

**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 Administrato Marie Boman-Davis, Public Health Division N Kimberly Repp, Chief Epidemiologist Mjere Simantel, Health and Human Services	lanager	
Title of Topic:	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

**Dorian Russell**, MS, ARPA Senior Program Coordinator, County Administrative Office

Marie Boman-Davis, PhD, MPH, MCHES Public Health Division Manager, Local Public Health Administrator

**Kimberly Repp**, PhD, MPH, Chief Epidemiologist, Program Supervisor, Research Analytics Informatics and Data



### February 3, 2022

## Washington County Administrative Office

www.co.washington.or.us

# Grounding

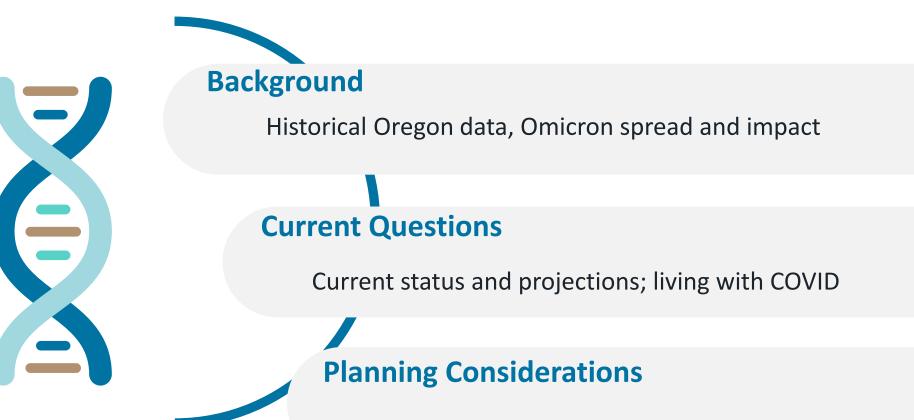
This presentation will build on what you know and are experiencing: this is a difficult but important conversation.

### 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**



Future recovery and preparedness

## **COVID-19: Nationally Notifiable Disease**

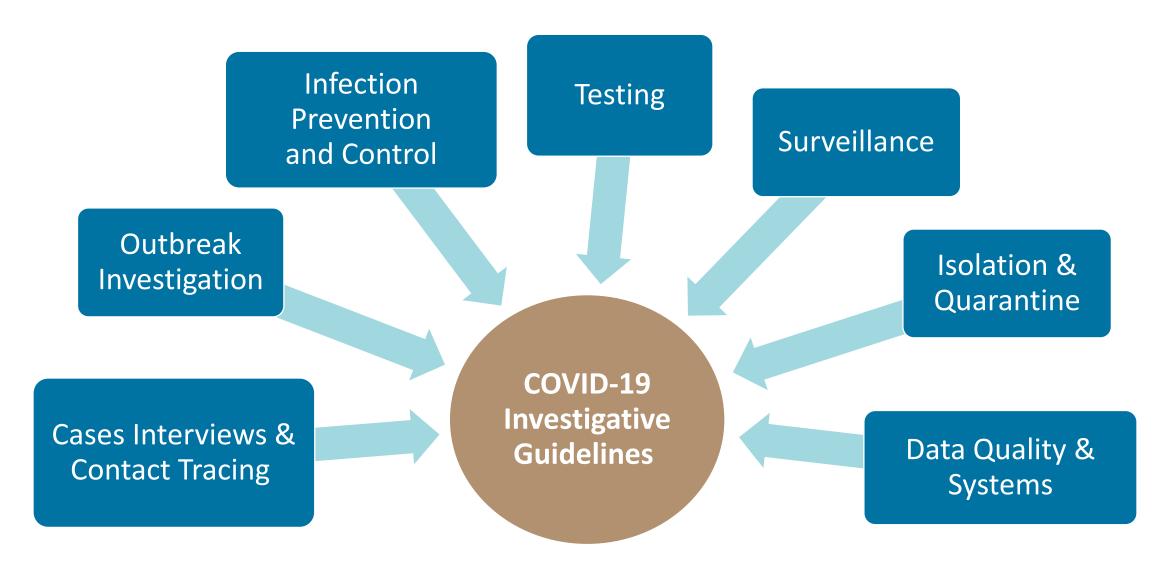
Oregon Administrative Rules Chapter 333 Communicable Disease Rules and Reporting

