CLHO Retreat – Day 1 Notes

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| Introductions |  |
| Day 1 – Retreat Goals | Tricia reviewed the Purpose Statements for the RetreatTo: Focus on Public Health Modernization & CCO 2.0 (what)In a Way that: facilitates peer learning, builds trust and collaboration, and promotes health equity for all (how)So that: We identify and make actionable public health system improvements to improve the health of Oregonians (what happens) Mimi Maduro who joined the CLHO Retreat for day one as a facilitator explained that these purpose statements help change the conversation about the “to” or “what” and helps us focus on the “why” we are here meeting and having these conversations.  |
| Public Health Modernization Past, Present and Future | Lillian and Tricia opened the retreat reminding the Public Health Administrators, CLHO Committee Chairs, and Caucus representatives of the vast amount of public system work over the last several years to prepare the public health system for Public Health Modernization. Find materials [here](https://oregonclho.org/about/clho-meetings/). |
| Innovation Sharing | Yamhill HHS & CCO Community Wellness Project - Lindsey Manfrin and Silas Halloran-Steiner from Yamhill County presented on a Health and Wellness project that was jumpstarted by fundings from the Yamhill Community CCO. Lindsey chairs the steering committee that oversees the fund and invests in the Yamhill Community. Lindsey shared the success of the school intervention and now the goals are to expand the training to all of the school sin the district. Benton County STI-HIV-CHIP Project – Charlie Fautin shard the project that Benton County is doing to work collectively through the STI and HIV grants to generate support and get the issue into the CHIP.  |
| Modernization Progress – part 1 | *Evaluation Sharing*Sara Beaudrault presented on the highlights from the Six month evaluation with the goal of better understanding of what is working across the public health system in the first six months of the Modernization projects.Find Sara’s presentation [here](https://oregonclho.org/about/clho-meetings/). Overall, local health officials agreed with Sara’s central themes of removing the words “projects” and “regional” to better focus on the work at hand throughout the report. Some additional thoughts/ perspective were that the planning timelines are presenting challenges, and the short-term duration nature of the funding as a grant instead of long-term funding. There was also an acknowledgement that this funding created great opportunities building additional partnership with Tribes, clinics, Long-Term Care Facilities and Coordinated Care Organizations to be more proactive and use prevention strategies. ***Public Health Modernization Project Sharing***After the PowerPoint the goal was to share the work of each group of LPHA partners, the PHD and non-funded grantees that may be making strides to Modernize without the funding. ***Key Accomplishments:*** * Eastern Oregon – Tribal engagement /12-13 trained through the “Passport Training”
* Jackson/ Klamath – Cross-Jurisdictional Sharing agreement/ identify medical champions for the work moving forward/ Tribal engagement
* Central Oregon – Hiring a Communicable Disease Epidemiologist/ Infection disease nurse providing survey/ back-up for the region/ Provide Long-term care facilities training ICAR –CDC/ 19 trainings so far/ beginning on reaching out to DayCares to provide training as well/ Quarterly CD report
* Marion/ Polk – Hire Communicable Disease support/ focus on STI in Polk/ Engage providers in equity/ Begin to engage CCOs in Communicable Disease (STI) prevention
* Linn, Benton, Lincoln and Lane – AFIX in all clinics and 2 CCOs engaged/ almost full-staffing/ prevention focus/ Joint Charter as a guide
* Multco/ Clackamas/ Washington – Hire and retain/ Steering committee in place
* SW Region - CD Assessment stuck in the 80s/ AFIX engagement with new partners
* Public Health Division (PHD) – survey improvements to make more data available/ ALERT IIS improvements including an update to the vaccine education module/ in-kind staffing and support (which was echoed throughout the group)/ critical analysis on CD including billing/ staff re-alignment/ covering Wallowa
* Yamhill – new contracts with Benton County for epi support

