

**Transcript of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, September 9, 2014**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:14 a.m. with Vice-Chair Diane McKeel and Commissioners Jules Bailey and Loretta Smith present. Commissioner Judy Shiprack was excused.

Also attending were Jenny Madkour, County Attorney, and Marina Baker, Assistant Board Clerk.

[THE FOLLOWING TEXT IS THE BYPRODUCT OF THE CLOSED CAPTIONING OF THIS PROGRAM. THE TEXT HAS NOT BEEN PROOFREAD, AND SHOULD NOT BE CONSIDERED A FINAL TRANSCRIPT.]

Chair Kafoury: GOOD MORNING, AND WELCOME TO THE BOARD BRIEFING FOR THE BOARD OF MULTNOMAH COUNTY COMMISSIONERS. WE HAVE MATERNAL CHILD AND FAMILY HEALTH DATA BOOKS. COME ON UP. I DO SEE ONE BABY IN THE AUDIENCE. I FIGURE IF WE HAVE A CONVERSATION ABOUT MATERNAL AND CHILD WE NEED TO HAVE SOME BABIES IN THE AUDIENCE.

Ms. Fuller: GOOD MORNING MADAM CHAIR, MEMBERS OF THE BOARD, JOANNE FULLER, THE HEALTH DEPARTMENT DIRECTOR. AND WE'RE INCREDIBLY PLEASED TO BE HERE TODAY TO TALK ABOUT THE FIRST EVER MATERNAL CHILD AND FAMILY HEALTH DATA BOOK FOR MULTNOMAH COUNTY. AS YOU KNOW, ONE OF THE CORE RESPONSIBILITIES OF PUBLIC HEALTH ORGANIZATION AND OF YOUR PUBLIC HEALTH DEPARTMENT IS TO BE ABLE TO GATHER, SYNTHESIZE, AND ANALYZE DATA AND PROVIDE THAT DATA TO YOU AND OTHER MEMBERS OF THE COMMUNITY SO THAT OUR COMMUNITY CAN MAKE CHOICES ABOUT HOW TO INVEST OUR RESOURCES TO ADDRESS SOME OF OUR MOST IMPORTANT ISSUES. AND I THINK WE WOULD ALL AGREE THAT THE HEALTHY DEVELOPMENT AND GROWTH OF OUR CHILDREN AND THE HEALTH OF THEIR MOMS AND FAMILIES IS SOME OF THE MOST CRITICAL, HUMAN WORK OF THE WORLD FOR US TO INVEST IN. SO WE'RE HERE TODAY IN OUR CAPACITY NOT TO TALK NECESSARILY ABOUT THE PROGRAMS AND SERVICES THAT WE PROVIDE TO WOMEN, FAMILIES, AND THEIR CHILDREN, BUT TO SHARE WITH YOU INFORMATION FROM THE COMPILATION OF DATA ABOUT WHAT'S HAPPENING WITH MOMS, CHILDREN, AND FAMILIES IN OUR COMMUNITY. THIS INFORMATION IS ORGANIZED IN AN EARLY LIFE THROUGH LIFE COURSE MODEL. AND WE ARE INTERESTED IN WORKING WITH THE COMMUNITY TO HELP PEOPLE THINK ABOUT THE HUMAN CONDITION IN THIS FRAMEWORK OF THINKING ABOUT THE EVOLUTION OF PEOPLE THROUGH THE COURSE OF THEIR LIVES. AND HOW MANY OF THE WE DEAL WITH, BOTH THE

HEALTH ISSUES AND SOCIAL AND JUSTICE ISSUES WE DEAL WITH THIS PEOPLE'S LIVES ARE OFTEN TIMES THE ACCUMULATION OF BOTH WHAT HAPPENS BEFORE THEY'RE BORN, AND THEN WHAT HAPPENS TO THEM OVER THE COURSE OF THEIR LIFE. AND SO IT'S IMPORTANT TO THINK ABOUT BOTH THE INFORMATION WE HAVE ABOUT THE IMPACT OF ALL OF THE CUMULATIVE EVENTS IN A PERSON'S LIFE ON THEM, TO THINK ABOUT THAT IN THAT LIFE COURSE MODEL IN ORDER FOR US TO DO THE BEST WE CAN TO MAKE DECISIONS ABOUT THE INVESTMENTS THAT WE MAKE IN BOTH POLICY CHOICES, AND ALSO IN SERVICE CHOICES. SO HOPEFULLY THIS WILL RESONATE WITH YOU. WE ALSO ARE GOING TO BE COMING BACK THIS FALL, THIS IS THE FIRST OF THREE BRIEFINGS THAT YOU'RE GOING TO BE GETTING FROM THE HEALTH DEPARTMENT. AROUND SIMILAR AND INTERRELATED ISSUES. WE'RE TALKING HERE ABOUT MATERNAL CHILD AND FAMILY HEALTH, WE'RE THEN GOING TO BE COMING BACK TO YOU TO DO A PROCLAMATION AROUND INFANT MORTALITY THIS MONTH. AND THEN FINALLY THE BEGINNING I THINK OF NEXT MONTH, TALKING, SHARING WITH YOU OUR RACIAL ETHNIC AND HEALTH DISPARITIES REPORT, WHICH HAS SOME REALLY SOBERING INFORMATION FOR ALL OF US ABOUT WHAT'S GOING ON IN OUR COMMUNITY. WE'RE HOPING THROUGH THE COURSE OF THESE BRIEFINGS TO BE ABLE TO BE ARMING YOU WITH THE BEST INFORMATION POSSIBLE SO THAT AS WE MOVE FORWARD, WE CAN MAKE GOOD DECISION AND WE CAN HELP YOU TO MAKE THE BEST DECISIONS THAT YOU CAN. IF IN THE COURSE OF THE PRESENTATION TODAY YOU HAVE QUESTIONS ABOUT OUR SERVICES THAT ARE RELATED TO THE DATA THAT YOU'RE RECEIVING, WE'RE HAPPY TO COME BACK AND SHARE WITH YOU MORE SPECIFICS ABOUT OUR SERVICE STRATEGIES. JUST KNOW THAT AS WE CREATED THIS REPORT AND GOT PRELIMINARY DRAFT INFORMATION IN THE CREATION OF THE BUDGET LAST YEAR, WE'VE MADE SOME DECISIONS ALREADY TO TRY TO FOCUS ON SOME PARTICULAR POPULATIONS BASED ON THE INFORMATION THAT WE'VE GOT TODAY. AND SO YOU'VE HEARD ABOUT SOME OF THAT IN THE BUDGET BRIEFING THAT WE GAVE YOU LAST SPRING. SO I'M GOING TO TURN IT OVER TO YOUR PRESENTERS. AILEEN DULDULAO, WHO IS ONE OF OUR ESTEEMED COLLEAGUES WHO WAS INSTRUMENTAL IN CREATING THIS REPORT, AND ALSO DR. LARRY WALLACK, AND DR. PAUL LEWIS, WHO IS OUR TRICOUNTY HEALTH OFFICERS AND WHO GOING TO TALK TO YOU ABOUT THE IMPACT OF THIS INFORMATION AND HOW WE CAN BEST THINK ABOUT THIS INFORMATION IN OUR WORK. I JUST WANT TO RECOGNIZE, WE HAVE A LOT OF OF STAFF WHO HAVE CONTRIBUTED TO THIS EFFORT AND WE HAVE MANY OF THEM HERE TODAY. AND I JUST WANT TO RECOGNIZE THE -- THAT THIS WAS AN INCREDIBLE TEAM EFFORT OF THE ORGANIZATION AND SO ARE THE OTHER BRIEFINGS THAT YOU ARE GOING TO RECEIVE, AND WE'RE INCREDIBLY PROUD OF THE WORK OF THIS TEAM AND WHAT THEY HAVE DONE IN COMPILING AND ANALYZING AND PRESENTING THIS INFORMATION TO YOU TODAY. THANK YOU VERY MUCH.

>> Chair Kafoury: THANK YOU.

