



November 17th, 2022
Meeting of the Coalition of Local Health Officials
Meeting Began: 12:00pm

Executive Members:

Present: Naomi Adeline, CLHO Chair, Polk; Jocelyn Warren, Past CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development Union; Philip Mason-Joyner, Secretary/Treasurer, Clackamas; Dr. Pat Luedtke, Health Officer's Rep; Jackson Baures, Large County Representative, Jackson; 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, Legislative Committee Representative, Washington
Absent: 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	X	North Central PHD - Shellie Campbell
X	Clackamas - Philip Mason-Joyner		Jefferson - Mike Baker	X	Polk – Naomi Adeline
X	Clatsop – Jiancheng Huang	X	Josephine – Mike Weber	X	Tillamook - Marlene Putnam
X	Columbia – Jaime Aanensen	X	Klamath - Jennifer Little	X	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
	Deschutes – Janice Garceau		Lincoln - Florence Pourtal	X	Wheeler – Shelby Thompson
	Douglas - Bob Dannenhoffer		Linn - Shane Sanderson	X	Yamhill - Lindsey Manfrin
	Gilliam – Hollie Winslow	X	Malheur - Sarah Poe	X	HO Caucus - Pat Luedtke
	Grant - Kimberly Lindsay	X	Marion - Katrina Griffith	X	CLEHS Caucus - Joseph Fiumara
X	Harney – Kelly Singhose	X	Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin

Other LPHA Staff: Janet Fredrickson (Josephine)



Public Health Division: Danna Drum, Anna Stiefvater

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

Guests: Sarah Dobra (OHA Ombudsmen Program), Rick Allgeyer (Oregon Center for Nursing), Ryann Gleason (CFM Advocates)

Agenda Items

Appointments: No appointments made at this meeting.

Oregon Center for Nursing: Anna Stiefvater reviewed that OHA contracted with the Oregon Center for Nursing (OCN) to conduct a Public Health Nurse (PHN) census to learn more about the PHN workforce and support efforts to staff up for Family Connects and other home visiting programs. She turned it over to Rick Allgeyer, Research Director with OCN, who thanked all the public health administrators at this meeting for participating in this study last year during COVID response. [Slides for this presentation available here.](#)

OCN was created in 2002 in response to the nursing shortage to “conduct, analyze and disseminate research; encourage collaboration and build partnerships with diverse stakeholders to advance nursing; and promote nursing and healthcare in all settings in which nurses practice. OCN has done a great deal of research on Oregon’s nursing workforce in general, but little is known about the PHN workforce, specifically. Approximate 1.5-2% of licensed nurses in Oregon work in public health or community health settings. About 65% of nurses in Oregon work in long-term care and acute care, so most research is focused there. In addition, PHN is poorly defined. OCN, OHA, and CLHO partnered to define some parameters and a definition for public health nurses for this study. To this end, OCN narrowed it to: nurses practicing in the public health division/section of LPHAs (nurses providing direct patient care in a clinic or primary care office and nurses with the LPHA that practiced in another setting (e.g., school nurses) were excluded.).

When analyzing the results, OCN grouped responses into four regions (Central, East, Metro, and West/Coastal) roughly based on the Emergency Preparedness Regions in Oregon. Overall response rate across the state was 43%, higher than OCN anticipated because getting survey responses is challenging for all research organizations.



In the first phase of this study, OCN surveyed health administrators to establish a count of PHNs in Oregon. OCN counted 342 PHNs across the state working in LPHA (272 in staff positions and 70 in supervisory roles). OCN also looked at the allocation of PHN staff across PH programs, and Maternal and Child Health/Home Visitation tended to be the program with the highest percentage of nurses. Nearly a quarter of the responses were “other programs” which OCN did not anticipate – this is common whenever a survey is conducted for the first time. Maternal and Child Health/Home Visitation also tended to have the highest percentage of nurse supervisors.

