans and Phase 1 reopening guidance. As the state’s public health leadership body, OHA would like to ask PHAB for insight into how to structure some of the next phases of the COVID-19 response, including: (1) What does the



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public health system need to put in place to ensure COVID-19 and its secondary effects do not further perpetuate health inequities? (2) How does PHAB want to be involved in leading this work for the public health system?

Dr. Sidelinger informed the PHAB that May 21 was a very good day in the COVID-19 reporting. OHA reported additional 24 cases and 1 new death. That brings the total positive cases in Oregon to 3,725, with 145 deaths. These numbers represent some of the lowest case rates and fatality rates across the country. That's due to actions we've all taken together in response to the pandemic. The state implemented community mitigation measures early in the outbreak under the Governor's orders and people did heed those orders. The state never needed to use the significant surge capacity that the health care systems had planned for PPE (personal protective equipment) was an issue and continues to be an issue, but supply chains are opening up.

Dr. Sidelinger noted that from the beginning of the pandemic, Oregon had been hampered by limited testing, but OHA rolled out updates for testing guidance to make sure that we took advantage of the testing the state had and prioritized the populations that needed it most. Initially, the testing was for those who returned from areas where the disease was already spreading and their contacts. The testing then moved to hospitalized patients who were most seriously ill, healthcare workers, and others with high risk exposures. The testing guidance then expanded to members of the Latinx, Native American, Black/African American, Asian Pacific/Islander communities that have been more impacted by the pandemic and anyone with symptoms. The state also began testing more individuals without symptoms in some congregate settings and workplaces with close contact to try to assess the spread of COVID-19.

Dr. Sidelinger added that OHA had been creating more data for this response than for any other response. A weekly report has additional data with race, ethnicity, underlying symptoms, and age. The data show us that the communities of color are disproportionately impacted in Portland and across the state. The Asian/Pacific Islander community has the highest case rates in Oregon. The Black/African American, Native American, and Latinx communities are disproportionately impacted compared to other populations in Oregon. It is the inequities that the PHAB, OHA, and the broader state have been working on to address.

Dr. Sidelinger noted that those historic social inequities, such as access to care and economic inequities that existed before this pandemic, had been amplified by the virus and its impact on the local community. The community mitigation measures, while they worked to flatten the curve and spare the hospital system from being overwhelmed, also had horrible negative economic impacts, with people losing their jobs and income and impacts on small and large businesses. Those impacts have also disproportionately affected some of the communities of color that were disproportionately impacted by the disease itself. The state has a strong lift as it moves forward with the State Health Improvement Plan (SHIP) and its focus on social

determinants of health and upstream precursors to many of the health conditions, which has reenergized public health to continue the work and address it as a community and as a state.

Dr. Sidelinger remarked that OHA staff had been trying to convert some of the daily and weekly reports that were labor intensive to data visualization, which would go online and allow the PHAB and other members of the public to have access to the data, visualize it in different ways, and dig in the data. In addition, Governor Brown allowed counties to apply for reopening. Those applications have been coming in over the last two weeks, with counties having to meet certain criteria by May 15, 2020. The reopening criteria will be posted online today, as well as the criteria for pausing to see how the state is doing, county by county.

Dr. Sidelinger stated that, last week, 33 counties applied to reopen. Five of them were not approved initially. Several counties had to provide some additional answers to their application about what the county would do to reach the vulnerable populations, how the county would react to outbreak situations in the county, and how the county would engage the community. Three counties provided additional information. Thirty-one counties were approved to reopen on May 15, 2020. Two counties that applied, Polk County and Marion County, didn't have a downward trend in hospitalizations over the previous two weeks. That data were reexamined yesterday and there was a downward trend in hospitalizations. Governor Brown approved the two counties to reopen on May 22, 2020. There is a pending application from Clackamas County. There is an intent by Washington County to apply. Multnomah County has not applied for reopening.

Dr. Sidelinger pointed out that, overall, the case rates throughout Oregon were low. We haven't been spared the impact on skilled nursing facilities and long-term care facilities. Similar to other states, the majority of the deaths in Oregon have occurred in those situations, even with the aggressive action upfront to limit visitations to these facilities and a program to support those facilities in their infection control efforts. Those efforts continue in partnership with DHS, as well as OHA's CDC partners that have come in to help refine some training for DHS and bring in additional resources to focus on the long-term care facilities.

Dr. Sidelinger added that the migrant farmworker population had been impacted. As the state moves into harvest season, it is anticipated for the state to respond to and work with the agricultural industry and the workers themselves to try to prevent the spread of the disease. Similar to other parts of the country, outbreaks in food processing facilities have occurred.

Dr. Sidelinger noted that an important part of that was how to expand the traditional public health response at this time. The state started with a containment strategy as the disease first became known and tried to respond to each traveler who came into the state. The state used a traditional public health practice: isolate them at home; check in on how they are doing; if they got sick, quarantine their contacts. When Oregon had its first case, it couldn't be traced to another case. This indicated community spread. The state shifted to a mitigation strategy

where local public health stepped up and followed up with cases during contact tracing and investigation, focusing on high-risk contacts in home settings, health care settings, and other settings with easy spread.

Dr. Sidelinger stated that as we now moved into the next phase of lifting some of the community mitigation measures that helped to flatten the curve, OHA was building an additional public health workforce to help with the investigation and tacking. Due to the spread of COVID-19 by people without symptoms and because the virus is very easily spread from person to person, we won't be able to eliminate this disease without the use of very effective therapeutics or a vaccine to prevent it. The state can have more aggressive active surveillance strategy (i.e., testing, tracing, and isolation) to try to suppress this disease. There is a new information system (i.e., ARIAS) that is going live as the state builds the workforce at the local, tribal, and state public health level to do additional contact tracing.

Ms. Shirley added that over the last two weeks, OHA staff have met with several community-based organizations in the communities that are most affected by COVID-19, so that OHA can listen to what needs to be done going forward for a better response. Plans are being made right now with these organizations. Additionally, OHA is working to make sure that it is communicating to the most impacted communities with very concrete ways for protecting themselves. Materials will be developed with these communities. OHA will do much broader social media. The state's response has been very structured and within public health best practices. This is an opportunity to expand our understanding of how the state engages with community and how it can cocreate the response with the most impacted communities.

