

Public Health Advisory Board (PHAB)
March 19, 2020
Meeting Minutes

Attendance:

Board members present: Dr. Jeanne Savage, Dr. Eli Schwarz, Kelle Little, Dr. Bob Dannenhoffer, Dr. Dean Sidelinger, Alejandro Queral, Rebecca Tiel, Dr. Sarah Present, Dr. Veronica Irvin, Rachael Banks, Dr. David Bangsberg, Eva Rippeteau

Board members absent: Akiko Saito, Lillian Shirley (ex-officio), Teri Thalhofer, Muriel DeLaVergne-Brown, Carrie Brogitti

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

Members of the public: None

Welcome and Agenda Review

Rebecca Tiel

Ms. Tiel welcomed the P.HAB to the meeting.

- Approval of February 2020 Minutes

A quorum was present. Dr. Savage moved for approval of the February 19, 2020, meeting minutes. Mr. Queral seconded the move. The PHAB approved the meeting minutes unanimously.

- Debrief Action Items from February Retreat

Ms. Tiel remarked that the retreat gave the PHAB members a chance to think collectively about PHAB's goals and priorities, and to talk about operational changes the board can make to its meeting structure to support its work. One of those changes is reflected in today's agenda. At the end of today's meeting, the board will take some time to think about planning for its next agenda items. There will be an attempt to make things more interactive with the understanding that it is hard to do when the board meets remotely. The feedback was heard and it will be worked into the board's future agendas.

Ms. Tiel added that in terms of the priorities the board identified at the retreat, board members voiced support for establishing a commitment to leading with race to achieve racial health equity. In addition, the board talked about different strategies around community engagement, co-creation, power-sharing, leveraging opportunities with health system partners to address



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social determinants of health, and other community priorities. With that in mind, the PHAB will review the board's 2020 workplan during the meeting in April.

Ms. Rippeteau stated that she missed the retreat due to a budget conversation that didn't happen. She wanted to abstain from approving the February meeting minutes, because she wasn't there.

Dr. Schwarz congratulated the board for the retreat. There is something about a retreat, especially when it is well facilitated, that is useful compared to a regular meeting. He asked what the process for the workplan would be like. Are the board members going to think about it over the next month, or the plan will be done centrally and sent out to the PHAB?

Ms. Biddlecom answered that the OHA team drafted a workplan based on the retreat. Due to other current pressures on public health, the workplan was not prioritized for the shorter PHAB meeting. The board needs to look at it and ensure that it reflects the conversation from the retreat and prioritizes appropriately. The OHA team already has a document for the board. It can be sent out so that the board members can look at it in between meetings and provide additional thoughts. Board members can reach out directly to her.

Officer Positions

Cara Biddlecom

Ms. Biddlecom reminded the PHAB that, according to the bylaws, the PHAB chair was elected for two years. Ms. Tiel has been in her position for two years. It is time to reup the chair. Each chair position can be reupped one time. Voting can be done via videoconferencing, but the board cannot do a non-public ballot procedure. The board needs to meet on the phone or via videoconference and have a quorum.

Dr. Schwarz noted that he attended a board meeting yesterday and the board voted on individuals by texting the chair to a phone number. That seemed to be acceptable.

Ms. Biddlecom explained that the PHAB must follow public meeting laws, so that the individual votes were transparent.

Ms. Banks pointed out that in terms of the emergency declarations, Multnomah County had suspensions of public meeting laws wrapped in with the emergency declarations. She wondered if OHA had something similar in the Governor's order.

Ms. Biddlecom responded that she would ask OHA's attorney. She was not sure if OHA had specifically addressed the suspension of public meeting rules.

Ms. Rippeteau added that at her organization, they vote in public meetings via Zoom.



