



Conference of Local Health Officials

CONFERENCE OF LOCAL HEALTH OFFICIALS

Annual Committee Report of Activities - 2019

Committee: Access to Clinical (and) Preventive Services

Co-Chairs: Pamela Ferguson (Deschutes) & Jessica Nye (Washington)

What is the purpose of your committee (please include the issues are within your committee's purview)?

The Access to Clinical (and) Preventive Services committee (A2CPS) is focused on Public Health Modernization's vision that all people in Oregon have access to and receive recommended and cost-effective clinical and preventive services. The committee makes recommendations to the Conference Executive Committee and Board of Directors on proposed changes and updates to program elements, changes to funding formulas, and other topics areas brought before the committee by the PHD, CLHO, or LPHA.

This committee provides guidance and recommendations for existing and new areas of work related to: (1) collaborating with stakeholders to identify and address barriers to accessing care; (2) supporting policy solutions that increase access to culturally responsive clinical and preventive services; and (3) assuring the availability of evidence-based and cost-effective clinical care.

Areas of work addressed by the committee include women, infants and child nutrition, reproductive health, school-based health, and sustainable relationships for community health. The maternal child health focus area will be transitioning into A2CPS at the end of 2019.

What are the objectives of your committee?

The goal of the A2CPS committee is to support the system of care to ensure Oregonians receive recommended clinical and preventive services that are evidence-based and cost-effective in alignment with Oregon's Public Health Modernization. The 2019 A2CPS objectives include: (1) Convene a committee that will provide guidance and recommendations for existing and new areas of work as it relates to access to clinical preventive services; (2) Ensure ongoing planning with health care system partners, community members, and organizations that represent members of priority populations



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to identify barriers to access and gaps in services; (3) Support the implementation of strategic plans that address gaps and barriers to access clinical preventive services; and (4) Identify opportunities for local and State public health representatives to work together to improve population health and access to clinical preventive services.

What specific issues did your committee work on in 2019 (please be sure to include Program Element and Funding changes in addition to other topics)?

December 2018: SBHC updates (reviewed proposed contracting change, recommendation was approved by the committee); Title X updates; WIC PE40 update (PE revised to resolve audit finding).

January 2019: Immunization program updates (discussion of immunization funding); SBHC Mental Health Expansion (grant award funding information & updates); Early Learning Council updates.

February 2019: Legislative updates (particularly on issues that may impact access to clinical and preventive services); Emerging Practices in WIC (examples of innovative and best practices being implemented in WIC clinics); Nursing scope of practice (discussion of current OSBN review of RN and LPN scope of practice).

April 2019: Universally-offered nurse home visiting legislative update with a focus on Senate Bill 526; Tobacco funding updates; Title X and PE46 updates (Family Planning program "Compliance with Statutory Program Integrity Requirements"); SBHC Base Funding (update on funding changes); Emerging practices in supporting incarcerated clients.

June 2019: Title X update (update on Title X family planning program changes and planning meeting highlights); Miscellaneous legislative updates; SBHC Base Planning Grants (update on SBHC planning grants); Emerging Practices in LPHA Alignment with CCO Quality Incentive Measures (Overview of Central Oregon's Perinatal Care Continuum project as a local examples of how LPHAs have align work to support or enhance CCO QIMs).

August 2019: Title X updates (updates on recent Title X family planning program changes); Population Health Practices: Overview of local and state school nursing programs provided by SBHC lead.

Were there any specific issue challenges or structural challenges your committee encountered this year?

We continued to receive requests from committee members to discuss MCH topics at our meetings. For the past two years, MCH has been part of the Health Promotion & Prevention committee, making it difficult to meet the needs of our committee members who often requested MCH updates. Fortunately, our request to transition MCH into A2CPS was approved unanimously by A2CPS committee members as well as



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CLHO Leadership. This transition should occur no later than January 2020—we anticipate better alignment of program work under this new structure.

Attendance and participation at meetings has continued to be a challenge. We have been able to meet quorum at our last several meetings. We attribute this to our enhanced tracking of attendance, bi-monthly meeting schedule (unless there is a business need), and updated attendance guidelines in the committee charter. We did have an in-person meeting in October 2018, which provided an opportunity to develop our work plan and meeting calendar. For 2019, we had planned to have a similar event, but gaining willingness to participate from committee members was very difficult. There are also questions around committee chair/co-chair roles moving forward into 2020—as we are unsure if anyone else is willing to take over the roles or if current co-chairs will need to continue leading. Active participation is always a concern.

How has your committee discussed or incorporated Public Health Modernization as it pertains to your committee's objectives?

Public Health Modernization language has been incorporated into our committee charter, our committee annual work plan, and our 2019 committee calendar.

The CLHO Board restructured committees in January 2018 and then conducted a six-month review after that initial restructuring. Do you have any additional thoughts on how the "new" committee structure is working for your committee?

We hope that the process to transition MCH to A2CPS moves forward quickly. The alignment of program areas to include MCH under our committee is important for efficiency, program alignment, and to strengthen communication. We have not yet found a way thus far to make our work actionable. Our committee mainly serves as a forum for program updates, proposed program element changes, and legislation discussions. There is an opportunity to leverage the time we have together each month to work on program level work that is evolving due to modernization changes. How is health equity being considered? How do we ensure our stakeholders and community members are educated about the changes in public health?

When the CLHO Committees were restructured each committee was asked to develop a charter and work plan. How are those materials working for your committee? Are you meeting your work plan objectives?

We have an annual committee work plan, an annual committee meeting calendar (which links to the work plan), and a committee charter. We believe that these tools



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provide important guiding documents that help the committee stay on track with committee goals and objectives.

Are there additional supports your committee needs from CLHO Systems and Innovation?

Not at this time.

Anything else you'd like to share with other Committees or the CLHO Board?

Not at this time.



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CLHO Access to Clinical (and) Preventive Services Committee Members:

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*Voting members (16)