Ms. Tiel remarked that she wanted the board members to think about the role of PHAB and its leadership in the state, as well as about health equity in this response, which Ms. Shirley addressed in a couple of different ways.

Ms. Thalhoffer stated that the communication between the state and local public health had been rapid and productive. That has been really helpful. When Dr. Sidelinger and Ms. Shirley talked about what the state had done, they were not just referring to OHA. The system has stood up in this response and done amazing work. It's been incredible to watch how quickly the system stood up to meet this challenge.

Dr. Dannenhoffer agreed with Ms. Thalhoffer that the working of the system, the state and the local system, had been incredibly good. While the state was lucky in hitting a low rate, it was not only luck. Oregon has the fifth lowest death rate in the country. Some of that is impeccable timing, in the case of Oregon. States that waited too late suffered bad consequences. The timing and the work so far in the state have been incredible. In retrospect, we will write this as a great success for public health.

Dr. Savage asked about the work with farmworkers in Marion County.

Ms. Shirley answered that OHA has deployed a whole team to work both with the community agencies and advocates for farmworkers in the state and the Department of Agriculture (DOA) and OSHA (Occupational Safe & Health Administration). OHA dedicated materials for setting up testing and guidance around social distancing, handwashing stations, and funds to help support that work, as well as identifying places for workers to be lodged for quarantine and isolation. That plan will be posted online by the end of May 22, 2020. As Ms. Thalhofer and Dr. Dannenhoffer identified, it has been a whole system response, not just from the public health guidance, but also from the regulatory power the ODA has and its work with OSHA.

Dr. Savage expressed thanks on behalf of the Yakima Valley Farmworkers Clinic (YVFWC). The clinic was a beneficiary of added testing and the ability to do added testing for the state. She saw that as a nice working relationship. The YVFWC is in the migrant farmworker community and a lot of its patients come from there. That partnership is really important. Being able to get out into the tents and bring people in and have a place to get them tested is really key. This partnership is very helpful going forward as well.

Dr. Sidelinger noted that Marion County has done some enhanced community conversations and has committed to having an ongoing dialog with the Latinx community and the farmworker community, so that they can better address needs as they come up, bring additional resources to communities, as we need them, so that the state can respond.

Ms. Shirley pointed out that there was another industry in Oregon that was dependent on seasonal workers: the fishing industry. OHA is working to ensure that staff are tested.

Dr. Dannenhoffer confirmed that Douglas County was doing that and warned that there was a bad message in the public that a single negative test at any one time was of great value. The state has to dispel that notion.

Dr. Sidelinger responded that it was a continued battle to get that message out. There is this belief that having a test is almost like a vaccination – it protects you. All a test says is that at this point in time a person is more than likely negative, but there is still a chance that even in that point in time a person has the disease. The state and local public health partners need to keep hammering that message home – what a test means and, more importantly, what it doesn't mean.

Ms. Thalhofer remarked that she would ask for a strong message from OHA to providers.

Dr. Sidelinger explained that testing an asymptomatic person had value in specific situations, such as around contacts, in congregate settings, or around high-risk groups. The other piece around testing that OHA has to message is around serology. Serology tests are there and can

indicate that someone was exposed in the past. Initial serology tests were of dubious quality. The serology tests now have more research and quality behind them.

Ms. Shirley addressed questions about PPE asked by Ms. Rippeteau: PPE is an ongoing concern. There is a lot of loosening of PPE supply and a lot of providers are able to order their own at this point. The major portion of any PPE that is coming in through the state is going through the county emergency managers. OHA's role has been to provide guidance about where it is appropriate to wear what kind of PPE and trying to ensure that the people who need PPE have access.

Ms. Rippeteau shared concerns about PPE supply in congregate settings.

Dr. Sidelinger stated that PPE, like testing, was another area where the state has been constrained. Employees and staff who have concerns can ideally go through their chain, or the anonymous reporting that they have through their compliance and their systems to express those concerns. Oregon OSHA and other regulatory agencies would be a place for them to express these concerns, if they are not getting through their usual chain.

Dr. Savage asked about the board's guidance for public health around antibody testing.

Dr. Sidelinger answered that from a public health perspective, the state was building on its influenza surveillance to do COVID-19 testing, both in symptomatic and asymptomatic individuals who present for care. There are 14 sites across the state that are geographically dispersed. In addition, OSU (Oregon State University) is doing a prevalence study in Corvallis and administering a household survey to try and test, for they are finding very low levels of positive tests for COVID-19. OHSU has a broad 100,000 household recruitment goal to get representative households with some oversampling in certain subgroups to assess symptoms, as well as some other surveys around impacts of COVID-19 and to do testing and serial testing of individuals. The state is still working to see the role of antibody testing. Doing that initially in healthcare settings and in other settings with higher numbers of exposures may give us some answers, but findings from New York show that the prevalence of positive serology tests even in the highest risk populations aren't that high. Antibody testing or serology testing doesn't perform as well in a population with low prevalence. The state needs to ensure that it has a good test and deploy it appropriately.

Dr. Irvin asked about the timeline for expanding the hiring and training of contact tracers in different counties.

Dr. Sidelinger answered that OHA started with the workforce at OHA, because they could be redeployed to get some training and some staff were already involved in communicable disease investigations, ready to deploy the help resources. Most counties have repurposed staff and brought on additional staff during this time. Many of them will be used for contact tracing.

Some counties are hiring new people and reaching out to community organizations to hire people or contract individuals through those community-based organizations. Many of the county partners, these new contact tracers, will receive the initial round of training on contact tracing. Now that the ARIAS information system is up and running, local public health can be trained in how to enter in the data.

Accountability Metrics and Funding Formula

Cara Biddlecom

Ms. Tiel stated that Ms. Biddlecom would provide a brief update on the timelines for updating the accountability metrics report, which would be coming to PHAB for review and approval in June, following an Accountability Metrics subcommittee meeting.

Ms. Biddlecom reminded the board members that OHA had requested until the end of September to turn in the biennial deliverable of the report to the Legislative Fiscal Office, which would include the accountability metrics report, which was done each year. In terms of the deliverable, the Accountability Metrics subcommittee will convene in early June to review the 2020 data and review the report framing, because OHA had done some work prior to COVID-19, in terms of how to bring that up and streamline the report. The report will be brought to the PHAB for approval in June. Dr. Myde Boles, who has been working on the report, is planning to retire, and OHA would like to let her do that on time.

