



WORK SESSION

WASHINGTON COUNTY BOARD OF COMMISSIONERS

Session Date: February 03, 2022 **Length of Time Requested:** 60
Department(s): County Administrative Office
Presented by: Dorian Russell, Senior Program Administrator
Marie Boman-Davis, Public Health Division Manager
Kimberly Repp, Chief Epidemiologist
Mjere Simantel, Health and Human Services Interim Director

Title of Topic: COVID-19 Pandemic Projections and American Rescue Plan Act (ARPA) Considerations

ATTACHMENTS:

[Board Update Pandemic Projections Feb 03.2022 Final](#)
[ARPA Investment Area Table Final](#)

PURPOSE & DESIRED OUTCOME:

Understand the current reality and future projection scenarios of the COVID-19 pandemic. Provide foundational information for future conversations on Board ARPA priorities.

SUMMARY OF TOPIC:

This presentation can be considered "Part Two" of the February 1 ARPA Status Update presentation. Staff scientists will provide the Board with a critical frame of reference in current pandemic realities as well as the future scenarios scientists anticipate. This presentation will detail difficult pandemic realities as well as areas of optimism to inform the Board's future decisions on how to best meet community needs in pandemic response and recovery.



COVID-19 Pandemic Projections Update and American Rescue Plan Act (ARPA) Considerations

Washington County
Board of County Commissioners

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| February 3, 2022

Washington County Administrative Office

www.co.washington.or.us

Grounding

This presentation will build on what you know and are experiencing:
this is a difficult but important conversation.

Science continues to evolve.

We are in a learning environment.

**We are all experiencing
“pandemic fatigue.”**

**Even with the best models, our future
projections are limited.**

Presentation Summary



Background

Historical Oregon data, Omicron spread and impact

Current Questions

Current status and projections; living with COVID

Planning Considerations

Future recovery and preparedness

COVID-19: Nationally Notifiable Disease



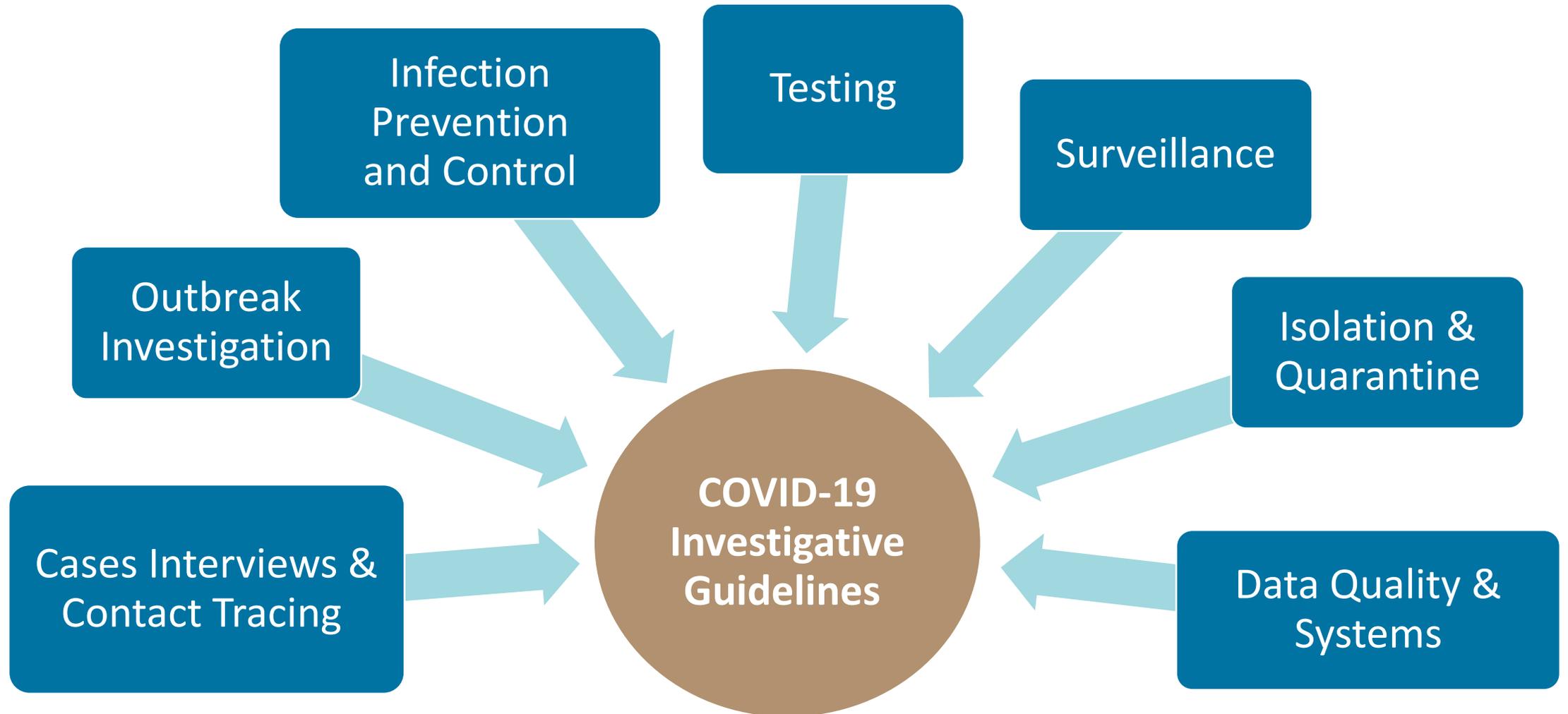
Oregon Administrative Rules Chapter 333
Communicable Disease Rules and Reporting