***Challenges:*** * Eastern Oregon – Large, geographical area
* Jackson/ Klamath - staff hiring including turn-over and all of those could lead to real challenges traveling during the winter
* Central Oregon – Hiring and keeping staff, challenges during the winter months
* Marion/ Polk – not too many challenges.
* Lane/ Benton/ Lincoln/ Linn – New Regional approach (including Lane), time for sharing and learning regionally, developing common language and approach with academic
* Multco/ Clackamas/ Washington – Hiring / Communications and finding times/ Regional vs local tension
* SW Region – Limited Data re: equity/ travel time and building relationships
* PHD – Working to de-silo program areas with a Modernization approach

***Equity Lens:*** * Eastern Oregon – Bay Area Region Health Inequities Initiative (BARHII) assessment to identify readiness
* Jackson/ Klamath – Engaging with Equity Coalitions in Counties and engaging on Communicable Disease work.
* Central Oregon – HARHII staff and partners. Challenges seeing disparities in ORPHEUS
* Polk/ Marion – Completed BARHII assessment and community readiness model providers
* Linn/ Lane/ Lincoln/ Benton – challenges working across the four counties
* Multco/ Clackamas/ Washington – Each organization has done work on equity and has its own approach. Lens and policy in place. Working through and supporting the Oregon Health Equity Alliance.
* Douglas/ Coos/ Curry – BARHII assessment and disparities.
* PHD – Survey work with oversampling for broader representation, Equity and culturally responsiveness workgroup with a workplan coordinator. Also, the work with Tribes in Public Health Modernization continues.

***What is Working Well?*** * Eastern Oregon – Increased CD capacity with more counties taking advantage of the CD back-up. Partners involved in a higher degree of collaboration.
* Jackson/ Klamath – Counties work well among each other in a more informal way to share ideas, resources and tools,
* Central Oregon – Partnership has gotten stronger, education history of sharing partnerships
* Marion/ Polk – Coalition serves multiple roles and partnership expanding
* Linn/ Lane/ Lincoln/ Benton – Learning lab/ OSU “ Academic Health Department” aspiration at this point
* Multco/ Washington/ Clackamas – Strengthening think leads in each county working well. EIO-HIV doing work with this as well
* Coos/ Curry/ Douglas – Counties have commitment to move this forward. Strong steering committee and more engagement with partners who weren’t at the table in the past.
* PHD – Working with Tribes and the State Public Health Lab including identifying the costs of running a lab