Ms. Biddlecom added that the Incentives and Funding subcommittee would convene from June through August to finalize the funding principles, develop recommendations for funding for the next biennium and incorporate changes to the funding formula based on feedback provided in the implementation of the formula in this biennium. As OHA puts out funds for local public health for COVID-19 for starting with the general funds that came out earlier on in the response to date back to January 21, 2020, when OHA activated, with some supplemental funds that came out through the public health emergency preparedness grant, and now going forward with some of the federal dollars coming to the state, we have utilized the public health modernization funding formula.

Ms. Biddlecom added that one of the pieces of feedback OHA had heard from administrators was that having those specific variables that the funding formula considered around diversity, English as a second language, education, and income level really helps frame up how the dollars are split out across the state, and helps the state to leverage funds to help address health inequities. All this work will be done through the summer. The plan is to bring back the funding formula to the PHAB for updates for the 2021-2023 biennium in August.

Preventive Health and Health Services Block Grant

Danna Drum

Ms. Drum reminded the board that PHAB is the advisory committee for the Preventive Health and Health Services Block Grant. The grant is funding that OHA receives – it's in federal legislation – and it is received each year. It's based on Healthy People 2020 objectives. OHA has typically focused on public health infrastructure objectives. The total funding for the current workplan year is a little over \$1.1 million. A set-aside amount goes to the Oregon Coalition Against Domestic and Sexual Violence. They have chosen to do sexual violence primary prevention work.

Ms. Drum noted that the rest of the grant was used by OHA to support the LPHAs and federally recognized tribes and public health modernization. This year, some of the funds will help support costs for the accountability metrics work, partly because of some of the budget reductions OHA had to put forward. Some of these funds, due to some salary savings OHA had, will support that work. OHA has also executed a contract with the Northwest Portland Area Indian Health Board (NPAIHB) to support assessment and planning work for tribal public health modernization and also work to get funding out to eight federally recognized tribes and NARA (Native American Rehabilitation Association) for the Urban Indian Program for that work.

Ms. Drum explained that right before the pandemic, OHA had started to do planning for the Public Health Division's reaccreditation work. That will need to happen next year. In terms of tribal public health accreditations, several OHA staff participated in Yellowhawk Tribal Health Center's accreditation site visit with the Public Health Accreditation Board. OHA had also been doing work around triennial reviews with LPHAs and PHD's performance management system. At the end of January, OHA had a block grant compliance visit. OHA is waiting on the report. Everything, in general, was very positive.

Ms. Drum added that the SHIP development work had continued throughout the workplan year in spite of the pandemic. OHA recognized the need to get that work done and the priorities will help drive improvement work in some of the gaps that are much more visible as the result of the pandemic. The priorities were announced and five subcommittees have been meeting to flesh out proposed strategies for the priority areas. OHA has executed some additional funding for organizations that either work with or represent communities that have disproportionately and historically been impacted or affected by health disparities.

Ms. Drum remarked that because these funds were recognized in the Public Health Service Act, a federal law, and because of the pandemic, OHA was able to get approval by CDC to allow staff who were funded through the block grant and needed to be deployed to do COVID-related work to use the grant for COVID-related work for up to 60 days. Some of that work included liaison work with LPHAs and tribes on response-specific things, coordinating with the Governor's office at OHA on reopening guidance development, coordinating long-term care,

and work with DHS and others early in the pandemic. These funds have been utilized well in that regard, especially since some of the other work had to be put on hold, because no one was able to really attend to it.

Ms. Drum added that as the state moved forward, for the remainder of this workplan year, which ran as the federal fiscal year (i.e., October 2019 through September 2020), OHA's focus would be within the rubric of the workplan, but it all depended on what the new normal was going to be, especially the work with LPHAs and tribes, given that a lot of the local and tribal work was ramping up right now.

Ms. Drum noted that the work would involve recalibrating all timelines, especially the timeline and assessment for tribal public health modernization planning. The NPAIHB is currently meeting with the tribes and NARA that have opted to be part of that work. They are trying to figure out a revised timeline and how the work they have been doing related to COVID-19 helps inform an assessment process, among other work. Next month, OHA will be bringing to the PHAB a workplan proposal for the following year (i.e., October 2020 to September 2021). OHA will also hold the public hearing for the block grant as part of that PHAB meeting. It is a federal requirement to hold a public hearing. In these times, it makes sense to do that as part of the PHAB meeting.

Dr. Schwarz asked about the grant timeline.

Ms. Drum answered that the current workplan funding ran through September 2020. The state gets the funding for a two-year period, but the money is always spent in the second year, because it is unknown at least until half or three-quarters of the way through the first year how much money the state actually has for the two-year period. It could go away at any time if Congress didn't bring it back. The grant has a lot of supporters in Congress, and some very strong advocates, and so it continues to be funded.

Dr. Present asked what was the chance that the block grant funding would be able to go towards COVID work for those staff for longer than 60 days.

Ms. Drum answered that unless something significant changed at the federal level, OHA had been told that it could apply for it for 30 days and then OHA could ask for additional 30 days. We are now in the second 30-day period. There are ways within the current workplan that allow OHA to fold some of the work into the day-to-day workplan work.

Dr. Present asked about the name of the organization that received the funds for sexual violence primary prevention and services and requested more information about the organization's work.

Ms. Drum answered that it was the Oregon Coalition Against Domestic and Sexual Violence (OCADSV). It's a member organization that supports most of the local domestic and sexual violence prevention and services organizations. OCADSV is focusing on sexual violence primary prevention in underserved communities. They had funded several community-based organizations that had identified, developed, and implemented a primary prevention curriculum in those communities. That work has slowed down a little bit because of COVID-19. They are retooling a little bit and have shifted some work around use of social media. They were going to do an in-person prevention summit for their member and other organizations, but they shifted it to a virtual summit. That occurred late last week.

Ms. DeLaVergne-Brown shared that Crook County Health Department had its reaccreditation site virtual visit before the pandemic started, in early March. How is it affecting the state, knowing how much work there is to write the narratives? Is that going to affect the Public Health Division and the timeline?