Ms. Biddlecom shared that in the spirit of public meetings, the PHAB received additional advice from a public meeting attorney with the Department of Justice. The board can't continue to operate having a chair and co-chair the way it has had them. Both Ms. Brogoitti and Ms. Tiel have been planning meetings and have been on conference calls to discuss agendas. The board needs to centralize that into the chair position. The board will have one chair for the PHAB. If that person cannot participate in a meeting, the board members will solicit someone else who is able to chair the meeting and facilitate it. There will be one chair in the next term.

Dr. Dannenhoffer recommended that until the PHAB had a formal vote, the current PHAB chair continued.

Oregon's COVID-19 Response

Dr. Dean Sidelinger

Ms. Tiel remarked that her work at the Oregon Association of Hospitals and Health Systems (OAHHS) had been intense with COVID-19 response over the last two weeks. OAHHS has been in contact with colleagues in Washington state and the experiences there has been very sobering.

Dr. Sidelinger informed the PHAB that OHA activated its agency operations center (AOC) in mid-January in response to requests around repatriation. The level of activity and frenzy has picked up over the last two weeks. The current situation in Oregon:

- 88 confirmed cases of COVID-19; 3 deaths
- 437 people under investigation with pending test results
- 1329 people under investigation, who had negative results

Dr. Sidelinger explained that the public health lab was certified to do testing on February 28, 2020. The first identified case was discovered in the first run of tests. Commercial lab testing is up and running and OHA has been receiving results from the commercial labs since March 16, 2020. It is expected the testing results and positive testing results to increase significantly in the coming days and weeks. The people who tested positive are just the tip of the iceberg. Oregon might be two weeks behind the state of Washington, based on the first cases in each state. In modeling, OHA is working with Multnomah County, OHSU, research and scientists from hospital systems, and several modelers across the county and internationally. The Institute for Disease Modeling in Bellevue, Washington, has been very helpful.

Dr. Sidelinger added that OHA had a couple of different models that it was trying to coalesce, based on best assumptions that are coming out from other countries and across the U.S., and building on the data that we have from Oregon and Washington, to try to predict where Oregon is going. Some of those models, particularly out of OHSU, have shown that by April 11, 2020, we might have a need for around 1,000 hospital beds in Oregon, with 400 of those being ICU beds.

The slope of the curve at this point is still going up and we don't know where it will end. That model didn't take into account the community mitigation measures that we have in place in Oregon.

Dr. Sidelinger stated that Governor Kate Brown had issued several emergency orders. OHA has had guidance around community mitigation and non-pharmaceutical intervention measures over the last two weeks. Many of the measures in Oregon were set in place around the same time measures were set in place in Washington. It is believed that Oregon is a bit ahead of Washington because the epidemic in Washington was ahead of the epidemic in Oregon. The initial emergency orders focused on large gatherings and encouraging people to telework, reinforcing the message from CDC that older adults and people with underlying medical conditions should stay at home as much as possible.

Dr. Sidelinger noted that school closure was required by the Governor. The first order included restaurant closures and going to take-out only. Since then the school closures have been extended. Institutes of higher education, such as the state colleges and universities, as well as private colleges and universities, are required to go to online learning only, with certain rare exceptions, keeping some resident halls and food service open for those who don't have other options for housing and food.

Dr. Sidelinger added that there would be orders for canceling elective surgeries to help free up PPE (Personal Protective Equipment), as well as facilities and personnel to address people who were ill. It is anticipated that those emergency orders will continue to come. They are done in consultation with OHA, partners, and local public health authorities. Neither public health nor the Governor's office took lightly the community mitigation measures that are in place. It is recognized that the economic impacts are huge and particularly the equity piece of those impacts are huge. Low-wage workers and smaller business will be impacted the most. The impact will be lesser on large businesses and salaried workers who have a higher income and have savings or other things to fall back on, or access to other income during this time.