***Implications for the Future of our Work:*** There were small group discussions that resulted in nine major themes: 1. Partnerships; 2. Messaging & communications; 3. Systems- building; 4. Funding; 5. Workforce Development; 6. Social Determinants of Health; 7. Technology and data; 8. Regional vs Cross-Jurisdictional Sharing and 9. Epidemiology capacity. These notes are divided up into these major bucket areas: 1. **Partnerships –**
* County – to- County partnership – facilitate more shared learning
* Medical “Champions” – how do we leverage across Oregon?
* Hospitals – opportunities for collaboration with Emergency Departments
* New Partners – we need new partners to work with public health
* Resource Sharing – All community partners deserve to be reimbursed for participation
* Concerns: respect local decision-making wisdom with additional sharing
1. **Messaging & Communications –**
* PH Branding (not just messaging) our public health system
* Continue to get better defining modernization and getting on the same page to communicate to all State and LPHA Staff and externally – encourage “systems” thinking
* Keep thinking and communicating about modernization as a total approach no just about funded activities.
1. **Systems Building**
* OR- Epi – series on best –practices, modernization outcomes share
* Plug n play templates for data visualization and data reprinting
* System and culture change models
* Leverage informal sharing/ relationships to reduce duplication
* We are beginning to think and work as a system. AFIX and ALERT IIS can work as a model.
* Relationships are still important no matter how large our region – we need to meet one another
* Better education of Commissioners through AOC
* How do we systematically address the systemic disparities in rural counties?
* Consider working on one issue across the public health system to better achieve health outcomes and provide some swiss cheese resources for local communities to use
* Share out tools across the state for community engagement through an equity lens
* Public health work will be understood as health outcomes and no specific programs or funding streams.
1. **Funding**
* Have one bucket of funding to blend/ braid (desilod)
* Build new system must also include ongoing maintenance
* How to we build general interest and commitment from LPHA governing bodies to support public health modernization?
* Workload continues to increase including “in-kind” support to Modernization
* Alignment of CCO work and resources with public health
* Sharing responsibilities may reduce some funding needs
1. **Workforce Development**
* Need coordinated strategies around
* PH workforce/ statewide approach including additional strategies for additional nurses for communicable disease and maternal and child health at public sector salaries. Also, Environmental health specialists and Registered Dieticians are in need.
* Hiring challenges / barriers are a national problem and are complex including salary/ flexible house, housing needs, co-barriers to hiring (PERS forecast)
* Engage with academia / education to better define “what is public health?”
* How can we maximize current workforce to adequately serve our communities when there is a shortage of nurses and skilled specialists in rural communities?
* How can we approach CD work differently?
* Lean into prevention, especially with CD and STI, EPT get other partners to help us prevent and this could help solve the workforce issues
* Competitive wages to attract and retain qualified staff
* Funding for workforce retention/ competitive wages
1. **Social Determinants of Health (SDOH)**
* It will be necessary to shift focus to what determines health moving into the future
* Create shard definition and understanding of SDOH
* Increased awareness of SDOH
* Focus on ROI
* PH reinforcing policy and systems changed and driven by data and evidenced based.
1. **Technology and Data**
* Continue to find better options for virtual meetings
* More integrated technology across state so we don’t have to “learn how” to pull data in systems
* OHA to allow more access to data sources (ie SHIVER) to LPHAs to facilitate data sharing
* Increased improve data sharing partnerships/ arrangements cross-jurisdictionally
1. **Regional versus Cross-Jurisdictional Sharing**
* Focus on partnership and not regionalization
* Continue exploring and developing cross-jurisdictionally sharing agreements and sharing lessons learned
* Continue CJS conversations at state and local levels – locally driven other areas that make sense
* Framing and talking about CJS and strategies for how we do our work and “informal/ non-codified” sharing of resources and collaborating and de-emphasizing the “regional”
* Must be on the same page for how we talk about intergovernmental partnerships
* Importance of focus on CJS vs “regional” because CJS is MORE than just county-to-county
1. **Epidemiology Capacity**
* Incorporating foundational capabilities into both the everyday regulatory and non-regulator foundational programs
* Importance of expanded epidemiology/ assessment to success and critical need to continue support – shared local epi
* Strong infrastructure for epi/assessment at state level foundation for local effort makes a strong system
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| CCO Opportunities for Engagement | Morgan gave a dry update on the CCO 2.0 Straw Proposal Social Determinants of Health recommendations 1-8. You can find the presentation [here](https://oregonclho.org/about/clho-meetings/). After the discussion there were eight small group discussions with report-outs about the opportunities for CCO engagement in this second wave of contracts. Here are some highlights of the conversation. You can find the full report of notes in this area on a separate handout. You can find them [here.](https://oregonclho.org/about/clho-meetings/)  |
| Part 2: Public Health Modernization projects & Future Visioning | During the second part of the Public Health Modernization the conversation moved from the “what” to the “so that” and action steps. Each group took one of the large bucket areas from the morning and developed action steps moving forward. Please find the summary action steps [here](https://oregonclho.org/about/clho-meetings/). |
| Summary of the Day | Here are the final thoughts of the day from state and local public health officials: * There are unique opportunities right now that public health can engage in
* Excitement in learning from peer health departments for greater public health improvements
* Inspiration from leaders and the creativity in local public health authorities

Pluses: * room logistics
* great small group discussions and learning
* appreciated the purpose framework for the day and using it throught out the day

Things to improve on: -nothing mentioned |
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