

Multnomah County Public Health Advisory Board Minutes January 2021

Date: Thursday, January 28, 2021

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. Learn about Chair and Vice Chair nominations
- 2. Hear updates on local COVID-19 vaccination efforts
- 3. Share feedback on vaccine process and next steps
- 4. Hear updates from fellow Board members

Members Present: Suzanne Hansche, Becca Brownlee, Hanna Atenafu, Timur Ender, Ryan Petteway, Laurel Hansen, Debbie McKissack, Daniel Morris, Joannie Tang

Multnomah County Staff: Jessica Guernsey, Nathan Wickstrom, Adelle Adams, Bernadette Nunley, Nicole Buchanan

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Item/Action	Process	Lead	
Welcome, Introductions, Agenda & Minutes Review	 Attendees introduced themselves and did a mindfulness activity No agenda modifications were suggested October meeting minutes were approved 	Becca Brownlee, Hanna Atenafu	
Public Comment	There were no public comments	Becca Brownlee, Hanna Atenafu	
Chair and Vice Chair Nominations	 Becca is currently serving as Chair Hanna is currently serving as Vice Chair Great opportunity to learn and grow Minimum time commitment is a 1-hour meeting per month Becca is not planning on staying on as Chair or Vice Chair, but would be happy to support those stepping into the role Voting on new Chair and Vice Chair will happen at the next full board meeting in April A survey will go out in March to submit nominations There is the opportunity to take on leadership roles in PH Approaches or Ethics Committees 	Becca Brownlee, Hanna Atenafu	
COVID-19 Vaccine: Background Review / Q&A / Deliberation	Updates from Jessica: O Federal government is having to build a plan now, since there wasn't one previously in place O The Governor is creating the framework for vaccine distribution O The initial intent was to vaccinate frontline healthcare workers, but this has been expanded more broadly O The majority of 1a workers are in the Portland metro area • The Public Health Division (PHD) is trying to be a matchmaker for hospital systems to connect them to workers not affiliated with hospitals • e.g. community health workers • PHD helped create a survey for unaffiliated healthcare workers to sign up • As far as we can tell, we still have 40,000-50,000 workers in this 1a group who have yet to be vaccinated O The Governor has pushed up educators as prioritized group for vaccines, creating a bottleneck O The State found 17,000 additional vaccines to go towards 1a folks in Multnomah County O 1a is a really broad category • We used an equity lens and epidemiological data to prioritize those most at risk of exposure O The State has offered to give us additional vaccines for the next two weeks to help People have the illusion that when they are eligible they can immediately receive the vaccine, when in reality there isn't the supply This is the first week that we are offering vaccines to educators We aren't seeing epi data proving high spread or risk in this group Teacher Union criteria for opening schools was getting the vaccine for teachers	Jessica Guernsey	

- The PHD is filling in gaps from pharmacies and for those who can't go to hospitals or other areas for vaccines
- o Leaves us in a precarious position of not having enough supply to take care of existing priority groups when new groups are getting pushed to the front
- The state Vaccine Advisory Committee (VAC) is still meeting to finish recommendations for the rest of 1b
 - Recommendations will be submitted the first full week of February
 - There is high pressure with a lot of dynamics; it's a compressed, stressful situation
- After education, the State will begin rolling out the age tiers (e.g. 80+ adults)
 - Adding populations without more vaccine
- o What can MCPHAB wrangle with this on where we can provide some input or do some information gathering?
- o A lot of stuff is added without County input
 - We weren't part of the educators conversation, and raised concerns about the incarcerated population
- o Hopefully will have a little more vaccine from the Federal government, but we are in a scarce resource situation

Questions & Comments:

- o When the Governor or State determines the vaccine sequencing framework, what is the level of flexibility vs mandate?
 - The State OARs released vaccine guidance that was quite clear in terms of stringency. Can understand why they did this, because there is the opportunity for people to do whatever they went
 - LPHA has rather broad powers Jessica can already see some areas where she can press pretty hard on
 - The State has been pretty prescriptive in the interpretation. A lot of that is likely due to the bad press early on
 - Confident that if we have a strong epi argument, we will be able to negotiate
- Sequencing is just one piece of this. Even if you're eligible, the supply doesn't necessarily exist. There have been many questions around equitable access so that people feel comfortable getting vaccinated. Need a thoughtful approach to make sure people get vaccines when they're available. I heard good feedback from the community around community testing events in the past when partnering with Multnomah County. Community members aren't going to want to go to the clinic or to the convention center
- Older adults are finding it traumatizing to try to sign up for vaccines. Glad to hear that people can get information from 211, but we need the information to be clear.
 We are being told not to go to large areas, but now have to navigate the convention center. I'm afraid that signing up for the vaccine is adding to the trauma.
- o Thank you for pulling back the curtain.
- o Did OHA give regional hospital systems the bulk of the vaccine at the beginning with the expectation that they would be sharing them with other clinics?
 - PHD wasn't at the table with the initial planning
 - They are continuing to give the bulk of the vaccines to the hospital systems
 - They want to continue to give them to high throughput vaccine clinics, but we know that we can't have a cookie cutter approach
 - PHD doesn't have the operational capacity to provide large amounts of vaccines
 - Going to leverage partnerships
- Hearing concerns from folks in disability communities, and folks who are risk of anaphylaxis
 - Some folks at risk of anaphylaxis would prefer to get the vaccine in an office, and not in a parking lot
- o OHA distributed a 10-page FAQ that had an erroneous infographic
 - Failed to recognize that people with intellectual disabilities were actually in
 1a
 - DRO is collecting stories and testimonies of any issues that they've had
 - Here is the url to share stories: https://www.droregon.org/vaccine-story
 - A lot of people are eligible, but there are so many questions
 - Information provided by OHA is unclear and there's mass confusion. People are not sure how to get access. There is concern that going to the convention center could be a super

spreading event

- o Debbie signed up for her vaccine through Legacy
 - It was well-organized, people were wearing masks, there were observers and they were asking people to self report
 - Vaccine was painless had a sore arm for a day
 - Next shot will be at the convention center in 4 weeks
- o Is there a plan to have universal scheduling for all of the hospital systems?
 - One problem that keeps coming up is people are getting one shot, but not getting scheduled for a booster
 - There is confusion around getting the second vaccine
 - OHA orders 2nd shots on behalf of sites to match the delivered 1st doses. Vaccine sites are responsible for managing inventory to assure that 2nd doses will be available.
- o Do we know the percentage of people of color who are over 65?
 - Is it anyone over 65, or people of color over 65 who will be vaccinated?
 - We know who is more likely to live longer this would again be prioritizing white lives
 - Locally we are looking at how to operationalize this using an equity lens, working with community partners
 - This could be a really good question for MCPHAB to raise equity won't play a part in decision making until 1b, which keeps getting pushed back
- o On 1b, there hasn't been a lot of specificity after educators. Has there been a lot of discussion on how to center equity in prioritizing essential workers?
 - We know this information really well in Multnomah County, but we haven't heard it from the State
- o From a legal standpoint, you cannot say BIPOC explicitly
 - The issue is so politically charged, it now seems like they are pitting BIPOC folks against everyone else
 - This has been the Pacific Islander experience
 - Caucus letter not written in alignment with the community
- o It makes epidemiological, social justice sense to vaccinate people of color first
 - Need to shift the conversation from race to dealing with racism
- o In the Ethiopian community, conversation around even getting tested is still fragile
 - Still trying to promote getting vaccinated
 - Grouping folks in group 1a isn't a good way to dismantle racism; it is pitting folks against one another
 - MCPHAB could connect in an ad-hoc format
- o A special committee on COVID response formed during the legislative session
 - We might get more traction sending folks from MCPHAB to give testimony
 - This is a both and situation
 - Suzanne and Ryan support this
 - Suzanne would be willing to join an ad-hoc group
- o Careful with the media approach, which has been a driving factor behind a lot of the anger
- Best thing we could do is write a message directly to the VAC
- Multnomah County is one of the only LPHAs working with the community with vaccine distribution
 - We could send a letter as MCPHAB, stating that partnering with the community works and we could demonstrate how that partnership works
 - Present a model for folks across the state
- o There was Board consensus to draft a letter to the VAC

Action Items:

- Jessica is going to follow up with Joannie on her throughput question
- Provide public comment during the legislative session to the COVID response committee (option)
- Draft a letter demonstrating successful community partnership with an LPHA to be used as a model across the state (option)
- A MCPHAB subcommittee will draft a letter to the Vaccine Advisory Committee
- Nathan will schedule a subcommittee meeting with interested board members

Legislative Agenda:

- o Do we pull out the Modernization aspect and provide direct testimony instead?
- OSHA Infectious Disease Standard
 - o Opportunity to protect essential workers, taking lessons from pandemic
 - o Daniel is willing to help with this letter