>> GOOD MORNING. THANK YOU FOR GIVING ME THE OPPORTUNITY TO SHARE THE DATA BOOK WITH YOU. MY NAME IS AILEEN DULDULAO, AND I'M A SOCIAL WORKER AND EPIDEMIOLOGIST WITH THE HEALTH DEPARTMENT. AND I'VE BEEN WITH THE HEALTH DEPARTMENT A LITTLE LESS THAN A YEAR. AND I WORK WITH THE EARLY CHILDHOOD SERVICES PROGRAM AS WELL AS THE STD PROGRAM. AND I'M HERE TO PROVIDE SOME BACK GROUNDED AND FINDINGS REGARDING THE DATA BOOK. FIRST I WOULD LIKE TO ACKNOWLEDGE THE VISION, HARD WORK AND DEDICATION OF OF SEVERAL PEOPLE IN MAKING THE DATA BOOK A REALITY. IN PARTICULAR, I WANT TO ACKNOWLEDGE THE WORK OF SARA TRAN, WHO IS OUR FORMAL EPIDEMIOLOGIST WHO CONCEPTUALIZED THE DATA BOOK AND BROUGHT IT TO FRUITION. THIS DATA BOOK WAS DEVELOPED THROUGH A COLLABORATIVE CROSS DISCIPLINARY PROCESS AMONG DIFFERENT PROGRAMS WITHIN THE HEALTH DEPARTMENT AND WITH COMMUNITY ORGANIZATIONS. DATA SOURCES INCLUDE STATE VITAL STATISTICS RECORDS, AS WELL AS DATA FROM THE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM. THE 37 INDICATORS USED FOR SELECTED FROM DATA ACROSS 51 POTENTIAL INDICATORS. EACH INDICATOR WAS STRATIFIED BY DEMOGRAPHIC GROUPINGS, MATERNAL RACE, ETHNICITIES, AGE, EDUCATION, AND MEDICAID STATUS AT TIME OF BIRTH. COLLECTIVE EXPERTISE WAS USED TO SELECT DATA RESULTS THAT WERE SIGNIFICANT AND HAD A STORY TO TELL, AS WELL AS TO IDENTIFY KEY FINDINGS AND THEMES FOR EACH CHAPTER. THE DATA IN THE DATA BOOK WAS ORGANIZED, ANALYZED AND INTERPRETED USING THE MATERNAL CHILD HEALTH LIFE COURSE FRAMEWORK. THE FRAMEWORK IS AN UPDATED AND BROADER WAY OF LOOKING AT HEALTH OVER A LIFE SPAN. NOT AS DISCONNECTED STAGES, UNRELATED TO EACH OTHER. BUT AS AN INTEGRATED WHOLE. THE FRAMEWORK SUGGESTS THAT A COMPLEX INTERPLAY OF BIOLOGICAL BEHAVIORAL, PSYCHOLOGICAL, SOCIAL, AND ENVIRONMENTAL FACTORS CONTRIBUTE TO HEALTH OUTCOMES ACROSS THE COURSE OF A PERSON'S LIFE. SOME INDICATORS IN THE BOOK ARE MEASURED USING THE HEALTHY PEOPLE 2020 FRAMEWORK, WHICH IS A SET OF 10-YEAR NATIONAL HEALTH GOALS FOR HEALTH PROMOTION AND DISEASE PREVENTION. THE GOALS WERE CREATED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND MEASURE -- BASICALLY REFLECT THE MINIMUM LEVELS THAT WOULD BE INDICATIVE OF HEALTH AND WELL-BEING. WHEREVER HEALTHY PEOPLE 2020 TARGETS EXIST WITHIN AN INDICATOR, THOSE TARGETS ARE NOTED. ONE OF THE MOST STRIKING FINDINGS IN THE DATA BOOK IS THE EXTENT TO WHICH RACIAL AND ETHNIC DISPARITIES ARE REFLECTED. AND AS A WOMAN OF COLOR, WHOSE CONTEMPLATING BECOMING A MOTHER, WHEN I REVIEW THESE FINDINGS MY HEARTBREAKS OVER AND OVER AND OVER AGAIN. THIS IS DESPITE THE FACT THESE NUMBERS HAVE BEEN REFLECTED IN MY OWN REALITY OF GROWING UP AND LIVING IN IMMIGRANT COMMUNITIES OF COLOR. WHERE BABIES WERE OFTEN BORN TOO SMALL OR TOO SOON, DESPITE INDIVIDUAL AND COMMUNAL EFFORTS TO MAKE IT

OTHERWISE. RACIAL AND ETHNIC DISPARITIES ARE PRESENT IN ALMOST EVERY INDICATOR AND BUILD ON EACH OTHER ACROSS THE CONTINUUM FROM FAMILY PLANNING, TO PRECONCEPTION, TO PREGNANCY HEALTH, TO BIRTH OUTCOMES, AND INFANT CARE. THIS MEANS DISPARITIES WE SEE IN FAMILY PLANNING AND PRECONCEPTION, HEALTH LIKE INTENDED PREGNANCY, SMOKING AND ALCOHOL USE, AND VITAMIN AND FOLIC ACID INTAKE ARE ALSO APPARENT IN ADVERSE BIRTH OUTCOMES LIKE INFANT MORTALITY, LOW BIRTH WEIGHT AND PREMATURITY. IT SHOULDN'T BE SURPRISING THAT WE SEE RACIAL AND ETHNIC DISPARITIES IN MATERNAL AND CHILD HEALTH SINCE WE KNOW THE SAME DISPARITIES EXIST IN ALMOST ALPHA SETS OF ADOLESCENT AND ADULT HEALTH. FOR EXAMPLE, IN GONORRHEA AND OTHER STDs, TEEN BIRTH AND ADULT TYPE II DIABETES. THE MECHANISMS BY WHICH RACIAL AND ETHNIC DISPARITIES ARE CREATED AND PERPETUATED ACROSS HEALTH CONDITIONS MAY BE DIFFERENT. BUT THE ROOT CAUSES ARE THE SAME. THE EXTENT TO WHICH RACIAL AND ETHNIC DISPARITIES ARE A COMMON THEME AMONG THE HEALTH OF COMMUNITIES OF COLOR IN MULTNOMAH COUNTY BEARS WITNESS TO THE EXTENT TO WHICH SYSTEMIC AND INSTITUTIONAL RACISM AND OPPRESSION HAVE BEEN DEEPLY EMBEDDED IN THE PLACES WHERE ALL OF OUR FAMILIES STRUGGLE TO SURVIVE, GROW, AND THRIVE. WHILE THE DATA ELUCIDATES MANY RISK FACTORS, PARTICULARLY FOR OUR COMMUNITIES OF COLOR, IT IS IMPORTANT TO REMEMBER THAT IT ISN'T BEING PART OF THESE COMMUNITIES THAT IS A RISK FACTOR. IT ISN'T BEING AFRICAN-AMERICAN, BEING NATIVE AMERICAN, BEING LATINO, OR BEING ASIAN-PACIFIC ISLANDER THAT IS A RISK FACTOR. IT IS THE FACT THAT THESE COMMUNITIES HAVE BEEN SUBJECT TO HISTORICAL LEGACIES OF OPPRESSION AND TRAUMA THAT HAVE FOSTERED THE CREATION AND PERPETUATION OF HEALTH DISPARITIES. WHEN READING THE DATA BOOK AND USING THE WEALTH OF INFORMATION PRESENTED, WE NEED TO REMEMBER THAT THESE COMMUNITIES, MY COMMUNITIES, AND YOUR COMMUNITIES, HAVE A WEALTH OF PROTECTIVE FACTORS AND TRANSSEN DENT HISTORIES OF OF STRENGTH AND RESILIENCY. SOME OF THESE PROTECTIVE FACTORS INCLUDE CULTURAL PRIDE, HIGH LEVELS OF SOCIAL SUPPORT AND COMMONALITY, AND TRADITIONAL AND INDIGENOUS WAYS OF EATING, LIVING, AND SHARING KNOWLEDGE. HEALTH DEPARTMENT PROGRAMS SUCH AS THE HEALTHY BIRTH INITIATIVE AND FUTURE GENERATIONS COLLABORATIVE WORK TOWARDS PROMOTING THESE AND OTHER PROTECTIVE FACTORS. IT IS THESE PROTECTIVE FACTORS AND RESILIENCY THAT WE NEED TO RECOGNIZE, VALUE, SUPPORT, AND FOSTER AND WHICH WILL HOPE FAMILY SERVE AS THE CONTEXT WHEN YOU READ THE INFORMATION IN THE DATA BOOK. OUR DATA ON INTENDED PREGNANCY RESULTING IN BIRTH, TO MAKE CLEAR THIS DOES NOT INCLUDE DATA ON ABORTIONS. AND THERE ARE ACTUALLY SOME METH LOGICAL ISSUES REGARDING COMBINING OR LOOKING AT PREGNANCY INTENTION THAT WE'RE WORKING ON, IT'S A WIDESPREAD PROBLEM THAT IS WORTH LOOKING AT THE STATE LEVEL AND NATIONAL LEVEL. HOPEFULLY BY THE NEXT ITERATION OF

THE DATA BOOK WE'LL HAVE THIS DATA UPDATED TO INCLUDE ABORTION DATA AS WELL. BUT OUR CURRENT DATA THAT WE HAVE IN INTENDED PREGNANCY WHICH LOOKS AT INTENTION AMONG RECENT MOTHERS, INTENTION AMONG PREGNANCIES THAT RESULTED IN BIRTH SHOW THAT ALMOST TWO OUT OF THREE RECENT MOTHERS IN THE COUNTY INTENDED THEIR PREGNANCY. PREGNANCY INTENTION IS IMPORTANT BECAUSE UNINTENDED PREGNANCIES ARE ASSOCIATED WITH INADEQUATE OR DELAYED PRENATAL CARE, SMOKING OR DRINKING DURING PREGNANCY, HAVING A LOW BIRTH WEIGHT, THE REDUCED LIKELIHOOD OF BREAST-FEEDING, DELAYED PHYSICAL AND MENTAL DEVELOPMENT OF THE CHILD, POOR MOTHER-CHILD ATTACHMENT AND MATERNAL DEPRESSION. THIS VARIES IN PREGNANCY INTENTION ARE INTRINSICALLY RELATED TO DISPARITIES IN THESE OUTCOMES. RECENT MOTHERS OF COLOR HAD A LOWER PERCENTAGE OF INTENDED PREGNANCY THAN NON-LATINA WHITE WOMEN. WE SEE DISPARITIES IN INTENTION IN LOWER INCOME MOTHERS, TEEN MOTHERS AND LESS EDUCATED MOTHERS. DISPARITIES IN PREGNANCY INTENTION CAN BE RELATED TO DIFFERENTIAL ACCESS IN BIRTH CONTROL EDUCATION AND METHODS. BUT IT'S ALSO STRONGLY RELATED TO BROADER ISSUES OF WHO IS ALLOWED TO MAKE DECISIONS ABOUT AND GIVE AN AGENCY OVER THEIR OWN REPRODUCTIVE DESTINY AND HOW THIS IS LINKED TO CONDITIONS IN COMMUNITIES. GIVEN DISPARITIES IN INTENDED PREGNANCY IT SHOULD NOT BE SURPRISED THAT WE SEE DISPARITIES IN BIRTH OUTCOMES. MORE BABIES OF COLOR IN THIS COUNTY ARE BORN AT LOW BIRTH WEIGHT THAN NONLATINO WHITE BABIES. AS MY COLLEAGUES WILL MENTION, LOW BIRTH WEIGHT HAS BEEN CORRELATED WITH MANY ADULT HEALTH CONDITIONS SUCH AS CORONARY HEART DISEASE, HIGH BLOOD PRESSURE, AND TYPE 2 DIABETES. WHILE A SIMILAR PERCENTAGE OF LATINO WHITE BABIES ARE BORN PRETERM AS NONLATINO WHITE BABIES, HIGHER PERCENTAGES OF AFRICAN-AMERICAN, NATIVE AMERICAN, AND ASIAN PACIFIC ISLANDER BABIES ARE BORN PRETERM. PRETERM BIRTH IS ASSOCIATED WITH SERIOUS BIRTH COMPLICATIONS. DEVELOPMENTAL ISSUES, AND INCREASED LIKELIHOOD OF INFANT DEATH. BABIES OF COLOR ALSO HAVE A HIGHER PERCENTAGE OF BEING BORN FOR SMALL FOR GESTATIONAL AGE, MEANING THEY'RE TOO SMALL GIVEN THE NUMBER OF WEEKS THEY'VE SPENT IN THE WOMB, HAVE A HIGHER PERCENTAGE OF ADMISSIONS TO THE NEO 98 TAM INTENSIVE CARE UNIT DUE TO BIRTH COMPLICATIONS OFTEN ARISING FROM PRETERM BIRTH, LOW BIRTH WEIGHT AND A SERIOUS MEDICAL CONDITION. INFANT MORTALITY WAS HIGHEST AMONG AFRICAN-AMERICAN AND NATIVE AMERICAN BABIES. WITH AFRICAN-AMERICAN AND NATIVE AMERICAN BABES DYING AT TWICE THE RATE AS NON-LATINO WHITE BABIES. WHILE THE ISSUE OF INFANT MORTALITY WILL BE EXPLORED IN GREATER DETAIL AT A BOARD PRESENTATION ON SEPTEMBER 18th, I JUST WANT TO MENTION THAT INFANT MORTALITY IN OUR COUNTY IS PROBABLY THE MOST GLARING EXAMPLE OF RACIAL DISPARITY AND MATERNAL CHILD HEALTH IN THAT THE INFANT MORTALITY RATE AMONG BABIES BORN TO COLLEGE EDUCATED AFRICAN-AMERICAN WOMEN IS

