



Multnomah County Public Health Advisory Board Minutes May 2021

Date: Tuesday, May 11, 2021

Time: 4:30-6:30pm

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 updates from board members
2. Receive background information related to COVID-19 vaccine incentives
3. Deliberate on the ethical implications of offering material incentives for COVID-19 vaccinations

Members Present: Suzanne Hansche, Becca Brownlee, Hanna Atenafu, Maribel Reyes, Rebecca Lavelle-Register, Laurel Hansen, Alyshia Macaysa, Mahad Hassan

Multnomah County Staff: Jessica Guernsey, Nathan Wickstrom, Nicole Buchanan, Adelle Adams, Dr. Jennifer Vines

Item/Action	Process	Lead
Welcome, Introductions, Agenda & Minutes Review	<ul style="list-style-type: none"> Attendees introduced themselves Agenda was approved by consensus Meeting minutes from March were approved by consensus 	Becca Brownlee, Hanna Atenafu
Public Comment & Board Sharing	<ul style="list-style-type: none"> Nathan: <ul style="list-style-type: none"> Opportunity for MCPHAB to speak at May 13 Issue Forum with Commissioner Stegmann in East County <ul style="list-style-type: none"> MCPHAB could speak directly to why declaring racism a PH crisis is important and why swift and intentional actions are needed by all Hanna is interested - we will follow up with her afterward Membership Committee met to select new members <ul style="list-style-type: none"> Deep pool of candidates - 100+ Next steps - get approval from Jessica/Ebony, reach out to candidates, set up onboarding Suzanne started a draft written testimony for PH Modernization funding, which Nathan shared out <ul style="list-style-type: none"> Opportunity to build on previous PH Modernization testimony from February 	Becca Brownlee, Hanna Atenafu
Background Review / Q&A	<ul style="list-style-type: none"> Jessica: <ul style="list-style-type: none"> Thank you for the fast turnaround response Things have changed today due to Governor's press briefing We're now moving into a vaccine rich environment <ul style="list-style-type: none"> J&J vaccine pause may have led to chilling effect for getting vaccines Trying to figure out ways to incentivize <ul style="list-style-type: none"> Private industry - Krisy Kremer, free beer, NFL, concerts, etc. <ul style="list-style-type: none"> Businesses paying employees directly to get vaccine This can be seen as opportunistic Public sphere - we arrange for transportation, give gift cards for HIV testing, so incentives are not unprecedented <ul style="list-style-type: none"> Offsetting the barriers of taking time off work, transportation, etc. Governor is now proposing a vaccination metric <ul style="list-style-type: none"> If counties meet metric of 65% one-dose vaccination rate and submit a detailed equity plan, they can apply to move out of a high risk category into a low or no risk category They are funding counties to do whatever they can to get vaccine numbers up to meet that threshold Multnomah County has been focusing on culturally-specific communities from the outset There is fairly high pressure to say yes we'd like to move into a lower risk category upon meeting the metric, which would open more businesses We're planning on using funding incentives from the State to get our vaccine rates up <ul style="list-style-type: none"> They broadly said they would give technical and financial assistance, but it was intentionally kept broad Are the state incentives coming from the federal government, or is the state just footing the bill? Jessica: <ul style="list-style-type: none"> Bringing the age group down to 12+; need more of an onramp to provide more 	Jessica Guernsey, Dr. Jennifer Vines

information and help make parents and their children comfortable with the decision to vaccinate

- Could hurt the cause if we just force incentives
- Need to take a step back to understand what the different pockets are that have different reasons for not getting vaccines
 - e.g. Slavic leaders have a lot of historical mistrust in the government
 - Part of the equity plan will be going deeper into this; could include information about incentives
- Families may feel skeptical if we're trying to target the younger population, though incentives could work, particularly in the school system
 - o Strong lessons learned in reaching people at schools where they are
 - Right now there isn't any talk about making vaccines mandatory - provisional authorization from FDA
 - Private businesses/universities are requiring vaccines
- Suzanne:
 - o J&J vaccine - risk of blood clot was higher for those who got Covid-19 than for those who got the vaccine. Information really changed people's perspective
 - o Places of employment - if we could be part of the solution to reducing barriers in some way, that's where the government responsibility is
 - o Transportation is a real barrier here
 - Going to the community directly reduces that barrier
- Maribel:
 - o I agree that our role is reducing barriers to vaccine access
 - o People going door to door just to provide information on the vaccine is really helpful
 - o On the news, there was an interview with a physician who just spent time answering questions regarding the vaccine with patients, but didn't have the ability to give the vaccine right after the conversation when people were feeling ready
 - They would lose motivation after they had to go home and actually sign up
 - Would be a tremendous use of resources to provide information, and then immediately be able to supply the vaccine when people are ready
 - o Make sure that the person giving the information to the communities looks like them and understands their perspective
- Mahad:
 - o We've been doing vaccine outreach events in partnership with REACH and Multnomah County
 - o We plan to do a vaccine event after May 15th
 - o Certain community members are hesitant and just waiting to see how the vaccine will play out
 - In addition to making sure that people can access the vaccine, we also should give incentives that turn their eye
 - Basketball tickets aren't enough
 - Hesitancy exists deeply in the refugee and immigrant community
- Alyshia:
 - o Still deliberating on the ethics of giving incentives
 - o Native Hawaiian/Pacific Islander (NHPI) community always gave out gift cards and hot food, but it wasn't really framed as an incentive
 - o We've been trying to save the gift cards for the second dose due to limited resources, in hopes of getting people to come back
 - o Churches are playing such a huge role in messaging around vaccines
 - We've been trying to incentivize church members to just sit down and have conversations with us
 - Brought in doctors from the NHPI community to have conversations with community members, but people weren't honest with them in their responses
 - Right now we are walking through what incentives to give to churches
 - Now that you've had the conversation and received the information, can you at least give the facts out so that others can make their own decisions
 - Polarizing conversation right now
 - o Big Native Hawaiian population who believe primarily in native medicine
 - o In the Samoan community, there is mistrust that the providers can actually provide the vaccines properly; it's not necessarily mistrust in the science itself
- Hanna:

- o Malaria is a big issue in East African community, so I try to compare getting the COVID-19 vaccine to getting the malaria vaccine when folks go back to East Africa to visit
 - o Are we doing public policing to help reach herd immunity? I have concerns around that.
- Dr. Vines:
 - o Categories:
 - People who jump through a bunch of hoops to get the vaccine
 - Those who get it if it's convenient
 - Those who are uncertain and need a push
 - Beyond that, it could get into coercive territory (e.g. giving \$100 to get a vaccine)
- Maribel:
 - o Incentives almost come off as being insulting - e.g. free dinner
 - o At a place of work, just allowing folks to take company time or making vaccines easier to access would be more effective
 - o Computer literacy is another large barrier
- Mahad:
 - o Confused on the ethical question when there is such a huge disparity among cases in different communities
 - If it helps people get vaccinated and we are able to think creatively, I don't really see anything wrong with offering incentives. We're in an emergency situation now
- Becca:
 - o Incentives are only appropriate if they are drawing attention to barriers and issues that currently exist
- Jessica:
 - o We do offer incentives already with HIV/STD screening
 - What percentage of people who come in distrust it? Historically, there was a lack of trust, though now it's more a distrust in the confidentiality
- How much would an incentive backfire? I feel comfortable in offering incentives, but I don't know if a monetary incentive would help or further divide the community
 - o It could be construed as being paid to be a government guinea pig
 - o What's going to convince the church community, where a lot of the cases are?
 - o For folks who weren't going to get vaccinated, this won't be a big enough push to do so
- Laurel:
 - o We have anti-vax pockets
 - e.g. Columbia County folks who have been going to bars that have stayed open, school, etc.
 - White, peripheral communities who don't take the vaccine for whatever reason still put other communities at risk
 - Furthers the inequities here, as those doing direct service often are impacted by privileged communities not getting vaccinated
- A UCLA study found that Democrats were swayed much more by financial incentives, whereas Republicans were swayed more by relaxing restrictions, such as mask wearing
 - o 15% were disincentivized by being offered incentives
 - o There's social science behind this: some people feel worse about getting paid to do something they view as a good deed
- Mahad:
 - o Coming from vulnerable communities where people are barely making ends meet
 - Financial incentives would go a long way within this community
- Employers could potentially incentivize employees with paid time off to get the vaccine
 - o Biden administration was suggesting this
 - Multnomah County can't control what employers do
 - o Discounts on utilities could be another incentive
- Alyshia:
 - o I don't disagree with gift cards, but I also don't think it's necessary to frame it as incentives
 - I don't feel comfortable with it if we haven't been doing due diligence in communicating to communities and giving them all of the information they need
 - I do support giving out gift cards at the clinics due to the economical impacts of COVID-19
 - Don't frame them as an incentive

	<ul style="list-style-type: none"> • We use a more holistic model, connecting folks to CBOs, providing food boxes, etc. • Want to make sure it's a central resource for all of your needs <ul style="list-style-type: none"> • Final takeaways: <ul style="list-style-type: none"> o No objections to giving gift cards outright o Frame incentives more as a thank you, along with a connection to a whole suite of services - holistic approach <ul style="list-style-type: none"> ▪ This is our COVID approach - been an important trust-building exercise, letting people know they are being seen o Word of mouth may be helpful in getting information out into the community o We play a long game with public health - what do we do with other vaccines down the road? <p>Action Items:</p> <ul style="list-style-type: none"> • Jessica will ask the State where funding is coming from for incentives to see if it's federal money 	
Wrap-up and Meeting Evaluation	<ul style="list-style-type: none"> • Meeting adjourned at 6:00pm 	Becca Brownlee, Hanna Atenafu