



## Multnomah County Public Health Advisory Board Minutes April 2022

**Date:** Thursday, April 21, 2022

**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. Hear updates from board members
2. Learn about the public health data report on traffic crash deaths in Multnomah County
3. Have a discussion on the information to help with prioritization, framing and next steps

**Members Present:** Becca Brownlee, Nick Kinder, Ryan Petteway, Laurel Hansen, Cheryl Carter, Joannie Tang, Daniel Morris

**Multnomah County Staff:** Jessica Guernsey, Nathan Wickstrom, Adelle Adams, Jaime Walters, Brendon Haggerty, Jessica Berry, Nicole Buchanan, LaRisha Baker, Augusta Herman, Amie Zawadzki

**Public:** Clay Veka

Item/Action	Process	Lead
Welcome, Introductions, Agenda & Minutes Review	<ul style="list-style-type: none"> <li>• Attendees introduced themselves and checked in with one another</li> <li>• February meeting minutes were approved by consensus</li> </ul>	Laurel Hansen
Public Comment & Board Sharing	<ul style="list-style-type: none"> <li>• There were no public comments</li> </ul>	Laurel Hansen
Traffic Crash Deaths Data Presentation	<p style="text-align: center;"><i>- See chat notes at the end of the minutes for more comprehensive notes -</i></p> <ul style="list-style-type: none"> <li>• Brendon and Jaime presented on the recent traffic crash death findings based on Medical Examiner data (see slides and report)</li> <li>• Toxicology               <ul style="list-style-type: none"> <li>o Data is not electronically entered into the system; data had to be entered manually</li> <li>o If you don't measure cannabinoids (e.g. THC, CBD), 72% of decedents had at least one substance present</li> <li>o Most drugs are going to be hours or maybe days in the system, but cannabinoids could be in the system for weeks                   <ul style="list-style-type: none"> <li>▪ You would have to do a deep dive to determine metabolites of the drugs</li> <li>▪ A next step could be a more quantitative look at drugs</li> </ul> </li> <li>o Methamphetamine was detected in 60% of motorcyclists and 44% of pedestrians</li> </ul> </li> <li>• Transportation agencies have the locations of the crashes               <ul style="list-style-type: none"> <li>o We included a map in the report</li> </ul> </li> <li>• City of Portland               <ul style="list-style-type: none"> <li>o 30 corridors make up high crash corridors</li> <li>o Selected by corridor (e.g. West Burnside to East Burnside)</li> <li>o Also look at crashes in a segmented way                   <ul style="list-style-type: none"> <li>▪ Take a quarter mile segment and overlay equity community data</li> <li>▪ This helps to prioritize projects and funding</li> </ul> </li> <li>o What are some of the most serious contributing factors leading to traffic deaths?</li> </ul> </li> <li>• Takeaways               <ul style="list-style-type: none"> <li>o Deaths are unlikely at slow speeds</li> <li>o Stable housing can protect against traffic deaths</li> <li>o Addressing substance misuse prevents traffic deaths</li> </ul> </li> <li>• Drug results involved very specific quantitative results               <ul style="list-style-type: none"> <li>o e.g. heroin indicators involved five separate tests that came back positive</li> </ul> </li> <li>• Is there a toxicology comparison group or geographical comparison group?               <ul style="list-style-type: none"> <li>o This report could lead to victim blaming</li> </ul> </li> <li>• Slowing speeds will save lives               <ul style="list-style-type: none"> <li>o Crashes that occur at lower speeds are less likely to be fatal</li> <li>o Being drunk on the street shouldn't be a deadly experience</li> <li>o A goal is to transform fast-speed roadways</li> </ul> </li> <li>• Crash location and availability of public transit</li> </ul>	Brendon Haggerty, Jaime Walters