HIGHER THAN THE INFANT MORTALITY RATE AMONG BABIES BORN TO NONLATINO WHITE WOMEN WHO DO NOT HAVE A HIGH SCHOOL DIPLOMA. BREAST-FEEDING AS WE KNOW FROM LAST MONTH'S PROCLAMATION OF BREAST-FEEDING MONTH IS AN ESSENTIAL COMPONENT OF ENSURING THAT INFANTS ARE HEALTHY AND GROW INTO THRIVING ADULTS. BREAST-FEEDING INITIATION IS VERY HIGH IN THE COUNTY. APPROXIMATELY 96% OF RECENT MOTHERS IN THE COUNTY INITIATE BREAST-FEEDING. IT IS VERY HIGH AMONG ALL RACIAL AND ETHNIC COMMUNITIES. WE EXCEED THE HEALTHY PEOPLE 2020 TARGET BY ALMOST 15%. EXCLUSIVE BREAST-FEEDING FOR SIX MONTHS OR OTHER LIQUIDS EVEN WATER AND SOLID FOOD ARE NOT INTRODUCED IS RECOMMENDED BY THE WORLD HEALTH ORGANIZATION. THE SHORT-TERM AND LONG-TERM BENEFITS OF EXCLUSIVE BREAST-FEEDING INCLUDE PROTECTION FROM INFECTIOUS AND CHRONIC DISEASES, AND IMPROVE COGNITIVE DEVELOPMENT. UNFORTUNATELY OUR PRELIMINARY DATA SHOWS THAT EXCLUSIVE BREAST-FEEDING AMONG RECENT MOTHERS WHEN THEIR BABIES ARE TWO MONTHS OLD DROPS DRAMATICALLY. LESS THAN 50% OF RECENT MOTHERS IN THE COUNTY EXCLUSIVELY BREAST FED FOR TWO MONTHS. PRELIMINARY DATA ALSO SHOWS RACIAL AND ETHNIC DISPARITIES IN EXCLUSIVE BREAST-FEEDING AT TWO MONTHS, WITH RECENT MOTHERS OF COLOR EXCLUSIVELY BREAST-FEEDING HAVING A LOWER PERCENTAGE THAN NONLATINO WHITE RECENT MOTHERS. SO JUST A QUICK SUMMARY OF SOME OF MY POINTS. MATERNAL AND CHILD HEALTH IS A CRITICAL AND SENSITIVE PERIOD DURING THE LIFE COURSE. THIS PERIOD OF LIFE ALONG WITH ADOLESCENT HEALTH SET THE FOUNDATION FOR HEALTH IN LATER LIFE. PERVASIVE RACIAL AND ETHNIC DISPARITIES EXIST, UNLESS WE ADDRESS DISPARITIES DURING THIS PERIOD, WE WILL CONTINUE TO SEE DISPARITIES IN ADOLESCENT AS WELL AS ADULT HEALTH, AS WELL AS THE HEALTH OF FUTURE GENERATIONS. DISPARITIES IN INTENDED PREGNANCY BIRTH OUTCOMES, BREAST-FEEDING AND OTHER OUTCOMES THAT ARE MENTIONED IN THE DATA BOOK CAN BE PREDICTIVE OF HEALTH DISPARITIES IN LATER LIFE. IF WE SEE DISPARITIES AND OUTCOMES LIKE LOW BIRTH WEIGHT AND BREAST-FEEDING WE CAN FORESEE THEM IN ADULT CHRONIC DISEASES LIKE CARDIOVASCULAR DISEASE, AND TYPE 2 DIABETES. SO I'M GOING TO HAND IT OVER TO MY COLLEAGUES, MY COLLEAGUES WILL PROVIDE MORE INFORMATION ON THE BIOLOGICAL AND SOCIAL MECHANISMS BEHIND HEALTH DISPARITIES, AS WELL AS THE HEALTH DEPARTMENT'S ROLE IN TACKLING THESE DISPARITIES. THANK YOU SO MUCH FOR YOUR KIND ATTENTION AND CONSIDERATION.

>> Chair Kafoury: GOOD MORNING.

>> MY NAME IS LARRY WALLACK, AND I'M REALLY PLEASED TO BE HERE AND TO SHARE SOME OF THIS INFORMATION WITH YOU. FOR NINE OF THE PAST 10 YEARS I WAS DEAN OF THE COLLEGE -- AND STEPPED DOWN OF AFTER NINE YEARS OF DOING THAT AND IN THE LAST YEAR I'VE BEEN A SENIOR PUBLIC HEALTH POLICY CENTER WITH THE MOORE INSTITUTE AT OHSU, AND NOW

AFTER A YEAR WILL BE GOING BACK TO PORTLAND STATE AND DEVELOPING JOINT PROGRAMS WITH OHSU AROUND WHAT IS KNOWN AS THE FIRST THOUSAND DAYS OR DEVELOPMENTAL ORIGINS OF HEALTH AND DISEASE. SO WHAT'S INTERESTING, A LOT OF PEOPLE DON'T KNOW THIS, BUT I'VE BEEN IN PUBLIC HEALTH FOR OVER 40 YEARS NOW. IN DIFFERENT WORKING AND DIFFERENT AREAS OF PUBLIC HEALTH, ARC DEM I CAN AND COMMUNITY KINDS OF THINGS. TWO OF THE MAJOR EVENTS OR BODIES OF KNOWLEDGE IN PUBLIC HEALTH THAT I THINK HAVE REALLY SHAPED THE WAY THE FIELD DOES THICKS IS FIRST THE ELABORATION OF SOCIAL DETERMINANTS OF HEALTH. AND WE TAKE A LOT OF THIS FOR GRANTED NOW, BUT THIS WAS VERY REVOLUTIONARY UNTIL JUST RECENTLY. THE DEVELOPMENTAL ORIGINS OF HEALTH AND DISEASE PERSPECTIVE. BECAUSE NOW THIS TELLS US HOW BIOLOGY AND SOCIOLOGY COME TOGETHER. THE NATURE, NURTURE DEBATE IS OVER BECAUSE IT'S BOTH THINGS. THIS IS VERY IMPORTANT FOR UNDERSTANDING HOW TO ADDRESS THE GROWING PUBLIC HEALTH BURDEN OF CHRONIC DISEASES. WE HAVE HAD A LONG SAYING IN PUBLIC HEALTH THAT THE PUBLIC POLICIES THAT WE PASS TODAY CAN BE USED TO PREDICT THE PUBLIC HEALTH PROBLEMS WE'LL FACE TOMORROW. THIS IS IMPORTANT TO UNDERSTAND BECAUSE A LOT OF THE DECISIONS WE MAKE AND WE COLLECTIVELY MAKE AS A POPULATION ABOUT PUBLIC POLICIES, WE DON'T FULLY UNDERSTAND THAT ALMOST EVERYTHING WE DO HAS AN IMPACT ON HEALTH. AND WE'RE LEARNING THAT NOW MORE AND MORE FROM BOTH THE LOGICAL AND SOCIAL PERSPECTIVE. A COUPLE YEARS AGO THE ROBERT WOOD JOHNSON FOUNDATION, WHICH IS PROBABLY THE LEADING HEALTH FOUNDATION IN THIS COUNTRY, CAME OUT WITH A NATIONAL REPORT THAT INVOLVED A VERY, VERY DISTINGUISHED GROUP OF PEOPLE WHO PRODUCED THIS, AND THEY HAD AN INCREDIBLE QUOTE THAT CAME OUT OF THAT REPORT. AND THE QUOTE WAS, "WE NOW KNOW THAT YOUR ZIP CODE MAY BE MORE IMPORTANT TO YOUR HEALTH THAN YOUR GENETIC CODE." NOW, WE IN PUBLIC HEALTH HAVE THOUGHT THIS FOR A LONG TIME. BUT TO HAVE A FOUNDATION OF THAT STATUS MAKE THAT AGENDA SETTING AND REALLY DIRECTION CHANGING COMMENT WAS REALLY QUITE REMARKABLE. SO WHILE IT REINFORCED WHAT WE KNOW THAT THE STRONG LINK BETWEEN SOCIAL INEQUALITY AND HEALTH INEQUALITY, IT REALLY HELPED TO LEGITIMIZE AND BROADEN OUR UNDERSTANDING OF CAUSES. WE NOW KNOW THAT THE WAY THAT THE ENVIRONMENT LITERALLY GETS UNDER OUR SKIN IS THAT THE ENVIRONMENT INTERACT WITH OUR GENES AND CHANGES THE WAY THAT OUR GENES OPERATE. SO ONE OF THE VIEWS WAS THAT OUR GENES WERE KIND OF LIKE A BLUEPRINT FOR OUR LIFE. IN FACT, A LOT OF TIMES WHEN YOU HEARD PEOPLE HAVING POOR HEALTH, THE FIRST RESPONSE WOULD BE, WELL, I GUESS THEY HAVE POOR GENES, OR THEY GOT THAT FROM THEIR PARENTS. WHAT WE NOW KNOW, THOUGH, IS THAT GENES ARE NOT A FIXED BLUEPRINT. THEY'RE A RANGE OF INFINITE POSSIBILITIES. AND THESE POSSIBILITIES ARE SET VERY EARLY. AND THEY'RE A RESULT OF AN INTERACTION WITH THE ENVIRONMENT IN A SENSE OUR ZIP CODE, THE WAY