> Oregon Disease Investigative Guidelines

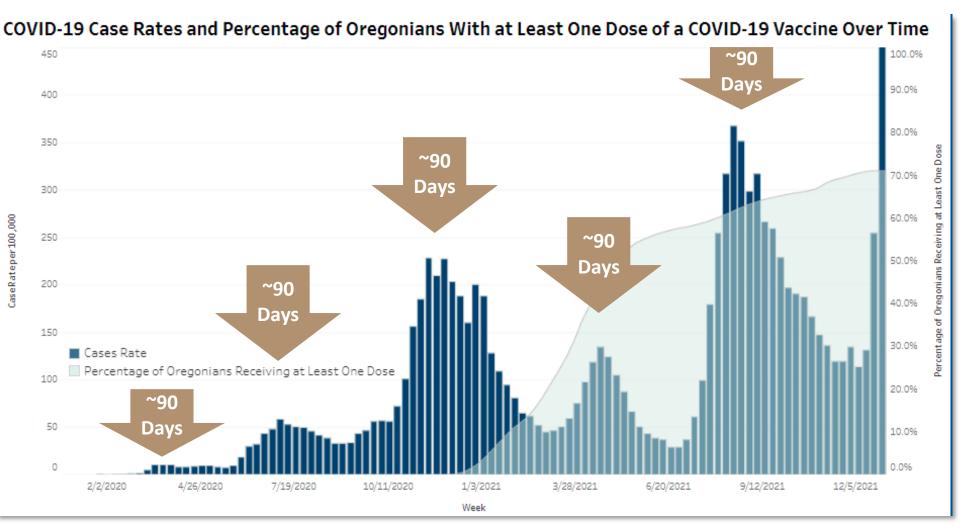
> > Local Public Health Authority

> > > Public Health Division

## **COVID-19 Investigative Guidelines**



# **90 Day Cycles: Cases and Vaccination Rate Over Time**



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

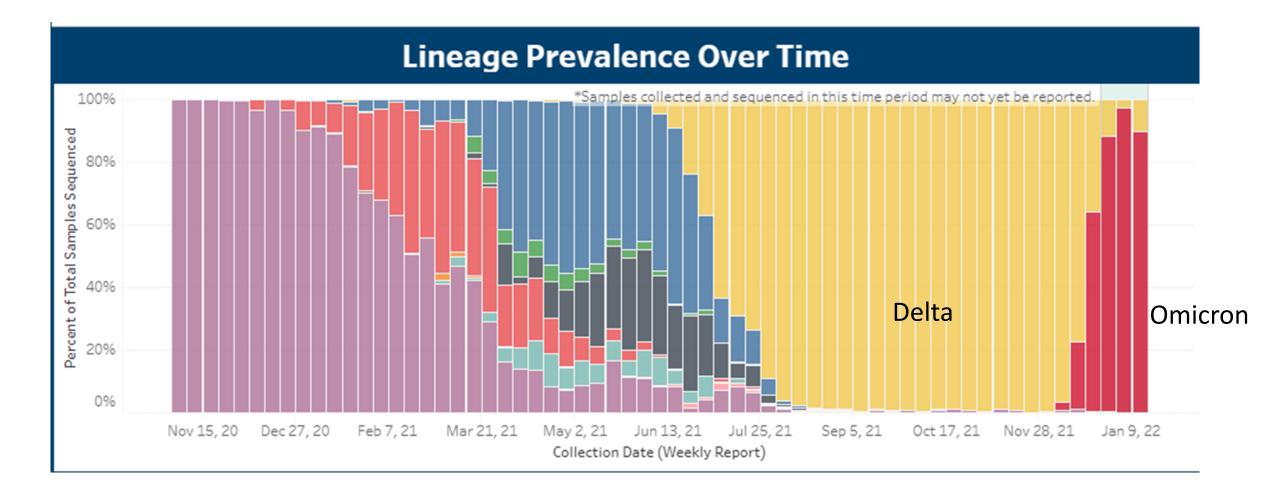
#### Delta variant

- 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/LineagePrevalenceovertime

