



Multnomah County Public Health Advisory Board Minutes June 2021

Date: Thursday, June 24, 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. Guide the Public Health Division in how to share out the leading causes of death data
2. Provide input on MCPHAB acting as the CHIP advisory board
3. Discuss options for creating a shared leadership structure
4. Hear policy updates and determine next steps

Members Present: Suzanne Hansche, Becca Brownlee, Hanna Atenafu, Joannie Tang, Ryan Petteway, Timur Ender, Alyshia Macaysa

Multnomah County Staff: Jessica Guernsey, Nathan Wickstrom, Jason Thompson, Adelle Adams

Guests: Derek Smith

Item/Action	Process	Lead
Welcome, Introductions, Agenda & Minutes Review	<ul style="list-style-type: none"> Attendees introduced themselves No agenda modifications were suggested There was not a quorum for meeting minute approval 	Becca Brownlee, Hanna Atenafu
Meaning Making Discussion on Leading Causes of Death Data	<ul style="list-style-type: none"> Meaning making - not extrapolating meaning from the data without doing some grounding in the communities about what we're talking about Public Health is inundated with white dominant structural culture that we're going to be unpacking actively We've been doing this iteratively - looking to this group for guidance Unmarked graves discovered in Canada Elevating long-term strategies with redistributing power Moving out of the direct service approach and pushing towards change Feedback from the community needed to having the data crunching on the computer Connecting to the CHIP <ul style="list-style-type: none"> There will continue to be barriers to services until we bring resources to where people are at, elevate those voices, and address social determinants of health During vaccine discussion, we talked about the need to bring the vaccines to where people are at and reducing barriers Tied directly to PH Modernization Just steering back to the Board of Health work <ul style="list-style-type: none"> As we're having the COVID recovery discussion, we need to pivot conversation to long term Chair has one more year before election cycle With the Pacific Islander community, contracting COVID was the tip of the iceberg - why did it happen so severely to the community? <ul style="list-style-type: none"> We were heading in this direction - as COVID-response funds dwindle, we as a community are sitting in heavy reflection Efforts need to be made to explain why this data exists <ul style="list-style-type: none"> We don't unpack the reasons for why Black people are dying at higher rates What action can be taken to intervene? <ul style="list-style-type: none"> Cancer mortality should be broken down by type <ul style="list-style-type: none"> lung cancer - we don't report data on things that are significantly causing these conditions Why are we also not talking about air quality or air pollution and their connection to heart disease? We need to contextualize and significantly center the structural drivers for how we got here to begin with What are the shared drivers that are the causes of this? <ul style="list-style-type: none"> e.g. People go to access to healthcare, but it is not the sole solution for all of these issues Need to have the drivers be much more prominent Varies by audience for us - late to the game in connecting structural realities to what we have <ul style="list-style-type: none"> Began that in 2018 in bringing the data to the Board of Health - termed as exposures 	Jessica Guernsey, Adelle Adams

