



**Multnomah County Public Health Advisory Board
Full Board Minutes
October 2019**

Date: Thursday, October 24, 2019

Time: 3:30-5:30pm

Location: Multnomah Building, 501 SE Hawthorne, Room 126

Purpose: To advise the Public Health Division on several areas of work with a strong focus on ethics in public health practice and developing long-term public health approaches to address the leading causes of death and disability in Multnomah County.

Desired Outcomes:

1. Welcome and hear from Chair Deborah Kafoury and Commissioner Meieran
2. Report out of Committee and Board activities
3. Discuss and decide on 2020 meeting date, time and location

Members Present: Suzanne Hansche, Joannie Tang, Becca Brownlee, Debbie McKissack, Alyshia Macaysa, Daniel Morris, Hanna Atenafu, Mahad Hassan, Cheryl Carter, Timur Ender, Laurel Hansen (phone), Rebecca Lavelle-Register (phone)

Multnomah County Staff: Rachael Banks, Adelle Adams, Nathan Wickstrom, Christina Brown, Deborah Kafoury, Sharon Meieran, Jessica Guernsey, Nicole Buchanan

Community Members: Hazel Wheeler, Christina Bodamer

Item/Action	Process	Lead
Welcome, Introductions, & Minutes Review	<ul style="list-style-type: none"> • Attendees introduced themselves • June minutes were approved <ul style="list-style-type: none"> o Modification - add Joannie to attendees for June minutes 	Suzanne Hansche, Becca Brownlee
Public Comment	<ul style="list-style-type: none"> • No public comment 	Suzanne Hansche
Chair Deborah Kafoury	<ul style="list-style-type: none"> • Started career as a member of Oregon State Legislature (3 terms) then ran for County Commissioner for District 1 • Clarified role of Board of Commissioners as Board of Health in 2015 - How do we enact policy changes and have them stick for every resident of the county? <ul style="list-style-type: none"> o Tested role as Board of Health with Tobacco Retail License (TRL) o Went to legislature and have the authority to make changes • Currently looking at flavored e-cigarettes and flavored tobacco <ul style="list-style-type: none"> o Holding community listening sections around the County • One other exciting new program being implemented is the behavioral health resource center at 333 SW Park Ave. <ul style="list-style-type: none"> o For folks who are homeless and facing severe behavioral health issues o Peer run o Housing upstairs o Working with people who have lived experience to design the program • Leaders in the harm reduction world and looking for ways to strengthen the program <ul style="list-style-type: none"> o Implemented syringe exchange 30 years ago o MCPHAB will be hearing about this area more and may want to weigh in on it • Clean air <ul style="list-style-type: none"> o There is no one government entity that is in charge of this <ul style="list-style-type: none"> ▪ DEQ does monitor some, but it's still one of those issues that is nobody's problem, yet everybody's problem ▪ Portland has the 4th worst diesel air quality in the country o More public awareness around woodsmoke o Awareness around diesel and moving to clean diesel • Importance of using an equity lens • Questions: <ul style="list-style-type: none"> o Cheryl: <ul style="list-style-type: none"> ▪ Thank you for the behavioral health building. I worked at Transitional Projects and find it's mind blowing that it's finally here. I would love a tour of the building when it's here. o Timur: <ul style="list-style-type: none"> ▪ How engaged are you with Metro's T2020? <ul style="list-style-type: none"> • 3 billion total for security and better air quality 	Chair Kafoury