Oregon Disease Investigative
Guidelines

Local Public Health
Authority

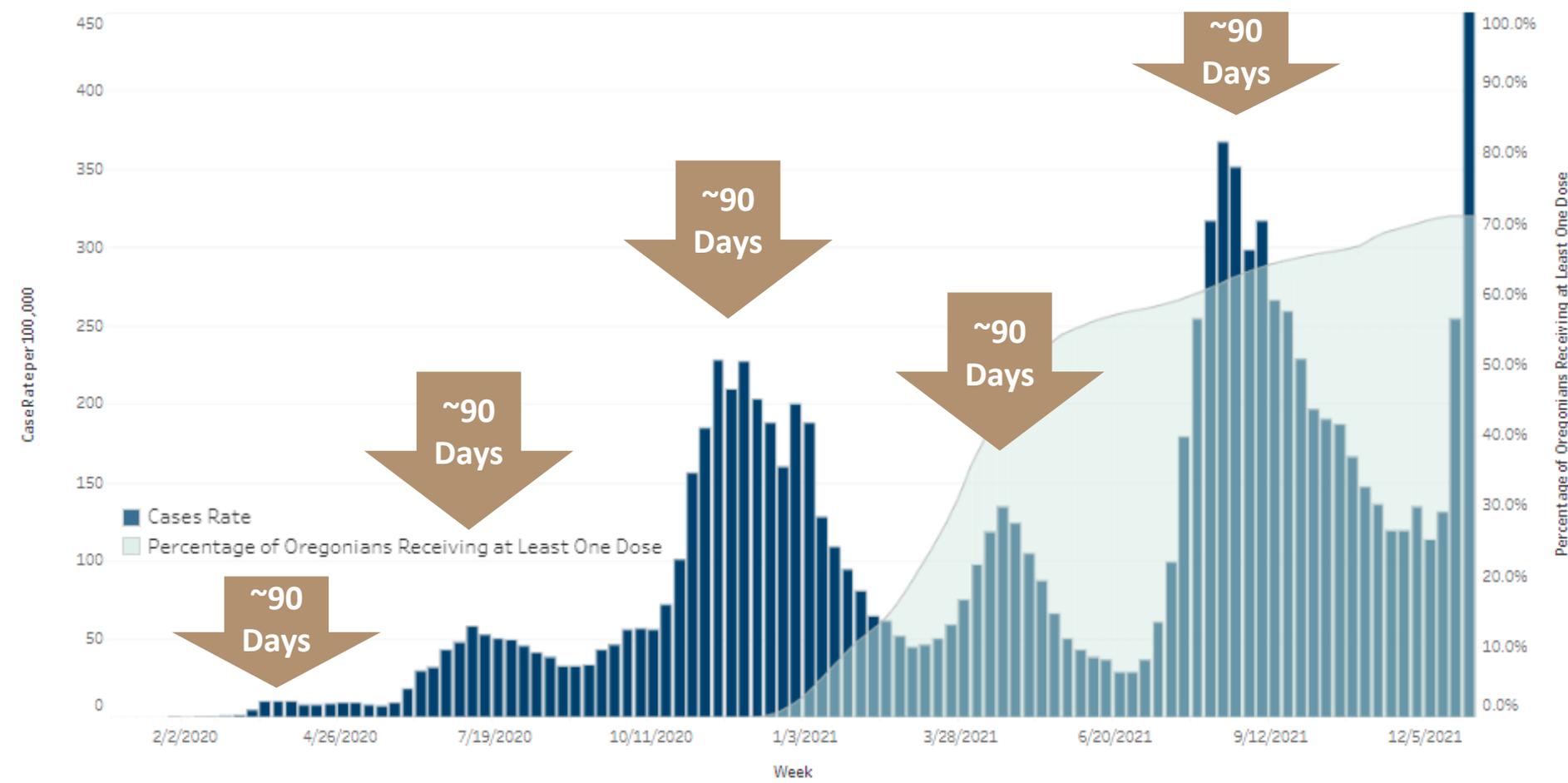
**Public Health
Division**

COVID-19 Investigative Guidelines



90 Day Cycles: Cases and Vaccination Rate Over Time

COVID-19 Case Rates and Percentage of Oregonians With at Least One Dose of a COVID-19 Vaccine Over Time



Source: Oregon Health Authority's COVID-19 Case and Vaccination Stories (1/10/22)

<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseandVaccinationStories/Statewide>

