



**Multnomah County Public Health Advisory Board
Ethics Committee Minutes
March 2018**

Date: Friday March 9, 2018

Time: 3:00 p.m. – 5:00 p.m.

Location: Multnomah Building, 501 SE Hawthorne, Room 126

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

Desired Outcomes:

1. Review and undergo equity training to provide foundation for ethics deliberations
2. Review criteria for selecting questions to be discussed by the MC-PHAB Ethics Committee
3. Understand next steps and evaluate meeting

Members Present: Suzanne Hansche, Tyra Black, Audrey DeCoursey, Chuck Tauman, Sandra Clark, April Johnson, Sam Chase, Gerald Deloney

Public Health Division staff: Jessica Guernsey, Christina Brown, Olivia Quiroz, Jennifer Moore, Jennifer Vines, Hilary U'Ren

Item/Action	Process	Lead
Welcome	<ul style="list-style-type: none"> Thank you for attending the first Ethics Committee meeting Reviewed agenda Originally this meeting was scheduled for Wednesday February 21, but was rescheduled due to inclement weather 	Sandra Clark
Equity & Empowerment Lens Training	<ul style="list-style-type: none"> Equity & Empowerment Lens document was released in 2013 Countywide implementation led by Office of Equity & Diversity at Multnomah County (originated in the Health Department) 5Ps is an equity <u>tool</u> used to gain insight on an issue from multiple perspectives, get clarity on the benefits and burdens of an issue, and provide recommendations or guidance. 5Ps: <ul style="list-style-type: none"> People: looks at how the issue impacts people, especially those who experience more barriers. Who benefits, who is burdened? Place: Looks at how the issue (and associated resources) play out across geography and how it impacts how people experience a place/space (physical & emotional). Process: Looks at how people are included or excluded through the process, especially communities most affected by inequities, as well as whether/how the process is traumatizing/re-traumatizing. Power: Looks at accountability, decision-making structures, and power dynamics. What are the barriers? How can the issue shift power dynamics and better integrate voices and priorities of communities of color? Purpose: Questions to inform MCPHAB's foundations for ethics deliberations <ul style="list-style-type: none"> What is MC-PHAB's purpose toward racial equity? <ul style="list-style-type: none"> Operationalize the strategic plans focusing on equity - take from doc to actual processes that occur on daily basis Equity in this committee or in public health policy and practice? <ul style="list-style-type: none"> In County business - contracts, policy, employment, services, implementation, data, stories and outcomes - how are we tracking this? How do we know it is making an impact? Being inclusive - who is being left out? Human beings are all connected to PH, if anyone is being left out, not meeting equity goals In deliberations - document use of 5Ps and other mechanisms as an integrated part of the process, standard application 	Jennifer Moore & Olivia Quiroz

- o How are we accountable to this? Equality is not the same as equity, has to happen by design and that we are accountable to this
- Racial equity and historical trauma - not historical, it is ongoing, present - “historical” discounts the present moment, fuels society that wants to ignore it
- Need a numerical goal and process to get there - you’ll never get there without it, continued conversation, no impact without numerical goal and process
 - o It’s not communication, it’s in the delivery
 - o Evolves over time, for better or worse!
- How do you ensure individuals work together with leaders to align to the institution’s purpose toward racial equity?
 - Use a policy model like 8 fold path for policy analysis, built in ethics component, look at framework that is complementary and modify to fit
 - Found 5Ps tool works well - helps to analyze an issue, like access to technology
 - This group’s role is to bring in the community voice and represent constituency groups and to identify who’s left out
 - Implicit assumption that PH provides benefits, but need to look at flip side, how do we balance rights around privacy and access
 - Need a clear understanding of what government does - how can government make life better for people, especially those who need help to get there
 - o How can we (MCPHAB) help this part of government do better? What is our role in doing this?

***Important to acknowledge that the Equity and Empowerment Lens tool is not going to work magically to solve everything – it is one of our tools in order to get us into dialogue and get us working toward policies for future generations.

