



Multnomah County Public Health Advisory Board Minutes March 2021

Date: Wednesday, March 10, 2021

Time: 3:00-4:30pm

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. Share information and community updates
2. Receive updates on the Johnson & Johnson vaccine
3. Deliberate on Johnson & Johnson vaccine usage

Members Present: Suzanne Hansche, Becca Brownlee, Hanna Atenafu, Debbie McKissack, Joannie Tang, Maher Lazeg, Alyshia Macaysa, Cheryl Carter, Maribel Reyes

Multnomah County Staff: Jessica Guernsey, Nathan Wickstrom, Nicole Buchanan, Dr. Jennifer Vines, Dr. Ann Loeffler

Item/Action	Process	Lead
Welcome, Introductions, Agenda & Minutes Review	<ul style="list-style-type: none"> Attendees introduced themselves No agenda modifications were suggested 	Becca Brownlee, Hanna Atenafu
Public Comment & Sharing	<ul style="list-style-type: none"> There were no public comments Glad that an additional vaccine -- Johnson & Johnson (J&J)-- is available Alyshia gave a shout out to Multnomah County for holding a vaccination event for Pacific Islander elders. This has set a precedent for other Counties to follow. Debbie has started a new food box program for Legacy Health, partnering with Pacific Foods <ul style="list-style-type: none"> Two options: <ul style="list-style-type: none"> One with eggs, milk, butter, onions, etc. for cooking at home One is more portable for the unstably housed Use an anonymous form so that data can be tracked Based out of the clinic on NW 23rd Hanna will connect with Debbie and Maribel regarding the food program Nathan's announcements: <ul style="list-style-type: none"> Healthy Columbia Willamette Collaborative (HCWC) is still looking for a MCPHAB representative interested in joining the Community Advisory Team to inform a Community Health Needs Assessment. HCWC is a group of healthcare organizations that are responsible for the quality of healthcare in our region. The CAT is helping to guide the process of assessing community needs, ensuring the information collected reflects community experiences and aligns with community values. <ul style="list-style-type: none"> This would be a 1.5 year commitment, roughly 5 hours per month Meet the last Wednesday of the month from 3-5pm Will be compensated for your time Recruitment ends this week for new MCPHAB members I will be sending out a poll for Chair or Vice-Chair nominations next week. Please think about making a nomination, even for yourself 	Becca Brownlee, Hanna Atenafu
Background Review / Q&A	<ul style="list-style-type: none"> Questions: <ul style="list-style-type: none"> Would the homeless population and those in shelters be able to be a part of this one-dose (J&J) vaccine? <ul style="list-style-type: none"> Johnson & Johnson offers a good opportunity for reaching this community, since it only requires one vaccine The houseless population has already been a part of those being vaccinated within the age bands, but the 2 doses are a barrier, so it is one of the populations that has been promoted for this vaccine Is there something that makes this vaccine easier to transport long distances than the other vaccines? <ul style="list-style-type: none"> J&J vaccine never has to be frozen Once the bottle is opened, it has to be used in 2 hours Are there concerns towards the efficacy of this compared to other vaccines with certain populations or age groups? e.g. different flu vaccines are used depending on age <ul style="list-style-type: none"> 2 mRNA vaccines - Pfizer and Moderna <ul style="list-style-type: none"> If folks developed symptoms, they were tested 	Jessica Guernsey, Dr. Ann Loeffler, Dr. Jennifer Vines