- o Could be messaged a lot better
 - Perhaps the message brought to MCPHAB should be similar to what is brought to other communities
 - Overlaying COVID data and gun violence - will be really careful on this conversation because it's the type of issue that biologizes data
- Traffic crashes
 - o Transportation departments try to protect themselves and blame individual behavior
 - o Less emphasis on structural factors, which Vision Zero focuses on
 - o Doesn't factor in built environment
 - e.g. correlated to vehicle miles traveled
 - o Access to power plays a role - East Portland doesn't have the same access to power
 - o Need to take away the emphasis on individual behaviors in traffic incidents
 - o If we're only looking at traffic modeling, we're not looking at the larger issues
- Need to circle back with [REACH on the traffic report](#)
- There is an opportunity to work with Brendon Haggerty on the areas of unintentional injury and air quality
- Multiple generations of design - to acknowledge that is one step
 - o How do we pass policies that start to undo things?
 - o That will inevitably be political
 - o Need to spin some kind of movement to show that we're willing to engage in this matter
 - o Turn data into something that says we have lost this many lives due to poor air quality
 - Put a number, price tag, bodies
 - Turn data into something that people can rally around
 - Data needs to be specific
- Just got hospital/discharge data that we intend to be specific with - using geolocation
- Make sure we're intentional with our data and not pointing fingers at the community
 - o Political barriers - people have labeled medicine/pharma as health, rather than public health
 - o Need to take away from the individual and look at the systems - e.g. hold tobacco companies accountable
- Health Authority 108 advisory group
 - o Looking at how to delegate funds from tobacco tax
 - o Got into an in-depth conversation - keep coming up against putting the onus on individuals in communities most impacted
- Better contextualize data - data will be subverted to make a case
 - o We're measuring racism, we're measuring sexism - make it clear
 - o Need to situate it with the context, otherwise a false narrative around race is created
- There are straightforward ways to improve the process
- Deep dive into what data we have, what we use and why we use it
- Need to start contracting with community members themselves to have them collecting their own data
 - o Involve them at the beginning so that they can collect data from the outset
- Reframe that this is good public health practice
- Dominant practice is a narrow, outdated, ineffective practice
- How can we be the voice as MCPHAB for what good public health practice looks like?
 - o Connect to the drivers that we're all very concerned about
- County defines itself as safety net services
 - o Defines itself as a collection of safety net services for the community, even though it is the policy making group
 - Rachael was the first public health director to elevate that
 - o Things quickly go to access to clinics/healthcare
 - o Heavy lift to get the Board of Health to understand that their role is to address these issues from a long-term perspective
- We've been building our credibility with the current Board of Health
 - o Looking at a timeline of one year
 - Stood up some policy recommendations from two years ago
 - Don't sense any hesitancy on their end to stand up these policies
- We have to very carefully plan out the onboarding of the next Chair, Chair's Office, and new Board
 - o This is what Public Health practice is
 - o There are some really wide open possibilities, but we have to be strategic

	<ul style="list-style-type: none"> o Commissioners are elected - they represent us • Rachael set us up with a strong foundation • How can we retool the 2018 Board of Health presentation to impact and show the historical injustices that have occurred in each district, rather than these are the injustices, here you are • We will be working through the recommendations and will come back with a plan 	
CHIP Update	<ul style="list-style-type: none"> • Previously had a contract with OHEA, but it ended in 2020 <ul style="list-style-type: none"> o The work was pivoted to support communities during the pandemic • Wanted to find a way to have some sort of advisory group <ul style="list-style-type: none"> o Clackamas/Washington counties also have a CHIP <ul style="list-style-type: none"> ▪ HealthShare is in alignment o Clackamas PHAB is their advisor for the CHIP <ul style="list-style-type: none"> ▪ Natasha will meet with the Clackamas coordinator • CHIP = Community Health Improvement Plan <ul style="list-style-type: none"> o Guiding document on guiding strategies and goals for the Public Health Division o OHEA created the whole process and got direct community input <ul style="list-style-type: none"> ▪ Typically done internally by staff o 5 strategy areas • Hospital systems and local jurisdictions have CHIPs; this one is specifically for Multnomah County • Will continue this conversation over the next few meetings • Would have the opportunity to determine which organizations are receiving grants <ul style="list-style-type: none"> o Grants always end up going to the same communities • CHIP can be an anchor in community voice <ul style="list-style-type: none"> o Some people have very specific sector expertise, which will be helpful for guidance • Is MCPHAB representative of the communities/CBOs that we would be supporting? <ul style="list-style-type: none"> o How are we making sure that there is representation on the board? e.g. tobacco • CHIP would also impact internal processes <p>Action Items:</p> <ul style="list-style-type: none"> • Natasha will try to connect MCPHAB to Clackamas PHAB for coalition building • Natasha will share the CHIP document with Nathan, who will share it out to MCPHAB 	Natasha Davy
MCPHAB Leadership Structure	<ul style="list-style-type: none"> • Hanna is thankful for the nomination to Chair, but has to step down due to personal and professional reasons <ul style="list-style-type: none"> o Willing to be in an interim role and continue to facilitate • We did a lot of work during the pandemic, and a lot of the burden fell on leadership • What can we do to engage leadership across the whole board? <ul style="list-style-type: none"> o How do we encourage others to step up and share knowledge? o Share facilitation responsibilities o How do we have a shared responsibility for leadership? • Leadership meetings have been opened to others in the past; can build on that • Every time we do something extra, it's a lot more work, but it's had the most impact as well • How can we get engagement from everyone? <ul style="list-style-type: none"> o We only talk about minimum attendance • Many hands makes light work • Extra work could happen at the board meeting itself <ul style="list-style-type: none"> o Spend a lot of time determining what time action items are • Rotating facilitators could be a potential strategy • What does pandemic recovery and healing look like? • Desire to flatten the hierarchy <ul style="list-style-type: none"> o Could have a Nathan liaison for quick response • Bring this forward at the retreat; spread the burden of responsibility and activism across all 17 members <p>Action Items:</p> <ul style="list-style-type: none"> • Nathan will create a Doodle poll with dates for the July MCPHAB retreat, along with planning date options • Add a discussion about MCPHAB leadership structure to the retreat agenda 	All
Policy Update	<ul style="list-style-type: none"> • Suzanne mentioned some bills being considered related to MCPHAB priorities: <ul style="list-style-type: none"> o SB567 - crisis care standards - nondiscrimination in healthcare settings o HB3035 - healthcare standards in corrections o SB70 • Session wrapping up on Sunday, so everything is getting changed throughout the week • Modernization is moving forward, being funded for \$45 million • HB2414 - new racism as a public health crisis bill • Tobacco bills are on the move 	Adelle Adams, Suzanne Hansche

