



Conference of Local Health Officials

CONFERENCE OF LOCAL HEALTH OFFICIALS

June 21st, 2018

9:30 – 11:30 am

PSOB – 221 – 800 NE Oregon St., Portland, OR 97232

Call in number: 877- 873-8017 Code: 767068#

In attendance: Nancy Staten, Baker; Charlie Fautin, Benton; Julie Albers, Clackamas; Sherrie Ford, Columbia; Florence Pourtal-Stevens, Coos; Muriel DeLaVergne Brown, Crook; Hillary Saraceno & George Conway, Deschutes; Bob Dannenhoffer, Douglas; Teri Thalhofer, North Central; Audrey Tiberio, Josephine; Courtney VanBragt, Klamath; Judy Clarke, Lake; Jocelyn Warren, Lane; Nicole Fields & Rebecca Austen, Lincoln; Rachael Banks, Multnomah; Katrina Rothenberger, Polk; Jim Setzer, Umatilla; Carrie Brogoitti, Union; Tricia Mortell, Washington; Lindsey Manfrin, Yamhill; Eric Mone, CLEHS; Pat Luedtke, Health Officer

Public Health Division: Cara Biddlecom, Sara Beaudrault, Lillian Shirley, Tim Noe, Akiko Saito, Kati Moseley, Cate Wilcox, Danna Drum, Luci Longoria, Karen Girard, Kim LaCroix, Collette Young, Dave Allen

CLHO: Morgan Cowling; Caitlin Hill; Iris Zalun

Item	How	Discussion
Convene & Introduce		
Review Agenda	Review	Tricia Mortell, CLHO Chair
May Minutes	APPROVE	Teri approved, Carrie seconded
Appointments	Appoint	Tricia Mortell, CLHO Chair No appointments
Salem Water Event/ OAR Changes	Update	Akiko Saito, OHA- PHD & Dave Allen, OHA-PHD Presented on cyanotoxins in Salem's water supply and lessons learned. Lessons learned <ul style="list-style-type: none">• Communications system is crucial• Translations very important (translated into four different languages• With longer summers we will have more algae blooms. OHA is developing temporary rules that will require drinking water systems in the state

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		<p>using certain surface water sources, such as those prone to harmful algae blooms, to routinely test for cyanotoxins that these blooms produce, and notify the public about the test results. These rules are now in development, and are expected to be in place by the end of June 2018 and remain in effect until permanent rules can be established later this year following a thorough, public rulemaking process. In the meantime, OHA is encouraging water systems who draw on surface water as their water source that has had algae issues in the past to voluntarily test for cyanotoxins and notify the public about the results.</p> <p>Discussion:</p> <ul style="list-style-type: none">• Cyanotoxins are an unregulated contaminant that have been with us for 4.5 billion years.• Recreational waters are the domain of DEQ.• Event highlights the importance of Communicable Disease, Environmental Health, and Preparedness working together.• Public health impacts of bottled water and public fear of the cyanotoxins.• Opportunity to build relationships with private well water monitoring companies.• So far it looks like there aren't any health impacts from Salem water.
Maternal & Child Health Strategic Plan	Share & Discuss	<p>Cate Wilcox, OHA- PHD MCH Section Manager and Title V Director for Oregon shared strategic plan.</p> <ul style="list-style-type: none">• MCH threaded throughout capabilities and programs in modernization manual.• Short term measures are driven by grants' (title V) required measures that align with the buckets in the strategic



		<p>plan. Collaborating with other groups to align measures instead of reinvented measures.</p> <p>Discussion:</p> <ul style="list-style-type: none">• In Coos County they hired Americorps VISTA volunteers to implement MCH projects and work.• LPHAs would like the opportunity to bring local voice to a systems wide approach that acknowledges LPH and the partners they work with.• Governor's Children's Cabinet – a coordinated multi-biennium to improve services for children.• No one answer for addressing maternal child health needs. Need complementary approaches.• Fits into Prevention and Health Promotion committee and will work on integrating into that committee.• Peer support workers are absent from the plan. Will look at CCO 2.0 and how to infuse peer support workers.• Cost containment is an area to discuss in CCO 2.0 community meetings. When CCOs talk about SDOH they are talking about individuals on health plans into housing, etc. Not seeing population health.
TPEP "One-time" Funding	Update	<p>Luci Longoria, OHA- PHD & Karen Girard, OHA- PHD presented on \$4 million in residual funds from last biennium that will be put back into tobacco cessation and media support. It is the same amount of money which was cut when tobacco prevention funds were reduced.</p> <p>Residual funds from last biennium (tobacco tax, savings in cost allocation, etc). Amount is \$4 million which is the amount that was cut when tobacco prevention funds were</p>