Spring and summer '21

- Increasing vaccination coverage
- Decreasing cases

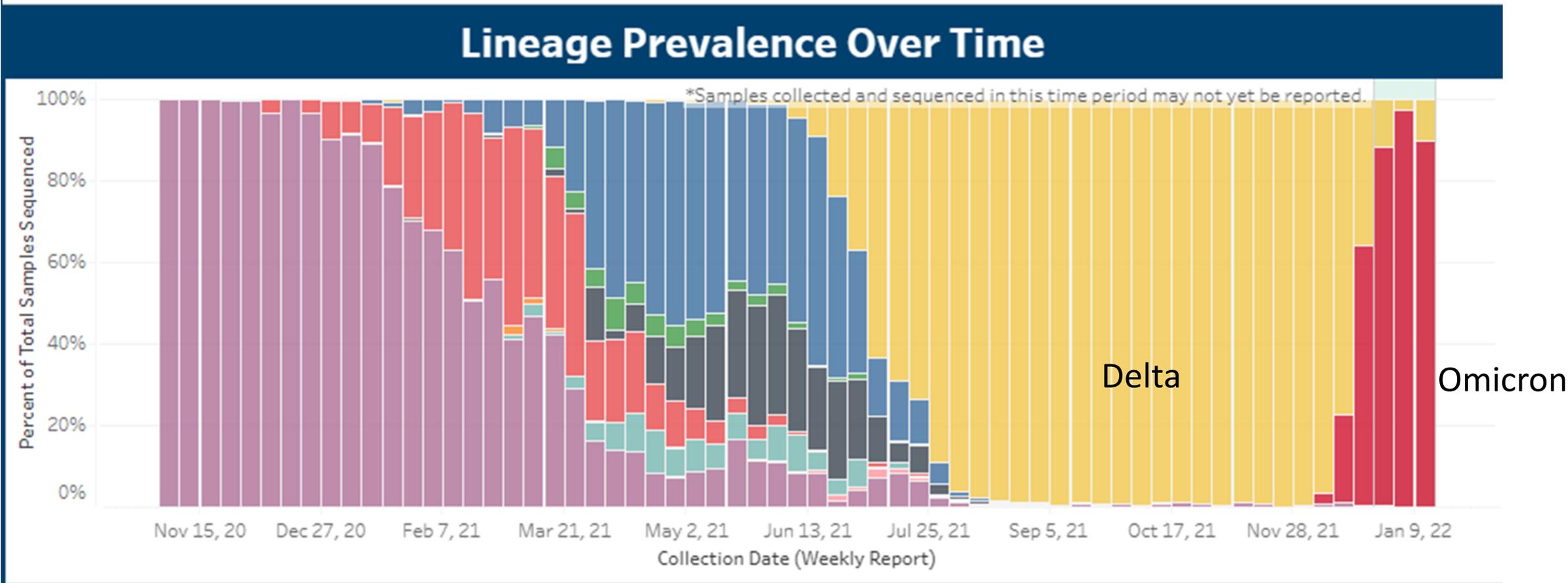
Delta variant

- 2x more transmissible than original strain
- Increase in cases

Omicron variant

- 6x more transmissible than Delta
- Breakthrough cases
- Increase in cases

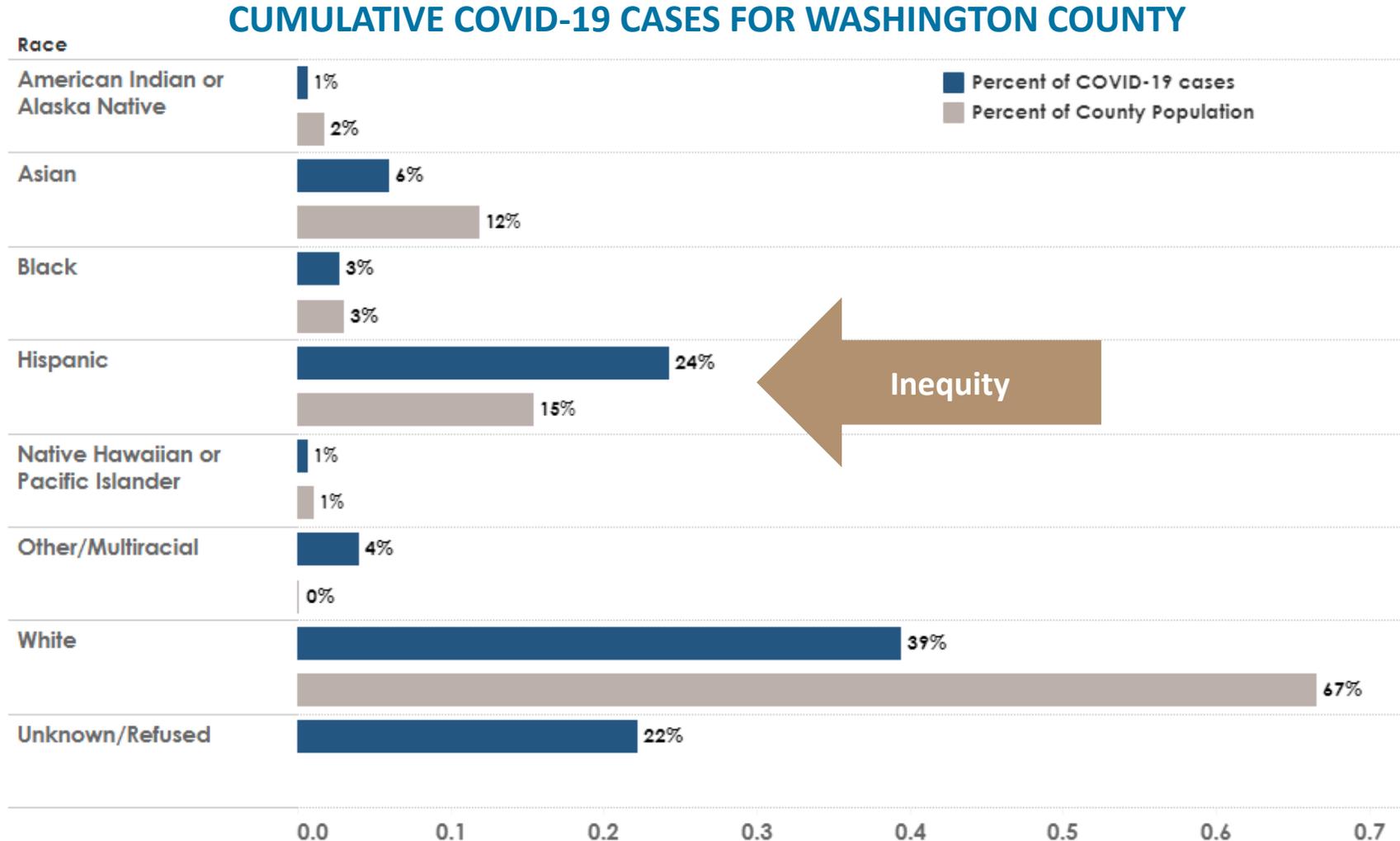
Behind the Cycles: Variants Over Time in Oregon



Source: Oregon Health Authority's COVID-19 Variant by Week (1/15/22)

<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/GISAIDVariantDashboardUpdated/LineagePrevalencevertime>

What we know across cycles: COVID cases disproportionately impact marginalized communities

