

Multnomah County Public Health Advisory Board Minutes - September 2023

Date: Thursday, September 28, 2023

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. Strengthen our bonds of community and trust
- 2. Provide input on complaint-driven systems through an ethics deliberation
- 3. Finalize priorities for this term and gain clarity on the areas of focus

Members Present: Ronica Reimers, Karen Wells, Jennifer Phillips, Joannie Tang, Keara Rodela, Lane Shaffer, Laurel Hansen, Sarah Taylor, Courney Wood, Erika Zuel, Haley Mountain, Jazmin Kling

Multnomah County Staff: Neisha Saxena, Adelle Adams, Nathan Wickstrom, Amie Zawadzki, Jeff Martin, Andrea Hamberg, Valdez Bravo

| Item/Action | Process | Lead |
|--|---|-----------------|
| Welcome, Introductions, Agenda Review | Introductions - name, pronouns, what's your favorite fall beverage? Lane reviewed the agenda | Lane Shaffer |
| Public Comment & Board Sharing | No public comment Information sharing and updates: With Nathan's transition into his new role, his last full Board meeting will be in October and Amie will continue supporting MCPHAB Based on poll results, the 4th Tuesday of the month at 3:30pm works best for recurring meetings Next meeting: October 24th at 3:30pm in-person with a virtual option Joannie: may have scheduling conflicts Please reach out to Nathan if interested in attending an in-person orientation Valdez: Rachael Banks starting as our Health Department Director on November 15th | Lane Shaffer |
| Background Review / Q&A | Complaint-driven systems Inspections teams - Healthy Homes & Communities, Vector Control and Code Enforcement, Food Food Inspections e.g. someone getting sick after eating somewhere, finding a foreign substance in their food Vector: complaints around rodents e.g. seeing rodents at a business, someone not properly feeding birds, chickens/roosters and not maintaining that environment Healthy Homes & Communities e.g. wood fire restrictions for recreational activities Complaints are sometimes personal; pits neighbor against neighbor e.g. complaints against former employers A lot of legitimacy around complaints (foodborne illnesses and employees) o Operators not holding up to regulations Questioning what is happening before we take any actions moving forward Addressing complaints in Environmental Health Questions: Sarah: What about complaints that have to do with industrial air pollution or smells from industry, drug use? (health concerns around air quality - industry around North Portland and other areas) There is a complaint-based system through Department of Environmental Quality (DEQ) - monitor and have regulations Option to remain anonymous, provide contact information Karen: Is there a one-pager for regulations around wood smoke from fire places? Jeff: link to website + email system Lists days you shouldn't be burning Exemptions = cooking and heating homes, especially during | Jeff Martin |

| | Elders not too willing to go to a link, but are more willing to look at a flyer Jeff will follow up with the group regarding the flyer o Ronica: What about noise complaints? Do people report noise complaints? | |
|---------------------------------|--|-----|
| | Jeff: Port of Portland has a noise complaint line to get information for when they will be doing some more aggressive take off and landing City of Portland Noise Complaint Bureau has a system for noise complaints e.g. concerts, restaurants | |
| Breakout Room Discussions | In breakout rooms, use the 5Ps equity tool to discuss: How to make the complaints based system more equitable? Breakout Room 1 discussion: How do you prove a complaint is valid or not? Who typically complains? - e.g. folks who don't trust the government system Some folks don't know it exists or have access barriers Who gets to complain and who gets complained about? Not an immediate action: not based on sole complaint Oregon Indoor Clean Air Act → 1st complaint = letter, 2nd = unannounced site visit Is Demographic information collected? a. State: don't believe so, folks can remain anonymous Restaurant: don't believe so, folks can remain anonymous Restaurant: don't believe so, folks can remain anonymous Restaurant: di actionable and something that's a violation, a site visit can happen almost immediately For folks who don't have a phone or computer → can they come in-person? Are forms and/or processes translated in other languages on the website? Courtney: What languages are these translated in? Feeling the right to make a complaint Who is and how they are placing complaints can be obscure Utilizing offices/existing locations to walk in and make a complaint (different avenues for complaints) would be more equitable People are worried their reports won't lead to any action Can be difficult for front-facing people (e.g. customer service); some people may remove someone from the front and add some sort of kiosk system Adelle: Complaints be given in person, or are they only accessed using a computer internet access, or phone? Are folks able | All |
| Large Group Deliberation | Doing an analysis of complaints that have been given and presenting that data could be helpful What types of businesses/organizations have primarily been complained about? Who's complaining, who's not, what's being complained about? They have a lot of data - it would be nice to see the data, see what they are extracting out of that to lead to more informed decisions/ discussions When they get a complaint, does it go to multiple people? Who gets the complaint, who ends up responding? Person-to-person contact is the preferred method for lodging complaints Helps to diffuse the fear and anxiety of individuals coming forward and leads to resolution Changes to rodent complaint process; moved away from a purely complaint-based system | All |