Applying the EEL

- Issue Scenario: Adopt a sugar-sweetened beverage tax in Multnomah County
- Background: A sugary drink tax or soda tax is a tax or surcharge designed to reduce consumption of drinks with added sugar. Drinks covered under a soda tax often include carbonated soft drinks, sports drinks and energy drinks.
- Small group work and hypothetical application of the 5Ps
 - o PEOPLE:
 - Consumers are most impacted
 - Racial and ethnic minorities impacted
 - Pay more for public health related diseases
 - Discussed how people are differently situated based on barriers
 - How can we support people in their food consumption?
 - SNAP, TANF - do we support healthy eating enough in those programs
 - Cannot be just punitive
 - Need to also advocate for reforms that will help people make healthy choices
 - Traumatized and retraumatized
 - Burden shifting, because of history of limited decision making power, how we could incentivize healthy choices rather than prohibiting unhealthy ones
 - Shift the burden to providers of those products
 - Schools - identify ways to incentivize schools to offer different

	<p>choices</p> <ul style="list-style-type: none"> o PLACE: <ul style="list-style-type: none"> ▪ Discussed community, how one would define place ▪ Discussed who's selling drinks, where they are located, what communities are most impacted by tax ▪ Talked about how it is acceptable to limit sugary drinks at school, but not in someone's home (vs. smoking, not acceptable for kids to smoke or be around smoke, even in the home) ▪ Does the tax money go back to communities that are most impacted by tax, by sugar consumption, and those facing the greatest health and racial inequities ▪ Marketing - Where is marketing most targeted? ▪ Latino communities, get a soda if you spend more than \$ ▪ Catch 22 in schools - there's lead in water and you can't drink soda here o PROCESS: <ul style="list-style-type: none"> ▪ Discussed need to meaningfully include people impacted by issue ▪ Social relationships contribute ▪ Campaign finance laws ▪ Public education, proceeds of tax would be reinvested ▪ Traumatizing to collect regressive tax and not spend it on communities most impacted o POWER: <ul style="list-style-type: none"> ▪ Discussed impact of approaching something from the negative (punitive, rather incentivizing the healthy option) ▪ Flawed system set up to carve off a particular issue rather than addressing the system ▪ This issue is a slice off the top of something that has deep inequities and we will have the same outcomes unless we go deeper ▪ Government collects data, knows who is left out and who's included, could make recommendations, but not ever declared ▪ Equity reports that have come out, illustrate terrible outcomes and inequities, but they're not surprising, data stays the same ▪ Hypocrisy - data to show inequity, not willing to do anything about it ▪ Barriers have always been there; don't need to discover the barriers because they have always been there and haven't changed ▪ Need to face reality of it, if not, nothing will change ▪ We've done this before - taxes collected, but we're unclear about what impact it's making 	
Group Training Reflection	<ul style="list-style-type: none"> • Though the tool provides a good outline, sometimes the application requires more or less precision – some aspects are not directly applicable <ul style="list-style-type: none"> o Provided an opportunity to see how to modify the tool to better fit individual needs and issue. • Appreciated digging into it; feel energized to start engaging in these issues • Illuminates how much time we need – one meeting just to ask questions, another to answer, and another to identify where to go or what to do with the information. • Easy to take the tool and make it our own, especially since MCPHAB is comfortable with each other and used to collaborating and communicating already. • If this tool weren't being applied to an issue members were already familiar with, we would need a lot of leading time to do background research before we felt comfortable discussing the 5Ps in depth. • Racial equity language <ul style="list-style-type: none"> o The group is concerned that the equity lens tool is not specific enough in its language to be useful – if we do not define the communities and issues we're discussing, it would be easy to lose focus and forget what we're aiming to do o MC-PHAB has not had racial equity discussions in the past, so we are not prepared with the language for these conversations. We need both the time 	Group Discussion

	<p>and the tools to have these conversations.</p> <ul style="list-style-type: none"> ▪ Public Health employees will look into developing this language and weaving racial equity framework into the 5P lens tool ▪ MC-PHAB members expressed interested in attending more in-depth equity training – Christina will reach out via email to let the board know more information about these training opportunities moving forward. <p>o The rest of the MC-PHAB members should receive the same training that the Ethics Committee did so that everybody is on the same page moving forward – we all need to prioritize racial equity in our discussions.</p>	
<p>Wrap-up and Meeting Evaluation</p>	<ul style="list-style-type: none"> • On past issues, MC-PHAB tended to go wide and shallow – reach far to touch a little bit on every single issue instead of staying focused and reaching deep, which means we don't contribute meaningfully to conversations about issues like housing, air quality, etc. As an advisory committee, we need to take responsibility for narrowing our scope and focusing our conversations – protecting our time. • The board needs to commit to being engaged in conversations online and trusting in the Public Health staff to listen to the boards asks regarding equity training and tools. • Unable to examine what criteria look like for selecting non-Public Health Division generated questions; this will need to take place at a future meeting. 	<p>Sandra Clark</p>