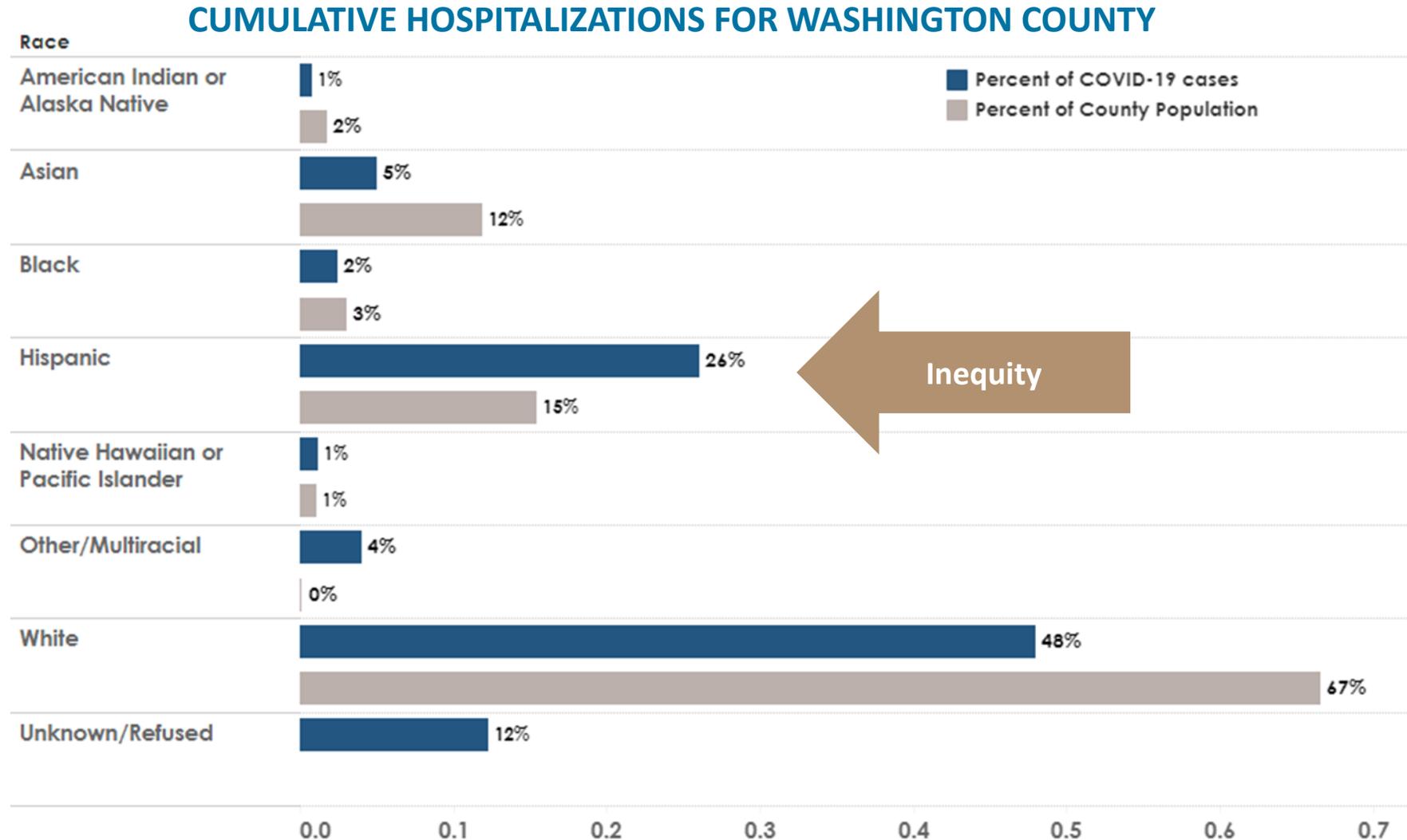


Source: Multnomah County Regional COVID-19 data dashboard (1/21/22)

<https://www.multco.us/novel-coronavirus-covid-19/regional-covid-19-data-dashboard>

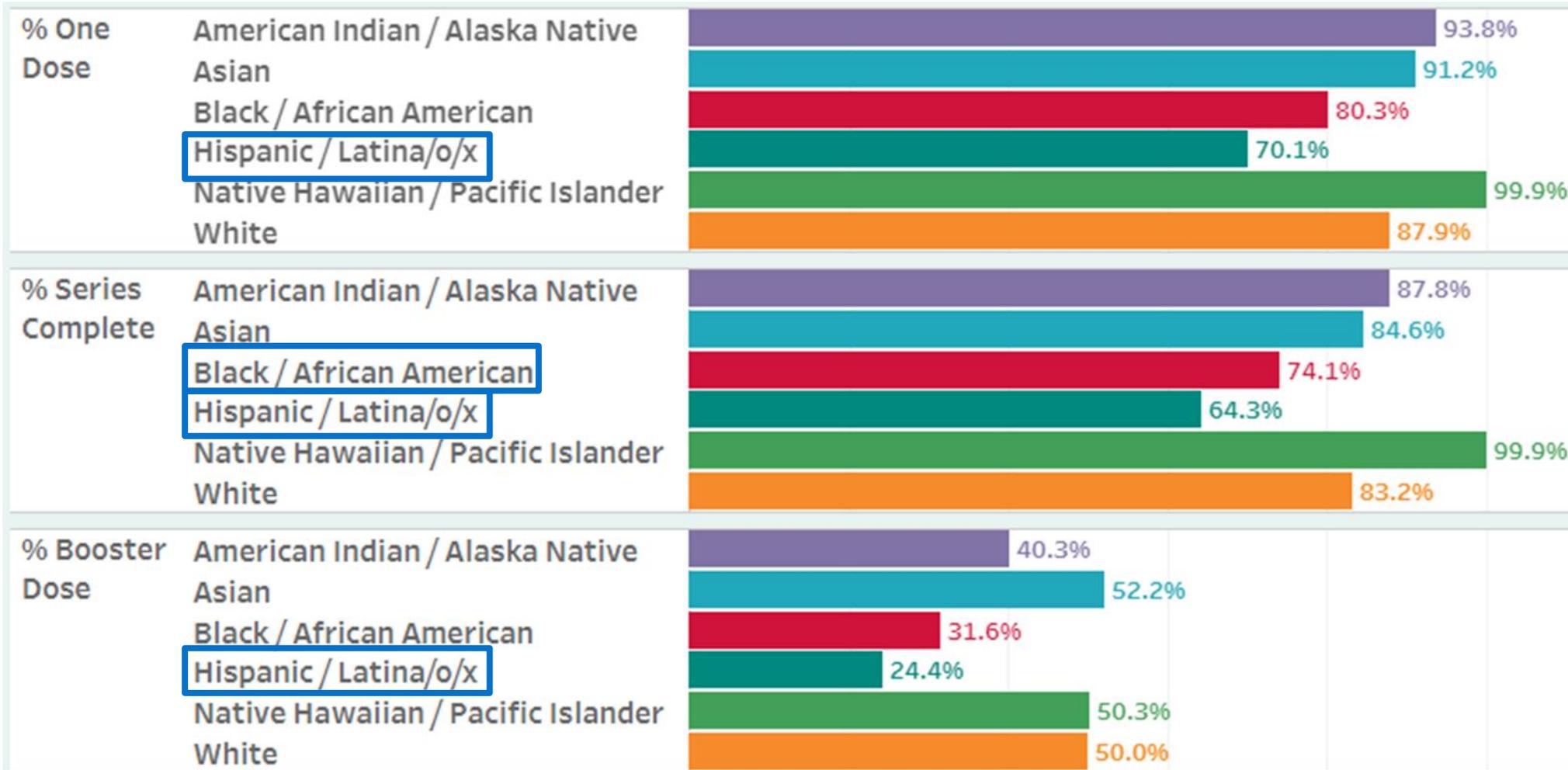
What we know across cycles:

Hospitalizations disproportionately occur in marginalized communities



What we know across cycles: Communities are not equally protected

VACCINATION IN WASHINGTON COUNTY



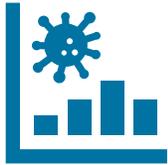
80%
Goal

Source: Oregon Health Authority COVID-19 Vaccination Metrics (1/21/22)

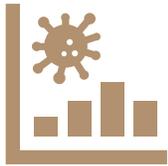
<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData>

As you already know from experience: COVID-19 will continue to cause negative social and economic impacts.

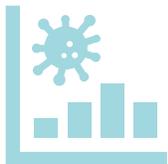
EXPERTS EXPECT:



Rapid spread of Omicron, surge in cases, surge in hospitalizations, and vaccine equity concerns



Overburdened health systems, underreporting of COVID cases, increased absences, exacerbated workforce challenges



A continued need to focus on vaccine, health, and economic equity

ADDRESSING COMMON QUESTIONS:

What is the status of the pandemic now?

What should we anticipate for 2022-23?

When will we start living with COVID-19?

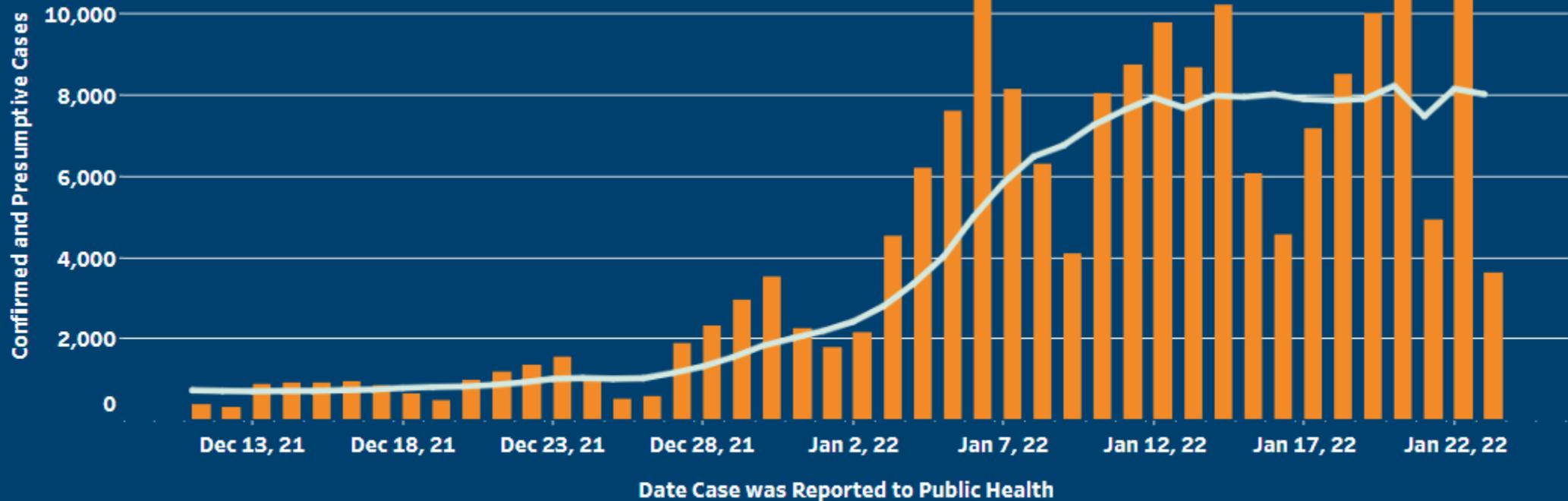
Pandemic Status: December 2021 and January 2022 Cases in Oregon

Statewide Numbers from 1/21/2022 to 1/23/2022

New Cases	7 Day Daily Average of Cases	Cases Per 100k in Previous 7 Days	COVID-19 Patients Hospitalized†	Tests Reported	Test Positivity	New Deaths
19,400 ▼	8,010	1,314	1,045 ▲	111,090	22.9%	17

Arrows indicate an increase or decrease from the previous day. †Hospitalization data from Oregon's Hospital Capacity Web System (HOSCAP).

