



**September 15<sup>th</sup>, 2022**

**Meeting of the Coalition of Local Health Officials**

**Meeting Began: 12:15pm**

**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; Jackson Baures, Large County Representative, Jackson; Katie Plumb, Small County Representative, Crook; Lindsey Manfrin, Public Health Administrators of Oregon, Yamhill; Marie Boman-Davis, Legislative Committee Representative, Washington

Absent: Joseph Fiumara, Coalition of Local Environmental Health Specialists, Umatilla; Shane Sanderson, Medium County Representative, Linn

**Members Present (x if present)**

X	Baker – Meghan Chancey	X	Hood River - Trish Elliot	X	Multnomah – Adelle Adams
	Benton - April Holland	X	Jackson - Jackson Baures		North Central PHD - Shellie Campbell
X	Clackamas - Philip Mason-Joyner	X	Jefferson - Mike Baker	X	Polk – Naomi Adeline
X	Clatsop – Jiancheng Huang		Josephine – Janet Fredrickson		Tillamook - Marlene Putnam
	Columbia - Mike Paul	X	Klamath - Jennifer Little		Umatilla - Joseph Fiumara
X	Coos - Anthony Arton		Lake - Judy Clarke	X	Union - Carrie Brogoitti
X	Crook – Katie Plumb	X	Lane - Jocelyn Warren	X	Washington – Marie Boman-Davis
X	Deschutes – Pamela Ferguson	X	Lincoln - Florence Pourtal	X	Wheeler – Shelby Thompson
	Douglas - Bob Dannenhoffer		Linn - Shane Sanderson	X	Yamhill - Lindsey Manfrin
X	Gilliam - Dailene Wilson	X	Malheur - Sarah Poe	X	HO Caucus - Pat Luedtke
	Grant - Kimberly Lindsay	X	Marion - Katrina Rothenberger		CLEHS Caucus - Joseph Fiumara
	Harney – Alex Jones		Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin

**Public Health Division: Jamie Coleman Wright**



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

**Guests:** None

**Motion:** Jennifer Little made a motion to approve the July 2022 minutes. Katrina Rothenberger seconded the motion. Unanimous vote, motion past.

### **Agenda Items**

**Appointments:** None

**CLHO Health Officer Caucus Budget** [moved up in the agenda because of a scheduling conflict]: Patrick Luedtke reviewed that Local Public Health Officers are statutorily required in Oregon to be licensed physicians and must meet yearly training requirements of the Oregon Medical Board and their specialty Board (ranging from pediatrics and internal medicine to infectious diseases and OB/Gyn)

The current challenge is that funding and support varies across the state. Some work 1/hour per week (0.025 FTE) and some work 40 hours/week. Most are 5 hours or fewer per week. Support for continuing medical education (CME) also varies across the state, with some HOs receiving \$0 for CME and others receiving \$3,000 per year. This limited support provides little opportunity for HOs to participate in critical education, cross training, planning, and response activities (e.g., CLHO, OHA, CDC, FEMA, WHO) or become better public health professionals.

The HO Caucus has been working to increase representation to capture voices of frontier and rural counties. Recruiting HOs has also been a significant barrier. There are also opportunities to capitalize on Oregon's ongoing "CCO experiment" which provides plentiful opportunities and needs for HOs to build bridges to CCOs in the service of public health.

The proposal today is a CLHO-funded program of 200 hours/year (about \$100/hour for a total of \$20,000 per year) to help interested HOs participate in CLHO Committees, OHA committees and initiatives (PHAB, for example), Oregon activities of import to CLHO (Governor's Cannabis Commission, Psilocybin initiatives, Public Health Modernization), and select public health trainings. This would be a request-based, reimbursement program, and would need a committee to oversee this.



Marie Boman-Davis stated that HO capacity is an important issue to address across the state. She suggested that, if this doesn't fit into CLHO's current budget, LPHAs could put forward some of their PE 51 Modernization dollars to fund this as a special project. Anthony Arton agreed and proposed a county-size-based contribution, such as \$300 for small counties (under 20,000 citizens), \$500 for medium sized counties (20,000-100,000) and \$750 for large counties (Over 100,000).

