



## Multnomah County Public Health Advisory Board Minutes January 2018

**Date:** Wednesday, January 17, 2018

**Time:** 4:30-6:30

**Location:** Multnomah Building, 501 SE Hawthorne, Room 126 (first floor, thru glass doors at back of lobby)

**Purpose:** To provide broad stakeholder input on work related to reducing health inequities and improving population health in Multnomah County.

**Desired Outcomes:**

1. Address MC-PHAB Business
2. Understand the Public Health Division's direction, priorities and budget
3. Understand the vision and goal for MC-PHAB this coming year
4. Review Committee work plan and timelines
5. Review the 2018 MC-PHAB structure, cycles and processes

**Members Present:** Sam Chase, Suzanne Hansche (by phone), Tyra Black (by phone), Audrey DeCoursey, Chuck Tauman, April Johnson, Sandra Clark, Gerald Deloney, Mellani Calvin, Baher Butti, Becca Brownlee, Tania Curiel, Bertha Ferran, Clifford Meeks (by phone)

**Members Absent:** Michelle Dunlop-Petty, Bernal Cruz Munoz, Scott Fogarty

**Public Health Division staff:** Rachael Banks, Nathan Wickstrom, Christina Brown, Jessica Guernsey, Hilary U'Ren, Dr. Frank Franklin, Adelle Adams, Dr. Jen Vines

Item/Action	Process	Lead
Welcome & Introduction	<ul style="list-style-type: none"> <li>Board members introduced themselves</li> </ul>	April Johnson
Minutes Review	<ul style="list-style-type: none"> <li>October minutes were reviewed and accepted</li> <li>December retreat minutes were reviewed and accepted, pending the following changes: <ul style="list-style-type: none"> <li>Public Health be added to phrase "bridge to division" on page 2 for clarity</li> <li>Minutes should reflect that meeting continued after 5:00pm with talks <ul style="list-style-type: none"> <li>Meeting was not officially adjourned</li> </ul> </li> <li>Creating a third committee is different from ad-hoc committee <ul style="list-style-type: none"> <li>Separate ad-hoc and third committee in minutes</li> </ul> </li> </ul> </li> </ul> <p><b>Action Item:</b></p> <ul style="list-style-type: none"> <li>Nathan will make suggested changes and pass out at the next meeting <ul style="list-style-type: none"> <li>Changes are italicized</li> </ul> </li> </ul>	April Johnson
MC-PHAB Business	<ul style="list-style-type: none"> <li>Bylaws regarding meeting attendance have been updated <ul style="list-style-type: none"> <li>Several members are not attending regularly</li> <li>Board has occasionally not been able to make quorum due to consistent absences</li> </ul> </li> <li>Motion was made to remove Scott Fogarty as a Board Member, due to regular absences and failure to reply to communications <ul style="list-style-type: none"> <li>Motion was approved</li> </ul> </li> <li>Suggestion that the time of the meeting be examined</li> </ul>	April Johnson, Sandra Clark
Public Health Division Update	<ul style="list-style-type: none"> <li>Discussed quality improvements for budget process this year</li> <li>Look at priorities earlier <ul style="list-style-type: none"> <li>Equity (e.g. Health Equity Initiative)</li> <li>Health Promotion and Communicable Disease</li> </ul> </li> <li>Program offers came in several pieces in the past <ul style="list-style-type: none"> <li>Now looking across the PH Division as a whole <ul style="list-style-type: none"> <li>Look at our goals as a whole, rather than program to program</li> </ul> </li> <li>Effort to dismantle institutional white dominance via the Public Health Division Strategic Plan</li> </ul> </li> <li>Holding out a portion of funds so that programs have equal access to areas</li> </ul>	Rachael Banks, Jessica Guernsey