THAT ZIP CODE TRANSLATES A SOCIAL PHENOMENON INTO A BIOLOGICAL IMPACT IS THROUGH THIS PROCESS NOW KNOWN AS EPIGENETICS. IN SHORT, I'M CERTAINLY NOT GOING TO GET INTO A DISCUSSION OF EPIGENETICS, IS HOW GENES CHANGE THE INSTRUCTIONS THEY GIVE TO OURSELVES IN TERMS OF WHAT THE CELLS ARE. YOU'RE A HEART CELL, YOU'RE A LIVER CELL, YOU'RE A BRAIN CELL AND SO FORTH. THIS IS CHANGED AT A VERY EARLY PERIOD OF TIME. NOW THERE'S TWO MAJOR SOURCES OF ADVERSE ENVIRONMENTAL STRESS. TWO MAJOR SOURCES OF WHAT IT MEANS THAT YOUR ZIP CODE MAY BE MORE IMPORTANT TO YOUR HEALTH THAN YOUR GENETIC CODE. ONE OF THEM WE'VE KNOWN FOR A LONG TIME IS NUTRITION. AND EVERYBODY GRAVITATES TOWARD THE NUTRITION ISSUE. THIS IS VERY IMPORTANT. BUT WE NOW KNOW THAT STRESS IS EQUALLY IMPORTANT TO NUTRITION IN TERMS OF THE IMPACT IT HAS ON A DEVELOPING FETUS AND BABY. WE NOW KNOW THAT STRESS HAS A SPECIFIC BIOLOGICAL IMPACT THAT AT THE EARLIEST STAGES CREATES RISK THROUGHOUT THE LIFE COURSE. SO WHAT DO WE MEAN BY STRESS? WE DON'T MEAN THE KIND OF STUFF WHERE HAD YOU A BAD DAY AND YOU GO HOME. WE'RE TALKING ABOUT THE KIND OF STRESS THAT IS LINKED TO RACIAL DISCRIMINATION. TO LACK OF OPPORTUNITY. TO ECONOMIC DEPRIVATION, TO POOR HOUSING, TO ALL THE KINDS OF THINGS THAT WE MIGHT CONSIDER AS SOCIAL DETERMINANTS OF HEALTH. WE NOW KNOW, LITERALLY, HOW THOSE THINGS GET UNDER ONE SKIN, CREATE BIOLOGICAL CHANGES, THAT INCREASE THE RISK ACROSS THE LIFE COURSE. I WANT TO MAKE A VERY IMPORTANT POINT HERE. BECAUSE A LOT OF PEOPLE WILL LOOK AT THIS NEW SCIENCE HEAR ABOUT THIS AND THEY IMMEDIATELY GO TO A KIND OF BIOLOGICAL DETERMINISM. OH, IT'S ALL SET, THERE'S NOTHING WE CAN DO. BUT RISK IS NOT REALITY. AND PROBABILITY IS NOT CERTAINTY. AND WHAT WE KNOW IS THERE'S A DOUBLE HIT THEORY. REMEMBER RALPH NADER, HE TALKED ABOUT THE DOUBLE HIT, YOU HAVE THE CRASH AND WHAT HAPPENS AFTER THE CRASH. THAT'S HOW WE GOT PADDED DASHBOARDS, BASICALLY WE CHANGED THE ENVIRONMENT OF THE CAR TO MAKE IT LESS HOSTILE WHEN A CRASH DID TAKE PLACE. WHAT WE NOW KNOW IS THAT IN THE DEVELOPMENTAL PROCESS OF THE FIRST THOUSAND DAYS, WHEN THE ORGANS ARE THE MOST PLASTIC, MOST ORGANS ARE PRETTY FULLY DEVELOPED BY THE TIME THE FIRST THOUSAND DAYS FROM CONCEPTION HAS BEEN COMPLETED. WHAT WE KNOW IS THAT THE DEVELOPMENT OF THOSE ORGANS CREATE THE FIRST HIT. IF THERE'S BEEN SLOW GROWTH, IF THERE HAS BEEN NUTRITIONAL DEPRIVATION, NOT CALORIC DEPOSIT VISION, IF THERE'S BEEN HIGH LEVELS OF CHRONIC STRESS THAT RAISE CORTISOL LEVELS, THAT THING THAT SAYS FIGHT OR FLIGHT AND SO FORTH, THAT CREATES A VULNERABILITY AT BIRTH THAT LASTS THROUGHOUT THE LIFE COURSE. AS MY COLLEAGUE SAID, THE VULNERABILITY IS MOST SEEN NOW IN CHRONIC DISEASES LIKE HEART DISEASE, STROKE, HIGH BLOOD PRESSURE, TYPE 2 DIABETES. THERE'S A RANGE OF CANCERS ALSO ASSOCIATED WITH THIS INITIAL VULNERABILITY. SO YOU HAVE THE INITIAL VULNERABILITY, BUT ONCE THAT IS ESTABLISHED, IT MAY OR MAY NOT BE REALIZED. WHAT WILL

DETERMINE TO A LARGE EXTENT WHETHER THAT VULNERABILITY TURNS INTO DISEASE IS THE QUALITY OF THE ENVIRONMENT THAT PEOPLE ARE IN. THE CONSTANT INSULTS FROM THE ENVIRONMENT IN TERMS OF NUTRITIONAL AND VARIOUS KINDS OF SOCIAL DEPRIVATION THAT LEAD TO STRESS, INCREASE THE LIKELIHOOD THAT THIS ACTUALLY MATERIALIZES INTO DISEASE. SO THIS NOTION OF STRESS WHICH AGAIN OFTEN TIMES, WE DON'T TALK ABOUT IT AS MUCH BECAUSE IT'S MUCH VAGUER THAN NUTRITION WHERE YOU CAN COUNT DIFFERENT KINDS OF THINGS, THIS SHOULD NOT BE MINIMIZED BECAUSE STRESS IS THE BEST EXAMPLE OF WHERE SOCIAL DETERMINANTS OF HEALTH AND THE KINDS OF SOCIAL INEQUALITIES WE HAVE ACTUALLY BECOME BIOLOGICAL CHANGES THAT HAVE THIS IMPACT. SO BOTH STRESS AND NUTRITION HAVE THE IMPACT OF SLOWING THE GROWTH OF THE DEVELOPING BABY, AND WHEN GROWTH IS SLOW -- IS -- SLOWS DOWN, ORGAN DEVELOPMENT THAT IS OCCURRING AT THAT TIME, TRADE-OFFS ARE BEING MADE, BECAUSE THERE'S NOT ENOUGH ENERGY FOR ALL THE ORGANS TO DEVELOP. SO JUST ONE EXAMPLE, I DON'T WANT TO GET INTO THIS, BECAUSE THIS STUFF GETS REALLY COMPLICATED, AND I GET LOST IN IT. BUT ONE CONCRETE EXAMPLE IS, YOUR KIDNEY. SO IF THE BABY IS NOT GETTING SUFFICIENT ENERGIES, IT MAKES TRADE-OFFS. THE FIRST PLACE THAT GETS IT BECAUSE IT CONSUMES MOST ENERGY IS THE BRAIN. BUT THE KIDNEY, THE MOTHER THROUGH THE PLACENTA IS CLEARING THE IMPURITIES SO THE KIDNEY MAY NOT BE THAT IMPORTANT. SO THE ENERGY DOESN'T GO TO THE KIDNEY AND THE KIDNEY MAY NOT BE THAT FULLY DEVELOPED, THOUGH ALL OF THE FILTERING DEVICES ARE WHAT -- ARE PRETTIES MUCH SET BY THE TIME THE BABY IS BORN. IF IT HAS FEWER FILTERING DEVICES, THERE'S A LIFELONG VULNERABILITY FOR RISK OF HIGH BLOOD PRESSURE. AND THAT IS NOT SET LATER IN LIFE. THAT IS SET AT THE FIRST THOUSAND DAYS WHEN THE ORGANS, THE MAJOR ORGANS IN THE BODY ARE GOING TO BE MOSTLY FULLY DEVELOPED EXCEPT FOR THE BRAIN WHICH CONTINUES ON. THOSE ORGANS ARE PRETTY FULLY DEVELOPED IN THEIR CAPACITY IS FULLY DEVELOPED AND THEN AS THEY GO THROUGH LIFE, THE ENVIRONMENT WILL PROVIDE THAT SECOND HIT. SO THIS EARLY STAGE THING IS CRITICALLY IMPORTANT. AS WE -- YOUNG ADULTS AND SO FORTH -- SO HEART DISEASE, FOR EXAMPLE, A LOT OF OUR PROGRAMS ARE REALLY FOCUSED ON OLDER MIDDLE AGE AND OLDER PEOPLE. THE REALITY IS WE'VE HEARD TODAY IS THAT THE RISK OF HEART DISEASE IS SET IN THE FIRST THOUSAND DAYS. WHAT THIS TELLS US THIS, IS REVOLUTIONARY FROM A PUBLIC HEALTH AND MEDICAL POINT OF VIEW. I USE THE EXAMPLE, IT'S LIKE GALILEO. GALILEO SAID, EVERYBODY THINKS THE EARTH REVOLVES AROUND THE SUN. I'M SORRY, THE SUN REVOLVES AROUND THE EARTH. [LAUGHTER] OK, OK. I MADE A MISTAKE. THE SUN REVOLVES AROUND THE EARTH, MEANING THE EARTH WAS THE CENTER OF THE UNIVERSE. AND THEN WHEN HE SAID NO, NO, THE SUN REVOLVES AROUND -- THE EARTH REVOLVES AROUND THE SUN, IT WAS BLASPHEMY, BECAUSE IT CHANGED THE WHOLE WAY WE THINK ABOUT THE WORLD. DEVELOPMENTAL ORIGINS, SCIENCE, CHANGES THE WAY WE UNDERSTAND DISEASE BECAUSE IT SAYS DISEASE IS