## What we know across cycles:

### **COVID** <u>cases</u> disproportionately impact marginalized communities

#### Race 1% American Indian or Percent of COVID-19 cases Alaska Native Percent of County Population 2% Asian 6% 12% Black 3% 3% Hispanic 24% Inequity 15% Native Hawaiian or 1% Pacific Islander 1% **Other/Multiracial** 4% 0% White 39% 67% Unknown/Refused 22% 0.0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 Source: Multnomah County Regional COVID-19 data dashboard (1/21/22)

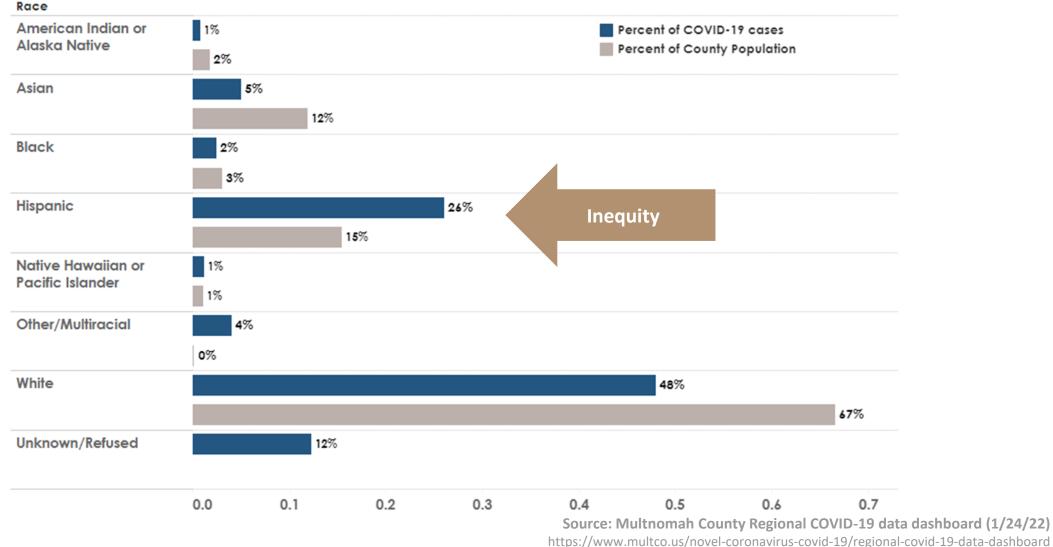
**CUMULATIVE COVID-19 CASES FOR WASHINGTON COUNTY** 

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

## What we know across cycles:

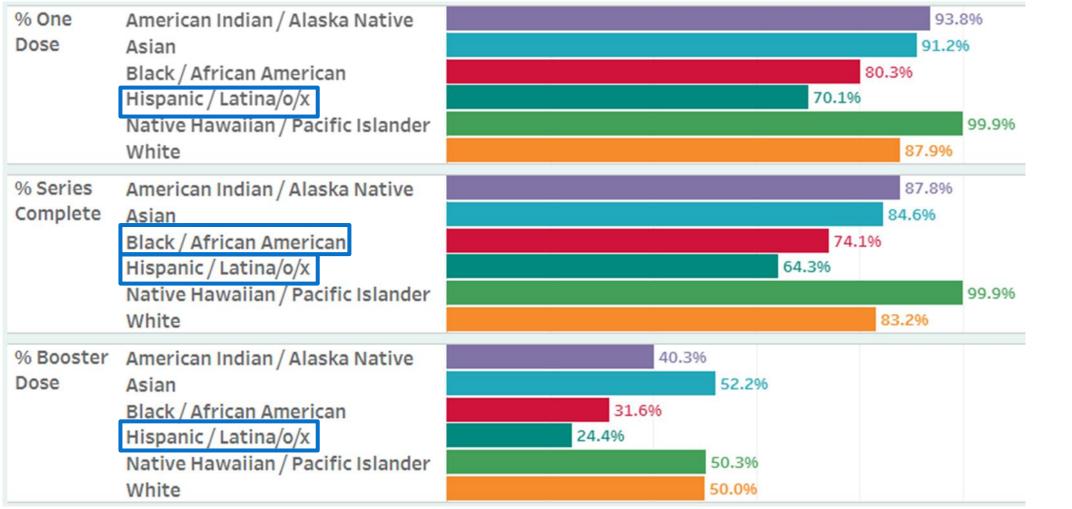
## **Hospitalizations** disproportionately occur in marginalized communities

