



Multnomah County Public Health Advisory Board Minutes - February 2022

Date: Wednesday, February 9, 2022

Time: 4:00-6:00pm

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 regarding Multnomah County's shift in COVID response work
3. Provide guidance on key questions related to the shift through breakout room and large group discussions

Members Present: Becca Brownlee, Joannie Tang, Karen Wells, Tsering Sherpa, Cheryl Carter, Alyshia Macaysa, Maribel Reyes

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

Item/Action	Process	Lead
Welcome, Introductions, Agenda & Minutes Review	<ul style="list-style-type: none"> • Attendees introduced themselves and checked in with one another • Meeting minutes from December were approved by consensus 	Becca Brownlee
Public Comment & Board Sharing	<ul style="list-style-type: none"> • There were no public comments 	Becca Brownlee
Background Review / Q&A	<ul style="list-style-type: none"> • Jessica and Dr. Vines provided background and updates on the topic: <ul style="list-style-type: none"> ○ We're on a downslope - we're seeing infections come down pretty significantly ○ For most people it has been a mild illness ○ COVID dashboard: https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData ○ We're continuing to see an uptick in vaccines - first doses and boosters ○ Mask mandates in schools is a new topic of conversation ○ The State is looking at sunseting requirements <ul style="list-style-type: none"> ▪ Health systems masking will stay in place ▪ The urgent issue is schools <ul style="list-style-type: none"> • Parents are wanting a return to normalcy, but masks have been a backbone of low transmission • State is going to say it's up to local public health authorities (LPHAs), so we may have 36 different strategies across the state, which would erode public trust ○ Things are slowly easing in hospitals <ul style="list-style-type: none"> ▪ We're heading into a new reality of having to respond to COVID ○ We're doing some rapid input gathering across multiple groups, including MCPHAB <ul style="list-style-type: none"> ▪ We're setting the conversations up pretty quickly to get a pulse ▪ We're using the same questions with other community groups that we're using today • Is there a comprehensive explanation from OHA to why we are lifting mask mandates? <ul style="list-style-type: none"> ○ Jessica can share some of the materials and notes that were shared at the state-wide meetings ○ State is acknowledging the reality of the trajectory that we're on, assuming that there are no new variants ○ Trying to set a middle ground - eastern part of the state has barely been willing to implement a mask mandate 	Jessica Guernsey
Breakout Room Discussions	<ul style="list-style-type: none"> • The board split up into 2 breakout rooms to discuss these three questions: <ul style="list-style-type: none"> ○ Question 1: We know that COVID has increased health disparities. How are you seeing this playing out in your communities? What do you think will be issues that we'll need to address together in the short, medium and long-term? ○ Question 2: What community/organizational responses to COVID have gone well? What examples do you have of successful partnerships or outreach? How can we build upon and leverage the partnerships that this group has been able to 	All

