



April 21st, 2022

Meeting of the Coalition of Local Health Officials

Meeting Began: 11:29am

Executive Members:

Present: Jocelyn Warren, CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development Union; Katrina Rothenberger, Secretary/Treasurer, Marion; Dr. Pat Luedtke, Health Officer's Rep; Shane Sanderson, Medium County Representative, Linn; Katie Plumb, Small County Representative, Crook; Joseph Fiumara, Coalition of Local Environmental Health Specialists, Umatilla; Lindsey Manfrin, Public Health Administrators of Oregon, Yamhill; Marie Boman-Davis, CLHO Legislative Committee Representative, Washington

Absent:

Members Present (x if present)

X	Baker - Nancy Staten	X	Jackson - Jackson Baures		North Central PHD - Shellie Campbell
X	Benton - April Holland	X	Jefferson - Mike Baker	X	Polk - Naomi Adeline
X	Clackamas - Philip Mason-Joyner		Josephine – Janet Fredrickson		Tillamook - Marlene Putnam
X	Clatsop - Margo Lalach	x	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
	Columbia - Mike Paul	x	Lake - Judy Clarke	X	Union - Carrie Brogoitti
X	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 – George Conway	x	Linn - Shane Sanderson	X	Yamhill - Lindsey Manfrin
X	Douglas - Bob Dannenhoffer	x	Malheur - Sarah Poe		
X	Grant - Kimberly Lindsay	x	Marion - Katrina Rothenberger	X	HO Caucus - Pat Luedtke
X	Harney - Pete Runnels		Morrow – Robin Canaday	X	CLEHS Caucus - Joseph Fiumara
x	Hood River - Trish Elliot	X	Multnomah – Jessica Guernsey	X	PHAO - Lindsey Manfrin

Public Health Division: Danna Drum



Other LPHA Staff: Nahad Sadr-Azodi, Meghan Chancey, Jill Quackenbush,

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

Guests: None

Motion: Jennifer Little made a motion to approve the March 2022 minutes. Katie Plumb seconded the motion. Unanimous vote, motion past.

Agenda Items

Appointments: None

LPHA/OHA Accreditation: Laura Daily launched a poll asking CLHO members about their steps towards (re)accreditation. About half of Oregon's health departments are accredited. 25 health departments completed the poll: 12 are accredited and 13 are not accredited. Among those who are currently accredited, 8 are pursuing accreditation, 3 are not, and 2 don't know. Among those who are not accredited, 2 are planning on applying for accreditation in the next 2 years, 5 are not, and 8 don't know.

Danna Drum shared that OHA is in the process of deciding whether or not to apply for reaccreditation. The quality improvement aspects of accreditation are important, but the process tends to be dominant-culture and doesn't provide the funding that was initially promised. OHA is grappling with this and consulting with ASTHO on what the future of accreditation might be. Other states are having the same discussion, but most are leaning towards reapplying. OHA would like to learn what LPHAs are doing to potentially inform their discussion.

Katrina Rothenberger stated that Marion is weighing the value of applying for reaccreditation because of the documentation and deadlines. Accreditation has done a lot of good for Marion County, but those systems are now baked into their framework around PM, QI, and CHA/CHIP. She stated she would way rather pay her accreditation coordinator to maintain those systems rather than compile documentation to fit standards and measures. The urgency and work of COVID has also shown them that the requirements of accreditation don't always fit their work. For example, working with community takes time and can't necessarily happen on a tight timeline. The \$8,000/year cost is also not appealing. On the other side, Marion was one of



the first health departments in Oregon to become accredited, and there is a great deal of pride in that among staff, so giving up their accredited status would require some significant change management work.

Jessica Guernsey stated that this was a conversation on the Big Cities Coalition meeting yesterday, and the general sentiment was that the “carrots” for accreditation never materialized and that it is not necessarily the answer to standardizing how health departments function across the nation.

