



Conference of Local Health Officials

CONFERENCE OF LOCAL HEALTH OFFICIALS

Meeting Minutes

May 17, 2018

In attendance: Nancy Staten, Baker; Dawn Emerick, Clackamas; Muriel DeLaVergne Brown, Crook; Ben Cannon, Curry; Tom Kuhn, Deschutes; Bob Dannenhoffer, Douglas; Teri Thalhofer, North Central; Ellen Larsen, Hood River; Jackson Baures, Jackson; Mike Baker, Jefferson; Mike Weber, Josephine; Judy Clarke, Lake; Jocelyn Warren, Lane; Rachael Banks, Multnomah; Katrina Rothenberger, Polk; Jim Setzer, Umatilla; Carrie Brogoitti, Union; Tricia Mortell, Washington; Lindsey Manfrin, Yamhill; Pat Luedtke, Health Officer

Public Health Division: Cara Biddlecom, Sara Beaudrault, Lillian Shirley, Tim Noe, Luci Longoria, Chris Curtis, Isabelle Barbour

CLHO: Morgan Cowling; Caitlin Hill, Mariah Torres

Item	How	Notes
Convene & Introduce		
Review Agenda	Review	
April Minutes	APPROVE	Muriel DeLaVergne motioned to approve, Teri Thalhofer seconded Minutes approved
Appointments - Kathy Christensen – CD - Jenn Vines – HP&P - Andrea Krause - CD	Appoint	New committee members appointed
OHA Reorganization	Update	Lillian Shirley presented on the reorganization of OHA. <ul style="list-style-type: none">• The largest changes have to do with the consolidation of health policy and analytics.• Equity and Inclusion is the same• Oregon State Hospital has a new superintendent (director)• Chief of Operations is now Deputy Director – will be helpful for CCO 2.0• Chief of staff – stakeholder and member support is new• Transformation agents moving under Dawn Jagge• Holly Heiberg has been promoted to Government Relations Directors• Stronger presence for child health - looking for permission to set up Child Health Office in Health Policy and Analytics• Recruiting for statewide Medicaid



		<p>director. Will have policy and operations under that person</p> <p>Discussion:</p> <p>Q: There are large disparities in money flow with billion dollar divisions and hundred thousand dollar divisions. How will it work with the disparity in money flow?</p> <p>A: OHA is emphasizing collaboration and working together across the agency to achieve goals.</p>
Prevention & Health Promotion: Local Process Measures	Update	<p>PHAB will look at all process measures this fall in context of the 19-21 biennium. The opioid process measure, percent of top opioid prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) Database, is now a statewide requirement for all Oregon-registered physicians. PHAB Accountability Metrics subcommittee will look at this measure next week and make a recommendation to PHAB in June.</p> <p>There was discussion about how the law applies to VA providers who prescribe in Oregon but aren't subject to the law because they are federally registered. Tim Noe stated they need to look into this loophole.</p> <p>Isabelle Barbour, OHA Policy and Partnerships, presented about the process measure of active transportation. Active Transportation was seen as an emerging area for public health where there isn't a lot of work happening across the system. Goal of proposed process measure, "Number of active transportation, parks and recreation, or land use partner governing, or leadership, or planning boards initiatives with LPHA participation" trying to address how LHDs can participate in planning.</p> <p>Dawn Emerick shared that Clackamas County Health Department and ODOT share a staff member employed at the LHD but paid for</p>



		<p>equally between the LHD and ODOT who brings public health lens to transportation.</p> <p>Rural concerns - More rural areas don't have the same capacity as urban areas, there isn't the same environmental health lens, still get pushed away from planning table on frequent basis. Recommendation to consider recognizing different levels of engagement.</p> <p>Accountability metrics subcommittee will be reviewing this next week. Goal is to get this active transportation information collected for the next metrics report.</p>
Modernization Funding Formula	Solicit input	<p>Three components to the local public health funding formula:</p> <ol style="list-style-type: none">1. Base funds awarded for population, health status, burden of disease, and ability of LPHA to invest in local public health. Includes floor payments (based on five tiers of county size bands);2. Matching funds for county investment in local public health services and activities above the base funding amount; (Intention that as state dollars increase that county dollars don't decrease)3. Incentive funds for achieving accountability metrics. <ul style="list-style-type: none">• Floor payments favor smaller counties, additional methods favor larger counties.• Extra small and smaller counties receive a proportionally larger per capita and larger counties receive a proportionally larger amount.• Funding formula focuses on health equity.• Sustained investment needed to be incentivized.• County investment means general fund investment.• PHAB recommended that they match on all county fund general investment. Need to be sort of broad in thinking. Still working



		<p>through if it's modernization specific vs clinical services like WIC.</p> <ul style="list-style-type: none">• Moved to divide money in half for sustaining investment in any level. Counties don't get any incentive dollars if their GF is going down. Pressure on GF is greater than the small amount of money from OHA. The incentive of investment might not attract commissioners.• Is there any value to considering funding that is brought in locally that isn't GF? Statute would dictate the other funds wouldn't be eligible for matching.• Many CCOs are for profit agencies and may not have any interest in quality. Incentives don't need to be as high for local public health since the interest is in the public. <p>Request for Modernization Funding Formula webinar. Webinar won't necessarily change direction but will help with understanding. OHA will organize a webinar in the next week.</p>
CLHO HP&P Rec - PE 13 - TPEP	Discuss & APPROVE	<p>Workgroup took feedback from CLHO and did revisions to PE 13. Approved by committee.</p> <p>Board approved.</p>
CDC Funding Opportunities – 1807/1815	Update	<p>OHA has been funded through a five year grant on chronic disease through 1305 grant that is coming to close in September. Been watching to see how CDC is continuing resourcing for those programs. Current administration funding opportunities include government but are also opening to private sector and institutions of higher learning. Support efforts around multi-sector engagement.</p> <p>The state will apply for both the 1815 and SPAN grant which focus on community-clinical linkages.</p> <p>1815 - Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke. Spoke</p>



