

Vaccine Advisory Committee Minutes
January 28, 2021
10:00 a.m. to 12:00 p.m.

Item				
<p>VAC video and audio recording</p> <p>To watch the video of the Vaccine Advisory Committee meeting in its entirety, click here. Agenda items can be reviewed at the time stamp listed in the column below.</p>				
<p>Attendance</p> <p>OHA Staff: Rachael Banks Cara Biddlecom Kristen Darmody Jameela Norton Lisa Rau Dr. Shimi Sharief Dr. Dean Sidelinger Patty Unfred</p> <p>Committee Members Present</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Zhenya Abbruzzese Marin Arre Shawn Baird Daysi Bedolla Soletto Cherity Bloom-Miller Nanette Carter-Jafri George Conway Muriel DeLaVergne-Brown Aileen Duldulao Derick DuVivier Kelly Gonzales Ruth Gulyas Safina Koreishi Maria Loreda </td> <td style="width: 50%; vertical-align: top;"> Dolores Martinez Sandra McDonough DeLeesa Meashintubby Kristin Milligan Musse Olol Kalani Raphael Christine Sanders Tsering Sherpa Laurie Skokan Sue Steward Leslie Sutton Maleka Taylor Debra Whitefoot </td> </tr> </table>		Zhenya Abbruzzese Marin Arre Shawn Baird Daysi Bedolla Soletto Cherity Bloom-Miller Nanette Carter-Jafri George Conway Muriel DeLaVergne-Brown Aileen Duldulao Derick DuVivier Kelly Gonzales Ruth Gulyas Safina Koreishi Maria Loreda	Dolores Martinez Sandra McDonough DeLeesa Meashintubby Kristin Milligan Musse Olol Kalani Raphael Christine Sanders Tsering Sherpa Laurie Skokan Sue Steward Leslie Sutton Maleka Taylor Debra Whitefoot	
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<p>Welcome and Call to Order: Nhu To-Haynes, <i>Facilitator</i></p> <p>Meeting objectives:</p> <ul style="list-style-type: none"> ✓ Discuss sequencing based on equity, population sizes and anticipated vaccine allocations. ✓ Sequencing across priorities. 		00:01:06		

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<ul style="list-style-type: none"> ✓ Discuss whether the committee would like to further define, or sequence based on available vaccine. ✓ How we will structure the language around the intent of the recommended actions. ✓ Make committee recommendations. <p>Review: last week we prioritized two groups: BIPOC communities and people with chronic medical conditions. How will we order the priorities...what's next? The meeting will proceed as follows:</p> <ul style="list-style-type: none"> • Shimi Sharief has a short presentation. • Rachael Banks will present as well with the legalities of the pieces we'll be working on. • We will be wrapping up recommendations today, but we'll be sending an email on how to wrap up this group later. <p>Reminder to the group: we are prioritizing hundreds of thousands of people and the demand for the vaccine exceeds the supply. We need to keep this in mind when making decisions, as it could create negativity and mistrust that some groups were prioritized but may not have the necessary access to the vaccine.</p> <p>Clarification is needed on the VAC's task today. Are we being asked as who fits in 1B, or prioritizing 1B? Rachael Banks said there are a variety of groups being identified. Let's continue the conversation as we move through the groups, knowing that we can't move everyone forward at the same time. We need to plan step by step. The comment was made that we may need to have concurrent groups being vaccinated in smaller counties.</p>	
<p>Tribal Lands Acknowledgement</p> <p>Two slides were presented acknowledging the fact that the lands now called Portland and Multnomah County are the ancestral homes to many different tribes of Native Americans, and we offer respect and gratitude for safekeeping these lands. As a result, racism can occur and cannot be discounted. (Note: this was written from a Portland-specific view, but a team is looking to broaden this view to include the entire state.)</p>	00:10:20

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<p>A question was asked if VAC was able to decide on how much flexibility counties and other distributors on the ground were able to have?</p> <p>Rachael explained that OHA offers guidelines on fair distribution and equitable prioritization to counties and hospitals who are giving the vaccine. She affirmed that ultimately the local public health organizations know their community best, and they will put that knowledge to best use to vaccinate the neediest first.</p> <p>In the future, VAC members can help by advising larger counties, talking about OHA principles to help counties prioritize, and maybe create a tiered process. It will take months. There will need to be multiple parallels going on when the new vaccines come in.</p>	
<p>Slideshow: Workplace and Outbreak Data Information Dr. Shimi Sharief, <i>Oregon Health Authority</i></p> <p><i>Slide 1:</i> COVID-19 number of Oregon adults in custody.</p> <p><i>Slide 2:</i> Summary of results from California study on deaths in essential work sectors (because Oregon does not have this granular level of detail).</p> <p><i>Slide 3:</i> Race and ethnicity among California workers.</p>	00:19:15
<p>Chart of COVID-19 Outbreaks</p> <p>A chart of data was presented showing Oregon COVID-19 outbreaks by location from March 2020 to January 26, 2021. The sheet listed the names of exposure sites, the number of outbreaks, and the percentage of outbreaks, all in descending order. This data has not been cross-tabulated.</p>	00:25:14
<p>Report from OHA: Rachael Banks, Public Health Director</p> <p>Rachael began with the caveat that she is not a lawyer.</p> <p>She explained that right now the vaccine is allocated to hospital systems and directly to counties. OHA provides them with guidance on equity principles. A</p>	00:29:56