REALLY -- THE RISK OF DISEASE IS ESTABLISHED MUCH EARLIER THAN ANYBODY THOUGHT, AND THAT MANY OF OUR PROGRAMS, NO MATTER HOW GOOD THEY ARE, WILL BE TOO LITTLE AND TOO LATE TO HAVE THE IMPACT THAT'S NECESSARY. IT'S NOT THAT THESE PROGRAMS WON'T HELP SOME PEOPLE. THEY MOST CERTAINLY WILL. IT'S NOT THAT OUR OWN BEHAVIORS, WE NEED TO DO A BETTER JOB, WE CERTAINLY DO. BUT THE FACT OF THE MATTER IS, THESE THINGS ARE OVERWHELMED BY THAT INITIAL HIT OF VULNERABILITY AND THEN THE WAY WE HAVE AS A COMMUNITY QUITE HONESTLY, CONSTRUCTED ENVIRONMENTS THAT MAKE HEALTHY CHOICES THE MOST DIFFICULT THING TO DO AND UNHEALTHY CHOICES THE EASY PATHWAY. I'M NOT JUST TALKING ABOUT THIS FROM WHAT FOODS PEOPLE ELECT TO EAT. I'M TALKING ABOUT THIS THROUGH THE WHOLE RANGE OF ECONOMIC OPPORTUNITY HOUSING AND SO FORTH. SO THE -- I'VE TOLD YOU ABOUT THE RISK FOR CHRONIC DISEASES. WHAT WE NOW KNOW IS THAT COGNITIVE ABILITIES ARE ALSO GREATLY IMPACTED DURING THE FIRST THOUSAND DAYS. AND PART OF IT IS AS A RESULT OF THIS EXPOSURE TO STRESS, WHICH ELEVATES CORTISOL, THIS FIGHT-FLIGHT RESPONSE, BABIES THAT ARE BATHED IN THIS HIGH LEVEL OF CORTISOL, THEY WIRE THEIR STRESS RESPONSE SYSTEM TO BE ON HIGH ALERT ALL THE TIME. THIS IS GOOD, BY THE WAY, IF YOU HAVE A MASTADON CHASING YOU, YOU WANT TO HAVE THAT FIGHT-FLIGHT. YOU WANT TO RUN -- BUT ONCE YOU'RE OUT OF THE WAY, WHAT HAPPENS? YOUR CORTISOL GOES BACK DOWN AND YOU SORT OF RECOVER. WHEN YOU'RE IN A LEVEL OF CONSTANT STRESS, CHRONIC STRESS, WHAT SOME PEOPLE CALL TOXIC STRESS, YOU'RE CONSTANTLY ELEVATED, YOUR IMMUNE SYSTEM IS ELEVATED. THERE'S WEAR AND TEAR ON THE BODY. AND WHEN YOU ARE ELEVATED AT THAT LEVEL, GROWTH IS SACRIFICED FOR MAINTENANCE AND ADDRESSING GROWTH AND REPAIRS SACRIFICE FOR THE MAINTENANCE AND ADDRESSING THE IMMEDIATE STRESS. SO A LOT OF THE THINGS THE STATE OF OREGON WILL BE MEASURING, BECAUSE WE'RE MAKING A BIG INVESTMENT IN EARLY CHILDHOOD EDUCATION, AND THEY'RE MEASURING THREE THINGS. NUMBER ONE, VERBAL ABILITIES. NUMBER TWO, QUANTITATIVE ABILITIES. AND THEN THE BIG ONE, NUMBER THREE, MORE OF AN OBSERVATIONAL THING, IS HOW DO KIDS GET 8 LONG WITH EACH OTHER? WHAT WE KNOW NOW IS THAT HIGH LEVELS OF STRESS IN THE WOMB CONTRIBUTE TO DURING THE FIRST THOUSAND DAYS, MEMORY PROBLEMS, OTHER PROBLEMS OF COGNITIVE FUNCTIONING, PROBLEMS WITH EXECUTIVE FUNCTIONING, PEOPLE JUST DON'T -- ATTENTION SPAN, AND PEOPLE JUST DON'T WORK WELL WITH OTHERS. SO IF WE'RE SERIOUS ABOUT THE EARLY CHIDEHOOD EDUCATION PROGRAMS, AND I KNOW WE HAVE, WE HAVE TO PUT THOSE PROGRAMS IN, BUT WE HAVE TO UNDERSTAND THOSE ARE ACTUALLY LINKED TO WHAT GOES ON BEFORE THE CHILD IS EVEN BORN. THIS WILL REQUIRE US, AND I KNOW ALSO MCH DIVISION IS BEGINNING TO DO THIS, TO RETHINK WHAT WE MEAN BY UPSTREAM AND PUBLIC HEALTH. UNLESS WE GO UPSTREAM TO SEE WHAT'S CAUSING PEOPLE TO FALL IN WE'LL NEVER HAVE THE RESOURCES OR CAPACITY TO PULL EVERYBODY OUT DOWNSTREAM BECAUSE PEOPLE

FLOAT BY OR WE PULL THEM OUT AND THEY FALL BACK IN BECAUSE THESE ARE DIFFICULT PROBLEMS TO OVERCOME. SO WHAT WITH NEED TO UNDERSTAND IS THAT IN THE OLD MOTIVES SOME OF YOU REMEMBER WHENEVER THERE WAS AN EMERGENCY, CATASTROPHE, IT WAS ALWAYS WOMEN AND CHILDREN FIRST. ABANDON SHIP! WOMEN AND CHILDREN FIRST. UNFORTUNATELY, THE WAY WE ORGANIZE OUR SOCIAL POLICIES, WHEN THERE'S EVER A CUT, IT'S STILL WOMEN AND CHILDREN FIRST, BUT IT'S FOR THE WORST POSSIBLE REASON. THE WELL-BEING OF THE NEXT GENERATION IS NOW BEING DEVELOPED IN OUR YOUNG GIRLS WHO ARE BEGINNING TO ENTER CHILD BEARING YEARS. AND BY THE WAY, WE'RE LEARNING ALSO, YOUNG MALES, THIS IS ALSO TRANSMISSIBLE WITH YOUNG MALES AS WELL. SO I WOULD CONCLUDE WITH THE QUESTION THAT I'M TRYING TO ASK AS I DEDICATE THE LATTER PART OF MY CAREER TO THIS ISSUE, BECAUSE I THINK THIS IS JUST SO IMPORTANT AFTER 40 YEARS IN PUBLIC HEALTH, I BELIEVE THAT THIS IS THE BIGGEST CHALLENGE. AND BY THE WAY, THE REASON I BELIEVE IT IS BECAUSE FOR ME, IT IS THE ULTIMATE SOCIAL EQUITY ISSUE. WHEN YOU HAVE LARGE POPULATIONS BEING BORN WITH AN INITIAL DISADVANTAGE, WHICH ARE SUBSEQUENT PUBLIC POLICIES, NOT THROUGH INTENTION, BUT JUST -- REINFORCE THAT INITIAL DISADVANTAGE AND CONTRIBUTE INSULTS ON A CONTINUING BASIS ALONG THE WAY, THIS IS THE BIGGEST SOCIAL EQUITY ISSUE. AND YOU CANNOT DEAL WITH IT BY FOCUSING DOWNSTREAM. WE NEED THE SERVICES DOWNSTREAM BUT WE NEED TO REALIZE THAT WE NEED TO GO UPSTREAM AND LOOK AT WHAT IS IT THAT WE AS A SOCIETY WANT TO ADDRESS AS AN EQUITY ISSUE AND WE NEED TO REINVEST OUR RESOURCES THERE. THE QUESTION THAT WE'RE ASKING PEOPLE, WE'RE ASKING GROUPS TO THINK ABOUT IS, WHAT IF MULTNOMAH COUNTY IN THIS CASE WERE THE BEST PLACE IN THE COUNTRY TO BE PREGNANT AND RAISE A CHILD? HAVE A CHILD AND RAISE THAT CHILD. WHAT WOULD IT LOOK LIKE? LITERALLY, WHAT WOULD IT LOOK LIKE? WHAT WOULD YOU LOOK AT THAT WOULD BE DIFFERENT? WHAT WOULD IT LOOK LIKE, WHAT WOULD BE DIFFERENT? WHAT KINDS OF PUBLIC POLICIES, AGGRESSIVE PUBLIC POLICIES, BIG STUFF, WHAT KINDS OF PUBLIC POLICIES WOULD NEED TO BE PUT IN PLACE TO ADDRESS THIS? HOW WOULD WE MOBILIZE THE POLITICAL WILL? THIS IS WHERE COMMUNITY REALLY NEEDS TO BE INVOLVED. HOW WOULD WE MOBILIZE THE POLITICAL WILL TO CREATE THAT CHANGE? THESE ARE THE KINDS OF QUESTIONS THAT WE WANT TO ASK PEOPLE, BECAUSE THE VISION WE HAVE NOW, EVEN THOUGH IT'S A GOOD VISION, IT'S TOO FAR DOWNSTREAM. THIS NEW SCIENCE, WE NOW HAVE THE KNOWLEDGE, IN PUBLIC HEALTH SOCIAL DETERMINANTS AND THESE KINDS OF THINGS, SOCIAL JUSTICE, AND I BELIEVE SOCIAL JUSTICE IS THE FUNDAMENTAL EPIC ON WHICH PUBLIC HEALTH IS BASED, THIS WAS SEEN AS SOFT STUFF THROUGH MOST OF MY CAREER QUITE HONESTLY. I WAS SEEN AS IDEOLOGICAL STUFF, WISHFUL THINKING. WE NOW KNOW THE SCIENCE -- SCIENTIFIC CONNECTION. WE NOW KNOW LITERALLY HOW THE ENVIRONMENT GETS UNDER YOUR SKIN AS I SAID BEFORE, HAS A BIOLOGICAL IMPACT, IT INCREASES RISK OVER THE LIFE COURSE. WE NOW