	<p>such as translation and interpretation</p> <ul style="list-style-type: none"> <li>• PH Division is looking at 4-5 years of decreased budgets</li> <li>• Will have to think about core public health services <ul style="list-style-type: none"> <li>◦ Where services cannot be maintained, see what other organizations can take that on</li> <li>◦ What is our unique role that only we can do?</li> <li>◦ Immunizations is an example area where others may be able to take on work</li> </ul> </li> <li>• Looked at budget through a business lens <ul style="list-style-type: none"> <li>◦ Looked at vacancies and determined if we really had the capacity or demand for those positions</li> </ul> </li> <li>• Consolidated management</li> <li>• Looked at areas to merge together</li> <li>• About 325 full-time positions in Public Health currently <ul style="list-style-type: none"> <li>◦ Unsure at this time how many positions will be cut</li> </ul> </li> <li>• Some of the grant money can absorb general fund constraint</li> <li>• Last year, the board was given the opportunity to weigh in on some choices for the budget <ul style="list-style-type: none"> <li>◦ Out of target offers <ul style="list-style-type: none"> <li>▪ Same bucket as one-time-only money</li> <li>▪ Will become fewer in number over the next few years</li> </ul> </li> <li>◦ Will have to determine timing for the offers <ul style="list-style-type: none"> <li>▪ May need to create ad-hoc meetings due to the time-sensitive nature of the budget</li> </ul> </li> </ul> </li> <li>• CBAC will rank and prioritize information received from programs</li> <li>• Work done by CBAC can inform work of MC-PHAB and vice versa</li> <li>• Public Health Division will present at February CBAC meeting (originally scheduled for January)</li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• Provide space in next meeting for committee updates</li> <li>• Fold CBAC updates into agenda</li> </ul>	
<p>Committee Workplan Overview</p>	<ul style="list-style-type: none"> <li>• How does the board address emerging issues? <ul style="list-style-type: none"> <li>◦ Could differ depending on the issue <ul style="list-style-type: none"> <li>▪ Food cart pod committee will have a member from MC-PHAB as liaison</li> </ul> </li> <li>◦ Some of the emerging issues will surface in the two committees</li> </ul> </li> </ul> <p><b><u>Public Health Approaches Committee</u></b></p> <ul style="list-style-type: none"> <li>◦ Becca, April, Baher and Bertha attended</li> <li>◦ Will take a deep dive into the data of leading causes of death in the County</li> <li>◦ Role to make a connection to the 'big players' of FQHC <ul style="list-style-type: none"> <li>▪ Health Share, primary care centers</li> <li>▪ Priorities center around leading causes of death <ul style="list-style-type: none"> <li>• Connect the leading causes of death to work and priorities of Health Share and FQHCs</li> </ul> </li> <li>▪ Acquire data on late stage morbidity and mortality</li> <li>▪ Often miss what's happening closer to the ground at the clinics</li> </ul> </li> <li>◦ Public Health Division is disjointed; no organized chronic disease prevention and health promotion unit</li> <li>◦ To ignore chronic disease prevention and health promotion is an inequity <ul style="list-style-type: none"> <li>▪ Cannot improve equity without looking at chronic disease</li> </ul> </li> </ul>	<p>Rachael Banks, Adelle Adams, Jessica Guernsey, Dr. Jennifer Vines</p>

and leading causes of death

- The two issues cannot be separated
  - o Work of committee will have influence beyond Multnomah County
- Question: Why are the two groups being separated? What is being discussed in both groups should be heard by all. Information will be diluted by separating the group
- MC-PHAB asked for direction from Public Health Division
  - o New format is to provide balance to different approaches for board members
  - o Will have an impact in this committee and literally help save lives
- March is first meeting
  - o Dr. Franklin will provide data and committee will look at themes
  - o Overlay this information with what is heard from the community
    - Example: How does that overlay with the CHIP?
  - o Will look at short-term or long-term strategies
  - o 4th meeting of the year is looking at implementing the plan for the following year
- In between committee meetings, this group will be reporting to the ethics committee and can have influence on both committees
- Public Health Approaches Committee can take the big picture and find ways to impact the entire PH Division instead of just pieces
- Logistically, each committee should think about what should be reported out
- Members can join both committees
- Morbidity and mortality as a measure vs. promoting health and wellness as a positive measure
  - o Morbidity and mortality can be coupled with health promotion
- Dynamic measures - qualitative data, not quantitative
  - o Take examples of thriving communities
- Next meeting (March): look at morbidity mortality, health promotion, and look at interplay with environment (characteristics of thriving communities)

### **Ethics Committee**

Examples of Public Health Ethics in practice.

- Jacobson vs. Massachusetts 1905
  - o Early 1900s, public health is doing strong at preventing spread of infections
  - o Smallpox vaccine created & refined during the 1800s
  - o Boston did first clinical trial, but contaminated vaccines caused outbreaks
  - o Boston's board of health ordered mandatory vaccination or pay fee (\$5 = \$135)
  - o Jacobson refused to pay the fine, took case to supreme court – paid the fine after 3 years
  - o Bedrock of Public Health Police Powers
    - Can make individuals do things if it's in the public interest
    - Parlayed into vaccination requirements for school
    - This was also used to justify forced sterilization
- City of Eugene vs. Gannon 2014
  - o The county closed an Occupy area after meeting with the county counsel and the county health officer for reasons including aesthetics, increase in drug use, and impact on health and safety