Jennifer Little asked if there could be a way to look at other models of supporting HOs, such as having regional HOs or establishing a minimum recommended FTE for HOs. Philip Mason-Joyner stated in the chat that the Portland Metro has a shared tri-county health officer program that shares coverage and works well.

Katrina Rothenberger stated that this might not be the best use of CLHO's dues but supported using other funding sources such as PE 51.

Sarah Poe commented in the chat that their health officer role for 30 years has only ever signed orders and policies and no more. They are lucky to have Dr. Laiosa from Harney, who is brilliant, but they still only have her signing orders and occasionally attending meetings remotely. Hearing Dr. Luedtke discuss having HOs doing STI or TB work instead of caucus work highlights the inequities for poor and rural counties. HOs in rural counties often can't work at the case-level, and the level of expertise available to rural counties is much less than larger counties, which has ripple effects by design. She stated that a regional model or more statewide offerings for HO contributions that never make it to small counties would be welcomed and that she supports the proposal.

Jennifer asked for the slides. Laura Daily stated she would send the slides out in the meeting follow-up, and Sarah Lochner stated she would send out the voluntary donation form, as well.

**Motion:** Marie Boman-Davis made a motion that CLHO start a pilot project for health officer continuing education funded by voluntarily contributing funds from PE 51. Florence Pourtal seconded. Unanimous vote, motion passed. (Pat abstained).

**Contract Lobbyist Recommendation:** Anthony Arton (co-chair of the Legislative Committee) reviewed that the Legislative Committee completed interviews with two lobby contracting firms, Eames Consulting and CFM Advocates at the September meeting. Sarah provided committee members with a rubric to guide their evaluation of each firm, and the group reviewed the pros and cons of each together after the interviews. Overall, the pros favored CFM, and the final vote was 8-2 in favor of



CFM. The presentation CFM provided during their interview is available in the meeting materials. The Legislative Committee is bringing forward this recommendation to the Board to complete the contracting with CFM.

Marie Boman-Davis encouraged the Board to review the notes from the meeting (available in the CLHO library) because the discussion was nuanced, the committee was not unanimous in this decision, and she had some concerns about how CFM approached equity. She stated that she would not oppose this vote but proposed that CLHO form an ad-hoc committee to work with this contractor on our definition of health equity and how they operationalize that in their lobbying work.

Anthony stated that these were all important points but that it felt more important to work with someone who could achieve the results that we desire (i.e. passing the workforce incentives package and getting additional Modernization funding) so that LPHAs could do the equity work within their own communities. He also reiterated that the vote was 8-2 in favor of CFM.

Florence Pourtal asked about what the process is if a recommendation comes from a committee without a unanimous vote. She has some concerns based on Marie's statements and would like some more clarification, and the presentation shows pictures of an all-white team at CFM.

Marie clarified that she felt CFM's approach to equity was limited to provided services to BIPOC communities which is not an exemplar of an equity strategy. She also stated that the rubric was not something used in the Legislative Committee's decision-making, so the vote was taken based just on the discussion of the committee, and the vote included two votes for Eames Consulting and one abstention.

Anthony stated that he felt the CFM's preparation was better than Eames since, in his experience working in the Missouri Legislature, you often get 10-minute meetings with legislators and must be focused and to-the-point. He felt that CFM's presentation and slides demonstrated this while Eames did not. He also thinks CFM can open more doors and connections across the aisle. He referenced that Sarah had noted during the deliberation that she has many of the same connections that Eames does while CFM offers a broader audience because of their work on issues outside of Sarah's background.