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<p>comment was made that OHA needs to continue the oversight of counties, and to encourage equity when prioritizing. The reality is that it will take months, and we may need parallel processes to occur.</p> <p>SLIDE ONE: Reducing Health inequities. The goal is to prioritize people who experience risks that lead to adverse health outcomes. COVID-19 has exploited those injustices and the kinds of vulnerability that racism creates. However, we cannot base decisions for services and resources solely based on race and ethnicity. It was pointed out that the reason we even measure race and ethnicity is to understand the experience people have with racism.</p> <p>SLIDE TWO: Using Data to Lead Equity. This slide listed many of the groups that are at increased risk. We can use this data to lead equity by prioritizing groups that experience the highest COVID-19 rates including but not limited to:</p> <ul style="list-style-type: none"> • Those who work in occupations putting them at increased risks. • Those whose living situations put them at increased risk. • Those who have underlying health conditions. • Those from groups with health inequities. <p style="padding-left: 40px;">Those who live in areas with increased risk or decreased access to health services.</p>	
<p>Questions</p> <p>Does OHA report smaller groups on its website? What is the threshold of reporting? The data is based on 5 or more outbreaks in a workspace of 30 or more.</p> <p>Other states are facing legal challenges. How are other states using race data? Are they using social indexes to make their decisions? Can we use a social index to make decisions and capture vulnerable population data?</p> <p>The social vulnerability index can layer data, which can be useful to help us give information on situations like multi-generational households. Also, it helps with overlap. It can show how racism impacts housing, jobs, education, resources, etc.</p> <p>Are we using data from the IHS (Indian Health Services)? OHS does work to match data on other issues but was not sure if it has been done with COVID to date and would need to research this.</p>	00:36:00

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<p>Is it viable to distribute vaccines to pockets of neighborhoods based on social data, such as through churches? Rachael says we will do the logistics after the committee makes decisions. We need to have vaccines available that are more easily accessed and closer to home and communities.</p> <p>How can we reach people who are reluctant to come to big venues to be vaccinated? Vaccine storage is tricky, so it is harder to distribute more broadly. Vaccines are coming that will be easier to distribute, and we can use that data for the future to make the vaccine more widely available.</p> <p>How will we reach out to seniors scheduled to get the vaccine in February? There is a plan in place for this.</p>	
<p>Discussion</p> <p>The chart from last week of all the groups being considered for prioritization was displayed. It was noted that front line workers need to be further defined. There was quite a lot of discussion regarding the BIPOC population being represented in a fair manner. Since it is not legal to treat BIPOC as a separate group, different ways were discussed as to how make sure traditionally underserved populations did not fall through the cracks and were able to receive the vaccine in a timely manner.</p> <p>A letter from the BIPOC caucus was quoted which said that if we prioritize the other groups being considered for prioritization, this will cover a great amount of the BIPOC population as well.</p>	00:47:58
<p>Initial Vote</p> <p>Nhu asked for a vote: we intend to include BIPOC as part of our statement of intention. With the consensus process, everyone needs to agree. The vote passed.</p> <p>There was a reminder to focus on priority, and that the operational process will come later. Discussion continued until a recommendation was finalized. The motion was presented to approve the Statement of Intention in the following form, with the understanding that it will be further revised and refined.</p>	01:14:41

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<p>The vote included accepting the statement of intention below, as well as agreeing that the committee will not remove BIPOC Box from the table but rather remove it from the prioritization process.</p>	
<p>Final Draft of Statement of Intention</p> <p style="text-align: center;"><u>Statement of Intention (Draft):</u></p> <p>We acknowledge structural racism and pressure from systems that are not ready to center the truth about the ways structural racism impacts the health of Black, Indigenous and People of Color communities. Sequencing was done in consideration and in review of the data, the needs of BIPOC communities, and a focus on the refugee community.</p>	01:27:44
<p>Further Discussion</p> <p style="text-align: center;">The following language was added to the Statement of Intent: LPHA and distribution partners must work with trusted community partners, including community-based organizations, faith leaders, and trusted entities where people feel comfortable. We agree to create and use data along the way to capture information about medical mistrust and barriers.</p> <p>Nhu brought the group back together with a reminder that the focus today was on prioritization. Discussion continued until a recommendation was finalized.</p>	01:46:13
<p>Final Decision</p> <p>The committee wanted to label chosen groups as 1B and 1C, but Rachael advised not to use that language as it could conflict with numbering at the Federal level and cause confusion.</p> <p>So instead of labeling groups 1B and 1C, the committee was asked to vote for the following order.</p> <p>These are the people to be vaccinated after the current group of educators and adults 65+:</p>	01:59:30

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<p style="text-align: center;">COVID-19 VACCINE ADVISORY COMMITTEE RECOMMENDATIONS - IMPLEMENTATION PLAN</p> <p style="text-align: center;">January 28, 2021</p> <ol style="list-style-type: none">1. Adults from 16-64 with underlying health conditions. Frontline workers who have been working throughout the pandemic to keep society running and who cannot work from home. Adults and youth in custody 16 years and older. People living in low-income and congregate senior housing.2. Multi-generational households3. The general public. <p>The committee was asked to stay another fifteen minutes to vote on the motion presented.</p> <p>The proposal was passed with all members agreeing, although some mentioned reservations about including multi-generational households, the prioritizing not being specific enough, and having a possible future recommendation to prioritize by age within categories.</p>	
Adjourned	02:17:05