Dr. Sidelinger pointed out that Governor Brown had stepped up an economic taskforce that would help look at options and resources that could be brought to bear to try to blunt some of that impact. Governor Brown stood up a joint taskforce on healthcare system capacity that began meeting on March 18. Some of the work that was done in the Portland metro area by the hospital systems coming together formed some of the basis for this, as well as the crisis care guidelines that were developed about a decade ago by OHA, local public health, and the hospital systems. Working on three fronts simultaneously, the EMS system is looking at:

- The pre-hospital system of care and what are the impacts there and whether the need is going to be in that system.
- The hospital and in-patient infrastructure for people who need to be hospitalized, including those who need ICU care and ventilators and how we can increase that capacity.

- A long-term care step-down category, and whether we can create capacity so that we can differ people who are presenting to hospitals and don't need hospitalization, but perhaps need higher level of care than they would get at home, and can we find a way to discharge patients who no longer need the higher level of care offered in the hospital to this setting.

Dr. Sidelinger remarked that those committees and subcommittees started meeting on March 18. Early recommendations and plans for action are expected to come out early next week. A lot of planning is needed to get things in place before the surge arrives. It is hoped that social distancing will blunt the peak and spread the epidemiological curve, so that the system can handle the influx of cases as they come in. Another piece of system capacity that is going online on March 20 is the Oregon Medical Station, which will create a 250-bed step-down facility in Salem that can serve to keep some people from being admitted to the state hospital.

Dr. Sidelinger added that other things that were being monitored included the state's ED (emergency department) capacity. Overall ED visits are down slightly over the last two weeks. While the percentage of COVID-19 or COVID-19-like illness visits are a very small part of that, there is a dramatic increase in presentations for COVID-19-like illness or COVID-19, which have been the chief complaints since the beginning of March.

Dr. Sidelinger noted that personal protective equipment (PPE) was on everyone's mind. OHA is aware that there are shortages in the supply chain, both in Oregon and across the nation. Many of the healthcare providers and partners in the community are running critically low on PPE. OHA has released much of the material from the state of Oregon cache. Those requests come from healthcare providers to local public health and are funneled up to state public health for fulfillment. The state is currently only able to fill urgent needs based on the equipment the state has left. There was a request to release material from the strategic national stockpile (SNS) and 10% of that request came in last week. Fifteen percent more is expected to come in. Governor Brown will issue an executive order later today for conserving whatever PPE providers currently have and look for PPE in other settings, whether it's dental, veterinary, or other industries that could be used in a healthcare setting.

Dr. Sidelinger informed that PHAB that the initial response by the local public health partners and OHA's public health focused on returning travelers from China, with home quarantine for those without symptoms and isolation of those with symptoms while testing was performed. That quickly was subsumed by additional persons under investigation who were identified through community spread without links to those cases. During that time, the state received returning passengers from cruise ships, who required significant amount of work, both to repatriate them to Oregon as well as monitor them on behalf of the local public health partners.

Dr. Sidelinger clarified that the response had been led by OHA since the middle of January, because most of the situation focused on the public health response, as well as healthcare. As the situation has progressed, there are many impacts beyond what the OHA or the healthcare partners can do, such as things about childcare for healthcare workers and others with essential functions and working with schools and ensuring that they can get meals out. Now we are part of a structure with the Emergency Command Center (ECC) in Salem that brings together all state agencies and partners together. ECC is taking many of those emergency support functions that are not healthcare related in that venue and ensures that we work in a coordinated fashion.

Dr. Savage asked about the news that one of the buildings on the waterfront might be open as a homeless shelter or possibly to get homeless people who had been diagnosed in the housing.

Dr. Sidelinger answered that he didn't know that specific building and that specific situation. Having facilities for those who are houseless is a key need that was identified early. The Portland metro area partners in public health, along with social services, have had a lead on that front, because that's where the biggest population is. OHA is trying to adopt many of the documents and plans they have in place for other parts of the state and developing a plan. In addition to the taskforces about building healthcare capacity, we know that identifying housing for those impacted by this, who are either returning to a group or congregate setting, where we don't want to put them back while they are infectious, or for those who don't have a house to go to, to try to identify hotels and other locations for them to go to is a key part of this response.

