



Conference of Local Health Officials

## CONFERENCE OF LOCAL HEALTH OFFICIALS April 19, 2018

Attendees: Charlie Fautin (Baker), Dawn Emerick (Clackamas), Sherrie Ford & Michael Paul (Columbia), Florence Pourtal-Stevens (Coos), Muriel DeLavergne Brown (Crook), Ben Cannon (Curry), Bob Dannenhoffer (Douglas), Teri Thalhofer (North Central Public Health District), Ellen Larsen (Hood River), Jackson Baures (Jackson), Michael Baker (Jefferson), Courtney VanBragt (Klamath), Judy Clarke (Lake), Jocelyn Warren (Lane), Rebecca Austen (Lincoln), Glenna Hughes (Linn), Pam Hutchinson (Marion), Rachael Banks (Multnomah), Carrie Brogoitti (Union), Tricia Mortell (Washington), Lindsey Manfrin (Yamhill), Eric Mone (CLEHS), Pat Luedtke (Health Officer)

PHD: Cara Biddlecom, Danna Drum, Lillian Shirley, Tim Noe, Kim LaCroix  
CLHO: Morgan Cowling, Caitlin Hill, Mariah Torres

Item	How	
Convene & Introduce		
Review Agenda	Review	
March Minutes	<b>APPROVE</b>	Rachael approved, Jocelyn seconded. CLHO Board approved.
Appointments	Appoint	
PHAB Committee Updates:  - Incentives & Funding - Accountability Metrics	Update	<p>Accountability Metrics</p> <p>The 2018 Public Health Accountability Metrics Baseline Report examines key health issues such as improving childhood immunization rates, reducing tobacco use and opioid overdose deaths, and ensuring access to clean drinking water. It highlights where the public health and health care systems can work together to achieve shared goals.</p> <p>Many of the metrics outlined in the report align with coordinated care organization (CCO) incentive metrics in Oregon's Medicaid coordinated care system.</p> <p>The Public Health Advisory Board (PHAB) established the measures in June 2017 as a way of tracking progress toward population health goals as part of the modernization of Oregon's public health system. The metrics also will help identify where changes are needed if goals aren't being met.</p> <p>Discussion: There is a lack of clarity about the description of what was included in tobacco</p>

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metrics such as county coverage of tobacco retail licensing. Request that in the next iteration the description be updated so we know what we are measuring and what we are reporting.

#### Incentives and Funding

The new funding for modernization is supposed to come by legislative rule and requires we take into account incentives and matching formulas.

Conflicting and competing interests: 1) Focus on equity; 2) Worry about a switch from county money to state money; and 3) Incentives are important but a new thing for public health.

Two formulas. One for incentives and one for matching funds. What should be the amount associated with incentives and matching and what area should it start to come in. Money should come in at a threshold amount. The amount dedicated for incentives and matching should be relatively small. The trouble with the matching fund is contribution from counties is really big.

No alternative formulas were rising to the top.

If we receive state funding and appropriate amount they want to allocate funding elsewhere. Take into consideration the larger bucket of funds that is not GF.

In-kind varies a lot by county. Have to be careful with matching and really cautious about counties decreasing GF contributions.

Needed less funds in Benton county because they are partnering with non public health organizations and giving them funding to do public health work (Health in all Policies).

Incentive and funding committee and accountability metrics committee are important to stay updated on. Would like to hold this as a standing agenda item to get input and provide updates.



19-21 Modernization Priorities Update	Discuss	<p>In February, the Public Health Advisory Board provided its recommendation to OHA for implementing foundational capabilities and programs in the 2019-21 biennium. PHAB recommended that:</p> <ol style="list-style-type: none"><li>1. The public health system continue to focus on Communicable Disease Control, Health Equity and Cultural Responsiveness, and Assessment and Epidemiology; and</li><li>2. With additional funding, expand focus to include Environmental Health, Leadership and Organizational Competencies, and Emergency Preparedness and Response.</li></ol> <p>OHA worked with CLHO to plan two webinars, during which state and local public health officials discussed prioritization of the functional areas and deliverables in the Public Health Modernization Manual within these foundational capabilities and programs. This was a critical planning step for work that will be funded with a legislative investment in the 2019-21 biennium.</p> <p>Opportunity for input from CLHO into incentive and funding committee through Bob Dannenhoffer once we know what the total investment from the legislature will be in the 19-21 biennium.</p>
Local Modernization Visions	Discuss	<p>Lillian Shirley asked for stories of what modernization foundational capabilities look like when they are applied.</p> <p>Lane – With their Kresge grant have been thinking about aligning initiatives and developing relationships with clinical partners and early learning. Looking at strategies to align policies and what people are hearing at the doctor's office. Sharing data with CCO and becoming a health hub for actionable data (i.e. COO of CCO didn't know the cost of disease, but did know the</p>



count).