	<ul style="list-style-type: none"> ● Might be good to look into ▪ Chair Kafoury: <ul style="list-style-type: none"> ● Commissioner Vega Pederson is co-chairing the committee where these dollars are spent ● Roughly 150 million dollars towards the Burnside Bridge to make it seismically safe o Joannie: <ul style="list-style-type: none"> ▪ Clean air - has anyone looked into the effects of indoor pollutants (e.g. fragrances and laundry vents)? <ul style="list-style-type: none"> ● Trigger for asthma and pulmonary disease ● Highly impact renters who live close to others ▪ Chair Kafoury: <ul style="list-style-type: none"> ● There are fragrance-free policies, but unsure if any detailed research has been done from a public health standpoint o Alyshia: <ul style="list-style-type: none"> ▪ Expand on the Behavioral Health Resource Center <ul style="list-style-type: none"> ● How do you think it'll be different than the services that currently exist? What gaps will it fill in the continuum? ▪ Chair Kafoury: <ul style="list-style-type: none"> ● It fits very well into what we're doing now. Thorough research is done to make sure there is no duplication. ● We've been looking for years for a shelter for people who have mental health issues; these are people who can't make it in the current system. ● Have been looking for a mental health specific shelter that has trained staff. ● Also have heard from the community that they need to have a safe space that is peer run. There will be the opportunity to have a shelter and a day center where people can come and go. ▪ Commissioner Meieran: <ul style="list-style-type: none"> ● There are a number of gaps in the service continuum. There hasn't been a place for people to just go and be. People can go to be themselves and have it be peer run. People can go and have a sense of connection. o Suzanne: <ul style="list-style-type: none"> ▪ Safe environments came up in the ethics committee: <ul style="list-style-type: none"> ● We asked how can we influence safe environments? ● We're right behind you (Chair Kafoury) on this issue ▪ Commissioner Meieran, I want to acknowledge your work, and we care about having an integrated system <ul style="list-style-type: none"> ● We are trying to get back into a system of integrated care; we have known how to have an integrated system in the past 	
Commissioner Meieran	<ul style="list-style-type: none"> ● ER doctor and still do occasional shifts ● Being an ER doctor on the front lines and having seen who falls through the cracks that drives current work ● People have needs that aren't being met, and are often face the most expensive treatment - the public health system addresses so many of these issues ● I'm a public health champion - we need to move upstream and address social determinants of health ● Behavioral health is a focus - mental health patients languish in the emergency department ● We do a deep dive both qualitatively and quantitatively, into what services we provide and gaps in what we could do better ● Suicide rates are one of the leading causes of death in youth - rate has risen by over 50% ● Suicide prevention is not an upstream approach - need to take step back and address this in schools, mindfulness, etc. - intersects with everything ● Addressing substance abuse is an area of passion <ul style="list-style-type: none"> o The opioid crisis is serious, but deaths related to alcohol are more frequent and not being addressed o Need to start thinking about raising alcohol tax rates <ul style="list-style-type: none"> ▪ Multnomah County is prohibited from raising taxes at a local level, so this would be a state-wide initiative ● Reproductive justice is another area of real importance <ul style="list-style-type: none"> o Roughly half of pregnancies are unintended o Most people don't realize that they're pregnant until about 8 weeks, but serious development occurs during that time and problems related to smoking, drinking, etc. 	Commissioner Meieran