| 0 | |
|--------------------------------------|--|
| o | increased rodent population Sending postcards to people in neighborhoods and doing a more neighborhood |
| 0 | proactive approach |
| | Information and site inspections + integrated pest control strategies |
| | Started on SE Division and Powell |
| Andre | ea: Vector Control and Code Enforcement work |
| 0 | Respond to community members concerns and complaints (homes and |
| | neighborhoods) \rightarrow site inspection, resources, looking from an environmental |
| | standpoint (not just throwing poison) |
| | Rats are often at formal and informal encampments |
| | Ideally people are housed in safe housing they can afford, but that often |
| | isn't possible due to a number of factors, which results in people housing |
| | themselves in tents |
| | They are at increased risk of communicable disease, |
| | contamination of food |
| | Priority of the program is to address the greatest risk of harm Deduce risk of vector here disease (rate is cented with peeple) |
| | Reduce risk of vector borne disease (rats in contact with people) Will receive additional funds on November 21st for this work |
| | Want to move from a complaint based to a relationship based |
| | system |
| | a. Relationship based = how to reduce through |
| | environmental controls |
| | b. Proposing more formal encampments in the county as a |
| | way of providing more stable housing |
| | Protecting food, keeping water sources under |
| | control, tents off the ground |
| | fer: How is this getting implemented? Folks are moving around often. |
| | ea: We are in early days of implementation |
| | City is creating 6 safe rest sites with our recommendations |
| 0 | |
| | What happens next: getting staffed up, hiring an environmental |
| | houselessness coordinator, licensed environmental health specialist, |
| | rodent control specialist, vector control specialist |
| | Hoping to create a new position and increase funds for services like food safe storage containers |
| | Focused on more stable housing |
| 0 | Several jurisdictions across the country have more proactive approaches |
| · | Would need a more populations-based approach; currently limited to 2.5 |
| | employees, while LA county has 18 positions |
| Karer | n: Part of maintaining some level of health is access to water (drinking and for |
| | nal hygiene) |
| 0 | There are facilities around the globe that provide those services |
| 0 | 5 1 5 5 |
| 0 | ······································ |
| | showers (we fund this very minimally) |
| | People can access showers at the Behavioral Health Resource Center, |
| | but have to have a ticket to enter |
| • Correl | The need outweighs the capacity |
| Sarar O | n: North Portland has several shelters and a large houseless population They need to go downtown to get a referral |
| 0 | |
| 0 | |
| 0 | |
| Ŭ | walk in and say they need shelter tonight |
| | Housing would be the focus, but can walk in and address public health |
| | concerns as well |
| | Perpetuating the problem by making them go downtown |
| | Libraries are good resource centers, but they are already pretty crowded |
| 0 | Andrea: North Portland shelter is opened during emergencies, such as hot or cold |
| | weather events |
| | n: Does each sector/neighborhood have "sites" that offer support services for the |

