## Welcome and Call to Order: Nhu To-Haynes, Facilitator

Nhu stated that the committee is tasked with recommending who should be considered for 1B, 1C, and group 2. Nu reminded committee members to bring their whole selves, and emphasized that she was looking forward to hearing comments from every participant.
She then introduced Rachael Banks, Public Health Director for the Oregon Health Authority.

**Public Health Director Report**
Rachael Banks took the comments from last week to OHA, who did both an operational and legal analysis of the recommendations.

Operational analysis – what are the logistics of getting the vaccine out and what are the avenues we can use.

Legal analysis—stressed that the VAC recommendations will need to follow applicable laws.

The recommendations were to possibly highlight census-based geographic data, and possibly prioritize an individual if he or she falls into more than one of the categories we discussed last week. This would be done using self-identification.

Question: Has the legal department clarified that self-identification for BIPOC cannot be used? Rachael asked that the comment be noted and investigated, and didn’t want to confirm without further inquiry.

It was recognized that many recommended groups have overlapping people, i.e. multi-generational households, and there may be a need to do an equity analysis.

Some concerns regarding prioritizing citizens with underlying health issues include:
- How does one prove it realistically?
- How is the distribution process implemented?
- What is easiest for community and providers?

Another thing to consider is using the Census Index. We can look at “tracks” which can be overlaid on top of general census data to give us more specialized information. For example, using a “Social Vulnerability” overlay could include co-morbidities, adults in custody, Pacific Islanders, etc. That way we could look for neighborhoods hardest hit by the pandemic to evaluate risk and isolate populations by community. A benefit of this approach is that it goes beyond individual perspective and generalizes the population.
### Slideshow: Priority population data and anticipated vaccine allocations

**Dr. Dean Sidelinger and Dr. Shimi Sharief**  
*Oregon Health Authority*

Slideshow contained the following information with the caveat that a lot of the data is based on best estimates and should be used for planning purposes only. Additionally, many people fit into multiple categories.

- Population of Oregon
- Population Estimate by Race/Ethnicity
- Population Estimates: Chronic Conditions
- Population Estimates: Adults and Youth in Custody
- Population Estimates: Congregate Care and Low-Income Senior Housing
- Populations Not Yet Available
- Allocations of Vaccine to Date
- Expected Allocations

*a note was made that much of the unused vaccines are slated as the second dose for many people and therefore are not available for first-time vaccinations.*

### Slideshow Discussion

The discussion began with a call for the committee to make decisions based on the data.

It was asked what data was used to compile these numbers.

- American Community Survey (ACS) a 5-year estimate published in 2018
- Department of Corrections
- Oregon Youth Authority
- Behavioral Risk Factor Surveillance System Survey (BRFSS)

### Committee Members Discussion

A lively discussion followed with committee members discussing sequencing the various groups that were identified last week.
Results
The decision was made to focus on the two categories listed below. No vote was taken. The final agreement was to prioritize the following two groups for next week’s discussion. Rachael asked for time to compile data on the two topics to bring to the next meeting.

1. BIPOC. Black, African American, Hispanic/Latinx/o, Indigenous, tribal and urban based Natives, Pacific Islander. In short, the people who experience the impacts of racism and health disparity on a daily basis and are currently experiencing the highest rates of COVID-19 in the state.

   **It was noted that this group would have to self-identify and that it was not a foolproof process.

2. Adults 16-64 with chronic conditions, including but not limited to:
   a. Diabetes
   b. Kidney
   c. Cancer
   d. Transplant recipient
   e. HIV/AIDS
   f. Asthma
   g. COPD
   h. Cardiovascular disease
   i. Chronic use of immunosuppressive medications

   **Special outreach efforts should be made to BIPOC with chronic conditions.
   **Suggestion to use the CDC guidelines to define them

Committee next steps and closing  Nhu To-Haynes, Facilitator

Recommendations for future topics to address
• Make a list of chronic conditions that will be covered
• Create a plan for unused doses
• Define a broad approach to front line workers
• Possibility to prioritize by location
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10:00 a.m. to 12:00 p.m.

- Need for anti-racist framework. Be clear and acknowledge when we are upholding status quo and name it (Urban Native folks should not be invisible)
- Agricultural workers, food processors, frontline workers (hourly workers who cannot work from home).
- People under 65 in congregate housing

The next optional information session will be held Tuesday, January 26, 5:30-6:30 p.m. and the next formal VAC meeting will be held Thursday, January 28, 10 a.m. to noon.

Adjourn

01:42:35