



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

Date: Wednesday, March 22, 2018

Time: 3:30-5:30

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. Review social and health indicators that impact overall well-being of Multnomah County residents
2. Examine the 10 leading causes of death in Multnomah County including a racial/ethnic comparative analysis of the impact of excess deaths as well as trends over two 5 year periods
3. Examine the issue of substance use disorders and related mortality in Multnomah County

Members Present: Tyra Black, Chuck Tauman, April Johnson, Becca Brownlee, Bertha Ferran, Debra McKissack, Ted Tosterud

Public Health Division staff: Rachael Banks, Nathan Wickstrom, Christina Brown, Dr. Frank Franklin, Adelle Adams, Elizabeth Barth, Claire Smith, Jason Thompson, Michael Veraz, Tameka Brazile

Guests: Amy Anderson

Item/Action	Notes	Lead
Welcome & Introduction	<ul style="list-style-type: none"> Board members introduced themselves 	April Johnson
Agenda Review	<ul style="list-style-type: none"> First meeting of PH Approaches Working over the course of the year to come up with strategies to tackle the causes of death First meeting is to identify the cause of death that the committee wishes to address Must be mindful of presenting the context and picture behind the data Will be looking at long list of potential strategies and feasibility at future meeting Goal at end of the year is to have a solid and well-thought-through strategy 	Rachael Banks
The Health of Multnomah County: Presentation	<ul style="list-style-type: none"> Dr. Franklin introduced his team and the PowerPoint presentation <ul style="list-style-type: none"> First slide sets up context, showing the framework for health inequities <ul style="list-style-type: none"> Numerous factors shape and are shaped by social inequities Jason Thompson presented the first portion of the presentation: <ul style="list-style-type: none"> Compared how Multnomah County (MC) measured up against Clackamas, Clark and Washington Counties <ul style="list-style-type: none"> Income and education are some of the biggest indicators 13% of families in MC are living in poverty (2014) 20% of families in MC relied on some form of SNAP support MC is higher than neighboring counties in higher education degree attainment <ul style="list-style-type: none"> Has a lower rate of high school graduation 34% of homeowners spend more than 30% of annual income on housing <ul style="list-style-type: none"> more than 50% of renters Burden shared differently based on racial categories Other built environment factors based on housing <ul style="list-style-type: none"> Food deserts - physical and economic barrier to healthy food <ul style="list-style-type: none"> Assumption - without easy access to grocery stores, people will consume more processed food from convenience store Access to healthcare - lower rate of residents to primary care providers in MC than Clackamas, Clark and Washington 	Dr. Frank Franklin, Jason Thompson, Michael Veraz

	<ul style="list-style-type: none"> ▪ Injury deaths higher in MC than King County (i.e. Seattle) and Hennepin County (i.e. Minneapolis), which are similarly sized <ul style="list-style-type: none"> • Worse in all comparisons except low birthweight and primary care physician ratio ▪ Action Item: get mental health data for comparison o Jason compared number of health, environmental and social disparities to non-Hispanic Whites <ul style="list-style-type: none"> ▪ Number of indicators were alarming, particularly in African American community ▪ Low birthweight - below 5.5 lbs ▪ Significantly higher low birthweight birth rates in black non-Hispanic and American Indian/Alaska Native non-Hispanic communities <ul style="list-style-type: none"> • Premature births much higher in same communities ▪ Pinning down a root cause for these disparities is difficult <ul style="list-style-type: none"> • Confluence of issues o Michael Veraz presented on the next section, the leading causes of death: <ul style="list-style-type: none"> ▪ Cancer and heart disease by far the leading causes ▪ MC has a higher rate of Alzheimer's, diabetes and suicide than U.S. average ▪ Homicide is often overlooked in firearm death data ▪ Firearms is the greatest contributor to suicides and homicides ▪ Cause-specific standardized mortality ratios (greater than 1 is significant difference in black-white mortality ratio) <ul style="list-style-type: none"> • Black-white ratios of mortality have gotten worse in the last decade <ul style="list-style-type: none"> o Jump from 1.18 to 1.46 cancer ratio is significant • Unintentional injury ratio not significant statistically due to fewer number of unintentional injuries <ul style="list-style-type: none"> o After several more years it could become significant • Drug-related deaths may also prove to be significant in the future o Rachael - this is a plea for help to look at these disparities and focus on these issues <ul style="list-style-type: none"> ▪ Necessary work for PH division 	
The Health of Multnomah County: Discussion	<ul style="list-style-type: none"> • Socioeconomic status and constructs are a major cause for African American health outcomes <ul style="list-style-type: none"> o How does public health deal with this multi-layered issue? o Racism is a huge stressor • Racism is a major issue for everyone • Chuck: my toolbox is tobacco control <ul style="list-style-type: none"> o Number one cause of death and disparity - cancer <ul style="list-style-type: none"> ▪ One factor that is both objective and approachable is to reduce tobacco consumption, particularly with African American communities <ul style="list-style-type: none"> • Advertising is effective ▪ Disparities a part of charter ▪ Tobacco addiction is so expensive that people who buy tobacco become poor ▪ Multnomah County has been doing a wonderful job with tobacco policy • Amy: Powerful because of work being done at Healthy Columbia Willamette Collaborative <ul style="list-style-type: none"> o Because I'm a diabetic, I know that there are other ailments that will follow me through the years o What's the trail? Did they have other ailments prior to dying from cancer? 	Dr. Frank Franklin Rachael Banks, Adelle Adams