Ms. Drum answered that the Public Health Division was given a 90-day extension on the due date of its annual accreditation report. Ms. Kirsten Aird, senior operations manager at OHA, is working on what the accreditation process will look like. The work had started and then stalled. It is unknown if there is a timeline shift for the process. A member of the reaccreditation team has also been on medical leave.

Ms. DeLaVergne-Brown shared that the reaccreditation work felt like more work than the initial accreditation because of the amount of narratives that had to be written. Even for a small health department like the one in Crook County, it took a year to write the narratives. It is hard to think about that when the pandemic is going on, but it is an involved process.

Ms. Shirley stated, in response to Dr. Present's question about the domestic violence money, that the allocation was a requirement by the federal government to all states that received the block grant. The percentage is designated and that's how OHA uses it.

Ms. Tiel thanked Ms. Drum and added that she had the opportunity to be a part of the site visit and thought that it went really well. She looked forward to hearing a report on the findings. It was a great opportunity for the PHAB to be a part of that conversation.

PHAB Member Discussion

Rebecca Tiel

Ms. Tiel reminded the PHAB that this agenda item came out of the board's retreat in February. It is a time to discuss key issues that the board would like to work on in future meetings, while thinking about the PHAB's focus on equity and race and reflecting on the roles of each board member.

Ms. Tiel noted that in terms of COVID-19 response, with her representing healthcare and healthcare delivery, some great partnerships had been happening between hospitals and local public health. She is hearing from hospital executives in a variety of places in the state that they are having great collaborative conversations, particularly in Salem and Marion County. This has been an interesting time for public health and the healthcare system to come together. There are some innovative things happening. In terms of modernization, the public health capabilities around leadership and communications are shining during this crisis.

Dr. Schwarz shared that one of the things that had happened in this tragic situation was that people suddenly understood what public health was for. Dr. Schwarz added that earlier this week, he attended a SHIP subcommittee meeting. Because of his busy schedule, he wasn't aware of the SHIP subcommittees that were developing the plan. He attended the Access to Equitable and Preventive Health Care subcommittee meeting, where he heard a lot of very interesting discussions. It would be nice for the PHAB to talk about the SHIP before the plan is done. One of the things that he wasn't aware of was that the outcome measures the subcommittee was trying to define were both in the PHAB area and in the Metrics and Scoring area, and the subcommittee members weren't very much aware of what went down in the rest of the system. If the board is able to get a chance to discuss with the people who are doing the plan before it gets published, maybe the PHAB could have some input into what the plan eventually looks like.

Ms. Tiel remarked that the PHAB would have an opportunity to weigh in on the SHIP at a future meeting.

Ms. Biddlecom explained that Ms. Elizabeth Gharst was present at the board's last meeting and gave a preview of where things were at with the draft. On May 15, Ms. Biddlecom also sent to the PHAB members the current survey that is on the ground. OHA is trying to collect feedback on the first-round draft. She encouraged the board members to complete the survey and share it with their networks. The survey is available in English and Spanish. At the same time, seven community-based organization grantees are out collecting feedback from specific populations around the state that they serve. The PartnerSHIP will also be convening to help finalize the plan and get it going. If the PHAB members have additions or edits on the draft plan, OHA would like to collect them now from the survey or the community.

Ms. Thalsofer stated that public health needed to prepare to be way out in front about communication about COVID-19 vaccine.

Dr. Irvin commented that any reporting or experiences of racism, or prejudice, or discrimination as a result of COVID-19 – she had several students of color mentioning to her experiences in different communities in Oregon, feeling that they were being watched more – should be kept in mind as the PHAB moved forward.

Dr. Dannenhoffer remarked that prejudice could be a big issue for Asian students.

Dr. Irvin responded that it could be an issue for some students from different tribes in Oregon as well.

Dr. Present shared that as a health officer and a primary care doctor in an FQHC (Federally Qualified Health Center) and a member of larger organizations like the PHAB, she thought that there was an opportunity here to refine the board's thoughts around modernization and what were statutory public health roles versus social support for people. There is a lot of thinking about how to help ensure people can isolate and quarantine.

Dr. Present added that there had been a lot of opportunity to work on figuring out how to ask for help of the broader community to meet some of these needs that were known, theoretically, to constitute public health modernization – working with the community-based organizations and supporting them. We've been leaning so heavily on community groups and public health folks whom have been underfunded historically. We need to continue to support all these partnerships, but there is still a lot of reevaluation about what these partnerships are. She is getting a lot of questions about how FQHCs and public health can work together. How do we ask for help from the broader communities to meet the needs of people under isolation and quarantine?

Ms. Tiel remarked that looking at the partnership piece of modernization presented opportunities for that.

Dr. Schwarz stated that when he was on the Clackamas County Public Health Advisory Board, the board did an exercise where it divided the county into different focus areas that were mostly based on socioeconomic status. He asked if that has helped to describe some of the disease occurrences that the public has been exposed to over the last two weeks. He asked if it helped to understand what happened in the county or it was something that could be thought of in the larger scale.

Dr. Present explained that the county was split up into health equity zones. It's a very diverse county, so it required looking at different populations in different ways with the data. There were already evaluation systems set up to monitor disease across the county in a way that the county was not prepared for before that. That work also helped staff to focus on forming some of those partnerships with organizations in all parts of the county that the county is building on now. The overall approach is benefiting the county's ability to serve the different aspects of its community. She thanked Dr. Schwarz for being part of that process.

Public Comment

Ms. Tiel proposed the public comment to be kept to two minutes per person.

Ms. Biddlecom asked members of the public who wanted to comment to raise their hand or write in the chat box.

There was no public comment.

Next Meeting Agenda Items and Adjourn

Rebecca Tiel

Ms. Tiel adjourned the meeting at 3:22 p.m.

The next Public Health Advisory Board meeting will be held on:

June 18, 2020

2:00-3:30 p.m.