HAVE THAT SCIENTIFIC BASIS. WE HAVE A MORAL RESPONSIBILITY TO ACT ON THIS AND I'M COMMITTED TO INCREASING THE SENSE OF URGENCY AROUND THIS ISSUE SO THAT WE CAN ALL DO WHAT WE WANT TO DO, DO RIGHT THING, WHICH IS TO REFOCUS WHAT WE'RE DOING AROUND THE NEXT GENERATION, BECAUSE WE'RE GOING DOWN A PATH NOW, WHERE WE'RE GOING TO BE OVERWHELMED BY CHRONIC DISEASE. SO I APPRECIATE THE OPPORTUNITY TO TALK WITH YOU, AND BY THE WAY MY COLLEAGUE AT OHSU, WHO IS HEAD OF THE MOORE INSTITUTE, KENT IS AN INTERNATIONAL RENOWNED EXPERT ON THIS STUFF, AND I WOULD BE GLAD TO COME BACK WITH KENT AND HE GOING INTO ALL THE HIGH SCHOOL BIOLOGY YOU NEVER LEARNED, AND REMIND YOU ABOUT IT, MAKE IT REALLY CLEAR AND COMPELLING FROM A SCIENTIFIC POINT OF VIEW. THANK YOU SO MUCH FOR THE OPPORTUNITY TO TALK WITH YOU.

>> Chair Kafoury: THANK YOU.

>> Comm. Smith: I HAVE A QUICK QUESTION. I WANT TO SETTLE SOMETHING. I HAVE TO ADMIT I DO WATCH OLD RERUNS OF THE OPRAH SHOW. AND I HAVE TO TELL YOU, YOU'RE PROBABLY ONE OF THE MOST ENGAGING FOLKS I'VE HEARD THIS YEAR AROUND THE ISSUE OF HEALTH DISPARITIES, THANK YOU, DOCTOR.

>> THANK YOU.

>> Comm. Smith: BUT I HEARD THIS AND SHOOK MY HEAD AND I'M SURPRISED I HADN'T HEARD IT BEFORE. DR. OZ, SO DON'T JUDGE ME, YOU ALL -- [LAUGHTER] DR. OZ SAID THAT THE REASON WHY AFRICAN-AMERICANS HAVE HIGH BLOOD PRESSURE WAS BECAUSE OF OF THE MIDDLE PASSAGE ON THE SLAVE SHIPS AND THE SALT IN THE WATER AND THAT'S WHY WE HAVE HIGHER BLOOD PRESSURE. SO I GO TO MY IPAD AND TYPE THAT IN, AND I READ IT SOMEPLACE THERE TOO. SO -- BUT WHAT I'M HEARING YOU SAY HERE THIS MORNING, THE STUDY OF EPIGENETICS IS PROBABLY MORE WHY WE HAVE HIGH BLOOD PRESSURE THAN THE MIDDLE PASSAGE.

>> I'M NOT GOING TO MAKE A DEFINITIVE STATEMENT ON THAT.

>> Comm. Smith: HE DID! I WAS KIND OF CONFUSED.

>> WHAT I'M GOING TO TELL YOU IS THIS -- EPIGENETICS IS ONE OF THE WAYS THAT THE NOTION OF INTERGENERATIONAL TRAUMA IS EXPLAINED. EPIGENETICS IS HERITABLE. IT'S A CHANGE IN THE WAY THE GENES TURN ON AND TURN OFF AND REGULATE THEMSELVES. SO THERE ARE PEOPLE WHO BELIEVE THAT IF YOU LOOK LIKE ACROSS THE SOUTH, THE HEAT MAP, AND YOU LOOK AT CHRONIC DISEASES, HIGH BLOOD PRESSURE, IT'S FLAME RED. AND A LOT OF PEOPLE, THERE'S SOME RESEARCH ON THIS THAT SHOWS THAT YOU CAN TRACE THAT BACK TO THE POST-CIVIL WAR PERIOD. AND THE

HISTORICAL TRAUMA AROUND THAT, BUT ALSO A LOT OF THESE DISEASES EVOLUTIONARY DIABETES WASN'T AROUND A COUPLE HUNDRED YEARS AGO. THEY'RE CALLED MISMATCHED DISEASES. IT'S BECAUSE WE'VE EVOLVED IN A WAY THAT WE'RE NOW DEALING WITH ENVIRONMENTS THAT WERE MISMATCHED WITH THOSE ENVIRONMENTS. AND I WANT TO JUST MENTION TWO OTHER THINGS. WHEN YOU MENTIONED OPRAH I THOUGHT YOU WERE GOING TO SAY YOU SAW ME ON OPRAH, BECAUSE YEARS AGO I WAS ON OPRAH AND SAID, WAIT, ARE THEY DOING A RERUN ON THAT OR SOMETHING NOT ON THIS TOPIC, BY ANY MEANS. BUT THE OTHER THING I WANTED TO MAKE A POINT ABOUT IS BIRTH WEIGHT. BIRTH WEIGHT IS VERY IMPORTANT. BUT BIRTH WEIGHT IS NOT DESTINY, BIRTH WEIGHT IS A MARKER FOR SLOW GROWTH. FOR GROWTH PROBLEMS. PROBLEMS IN GROWTH. THAT'S WHAT BIRTH WEIGHT REPRESENTS. AND IT'S VERY IMPORTANT TO UNDERSTAND WHY IS THERE THAT SLOW GROWTH? SO I JUST WANT TO SAY THAT WE TEND TO FOCUS ON ONE KIND OF INDICATOR AND IT'S A CRITICALLY IMPORTANT INDICATOR AND WE NEED TO DO A LOT ON THAT. BUT IT'S WHAT IT REPRESENT AND WHY THAT SLOW GROWTH OCCURS.

>> Comm. Smith: THANK YOU.

>> COMM. MCKEEL: I WANT TO MAKE A COMMENT WITH COMMISSIONER SMITH'S COMMENTS, THIS IS SOMETHING OF THE MOST FASCINATING INFORMATION I THINK WE'VE EVER BEEN GIVEN AROUND THIS ISSUE. I REALLY APPRECIATE THAT AND I ALSO APPRECIATE THAT YOU HAVE GIVEN US A QUESTION TO LOOK AT TO HOW WE MOVE FORWARD AS WE LOOK AT WHAT WE CAN DO AROUND THESE ISSUES. AS POLICYMAKERS. SO THANK YOU VERY MUCH.

>> I'M PAUL LEWIS, THE MULTNOMAH COUNTY HEALTH OFFICER. I'VE BEEN IN THIS POSITION, JUST SINCE JUNE, BUT I'VE BEEN WITH THE COUNTY SINCE 2008 AS A DEPUTY HEALTH OFFICER. I'M A RECENT PSU GRAD, AND I TOLD JESSICA IT'S COMPLETELY UNFAIR TO PUT ME BEHIND DR. WALLACK, WHO IS ONE OF MY PROFESSORS. BUT I'M GOING TO CRIB FROM SOME OF HIS INITIAL LECTURES LATER IN MY COMMENTS. I'M ALSO A PRACTICING PEDIATRICIAN. I STILL WORK AT OHSU AS A HOSPITAL PEDIATRICIAN AND I WANT TO SORT OF -- WE'VE HEARD A LOT OF SCIENCE AND DATA AND I CAME TO OHSU IN 1996 HAVING FINISHED 25 YEARS OF TRAINING, AND DURING WHICH I NEVER LOOKED UP AND NEVER PAID ATTENTION. BUT I -- ONCE I GOT THERE I HAD DIFFERENT RESPONSIBILITIES. AND ALSO MAYBE A LITTLE BIT MORE TIME, AND I DID MAKE TWO OBSERVATIONS. ONE WAS THAT I THOUGHT PORTLAND WAS A PRETTY WHITE CITY, AND THEN IN THE NEONATAL ICU WERE THERE WERE ALL THESE BLACK AND MAYTIVE AMERICAN KIDS. IT STUCK IN MY HEAD, THIS SEEMS OUT OF PROPORTION. AND THEN MY OTHER MAIN JOB WAS JUST BEING A HOSPITAL PEDIATRICIAN AND I ALSO ASKED MYSELF, WHY ARE ALL OF MY PATIENTS POOR? IT WAS JUST SORT OF SOMETHING IN TRAINING YOU'RE SO BUSY WORKING YOU DON'T THINK ABOUT CONTEXT AT ALL. BUT