Dr. Savage thought that it was a building that somebody owned and they thought about transitioning it into a big facility, where a lot of people could be housed.

Ms. Rippeteau shared that she saw a news release last night on Charles Jordan, a community center in North Portland, that was making spaces for shelter beds and provide for safer distances between beds. That is being staffed by existing social service agency people, like transition projects. The big facility Dr. Savage might be thinking is Wapato, which is in North Portland, out near Kelley Point Park.

Ms. Banks remarked that the areas Multnomah County had been looking at for sheltering people were community centers like Charles Jordan. Wapato has been raised, but it hasn't been considered locally for a variety of reasons.

Dr. Schwarz pointed out that in a crisis like this, one thing that didn't go away was toothaches, abscesses, and other oral infections. With all dental clinics winding down, he was wondering if dental care was discussed. He met with the Dean of the OHSU School of Dentistry this morning. The school is planning to establish an emergency reception in one of the clinic areas, where

they can safely clean teeth. He wondered if OHA had an official connection with the dental world.

Dr. Sidelinger answered that OHA invited a representative from the Dental Society to participate in the Joint Taskforce meetings for several reasons: (a) knowing that there would be a large request on dental offices to postpone procedures that aren't urgent or emergent, (b) knowing that they are trained healthcare workforce, both the dentists and their staff, who might be able to assist in some of the lower levels of care. They were invited, but their participation is unknown. He will follow up. We need to keep some capacity to meet those urgent and emergent needs that will continue to exist in the dental community.

Dr. Schwarz asked if Dr. Sidelinger would like him to make an email introduction to the Dean of OHSU School of Dentistry, so that Dr. Sidelinger and Dr. Marucha could talk directly.

Dr. Sidelinger agreed and added that he would forward the contact to the people who arranged the taskforce.

Dr. Dannenhoffer reminded Dr. Sidelinger that he sent him a long note yesterday and asked if they could set up a time for discussion, because an answer was needed today.

Dr. Sidelinger answered that he could link him with Lori Coyner or one of her staff.

Dr. Dannenhoffer stated that there were two questions: one was about EMTALA (Emergency Medical Treatment & Labor Act) and the second was about the misinterpretation of the CT study. Lori Coyner is not going to know that. Who interpreted the study for Pat Allen?

Dr. Sidelinger answered that he talked to Pat Allen about CT studies as a diagnostic tool, not as something OHA would recommend when we have a very good RNA test.

Dr. Dannenhoffer explained that RNA was not a very good test. In fact, it is a terrible test that is not particularly sensitive and it's slow, while CT is incredibly sensitive and very fast. The note he saw from Pat Allen was as if he read the study and transposed it exactly backwards.

Dr. Sidelinger answered that if a provider wanted to order a CT scan, OHA was not going to step in the way, but OHA recommended testing for the virus as a way of identifying it.

Ms. Rippeteau stated that this was a time where she got to bring up a workforce issue that was broader than the direct public health workforce. We have a lot of social services agencies that are providing direct care for the unhoused, as well as behavioral health, who might not be considered emergency medical, but who don't have a lot of available paid sick time, or resources to help them stay home when they are sick, or maintain financial stability.

Ms. Rippeteau added that the American Federation of State, County and Municipal Employees (AFSCME) was working with these agencies to provide for these assurances that keep workforce safe, and also the people they are working with safe, should a worker become ill, and that they feel protected to take the time that they need to stay home and not spread illnesses. Public health, in general, has been really great about encouraging people to stay home when they are ill, but maybe if we could also have a message that says that employers should be working with partners to figure out ways to help pay for people to stay home. That would be helpful as well.

Dr. Sidelinger answered that OHA Public Health recommended that, recognizing that it was a burden and a barrier for some people to stay home if they didn't have that. The federal bill that passed has gaping holes in it, with huge amounts of exempted employers. The elected officials in Oregon have been concerned about this. It is unknown if they have a plan for it. Discussions will continue about ensuring people have the sick leave they need. In Oregon, employees are lucky. They have more paid sick leave than employees in many other states, but still not adequate for all the workforce to get through this crisis.

