



Conference of Local Health Officials

June 16th, 2022

Meeting of the Conference of Local Health Officials

Meeting Began: 9:30 AM

Executive Members: Present: Jocelyn Warren, CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development, Union; Katie Plumb Small County Rep, Crook; Jackson Baures, Large County Rep, Jackson; Katrina Rothenberger, Secretary/Treasurer, Marion; Lindsey Manfrin, Public Health Administrator of Oregon Caucus; Joseph Fiumara, Coalition of Local Environmental Health Specialists

Absent: Shane Sanderson, Medium County Representative, Linn; Pat Luedtke, Health Officer Rep, Lane

Members Present (x if present):

X	Baker – Meghan Chancey	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	X	Josephine - Janet Fredrickson		Tillamook - Marlene Putnam
X	Clatsop – Jill Quackenbush	X	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
	Columbia - Mike Paul	X	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		Linn – Shane Sanderson	X	Yamhill - Lindsey Manfrin
	Douglas - Bob Dannenhoffer	X	Malheur - Sarah Poe		
	Grant – Kimberly Lindsay	X	Marion - Katrina Rothenberger		HO Caucus - Pat Luedtke
X	Harney – Alex Jones		Morrow – Robin Canaday	X	CLEHS Caucus - Joseph Fiumara
X	Hood River - Trish Elliot	X	Multnomah – Adelle Adams	X	PHAO - Lindsey Manfrin

Other LPHA Staff: Stacy Brubaker (Jackson), Kathleen Rees (CD Co-Chair, Washington County)

Public Health Division: Danna Drum, Sara Beaudrault, Cessa Karson, Rachael Banks, Steven Fiala



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Coalition of Local Health Officials: Sarah Lochner, Executive Director; Laura Daily, Program Manager; Cord Van Riper, CLHO Intern

Guests: None

Motion: Jennifer Little moved to approve the May 2022 minutes. Trish Elliott seconded the motion. Unanimous vote, motion passed.

Agenda Items

Appointments: Jocelyn Warren made the follow appointments:

- EM Prep: Kayla Martin (Crook)
- CD: Gretchen Kellermen (Union) and Abby Gray (Yamhill)
- EH: Kyle Stropes (Klamath) and Eric Grendel (NCPHD). Kathleen Johnson (Washington) appointed as co-chair.
- S&I: Erin Jolly (Washington) and Rebecca Chavez (Marion)

Changes to PE 01 – State Support of Public Health: Kathleen Rees (CD Co-Chair) provided an overview of the changes to PE 01. The goal of this review was to consider how LPHAs will respond to COVID going forward with the changing landscape. Some of the major points of concern for LPHAs were: 1) counties not being able to provide wrap-around services, 2) how LPHAs would conduct case investigation/contact tracing/testing/vaccination going forward, and 3) the long-term expectations and planning for COVID with limited resources.

Danna Drum added that the conversations between OHA and the CD committee were meant to demonstrate OHA's understanding that LPHAs will not be able to respond at the same level even if that is not reflected in the language. Trish Elliott asked if the PE language can reflect that understanding. Danna asked for suggestions for language that would reflect that. Mike Baker asked about the portion that states "the LPHA must communicate with the CBOs" about changes in resources and services provided and asked if it is also included in the CBO agreements to communicate with the LPHAs. Danna stated that the CBO contracts have not changed so there is still that requirement for two-way communication. Mike also asked about the portion that says "LPHAs must work with CBOs," and stated that this is not the best route locally for Jefferson County since working with tribal representatives directly has been preferred. Mike stated that the phrase "must" is the main concern since not every county has CBOs. After some discussion, the language in 4g was changed to: "In



cooperation with OHA, the LPHA must collaborate with local and regional partners, *including CBOs and tribal partners where available in the jurisdiction*, to assure adequate culturally and linguistically responsive COVID-19 *-related services are available to the extent resources are available*" (changes in italics).

Sarah Poe asked if the grant agreements formed with CBOs initially are still valid - she stated that they have felt one-sided and asked if they can be ended. Danna stated that she will need to take some pieces of this conversation back to Larry Hill to learn which CBOs still have funding and if MOUs can be ended.

Jennifer Little asked if there is discussion around referring to CBOs as NGOs instead and if funding will remain specific to 501(c)(3)s. In smaller areas, there may not be as many CBOs but are some NGOs (such as the FQHC) that can provide a lot of support for COVID work. Danna Drum stated that that some FQHCs have been funded for COVID work.