	<ul style="list-style-type: none"> <li>o We haven't done an analysis that ties those two together</li> <li>o Transit and access to affordable transit are pointed to frequently as objectives</li> <li>o The more motor vehicle trips, the higher occurrence of traffic deaths</li> </ul>	
<p style="text-align: center;">Group Discussion</p>	<ul style="list-style-type: none"> <li>• Trying to routinize meaning making and frame what emerges from the data <ul style="list-style-type: none"> <li>o The report could lead to victim blaming/weaponizing data</li> </ul> </li> <li>• How do we frame the findings in a way that emphasizes determinants of health and systemic risk factors rather than individual behavior?</li> <li>• What recommendations can we advance in response to these findings? <ul style="list-style-type: none"> <li>o Role of Public Health</li> <li>o Speed</li> <li>o Houselessness</li> <li>o Intoxication</li> </ul> </li> <li>• Becca: Wondering about how to bridge this conversation and the one related to the very public coverage of shootings near Mount Scott Park and built environment adjustments to lower speeds and change traffic patterns <ul style="list-style-type: none"> <li>o We should move forward recommendations that touch on other determinants</li> <li>o How could we tackle multiple areas and communications strategies, connecting people from multiple areas (e.g. PBOT, County, etc.)</li> </ul> </li> <li>• Becca: Most effective way to present information is storytelling or narrative <ul style="list-style-type: none"> <li>o Is there somebody who could be an advocate or do storytelling to support the data?</li> </ul> </li> <li>• Daniel: Not sure the information around the intoxicants tells us anything new <ul style="list-style-type: none"> <li>o Not statistically significant</li> <li>o Self evident that you're at greater risk when walking around drunk</li> <li>o It's a distraction from the built environment factors that encourage fast driving as well as a large number of houseless community members who are in close proximity to speeding vehicles</li> <li>o Intoxication data is fascinating, but wouldn't necessarily change the approach that I would take or make safe places</li> </ul> </li> <li>• Goal is to change transportation agencies understanding of the contributing factors</li> <li>• Is mental health contributing to substance use? We know we're failing to address mental health, so how can that play a role? <ul style="list-style-type: none"> <li>o What are the reasons that people are turning to intoxicants?</li> </ul> </li> <li>• Clay: Complexity of the factors at play <ul style="list-style-type: none"> <li>o Vision Zero team is doing an activity to determine what is necessary to eliminate traffic deaths</li> <li>o What we're really looking at is a big chunk of major street redesigns</li> <li>o Freedom to get around without driving</li> <li>o Basic human needs - affordable housing that's close to jobs, accessible to those who need it most, mental health services, human infrastructure</li> <li>o Recognition that without caring for our most vulnerable, we're not going to get there</li> <li>o There's a need to look at how we treat others in the community to prevent traffic deaths</li> </ul> </li> <li>• County jurisdiction <ul style="list-style-type: none"> <li>o There are about 270 miles of roads, many of which are in rural areas</li> <li>o Really want to look at safety/mobility and speed setting</li> <li>o We see less pedestrian death in rural areas</li> <li>o Health Department has interest in and wants to look at issues across the county</li> <li>o County transportation is only responsible for our own roads, but wants to work with other transportation partners (PBOT, etc) <ul style="list-style-type: none"> <li>▪ The issues are overarching</li> </ul> </li> <li>o East Multnomah County Transportation Committee is also talking about this topic</li> </ul> </li> </ul>	<p style="text-align: center;">All</p>
<p style="text-align: center;">Work Session</p>	<ul style="list-style-type: none"> <li>• Recommendation: overlaying population data on maps to get trend data</li> <li>• Houselessness <ul style="list-style-type: none"> <li>o How can we impact this area?</li> <li>o Any thoughts on this would be really helpful</li> <li>o Cheryl: the Transition Projects shuttle project was let go <ul style="list-style-type: none"> <li>▪ 50/50 between unwanted and safety issue <ul style="list-style-type: none"> <li>• Saw abusers on the buses, who then knew where they were going</li> </ul> </li> </ul> </li> </ul> </li> <li>• Speed <ul style="list-style-type: none"> <li>o 30 mph as maximum for urban streets is the recommendation</li> </ul> </li> </ul>	<p style="text-align: center;">All</p>