Join Zoom Meeting

<https://zoom.us/j/730818593>

Meeting ID: 730 818 593

Dial by your location

+1 669 900 6833 US (San Jose)

+1 929 205 6099 US (New York)

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Krasimir Karamfilov at (971) 673-2296 or krasimir.karamfilov@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

KEY TO OREGON



The Key to Oregon study will track, test and map COVID-19 symptoms and new infections in real time. The goal of the study is to develop an early warning system that will allow researchers to identify where new cases of COVID-19 may be occurring and how the virus may spread statewide. OHSU is leading the study in partnership with the OHSU-PSU School of Public Health and in collaboration with the Oregon Health Authority. The study will last up to one year.



WHY IS THIS STUDY IMPORTANT RIGHT NOW?

Oregonians flattened the curve — they practiced physical distancing and kept cases from overwhelming the health care system. The next step is to use science-based steps to reopen Oregon and keep it open while avoiding a second wave of infections. State and local officials will use study data — reported in real time — to make decisions to meet the state's economic and social needs while protecting human health and lives.



WHAT WILL PEOPLE WHO JOIN THE STUDY DO?

Participants will spend less than 10 minutes a day to share their temperature and symptoms that may be related to coronavirus. Additional surveys may be made available to study participants once a week. If they show symptoms, they may receive a COVID-19 test kit, at no cost. Study participants without symptoms may also be randomly selected to receive a test kit at no cost. An OHSU medical professional will contact those who test positive to discuss results and care.



WHO CAN TAKE PART?

The study seeks to enroll 100,000 randomly selected Oregonians who fully represent the state, including our diversity in geography, socioeconomic status and communities of color. Invitations will be mailed randomly to 150,000 selected households. Everyone in an invited household who is 18 or older may enroll. Taking part is voluntary. To make sure we enroll a randomly selected group that is representative of the population in the state, we are not enrolling people who did not receive an invitation at this time.



WHERE CAN PEOPLE LEARN MORE?

The Key to Oregon website at ohsu.edu/KeyStudy includes information on privacy guidelines, how the study data will be used, frequently asked questions and more. The website is available in English and Spanish. Please email KeyStudy@ohsu.edu if you have questions the website does not answer.



WHERE CAN PEOPLE WHO'VE BEEN INVITED TO ENROLL GET HELP?

Those who received an enrollment invitation by mail can get help by emailing KeyParticipant@ohsu.edu. They can also call **1-833-KEY-STDY** (1-833-539-7839).



HOW CAN I SHARE MY FEEDBACK ABOUT THE STUDY?

We welcome your thoughts, suggestions and feedback. Please email us at KeyStudy@ohsu.edu.

KEY TO OREGON: HOW TO PARTICIPATE

Spend less than 10 minutes a day to help 4 million fellow Oregonians.



1 →



Receive invitation by mail

2 →



Go to ohsu.edu/KeyInvite

3 →



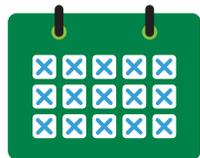
Consent and register

4 →



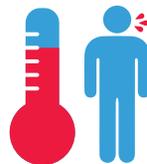
Request a digital thermometer
in the mail, if needed.

5 →



Report temperature and other
symptoms daily for up to one year

6 →



Get tested if symptoms develop

7 →



Take weekly online surveys

8 →



Be the key to an open Oregon

TRACE

A Scalable Community-Based Approach to Estimate the Prevalence of SARS-CoV-2 Infection

F. Javier Nieto, MD, MPH, PhD

Dean and Professor

College of Public Health and Human Sciences

On Behalf of the TRACE Investigators

June 18, 2020

Testing Gap



LOCAL

Santa Clara County COVID-19 cases could be 50 to 85 times higher than reported, Stanford study finds



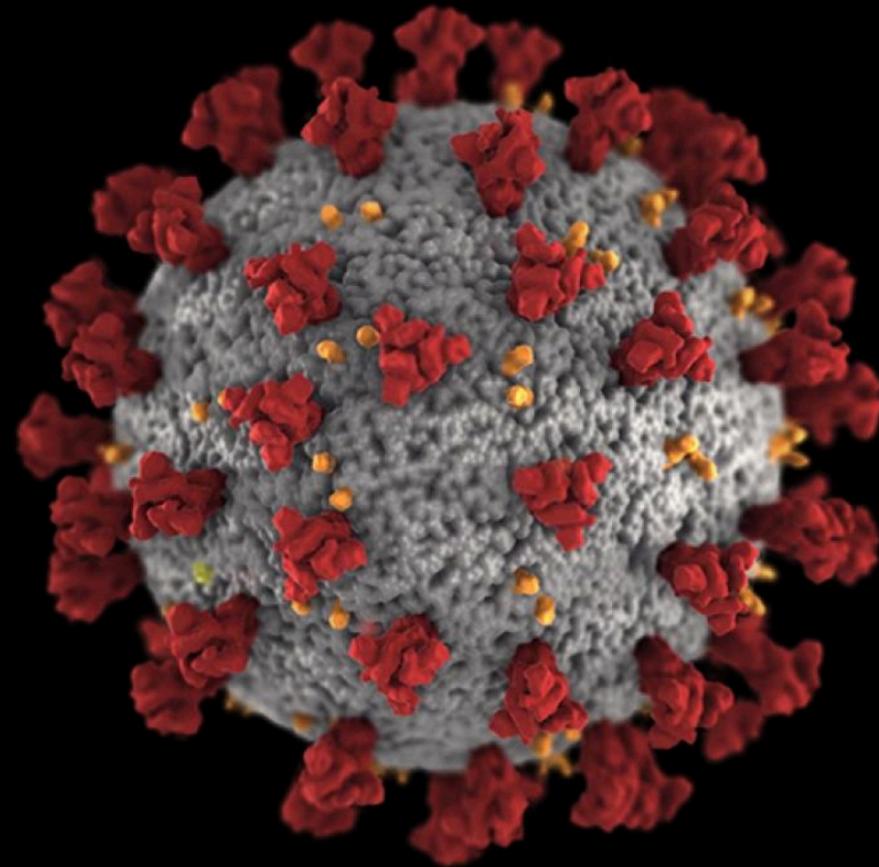
Stanford researchers took blood samples from over 3,400 participants in early April to test for coronavirus antibodies. (Photo: KATE SELIG/The Stanford Daily)

By [Kate Selig](#) on April 17, 2020

- *Epidemics occur in populations, not individuals*
- Managing a pandemic without knowing how many people in the community are infected is difficult
- Counts of *symptomatic* cases don't provide much information on how many people are infected in a population
- Convenience samples/drive-through testing fail to provide an accurate representation of the true population prevalence

Working together to lower the risk and slow the spread of COVID-19

Oregon State University has launched a new project to help determine the prevalence in the Corvallis and Bend communities of the novel coronavirus that causes COVID-19.