Joe Fiumara clarified that it seems like approving this PE language would invalidated the MOUs. Danna stated that OHA leadership has discussed removing the MOUs in internal conversations in recognition that the MOUs were something they tried at the beginning but are recognizing that they did not achieve what we wanted. There is a balance between making sure we are moving forward and trying to preserve aspects that work.

April Holland stated she has been looking at the funding sources and activities around COVID and that there does not seem to be any portion that addresses COVID-specific, culturally-responsive communication efforts produced by the LPHA. She suggested adding 4g(1)i: "Provide public health communications (e.g. advertising, social media) that is culturally and linguistically appropriate for identified consumer populations. All information shall read at the sixth-grade reading level."

Danna Drum stated that the clarification around the "CBO and tribal partners where available" would be a friendly amendment but that the addition of 4g(1)i would need a new motion from the Board since it is not what the CD Committee initially recommended to the Board.

Motion: Sarah Poe made a motion to approve the PE 01 changes discussed by the Board on this date. April Holland seconded. Unanimous vote, motion passed.

PE 13 – Tobacco Prevention and Education Program: Jennifer Little reviewed the changes to the PE 13 TPEP element. With CBOs now receiving funding for tobacco cessation, the key language change to this PE is: "Funds awarded for this



Program Element may ~~not~~ be used for ~~treatment~~, direct, **evidence-based or culturally appropriate** cessation delivery **including the provision of Nicotine Replacement Therapy (NRT)**, **but may not be used for other treatment services**, other disease control programs, or other efforts not devoted to tobacco prevention and education.”

Naomi Adeline asked why the previous language did not allow LPHAs to work on tobacco cessation. Danna Drum stated that best practices (acknowledging that best practices are not always representative of all populations) from CDC has focused on upstream prevention rather than cessation. In Oregon, this largely goes to the statewide Quit Line. Jennifer Little added that the HPP ad hoc group that did this work was adamant that this funding should not go to the Quit Line. Joe Fiumara asked what “other treatment services” this refers to. Jennifer said the first version said that the funds may not be used for “treatment” but can be used for “cessation” but that got really confusing as the committee tried to define the difference, so they left the language broad. One of the main goals was to make sure NRT was allowed.

Motion: The Health Promotion and Prevention Committee made a motion to recommend these language changes to PE 13. Naomi Adeline seconded. Unanimous vote, motion passed.

Rural CBO Capacity Building Workgroup: Jennifer Little and Steven Fiala provided an update on the activities of this workgroup (presentation available in the meeting materials). For background, the workgroup was convened because many CBOs did not get funding through the OHA equity funding process. There were also geographic areas of the state that are not as covered by CBOs and therefore received less funding. To build capacity among these CBOs that were not funded or that did not apply, OHA set aside \$1 million for BM 108 funding and \$150,000 from PHM funding and formed a workgroup with LPHA administrators to determine a process for this capacity-building. LPHA staff who participated included: Robin Canaday, Bob Dannenhoffer, Trish Elliott, Jennifer Little, Leona O’Keefe, and Florence Pourtal.

To date, the workgroup has identified county and regional priorities for investing commercial tobacco and public health modernization set-aside funding. The workgroup also decided to begin with existing CBO applicants that were not awarded and are located in prioritized areas of the state. These priority counties include:

- Region 1: Clatsop, Columbia, Tillamook
- Region 2: Polk
- Region 3: Coos, Curry, Douglas, Lane
- Region 5: Josephine
- Region 7: Crook, Deschutes, Harney, Lake, Jefferson



- Region 9: Baker, Malheur, Morrow, Umatilla, Union, Wallowa

This group's recommendations are:

- To award capacity building funding to unfunded organizations or organizations funded in other areas that align with commercial tobacco prevention.
- To award higher amounts of funding to organizations that applied for commercial tobacco prevention but did not receive funding due to competitive nature of funding opportunity.
- To consider possible increased funding to organizations that were awarded commercial tobacco prevention funding at reduced award amounts.
- If needed, to reach out to additional partners following engagement with the LPHA.

The next steps are to reach out to the identified CBO applicants and discuss these awards with individual LPHAs in those counties. The group is also looking to start an Equity Community of Practice (to be further defined together).

Katie Plumb asked about how we envision this work actually building the capacity for rural CBOs who didn't apply. Jennifer stated that capacity-building could be a variety of things (adding some FTE, sending folks to training). Steven Fiala added that there are about 18 CBOs from the previous application that have been brought into a cohort for specific capacity-building in an OHA-led program. OHA is also working on contracting organizations to provide training. Danna Drum added that this is all in an effort to move forward and grow from the lessons learned of the first round of funding.