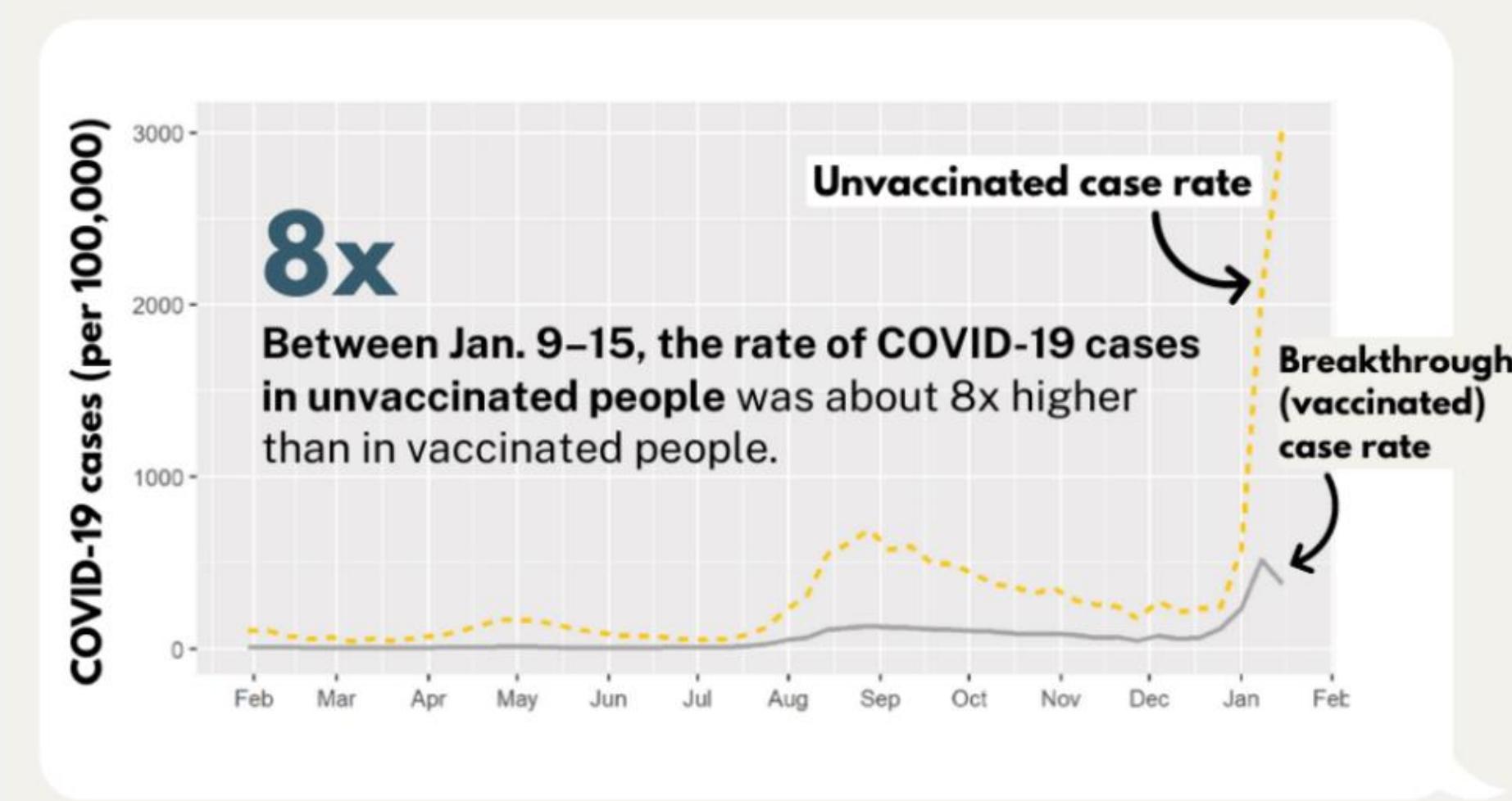
Daily Cases and 7 Day Moving Average over the Previous Six Weeks



Source: Oregon Health Authority's daily update on COVID-19 cases (1/24/22)

<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19Update/DailyDataUpdate>

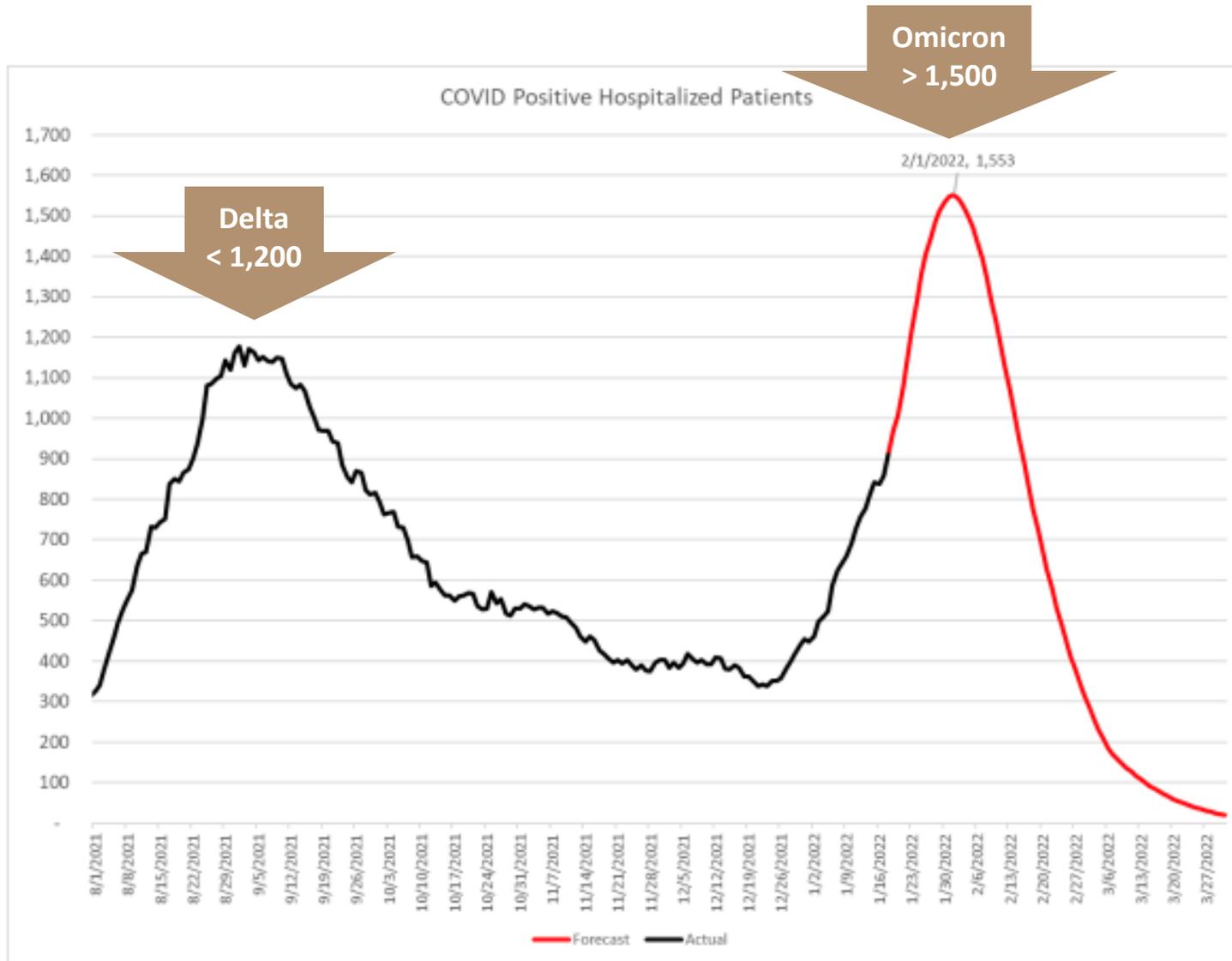
Pandemic Status: Oregon COVID-19 Cases by Vaccination Status



Data from the Jan. 20, 2022 COVID-19 Breakthrough Report.