	<ul style="list-style-type: none"> Shared a lengthy document - all ones that PH was tracking <ul style="list-style-type: none"> Will invite GR next month If you have any specific questions that you would like to have GR touch on or speak to, reach out to Nathan and Adelle <p>Action Items:</p> <ul style="list-style-type: none"> Adelle will invite Government Relations to the MCPHAB July retreat 	
Wrap-up and Meeting Evaluation	<ul style="list-style-type: none"> Chat notes: <ul style="list-style-type: none"> Alyshia: <ul style="list-style-type: none"> Yeah I think the timing is aligned in that a lot of community folks are shifting from COVID-19 response to COVID-19 recovery and broadening the determinants of health that we address How does the leading causes of death work tie into all of the public health modernization work happening? https://www.bbc.com/news/world-us-canada-56110005 Ryan: <ul style="list-style-type: none"> Agenor 2021: Developing a Database of Structural Racism-Related State Laws for Health Equity Research and Practice in the United States https://journals.sagepub.com/doi/full/10.1177/0033354920984168 Alang 2021: White Supremacy and the Core Functions of Public Health https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2020.306137?journalCode=ajph Develop some “avertable deaths/YPLL” based on geography, class, race/ethnicity, sex Tie each YPLL to some measure of context, some crude sort of attributable risk fraction work Timur: <ul style="list-style-type: none"> https://oregonwalks.org/fatal-pedestrian-crash-report/ https://www.multco.us/reach Suzanne: <ul style="list-style-type: none"> Ryan Petteway’s suggestion to develop some “avertable deaths/YPLL” will identify where investments are being made that averts deaths in some communities and help us to recognize that some communities are left behind and that relates to Timur’s traffic mortality reality - we have to recognize how our decisions to invest or not to invest matter Ryan: <ul style="list-style-type: none"> Maybe MCHD should consider hiring community organizers as full-time staff to work within specific board of PH jurisdictions? Alyshia: <ul style="list-style-type: none"> I think this conversation is also very related to the piece we’ll talk about later with MCPHAB leadership and structure And how we continue to build our power and influence as a body with a major leadership transition on the horizon Suzanne: <ul style="list-style-type: none"> I have wondered what could come about if PHD brought all of their community advisory boards together to elevate the collective work Ryan: <ul style="list-style-type: none"> Perhaps of interest and relevance re: building community power etc: https://dornsife.usc.edu/eri/lead-local/ Suzanne: <ul style="list-style-type: none"> SB 567 relates to MCPHAB work on Crisis Care Standards Meeting adjourned at 5:38pm 	Becca Brownlee, Hanna Atenafu