	<p>build (across organizations and with Multnomah County)?</p> <ul style="list-style-type: none"> o Question 3: While we cannot know everything about what is next with COVID (new variants, etc), we do think that the COVID 'pattern' may follow that of other respiratory illnesses with a much more prominent presence in the Fall/Winter and an evolving world of vaccines that provide good protection for the worst outcomes. Given this information, what strategies going forward are important in balancing risk of COVID with other activities? • Input was added into the following Google Doc: <ul style="list-style-type: none"> 📄 MCPHAB Ethics Discussion - February 9, 2022 	
Report Out	<ul style="list-style-type: none"> • See Google Doc 	All
Large Group Deliberation	<ul style="list-style-type: none"> • When folks feel strongly about continued masking for protection, are they also vaccinated? <ul style="list-style-type: none"> o Alyshia: <ul style="list-style-type: none"> ▪ The preference for masking in the PI community is because they regularly interact with vulnerable community members and elders ▪ Community members are often vaccinated and boosted, but with larger families, there are often vulnerable folks o Joannie: <ul style="list-style-type: none"> ▪ It is similar in the disability community, but there are also those who are unable to get vaccinated, due to anaphylaxis, inability to mount an immune response, or other reasons o Can't forget messaging around the effectiveness of masks for protection • Do you hear concerns about the downside of masks? <ul style="list-style-type: none"> o Joannie: <ul style="list-style-type: none"> ▪ Folks feel as though they can't breathe as well, or they want to see other people's faces ▪ Disability/vulnerable communities are overwhelmingly pro masking ▪ Have heard a little about child developmental issues ▪ Taking away the mask mandate puts the burden of safety on those who are vulnerable o Alyshia: <ul style="list-style-type: none"> ▪ Haven't heard any feedback from cultural leaders against masks - masks have been one of the more useful tools for community members ▪ Funerals have been where the largest outbreaks in Samoan communities have occurred • Considering that we won't ever get to 100% vaccine rates, we won't get to zero COVID outbreaks, and we had one of the strictest mask mandates and Omicron still spread rapidly, what is the threshold for safely dropping the mask mandate? <ul style="list-style-type: none"> o Mz Cheryl: <ul style="list-style-type: none"> ▪ One of the bigger issues is staying informed. The County needs to keep housing agencies (Home Forward, etc.) informed so that residents can stay safe ▪ My building may be getting a committee together so that residents can talk about these issues ▪ Do our part one day at a time o Karen: <ul style="list-style-type: none"> ▪ NARA put out messaging that wearing a mask is a sign of love and sign of compassion. Continuing that messaging would be useful ▪ AARP is urging population to continue masking <ul style="list-style-type: none"> • Discouraging in-person meetings, because a majority of members are elderly ▪ Could compare masking to using prophylactics o Alyshia: <ul style="list-style-type: none"> ▪ We have strong access to vaccines, but lack of testing access is still an issue. Getting better testing would be an indicator ▪ OHA data has eroded trust in community o Becca: <ul style="list-style-type: none"> ▪ Masking is the lowest common denominator <ul style="list-style-type: none"> • There is still a lack of understanding of tools, such as testing - there was an outbreak at a ceramics studio, and there wasn't an understanding of testing or contact tracing • Even though the ceramics studio has a mask mandate, many people wear scarves or not-so-efficient masks, so it's really clear 	All

	<p>to me how the mask mandate fell short, just as an example how the lowest common denominator tool still isn't enough at times</p> <ul style="list-style-type: none"> o Joannie: <ul style="list-style-type: none"> ▪ Omicron spread like crazy even with masking. How much more would it have spread without masking? Do we have any comparison stats between our region compared to another region that ended mask mandates? ▪ When will we have more options for vaccination? When will vaccines be available for private offices to dispense to patients? When will young kids have access to a vaccine? When will we have better availability to testing and masks? o Dr. Vines: <ul style="list-style-type: none"> ▪ None of the tools are perfect - testing and masks are still not a substitute for vaccines ▪ We're not going to fully prevent people from getting infected, but we can prevent people from getting severely ill ▪ Omicron spread to 50% of population within weeks, even with the mask mandate ▪ Concerned that when we do have another variant in the future, people will be fed up and not want to take precautions if we keep a mask mandate firmly in place for the spring o Karen: <ul style="list-style-type: none"> ▪ What behavior can be asked of the public for the greater good, and with the least amount of resistance? ▪ Agree that there's no real one-approach-fits-all o Jessica: <ul style="list-style-type: none"> ▪ We've been talking about complete masking, or not at all, but there could be an in-between approach that's more surgical <ul style="list-style-type: none"> • It doesn't have to be so black and white o Alyshia: <ul style="list-style-type: none"> ▪ Could there be a slow onramp, such as continued guidance around occupancy? ▪ The idea of going from 0 - 100% occupancy is really uncomfortable ▪ Thinking through other forms of guidance o Joannie: <ul style="list-style-type: none"> ▪ Are there going to be continued protections, such as telemedicine? ▪ Are there other indoor places where continued masking would be appropriate, outside of healthcare? ▪ What are the other supports in place - ventilation, etc.? o We've been in several months of vigilant response (Delta through now) <ul style="list-style-type: none"> ▪ If there's lower viral activity in the community, then spread will go down, particularly as events move to outdoors 	
<p>Wrap-up and Meeting Evaluation</p>	<ul style="list-style-type: none"> ● Next steps and key takeaways: <ul style="list-style-type: none"> o MCPHAB can continue adding input into the Google Doc: <ul style="list-style-type: none"> 📄 MCPHAB Ethics Discussion - February 9, 2022 o Board members can share feedback with OHA directly through the following means: <ul style="list-style-type: none"> ▪ Email COVID.19@dhsosha.state.or.us. ▪ Leave a voicemail at 503-945-5488 (this line is in 11 languages). ▪ Mail to: <ul style="list-style-type: none"> • Oregon Health Authority • Attn: COVID-19 Feedback Team • 800 NE Oregon Street, Ste 930 • Portland, OR 97232 ● Meeting adjourned at 6:00pm 	<p>Becca Brownlee</p>