Suzanne Hansche

Vote on Draft Letters

	Adelle:	
	Adelle: O Government Relations staff have reached out to see if folks would like to provide	
	testimony at the PH Modernization hearing along with Jessica	
	o Hearing is scheduled for February 9th from 1-3pm	
	 Do not have a time certain 	
	 It would be a separate sign-up, giving a full 3 minutes to testify 	
	MCPHAB could provide a community perspective, which would be powerful	
	o Hanna, Alyshia, Joannie, Becca and Suzanne expressed support for this work	
	 Hanna is willing to provide testimony Ensure that we won't be taking away from the funds of the priorities put 	
	forward by the Racial Justice Council	
	The Board approved the following:	
	o Finalizing the Letter of Support for the Legislative Agenda	
	o Finalizing the OSHA Infectious Disease Standard letter	
	o Providing testimony at the PH Modernization hearing to support funding	
	Action Items:	
	 Complete the two letters that have been drafted (see above) Nathan and Adelle will work on scheduling a meeting with Board members regarding 	
	testimony on PH Modernization	
	Updates or community resources	
	o Becca might be checking with folks regarding her grad school capstone project,	
	related to violence prevention	
	 Violence prevention legislation proposed, which could be a future action 	
	opportunity for the Board	
	 Interesting approach could be researching hate crimes/white supremacy culture, as that research is lacking 	
	Book recommendation on the topic: Dying of Whiteness	
Updates and	 Child welfare funding - reports of abuse and neglect that are never followed 	All
Sharing	up on	
	 There are a lot fewer reports coming out, but a much higher 	
	percentage of substantiated reports	
	Oregon Pacific Islander Coalition Remained at top of positive cases list since April	
	o Organized to be state-wide	
	o Some areas of focus: data modernization, mapping, partnering with other BIPOC	
	communities	
	Meeting adjourned at 5:30pm	
	Chat notes: o Timur:	
	o Timur: Got to give a quick shoutout to Ryan. He is featured in Power & Health	
	PBS documentary; I really enjoyed watching it.	Becca Brownlee, Hanna
	https://www.pbs.org/show/power-and-health/	
	o Joannie:	
Wrap-up and Meeting Evaluation	Something else that I'm seeing is that folks might be able to get the 1st initiation but apply and their one line and the series are less are less and the series are less are le	
	injection, but can't get their 2nd injection until 6 weeks or later when Moderna (e.g.) want is supposed to be 4 weeks later. Is this an issue with	
	timing and efficacy?	
	o Timur:	
	 +1 to Ryan's comment. It really seems like this is strengthening not 	
	dismantling inequities if we are addressing by age.	
	o Joannie:	
	 I completely agree with Ryan. We know who is disproportionately affected - BIPOC, folks with disabilities, elders 	Atenafu
	 Also, where are the essential workers that many BIPOC work in - food 	
	processing? farm workers? factory work? grocery store workers?	
	o Becca:	
	Would love us to consider how we can uplift and support BIPOC voice on	
	VAC in our next steps	
	o Joannie: This is reminding of the same conversation that we had with OHA a month	
	or so ago.	
	 I'm down to support that messaging and turning it upside down. 	
	o Alyshia:	
	 I feel some type of way about the BIPOC caucus letter. It was not written in 	
	alignment with the community.	

- o Ryan:
 - We need intersectional prioritization, e.g.: age x race, occupation x race, age x occupation x race
- o Joannie:
 - age x race x disability, race x disability
- o Joannie:
 - I agree; if we can help present a solution and model, folks are more receptive.
 - I know folks on the VAC; I can reach out to one directly if needed
- o Joannie:
 - I won't be available at that time, but fully support the testimony proposal.
- o Daniel:
 - I support this proposal and would volunteer to help finalize the OSHA letter
- o Adelle:
 - Thank you all! I will follow up with the County GR team tomorrow morning and Nathan, Bernadette and I can follow up with you regarding next steps/process for testimony development.
- o Becca:
 - Totally, Suzanne. Daniel and Timur have especially helpful in making sure that priority is addressed. Also trying to center communities and avoid pitfalls of tactics like broken windows approaches or enforcement that results in disproportionate contact with law enforcement. Thanks for your insights, all. So fortunate to be doing this work and learning from all of you.
- o Daniel:
 - https://www.oregon.gov/dhs/CHILDREN/CHILD-ABUSE/Pages/Data-Publications.aspx
- o Timur:
 - I'm looking into pulling some ppl together at PBOT (Portland Bureau of Transportation) to see what our role is in reducing gun violence. I'm not entirely sure what it entails, but I think there is something to be said about trees, streetlighting, and equitable transportation investments. Feel free to reach out if you have any ideas/suggestions.
- o Ryan:
 - @ Timur you should connect with Charlene McGee (<u>charlene.a.mcgee@multco.us</u>) and Tameka Brazile (<u>tameka.brazile@multco.us</u>) with the MCHD REACH program -- they're actively planning violence and transportation projects with youth right now