Sarah Poe stated in the chat that she wishes all health departments were accredited and the focus was on supporting every LPHA to the level that they can prioritize that accountability and infrastructure but that without that support, the expectation, and funding, she doesn't see Malheur starting the big lift it would take especially if OHA doesn't pursue reaccreditation.

Jennifer Little stated that accreditation was a big lift but that Klamath has seen many benefits. It gave them the push to hire an accreditation coordinator and make progress on quality goals. While the lack of funding attached to accreditation is disappointing, Klamath Public Health and the Klamath board of commissioners is still supportive. She also stated that adding funding to support accreditation into the Public Health Modernization policy option package could be a good idea.

Pat Luedtke stated that he wonders if there would be a move towards alternative forms of accreditation, such as a state-level accreditation status.

Jackson Baures stated that Jackson likely won't pursue reaccreditation but received a one-year extension to think about it more. They have incorporated performance management, equity, branding, and workforce development internally.

Shane Sanderson said that Linn County has finally gotten onboard with accreditation and that it is allowing them to establish some QI structures and strategic planning into their work. Though the documentation requirements and process are challenging, the benefits would not happen without pursuing accreditation. Sarah Poe agreed and stated that some health departments do not have independent PM or QI structures or a CHA/CHIP process.

Bob Dannenhoffer referenced that he was part of hospital accreditation for 20 years to get Medicare funding, but there is also a deep evaluation in this sector of whether or not accreditation is worth it.

Joe Fiumara stated that the accreditation process has a different impact than the reaccreditation process. While Umatilla is planning to pursue initial accreditation, he is unsure if they will pursue reaccreditation because meeting the initial bar is



helpful in establishing the structures. He said that Umatilla is also swapping to the new PHAB 2022 standards and measures which has about 90 less documents required.

Anthony Arton stated that during his first stint as a PH Administrator, the retiring Administrator felt strongly that accreditation was a waste of resources (staff time/\$\$) and found very little value and that staff felt the same way. Coos is accredited and has decided to not seek re-accreditation for the same reasons. He stated that he thinks good leadership ensures that quality assurance/improvement is part of the strategic plan. They are still doing all this and are focusing on staff development with a strong emphasis on health equity. He said he doesn't see why a third party needs to tell them how to do their jobs while being a drain on staff time, morale and very tight fiscal resources.

Nahad Sadr-Azodi stated that Deschutes County uses accreditation as part of their branding and will likely continue to pursue it. Jennifer Little chatted that they also reference accreditation when talking about the quality of their health department.

Lindsey Manfrin stated that there is an interplay between accreditation and modernization that we can't ignore. However, Yamhill just went through the reaccreditation process and found it unhelpful and that COVID has shown them a great deal more areas for quality improvement. Yamhill County staff was relatively on board with the idea of not pursuing reaccreditation.

Jocelyn Warren stated that one aspect of the accreditation process she really appreciated was the opportunity to connect with health departments across the country (templates, training, etc.). She thinks accreditation has strengthened the identity of local public health and that she can reach out to and visit other health administrators now. She didn't think about public health as much from a national perspective until starting that process.

April Holland stated that she is grateful for this conversation and that Benton is entering extension purgatory soon as they work to get a QI coordinator on board. She and most of the staff struggle to find value for reaccreditation but appreciated the initial accreditation process and all that it brought.

Margo Lalich stated that she was the health administrator at Clatsop when the county was first applying for accreditation. Clatsop's support for pursuing it has waned, but the finalist for the health administrator position is very interested in accreditation.



George Conway stated that when he served in grant review panels for CDC, he often thought that a PHD being accredited was emblematic of their taking their work seriously, or (alternatively) that they did not have the staffing or funding to do that and might benefit substantially from our funding their program.

Katie Plumb stated that as a small health department, she's been wary of becoming an accredited department just on paper. With high turnover, she's had to train all of her staff on it and is still the only person maintaining Crook's accreditation status right now. Marie Boman-Davis asked if there is a more distinct role for CLHO in supporting accreditation. Sarah Lochner stated that CLHO used to have an accreditation workgroup that has been on hold during COVID and that CLHO staff has been trying to decide whether or not to start it back up.