OCN also surveyed PHNs directly and asked for demographic information to help describe the PHN workforce:

- ~92% of nurses identify as female (higher than the general nurse population in Oregon).
- 76.5% of PHNs identified as white, 9.4% as Hispanic/Latinx, 6.0% as Black/African American, 2.7% Asian, and 1.3% AI/AN. Fewer nurses who completed this survey declined to respond to this question (3.4%) than in the licensing renewal (~10%).
- Age distribution skews higher among PHNs. This is consistent with previous OCN research that showed nurses tend to work in acute care settings right out of school and then move into other settings in their mid-30s-40s. This may suggest that PH may have more success recruiting nurses who want to leave hospital settings rather than right out of school.
- PHNs in Oregon have an average of 12.4 years of experience since their initial licensure in Oregon. About 33.1% of PHNs in Oregon were initially licensed in another state before becoming endorsed in Oregon. This is consistent with other OCN research that Oregon schools are not producing enough nurses to meet Oregon’s need, so the state relies on nurses moving to Oregon.
- PHNs have been working in PH for an average of 9 years and have been in their current position for an average of 5 years.
- On average, PHNs on average make \$6422/month (~77k/year). This is compared to \$8183/month (~\$98k/year) which was the median nurse wage across all settings in 2021. This has since grown to \$103k/year, likely due to the high travel nurses’ salaries during the pandemic. These data are incomplete because they asked for monthly salary instead of hourly salary, included part-time nurses, and are based on a small sample size. OCN anticipated having a salary survey done by this time, but other projects took priority – OCN is planning a salary survey for next year which will allow them to compare PHN wages to nurse wages in other sectors.
- 71% of PHNs in Oregon have a Baccalaureate Degree, 17% have an Associates Degree, and 6.9% hold a Master’s Degree (this is different than the general licensed nurse population in Oregon, 54%, 34%, 7% respectively).



- 31.5% of PHNs with a BSN in Oregon have a bachelor's degree that is non-nursing (consistent with Oregon's offering of accelerated nursing programs).
- About 68% of PHNs speak English only and 22.9% speak Spanish. A few languages not included in the report (Portuguese, Mandarin, and Russian) are included in these slides.

OCN just completed another comprehensive report in partnership with the University of California – San Francisco on the entire Oregon nursing workforce (required of OHA by HB 4003 in 2022 session) that looked at recruitment and retention strategies – this is on the OCN website and may be of interest to LPHA administrators. Rick closed out with providing his contact information and opened it up for questions.

Naomi Adeline thanked Rick for his presentation and said this information is very helpful for LPHA administrators as they navigate recruiting and retaining PHNs. Jocelyn Warren and Jennifer Little echoed this. Rick added that OCN also received a grant from the Future Ready Oregon Workforce Investment from the 2022 Legislative Session to study the barriers to recruiting and retaining nurses in rural areas of Oregon. The research already done around this topic indicates that barriers to hiring nurses in rural areas have little to do with the hiring organization and more to do with lack of housing, educational opportunities in the area, and more. OCN is initially focusing on Coos County because a Workforce Board member in Coos County is also on OCN's Board, so they have a natural connection. Anthony Arton offered to support this work in Coos County.

Community Prevention Specialist Certification: Sarah Poe introduced this topic by reviewing that she was contacted by the prevention specialist in Malheur, Judy Trask, who is at a CBO funded through PE 36 – ADPEP (also the County Mental Health Provider). Judy also sits on the State Prevention Workgroup and asked Sarah to request CLHO make a motion to amend the Program Element to require ADPEP be administered by a certified Community Prevention Specialist (CPS). Sarah stated that Malheur County already requires this certification within two years of hire, understanding that not all people looking to work in this field already have this certification. Sarah was the County Prevention Specialist several years ago and got this certification in the course of that job and found it essential to doing her work. Sarah also stated that she is uncertain of the process for this but is presenting this ask to the Board to determine the best place for this item.

Jennifer Little responded that this item came to the HPP Conference Committee, but the committee had not voted on this item because they had not reached consensus. Some committee members were concerned about requiring the CPS certification rather than encouraging it (due to a variety of barriers), and Jill Quackenbush and Belinda Ballah were digging



deeper into this work before bringing it back to the HPP Committee. Lindsey Manfrin added that it used to be a requirement but was strategically removed because of concerns from counties. She added that there is consensus that the CPS certification is valuable but that the requirement and timeline is challenging for counties where one person may be covering both ADPEP and TPEP and wouldn't have time to get this certification.

Naomi asked Jennifer if the HPP Committee was still discussing this. Jennifer confirmed that the committee is planning to discuss this again before bringing it to the Conference Board. Sarah Lochner added that it ended up on this agenda because she had not connected the dots between the request Sarah Poe received and the HPP Committee's work.