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> • In older participants, they were almost as good as younger participants ▪ The J&J vaccine was studied in 40,000 people when there were many more variant strains of the virus ▪ In the US, J&J was 72% effective against moderate to extreme cases <ul style="list-style-type: none"> • No hospitalizations or deaths ▪ 66% efficacy globally ▪ If you were older and had underlying conditions, the efficacy was lower ▪ It still offers good protection against getting very ill ▪ If you compare it to the flu vaccine, this is really good <ul style="list-style-type: none"> o We have medical reserve corps volunteers to reach homebound folks who meet the age bands <ul style="list-style-type: none"> ▪ Access: <ul style="list-style-type: none"> • Lists come from an agency that provides home health services • DCHS is organizing the work • Joannie and Debbie will connect with Dr. Ann Loeffler about how to access these services o Pharmaceutical alliance between J&J and Merck will be ramping up the production of this vaccine significantly o Pfizer and Moderna are not made in animal cells or human cells, but they use an old fetal cell line from the 70s as part of the testing that is indirectly linked to abortion o J&J vaccine is grown within a fetal cell, which came from an aborted fetus from the 1980s, which they used to produce the vaccine <ul style="list-style-type: none"> ▪ Mainstream Catholic Church says that if you have a choice, we would prefer that you get the mRNA vaccines, since it's more indirect ▪ It is an act of charity to take the vaccine; if you don't have a choice, take whatever vaccine you can get 	
Large Group Deliberation	<ul style="list-style-type: none"> • Deliberation question: Are there any populations for which the benefit of a single dose vaccine so strongly outweighs population concerns that we should offer the Johnson & Johnson vaccine preferentially? <ul style="list-style-type: none"> o Many people don't have the best relationship with Johnson & Johnson as a company due to the baby powder issue and lawsuit o Lack of trust - have to acknowledge the history around these companies o How can we communicate that the vaccine is safe and effective and get past the trust issues? o This could be really effective for the transient population, who may not be as reliable to come back for a second dose o Younger demographic, who tend to be on the move and will want to be with friends as quickly as possible could be a good population for the vaccine <ul style="list-style-type: none"> ▪ J&J is for those 18+ ▪ Pfizer can be used for 16-17 year olds o There has been conversation with friends about the stigma around J&J baby powder lawsuit <ul style="list-style-type: none"> ▪ This might be kind of hard to sell; the trust issue is going to hit a lot of communities o The NY Times article was useful for understanding the data and language o Vaccine hesitancy is really challenging - there is already this narrative that's been developed o How do you address the narrative about the J&J vaccine? <ul style="list-style-type: none"> ▪ i.e. a less effective vaccine being given to poor or BIPOC communities o One dose could be really effective for those on the other side of the digital divide, who have challenges accessing services <ul style="list-style-type: none"> ▪ Low income and BIPOC folks fall into that category ▪ How do we have that conversation with community members? ▪ What would implementation look like? <ul style="list-style-type: none"> • How do you talk about those nuances/level of efficacy ▪ Things are getting lost in translation o I have access to technology for signing up, but a lot of people don't have that access <ul style="list-style-type: none"> ▪ It's really hard to get an appointment ▪ The migrant community has language barriers ▪ If somebody does sign up, is there somebody at the vaccine site that speaks the language to explain side effects, how you sign up for a second 	<p>Jessica Guernsey, Dr. Ann Loeffler, Dr. Jennifer Vines</p>