**CUMULATIVE HOSPITALIZATIONS FOR WASHINGTON COUNTY** 



## What we know across cycles: Communities are not equally protected

#### VACCINATION IN WASHINGTON COUNTY



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

80%

Goal

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:**



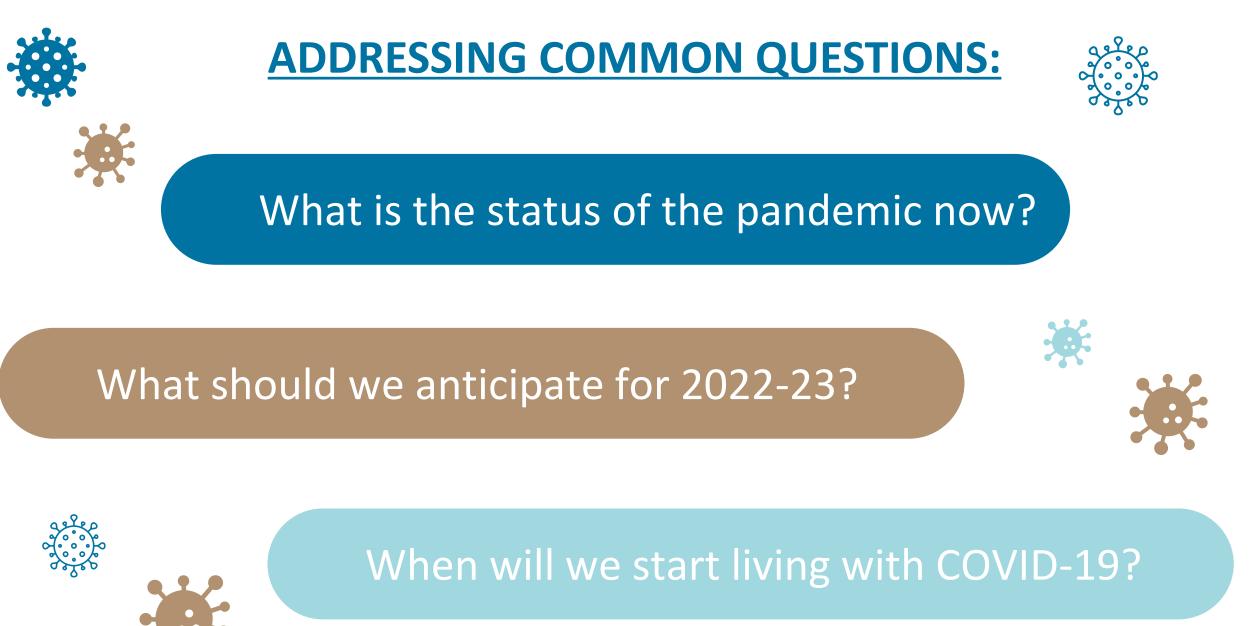
Rapid spread of Omicron, surge in cases, surge in hospitalizations, and vaccine equity concerns



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



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





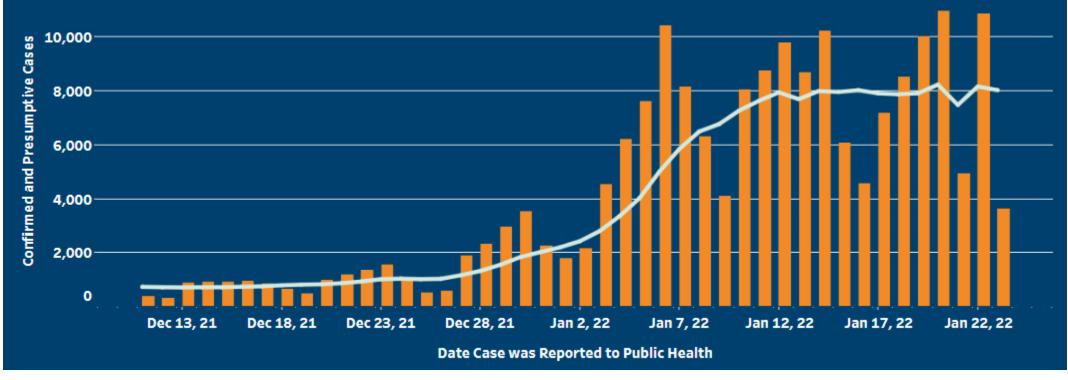
## Pandemic Status: December 2021 and January 2022 Cases in Oregon