Katrina Griffith added that, for the record, she would not support making the CPS certification a requirement. Sarah Poe added that if the HPP Committee does not reach consensus, it may need to be discussed by this group in the Conference meeting. She thinks it's part of a much bigger conversation outside the ADPEP funding and is related to funding going to CBOs for a many areas of work – her prevention coordinator is concerned because there is a group funded to do suicide prevention work in schools without being trauma-informed and is going against other prevention efforts. Naomi stated that these might be two separate conversations.

Joe Fiumara stated that he had not heard of the CPS certification before and when he Googled it, several certifying entities come up – he asked what body does this certification in Oregon. Sarah Poe stated that this is [MHACBO](#) (Mental Health and Addictions Certification Board of Oregon). Philip Mason-Joyner asked in the chat if a bigger conversation on this could occur at PHAO. Lindsey stated that it could for a future meeting. Pat Luedtke added that Lane County explored this conversation about 8-10 years ago and found that the CPS certification is equivalent to about one college semester, and there were significant concerns from the university around people with a CPS certification getting jobs over people with degrees in prevention. He added that it is a very difficult topic.

Jennifer asked if there were concerns about urgency with revising PE 36. Danna stated that it shouldn't impact the counties and that they should still be getting their ADPEP funding and it just about working out the details of the PE. She advised Jennifer to check in with the program to ensure it's moving, and she recognized that this is a larger conversation about the schools of thought around prevention work. Jennifer encouraged administrators to be in conversation with their staff on the HPP Committee so that there are no surprises when topics come to this Board.



Naomi summarized the discussion by saying it will be discussed by the HPP Committee and will potentially be discussed as part of the larger conversation at the PHAO meeting.

Legislative Committee Updates: Sarah Lochner reviewed that she has been working with the Oregon Partners for Tobacco Prevention, which is focused on the statewide flavored tobacco ban (all flavors, all combustible inhalants, all locations) – we do not have language yet. There is typically only one tobacco bill passed per session, so the Legislative Committee discussed whether to put forward the smoking buffer bill CLHO initially supported in the 2022 session (increasing the smoking buffer around public building entrances from 10 feet to 25 feet) or to focus our support for the flavor ban. They voted unanimously to support the flavor ban since it has a wider reaching health impact and discussed that they will focus efforts on the smoking buffer increase once the flavor ban passes (whether in this session or later).

Sarah opened it up for questions. Pat Luedtke asked if, in Sarah's experience, there was a time when more than one tobacco bill passed. Sarah stated that it is true only one tobacco bill passes each session in her experience. No other questions.

Motion: Jocelyn Warren made a motion that CLHO exclusively support the tobacco flavor ban in the upcoming Legislative Session and return to the smoking buffer bill once the flavor ban is passed. Pat Luedtke seconded. Unanimous vote, motion passed.

Sarah continued with an update on the legislative work to-date. She and CFM Advocates has been meeting with all the legislators who will take a meeting.

- Senator Steiner Hayward: They met with Senator Steiner Hayward to discuss the Family Connects policy option package (POP). At the Coalition Meeting in October, the Board discussed whether it would strain our relationship with the Senator to not support the Family Connects POP, but in Sarah's conversation, the Senator stated that she understood if CLHO did not support it given the majority of the new funding going to OHA. However, the Board did vote at the October meeting to support the Family Connects POP and asked the Legislative Committee to assign a priority, which they will be doing at the December 2nd Legislative Committee meeting.
- Senator Steiner Hayward also stated she supported CLHO's proposed workforce incentives package. She agreed with OHA administering the funds (rather than Office of Rural Health) and agreed with the idea of requesting a lump sum put into a separate fund so it will not get swept at the end of the biennium.



- They also met with Senator Moore-Green, a public health ally, who ran against Senator Patterson and lost. She had to step down from her Representative seat to run for Senator, so she will not be in the Legislature this upcoming year, but she provided the names of her Republican colleagues who are friendly to public health.
- They also met with Representative Ruiz – he is very supportive of public health and is typically on education committees. He offered to help on these committees in creating the public health pipeline.
- Sarah and CFM also met with Representative Dexter, who had some feedback on messaging the need for public health funding.
- They have set up a meeting with Representative Reynolds, who has a person with an MPH on her staff.
- They have set up a meeting with Representative Nelson, who is a nurse himself and seems to be supportive of public health.

