

Public Health Advisory Council (PHAC)

Tuesday, April 13, 2021 • 5:30 – 7:30 p.m.

Zoom Meeting:

<https://us02web.zoom.us/j/7082128355>

Meeting ID: 708 212 8355

Phone: (253) 215-8782

www.co.washington.or.us/HHS/PublicHealth/phac.cfm



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AGENDA ITEM	DESIRED OUTCOMES	LEAD	TIME
Welcome	Welcome, introductions, review agenda, approve minutes from March meeting	Jennifer McElravey	5:30
Washington County Addictions Workgroup	<ul style="list-style-type: none">PHAC members receive an update on the work being done by the HHS Addictions workgroupPHAC members receive an update on the Community Addictions Treatment Center	Naomi Hunsaker	5:45
Syringe Exchange Report	<ul style="list-style-type: none">PHAC members receive an update on the Washington County Syringe Exchange program	Erin Parrish	6:20
COVID Vaccine Update	<ul style="list-style-type: none">PHAC members receive an update on vaccine planning and rollout	Carrie Beck	6:55
County Updates	<ul style="list-style-type: none">PHAC members receive an update on the current COVID situation in Washington CountyPHAC members receive an update on budget planning and legislative session	Tricia Mortell	7:10
Public Comment	<ul style="list-style-type: none">Community members can ask questions or provide comment during this time	Tricia Mortell and Alex Coleman	7:20
Closing		Jennifer McElravey	7:25

Next Meeting: May 11, 2021

Future PHAC Meetings:

- June 8, 2021
- No Meeting in July

Future Community Health Improvement Plan (CHIP) Subcommittee Meetings

If you are interested in attending any of these meetings, please email

vivianna_lindley@co.washington.or.us

Access to Care Wednesday April 21 st • 9 – 10am This meeting will be held via ZOOM. For information on accessing the meeting contact Alicia Lee (alicia_lee@co.washington.or.us)	Substance Use Prevention Collaborative This group meets quarterly, their next meeting will be held in June	Suicide Prevention Council Monday April 19 th • 1:00 – 3:00 This meeting will be held via ZOOM. For information on how to access the meeting contact Jenna Oh (jenna_oh@co.washington.or.us)
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Electronic information: www.co.washington.or.us/HHS/PublicHealth/phac-meetings.cfm

For assistance on the evening of the meeting contact:

Alex Coleman (971) 724-0089 or alex_coleman@co.washington.or.us

Public Health Advisory Council (PHAC)

Meeting Minutes

April 13, 2021



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ATTENDING: Jennifer McElravey, Dick Stenson, Tom Engle, Eileen Derr, Hemi Pariyani, Andrea Lara Silva, Leticia Vitela, David Eppelsheimer, Julie Scotland, Larysa Thomas, Robin Bousquet, Nafisa Fai, Sonja Ackman, Nicole Bowles

ABSENT:

STAFF: Tricia Mortell, Alex Coleman, Vivianna Lindley

GUEST PRESENTERS: Naomi Hunsaker, Erin Parrish, Carrie Beck

Welcome

Jennifer started the meeting with introductions and an ice breaker. Commissioner Fai was introduced and expressed her wholehearted support for Public Health work.

Approve March's Meeting Minutes

March's minutes were reviewed. Tom Engle motioned to approve the minutes. Eileen Derr seconded the motion. All in favor and none opposed. The motion was passed.

Washington County Addictions Workgroup

PHAC members received an update on the work being done by the HHS Addictions workgroup and on the Community Addictions Treatment Center. See PowerPoint for more information.