		<p>reduced. Spoke with Prevention and Health Promotion committee and decided to reinstate what had been cut to add back media and cessation support.</p> <p>Priorities for tobacco funding</p> <ul style="list-style-type: none">• Fill the state tobacco prevention community liaisons position that was cut.• Getting funds out to communities to advance tobacco policy work. Local Public Health doesn't have to be lead, but it is required that they are a partner in order to apply.• Training and technical assistance to community programs and grantees. <p>RFP for communities: \$4 million needs to be expended by June 30th of 2019. Using guidance to put together RFP from Prevention & Health Promotion Committee. Hoping to have out by early July. Scaling back application process to make it nimble for submitting. Will work together to develop workplan. Applicants being asked to forecast budget planning for next biennium. \$50 – 250k but want to hear from communities what it will take to do objectives that they are pursuing.</p>
PHM Funding Formula & Matching Funds	Solicit Input	<p>Danna Drum, OHA- PHD & Sara Beaudrault, OHA- PHD presented on PHAB's funding formula and matching funds.</p> <p>PHM requires component of awarding matching funds. PHAB is developing mechanism for options for matching funds. PHAB recommended matching with some exclusions to reduce burden of reporting. PHAB incentives and funding committee reviewed and had more questions than answers. Sara and Danna went back through</p>



		<p>modernization manual to ensure the funding recommendations aligned with the manual. Heard concerns around reproductive health and immunizations.</p> <p>Discussion:</p> <ul style="list-style-type: none">• Cutting out provision of access to immunizations and reproductive health will be devastating to LPHAs like NCPHD.• Don't have historical data about how much counties will reduce or add because of the matching funds formula. There are many what-ifs. Difficult to tease out and ensure no harm to communities.• Clinics can be booked out so far that kids can be difficult to get in for immunizations. Some counties are stuck in being the provider. County GF currently covers these sorts of costs.• Where does proactive public health initiatives go? Ex Hep A.• Concept of matching is an incentive for counties.
Behavioral Health Collaborative Update	Update	<p>Danna Drum, OHA- PHD</p> <p>No changes to contracts. Decided to do a pilot/demonstration in the Portland tri-county area.</p>
Training and Travel DRAFT Guidance	Discuss	<p>Danna Drum, OHA – PHD & Kim La Croix, OHA- PHD presented on updated training and travel guidance</p> <p>LPHA and Tribal staff, especially those who reside in frontier or rural counties, spend a significant amount of time and money commuting to and from Public Health Division (PHD) trainings and events. Staff from Tribes and small and extra small LPHAs serve multiple roles and are required to attend multiple PHD trainings to comply with the terms of each</p>



	<p>Program Element and the Intergovernmental Agreement for the Financing of Public Health Services.</p> <p>Currently these trainings often: Require mandatory in-person attendance; Do not support remote participation; Are not coordinated among PHD programs so that carpooling can occur and; Are held in a single location (often Portland)</p> <p>To address these concerns as well as demonstrate responsible stewardship of public funds and reduce Oregon's carbon footprint/greenhouse gas emissions, PHD is implementing new training and travel guidelines.</p> <p>Discussion:</p> <ul style="list-style-type: none">• Encouraging excellent remote participation• Ask LPHAs what their "region" is• Sometimes LPHAs benefit by working with counties outside of their region.
Adjourn – Stretch Break!	



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12 – 1:30 pm
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Public Health Division: Cara Biddlecom, Kati Moseley

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Item	How	Discussion
Convene & Introduce		Tricia Mortell, CLHO Chair
Review Agenda	Review	
April/ May Minutes	APPROVE	Tricia Mortell, CLHO Chair Charlie approved, Rachael seconded
Introduce CLHO Fellow	Introduce	Morgan Cowling, CLHO introduced Iris Zalun, CLHO's summer policy fellow who will support the research, development, and communication of CLHO's 2019 policy priorities and agenda. Iris comes to CLHO with a background in community organizing and is a 2020 candidate for her Masters of Public Administration from New York University.
Mentorship & Local Advisory Boards Evaluations	Review & Discuss	Caitlin Hill, CLHO gave an update on the mentorship program and local advisory board survey. <i>Mentorship evaluation results:</i> <ul style="list-style-type: none">○ Everyone participating in the program agreed that participating in the CLHO Mentorship Program was helpful to their role, with two respondents saying they strongly agreed.○ For those participating in the program,

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three people responded that they either agreed or strongly agreed that being a mentor or mentee was beneficial to their daily work, one person responded that they neither agreed or disagreed, and one person did not respond to the question.

- The person who doesn't currently participate responded neither agree or disagree.
- CLHO Mentorship Program Curriculum: One person frequently references the curriculum, four occasionally reference the curriculum, and one rarely references the curriculum.
- The aspects of the CLHO mentorship program participants found most useful were: shared learning, having a mentor in a neighboring county with a similar "style" public health department, relationship building with other administrators, and the relevant webinar topics.
- CLHO Mentorship Program recommendations for improvement included: homework and requiring mentees to do work outside of monthly calls; continue to allow mentors and mentees to determine their own meeting schedule; and consider rescheduling meeting time.
- Suggested webinar topics include: learning about how the state operates and changes with OHA and their priorities, legislative updates, CLHO overview, time management, policy work and navigating political landscapes (specifically around harm reduction, STI, and reproductive health programs), innovative public health efforts occurring across the state, CCO relationships, budgeting, and personnel and staffing.