Danna Drum summarized that it seems like everyone is being very thoughtful about their decisions and encouraged others to reach out to her if they have additional thoughts.

Shane asked about if anyone was a certified Public Health Accreditation Board (PHAB) investigator because it might be beneficial for someone who is connected with PHAB to bring this type of conversation to them so they are aware of the questioning and the focus on Modernization. Laura Daily added that PHAB just released the 2022 Standards and Measures and was very intentional about aligning it with the Public Health Transformation/Modernization framework. They also reduced the amount of documentation required based on feedback from health departments, so it seems that they might be aware of the sentiment towards and burden of accreditation and are trying to adapt.

CLHO Workforce Development and Communications Updates: Laura Daily reviewed multiple updates from the work CLHO staff are doing.

County Health Rankings and Roadmap 2022 data release is live April 27th. Laura sent out access to the beta website with data and the communications toolkit yesterday (more materials should be available this week). These data and tools are embargoed until April 27th, 12:01 AM ET (April 26th, 9:01 PM PST). There are several new measures that do not count towards a county's ranking but are still available for counties to use: COVID age-adjusted mortality, living wage, gender pay gap, childcare cost burden, childcare centers, school funding adequacy, school segregation. These new measures go towards their 2022 theme of "Advancing a Just Recovery for Economic Security and Health" which is meant to highlight how economic inequities contribute to health inequities and our current racial wealth divide. They have also highlighted strategies to address the wealth divide and are encourage use of their "What Works for Health" search tool for finding strategies and programs that help address many of the issues CHRR data highlight.



Laura asked if there were any questions. Marie Boman-Davis stated that she hopes we can use this data to help CLHO identify targeted legislative priorities for future sessions.

Laura also discussed that the Workforce Report was picked up by Willamette Week. CLHO plans to do an additional press release in the coming weeks and was hoping to highlight lay-offs at LPHAs due to the COVID funding going away. Lindsey Manfrin stated that Yamhill hasn't had to lay off many people, and that messaging might not land because people will be expecting the temporary COVID staff to be let go. Katrina Rothenberger added that Marion County has discontinued the use of temps and that it might be better to go to our workforce boards in our regions and try to tap into the Future Ready funding package. Margo Lulich stated that Clatsop has made staff permanent because they see public health infrastructure as a non-negotiable. Shane Sanderson stated that he might be rabble-rousing but that he thinks that that messaging might highlight that this is not the way to fund public health and that they systems needs to be stablized. Laura and Sarah will hold off on this messaging and work on some other ideas. Laura also stated that she is getting the first Workforce Report Workgroup scheduled and that anyone is welcome to be apart of that.

Laura also reviewed the OHSU Office of Rural Practice-based Research Network's ECHO program. ORPRN received 3-year funding to hold a public health preceptor ECHO beginning in Winter of 2023. They are in the process of planning out this program and would like feedback on how to make it accessible and engaging for rural public health professionals - there is a meeting on May 3rd that they where they would like to discuss this with a few health administrators. Joe Fiumara asked for more information about what a public health preceptor is and does. Laura explained that a preceptor is a public health professional who can serve as a mentor for undergraduate and graduate students of public health - ORPRN's goal is to develop more preceptors in rural communities to expose public health students to public health in rural settings. Joe stated that he would be willing to volunteer. Meghan Chancey also volunteered. Margo Lulich and Mike Baker stated that their counties should be kept in mind as participants when the program starts.

Sarah Lochner and Laura Daily also reminded CLHO members to complete the survey sent our earlier this week to evaluation the spring retreat and to help plan for the June virtual mini retreat and the fall in-person retreat. Sarah also asked about making the Coalition meeting longer as it was during pre-COVID times. It used to be held until about 1:30 PM - Jocelyn, Jennifer, Naomi, Mike, and Bob all stated they were supportive of this, and no one stated they were in opposition (Bob stated that there does always need to be a hybrid option if the meetings are in-person).

Meeting adjourned at 12:27pm.