- OHA noted a 450% increase in overdose from prescription drugs
- Education increased to providers during wave two of overdose deaths
- Younger populations affected in wave two
- Older populations were cut off prescriptions in wave two causing an increase in non-prescription methods to manage pain
- Synthetic opioids cause death faster; if you had a shoebox full of fentanyl it would be enough to poison everyone in Oregon
- OHP has pretty good access to treatment for substance use disorders, but access to care gets difficult on private insurances
- On the positive side there has been an overall decrease of deaths from opioids since 2018
- Usually see an average of 23 opioid related emergency visits and 11 ambulance overdose calls for the Tri-County area
- OHA Prescribing and Drug Overdose Data Dashboard:
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspx>
- Starting to see stimulants becoming a more frequent component in fatalities
- Those who use substances are being affected disproportionately by COVID-19
- The CDC advised us in 2020 that synthetic opioids were increasing
- Substances are being distributed in ways that reach a lot of the younger community increasing the exposure and use of substances by youth
- Our Naloxone kits have 13 resources within it that can help recipients to get support for substance abuse

- Community partners have been a huge help in serving houseless communities for treatment and support during COVID
- A feasibility study is in process for the Center for Addictions Triage and Treatment
- A letter of support for CATT may be requested in the future from the PHAC

Comments

Virginia Garcia just installed MED areas at their clinics where unused prescriptions can be returned

Syringe Exchange Report

PHAC members received an update on the Washington County Syringe Exchange program.

- The program ramped up in 2018, we had a clinic already established in Beaverton, but with new funding we were able to expand to a Hillsboro clinic as well
- Worked to identify the needs in our community to hone the program's focus
- Exchange is a one for one plus. We try to give out the same number of syringes returned along with safe injection supplies (i.e.; sharps containers, alcohol wipes, cottons)
- Hoping with increased staffing capacity to safely re-open the Beaverton site soon
- Last year overlapped our syringe exchange with teams serving homeless encampments at Dairy Creek
- Worked closely with Project Homeless Connect to get supplies to people living in encampments
- Started doing data collection both to see who we are serving, and who we aren't to identify gaps in service that need to be filled
- Data also helps us know our clients to best serve their needs
- Kits of naloxone have two doses
- Having a symbiotic relationship with clients allows us to connect them with other resources that can help support their needs
- Many clients take multiple kits of naloxone (which is encouraged for first time clients) because it can take several doses of naloxone in some cases to reverse an overdose
- Will give naloxone to anyone who needs it, anyone can obtain it from the syringe exchange sites

COVID Vaccine Update

PHAC members received an update on vaccine planning and rollout.

- Breaking news that FDA and CDC recommended pausing the use of the Johnson and Johnson vaccine due to a rare but severe side effect of a certain blood clot in 6 women who received the vaccine, one of whom died. CDC statement: <https://www.fda.gov/news-events/press-announcements/joint-cdc-and-fda-statement-johnson-johnson-covid-19-vaccine>
- Advisory committee on immunization practices are meeting tomorrow for an emergency discussion about the Johnson & Johnson vaccine ****4/21/2021 Update – No decision has yet been made about the continued use of the J&J vaccine****
- Operations for scheduling homebound individuals using the J&J vaccine have halted until plans can be made to use one of the other available vaccines and plans for second visits can be made

- The vaccine team has been focusing on an equitable approach to our vaccine distribution and looking at data from Health Share of Oregon to inform this focus
- Have seen some populations lagging in vaccination
- We have mass vaccination sites which are allocated a percentage of our vaccines
- For a month now we have been partnering with Nike to host clinics
- More vaccine is going to retail pharmacies who have been playing a big role in vaccination
- Moving forward we plan to look for more steady locations for vaccinations
- A challenge is finding vaccinators (people to administer the shots)
- We need non-medical volunteers at vaccine clinics
- Kaiser and Providence are working to vaccinate their homebound patients and Tualatin Valley Fire and Rescue are working with us to help vaccinate this population as well
- Evaluating houseless shelters and camps and working to provide vaccination on site
- Working on how to best serve low income and senior housing populations
- Directing front line, migrant and agricultural workers to mass vaccination sites, but also have a wonderful partnership with Virginia Garcia to vaccinate these groups
- The most up to date information on scheduling is on our website in English and Spanish

County Updates

- Increasing case counts are a concern. We anticipate the cases to increase and the County will likely be placed back in high-risk (100 cases per 100,000 people) by next Friday 4/23. This will place more limitations on the community and businesses (<https://coronavirus.oregon.gov/Pages/living-with-covid-19.aspx#currentrisklevelbycountymap>)
- Commissioner Treece sends her well wishes to the PHAC!
- Jennifer will be providing testimony on behalf of the PHAC at the Ways and Means District 1 Road Show in support of Public Health Modernization Funding. Thank you Jennifer!
- Community Health Improvement Plan (CHIP) forum went very well, excited to start back into other public health work again
- Tricia is retiring in August!

