



Conference of Local Health Officials

**December 16<sup>th</sup>, 2021**

**Meeting of the Conference of Local Health Officials**

**Meeting Began: 9:32 AM**

**Executive Members:** Present: Jocelyn Warren, CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development, Union; Nic Calvin, Small County Rep, Harney; Pat Luedtke, Health Officer Rep, Lane; Jackson Baures, Large County Rep, Jackson; Katrina Rothenberger, Secretary/Treasurer, Marion; Lindsey Manfrin, Public Health Administrator of Oregon Caucus; Shane Sanderson, Medium County Representative, Linn; Joseph Fiumara, Coalition of Local Environmental Health Specialists

Absent: None

**Members Present (x if present):**

X Baker - Nancy Staten	X Jackson - Jackson Baures	X North Central PHD - Shellie Campbell
X Benton – Bill Emminger	X Jefferson - Mike Baker	X Polk - Jacqui Umstead
X Clackamas – Kim LaCroix	Josephine - Janet Fredrickson	Tillamook - Marlene Putnam
X Clatsop – Margo Lulich	X Klamath - Jennifer Little	X Umatilla - Joseph Fiumara
Columbia - Mike Paul	Lake - Judy Clarke	X Union - Carrie Brogoitti
Coos - Anthony Arton	X Lane - Jocelyn Warren	X Washington – Marie Boman-Davis
X Crook – Katie Plumb	X Lincoln - Florence Pourtal	X Wheeler - Shelby Thompson
X Deschutes – Nahad Sadr-Azodi	X Linn – Shane Sanderson	X Yamhill - Lindsey Manfrin
X Douglas - Bob Dannenhoffer	X Malheur - Sarah Poe	
X Grant – Jessica Winegar	X Marion - Katrina Rothenberger	X HO Caucus - Pat Luedtke
X Harney - Nic Calvin	Morrow – Nazario Rivera	X CLEHS Caucus - Joseph Fiumara
Hood River - Trish Elliot	X Multnomah – Jessica Guernsey	X PHAO - Lindsey Manfrin

**Public Health Division:** Danna Drum, Collette Young, Tim Noe, Josh Ferrer, Annick Benson-Scott, Sara Beaudrault, Nadia Davidson, Cate Wilcox, Rachael Banks

**Coalition of Local Health Officials:** Sarah Lochner, Executive Director; Laura Daily, Program Manager



**Guests:** None

**Motion:** Katrina Rothenberger moved to approve the November 2021 minutes. Florence Pourtal seconded the motion. Unanimous vote, motion passed.

## **Agenda Items**

**Appointments:** Jocelyn Warren made the follow appointments:

- Communicable Disease Committee: Adrea Rodriguez-Lovejoy (Deschutes)
- Emergency Preparedness Committee: Alisa Zastoupil (Marion)
- Access to Clinical and Preventive Services Committee: Joie Stephens (Crook)

**PE 10 – STI Funding:** Kathleen Rees (CD Co-Chair) and Josh Ferrer (OHA) provided an overview of ARPA funds for STI prevention work available through 12/2025. The CD Committee discussed this funding and recommended that this funding go to counties without EISO funding (mostly smaller counties) – this is because OHA will continue funding EISO for the larger counties. This funding would go out through the Modernization formula. Kathleen reached out to the counties that would receive this new funding and got largely positive feedback – many are excited to begin receiving these funds.

**Motion:** Bob Dannenhoffer moved to approve the changes to PE 10 for these STI funds through ARPA. Florence Pourtal seconded. Unanimous vote, motion passed.

**PE 42 - Family Connects:** Kim LaCroix (A2CPS Co-Chair) and Cate Wilcox discussed the changes to PE 42 sent to the board by the Access to Clinical and Preventive Services Committee. Cate discussed that Family Connects was first going to be funded through targeted case management reimbursement, but LPHAs and OHA quickly learned that this method would not cover the cost of the program adequately. The process was also unwieldy since LPHAs had to submit claims through fee-for-service Medicaid for medical services and to OHA for targeted case management.

The proposed changes in PE 42 instead allow LPHAs to submit claims for both through the CCO and increases the reimbursement per visit to \$1,000. These changes would go into effect 01/01/2022 and would only impact the Family Connects portion of PE 42, no others. For January 2022 through June 2022, Family Connects providers would be able to



receive up to \$25,000 in reimbursement. For July 2022 through June 2023, Family Connects providers would be able to receive up to \$50,000 in reimbursement. Counties will receive a budget template in late December and will be asked to submit budgets in January 2022. Kim LaCroix reviewed the track-changes in PE 42 (available in meeting materials) and asked if there were any questions.

Bob Dannenhoffer asked about how this would work for counties where Family Connects won't go through the LPHA. Cate answered that all current Family Connects providers are through LPHAs who provide home visiting services. When it begins rolling out more broadly, LPHAs and OHA will have to review how to make the processes work for counties with different structures.

Katrina Rothenberger asked if these funds can be used for the Community Alignment Work. Cate answered that the funds through PE 42 can only be used for home visiting operations, not Community Alignment. PE 63 covers the budget for Community Alignment work in order to keep the two funding streams and budgets separate.

Sarah Poe discussed that Malheur still won't be able to hire a full-time nurse even if the reimbursement is \$1,000/visit because of county pay scales. She requested that something be added to the PE that recommends a salary level to help rural counties change their pay scales. Cate acknowledged that this is an issue in many rural/frontier counties but that OHA cannot set local salary scales. OHA will also be working on the fidelity of the model in smaller counties with fewer staff and lower birth rates. Cate also offered that the Oregon Center for Nursing is working with OHA on a public health nurse census to gather salary data. This report will be completed by 12/31/21 and should be released by OHA in early 2022 – this may help smaller counties with assessing pay scales. Margo Lulich added that Clatsop was an early adopter but withdrew because of the fidelity problems and is interested in the work to address this. Cate acknowledged that this program is a work in progress and will require continued work and adaptation.