Katie Plumb asked if our goal in this session was to move beyond our current realm of influence or if we could achieve our goals with the relationships we have. Sarah Lochner stated that she wants to expand our relationships since there will be many funding requests going through the Legislature, and CLHO needs to secure a great deal of support to move our priorities through. She also added that the rubric was a guideline for committee members but was not required. She also clarified that CFM did not necessarily have a bad answer to the question on equity and on average had better answers to the



other questions. She also added that most lobbying firms are in a similar place to CFM on incorporating equity into their work because this is a new consideration for many of them.

Mike Baker added that, as with most things Public Health, it doesn't seem like either gets it, and that he would support Marie's ask to coach whomever the final selection is and teach them about the work we do and why we do it. Katie Plumb agreed and stated that it sounds like a good opportunity to increase the understanding of another group of people about our purpose, priorities, and values.

Katrina added that she had originally preferred Eames but changed her mind when she heard Sarah talk about new connections and openings CFM would provide since that will be important this session to getting widespread support. She stated that she supports the proposal to provide CFM with coaching on how to communicate about equity and volunteered to help with that.

Marie added that she started her public health career 30 years ago in policy advocacy and has worked with legislators, and that we must consider how we are communicating about public health. This is on her mind because she recently participated in a public health lobby day with the metro health departments and spoke with one of the new Legislative Fiscal Office (LFO) analysts. The LFO staff shared with her that public health budget proposals are challenging for LFO and don't necessarily communicate the necessity of the work. Because of this, she is eager to work with the contract lobbyist to workshop communications. She also reminded that there is an After-Action Report and that Senator Steiner Hayward has put in a placeholder bill based on the result of this. This could have a big impact on our public health system, and it will be very important to communicate effectively about public health work in this upcoming session.

Florence Pourtal asked for clarification on what a placeholder bill is. Sarah stated that each bill must have a subject line, and when a legislator wishes to put forward a legislative concept (LC) but doesn't have all the details, they will put in a placeholder bill with a general subject that covers a broad area, such as "relating to public health," that they can refine later. It is a common practice, and CLHO is working closely with Senator Steiner Hayward to ensure this bill does not result in something that would hurt public health. She also stated that CFM's close relationship with Senator Steiner Hayward is another benefit that the Legislative Committee discussed since the Senator is one of the legislators most involved in public health.

**Motion:** The Legislative Committee has made a motion to support contracting with CFM (with the added component to provide guidance on equity and communication). Philip Mason-Joyner seconded. Unanimous vote, motion based.



**CLHO Budget Update and Modification:** Sarah Lochner and Katrina Rothenberger (Treasurer) reviewed CLHO's budget and proposed modifications as part of the required quarterly reviews by the CLHO Board. These documents were sent out to the Board via email shortly before this meeting. Katrina reviewed the Budget vs. Actuals documents - currently, total expenses are about 20% of the budget. Marie asked about the item "PHD support" listed in the revenue section. Sarah stated that OHA provides \$5,000 every fiscal year for Laura's support for the Conference meetings and the administrative duties that go along with that. The additional \$10,000 is the amount they agreed to provide for the health equity sessions with Health Resources in Action. Marie asked if that is negotiated annually – Sarah stated the \$5,000 is a standing item, and the \$10,000 was a one-time request. Naomi asked if the travel expenses were only for CLHO staff or if it includes the Executive Committee. Sarah stated that there is \$3,000 for member travel for counties that need assistance attending CLHO events or a relevant conference. Naomi asked if that is only available when representing CLHO – Sarah and Jocelyn stated it is also available when representing your own LPHA. Marie added that OHA pays travel and expenses for certain members to participate in CLHO events under ORS, so it would be good to clarify that the travel expense in CLHO's budget should exclude the people who are eligible for that reimbursement.