Addictions Q&A:

Q: Are overdoses a mix of different base causes or are there significant reasons for overdose (like age, location, etc.)?

A: It is all over the board. There are no commonalities at this point.

Q: Who are the three states before us in substance abuse if we are 4th?

A: Not sure since the study was just released but will send the study out to PHAC.

(<https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019>)

Q: Do we know why our state is so much higher in overdoses than others? Are there identifiable causes for this?

A: The study reached out to treatment centers throughout the state and then broke it up by county. There are so many variables that there is no way to really separate them, but we can focus on the ways we can help people and increase our work in that area.

Q: How do clinics and pharmacies, or citizens get naloxone kits?

A: We are trying to send the message that everyone should have naloxone. It should be in every First Aid kit, but there has been trouble getting it out in the community. All ambulances should

have it, 911 should be called if needed. Most insurances do cover naloxone, but the prices vary. Pharmacies can prescribe anyone naloxone, and clients with OHP are 100% covered.

Q: Do we know what type of medication doctors are tweaking and prescribing less of?

A: It used to be just opioid medication, but we are encouraging them to include stimulants and they have started to take that into consideration. OHA does monitor prescriptions.

Syringe Exchange Q&A:

Q: Was HIV/HCV testing halted during COVID due to lack of capacity at labs? Or due to safety concerns around COVID protocols?

A: It was halted initially due to COVID protocols. Governor Brown issued an order in March 2020 that limited medical services to emergency only. It has also been affected by our capacity and that of our community-based organizations (CBOs) to provide these services since a lot of staff got pulled into COVID work.

Q: Is naloxone a generic antidote? Are there any side effects or risks to community members taking this on their own?

A: Naloxone can reverse an opioid overdose, but it does not harm an individual if they are not actually experiencing an overdose. It is safe to use in adults and children.

Q: You said it takes more than one dose to revive someone?

A: Yes, our kits have two doses in them, but in some cases, it can take more than two doses. The average need is two doses, but it can go pretty high.

Q: Do we know how well known the syringe exchange program is by not just users, but family members of those who may need the services?

A: We don't have data on how well known it is, but there are likely gaps in knowledge within the community and there are a lot of opportunities to get the information out. We also train everyone who receives naloxone how to use it and there are instructions in the kits. Outreach about this service is something included in Public Health modernization funding planning. It is a lack of resources to support this work, not a lack of effort. It is very challenging to find funding for naloxone because grants are very restrictive about spending money on it.

Vaccine & County Updates Q&A:

Q: Appointment making right now is tedious and difficult, is there work being done to make those appointments easier for everyone?

A: OHA is not investing in a state-wide system like New York. We do have a support line for people to make appointments if they do not have internet literacy: 1-833-907-3520. 211 has supports for this as well.

Q: Hearing that doctors are telling moms (pregnant and nursing) they should do what feels comfortable about the vaccine. Are we working to inform health care professionals on the information they should be providing?

A: We are communicating with them so they can share the best information with their patients. WIC is sending special invites via text to their clients to survey how many of them are willing to take the vaccine so we can educate and increase vaccination willingness in that population.

Q: Will restaurants go back to 25% capacity and how long will it take to evaluate our risk?

A: Yes, and it will likely be 4 weeks. We decided not to move counties back to extreme risk unless the hospital capacity becomes an issue. We are discussing what is possible regarding summer events.

Q: Are the variants having an impact on the rise in cases?

A: No, not at this point, but OHA is doing a data dashboard on variant cases and the numbers are still very small.

Closing

Next meeting May 11th.