**Motion:** The Access to Clinical and Preventive Services Committee made a motion to approve the changes to PE 42 for the Family Connects program. Florence Pourtal seconded. Unanimous vote, motion passed.

**A2CPS Recruitment:** Kim LaCroix (co-chair of A2CPS) discussed that the committee needs an additional co-chair. She and Pamela Ferguson are outgoing chairs, and most people on the committee are over-capacity and are unable to take on a leadership role. Kim asked administrators to consider people in their departments who are emerging leaders who might be a good fit for the committee and want an opportunity to lead and build a network. The committee should have some new



projects in the upcoming year with the discussion around public health nursing workforce and continued Family Connects work.

**CLHO and OHA Equity Discussion:** Rachael Banks and Danna Drum began a conversation around Oregon's health equity goals (slide deck guiding conversation available in materials).

Rachael reviewed the governmental public health system's journey towards equity, including the various steps towards developing a definition of health equity since 2014. She also spent time reviewing this definition (adopted by OHPB, PHAB, and CLHO) to highlight the wide variety of identities and populations that are addressed and Oregon's commitment to rectifying historical and contemporary justices. She highlighted that Oregon's Public Health system was developed within a racist and oppressive system and that it takes intentional work to reverse this.

Rachael reviewed that OHA released their strategic plan goal of eliminating health inequities in Oregon by 2030 right before the COVID Pandemic Response began. Because of this timing, there has been little opportunity for all of Oregon's Public Health System to discuss this goal and collaborative strategies. Internally, OHA will be implementing anti-racist and health equity accountability processes and practices, such as requiring all PH Program Managers to go through anti-racist learning in the coming year. OHA has also received a CDC Health Equity Grant which is allowing OHA to work across the agency to align equity strategies. Rachael also reviewed that the COVID-19 Pandemic has only highlighted health inequities and spurred OHA to work with communities on a deeper level. She acknowledged that this rollout within OHA on this work has been confusing at times for LPHAs. Rachael concluded by stating that OHA is working to make sure that there is a statewide strategy for health equity since OHA cannot just refer people asking about health equity strategies to the individual counties. She opened the conversation up for comments and questions.

Florence Pourtal thanked Rachael for the history and vision and stated she wants this conversation to continue. She offered that it feels as though Oregon is not working together as a system. She provided the example of working with CBOs early in the pandemic and that at times it felt like a top-down process where LPHAs were removed from the decision process about which CBOs would be working in the community.

Bob Dannenhoffer asked about what measure we would use for health equity. There are not many national measures, and he thinks this would be an important things to measure for reaching a goal.



Katie Plumb also thanked Rachael for the conversation and for the opportunity to root ourselves back in equity. She stated that her department has a strong desire to do health equity work but has never had the capacity. It felt as though her county told OHA that they did not have capacity but were still not provided with resources to do the work.

Jessica Guernsey discussed the beginning of the pandemic and how working with CBOs felt very chaotic but that she is very grateful for it because it helped immensely in later pandemic response. She referenced the CLHO retreat from 2019 and how there was a discussion about health equity work in Oregon's public health system and that there was a recognized need for shared understanding and continued conversation.

Mike Baker offered that inequities between rural/frontier counties and urban counties should be more explicitly called out.

Lindsey Manfrin also thanked Rachael for the discussion and offered that it seems as though there are 3 public health systems in the state – LPHAs and CBOS, OHA and CBOs, and LPHAs and OHA.

Jocelyn Warren offered that Lane County has an STI Coalition and that this Coalition includes CBOs, CCOs and medical providers and that the LPHA is the convener (as is often the case). While she is eager for moving into power sharing and is currently working with CBOs in the county, there is concern that CBOs being funded separately to do STI work will result in misaligned work.

Katrina Rothenberger asked if the Modernization Manuel will stay the same and if LPHAs will be held to the same requirements and ORSs with this new emphasis on working with CBOs to advance health equity. She also asked about county matching funds – Marion County relied on some of the surrounding smaller counties during COVID, and she would like to see these smaller counties be further resourced. She also asked how CBOs will be included in this matching/incentive framework.

Jocelyn Warren also asked about sustaining the work and what this work will look like in 3-4 years, particularly if the federal government stops investing in public health. She asked about how to invest in the infrastructure of these CBOs outside of categorical funds to sustain these partnerships in years to come.

Shane Sanderson thanked everyone for being so candid. He also discussed that while there have been multiple challenges, this will be a great opportunity to dig in our heels with the Oregon Legislature and to press for more growth in funding to



support health equity based on outcomes. Right now is a time for building up the infrastructure and building out case for additional investment (so CLHO can go to the Oregon Legislature with improved health outcomes and say “how do you like ‘dem apples?”).

Rachael closed out the conversation thanking everyone for the conversation. She discussed that CBOs are very tied to improving health equity and that going forward we will have to ask ourselves as governmental public health how we will continue to commit to equity. She also discussed that equity work is both external (outcomes) but that it is also internal way of being and how we vision and imagine our work together.

Danna Drum discussed follow-up meetings to continue the conversations. This will likely be outside the Conference meeting because the Conference agenda is often too full to have meaningful conversations. She acknowledged that she hears that there is a lack of trust in working together and that it will take time to rebuild this trust. Florence Pourtal offered that she would make time to prioritize these conversations. Danna will work on finding a time for these conversations before the next Conference meeting on January 20<sup>th</sup>.

**Meeting Adjourned at 10:58 AM**