Pandemic Status: OHSU Hospitalization Forecast 1/20/22



- Peak February 1st
- Record high hospitalizations
- Decreases end of February
- Downward curve may extend through March
- Does not account for new variants
- Projections updated weekly

What should we anticipate in 2022-23? Difficult news that builds on familiar challenges.



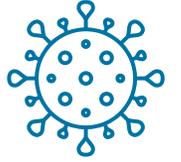
EXPERTS EXPECT:

 Increased **need to center equity** in response and recovery to prevent and address inequities

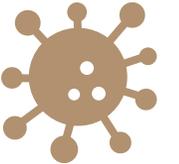
 We could have a **vaccine-evasive variant as early as March** – predictable due to global and U.S. pockets of unvaccinated populations and waning immunity.

 Continued **workforce and supply chain** problems.

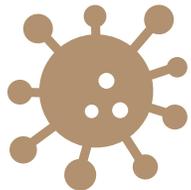
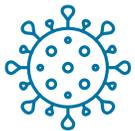
 **New treatments** and therapeutics



“If we are expecting a vaccine-evasive variant ...

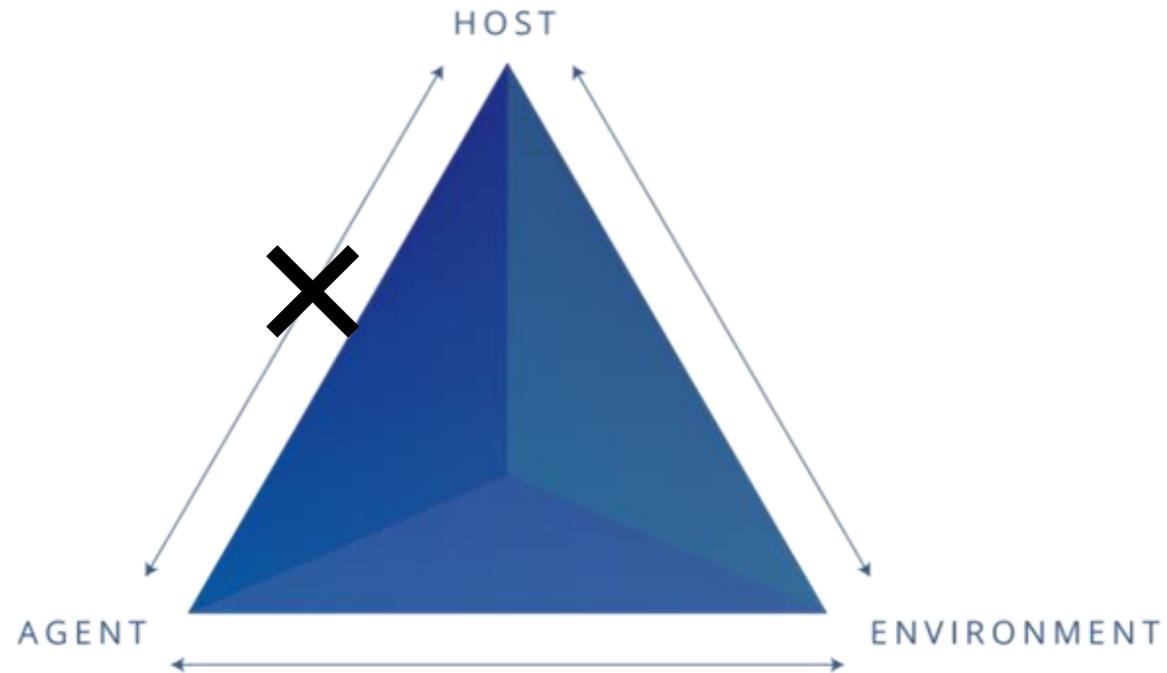


... what is the value of vaccination now?”



When can we start “living with COVID?”
When can we “treat COVID like the flu?”

