

Public Health Advisory Council (PHAC) Meeting Minutes

June 13, 2023



Public Health
Prevent. Promote. Protect.



ATTENDING: Sonja Ackman, Rachel Arnold, Lucia Benavides, Madhavi Bharadwaj, Nicole Bowles, Commissioner Nafisa Fai, Afam Okoye, Hemi Pariyani, Julie Scotland, Larysa Thomas

ABSENT: Robin Bousquet, Eileen Derr, David Eppelsheimer, Ansley Fancher, Andrea Lara, Annie Paulsen, Michelle Williams

COMMUNITY MEMBERS: Krystel Tafolla

GUEST PRESENTERS: Susan DeFrancisco, OHSU; Jill Hutson, Makinna Miles, and Sarah Nuttbrock from the Rede Group

STAFF PRESENTERS: Dr. Marie Boman-Davis, Zev Braun, Alex Coleman

STAFF ATTENDING: Dr. Folu Adeniyi, Lainie Clem, Erin Jolly

WELCOME

Larysa Thomas opened the meeting with a welcome and introductions to those attending and Alex Coleman followed with a review of the agenda.

APPROVAL OF MEETING MINUTES

The Council reviewed last month's meeting minutes, after which no comments or questions were raised. Larysa Thomas motioned to approve the May minutes with no changes and Nicole Bowles seconded the motion. No members opposed, no members abstained, and the members voted in favor. The motion was passed.

PRESENTATIONS

OHSU GUN VIOLENCE AS A PUBLIC HEALTH ISSUE INITIATIVE, presented by Susan De Francisco, Senior Research Project Manager, OHSU-PSU School of Public Health

(Please refer to the accompanying presentation slides for expanded details.)

Gun Violence as a Public Health Issue (GVPHI) Initiative

OHSU, PSU, and the OHSU-PSU School of Public Health are working together to reduce gun violence in Oregon. We promote public health solutions that are:

- Based on science
- Focused on prevention
- Rooted in equity and social justice

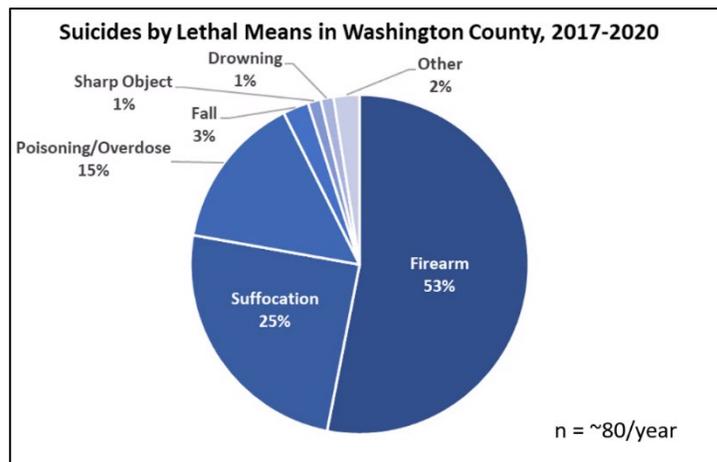
The GVPHI initiative is supported by the Senior Vice President of Diversity, Equity and Inclusion, who heads OHSU's Center for Diversity and Inclusion, and works closely with the Office of the Provost at OHSU. The GVPHI initiative is led by the GVPHI Advisory Committee, which includes faculty, researchers, students and health care providers. Community members and county and state public health organizations also are included.

Mission Statement of the GVPHI

The mission of the GVPHI initiative is to prevent firearm-related violence and injuries in Oregon by applying public health approaches. We are concerned community members, health care and public health professionals, researchers, and survivors with lived experiences. Our work is guided by anti-racism, community engagement, and collaborative principles. Through research, education, advocacy and action, we will identify the causes and consequences of gun violence, and advance best practices and policies for prevention and healing.

[Members and the public are encouraged to visit the New Firearm Injury Data Dashboard](#)

WASHINGTON COUNTY GUN LOCK INITIATIVE, a county ARPA funded lethal means safety initiative presented by Washington County Suicide Prevention Coordinator, Zev Braun



Our Suicide Prevention Board recommended that we mitigate the risks of suicide, such as creating additional time and effort to access lethal means. We used some ARPA funding to purchase some lockboxes and firearm safes, and requested responses from some who received them.

We created the **Lockbox Distribution Project**, with the objective of creating more time and distance between a person and a method they have identified for lethal action.

The chances of people hurting themselves or dying depends greatly on the method they choose. Firearms are uniquely dangerous: they are about 90% lethal when involved in a suicide. It’s instantaneous, there is little or no time to change their mind or reconsider, and less time for lifesaving interventions like many other chosen methods. Encouraging lockboxes in which to store guns is a way to discourage availability and access to guns, without running into the political fervor over the right to own and use them.