CLHO should also be getting the bill language back for our workforce incentives package. CLHO will be able to review it and submit one round of revisions before introducing it – the Legislative Counsel is inundated with requests, so they must put limits on the number of bill revisions.

We also have an incoming Governor, who will be releasing her recommended budget soon. This will dictate what OHA can advocate for in terms of Public Health Modernization funding. This is why Sara Beaudrault is reaching out to LPHA administrators about the PHAB workgroup that will look at various funding scenarios. At this point, Sarah is focusing her efforts on coalition-building around Public Health Modernization and CLHO's Workforce Incentives Package. The Legislative Committee directed Sarah to reach out to Tribes to see if they would like to be included on the Workforce Incentive's Package.

Both parties in each body will be convening caucus meetings soon to select their leadership. Once the leadership is selected, those leaders will decide committee assignments. These assignments will inform CLHO's outreach since we'll need to be strategic in reaching out to legislator on the correct committees.

Finally, because there are so many new legislators, CLHO and CFM are putting together a Public Health Modernization Townhall on January 4th, 10 AM – 12 PM (virtual). There will be presenters from across the state and who will touch on a variety of topics. Sarah has reached out to many people about presenting, and she requested that people let her know if they are interested or not so that she can reach out to others.



Additional Announcement: Danna Drum shared that Director Patrick Allen has submitted his resignation as of January 9th, 2023 (the last day of Governor Brown's term). This has already been shared with the Lund Report, so Danna wanted to share that here.

Virtual Retreat Follow-Up: Laura Daily reviewed that CLHO contracted with Health Resources in Action earlier this year to create a training series on health and racial equity. Those sessions were held in August, and a follow-up session with CLHO members was held on September 20th to discuss "how is CLHO advancing equity in all our areas of work?" During that session and in follow-up conversations with people, CLHO received a lot of feedback and has been working to address some of these things:

- **We need to slow down.** First, many people said they needed more context about CLHO and Oregon's PH System in order to have these big conversations (this has come up in other places like the LDP). CLHO is working with the OHSU-PSU SPH and with OHA to create a webinar series that give an overview of the pieces and processes in the PH system. First one is on 12/7 - calendar invite sent out earlier this week.
- **CLHO members want to prioritize strategic planning.** CLHO staff is requesting resources for this in our 2023-24 budget (will be reviewed in May 2023). Our goal is to do this at our Fall 2023 retreat.
- **CLHO members want to apply an equity lens to CLHO's advocacy work.** Sarah has pulled together some members of the Legislative Committee to select/adapt an equity framework.
- **CLHO members wanted CLHO staff to support LPHAs by creating safe spaces for people to do that deep equity work discussed during the HRiA sessions.** The HRiA sessions were a beginning, and we need to have spaces that aren't our official monthly board meeting or a public meeting to learn. We have 2 plans right now: 1) **CLHO book club** (survey is going out to get names of interested people, find times, and get book recommendations - we've heard The Sum of Us by Heather McGhee come up many times, so that may be where we start), and 2) the other plan is to **take our virtual mini retreats that we've been trying to hold quarterly and turn them into regular facilitated "Equity Conversations"** - we are still talking through what those would look like (including how it will be distinct from the OHA Community Engagement Community of Practice), who would facilitate them, AND, we would need dedicated resources for that in the budget - these wouldn't start until the summer of 2023 (after budget approval and Legislative Session)
- **CLHO members need events scheduled and held on their calendars far in advance.** CLHO is already planning 2023 events now (including the 2023 Fall Retreat).



There was other great feedback during the September session on areas of work CLHO can pursue and support we can offer, but we want to go through our strategic planning first to prioritize what CLHO staff is spending time on. Laura stopped there and asked for comments or questions.

Pat Luedtke asked for the CLHO Retreat to be big because Paul Cieslak told him there will be no OREpi this year. Joe Fiumara said that is disappointing because he usually sends staff to that. Sarah Lochner said they can talk about that and what other options there may be.