Sarah also reviewed the proposed budget modification. The proposed changes from the budget approved in May 2022 include:

- Additional income from selling furniture that was in the CLHO office (\$1,235)
- Additional \$500 expense for the bookkeeper to help track the various new budget items
- Additional \$1,600 for in-person meetings so CLHO can provide food
- Additional \$1,000 for benefits
- \$1,200 for the OWL cameras for hybrid meetings (and microphone extenders to solve sound problems), a new printer (CLHO's printer is old and Sarah anticipates it might go out soon), and miscellaneous items.
- \$8,400 back into rent and utilities since CLHO's office lease was for two years (Sarah is looking into subletting the space to get that expense back down)
- CLHO was underbudget in moving expenses, so \$480 is back into the budget for that.
- \$250 for increased subscription services (including a group called the Human Services Coalition of Oregon that is relevant to CLHO's advocacy - \$200/year membership fee).
- \$260 for staff recruitment (for posting jobs to Macs List and the United Way).
- Total increase of \$11,495.



Jennifer Little asked what the cost was to break the lease. Sarah stated that the building manager did not provide that option, but she believes it would be the same as paying the remainder of the lease. She is willing to ask again, but the building manager pointed to subletting as the first option.

Marie Boman-Davis asked if the Board would be providing budget authority for this additional spending out of CLHO reserves and how much that would leave in reserves. Sarah confirmed that that is the proposal today, and that she didn't prepare ahead of time how much that would leave in reserves. However, it will still be above CLHO's goal of having six months of operating costs in reserve. Katrina added that this would be called out in the fiscal policies.

Jennifer asked if the Board will need to revote if Sarah finds someone to sublet the office. Katrina stated that the Board would be approving the expenditure today but would not need to approve income. It would also be addressed in the quarterly budget update.

Naomi Adeline asked if funds that are voluntarily contributed to CLHO (such as the HO proposal earlier) go into a lump sum of money for or if it is compartmentalized. Sarah stated that she can compartmentalize and restrict the class of funds within QuickBooks. For example, CLEHS dues are restricted to a separate line item, and other money for a special purpose would be restricted in a similar way.

Marie Boman-Davis asked if the Board would have to wait to provide budget authority to spend any donations until the next quarterly budget report. Sarah stated that we could discuss it at any Board meeting as needed.

**Motion:** Jennifer made a motion to approve the budget modification. Naomi seconded. Unanimous vote, motion passed.

**CLHO Workforce Development Committee:** Laura Daily reviewed the proposal for an official Workforce Development Committee (available in the meeting materials). As Laura has been tracking her time and CLHO's areas of work (see concept map), it has become clear that CLHO's workforce development efforts have shifted and expanded through COVID. Prior to COVID, CLHO's Program Manager focused on the Leadership Development Program and the Accreditation Work Group, which both paused during COVID. As CLHO restarts its programming, there are new areas of work, including the Workforce Report; the HRSA Rural PH Workforce grant; and new relationships with the schools of public health, the Oregon Center for Nursing, and other partners. CLHO's legislative platform is also based on some of the findings of the Workforce Report and may need additional research and support.



Laura proposed that CLHO begin a Workforce Development Committee to oversee all the areas of work just outlined. It would function much like the Legislative Committee, and would review key research, recommend workforce priorities to the board, guide future iterations of the Workforce Report, review potential grants, and oversee the LDP and accreditation support CLHO offers. Membership would be based on interest in capacity, and the Board should discuss whether membership will be limited to CLHO members or if it would be extended to other county personnel (HR, commissioners, etc.) and external partners (OHA, academic institutions, etc.). The committee would also need representation from all-sized counties, rural and urban counties, and counties with different structures and programming (such as public-private partnerships, counties with/without clinical services, counties that oversee jails, etc.).

Laura asked for feedback from the Board on this proposal and if anyone is interested in helping it get set up or being a member. Any vote taken today would simply give CLHO staff the go-ahead to set this up, and actual bylaw changes would come to the Board later for an additional vote.

Marie Boman-Davis thanked Laura for the proposal and asked if accreditation would be moved out of the Systems and Innovation Committee. Laura clarified that, prior to COVID, CLHO and OHA facilitated the Accreditation Work Group meant to provide support to counties pursue (re)accreditation, but it was not a decision-making body. CLHO will be restarting this support, but it will likely be different from a workgroup (CLHO and OHA are considering a community of practice).