Ms. Rippeteau thanked OHA for working with the Early Learning Division and the Office of Childcare to help get guidance to childcare providers who needed to stay open to help provide care for those who were still working.

Dr. Present remarked that there were a lot of groups meeting on a lot of different things, including taskforces and multiagency coordinating groups for prioritization of supplies. She asked if OHA had any questions that the PHAB members could help with. She also requested more information about interactions with schools of public health. She asked if there was research that public health students could review while they were at home.

Dr. Sidelinger answered that students could help OHA keep up with the literature and provide summaries of what changes day by day. OHA has a contract with OHSU School of Public Health, so that faculty and students who can assist OHA and its public health authority partners can be identified, as needed in this response. That will help to extend the public health workforce. OHA is very grateful to Dr. Bangsberg and his team.

Dr. Bangsberg stated that the School of Public Health was really pleased to hear from OHA and offer assistance in terms of surge capacity and provide any research expertise that was needed. The School of Public Health was able to push the contract through OHSU within 24 hours, which is a record. He was in contact with Ms. Biddlecom 2-3 times a week, if not every day, to see how the OHSU School of Public Health can help.

Ms. Biddlecom noted that Dr. Savage was serving on the Medical Advisory Group and helping OHA to get a broader perspective on some of the guidance that OHA was putting out. That group is also helping to share information, because the situation is changing very quickly. Having all those points of contact with each one of the PHAB members is extremely important

for OHA to make sure information gets out, and that the needs that board members are seeing and needing on the local level are communicated back to OHA, so that OHA can help with their fulfillment. She thanked the PHAB members for the work they were already doing and were going to continue doing, and for stepping up as leaders.

Dr. Irvin shared that if other counties had a need for interns or graduate students to help with data or do literature searches, they could reach out to her and she would connect them to people on the Oregon State University campus. Certain students would be interested in helping out. There are pathways for exchange in credit hours.

Dr. Sidelinger thanked Dr. Irvin. He added that if PHAB members thought of things that OHA could task some of the students to do, whether it was through a formal contract like the one OHA's public health partners needed or some other assistance, OHA could get them funneled and try to see if the public health system could utilize that workforce to get them done.

Ms. Tiel thanked the board members for their updates.

Public Comment

Ms. Tiel pointed out that public comment would be kept to two minutes per person. She instructed members of the public on the phone who wanted to provide public comment to state their name and organization, if applicable.

A hair salon owner commented that many salons were closing and asked if OHA handled hair salon closures and if some advice could be provided.

Dr. Sidelinger answered that hair salons were not covered in the Governor's orders. From a public health perspective, OHA encouraged social distancing of everyone (i.e., trying to remain at least 6 feet apart). In gatherings, the distance can go down to 3 feet based on droplet spread. The work of salon workers and workers in many other industries requires, by definition, close contact. He encouraged workers to stay at home if they were sick and ask clients to stay home if they were sick or had symptoms and not come in the salon. There is transmission even when people don't have symptoms. Studies show that the transmission is higher with symptoms. Cleaning the environmental surfaces, commonly touched items on the chairs, railings, and cash registers more frequently could help to limit the spread of disease in that setting. The recommendation to close isn't there but trying to do things to protect the clients and the staff would be the best way to operate safely.

Linda Rose, a woman aged over 60, thanked OHA and the PHAB from the bottom of her heart for all the work they were doing.

Closing

Ms. Tiel thanked the PHAB members for using the Zoom platform. She reminded the board members that in one of the original meeting packets there was information about the State Health Improvement Plan. She encouraged the PHAB members to review it and, if they had any comments or questions, to provide them via email. It is unknown if the meeting in April will be on Zoom or in person. She adjourned the meeting at 2:50 p.m.

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

**April 16, 2020
2:00-5:00 p.m.
Public State Office Building
Room 177
800 NE Oregon Street
Portland, OR 97232**

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