WHEN I GOT TO PORTLAND I BEGAN TO THINK ABOUT THAT CONTEXT A LOT MORE AND IT LED TO WHAT I CALL MY 19-YEAR QUEST TO GET AN MPH DEGREE, WHICH DR. WALLACK CONTRIBUTED TO OVER THE LAST COUPLE YEARS. AILEEN GAVE US AN AMAZING OVERVIEW OF A DOCUMENT THAT ILLUSTRATES THESE REALLY PROFOUND AND PERSISTENT PROBLEMS AMONG A VERY IMPORTANT GROUP IN OUR SOCIETY, INFANTS AND THEIR MOTHERS. AND THEIR IMPORTANCE TO SOCIETY AND TO THE COUNTY IS OBVIOUS. WE START WITH THE DATA ON BIRTH WEIGHT AND NEONATAL INTENSIVE CARE UNIT STAYS BUT WE HAVE TO ASK OURSELVES AS DR. WALLACK HAS MENTIONED, HOW DID THIS SITUATION COME TO PASS? WE KNOW A SIX-MONTH PREGNANCY IS WAY TOO SHORT FOR AN INFANT TO DEVELOP, AND IF YOU'RE BORN WEIGHING ABOUT THE SIZE OF A WATER BOTTLE, YOU'RE NOT GOING TO BE ABLE TO KEEP WARM AND ALL THE INCUBATORS AND TUBES IN THE ICU AREN'T GOING TO FIX THAT. WE ALSO KNOW THAT IT'S NOT THE BABY'S FAULT FOR THE SITUATION THEY FIND THEMSELVES IN. IT WOULD BE EASY TO BLAME THE MOMS BECAUSE OF POVERTY OR LOCATION, BUT AS AILEEN AND OTHERS HAVE POINT OUT, EASTERN IF YOU TAKE THAT INTO ACCOUNT THE BIRTH OUTCOMES ARE WORSE FOR EVEN COLLEGE EDUCATE WOMEN OF COLOR THAN FOR POOR LESS EDUCATED WHITE WOMEN. SO THERE IS SOMETHING MORE GOING ON. AND AGAIN, I TRY TO ALWAYS SIMPLIFY THINGS FOR MYSELF, AND THE DIAGRAM IN FRONT OF YOU IS ONE OF THE WAYS OF DOING THAT. WE TRY TO PUT THE MOM AND THE BABY IN A CONTEXT. THE PREGNANCY AND EARLY CHILDHOOD DID NOT OCCUR IN A VACUUM. EVERY DAY WE ALL INTERACT WITH OUR FAMILY AND CLOSEST FRIENDS, AND THEN ALSO WITH THE REST OF OUR CLOSE ENVIRONMENT WHETHER IT'S SCHOOL, THE WORKPLACE, NEIGHBORHOOD. AND THEN WE ALL LIVE IN A BROADER COMMUNITY, AND IN A SOCIETY WITH ITS TRADITIONS RULES AND NORMS. SO THAT'S THE POINT OF THESE OVERLAPPING CIRCLES. AND ALL OF THESE RELATIONSHIPS. AND AGAIN, I'M STEALING SOMETHING FROM PROBABLY THE FIRST DAY OF CLASS WITH DR. WALLACK, THAT ALWAYS TRY TO LOOK AT THINGS AS A BROAD -- THE BROADEST POSSIBLE LANDSCAPE POSSIBLE AS OPPOSED TO THE TYPE IMPORTANT TRAIT ON THE INDIVIDUAL. THE INDIVIDUALS THERE THAT THE CONTEXT IS REALLY CRITICAL. WE WERE HERE AND HAD A LOT OF FUN TWO WEEKS AGO WITH THE BREAST-FEEDING PROCLAMATION. ALTHOUGH WE DID HAVE A LITTLE BIT AFTER DARK CLOUD OVER THAT ABOUT OUR POOR PROBLEMS WITH CONTINUATION. AND I HOPE YOU'LL REMEMBER BYRON AND KEVIN, BIG KEVIN AND LITTLE KEVIN AND BYRON, WHO CAME TO TALK AND GIVE THEIR PERSPECTIVE ON HOW THEY WEREN'T LACTATING BUT THEY WERE PART OF SUPPORTING BREAST-FEEDING IN THEIR FAMILIES. AND AGAIN, I HOPE THAT IS CLEAR WITH THIS DIAGRAM WITH BREAST-FEEDING CONTINUATION, IT'S NOT JUST THE MOM AND BABY, THERE IS -- THERE ARE OTHER THINGS AS WELL. FOR THAT TO BE SUCCESSFUL, WE NEED THE ENCOURAGING FAMILY AND SUPPORTIVE COMMUNITY AND AN ENLIGHTENED SOCIETY. WE ALL ARE GOING TO BENEFIT WHEN THE CHILDREN GET THE NUTRITION AND REDUCE THEIR VULNERABILITY THAT WAY. YOU'RE ON THIS

DIAGRAM TOO, AND THAT'S THE REALLY CRITICAL THING. THE OUTER CIRCLE SOCIETY, SOCIAL ENVIRONMENT, THAT'S WHERE PUBLIC POLICY OCCUR AND THAT'S WHY WE'RE SO HAPPY YOU'RE WILLING TO GIVE US THIS MUCH TIME TODAY TO DESCRIBE THIS. AND AGAIN, WE DIDN'T HAVE AS MUCH TIME TO PREP AS WE WANTED. AILEEN SAID A COUPLE THINGS THAT HELPED. WITHIN THIS DIAGRAM, I LEFT MOST OF THE WORDS OUT, JUST THE BIG CATEGORIES. YOU CAN PUT IN THOSE RISK FACTORS, THOSE NEGATIVE THINGS. YOU CAN ALSO PUT IN THOSE PROTECTIVE FACTORS, THOSE STRENGTHS OF DIFFERENT COMMUNITIES, FAMILIES, ETC. AND YOU ALSO, MOST IMPORTANTLY FOR US AND FOR YOU AS A BOARD, IS, IT CAN HIGHLIGHT WHERE WE CAN MAKE INTERVENTIONS TO HELP IMPROVE SOME OF THESE PROBLEMS. JUST QUICK LITANY, I KNOW WE'RE SHORT ON TIME, OF SOME OF THE THINGS WE'RE ALREADY DOING THOUGH WE WANT TO DO MUCH MORE. WE TALKED ABOUT THE BREAST-FEEDING PROCLAMATION. TWO CONCRETE THINGS WE'RE DOING NOW IS A FOCUSED EFFORT WITH EMPLOYERS AND THE WORKPLACE, THINKING ABOUT HOW WE CAN SUPPORT WOMEN AND CONTINUING LACTATION FOR AT LEAST THAT SIX MONTHS. AND HOW EMPLOYERS THAT HAVE KIND OF FIGURED THAT OUT CAN SHARE THAT INFORMATION WITH OTHER EMPLOYERS AS WELL. THERE ALSO IS PUBLIC POLICY AROUND THAT. IT DOESN'T ALWAYS GET FOLLOWED, OF COURSE. ANOTHER IMPORTANT SECTOR IS CHILD CARE PROVIDERS. WHEN WOMEN NEED TO RETURN TO WORK OR SCHOOL EARLY, AND NEED TO USE CHILD CARE, HOW CAN THOSE SETTINGS SUPPORT THE CONTINUATION OF EXCLUSIVE BREAST-FEEDING? AILEEN MENTIONED OTHER PROGRAMS, WE RECEIVED CRITICAL FUNDING TO WORK ON THESE REALLY JUST SHAMEFUL PROBLEMS OF LOW BIRTH WEIGHT AND MORTALITY IN COMMUNITIES OF COLOR, AND WE'RE WORKING ON THAT IN THE AFRICAN-AMERICAN COMMUNITY THROUGH THE HEALTHY BIRTH INITIATIVE, AND ALSO WITH THE TRAUMA INFORMED APPROACH TO HEALTHY PREGNANCY AND HEALTHY BIRTH IN THE NATIVE AMERICAN AND ALASKA NATIVE COMMUNITIES AND THE FUTURE GENERATIONS COLLABORATIVE. THERE ARE A NUMBER OF OTHER THINGS WE'RE WORKING ON AS WELL THAT WE WANT TO LET YOU KNOW ABOUT. VIOLENCE PREVENTION, INTENTIONAL PREGNANCY, TEEN PREGNANCY PREVENTION. AS YOU'VE BEEN TOLD WE'RE COMING BACK TWICE IN THE NEXT LITTLE WHILE, ONCE AROUND INFANT MORTALITY, WHICH WILL BE A VERY SOBER SESSION. AS A PEDIATRICIAN, THIS IS JUST SEEMS IMPOSSIBLE THAT WE COULD ACTUALLY LIVE HERE AND BE -- AND TOLERATE THAT KIND OF OUTCOME. AND THEN ALSO ABOUT OUR BROADER DISPARITIES REPORT WHICH IS ALWAYS GRIM PICTURE OF PERSISTENT ACROSS MANY SECTOR ISSUES WITH THE VARIETY OF METRICS AROUND POOR OUTCOMES. SO FINALLY WE WILL CLOSE, WE REALLY WANT TO HEAR YOUR COMMENTS AND DISCUSSION, I THINK DR. WALLACK HAS MADE THE CASE ABOUT INVESTING IN HEALTHY PREGNANCY IN CHILDHOOD AS BEING CRITICAL TO ALL OUR FUTURE. I WORK IN THE NICU, THAT'S NOT ENOUGH. WE DON'T WANT PEOPLE TO END UP THERE. IT'S ABOUT PREVENTING THAT SORT OF THING. WE ALSO HEARD ABOUT THE DIFFERENT COMMUNITIES AND CULTURALLY

SPECIFIC SOLUTIONS AND ACKNOWLEDGMENT OF THE HISTORICAL ASK STRUCTURAL ISSUES THAT CONTINUE TO PERSIST AND LEAD TO THESE OUTCOMES AS WELL. SO AGAIN, WE'RE ALL LOOKING FORWARD TO CONTINUED TO WORKING WITH BOTH OF YOUR BOARD OF COMMISSIONER AND BOARD OF HEALTH. THANK YOU VERY MUCH.