Washington – Asking the question why instead of focusing always on the what. Trying to break away from clinging to outdated models. Learning when to be in a leadership role and when to be in a support role.

NCPHD – When Eastern Oregon steering committee met they determined that the SC would be the body that drove how modernization happens in Eastern Oregon. While a regional approach works for communicable disease expansion, a regional approach won't always be appropriate for other modernization programs and capabilities.

Crook – Giving platform to look at programs and data and adding to the work of the CCO. Combination of working with partners and how to pull data to look at specifics in the community.

Douglas – Shared elevator speech.

Multnomah – Eliminating health disparities. Implore decision makers to work with partners. Having engaged decision makers. Strategic movement. Letting them come to the decisions. Haven't eliminated ethnic and racial disparities.

Clackamas – Big internal focus of trying to define what the chief health strategist is. For counties under the HHS umbrella it is really tough to position yourself. Looked at FPHS under leadership. PH is good at subject matter experts, but not as good at the capabilities. Being great scientist but invisible as an advocate. Developing new public health leaders working with academia. We want to transform this profession. We want to have leaders not just epis.

Columbia – Core public health leadership skills include business.

Morgan will send out original report to look at



		visioning that happened during the AIMHI meetings.
TPEP Accountability Metrics/ PE Update	Update & Discuss	<p>Discussed how to do policy work in some parts of the state. Especially focused on creating tobacco free environments. Language added in PE about policy/tobacco free environments.</p> <p>Question about PE – There is detailed language in PE about the possible work – do these reflect a menu of options or is it contractual? PEs could be more clear about if the work is commensurate with funding available. Do need to have some language consistency across PEs. Is the PE or workplan contractual?</p> <p>Negotiating language around the workplan is difficult. Worried about equal footing with the negotiations. Need to be more explicit about funds matching the work.</p> <p>Tim Noe suggested having a review committee with LHD representation to review workplan. A big concern is having people make decisions about local work at the state that don't work at the local level. The body of work varies county to county.</p> <p>The county could possibly propose the FTE allocation to the work instead of the state. Could revise language to say that if there is a shift in community priorities or loss of staff that the workplan could be revised.</p> <p>Negotiation around workplan. Volunteers to review workplans.</p> <p>Will need PE approved by May.</p>
OHA Fiscal Monitoring Updates	Update	<p>Early 2017 went through an audit. Some weaknesses identified in fiscal monitoring process. State Innovation Models grant – state did not do a detailed fiscal review of the expenditures. Requirement in CFR to do risk assessments on all entities prior to contracting. Didn't have process</p>



		<p>for this and had to put it together. All recipients who receive federal funds outside of the FAA programs. Part of new FAA – did risk assessment. Revisit this tool this biennium. Self risk assessment that enables them to have better fiscal relations.</p> <p>Taken some steps around fiscal monitoring. Going back to review the SIM grant expenditures will be completing the grant requirement with that review.</p> <p>Standardizing fiscal reporting requirements for subrecipients. Continue to look at fiscal monitoring programs. Have triennial review and don't anticipate large changes for LPHAs. Will need to talk about places where they will need to strengthen things. Subrecipient monitoring is becoming a larger focus. CFR applies to all recipients of federal funds.</p> <p>Karen Slothower has a model risk assessment that she can share. Tricia Mortell has one as well.</p> <p>Kim LaCroix shared that subcontractor monitoring is part of triennial review</p>
Immunization Policy Advisory Team (IPAT)	Recruitment	<p>Vacancy on immunization school law advisory committee team which guides school immunization requirements. Need a local health department school law immunization coordinator for that group. Next meeting is May 30<sup>th</sup> from 2-4 with remote option. As needed basis for 2 hour meeting. Portland metro area is over represented. Want someone to be able to represent the school immunization coordinator. Karen Walker is leaving.</p> <p>If you have ideas for staff that would be appropriate reach out to Morgan.</p> <p>Ellen Larsen is retiring at end of May. Been serving on Immunization Policy Advisory Team. Need a LHA to take her position. Next meeting is June 7<sup>th</sup>. Two year commitment with opportunity to recommit.</p>
Wallowa County	Update	<p>The Oregon Health Authority is preparing to take over some public health services in Wallowa</p>



County after the county's Board of Commissioners voted unanimously to transfer its local public health authority to the state agency.

By law, the county was required to pass an ordinance before the transfer could happen. While legally the transfer does not occur until Oct. 13, 2018, Wallowa County will no longer have a local public health administrator as of May 1. That means OHA will assume responsibility for continuing services it is statutorily obligated to provide to protect the public's health, including:

- Monitoring communicable diseases and controlling outbreaks.
- Enforcing the Indoor Clean Air Act.
- Ensuring access to safe drinking water.
- Ensuring access to WIC services.
- Licensing and inspecting food, pool and lodging facilities.

