



Multnomah County Public Health Advisory Board Minutes September 2020

Date: Tuesday, September 29, 2020

Time: 3:30-5:30pm

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. Hear an update on Crisis Care Guidance
2. Review COVID-19 vaccine planning documents
3. Have a planning discussion regarding the COVID-19 vaccine

Members Present: Suzanne Hansche, Becca Brownlee, Hanna Atenafu, Bertha Ferran, Cheryl Carter, Maribel Reyes, Rebecca Lavelle-Register, Maher Lazeg, Debbie McKissack, Daniel Morris, Joannie Tang

Multnomah County Staff: Dr. Jennifer Vines, Jessica Guernsey, Nathan Wickstrom, Dr. Ann Loeffler, Charlene McGee, Kim Toevs

Item/Action	Process	Lead
Welcome, Introductions & Minutes Review	<ul style="list-style-type: none"> Board members gave brief introductions Minutes from July meeting were approved by consensus 	Becca Brownlee, Hanna Atenafu
Crisis Care Guidance Update	<ul style="list-style-type: none"> Op-ed made it to the State and to their equity committee; they decided to stop the use of the guidance The State is going to reconvene the process for a new set of crisis care guidance Immigrant and Refugee Employee Resource Group wrote a support letter for the op-ed - MCPHAB members can join the meeting Crisis care guidance is in a little bit of limbo now as we get a process together Healthcare organizations will make their own decisions on crisis care Suzanne: <ul style="list-style-type: none"> Opportunity for members of MCPHAB to be part of State process Proud and grateful for the efforts of MCPHAB, which made these changes possible Maher is willing to provide help with the crisis care guidance process 	Dr. Jennifer Vines
Equity and Empowerment Lens 5Ps Process Review	<ul style="list-style-type: none"> The board took a look at the 5Ps tool and reviewed the questions 	Becca Brownlee, Hanna Atenafu
COVID-19 Vaccine Planning	<ul style="list-style-type: none"> Kim: <ul style="list-style-type: none"> We could hypothetically get as few as 500 vaccines, based on experience with H1N1 H1N1 vaccines didn't show up, and then when they did show up the quantities were much smaller than expected Couldn't plan - had a scarce resource mentality Had to question whether it made sense to microscopically divide up the vaccine and put in a lot of work for an ethical framework Sometimes there's a CDC directive, and sometimes there are broad categories given to prioritize, such as health care workers 3 vaccines are in phase 3 trials Joannie: <ul style="list-style-type: none"> When did vaccine trials start? Is literature available? Who was recruited to participate in the trials? Was there any stratification? <ul style="list-style-type: none"> Dr. Vines: <ul style="list-style-type: none"> Phase 1 trials started in March, which is much faster than typical One trial has 25,000 participants, one has 30,000 Adverse events during the trials have been minimal so far No breakdown of demographics - the news said that trials were having difficulty recruiting people of color Becca: <ul style="list-style-type: none"> OHSU shares infection numbers to help track health care worker risk Hanna: <ul style="list-style-type: none"> There is going to be a lot of mistrust around taking a vaccine Distributing the vaccine in itself raises a number of equity issues - are the 	Dr. Jennifer Vines

physicians going to be able to have conversations with communities?

- What are you hearing from friends and family about the COVID-19 vaccine?
 - o Rebecca:
 - Overwhelmingly people are saying they are going to opt out of taking the vaccine. These are the same people who are going in for flu shots and are parents really being impacted by this.
 - I'm not sure what will make me feel safe. Need a targeted information campaign.
 - o Becca:
 - Echoing Rebecca's comments
 - People are saying that it doesn't matter because they won't be first in line to receive a vaccine anyway so they don't have to decide if they want the vaccine now
 - o Joannie:
 - Also echo Rebecca's statement
 - Lack of trust in the process, federal administration, speed of process, CDC.
 - Most people are going to wait and see. Maybe once things start rolling out and there is more coverage, people might think differently
 - People are really focused on survival. How am I going to pay rent?
 - o Maribel:
 - A lot of community members are undocumented, so they aren't sure if they'll be able to get a vaccine without insurance; can't afford it.
 - Even if it's free, people don't want to give out information because they could get deported. Public charge is a big fear.
 - A lot of farm workers are just focused on survival
 - o Suzanne:
 - Older adults who are at higher risk of flu in general get flu shots.
 - They are leery of this vaccine due to lack of trust in federal leadership.
 - They also say they trust the medical experts.
 - So they are on the fence like they've never been on the fence before.
 - o Hanna:
 - People are adjusting to the new normal of wearing masks, etc..
 - In my community there is a lack of trust
 - People are saying they'd rather just stick with PPE instead of a vaccine
 - o Charlene:
 - REACH program received supplemental funding for a flu vaccine
 - People are willing to give the flu vaccine a chance, but wary of a COVID-19 vaccine
 - The strategy we landed on is connecting with those who have underlying conditions (e.g. asthma)
 - For example, every season Charlene's son skips his flu shot, the results are terrible
 - Encouraging health checkups
 - Promoting elders and women in the community
 - Starting a conversation internally around hesitancy among staff to get a flu vaccine
 - What comes to mind with a flu vaccine?
 - Engage behaviour around flu vaccine
 - Share strategies of what we're going to be doing
 - a. Go to those trusted leaders in the community
 - b. Have people who look like them in the medical field engaging
 - ACHIEVE - engaging this group for insight
- If we're going to say BIPOC community members are disproportionately affected, should we start with them or does that feel like they are test subjects? Or should healthcare workers walk the walk, though they are predominantly white?
 - o Becca:
 - A lot of healthcare workers feel pretty safe with PPE. Most other frontline workers don't have that protection. There's a racial and power gap.
 - Healthcare organizations are highly regulated and controlled
 - o Maribel:
 - Primary consideration is safety; farm workers aren't sure if they would be safe from ISIS, public charge, etc.
 - o Maher:
 - Need to make sure it's known by the communities that vaccines are free,