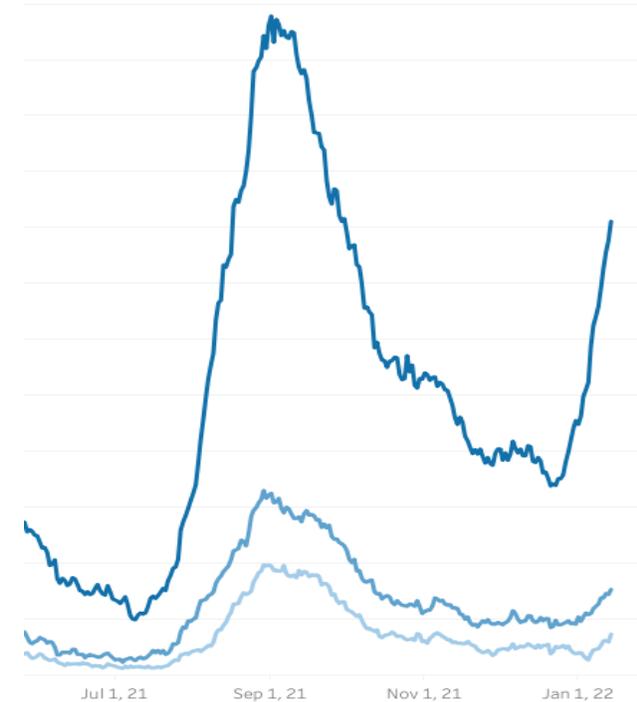
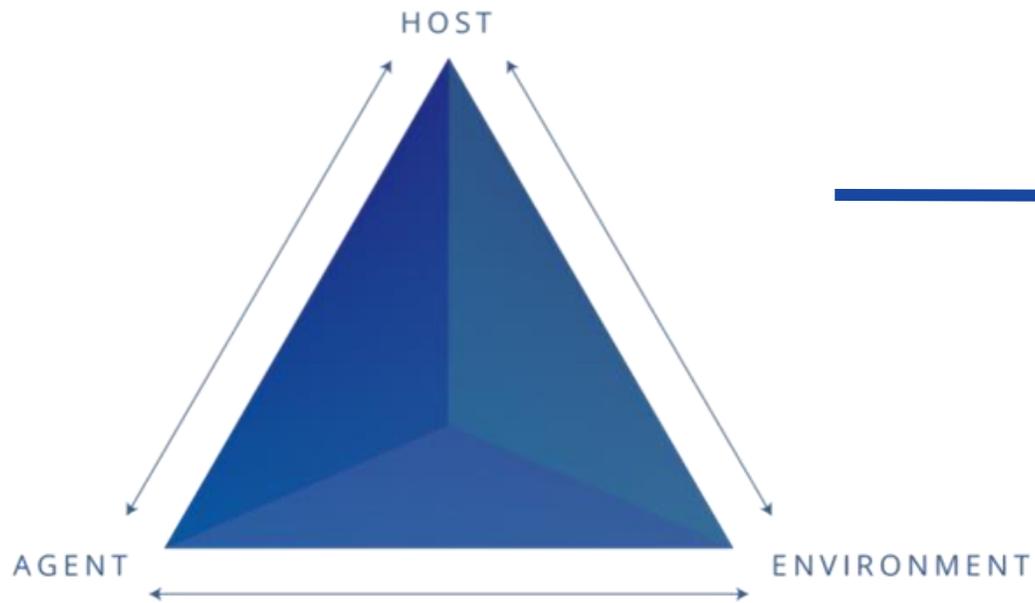
EPIDEMIOLOGIC TRIANGLE



When can we start “living with COVID?”

When can we “treat COVID like the flu?”

EPIDEMIOLOGIC TRIANGLE



Planning Considerations



We are operating in 90-Day Cycles

Impacts will vary – we are staying on top of modeling and monitoring

We have work to do in addressing disparities

The disease has disproportionate burdens on marginalized populations

New variants are coming

Our systems must be responsive and flexible, and proactively address inequities

What does this mean for our work?

1. The pandemic is not going away yet.

Our approach is to continue addressing household, economic, and community needs.

2. There will continue to be inequities.

We are increasing our commitment to addressing disproportionate pandemic impacts to marginalized communities through our work.

3. Challenging work continues for the horizon.

We are continually assessing pandemic realities to provide resilient and flexible operations.

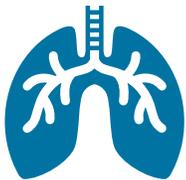


What does this all mean for ARPA?

For people: Continued need for investment: pandemic impacts to businesses, schools, communities, families and individuals.

For our services: Continue to follow tranche one framework values in protecting public health, equity, collaboration, resilience, and good governance. We are identifying continued needs for the Board.

For our tranche two investment planning: Forecast how far tranche one funds will carry existing response, community wellness, and economic investments. Identify Board priorities for tranche two framework.

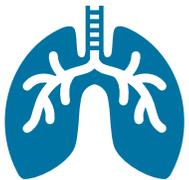


Next Steps

Continue to integrate learnings from pandemic projections in our ARPA investment planning by:

Fully understanding the most up to date science.

Having evidence-informed strategic conversations.





THANK YOU



Board of County Commissioners
Community based organizations

Service partners

Partner jurisdictions

ARPA programs staff

For your continued work in pandemic response and recovery
through thick and thin

Total Washington County ARPA SLFRF Tier 1 Allocation Amount			\$ 58,426,097
Principle	Program	Activity	ARPA Amount
Public Health Response <u>\$35,199,800</u>	Surviving Covid-19 \$31,554,100	Isolation and Quarantine Support	\$ 8,170,700
		Vaccination and Testing	\$ 4,178,900
		Contact Tracing	\$ 16,033,500
		Community Engagement and Education	\$ 3,171,000
	Meeting Basic Needs \$3,645,700	General Nutrition and Hygiene Support	\$ 496,000
		Program Administration and Staffing (External & Internal)	\$ 470,700
		Culturally Specific Nutrition and Information Support	\$ 1,929,000
		Migrant and Seasonal Farmworker Community Support	\$ 750,000
SUBTOTAL			\$ 35,199,800
Community Stabilization and Wellness <u>\$9,708,646</u>	Developing Holistic Wellness \$5,752,100	Childcare Support	\$ 2,840,000
		Behavioral Health	\$ 1,842,100
		Family Support	\$ 1,070,000
	Ensuring Shelter and Safety \$1,956,600	Encampment	\$ 1,956,600
	Household Relief \$2,000,000	Utility Assistance	\$ 2,000,000
SUBTOTAL			\$ 9,708,700
Stabilize and Support Local Economy <u>\$5,580,000</u>	Economic Recovery \$5,380,000	Business Recovery Centers	\$ 380,000
		Small Business Support	\$ 2,125,000
		Workforce Development	\$ 2,875,000
	Investment Planning \$200,000	Broadband Infrastructure Study	\$ 125,000
		Other Investment Planning	\$ 75,000
		SUBTOTAL	
Tier 1 Community Engagement <u>\$1,000,000</u>	Communications \$235,000	Accessible Communications	\$ 235,000
	Inclusion, Equity, and Diversity \$765,000	Building Community Capacity	\$ 465,000
		Advancing Data Equity	\$ 300,000
SUBTOTAL			\$ 1,000,000
Continuity of Operations <u>\$4,240,000</u>	Programmatic Coordination & Support \$4,240,000	Additional Facilities Cost	\$ 560,000
		Additional Information and Technology cost	\$ 500,000
		Additional Required Communication for ARPA and Covid-19	\$ 280,000
		Programmatic Administrative and Programmatic Support	\$ 2,900,000
SUBTOTAL			\$ 4,240,000
GRAND TOTAL REQUEST			\$ 55,728,500
Contingency			\$ 2,697,597.00