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



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

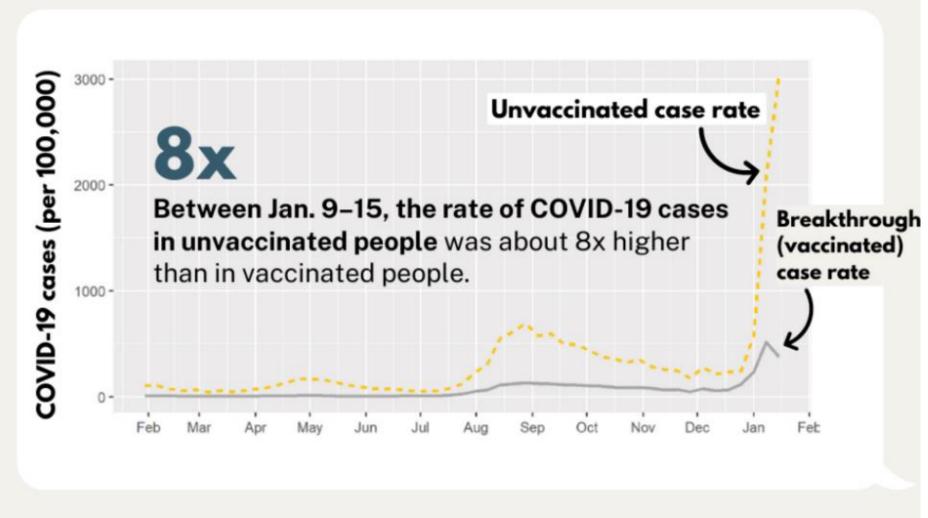
#### Daily Cases and 7 Day Moving Average over the Previous Six Weeks



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

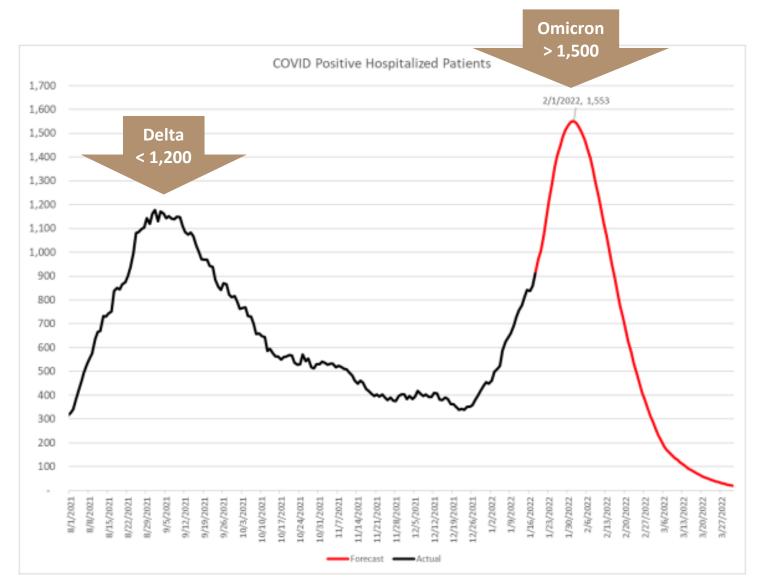
## Pandemic Status: Oregon COVID-19 Cases by Vaccination Status



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



## Pandemic Status: OHSU Hospitalization Forecast 1/20/22



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

Sources: OHSU Office of Advanced Analytics

https://www.ohsu.edu/health/coronavirus-resources#section-1349461 https://www.ohsu.edu/sites/default/files/2022-01/OHSU-COVID-Forecast-Jan-20-2022.pdf

## 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



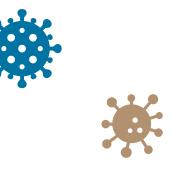
We could have a vaccine-evasive variant as early as March – predictable due to global and U.S. pockets of unvaccinated populations and waning immunity.