Jiancheng Huang added that he is supportive of this work, particularly with the challenges facing public health workforce employment post COVID. He is willing to help get the committee set up and be a member. Mike Baker and Trish Elliot also volunteered to help and be a member.

Phillip Mason-Joyner asked about the Workforce Workgroup that formed during the summer to review the recommendations for the Workforce Report and if that group would continue. Laura clarified that this new committee would replace that group, but that all the people on that workgroup would be great candidates to be on this new committee.

Jocelyn stated that this was very exciting work and asked for a motion to move this work forward.

**Motion:** Jennifer Little made a motion to approve forming a new Workforce Committee. Mike Baker seconded. Unanimous vote, motion passed.



**Other agenda items:** Due to time, Sarah Lochner quickly reviewed that the Legislative Committee approved an investment ask of \$40 million for public health workforce incentives, including scholarships, loan repayment after service in local public health, and a lump sum retention bonus after five years of service. The Committee did this in August, and the Executive Committee reviewed and approved the proposal so Sarah could move forward with putting in a request for a draft bill (a legislative concept). Once this is drafted, Sarah will continue working with the Legislative Committee and bring any relevant updates back to the full Board. Because this is so critical to all CLHO members' work, Sarah wanted to flag that for everyone (and there is a one-page summary in the meeting materials).

Jocelyn Warren noted that this may be the first time CLHO has put forward their own legislative concept rather than just supporting other funding and policy asks. She thanked Sarah for this work and noted that it's addressing a need identified in the workforce report.

Sarah will send out an email for the additional agenda items [copied below].

**Meeting adjourned at 1:30pm.**

**Additional agenda items sent out via email:**

**Fall Retreat - Must book your hotel immediately!**

On September 12, Laura sent an RSVP email and the draft agenda – Subject: "RSVP by Sept 30 for CLHO Retreat." If you have not responded to the survey yet included in that email, please do. I'll need that information to place a catering order and finalize the room setup.

Room Block: Confirmed we still have 10 rooms available in the block. I can expand it again if needed. Let me know if you encounter any issues.

Deadline to book under the block is Sept 17, which is 2 days from now, so NOW IS THE TIME to book your room, if you haven't already.



We are still trying to nail down someone to deliver the Personal and Workplace Wellness session, so if anyone has suggestions, please send them to Laura. Our first two ideas didn't pan out, one being that Trey Doty is not available on the 19th.

And we are still figuring out what the content of the modernization segment will be, so if you have ideas there also, please send them to us in the next week, as we will be trying to hone in on this on the 26th, during our next Retreat Planning meeting. We want the content to be new and fresh, so give us your ideas.

### **Headshots**

Our "CLHO Newsletter: September 2022" email included a segment I wanted to flag for you all – a special deal for CLHO members – to get your professional headshots updated. Darina Neyret has done my last two rounds of headshots, including the one on the CLHO website. And since CLHO is hiring a new communications person who can hopefully spend some time updating our website – I'd love it if we had updated photos of each of you. So... if you're interested in updating your professional headshot, Darina is offering CLHO members a discounted rate. And she's reserved Saturday, Nov 12 for you. So for you out-of-towners, you can plan your Portland weekend trip, hit Powell's, take yourself out to dinner, and get your photo taken all in one swoop. And I will say, Darina is gaining a name for herself in portrait photography circles, so she's a legit professional, a master of the craft. Plus, she's VERY pro public health (she's had all her vaccinations) and one of the nicest people you'll ever meet. She'll make you feel at ease. I recommend you treat yo' self!

### **Hiring**

Next week, the hiring committee will interview three candidates for the part time communications contractor position.

Our HRSA Grant Manager position closes tonight at midnight. I'll be reviewing applications tomorrow and working with the Office of Rural Health to schedule interviews in the next few weeks.

The HRSA Grant Workforce Navigator position is being shared within Central Oregon networks. I staggered these job announcements so that the Grant Manager would be selected first and hopefully able to participate in the interview process for that hire.