>> THANK YOU SO MUCH FOR STAYING FOCUSED ON THIS ISSUE TODAY. AND AS WE'VE ALL SAID WE'RE GOING TO BE BACK WITH MORE INFORMATION FOR YOU. ONE OF THE LAST THINGS I WANT TO LEAVE YOU WITH IS AS DYNAMIC AND INCREDIBLE AS THE TEAM AT THE HEALTH DEPARTMENT IS, THESE PUBLIC HEALTH ISSUES CUT A BROAD SWATH ACROSS ALL OF THE WORK THE COUNTY IS INVOLVED IN. AND THERE ARE RULES TO PLAY IN ADDRESSING THESE PUBLIC HEALTH ISSUES IN OUR WORK IN THE CRIMINAL JUSTICE SYSTEM, OBVIOUSLY IN SOCIAL WELFARE, AND OUR SOCIAL SERVICES SUPPORTS AND HOUSE AND HOMELESSNESS, AND EVEN IN THINGS LIKE THE ROLE THE LIBRARY PLAYS IN HELPING PEOPLE TO GET JOBS AND CREATE RESUME AND PROMOTE JOB SEARCH AND LEARN TO READ. AND SO I THINK THAT AS THIS INFORMATION AS WE SHARE THE BREADSES OF THE INFORMATION TO SHARE WITH YOU FROM THESE TWO REPORTS AND THE INFANT MORTALITY PROCLAMATION, I'M HOPEFUL THAT WE CAN BE THINKING ABOUT STRATEGIES AND POLICIES THAT ARE CROSS CUTTING, ACROSS ALL OF THE ROAMS THE COUNTY AND WHERE WE CAN USE LEVERAGE, THE INVESTMENTS THAT YOU HAVE ALREADY SUPPORTED AND ARE ALREADY MAKING IN A BROAD ARRAY OF SYSTEMS TO BE ABLE TO TACKLE THESE REALLY INTRACT EMAND SHAMEFUL DISPARITIES THAT WE HAVE IN OUR COMMUNITY. SO THANK YOU VERY MUCH.

>> Chair Kafoury: THANK YOU. QUESTIONS OR COMMENTS FROM THE BOARD?

>> Comm. Smith: WHERE IS THE DATA BOOK? WHERE IS THE LINK TO THAT? IS IT AVAILABLE?

>> YES. IT IS AVAILABLE.

>> Comm. Smith: I DIDN'T SEE IT IN THE --

>> WE WILL MAKE SURE THAT YOU'VE GOT THE LINK AND WE'LL PUT IT UP ON THE WEBSITE SHORTLY.

>> Comm. Smith: OK.

>> Comm. McKeel: I WANT TO THANK YOU FOR THE LAST PIECE THAT YOU JUST SAID ABOUT LOOKING AT STRATEGIES ACROSS ALL OF OUR DEPARTMENTS AND THE COUNTY. AND I HOPE YOU WILL BE BRINGING US INFORMATION TO BE ABLE TO TAKE THAT LOOK AND TO REALLY BE AS EFFECTIVE AROUND THIS ISSUE AS WE CAN BE WITH ALL OF OUR DEPARTMENTS HERE. BECAUSE

AS I SEE IT WE CAN'T WORK IN OUR SILOS, WE'VE GOT TO WORK TOGETHER ON THIS ISSUE. SO THANK YOU. I APPRECIATE THOSE COMMENTS.

>> THANK YOU.

>> Comm. Bailey: TO DOVETAIL OFF THAT, THIS SOUNDS LIKE A RALLYING CRY. ON JUST ABOUT EVERY ISSUE WE FACE AS A COUNTY. AND SO TO GET TO THAT BREAKING DOWN A SILOS TOO, LOOK AT STRATEGIES THAT ARE ACROSS THE SERVICES THAT WE PROVIDE AND THAT WE ORGANIZE. IT SEEMS CRITICAL TO ME. BECAUSE AS I THINK I CAN THINK ABOUT A RELATIONSHIP BETWEEN JUST ABOUT EVERYTHING WE DO AND THE CHALLENGES AND THE OUTCOMES THAT HAVE BEEN PRESENTED HERE TODAY. AND IF WE HAVE A LASER FOCUS ON IT, WE CAN DO GREAT THINGS AND WE CAN DO IT AT LOWER COST.

>> TWO QUICK POINTS. I HAVE THE OPPORTUNITY TO TALK TO THE HEALTH COMMITTEE OF THE STATE LEGISLATURE, MITCH GREENLICK AND -- ABOUT SOME OF THE THESE ISSUES AND ONE OF THE RECOMMENDATIONS I MADE TO THEM WAS THAT WE'RE INTERESTED IN THIS -- YOU MAY HAVE HEARD OF HEALTH IN ALL POLICIES MOVEMENT THAT'S GOING ON AROUND THE COUNTRY. WE'RE INTERESTED IN DEVELOPMENTAL ORIGINS OF HEALTH AND DISEASE, DOHAD IN ALL POLICIES. SO IF EACH OF THESE MAJOR AGENCIES OF THE COUNTY AND MAJOR COMMITTEES AND SO FORTH, BASICALLY GOT A LITTLE BACKGROUND IN THIS AND ASKED THEMSELVES AS THEY'RE CONSIDERING THE RANGE OF POLICIES THEY DEAL WITH, WHAT IS THE POTENTIAL IMPACT OF THIS ON THE QUESTION, FOR EXAMPLE, MAKING MULTNOMAH COUNTY THE BEST PLACE IN THE WORLD TON BORN? JUST TO BEGIN TO CHANGE THE CONSCIOUSNESS ABOUT THIS. THE SECOND THING, DR. LEWIS MENTIONED SOMETHING VERY IMPORTANT THAT IS ABOUT THE TENDENCY IN OUR SOCIETY TO BLAME THE PEOPLE WHO HAVE THE PROBLEM FOR THE PROBLEM. AND I GOTTA TELL YOU, THIS SCARES THE PANTS OFF OF ME. BECAUSE THERE IS NO MORE POPULATION THAT OUR SOCIETY IS WILLING TO KEEP BLAME ON THAN MOTHERS. WOMEN AND MOTHERS.

>> POOR MOTHERS.

>> POOR MOTHERS. IT'S LIKE EXPONENTIAL. SO THIS IS -- AND WE'VE ACTUALLY CONSULTED A COGNITIVE SCIENCE GROUP ON THIS. THIS IS THE WAY WE TRY AND TALK ABOUT IT. WE ACKNOWLEDGE THAT THE MOTHER, THE PREGNANT WOMAN, IS THE ENVIRONMENT OF MUCH THE DEVELOPING BABY. BUT THE COMMUNITY IS THE ENVIRONMENT OF THE MOTHER. AND IT IS THROUGH THE COMMUNITY THAT THE SIGNALS ABOUT NUTRITION AND ABOUT STRESS ARE COMMUNICATED. SO WE NEED TO BE CONSCIOUS OF CONSTANTLY REFOCUSING TO THE CONTEXT AS DR. LEWIS HAS POINTED OUT, NOT THE INDIVIDUAL ONLY WITHIN THAT CONTEXT. IT'S NOT LIKE IT'S

NOT A SHARED RESPONSIBILITY. OF COURSE IT IS. BUT THE CONTEXT CAN REALLY CONSTRAIN THE RANGE OF CHOICES THAT PEOPLE HAVE, AND THEN BLAMING PEOPLE FOR NOT MAKING CHOICES THEY DON'T HAVE IS ABOUT THE GREATEST INJUSTICE WE CAN HAVE IN OUR SOCIETY.

>> Chair Kafoury: ONE OF THE MOST STARTLING STATISTICS I LEARNED A FEW YEARS AGO DURING THE COMMUNITY OF COLOR BRIEFING WAS THE HIGH NUMBER OF MOTHERS ESPECIALLY SINGLE MOTHERS OF COLOR, WITH CHILDREN THAT ARE -- HOW EXPONENTIAL THE POVERTY RATES ARE, AND KNOWING THAT IS JUST A BLUEPRINT FOR A FUTURE THAT NOBODY WANTS, AND WE SHOULD ALL -- THIS SHOULD BE A RALLYING CRY AND A CALL TO ACTION, BECAUSE THIS IS, AGAIN, AS YOU SAID, IT'S NOT JUST ABOUT THE INDIVIDUAL, THIS REALLY IS SOMETHING THAT'S GOING TO RASK OUR COMMUNITY. I REALLY APPRECIATE YOU ALL COMING TODAY AND SHARING WITH US -- I ECHO MY COLLEAGUES, THIS WAS VERY FASCINATING. IT'S REALLY IMPORTANT FOR US TO BE ABLE TO STEP BACK AND LOOK AT THESE BIGGER PICTURE DISCUSSIONS INSTEAD OF FOCUSING SO NARROWLY ON EACH ISSUE. WHICH WE DO, AND THEY'RE IMPORTANT, BUT HAVING THE PERSPECTIVE TO TAKE IT ALL IN I THINK IS REALLY HELPFUL IN OUR WORK. THANK YOU.

>> THANK YOU VERY MUCH. [APPLAUSE]

ADJOURNMENT

The meeting was adjourned at 11:14 a.m.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office. For access to the video and/or board packet materials, please view at:
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Board of County Commissioners
Multnomah County