The CLHO budget that was approved in May

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		<p>2018 included trainers/facilitators as well as meeting supplies. These line items can support the mentorship program by funding outside presenters and in-person meetings as needed. Caitlin will continue to facilitate and organize shared learning via monthly calls and webinars as well as assist newer administrators with finding veteran administrators for formal mentorship when requested. Caitlin will also update the mentorship manual and mentorship website page during summer of 2018.</p> <p>Discussion: Perhaps we should expand from being purely mentorship to a leadership development program. Look into succession planning as a topic area.</p> <p><i>Local Health Advisory Board Survey</i> We heard from several LHDs that they are considering starting or restructuring their Health Advisory Board (HAB) and that they would like to know what others are doing with their HABs across the state. Surveyed LHDs, got 15 responses and compiled the results. Posted results on CLHO website if you are interested and let Caitlin know if you have any questions.</p>
OHSU-PSU Course Offerings	Review Process	<p>Caitlin Hill, CLHO presented about the OHSU – PSU course offerings</p> <p>The OHSU-PSU School of Public Health has five spaces reserved in each the Public Health Program Planning and Public Health Program Evaluation online courses at no enrollment cost for Oregon governmental public health (Oregon Public Health Division, Tribes, or Oregon Local Health Department) employees. The courses are Public Health Program Planning and Public Health Program Evaluation. These courses were selected based on a public health employee continuing education needs assessment. Each of the two courses is in asynchronous format, meaning students may</p>

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		<p>log on as is convenient during the week; both courses do follow the academic term, meaning readings, postings, and assignments will be due weekly. Students actively participate through online discussions and posts, readings, and written assignments. Participants can expect approximately 9-12 hours of work per week. Individuals can apply for both courses or just one course depending on their professional development goals.</p> <p>A small review committee will be reviewing applications for LHDs.</p> <p>Caitlin requested input from the board about what criteria we should use in prioritizing applicants.</p> <p>Board discussed giving priority to underresourced counties. Once applications come in to follow up with request for more information about the need. Also discussed succession planning for folks who don't have MPHs.</p> <p>Another question we could ask applicants is how they propose to use this? Example project or are they prepared to use the information.</p>
Public Health Accreditation Board Oregon Meeting	Share Info	<p>Caitlin Hill, CLHO</p> <p>CLHO and OHA are hosting a one day statewide convening with PHAB this fall on Wednesday, October 24, 2018 at the Portland State Office Building.</p> <p>The session is being held for Oregon health departments accredited through PHAB to discuss several key themes specific to the annual report, sustaining a culture of health and quality improvement efforts, and preparing for reaccreditation.</p> <p>Invitations are extended to each accredited</p>

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		<p>health department's director (or designated attendee) and accreditation coordinator. (Only two attendees per accredited health department, please.)</p> <p>Travel expenses (mileage/flight/train and overnight accommodations) will be reimbursed by CLHO through funds from PHAB.</p>
CLHO Annual Retreat & Summer Schedule	Discuss	<p>Morgan Cowling, CLHO & All</p> <p>Moved retreat from normally scheduled time. It will be Sept 12th all day and 13th from 8-1.</p> <p>Morgan asked for input about what topics CLHO should be sure to cover.</p> <p>CLHO board discussed meeting by webinar in July and August.</p>
CCO 2.0 Recs & Road Tour	Discuss	<p>Oregon Health Authority Director Patrick Allen is holding conversations about the future of the Oregon Health Plan. Allen is scheduled to travel to 10 communities (Astoria, Bend, Coos Bay, Corvallis, Hermiston, Hood River, Klamath Falls, Ontario, Portland and Springfield) to discuss how far Oregon's health transformation has come and where it's going, and to get feedback on proposed policy options to improve the state's coordinated care system. Encouraging LPHAs to get involved in their local community meeting and share CLHO recommendations during this road tour.</p> <p>Tricia provided public comment at May Health Policy Board.</p>
Early Learning Council Strategic Planning	Review & Discuss	<p>Teri Thalhofer, ELC Member/ PH Administrator</p> <p>The Early Learning Council Strategic Plan will describe the goals, strategies and activities that the Council will advance over five years from 2019 – 2024.</p> <p>The Plan will represent what the Council considers as the most strategic to advance an</p>

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	<p>Oregon early learning system for children ages prenatal to five and their families toward the vision or system goals that:</p> <ol style="list-style-type: none">1. Children are raised in healthy, stable & attached families2. Children arrive ready for kindergarten3. Coordinated, family-center & aligned systems <p>The early learning system incorporates the coordination and alignment across key sectors, including Early Care and Education, Health, K-12, Family Support, e.g. Human Services, Housing & Community Services, etc.</p> <p>Need to integrate public health into early learning council.</p>
Adjourn	