- Began as “economic interests” reasons from local businesses
- Some returned and were arrested for trespassing
- For the court – is it even legal to close the camp?
  - It’s our right to assembly, right to free speech
  - Courts looked to public health.
- Magic words in public health law – “imminent risk.” Provides immediate authority to act.
- Public Health is sometimes used as a pawn, which is why ethical deliberations are very important and we need to consider from all angles; we do an agnostic assessment of risk.
- What do these cases have in common?
  - Public health can surpass even our most protected civil liberties
  - The public health risk almost always must be thought of as “imminent”
  - Medical professionals have particular authority in these cases

Examples of other PH practice questions that should make us cautious:

- WIC was approached and asked to become a human milk donation site for women who want to donate excess breast milk to local hospital neonatal intensive care units for babies that have identified medical risk.
  - We know breast milk is passed out in discriminatory ways in hospitals that we cannot account for
  - Decided that we did not feel like we had the ethical rationale because we could not get community partners to commit to applying an equity lens in their own policies.
- Environmental Health Services has been funded as a partner in a new project addressing health risks related to a Super Fund Harbor Site Project
  - There are many communities and people that fish at or near the site
  - The fish is a necessary part of their diet
  - Toxic contamination there – could end up in fish which leads to human health risk.
- Having MCPHAB behind our ethics decisions and justifications to community would add much more weight to our decisions
- Many of our ethics questions and considerations revolve around community partnerships and how to engage stakeholders in partaking in our health equity lens

#### GROUP DISCUSSION:

- What would be helpful would be having more framing for MCPHAB and options for outlets. We can give you advice but sometimes it doesn’t seem like a yes or no question – there are other factors that we need to take into consideration.
- Would be helpful if we had clear articulation regarding what are the values of the division?
  - One is serving populations who are not served elsewhere, doing things that other people won’t do
  - How do we translate the very clear statement of this PHD’s values and lens for assessing these things.
- Can we get a packet? That would be spelled out and articulated as part of a deliberation.
- As a volunteer advisory board that meets about two hours per month, there’s only certain things we can do.

	<ul style="list-style-type: none"> <li>○ We can support things that employees bring to the table, but we need to go back and reset at the beginning</li> <li>○ People came on under Tricia, who is not here, and her vision is not the vision that we're operating under right now</li> <li>○ Need to clarify what that is</li> <li>○ From the point that the county chair came to the first retreat and replaced everyone at the top (Joanne, Tricia) we have not reset the vision and everything else</li> <li>● How is a volunteer body that is not going to do anything professional, how can we support you?</li> <li>● Do you have a responsibility to get public input and we provide that?</li> <li>● As a volunteer committee, where can we support the health department so that we're working together versus having an agenda being useful?</li> <li>● Anyone who wants to participate in both committees is permitted to</li> <li>● The strategic plan in the Public Health Division has not changed from Tricia's time – interrupting institutional white dominance <ul style="list-style-type: none"> <li>○ Attempt is to have a structure that enables us to meet the needs of the health department and allows to grasp on to some substantive things</li> </ul> </li> <li>● Everyone needs to be able to hear all things both committees are hearing in order to inform us rationally</li> <li>● Leadership sends us list of issues and then consider how we might contribute to that structure and scope moving forward. Might be how we function on ethical committee</li> <li>● Suggestion: we think about it and bring it back to our next committee discussion.</li> </ul>	
MC-PHAB Structure	<ul style="list-style-type: none"> <li>● The need for a reset has been expressed frequently <ul style="list-style-type: none"> <li>○ It is based on feedback that the Executive Committee has been hearing</li> <li>○ Want to make sure that everyone has meaningful influence on the Public Health Division</li> <li>○ Reset about having a coordinated, well-thought-through approach to chronic disease prevention</li> <li>○ Sincere ask that board give it a chance and reevaluate after a year</li> </ul> </li> <li>● Will be reevaluating meeting times - currently scheduled for 4:30-6:30</li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>● Christina will send out a survey gaining input on day of week and times for meetings</li> <li>● Provide an overview of what has occurred over the last six months</li> </ul>	April Johnson, Sandra Clark
Wrap-up and meeting evaluation	<ul style="list-style-type: none"> <li>● April adjourned the meeting 6:33pm.</li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>● Christina and Rachael will catch up Suzanne on what she missed when the phone line went out</li> <li>● Send out retreat slides</li> <li>● Send out today's meeting slides</li> <li>● Provide suggestions for improving structure on retreat survey <ul style="list-style-type: none"> <li>○ Discuss findings of survey at next meeting</li> </ul> </li> </ul>	April Johnson