Team-based Rapid Assessment of Coronavirus Epidemics

TRACE Objectives

- Estimate the prevalence of SARS-CoV-2 infection in a community in near real time (including both symptomatic and *asymptomatic* individuals)
 - Develop a scalable system that can be rapidly deployed in other communities
 - Harness untapped potential in universities to adapt and respond to COVID-19
- 

TRACE Team

- Lead PIs
 - **Ben Dalziel**, *College of Science*
 - **Jeff Bethel**, *College of Public Health and Human Sciences*
- Co-PIs
 - **Justin Sanders**, *College of Veterinary Medicine*
 - **Brett Tyler**, *CGRB and College of Agricultural Sciences*
 - **Tyler Radniecki**, *College of Engineering*
 - **Jane Lubchenco**, *College of Science*
 - **Roy Haggerty**, *College of Science*
 - **Javier Nieto**, *College of Public Health and Human Sciences*
- Associate Director:
 - **Kathy Higley**, *College of Engineering*
- **Willamette Valley Toxicology**
- **County Health Departments** (Benton, Deschutes, Lincoln)
- Funding:**
 - David and Lucile Packard Foundation
 - PacificSource Health Solutions
 - Oregon State University

Rapid health assessment – Sampling

- Assessment area identified by political boundaries (e.g., city), selection of specific community (e.g., most affected)
- Divide assessment area into non-overlapping sections (i.e., clusters)
- Requires a list of all clusters (sampling frame) within the assessment area
- Probability sampling allows collection of data that are representative

2-Stage Cluster Sampling Method

- **Stage 1:** select clusters
 - Select 30 clusters (i.e., census blocks) with probability proportional to the number of housing units
 - Can use Census Data or GIS software
- **Stage 2:** select 12 housing units within each cluster using systematic sampling
 - Count (or use Census data) # housing units in cluster
 - Divide by 12: (k) = interval
 - With random start (e.g., NW corner), proceed to k^{th} house





Field Teams

- Team Leads
 - Traditional Health Workers (THWs) or other allied or community health worker with an equivalent skill set engaging with the public (e.g., home visitors, nurses or nursing students, medical assistant, etc.)
- Students
 - College of Public Health and Human Sciences
 - College of Science



Experience at the Doorstep

- Introduce themselves and the project
- Eligibility screen
- Informed consent
- Interview
- Nasal swab specimen collection
- Social distancing



(Staged photo – not real participants)

Experience at the Doorstep

Sampling Kit:

- Specimen collection tube (Zymo Research Inc. DNA/RNA Shield Collection Tube)
- Nylon flocked swab (COPAN Diagnostics Inc.)
- Plastic bag to place the collected sample in
- Pen (to sign informed consent)
- Antiseptic wipe to clean the outside of the bag



TRACE

COVID-19

Quick Start Instruction Card

Before opening kit, wash hands with soap and water for at least 20 seconds.

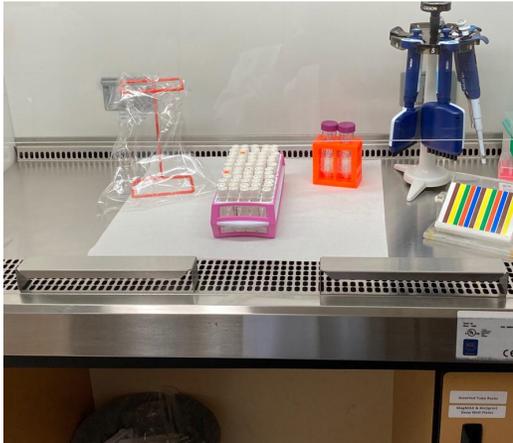
1. Remove the sample tube, swab and transport bag.
2. Loosen, but do not fully remove, the cap from the sample tube.
3. Open the swab package, leaving the head of the swab inside the package.
4. To collect the swabsample:
 - a. Remove the swab from the package, taking care that the swab head does not touch anything prior to collecting the sample.
 - b. Tilt the head slightly back and gently insert the swab approximately 1 inch into one nostril. The swab should be parallel to the roof of the mouth, not pointing upwards. You may feel some pressure, but this should not hurt.
 - c. Rotate swab 5 times and remove from nostril.
 - d. Repeat for the other nostril.
 - e. Without delay, remove the cap of the collection tube and place the swab in the tube so the swab head comes in contact with the liquid at the bottom. Break off the swab at the break point near the middle of the swab by bending it or by cutting with a pair of scissors. Replace the tube cap and screw into place firmly.
 - f. Remove one of the remaining barcode stickers and place it on the tube. Place the tube in the transport bag, laying the bag flat to squeeze out extra air. Close the bag and place the remaining barcode sticker on the outside of the bag.
5. Place the sample bag into the plastic bin and step back at least 6 feet. The project personnel will then retrieve them.



Oregon State
University

OSU HRPP and IRB
IRB NUMBER: IRB-2020-0633
IRB APPROVAL DATE: 04/24/2020

Analytical methods, Communications



- RNA purification and detection using FDA authorized SARS-CoV2 test system (ThermoFisher)

- Before sampling, OSU University Relations and Marketing team broadcasts messages about TRACE widely to community, stakeholders, members of media
- TRACE call center to answer questions about project (541-713-0450)
- Bilingual website: trace.oregonstate.edu; trace.oregonstate.edu/es