	<ul style="list-style-type: none"> <li>o Could work on extending that to the rest of the county and accelerating the transition to the city of Portland</li> <li>o 8 fixed speed cameras in the county <ul style="list-style-type: none"> <li>▪ Haven't had them in place long enough to get a lot of data</li> <li>▪ Speed data has shown 71% reduction in speeding</li> <li>▪ 94% reduction in top end speeding (10+ mph over)</li> <li>▪ Safety benefit that comes with cameras</li> </ul> </li> <li>o City of Portland is in the process of adding cameras</li> <li>o Not sure on state law about what signage is allowed to be placed - e.g. signs that indicate cameras without cameras being present <ul style="list-style-type: none"> <li>▪ Probably not something the PBOT would pursue, though welcoming of any brainstorming</li> </ul> </li> </ul>	
<p>Wrap-up and Meeting Evaluation</p>	<ul style="list-style-type: none"> <li>● Recruitment is open: <ul style="list-style-type: none"> <li><a href="https://www.multco.us/health/councils-and-advisory-boards/webform/public-health-advisory-board-membership-application">https://www.multco.us/health/councils-and-advisory-boards/webform/public-health-advisory-board-membership-application</a></li> <li>o Please share with your communities!</li> </ul> </li> <li>● We're going to cancel our full board meeting next week</li> <li>● Meeting adjourned at 5:26pm</li> <li>● <b>Action:</b> <ul style="list-style-type: none"> <li>o Nathan will start a Google document to continue this conversation</li> <li>o Nathan will cancel next week's meeting and send out an updates document/email</li> </ul> </li> <li>● <b>Chat notes:</b> <ul style="list-style-type: none"> <li>o Joannie: How is "excessive" defined when we talk about excessive speed? Is it 5 miles over stated speed?</li> <li>o Jaime: In this analysis it just means that law enforcement or investigators noted that speed was in excess of limit</li> <li>o Ryan: How is speed verified? And do we trust the reports?</li> <li>o Joannie: Jaime, were there cameras or was it just the clues/evidence the investigators found that made them determine excessive speed?</li> <li>o Ryan: So no actual verification of vehicle speed?</li> <li>o Jaime: Law enforcement and bystander reports mostly. They do look at the things Brendon is discussing</li> <li>o Joannie: What are the variables other than excessive speed that could be involved? Is that considered?</li> <li>o Ryan: Interesting. As I imagine in the case of criminal charges, some more thoroughly defensible assessment of speed would be needed before "excess" speed (i.e. speeding) is suggested as a contributing cause</li> <li>o Joannie: For these substances, how long are they in the body for?</li> <li>o Ryan: Do we have a standard/rep. sample of substance presence among peds. *not* killed in accidents as comparison? e.g. are peds killed in accidents more likely to be intoxicated than a random rep. sample of county residents? Seems a bit suggestive/victim-blamey otherwise, e.g. they wouldn't have been killed if they weren't intoxicated etc. (the presumption of reckless behavior/carelessness in or near the street/road). And what is the overlap between houselessness/ped. decedents/drug presence?</li> <li>o Joannie: Is level considered? Also are the types of tests considered in this data? For example, I did a quick google search for ethanol - <ul style="list-style-type: none"> <li>▪ Depending on the body system and test used, alcohol detection times may vary. Alcohol detection tests can measure alcohol in the blood for up to 6 hours, on the breath for 12 to 24 hours, urine for 12 to 24 hours (72 or more hours with more advanced detection methods), saliva for 12 to 24 hours, and hair for up to 90 days.</li> <li>▪ Body system            Time in system</li> <li>▪ Blood                    Up to 6 hours</li> <li>▪ Breath                    12-24 hours</li> <li>▪ Urine                     12-24 hours; 72 hours or more for newer test methods</li> <li>▪ Saliva                    12-24 hours</li> <li>▪ Hair                        up to 90 days</li> </ul> </li> <li>o Nicholas: From my experience in my work at the hospital, a general rule is that most substances (and their metabolites) are present for ~3 days and cannabinoids can show up for ~30 days (but is very dependent on use frequency/quantity).</li> <li>o Laurel: Note: Some drug screens can be confounded by false positives caused by</li> </ul> </li> </ul>	<p>Laurel Hansen</p>

prescription medications.