	<p>appointment, etc.?</p> <ul style="list-style-type: none"> • Multnomah County has been providing in-person language interpretation and partnering with community organizations to try to make the process as easy as possible <ul style="list-style-type: none"> ▪ Transportation - are there shuttle buses going to community centers for those with appointments? <ul style="list-style-type: none"> • Multnomah County started a pilot program to help pay for individuals to get transportation to vaccine sites; there is no shuttle bus system ▪ One of the main benefits of the J&J vaccine is that it requires only one dose <ul style="list-style-type: none"> • Helpful for those who can only get a limited time off of work or those likely to forget about getting a second dose ▪ Mobile vaccines - Multnomah County has been offering them to folks who are unable to access the vaccine clinics <ul style="list-style-type: none"> • Really time and resource intensive - you can't get to a lot of people • Will continue to do this work for those who cannot get to a clinic ▪ Has there been specific attention to reaching elders in BIPOC communities? <ul style="list-style-type: none"> • A lot of migrant elders live with their families, not adult care homes • Multnomah County clinics have been focused on BIPOC elders, such as the event that occurred for Pacific Islander elders <ul style="list-style-type: none"> o It's becoming clear that populations that could benefit are those that are easier for Multnomah County to travel to for giving shots, or for those that the County is less likely to see for a second dose <ul style="list-style-type: none"> ▪ Transportation seems to be a key factor o There is a narrative around the J&J vaccine that it's inferior <ul style="list-style-type: none"> ▪ To flip it on its head, it's one and done, has fewer side effects and still highly effective o Worry that we were so quick out of the gates to vaccinate healthcare professionals that we missed the chance to get some early models for receiving the J&J vaccine <ul style="list-style-type: none"> ▪ How could we recruit those who would be happy to get the J&J vaccine and model it? <ul style="list-style-type: none"> • Healthcare providers would be excellent models, but most have already received vaccines • Church leaders, at least within the Pacific Islander community, are large influencers <ul style="list-style-type: none"> a. The PI community is providing talking points for church leaders b. There is the ethics issue from the Catholic Church, which could make it harder to get faith leaders on board with getting the vaccine o Multnomah County is actively working with our community liaison team to address many of the concerns that have been raised, such as education, building trust and language barriers. <ul style="list-style-type: none"> ▪ Multnomah County should be clear in messaging about why they are using different strategies from the large health systems <ul style="list-style-type: none"> • This would be particularly important for those doing the liaison work o There's a community benefit to get as many people vaccinated as we can o Is it a defensible, reasonable choice to target populations that are less likely to get a second dose in order to get as many people vaccinated as possible? <ul style="list-style-type: none"> ▪ As long as there is transparency and a process for consent, it is equitable to go into and target those communities that would be less likely to receive the vaccine otherwise o NY Times article said that it's 72% effective, but that can be misleading. What is meant by that results are murkier for mild cases? <ul style="list-style-type: none"> ▪ mRNA vaccines were done before there were as many variants or as much disease in the community <ul style="list-style-type: none"> • They asked people to tell them if they saw any symptoms ▪ J&J was gauging moderate to severe symptoms o Luxury of time <ul style="list-style-type: none"> ▪ Getting time off is a huge barrier for some lines of work; J&J only requires one PTO request, as opposed to multiple ▪ The big centers can take hours of waiting ▪ What is the potential loss of time from getting the Moderna or Pfizer vaccines? 	
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	<ul style="list-style-type: none"> • Having fewer side effects is a big deal o Debbie hasn't heard anyone request a specific vaccine yet, or any pushback on receiving the J&J vaccine o How are other places around the world distributing the vaccine? <ul style="list-style-type: none"> ▪ Are there success stories? o The response by other countries has been extremely varied <ul style="list-style-type: none"> ▪ UK is vaccinating most extensively in Europe, but primarily with their AstraZeneca vaccine <ul style="list-style-type: none"> • In other countries, such as France, people have shown little interest in getting vaccinated ▪ Israel has tried to vaccinate as much of their population as quickly as possible, and offers an interesting example ▪ Very few countries have the level of inequality that we deal with in the US • Some takeaways from today's conversation: <ul style="list-style-type: none"> o There were no strong objections to using the J&J vaccine on populations who would be less likely to have access to a second dose, such as for those who are unstably housed, as long as there is transparency and a process for consent. o Building trust will be a large barrier, given the lawsuit, moral issues raised by the Catholic Church, and lower efficacy rate. That said, modeling through receiving the vaccine could help overcome the issue. If it's too late for healthcare providers to model, faith leaders could provide powerful examples. o Everyone is on board with offering vaccine choices, but Multnomah County is not operationally able to unpack all of the pros and cons of each vaccine option and provide more than one vaccine at a site. o Access is always an issue, whether it be technology, transportation, language, time, etc. The J&J vaccine offers a good way to reduce some of those barriers since it is only one dose and doesn't need to be frozen. 	
Wrap-up and Meeting Evaluation	<ul style="list-style-type: none"> • There was a technical issue with the poll, so Nathan will send out a new one with the minutes • Meeting adjourned at 4:30pm 	Becca Brownlee, Hanna Atenafu