		<p>with the Health Promotion and Prevention committee about cross-sector partnerships for chronic disease. Deals with EHRs and CHWs and is very proscriptive.</p> <p>State Physical Activity and Nutrition Program is competitive – only open to 15 states. Structured to enhance statewide capacity to the work. Implementation of nutrition standards and physical activity supports in governments, worksites, hospitals, and health systems.</p> <p>State will support communities that want to apply for REACH or the Heart Disease and Stroke funding but not apply as the state.</p> <p>Released school health part of grant. Only made to Department of Education. Will hear before the end of May if they received the funding.</p>
Recreational Marijuana Tax Distribution	Update & Discuss	<p>Counties that don't have a combined Mental Health Services and Public Health are not seeing the marijuana dollars.</p> <p>Replaced beer and wine tax dollars with marijuana dollars.</p> <p>Public health doesn't have resources to track what is happening at county level with marijuana.</p>
CLHO CD Rec: TB Funding Formula	Discuss & APPROVE	<p>Inequities from year to year based on current funding formula. Wanting to change to per case allocation in order to reach counties by TB Burden. \$300 payment for each B Waiver document.</p> <p>FY 19 for any new case \$3500 per case allocation. Some counties there will be a transition period where you are working active cases now. Allow for supplemental funding to be utilized now.</p> <p>If you can bill B-Waivers can't you just bill TB Cases? Can bill instead of doing monthly tb per case allocation. Adding by case for the monthly.</p>



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		Recommendation to change to a quarterly billing, Muriel DeLaverge Brown seconded. CLHO CD will rewrite.
IPAT/ ISLAC Appointments	Appoint	ISLAC – Catie Blaire from Lane County available. IPAT George Conway from Deschutes.
AOPHNS Caucus Revival	Recruit	PHNS in Yamhill interested in reopening AOPHNS Caucus. Chair is on CLHO exec. PHD can provide conference call line. Need to identify folks for the committee. Administrators need to send names. Need a new PHAO Chair next month. Morgan will send out an email with requests for recruitment.
Adjourn – Stretch Break!		Reminder in next meeting need to approve CLHO Budget.



Oregon Coalition of Local Health Officials Meeting Minutes May 17th, 2018

In attendance: Nancy Staten, Baker; Dawn Emerick, Clackamas; Florence Pourtal-Stevens, Coos; Muriel DeLaVergne Brown, Crook; George Conway, Deschutes; Bob Dannenhoffer, Douglas; Teri Thalhofer, North Central; Jackson Baures, Jackson; Mike Weber, Josephine; Rachael Banks, Multnomah; Katrina Rothenberger, Polk; Carrie Brogoitti, Union; Tricia Mortell, Washington; Pat Luedtke, Health Officer

Public Health Division: Cara Biddlecom

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Item	How	Notes
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Review Agenda	Review	
April Minutes	APPROVE	No quorum
CLHO: A Year in Review	Update	CLHO staff will try to put effort into capturing annual successes. Reviewed accomplishments of past fiscal year.
2018-19 CLHO Dues and Budget	Review & APPROVE	Dues and budget have been posted for the past couple months on the CLHO website. Because there wasn't a quorum, approval was moved to Executive Committee. Muriel DeLaverge Brown motioned to approve, Teri Thalhofer seconded. Executive committee approved dues and budget.
Modernizations Communications	Update	OHA is increasing modernization social media communications efforts. There is an interest to streamline messaging and get similar messages out via different channels. Caitlin will reach out to gather information about who is in charge of social media communications at your health department.
Legislative Issues	Update & Prioritize	In April the CLHO Legislative Committee wanted to hear from folks beyond the Legislative Committee about what we should work on in the 2019 Legislative Session. The Committee brainstormed a beginning list but also wanted to hear from local public health. 45 local health officials responded to the survey



		<p>representing environmental health, nursing, manager, administrators, epis, communicable disease and preparedness coordinators; a good representative of the workforce.</p> <p>The top six issues from the survey are:</p> <ol style="list-style-type: none"> 1. Public Health Modernization 2. Opioid Prevention 3. Health Foods 4. Suicide Prevention 5. Long Term Care Facilities 6. Marijuana Prevention <p>Other issues the board was interested in:</p> <ul style="list-style-type: none"> -Shared EMRs -Engaging with providers
AOC HHS Staffing Update	Update	<p>AOC has had budget challenges in past couple of years. Has had to make some layoffs and policy staff has decreased. Commissioner Pope from Polk County who is the president has been reluctant to increase dues until they figure out where their financial system is.</p> <p>AOC is concerned that CLHO and Mental Health will not be coordinated with AOC. AOC doesn't have Policy Manager for CLHO or MH to work with.</p> <p>Don't have assigned committee membership in AOC committees, it is whoever shows up. Some commissioners get updates from HHS Director, some don't. Some counties struggle with access to their commissioners.</p> <p>Waiting until AOC audit is done at the end of summer before they make any real budget decisions. Communicable Disease funding as an example. No one but AOC and CLHO is in Salem to put pressure on legislature for funding.</p> <p>Good line of communication and acknowledgment that there is a gap and we need more of a voice.</p> <p>Some counties don't have a county</p>



administrator. County administrators group have started to try to get a judge from counties that don't have administrators.

We will continue to support AOC and push them to arrive at a solution for increased communication.

Adjourn