



The Oregon Coalition of Local Health Officials

December 16th, 2021

Health Policy and Analytics Medicaid Waiver Renewal Team
Oregon Health Authority
500 Summer St. NE, E65
Salem, OR 97301

Re: Oregon Health Authority's 1115 Medicaid Waiver 2022-2027 Renewal Application

To Whom It May Concern:

The Oregon Coalition of Local Health Officials (CLHO) is a 503(c)(6) non-profit organization representing the 32 local public health authorities (LPHAs) throughout Oregon. Based on review by CLHO's staff, Legislative Committee, and Board of Directors, CLHO offers the following feedback and recommendations on Oregon Health Authority's 1115 Medicaid Waiver Renewal Application for 2022-2027.

CLHO is supportive of the goals and the suggested strategies to achieve these goals laid out in the application. Eliminating health disparities in Oregon and employing strategies to achieve health equity are core values of public health work. The focus areas laid out in this application offer a clear vision for reaching Oregon Health Authority's goal of eliminating health disparities by 2030, and LPHAs are eager to support this work.

However, CLHO is concerned that LPHAs are not explicitly named as partners despite the clear crossover into public health work. Collaborating with LPHAs on the work outlined in this application will be beneficial on many levels:

- Local public health authorities regularly work to identify and address upstream drivers of health in their communities and work with community partners to create and implement population health interventions.
- The Oregon Legislature invested in Public Health Modernization for the 2021-23 biennium. Both LPHAs and community-based organizations (CBOs) will receive funding and need to work together to align efforts and avoid duplication. There is potential for CCO health equity investments to overlap/duplicate these efforts.
- The COVID-19 pandemic has highlighted the need for coordinated public health efforts across the state. Relationships formed between LPHAs, CCO, and CBOs during this time should be continued and supported.
- LPHAs are vital members of their communities, have many established relationships with community partners, and have been doing aspects of the work laid out in these strategies for many years.
- Many LPHAs have already done extensive equity work and have implemented equity and cultural diversity within their hiring practices. Because of this, many

For more information, please contact Sarah Lochner, Executive Director
sarah@oregonclho.org | 503-507-7786 | oregonclho.org



Public Health
Prevent. Promote. Protect.



The Oregon Coalition of Local Health Officials

LPHAs' staff represent members of diverse communities and are trusted messengers of public health information. Ensuring that this work is honored and more of it encouraged moving forward should be a consideration.

- Some CCOs cover multiple counties, and some counties are covered by more than one CCO. LPHAs are established, centralized entities within their counties and have specific knowledge of community partnerships, understand their communities' needs and the strategies that work best, and function as conveners on health matters.

Given this, CLHO recommend that CCOs and the Oregon Health Authority work collaboratively with LPHAs to align efforts when implementing the strategies in this application. There are two specific areas CLHO has identified for this collaboration to begin:

- CCOs are required by HB 3353 to direct 3% of their budgets to health equity investments, and a portion of that investment will go to the new Community Investment Collaboratives (CICs) proposed in this application. CLHO is supportive of redistributing power among communities and wishes to support the efforts of the CICs through collaboration and alignment. We recommend that local public health authorities have a seat on these CICs in order to avoid duplication of efforts coming from Public Health Modernization. This would align “with other health policy initiatives across the state” and “increase our likelihood of success by shaping the direction of the entire health system, including beyond Medicaid” (p. 12).
- OHA has recommended restructuring the Health Plan Quality Metrics Committee into the Health Equity Quality Metrics Committee. This committee will review and approve all upstream and downstream metrics for the Quality Incentive Program and may identify additional upstream metrics. CLHO recommends that an LPHA representative be included on this restructured committee to provide feedback on upstream metrics and population health measures.

Oregon's LPHAs look forward to collaborating with OHA and Oregon's CCOs in the implementation of this Medicaid Waiver period and in eliminating health disparities in Oregon. Please reach out if you have any questions on these recommendations.