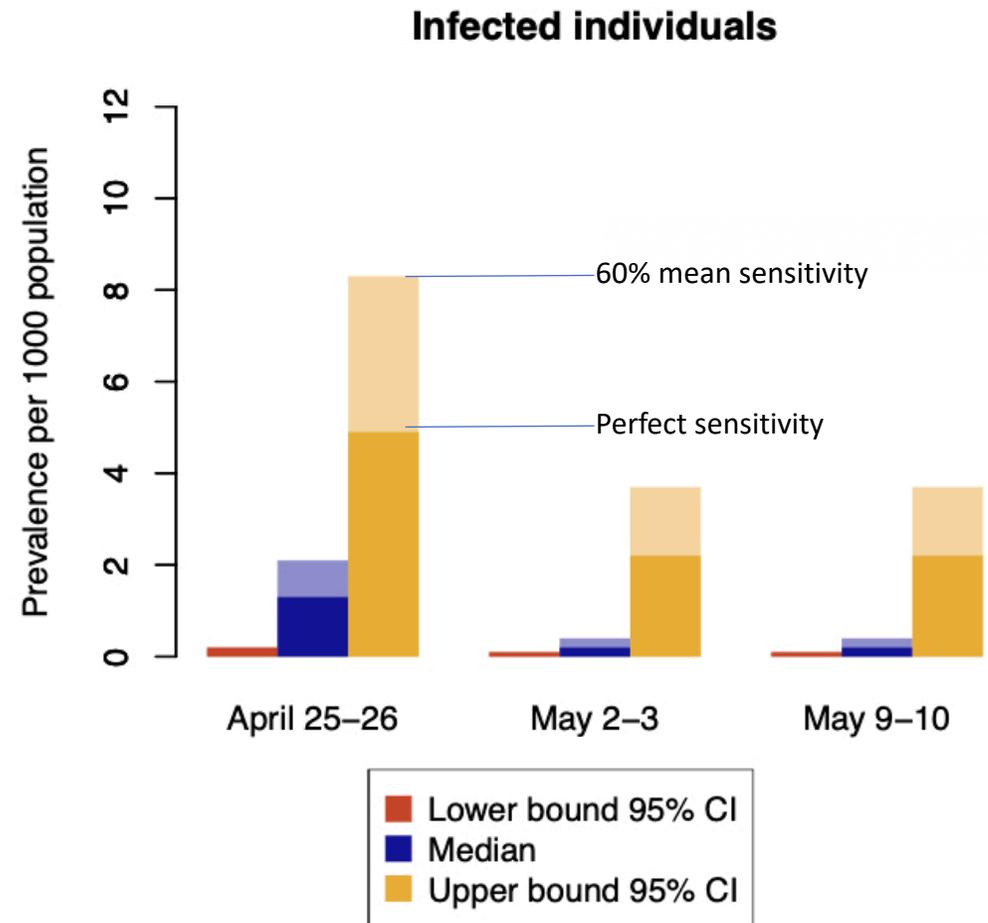
TRACE Call Center

Community Engagement, Sampling, Results

Location	Corvallis	Corvallis	Corvallis	Bend	Corvallis	Newport
Dates	Apr 25-26	May 2-3	May 9-10	May 30-31	Jun 13-14	Jun 20-21
Teams	16	30	30	30	30	
Neighborhoods	30	30	30	30	30	
Households	237	359	346	342	359	
Participation	80%	77%	78%	68%	77%	
Samples	455	672	649	615	656	
Number positive	"1-9"	0	0	0	?	

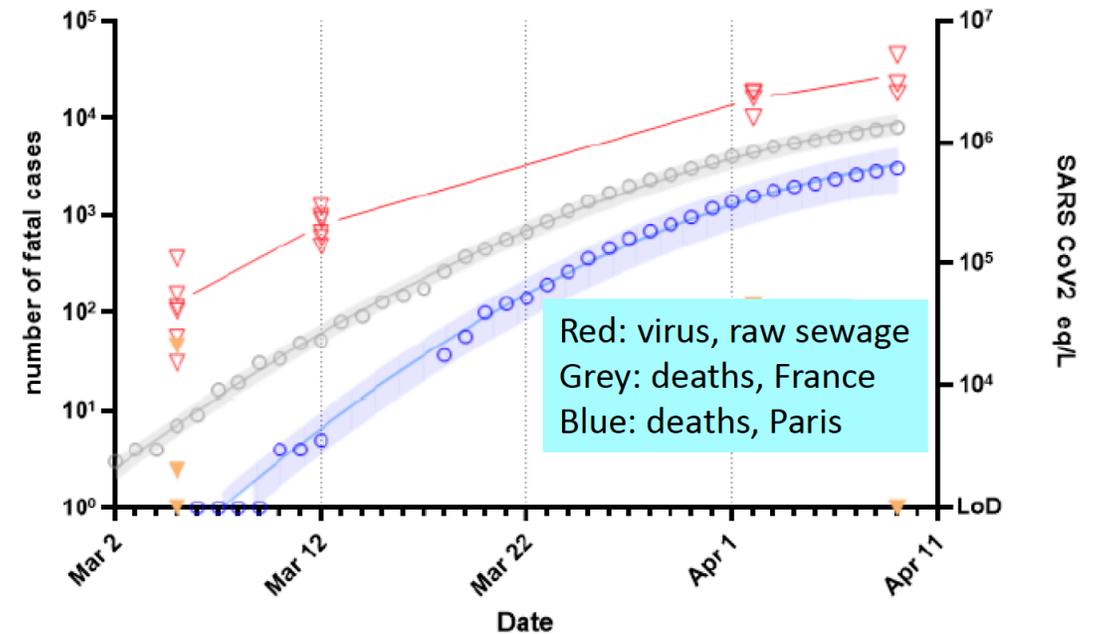
Prevalence analysis

- Goal: use data from random sample to estimate city-wide prevalence
- Beta-binomial model incorporating testing data with prior expectation
- Repeated the analysis with both an informative and a noninformative prior
- Look at both individual and household levels
- Considered impact of test sensitivity



Tracking Coronavirus in Municipal Wastewater

- SARS-CoV2 virus RNA concentrations in sewage and stormwater correlates with community's aggregate COVID-19 infection
- Use spatial sampling within a sewer system network to isolate the location of COVID-19 hotspots within a given community
- Use wastewater virus load signal as an early alert to identify localized "spikes"



