**In attendance**: Charlie Fautin, Benton; Dawn Emerick, Clackamas; Sherrie Ford & Michael Paul, Columbia; Florence Pourtal-Stevens, Coos; Muriel DeLaVergne Brown, Crook; Bob Dannenhoffer, Douglas; Teri Thalhofer, North Central; Ellen Larsen, Hood River; Jackson Baures, Jackson; Courtney VanBragt, Klamath; Jocelyn Warren, Lane; Rebecca Austen, Lincoln; Glenna Hughes, Linn; Pam Hutchinson, Marion; Sheree Smith, Morrow; Rachael Banks, Multnomah; Tricia Mortell, Washington; Lindsey Manfrin, Yamhill

**Public Health Division:** Cara Biddlecom

**CLHO:** Morgan Cowling; Caitlin Hill

|  |  |  |  |
| --- | --- | --- | --- |
| Item | How | Who | Time |
| Convene & Introduce |  |  | 12:00 |
| Agenda | Review |  |  |
| Minutes | **APPROVE** |  | 12:05 (5”) |
| 2018 Legislative Update | Update | Next revenue forecast comes out tomorrow. Tobacco prevention advocates and Morgan have been reminding legislature of the tobacco funding cuts.  Bills – legislative committee has tracked and prioritized bills. No bills were priority 1.  Worked to oppose HB4110 which would have allowed marijuana at special events and allow for distribution of free samples. Talked about some real public health concerns about bringing unlabeled and unsafe samples home. We were able to kill the bill. We expect that cannabis cafes and marijuana industry will continue to come back.  Anticipating within the year that the whole of Canada will be legalized. Big tobacco is buying up marijuana licenses. Business development is underway in North America. When these things come up we need to keep our eyes on it.  Health Care for all Oregon passed the house.  HB 4133 (Maternity and Morbidity committee) is another bill that we supported in coalition with other organizations. Will have expert from public health. Will focus on high risk on maternal death and look at social determinants of health that impact morbidity. The concern was that they had SDOH spelled out in the bill.  HB 4143 Requires Director of Department of Consumer and Business Services to study barriers to effective treatment for and recovery from substance use disorders, including addictions to opioids and opiates. Underwhelming in its ability to move the needle. Bringing prevention and treatment together. Our committee initially supported. Drug and alcohol policy commission was being charged to do what they are supposed to do. Voted out of committees. Flagged for AOC as well.  4143 was a result of the opioid taskforce. Passed out of committee really early. Four county pilot to put peer recovery specialists in the community. Requires participation in the prescription and drug monitoring program. Agencies haven’t received any money for this.  4157 Vaccines: Rep. Hack introduced, no longer sitting legislature. It died.  CCO 2.0 had language around SDOH and changed governing board and passed out of the House Healthcare Committee which scaled the bill back making meetings more accessible. Still has to pass the house floor and move onto the senate. | 12:10 (30”) |
| Public Health Communications | **APPROVE** | OHA wants to raise the profile of public health in 2018. Wanting to do more on social media and having a common hashtag; i.e. this is what public health does and contributes. Wanted to profile work happening in local health authorities. In the interest of time are folks okay if Caitlin shares the stories with OHA and they can broadcast them on social media platform. It would be on twitter and facebook.  Cara will bring more comprehensive strategy.  Rebecca just made a video with Nurse Family Partnership. Family talking about that the services they got.  CLHO Board recommended to share the stories on OHA social media platforms unless LHD specifies they don’t want the story shared. | 12:40 (10”) |
| PHAB Recommendations for CCO 2.0 | Review & Discuss | Comment CCO made was that they invest by having staff attend meetings. Need to strengthen #6.  Is #6 talking about implementing the strategies in the plan? Community Advisory Council oversees the CHIP. Might work for some but wouldn’t work for other counties. Clear that it is about a shared community health improvement plan, not a CCO CHIP.  Number 9 also concerned. Doesn’t get clearly that they are looking for CCOs to pay for services delivered outside of a medical model.  If we really want to move the CCO model into a public health strategy don’t we still want to move to public health prevention services. Adding clinical services. A lot of conversation about per member per month.  Immunization – get cost for the full cost.  Opportunities to look at alternative payments for access to care  Looking at investing in population health.  CCO Workshop – wordsmithing improvements could be done today and workshop would be time to fully flesh out the additional recommendations.  Really concrete for public health investment.  There will be multiple opportunities for public engagement about CCO 2.0 and opportunities to provide written feedback after Oregon Health Policy Board. | 12:50 (20”) |
| Public Health/ Health Care Workshop Update | Update & Discuss | Workshop is March 7th in Bend Oregon. Will have Kelly McDonald facilitate the meeting. Please register and remember to fill out the survey. Only LPHAs are invited to this workshop to share what’s working and what is not working with current CCO partnerships. | 1:10 (10”) |
| CLHO Intern & PSU Fellow Projects Update | Update & Discuss | A MPH student from George Washington University reached out and wants to do her practicum with CLHO. We are going to have her focus on maternal and child health policies.  Discussion:   * Idea for research question: What is the current status of maternity support, aligning resources, and should healthcare put more supports into early learning and MCH? * Seattle has done direct 1% tax funding to MCH. * Building funding based on local examples..Is there anything coming up in the 2019 session? * We are hearing examples of local public health practice of how clinical MCH policies improve health. Great to look at these local examples and scaling them statewide. * What resources do we need for kindergarten readiness. Potential to connect with early learning. | 1:20 (15”) |
| Adjourn |  |  | 1:35 |