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?"

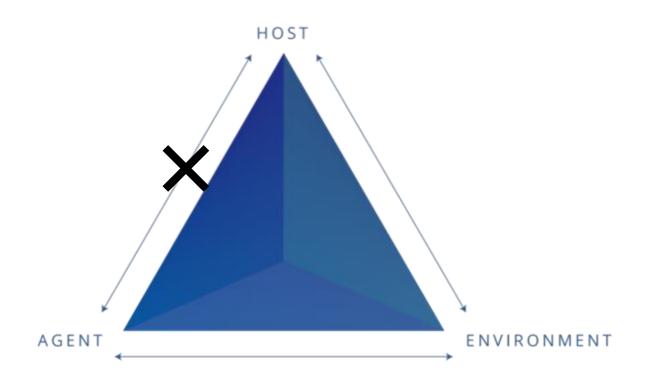




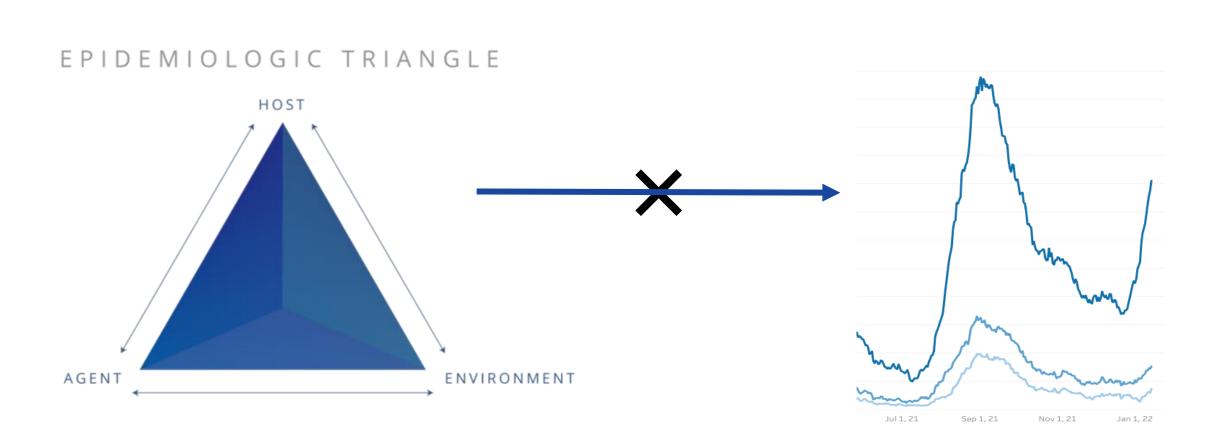


When can we start "living with COVID?" When can we "treat COVID like the flu?"

### EPIDEMIOLOGIC TRIANGLE



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



## **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.





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

Public Health Response 535,199,800     Surviving CoveL39 Situry Statute     Vacination and Testing     4.22 (Second Lange Statute)       Public Health Response 535,199,800     Situry Statute     General Nutrition and Neglene Support     9     0.90       Public Health Response 535,589,000     Situry Statute     9     0.90     0.90       Program Administration and Staffing (External & Internal)     9     0.90     0.90       Community Stabilization and Wellness 53,753,100     Migrant and Second Farmworker Community Support     9     0.90       Community Stabilization and Wellness 53,753,100     Behavioral Health     0     0.90       Community Stabilization and Wellness 53,753,100     Ensuring Shelter and Safety 53,753,100     Statute     0     0.90       Community Stabilization and Wellness 53,753,000     Ensuring Shelter and Safety 53,753,000     Statute     0     0.90       Stabilize and Support Local Economy 53,558,000     Economic Recovery 53,580,000     Statute     0     0.90       Stabilize and Support Local Economy 53,580,000     Economic Recovery 53,580,000     Statute Statuters	Total Washington County ARPA SLFRF Tier 1 Allocation Amount				
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