### **Workforce Package**

In August, the Executive Committee Approved the Legislative Committee's recommendation to move forward with a legislative proposal to create a Workforce Incentives Package. Please see the attached 1-page summary.



With that go-ahead, it's time to start building support for the idea, even as we refine the details. Sharing with legislators and stakeholders early and often is the key to success. As such, I've been meeting with legislators:

- Rep. Andrea Valderrama (Multnomah) - brand new in the Co-Chair position of the WM HHS Subcommittee. Very new to Public Health budgeting, but not totally unfamiliar with PH work. Interested, but non-committal.
- Sen. Deb Patterson (Marion) - Loved the proposal. Put in a bill request for us.
- Sen. Kate Lieber (Washington, Co-Chair of the WM HHS Sub with Valderrama) – Very positive response, and had some additional ideas about helping to solve 1) the nurse issue and 2) general hiring problems. Her thinking is If we could get some of the newly retired folks to come back for just a few years to get us through this transition, it would buy us some time. She wanted me to ask you all if you'd considered this and asked folks you know who've recently retired, "What would it take to get you to come out of retirement for 1-3 years? Part time, even? Do you need health care subsidies? 10k bonus for 3 years of service?"
  - I shared with Sen. Lieber that Sarah Poe has been able to do this by hiring Jolene 2 days a week, but I don't know how long Jolene is willing to help out.
  - If you have looked into this, or succeeded in doing it, shoot me an email, text, or call me.
  - I told the Senator you all have been getting as creative as HR allows you, in hiring nurses or pivoting away from nurses as much as possible.
  - I told Senator Lieber I'd share this "re-hiring retirees" idea with the group.
  - Sen. Lieber also talked about bringing Rep. Nosse, the hospitals, ONA and us together to figure out some additional solutions – like the Interstate Nurse Compact. She was really excited about Paige Spence's new role at ONA and finding some solutions.
  - On Public Health Modernization – Sen. Lieber was nervous about that big ask, thinking we would have difficulty hiring and spending the money. She suggested we come up with a recruiting plan as part of that package. I mentioned this during the Conference meeting as something we could work into our fall discussions around Modernization's budget request.
    - Meeting with Rep. Nosse (Multnomah, Chair House Health Care) tomorrow.

## **Economic Forecast**

The early September State Quarterly Economic Forecast declared that tax revenues continue to climb, which means the economy is strong. But there is [tremendous uncertainty about the economic outlook](#) – far more uncertainty than usual, according to State Economist Mark McMullen.



McMullen and fellow economist Josh Lehner [told lawmakers](#) that Oregon's economic outlook is unusually difficult to predict and that will make it particularly challenging to accurately budget for state government in the coming years. They report [Oregon's economy will sag](#) as consumer spending and employment growth sour. Just when and how severe that downturn might be remains a matter of debate.

The fear is if the legislature approves budgets and then revenues fall short, they will have to come back and cut programs or services, as the Oregon Constitution requires the budget to balance each biennium.

In the short run, Oregon's tax and lottery revenues continue to far outpace economists' predictions, with [the state now expected to take in \\$600 million more](#) than forecasters predicted just three months ago.

In Oregon, increased revenues in one year are not used to offset losses in other years. A unique constitutional requirement called the "kicker" requires that income exceeding projections be returned to taxpayers. (I'll explain this in more detail in the Legislative Lunch and Learn training series.)

There is the personal tax kicker and the corporate tax kicker, which was recently modified to redirect that "extra" money into the school fund.

Booming tax revenues from capital gains and businesses could push the state's personal "kicker" tax rebate up by another \$500 million. That would bring the total "kicker" rebate to \$3.5 billion, which taxpayers would receive as a credit or refund on their 2023 taxes when they file in 2024.

What this economic uncertainty means for CLHO is that legislators will likely take a more conservative approach to spending during the upcoming legislative session, which makes our lobbying job harder.