- o Joannie: When we test for methamphetamine, what other legal drugs would also test positive for this type of testing? Would legal ADHD medications also test positive for this?
- o Joannie: 100% agree with Ryan
- o Joannie: Are there specific areas or regions where these crashes or fatalities are happening? Was this included in this data?
- o Ryan: second Joannie's question
  - GIS analysis?
  - Traffic density overlays?
  - Encampment locations? Time of day? Lighting? Crosswalks?
- o Jaime: That wasn't the purpose of this analysis
- o Ryan: street width?
- o Joannie: sidewalks too
- o Jaime: this analysis was to see how ME data in three specific areas could supplement PBOT and ODOT data
  - No problem. It's a complicated, huge project and those are great points.
  - And FYI for tox the Crime lab uses GC/MS so I don't think confounders are as much of an issue
  - Acronyms - gas chromatography/mass spectroscopy
- o Joannie: What is the list of drugs that could cause a positive test for some of these labs we've talked about? For example, would prescribed opiates test positive for heroin?
- o Ryan: See... but the last point...?
- o Nicholas: I lost track of questions, too, so forgive me if this is a repeat: Is there any correlation between traffic death location and availability of public transit/type of transit?
- o Laurel: Was there any way to see what amount of deaths occurred due to a motor vehicle hitting a pedestrian?
- o Joannie: I would be interested in seeing a table of what results could indicate what - whether legal or other substances.
- o Daniel: but hard to say with a straight face that being intoxicated doesn't increase risk of injury
- o Joannie: Daniel - Portland Metro is particularly terrible compared to the rest of Oregon. Intoxication doesn't really explain that for me.
- o Daniel: for sure, the built environment factors are by far the most important here and the thing to prioritize to make the most difference. Chances are we'd all be surprised by the % of people who have some intoxicating substance in their body at any given time, and most people don't die in a traffic incident after imbibing. But I'd wager the incidence of fatality is higher among people who are intoxicated, all else being equal
- o Joannie: Agree with Ryan - what can we change in the SYSTEM that makes our roads/neighborhoods safer? How can we gather data for better comparison studies?
- o Nicholas: ...or even if there's decreased private motor vehicle activity in an area because folks are using transit might there be a correlation to lower traffic deaths
- o Becca: wondering about how to bridge this conversation & the one related to the very public coverage of shootings near Mt. Scott Park and built environment adjustments to lower speeds and change traffic patterns. Putting in chat in case this draws out ideas from others.
- o Laurel: Could we look at time of day also that these events occur? Also could it be looked at the proportion of neighborhoods that have speed bumps or other deterrents and how that looks like layered with our higher risk populations.
- o Jaime: We did look at time of day and can share that out later
- o Brendon: Laurel, 37% of decedents were pedestrians struck by drivers of motor vehicles.
- o Joannie: I came late, but from what I saw I think there was a lot of emphasis on intoxicants. And from what I saw, I'm still not really clear about the questions I had re: this. Nor did we see the maps of where these high risk corridors are, etc.
- o Jaime: Some of that is in the report itself and wasn't covered here in this presentation
- o Becca: yeah and to Joannie's point, showing the equity impacts on a map

- o Joannie: Nor time of day. What was presented vs what deeper information there might be to answer some of these questions, I'm still not really clear.
- o Clay: I've seen some questions about locations of crashes. Portland maintains this crash map. It's a little overwhelming but shows concentrations of serious crashes. <https://pdx.maps.arcgis.com/apps/MapSeries/index.html?appid=5385b143768c445db915a9c7fad32ebe>
- o Clay: In addition, this dashboard shows some of the street design changes and speed limit reductions over time. [https://public.tableau.com/app/profile/portland.bureau.of.transportation/viz/VisionZeroDashboard\\_16179023789280/VisionZeroDashboard](https://public.tableau.com/app/profile/portland.bureau.of.transportation/viz/VisionZeroDashboard_16179023789280/VisionZeroDashboard)
- o Joannie: What I know for sure is that auto insurance in Portland Metro is a lot more expensive than in other areas of Oregon. I would bet that as a percentage of the population in rural Oregon where I was raised vs. Portland Metro, the percentages of folks using intoxicants could be similar when we look at fatal accidents.
- o Joannie: For victims, what other demographic information was collected? Household income? Disability? etc?
- o Nicholas: Maybe framing around higher traffic death frequency areas (where there are more bars/nightlife venues or areas where there's a higher concentration of support venues for houseless persons) and the need for additional traffic safety interventions (eg crosswalks, flashing crosswalk signs, street lights, traffic lights and signage,etc) rather than substance use or houselessness
- o Jaime: the ME data doesn't have income but the match to death certificate would have education level as recorded by the funeral home. ME = medical examiner
- o Amie: Are there any speed radars in those corridors where there are higher levels of injury/crashes? Specifically I'm wondering if there are radars that take photos when someone is speeding similarly to red light cameras.
- o Joannie: There is a law in Portland that affects my neighborhood where every block has an invisible crosswalk. Have we also talked about laws/policies that affect these things?
- o Clay: @ Amie – in Portland, there are nine speed cameras and 12 red light running cameras. All are placed on high crash corridors with a focus on spreading them around the city and not concentrating them in any one community. The speed camera locations are shown in the second link I included above.
- o Jessica Berry: Hi all, thanks for having me, I'll get the useful speeds map to you soon. In the meantime, here is a public map that shows Multnomah County roads - as a reference for what County Transportation is responsible for (Gresham and Portland own & maintain their own roads): <https://multco.maps.arcgis.com/apps/webappviewer/index.html?id=831781f246294c6699a1e4e798c643e1>
- o Joannie: Can we also see the full report and the data that the report was generated from?