Jocelyn Warren stated that it will be good to have a conversation about what CLHO's role is in this work. CLHO's role has historically been to provide support to individual departments. The CLHO Board doesn't necessarily come together to agree on things outside of programmatic topics. When she heard about the HRiA sessions, she did not attend because she was thinking of them in terms of individual support, not in terms of reaching a shared understanding, so she does not want her absence from that to imply her attitude towards the work (and she stated she'll be at future events). She believes this is an important and exciting development for CLHO because it is important for LPHA administrators to come together as a CLHO Board and as peers to have a shared understanding of our health equity work and to help each other through resource and political challenges.

Naomi Adeline stated that the objectives of those sessions may not have been clear – administrators may have sent staff because they did not think the sessions were meant for them. Communicating clear objectives for these events can help for future events. Laura agreed that many administrators sent staff because of unclear intent – CLHO intended for it to be open to the LPHA administrator and an additional staff member because of feedback from administrators in rural counties that it was challenging to be the only person in the county to receive the training and then try to take it back to staff. CLHO staff did not communicate this clearly and can try to be clear in the future. Joe Fiumara added that he had two different staff attend the two sessions because of personal and conflicting conflicts, but he did try to ensure Umatilla had a staff member there to bring things back to staff.

Sarah Poe stated that she has been the HRiA training with both PHAB and CLHO, and she would like to move onto examples and training around implementing this work. The HRiA training was well done, but it was focused on the personal aspects of advancing equity, and that has not translated into the systems-change we are trying to accomplish the Modernization. She is happy to be in the book club and continue the personal, deep equity work, but she would like something more concrete to help with advancing equity in public health. Laura stated that was the intent of OHA's Community Engagement Community of



Practice, and CLHO did not want to duplicate those efforts in the areas of work suggested here. If that group is not meeting the needs of LPHAs, Sara Beaudrault and Victoria Demchek would want to hear about that and adapt the group. Sarah Poe said she does not know what this group is, and Marie Boman-Davis echoed that. Laura said that she could get them connected. Lindsey Manfrin said it would be nice to have a list in one place of all the groups meant to support the different aspects PH work. Laura stated that she had plans for something like that on the CLHO website.

Sarah Dobra offered that she's observed change and energy around health equity at OHA in the last four years since the OHPB adopted their health equity statement. Even though OHA has a long way to go in this work, that leadership has helped people adapt and grow in this new direction. Jocelyn Warren stated that CLHO has also adopted that statement, but the pandemic and turnover has lessened the impact.

Budget Committee Scheduling: Sarah Lochner reviewed that CLHO has revised CLHO's Fiscal Policies and changed the "ad hoc budget committee" to the Executive Committee. With session coming, Sarah will be sending out a survey early to the Executive Committee to schedule these meetings for Fridays in the spring – she asked people to keep an eye out and respond.

2023 Fall Retreat: Sarah Lochner reviewed that many people said in the Fall 2022 Retreat evaluation that the room was too small. The reason we choose this space was because of delays in selecting a date and a location, and it was the only one available when we reserved the space. With that in mind, Sarah would like to nail down the date and location of the Fall 2023 Retreat now to avoid this. She also heard from people that October was too busy with the Rural Health Conference and the OPHA Conference, so Sarah is looking at September. To fall in line with the Board meeting, Sarah proposes September 19th-21st, 2023. The 19th would be a half-day for CLHO's strategic planning, the 20th will be the main retreat date, and the 21st will be our Board meetings. Jennifer Little has also enthusiastically offered to host in Klamath Falls. Jennifer added that she has several places in mind to hold the retreat as well as many fun places to show guests and that she loves playing host. Pat Luedtke asked how much snow is on the ground in Klamath Falls in September – Jennifer said none, usually, since fire season is often just ending.

Katie Plumb asked for the dates again. Sarah stated she envisioned the 19th half-day being the strategic planning session for CLHO members, the 20th being the full retreat day with OHA, and the 21st being the Board meetings. Sarah Poe stated that this would fall on her birthday, and she would love to spend her birthday in Klamath Falls with everyone.



Motion: Anthony Arton made a motion to hold the CLHO 2023 Retreat in Klamath Falls from September 19th-21st. Sarah Poe seconded. Unanimous vote, motion approved.

Naomi went back to ensure that the Board reviews the October 2022 Coalition Board Meetings minutes.

Motion: Jennifer Little made a motion to approve the October 2022 minutes. Jocelyn Warren seconded the motion. Unanimous vote, motion past.

Meeting adjourned at 1:15pm.