- o How many people suffer from mental health issues that then causes them to not use meds, etc. that lead to death?
 - o Need support groups for managing diabetes
 - o Most people would rather not go to clinic because it's scary and we don't offer enough services to go to people where they're at
 - o Why is my healthcare more fluid and succinct than others who suffer from major issues?
- April: health system and African Americans don't go together
 - o A lack of trust between community and doctors
 - Folks have been traumatized by care
 - o How do you build trust?
 - o How do you get doctors to acknowledge value in black lives?
 - o Making health a priority is another issue in the community
- Bertha: The Latino community started a scholarship program to increase opportunities for Latinos in all areas. Through the years there has been an increase in the number of students who choose a career in the health field.
- Tyra: same narrative - wait to get medical assistance until you can't wait anymore due to traumatizing experiences
 - o There aren't as many black doctors or physicians in this area
 - You may not have to explain something to them that you would to a doctor of different ethnic background
 - o People have a finite amount of energy and racism takes a lot of that out
 - o Chicken and egg situation (e.g. stress can be a major factor for causing people to smoke)
 - o A lot of policies do not make it to the direct services level
 - People don't feel the impact as a result
 - Until that changes, there is an avoidance of institutions
- Becca: a next step could be to get King County or other similar counties' data
 - o Are the black/white ratios in King County similar to ours?
 - o If not, what are some best practices we could learn?
- Ted: this is a 50,000 ft. view
 - o Don't we need to know the type of malignant neoplasm (cancer)
 - o Unintentional injuries - where and how did they occur?
 - o Have come a long ways in improving processes, so the high rates are surprising
 - Committee will dive deeper into data at future meetings
- Debra: does MC provide education in schools?
 - o Subject-specific, grant funded
 - o Public Health doesn't have bandwidth unless there is federal funding
 - State has provided initial education on soda, etc.
- April: ways to tackle this problem:
 - o Capitalizing on what we already do (e.g. HBI, work already in African American community) and hone in and improve those numbers
 - o Hone in on tobacco cessation or interventions and support them
 - o How do we do that?
 - Old conversation - black people have always done worse than white people
 - How do we improve on what we are already doing?
 - Community Health Workers are working closely with CCOs
 - Could look at zip codes and at where African Americans are living
- Tyra: second April's opinion; want to see impact at the direct services level
- John McConnell's study on health disparities: Oregon's Emphasis on Equity Shows Signs of Early Success for Black and American Indian Medicaid Enrollees

	<ul style="list-style-type: none"> o Becca will share report with MC-PHAB • Rachael: <ul style="list-style-type: none"> o Talked a lot about racism and links to health disparities <ul style="list-style-type: none"> ▪ Stress or feelings about swimming upstream ▪ Tobacco and links to early death ▪ Stress a big circle o Diabetes - look at a specific health outcome <ul style="list-style-type: none"> ▪ Deeper dive might include the other drivers o System level - what are some of the solutions; pipeline? <ul style="list-style-type: none"> ▪ Making sure that there is a solution that works fast o Next meeting: will look at specific services in Public Health (e.g. HBI, REACH, CHWs) <ul style="list-style-type: none"> ▪ Looking at the healthcare pipeline ▪ Looking at data from other counties and getting recommendations <ul style="list-style-type: none"> • OHEA has some specific recommendations for CHWs • Debra: Mental Health is something that should be highlighted • Tyra: highlight racism as a public health issue <ul style="list-style-type: none"> o Would align with work from CHIP • April 5th – Board of County Commissioner’s presentation on CHIP and community-powered change <ul style="list-style-type: none"> o Board meeting goes from 9:30-11:00 usually • Dr. Franklin: substance abuse can be included with behavioral health and mental health; one tends to get elevated over the other if separate <ul style="list-style-type: none"> o April: have high rates of drug use in Oregon; a few years ago came in at number 4 in all areas • Rachael: are you okay with the Public Health Division putting some thought behind what we’ve gathered and coming up with some potential solutions in order to come up with a framework and create a cohesive package? <ul style="list-style-type: none"> o Action Item: Put together talking points to bring back to other colleagues next meeting • Tyra: I like the idea of using a strengths-based approach • Looking at ratios from other counties to see if they are doing better and, if so, what they are doing • Need to look at what we could attempt to implement as a policy and how that actually impacts people directly • April: racism is so exhausting - easier method is to look at what we’re already doing well, as it feels less daunting • Ted: will let folks know about some of the indicators, in particular firearm deaths and food deserts near Blue Lake <ul style="list-style-type: none"> o Largely elderly population living in that area that cannot drive and does not have access to public transportation <ul style="list-style-type: none"> ▪ Tameka: city of Gresham’s active transportation plan open to public 	
Wrap-up and meeting evaluation	<ul style="list-style-type: none"> • The meeting adjourned on time at 5:30pm. 	April Johnson