that information is provided in different language, transportation is provided, and that identification is not needed.

- o Joannie:
 - Long-term care facilities are at highest risk.
 - I'm really concerned about undocumented workers because they often don't have insurance, especially that provides preventative care.
 - Medical workers don't have a severe PPE shortage anymore, whereas people in the disability community are still having trouble accessing PPE.
- Do people think that healthcare workers should be first in line?
 - o Maher:
 - Healthcare worker can be very broad; any person who provides support, such as an administrator, is also valuable
 - o Suzanne:
 - Could we find ourselves in the position where this is all we have (one shipment of vaccines)?
 - Yes, that is a possibility
- If people had to choose between front line health care workers or workers/residents of long-term facilities?
 - o Daniel:
 - Going back to the crisis care guidance conversation – health care workers should get an extra point as a priority.
 - It could do a lot of good towards building trust in the efficacy of a vaccine for the rest of the public.
 - It could also address potential fear from the public of getting COVID-19 from health care workers
 - o Joannie:
 - There are a lot of people with chronic illness and/or disabilities who are putting off care or procedures out of fear of contracting COVID-19 from workers
 - o Suzanne:
 - There are things we can do to protect others beyond vaccines. If we did more for them, then we wouldn't necessarily have to put groups vying for vaccines in confrontation with each other
- Who do you think of as essential employees?
 - o Maribel:
 - I think of farmers, food producers, bus drivers, community leaders, etc. as being essential
 - o Hanna:
 - People on the frontline, such as cashiers
 - Going back to the equity lens, there are a lot of equitable challenges for who should get a vaccine
- **It's not clear that county-level public health will be able to direct vaccines to groups other than those listed by CDC. It's also not clear how many doses of vaccine Multnomah County would get locally. Using a hypothetical example of 500 doses in Multnomah County, there was consensus that vaccinating staff of long-term care facilities could be a good way of protecting both essential workers and the most vulnerable.**
- Final thoughts:
 - o Suzanne:
 - Important that our public education has transparency that allows people to understand what choices and options there are. Even though I talk with a lot of older adults and people are more skeptical of this vaccine than they have been in a number of years, nobody is expecting a shortage. I think it's important to share that we're likely to be in a situation in which we can't vaccinate everyone who wants to be vaccinated.
 - We have to be prepared to accept how leaving people behind will impact the future
 - o Daniel:
 - I've been doing a lot of data analysis on prison populations where we've been seeing some of the largest outbreaks. I want to think about how to vaccinate people in custody and people who work at those facilities.

Action Items:

- Address Becca's question from the text:
 - o Can we get clarity on how distribution plans are shared with the public? If it is invite only, how is that information shared?

	<ul style="list-style-type: none"> • Jessica will share the 'after-action' reports from H1N1 for folks to see the lessons learned • Staff will share vaccine literature with Joannie 	
Wrap-up and Meeting Evaluation	<ul style="list-style-type: none"> • What worked? <ul style="list-style-type: none"> o Zoom worked well o Everyone spoke and participated o Materials that Dr. Vines shared were educational o Appreciated the validation around something there's no easy answer to • What could be improved <ul style="list-style-type: none"> o Using the 5Ps Document <ul style="list-style-type: none"> ▪ Could potentially split into breakout rooms to discuss the deliberation question while using the tool • Complete online meeting evaluation • Meeting adjourned at 3:45pm 	Becca Brownlee, Hanna Atenafu