Vital records will move to the Wallowa County Clerk's office as of May 1. Immunization and reproductive health services will continue to be provided through some local health clinics.

All other governmental public health services will end in Wallowa County. Over the next six months, the OHA Public Health Division will evaluate which of these services the division will take on.

In response to the county's decision, the Public Health Division has established an incident management team with staff representatives from across the division to plan for and communicate about the transition, including sharing information with local partners, clients and the general public.

LPHA is statutorily required to cover 5 areas: WIC, drinking water, enforcing ICAA, CD investigation and outbreaks, Food Pool Lodging and Licensing inspections. Have been doing planning for this. Press releases went out earlier this morning.



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Equipment Inventory

Update

Per the 2017-19 Intergovernmental Agreement for the Financing of Public Health Services General Terms and Conditions, LPHAs are required to provide to OHA an Equipment Inventory list annually by June 30. Danna will email out more information. Karen Slothower and Danna Drum are trying to push back on this being an ongoing requirement. Need to revise FAA if tracking all IT. Danna will send out form and LHDs should include items purchased in the 17-18 FY and LHDs need to return it by June 30<sup>th</sup>.

Adjourn – Stretch Break!

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Accreditation Survey Results	Update	<p>Jenna Ciszewski (Coos County Public Health Associate) presented on the results from the accreditation survey.</p> <p>For follow up: Resources for counties that would like to move forward and learn more about how to speak with their board. How did the departments that went through process do it? At the time didn't have funds or staff to do it. Spent a lot of time talking to county commissioners about why it was a good thing. Continued that because of new commissioners and judge. Had to ask for more money for reaccreditation. Reaching out to PHNCL partners in Ohio. How this fits into the Modernization formula. They had mandate to get funding.</p> <p>Ohio mandated that all LHDs get accredited in order to receive modernization funding. Might want to look at how they made that decision and implemented the process.</p>
CCO 2.0 Recommendations/ Timeline & Strategy	Update & Approve	CLHO Executive Committee looked at and refined the recommendations from the County



		<p>Health Ranking Public Health/Health Care workshop. Will discuss the final recommendations this afternoon to PHAB as public comment.</p> <p>We have been having conversations with AOC and MCHP (Mental health partners) and community partners that align with these recommendations to reinforce the value of these recommendations for community prevention.</p>
CCO 2.0 Social Determinants of Health & Health Equity	Discuss	<p>Some of the opportunities for feedback for CCO 2.0 are around the SDoH.</p> <p>Could include language about working with community partners and being community-based.</p>
OHSU/ PSU Program Planning Evaluation Class Offering	Recruit	<p>OHSU and PSU are offering 5 no admission slots to governmental public health staff. OHA and CLHO had a call with PSU last week to learn more. Staff could not get credit but would follow the course. They would have to buy their own textbooks which PSU said was about \$100. They would get access to an evaluation course and a program planning course.</p>
CLHO MCH Policy Intern Introduction	Share	<p>Mariah Torres introduced herself as the CLHO Maternal Child Health Policy Intern and requested that LHDs let Caitlin know if you have staff that would talk to Mariah about MCH at the local level.</p>
Mentorship Program Update	Discuss Next Steps	<p>A few updates:</p> <p>Updating mentorship manual in the next couple months to ensure links are up to date and reflect modernization.</p> <p>The mentorship program is requesting to become more informal. We are holding check in calls with the smaller cohort still and then a few upcoming webinars.</p> <p>On May 24 Grace Gorenflo will present on leadership styles and on July 26 Deschutes will present on their Bay Area Regional Health Inequities Initiative Self – assessment.</p>



		<p>Jocelyn would be happy to be a mentor.</p> <p>Board requested to do another evaluation of the CLHO Mentorship program.</p>
Annual CLHO Retreat Planning	Recruit Volunteers	<p>Will move forward with planning in Hood River.</p> <p>Retreat normally on the Third Thursday of September and the Wednesday before. Need group of volunteers who helps with identifying facilitator. Muriel, Jocelyn, Sherrie volunteered to help plan.</p>
2018-19 CLHO Dues (to be approved in May)	Review	Wallowa county dues will be done.
2018-19 CLHO Budget (to be approved in May)	Review	<p>Big change in the budget is that the RWJF grant is over. Pretty substantial.</p> <p>\$300k sitting in a savings account. Anticipated about 20 to 30k to supplement operating and grant funds. Haven't needed to dip into it. This year we will dip in 50k to maintain level of staffing that we have now. At current spending have 5 years of funding.</p> <p>Look at sustainability committee who is separate from budget oversight committee. Look at short and long term. Charlie, Jocelyn, Sherrie, Pat. This doesn't have a fast timeline. After the retreat planning.</p>
Adjourn		