| | houseless - clean eater, running water for personal hygiene? | |
|-------------|--|---------------------|
| | • The board reviewed the list of priorities identified by MCPHAB and staff at the retreat | |
| | • Staff are hoping to gain more details and context on the priorities that received the most | |
| | votes and confirm the areas of focus for the board this term | |
| | MCPHAB came to a shared agreement to focus on the top 6 priority areas (those that | |
| | received 3 or more votes) | |
| | Keara emphasized rehab and youth substance resources and proposed tweaking the wording to "uninsured and underinsured" | |
| | o Can we make sure not to conflate wraparound support for those with mental health | |
| | needs and youth substance use priorities? They are distinct issues. | |
| | Karen highlighted violence prevention and touched on the multiple forms of violence | |
| | o More than person-on-person violent physical engagement | |
| | o Violence can be perceived as a person who wants to make a complaint or wants to | |
| | seek services, but there are so many gatekeepers before they can actually file the | |
| | complaint or receive services | |
| | Barriers from seeking services, from keeping them safe in their social | |
| | setting | |
| | Many think violence is very dramatic, but oftentimes it's not | |
| | Adelle: In order for myself, Neisha, Nathan, and Amie to bring forward these topics, we're | |
| | hoping to get clarity on the outcomes you're hoping to see so that we can work with | |
| | subject matter experts and determine next steps and action | |
| | o Sarah identified the pregnancy-related priority: | |
| | Worked in other countries with the World Health Organization | |
| | Liked their county health and maternity day model | |
| | Monday at county health clinic was maternal health day - there | |
| | was something celebratory about it | |
| MCPHAB | They did group education and shared materials Evenuence is there in community supporting each other as a | Adelle |
| Priorities | Everyone is there in community supporting each other as a community | Adams, |
| FIIOIIIIES | Can include things like polysubstance use and violence prevention | Nathan Wiekstrom |
| | materials/education | Wickstrom |
| | a. Weave into clinic time | |
| | b. In addition to prenatal care, patients are also receiving a | |
| | whole host of other resources | |
| | c. Aware of the MultCo's home visit program, but it's not the | |
| | same as community education | |
| | Statistics: people aren't' seeking care sometimes until the second | |
| | trimester | |
| | • A campaign may be needed \rightarrow when you know you're pregnant, | |
| | come in to our clinic | |
| | a. Home visits usually take place later on in pregnancy | |
| | b. Welcome sister, grandmothers, etc. → spread public | |
| | health knowledge to the whole family Karen: Pregnancy could be the opening to creating a support network | |
| | Opportunity to talk about violence prevention, wraparound | |
| | support, human connection | |
| | Pregnancy shouldn't be a solitary, single-family experience | |
| | a. There are lots of communities and cultures that treat it as | |
| | more of a community event | |
| | Sarah: I would recommend having community health workers and doulas | |
| | at the Prenatal Clinic Day | |
| | o Keara: There was an increase in maternal child deaths during the pandemic. | |
| | There's also been some great work done at Healthy Birth Initiative | |
| | Joannie met with Nathan to receive updates and provide update | |
| | o None of the priorities highlight people with disabilities at all | |
| | Next steps and takeaways | |
| | o The board approved focusing on the top six priorities identified at the retreat for | |
| Wrap-up and | this year (through July 2024): | Lana |
| Meeting | Seeing pregnancy as health education opportunity | Lane Shaffer |
| Evaluation | Polysubstance use | Shallel |
| | Rehab and youth substance use resources for uninsured and | |
| | underinsured | |

| | Violence prevention More wraparound support + comprehensive care for those with mental health needs Built environment + impacts on health |
|---|---|
| • | o Please send any additional questions or comments related to complaint-based systems to Nathan, who will relay them to Environmental Health What worked well? What could have been improved? o It would be helpful to have visuals for the breakout rooms, with the question and a |
| • | Polaresults were either "strong" or "very strong" for all categories, except "Meeting |
| | participants are able to gain mutual understanding on key topics, issues and decisions". This received one "weak" vote. o Improvements will be made to ensure there is better mutual understanding for board members |
| • | Meeting adjourned at 5:20pm |