	<p>frequently emerge as a result</p> <ul style="list-style-type: none"> o Looking into preconception care and pregnancy intention care - it's often too late once you get to prenatal care • Questions: <ul style="list-style-type: none"> o Mahad: <ul style="list-style-type: none"> ▪ There is a gap in care related to substance use issues for refugees ▪ There is a lack of culturally-specific services for immigrants and refugees ▪ Is there anyone to engage with to address that gap? ▪ Seeing issues particularly in 2nd generation immigrants and refugees o Commissioner Meieran: <ul style="list-style-type: none"> ▪ It is a huge gap and there is an awareness; we are looking to make changes, both long-term and short-term. ▪ Ebony Clarke, Director of Mental Health and Addiction Services, is aware of this issue and looking to make changes. ▪ There are particular challenges due to the trauma faced by refugees. <ul style="list-style-type: none"> • Let's connect and continue this conversation o Timur: <ul style="list-style-type: none"> ▪ Drunk driving is directly related to alcohol tax. When taxes go up, drunk driving rates go down ▪ Aligning MCPHAB with the priorities of the Board of Health can allow the board to focus and be more effective o Joannie: <ul style="list-style-type: none"> ▪ There often needs to be a community health worker who can help bridge the cultural gap when interacting with immigrants and refugees <ul style="list-style-type: none"> • Oftentimes there is a large degree of isolation that can compound 	
<p>Report out and leadership of Committee and Board Activities</p>	<ul style="list-style-type: none"> • Small Group breakout on Committee updates <ul style="list-style-type: none"> o Group 2 (Hanna): <ul style="list-style-type: none"> ▪ Discussed committee leadership ▪ Recommend providing synopsis of meetings similar to this meeting ▪ Discussed importance of popular education trainings and incorporating collaborative learning into our meetings o Group 3 (Alyshia): <ul style="list-style-type: none"> ▪ Robust conversation about the behavioral health center ▪ Finance committee meeting was incredibly useful and highlighted the importance for determining how we determine priorities as a board. ▪ Discussed the set of priorities that we've been looking at in PH Approaches <ul style="list-style-type: none"> • How do the priorities relate with Community-Powered Change and the CHIP? ▪ Suzanne: <ul style="list-style-type: none"> • The CHIP was used when determining the priorities ▪ Rachael: <ul style="list-style-type: none"> • From the CP Change side, strategies were determined based on the leading causes of death (it worked both ways) o Group 1 (Suzanne): <ul style="list-style-type: none"> ▪ Discussed the crossovers between the committees ▪ Tied the work into the value statement ▪ Appreciated how finance is the backbone, and that the tools provided are really useful <ul style="list-style-type: none"> • The tools told us where the grant money is, where the public funding is; helped determine where we can have an impact as a board • Can come up with long-term decisions ▪ Rachael: <ul style="list-style-type: none"> • Mindful of the allocation process that happens in the department • Would like to have an ad-hoc meeting with the Health Department Director <ul style="list-style-type: none"> a. It is difficult for scheduling because we receive the budget during the holidays and it moves quickly • Board of Health Opportunity proposal: <ul style="list-style-type: none"> o We have a really good statement that Cheryl read at the Board briefing that summarizes action that the Board has supported in the past o At the next two public hearings, we will submit that written statement for the record o Our action is that we continue to repeat the strength of our commitment and ask board members to come forward to provide their own personal testimony or statement. 	<p>Small group breakouts</p>

	<ul style="list-style-type: none"> o The first public hearing is November 12th, 10-12 at the Multnomah Building o The second hearing is December 3rd, 4:30-6:30 in East County <p>Action Items:</p> <ul style="list-style-type: none"> ● If you have an interest in a committee leadership role, talk with Christina, Becca or Suzanne ● Schedule a meeting between now and November 12th for those who want to make statements at the Board briefing <ul style="list-style-type: none"> o County staff will provide coaching for those who want to provide testimony 	
MCPHAB Business	<ul style="list-style-type: none"> ● The first Public Health Division All-staff meeting is on November 19th <ul style="list-style-type: none"> o The meeting is from 12:30- 5:00 at the Oregon Convention Center o Optional lunch from 11:30-12:30 o If you're interested, let Christina or Nathan know; there are a few spots open ● We have the opportunity to be in the Office of Community Involvement's newsletter <ul style="list-style-type: none"> o Stop by Dani Bernstein's office in the Multnomah Building on 11/21 at 3:30 and 5:30 o Dani will send questions in advance (e.g. why you joined the board) and will take responses and photos. MCPHAB will then be featured in the newsletter. ● Upcoming meeting times: <ul style="list-style-type: none"> o The next meeting will be to prepare for testimony on 11/12 o There will be a Doodle poll for a finance meeting in December o Thursday November 21st (Ethics 1:30-3:30, PH Approaches 3:30-5:30) ● Next year, meetings will still be on the 4th Thursday at the same time in the same building <ul style="list-style-type: none"> o This option got the most votes ● Finance meetings can be held at the Multnomah Building if it's the most convenient option ● If you have a preference for gift cards (e.g. Target), please let Christina know. 	Christina Brown
Wrap-up and Meeting Evaluation	<ul style="list-style-type: none"> ● Meeting adjourned at 5:36 	Suzanne Hansche, Becca Brownlee