Implications and next steps

- TRACE found a **low prevalence of the virus on the dates sampled in Corvallis (Apr 25-26, May 2-3, 9-10) and Bend (May 30); however...**
 - ‘Low or zero positive results’ do ***not*** mean ‘zero prevalence’
 - E.g., if the prevalence is low, and cases still exist, this likely suggests hot spots
 - We now have an invaluable community prevalence baseline from which to evaluate change as a result of reopening
- TRACE provides the potential for *agile* deployment to communities if epidemic surges (‘hot spots’) are identified (through clinical cases, wastewater testing, other sources)
- Potential future activities (*contingent on funding & county health department interest*):
 - Bend (repeat), Marion County (Salem)?, Eugene (in partnership with UO?)
 - Serology testing?
 - TRACE-OSU, to inform the reopening of the university

June 2020

Preventive Health & Health Services Block Grant (Block Grant) October 2020 – September 2021 Work Plan Proposal

Background

- Non-competitive grant issued to all states and territories to address state/territory determined public health priorities.
- The Public Health Advisory Board (PHAB) is designated as the Block Grant Advisory Committee which makes recommendations regarding the development and implementation of the work plan.
- Federal code states that a portion of the allocation (pre-determined) be used for rape prevention and victim services. This funding currently goes to the Oregon Coalition Against Domestic and Sexual Violence.
- Work plan must be tied to Healthy People 2020 objectives. Oregon has historically used the block grant to support infrastructure, including public health modernization. Healthy People 2020 objectives in the 2020-21 work plan:
 - Public health infrastructure (PHI-16. Increase the proportion of Tribal, State and local public health agencies that have implemented an agency-wide quality improvement process.)
 - Sexual Violence (IVP-40. Reduce sexual violence)

High Level Changes for 2020-21 Work Plan

- OHA proposes to remove the public health accreditation health objective that was included in previous years. The collaboration with the Coalition of Local Health Officials (CLHO) and federally-recognized Tribes to support ongoing learning and technical assistance continues but has been integrated into the Office of the State Public Health Director budget and operations and no longer needs support Block Grant support.
- With the removal of the public health accreditation health objective from the work plan, all work plan objectives are framed and included within the quality improvement plan objective. The following areas are some components of the OHA Public Health Division's overall quality improvement approach:
 - State health improvement plan implementation,
 - Public health modernization,
 - Technical assistance to Local Public Health Authorities (LPHAs) and federally-recognized Tribes, and
 - Tribal and LPHA intergovernmental agreement administration
- The proposed work plan will integrate the following throughout the objectives and activities:
 - Continuous quality improvement to support improvements in practices, processes and outcomes;
 - Health equity;
 - Tribal consultation and partnerships;
 - Partnership with LPHAs;
 - New, innovative partnerships; and
 - Workforce development to support all objectives.

- OHA currently has no other funding to support implementation of the State Health Improvement Plan (SHIP); thus, the agency recommends Block Grant funding that previously supported state and local public health accreditation be shifted to support SHIP implementation.

A Modern Public Health System

- Oregon's public health system is changing how it prevents disease and protects and promotes health. The COVID-19 pandemic and national focus on racism will continue to push Oregon's public health system toward a modern approach that focuses on health equity and continuous quality improvement.
- A modern public health system ensures critical public health protections are in place for every person in Oregon, that the public health system is prepared and has the right resources to address emerging health threats, and that the public health system is engaged daily to eliminate health disparities.
- To accomplish these objectives, foundational capabilities and expertise are needed within the public health system as defined in the [Public Health Modernization Manual](#). The following foundational capabilities and expertise are integral to the 2020-21 Block Grant work plan:
 - Health equity and cultural responsiveness,
 - Leadership and organizational competencies,
 - Policy and planning, and
 - Emergency Preparedness and Response.

Proposed October 2020 – September 2021 Work Plan

- Support SHIP implementation
 - Convene PartnerSHIP to oversee implementation.
 - Support community-based organizations for representation and participation on PartnerSHIP.
 - Provide grants for SHIP strategy implementation.
 - Maintain statewide SHIP implementation website.
- Implement statewide public health modernization plan
 - Tribal public health modernization assessment, planning and implementation training and technical assistance in partnership with the Northwest Portland Area Indian Health Board.
 - Ongoing public health modernization technical assistance to local public health authorities and federally-recognized tribes.
 - Align public health system practices, processes, policies and structures to support a modern public health system.
- Provide ongoing technical assistance to Local Public Health Authorities and federally-recognized Tribes
 - Provide COVID-19 response assistance to LPHAs and Tribes, including supporting collaboration/coordination between LPHAs, Tribes, OHA-funded community-based organizations and other state agencies.
 - Assist with public health statutory issues, program implementation concerns, delivery models, orientation for new local and tribal public health administrators and staff.
 - Coordinate on system policy issues with LPHAs and Tribes through the Conference of Local Public Health Officials and existing OHA Tribal consultation structures.

- Conduct performance management and contract administration activities to support continuous quality improvement within the public health system.
 - Implement triennial reviews of LPHAs.
 - Coordinate on funding issues with LPHAs and Tribes through the Conference of Local Public Health Officials and existing OHA Tribal consultation structures.
 - Provide technical assistance to OHA-Public Health Division programs that fund and/or work with LPHAs and/or Tribes.
- The Oregon Coalition Against Domestic and Sexual Violence (OCADSV) proposes to use Block Grant funds to:
 - Fund one to three local, culturally-specific organizations and/or Tribal sexual/domestic violence programs to build capacity for sexual violence primary prevention, implement sexual violence primary prevention programming.
 - Fund 0.8 FTE position to provide to funded and non-funded organizations online and in-person (as able) sexual violence primary prevention technical assistance and training including but not limited to:
 - Conduct three “Dismantling White Supremacy Culture in/as a Form of Primary Prevention” trainings in October through December with follow up meetings for attendees to continue and integrate learnings.
 - Plan and convene Prevention Summit in 2021.
 - Continue OCADSV prevention workgroup to disseminate best and promising practices and facilitate learning in the sexual violence primary prevention field.

Funding

- Total PHHS Block Grant funding for October 2020 through September 2021 is \$1,131,744 with \$85,660 designated for sexual assault prevention and services.
- Funding by Health Objective:
 - Quality improvement – \$1,027,136
 - Reduce sexual violence -- \$85,660
 - Indirect costs (capped at 10%) -- \$104,608
- Funding for OHA-PHD Staff:
 - 1.0 FTE Strategic Partnerships Lead
 - 2.0 FTE Public Health Systems Consultant
 - 1.0 FTE Strategic Initiatives Coordinator