- Washington County was initially awarded \$300k for suicide prevention work from repurposed ARPA funds allocated by OHA. From that, 40k was slated for the effort to promote lockboxes.
- Over half of households in Oregon own guns. We solicited quotes for safes and lockboxes from gun sellers, manufacturers, sporting goods stores, and online vendors.
- Gun safes cost around 10 times more than smaller options, and the more cost-effective models would allow us to get more lockboxes into households. Additionally, smaller lockboxes can be used to secure medication and smaller SHARPS containers. We selected 3 models and purchased over 1600 (the manufacturers agreed to ship them for free).



- were deliberate about distributing the lockboxes equitably, because there would be a better chance of going out to those who are at higher risk of gun violence.

- We reached out to Qualified Mental Health Specialists and other licensed mental health providers to find locations where we could make the lockboxes available and where the clinicians and/or clients could complete a survey about firearm use during their visits.
- 263 lockboxes have been distributed so far—about 5% of them—to about 190 individuals. The have been going out at a slow pace, much different than a public giveaway event. 70% of medication boxes that can also include SHARPS containers.

Distribution

1. Identified three organizations/programs:
 - LifeWorks NW
 - Portland Vet Center
 - Washington County Home Visiting Program
2. Collaborated with them to find storage space, integrate into workflow, determine size and proportions of order
3. Developed online and print survey for clinicians and/or clients to complete during visits

Washington County Lethal Lockbox Survey Project Description

Washington County Lethal Lockbox Survey

Project Description

In April of 2022, the Washington County Suicide Prevention Program initiated a lethal means lockbox distribution program to provide tools to aid in the prevention of suicide. Funding for this project was provided through the American Rescue Plan Act (ARPA), in which Washington County was provided with \$40,000 to purchase a total of 1,600 lockboxes in three different varieties. These three varieties consisted of: keyed handgun lockboxes, rifle cases with padlocks, and medication boxes with padlocks. The lockboxes were distributed in bulk to the following organizations: LifeWorks NW, Portland Veterans Center, and Washington County Home Visiting Services. These organizations then provided lockboxes on a case-by-case basis to their clients through clinical staff.

The lockbox distribution survey was developed jointly by the Washington County Suicide Prevention Program and the Washington County Research, Analytics, Informatics, and Data program in March of 2022. A seven-question survey was developed to collect basic demographic information and determine how many and what types of lockboxes were received by clients. From May 2022 – April 2023, a total of 263 lockboxes were distributed to clients residing in Washington County, to a total of 191 recipients.

Please take a moment to snap a picture of this number or to enter it into your phone contacts. You never know when you might need it. English and Spanish options are linked to interpreters who can communicate in many languages. They can also be a resource for people who are concerned about a loved one or a friend in crisis.

- **Washington County Crisis Line – 503-291-9111** (can provide information and support, as well)

QUESTIONS

Q: Does OHA's [Essence Syndromic Surveillance System](#) track gun violence?

A: We've been asked by the CDC to try to monitor gun violence, however, Essence is not the right tool for collecting firearm injury data. We need to monitor how many firearm-related incidents are suicide, unintentional deaths, deaths from firearm injuries, etc., and it's not designed to capture that.

Q: What kind of work is being done that specifically relates to the health and safety of young children? Is there any research or work focused on how gun violence impacts community engagement? For instance, many parents I interact with discuss avoiding attending public events, staying away from theaters, large gatherings, and considering what school to send their children to—or even if they should allow their children to attend school.

A: We work with pediatricians at OHSU who are doing work specific to young children, and we have a Children's Safety Center that provides low-cost firearm lock boxes, which anyone can purchase them at OHSU. We don't have a strong focus on young children, but we consider these issues. We look specifically at how children are affected, and we're committed to having our data used by people who are working on these issues, as well as at policy makers. The more we hear and learn about it, we share fact sheets and inform policy makers of what we know. But we've noticed a gap in this data. We know we need to work on sharing content that is more visually accessible.

Q: Zev talked about exploring ways to promote safe firearms storage, devices, and education about these options. Have you developed any leads or formed partnerships to buy, promote or use gun safes/boxes from the manufacturers or stores that sell them?

A: We've been in touch with firearm manufacturers, and they have sent us different models of guns and their gun safes, and many have waiting room/lobbies where people can touch and look at them. Manufacturers have been supportive in that they have tried to discount the prices for safes and lock boxes. So far, we've had a positive response by purchasing safes and lockboxes and having them send us models to look at and recommend.

Q: Do you have criteria for who should be giving out the lockboxes? How do you prioritize them distributing them? Are they free? Have the follow-up surveys been useful in finding out if they are helping or are actually being used? Have you determined that this is an effective method?

A: For providers, what might be the circumstances to distribute a lockbox? Primarily, if clients display any suicidality or a history of suicidal ideation (they have several methods for how to score this). We do not want to be conservative with their distribution, we want to get them out to households in which they might be helpful, so it's possible we may revise our plan and distribute some in a public setting. We have some concerns about losing a large number to people who are attracted to any event with free stuff. We don't currently have a process for *follow-up* surveys. We may have a site that is interested in participating in that by connecting with the clients they serve to find out if the boxes have come into play or have been effective in their homes.

Q: Is there anything being proposed at a legislative level to increase access to lockboxes?

A: Not that I'm aware of, especially with the stalled Oregon legislative session. The Firearm Safety Coalition does perform suicide prevention training at gun ranges in Multnomah and Clackamas Counties, though, and they are proponents of having lockboxes at vendor locations.

CHAT COMMENTS:

The following comments were written in the video meeting chat following completion of the presentation.

- From the presentations, it seems like having a lockbox makes a positive impact on overall health and safety and may even prevent death. Is there any ballot-related work around this? For example, something to require lockboxes be purchased with new gun purchases?
- And maybe even to require crisis/suicide prevention numbers be displayed prominently at gun stores (or stores that sell guns? And further, could there be some kind of partnership worked out to have any lockbox profits go toward local public health/suicide prevention efforts? This might be similar to safety requirements for motor vehicles, like safety belts, etc.

PLANNING FOR COMMUNITY ENGAGEMENT, presented by Jill Hutson, Makinna Miles and Sara Nuttbrock from Rede Group, an Oregon-based consultancy, and WA Co PH Modernization

Rede Group provides Coordinated Consulting Services for community engagement. They will be engaging in this work until June.

» Washington County Public Health Modernization

Planning for community engagement - Public Health
Advisory Committee

» A SOCIAL IMPACT COMPANY
redegroup

Engagement methods poll

If we came to you with all of these options for participation, which method(s) would you choose for yourself and why?

1. Surveys or polls
2. One-on-one interviews
3. Group interviews
4. Focus groups (live or asynchronous)
5. Listening sessions/community forums
6. Interactive community meetings
7. Knowledge exchange or teach-in events

Are there other methods we should consider?

Project Purpose:	Project Objective:
<p>To create and implement a comprehensive community engagement plan to inform the development of Public Health Modernization (PHM) plans and a Community Health Improvement Plan (CHIP)</p> <ol style="list-style-type: none"> 1. All-hazards preparedness 2. Climate adaptation 3. Health equity action 4. CHIP 	<ul style="list-style-type: none"> ○ To develop an engagement plan that centers the needs of the three PHM plans and the CHIP...and ○ Is responsive to community experiences, interests, and capacity, as well as lessons learned from past efforts.

The Rede Group performed a brief poll with the PHAC members and attendees regarding methods of engagement. The following are comments or feedback about engagement.

- *As a Community Health Worker, we offered services in a mobile dental vehicle for those with low income, and even though we put the van in places near the bus and MAX lines, etc., we had difficulty filling up timeslots for the day. When we started taking the mobile dental services to the rural areas, the larger farms, esp. those with agricultural workers, we had much more success and were able to provide educate as well.*
- *When we make participants feel important or seen, they give you more information or feel more comfortable talking about their needs. It's unlikely they can access these resources on their own, but they feel seen when **we** come to **them**. [What makes them feel seen?] Listening to them, not just showing up and doing our thing. They start talking about their day, or their whole life—but then that is part of my job as community health worker: I need to know your concerns in order to gain trust and allow you to talk about what affects you.*
- *I heard recently about a rural health clinic that lost all of their healthcare providers. They needed a shared vision of what was really needed, and it was so important to them that it brought everyone together and to the table to focus on the problem.*
- *I'm an active community member who lives in a big HOA community of 291 units, and we are bombarded every day with peoples' needs.*

Q: Where do you believe we should start to engage in the community?

A: Maybe develop a plan that has multiple methods for of engagement, then ask those groups the requests/needs they would like for engagement opportunities.

Q: How to people find *you*? How do you find the groups to engage in?

A: They will use a variety of ways to communicate that engagement and then come back to this group for input.

Q: Would it be helpful to have a Spanish speaking team too? Are there other language groups that we should focus on?

A: The Chinese and Vietnamese communities have sizable local populations, and personally I find that there are few resources for engaging the Russian and Ukrainian population.

MEMBER UPDATES OR COMMENTS

- 2023 Regional Campaign to Map Urban Heat Islands is looking for volunteers to help collect data. It will take over a single day sometime in mid-July. If you are interested in learning more about it or volunteering, please contact the Washington County [HHS Climate and Health Team](#).
- June 1 was the County's Budget Committee Meeting. Click [here](#) or visit the Washington County website to review the meeting and details about the FY 2023-2024 budget.

PUBLIC COMMENTS

None

ADDITIONAL REMARKS

Reminder that there is no meeting in July, and on August 8th from 6:00 – 7:30 p.m. we will have an in-person meeting (no hybrid option). More details to come.

CLOSING

The next PHAC meeting will be on Tuesday, August 8, 2023. Larysa Thomas expressed gratitude for the informative presentations and great questions asked by those present and closed out the meeting.

As always, we welcome input from PHAC members via our [Feedback Survey](#).