Public Health Modernization Report to the Legislative Fiscal Office: Sara Beaudrault shared an update on the draft report to the Legislative Fiscal Office on Public Health Modernization. The Public Health Advisory Board is reviewing and voting on advancing the LFO report, particularly around two deliverables: the PHM funding formula and an update on the work/progress on identifying new accountability metrics.

Sara reviewed the changes to the funding formula. The PHAB Incentives and Funding subcommittee took feedback from the Systems and Innovation committee and arrived at a new formula where each LPHA would get a base funding of \$200,000 to ensure each one can afford at least 1 FTE whenever \$20 million is going out to LPHAs. At \$40 million, this base amount would increase to \$400,000, and so on. The other major change is to lessen the weight of burden of disease and health status and to more heavily weight indicators of socioeconomic status. Sara reviewed the Excel spreadsheet in the meeting materials and explained that the summary tab shows how the indicators impact each county's allotment. PHAB is anticipating



these changes will ensure money is going directly into counties that need it to build up workforce. PHAB is also acknowledging that if we do not get additional funding in the next biennium, they will need to have a discussion about whether or not to implement new formula this since some of the larger counties would receive less funding than they are now.

Danna added that many other programs have used the PHM funding formula to allocate funding. If PHAB approves this, there is no requirement that those programs and PEs switch to the new funding formula since that would have many unintended consequences. OHA is trying to make sure there are no surprises, and the funding for each program and PE would go through the normal CLHO Committee processes for any changes.

Carrie Brogoitti, CLHO's representative to PHAB and a member of this subcommittee, stated that she is supportive of the changes and of smaller counties getting enough funding, though this didn't change the amount that her county receives. Marie Boman-Davis stated that, while she doesn't intend for this to influence the vote, it is important to consider in the future that how far a dollar stretches in a county can be very different. For example, administrative burden might be much higher in larger counties. She added that the floor amount of \$200,000 could also be improved upon in the future since the base amount for an FTE might need to be much higher in some counties, and that impacts which type of positions the LPHA can add.

Next, Sara reviewed the work to-date on the accountability metrics. The PHAB subcommittee reviewing these is still in the process of identifying new metrics. OHA is working closely with the CLHO CD and EH committees to identify the right metrics. Jocelyn Warren added that the committee is really trying to take the view of what truly measures health and what public health can have an impact on. She added that the committee has great representation from different sectors.

Sara also shared a bit about the draft PHM Funding Report to the Legislative Fiscal Office. It reports on our progress and outlines an estimate of what we need for the next biennium to continue growing implementing PHM (an additional \$300 million).

History of the Public Health Advisory Board: Carrie Brogoitti (CLHO rep to PHAB) shared that with many new administrators and many changes in our system, she was asked to share some of the history of PHAB (presentation available in the meeting materials).



In 2013, HB 2348 created a taskforce that looked at ways to modernize the Oregon public health system. Carrie sat on this taskforce, and at this time, there was a lot of focus on regionalization from the bill's sponsor (the late-Rep. Greenlick), but that was largely to get the conversation started – the taskforce soon steered away from the idea of regionalizing. The result of this taskforce was an Oregon-specific version of the Foundational Programs and Capabilities that attempted to ensure all people in Oregon are covered by these essential services no matter where they live in Oregon.

In 2015, HB 3100 was passed which made this PHM framework law. It also established the Public Health Advisory Board to oversee this process of implementation.

In 2017, the Legislature invested \$5 million into PHM. This was also when Oregon adopted the funding formula and the accountability metrics. Oregon was really considered a leader in the nation on this work. PHAB also adopted the first version of the health equity review policy and procedures.

In 2018, PHAB adopted funding principles (a set of seven principles intended to guide LPHA funding decisions) – CLHO Systems and Innovations was involved in this work.

In 2019, the Legislature invested an additional \$10 million in PHM. PHAB also met with the Oregon Transportation Commission to review how public health can be involved in transportation issues and improving health equity.

In 2020, PHA adopted a new definition of health equity and amended the health equity review policy from 2017 to lead with race.

In 2021, the Oregon Legislature invested another \$45 million (total of \$60.6 million) into PHM. PHAB did a lot of work around survey modernization and created a new committee for Strategic Data Plan.

Carrie concluded her review by stating that there is an opening for a frontier county administrator representative to PHAB. Carrie's term is also up at the end of this year, so the CLHO representative seat will be open. She asked folks to consider being a part of PHAB and steering some of this great work.

PE 43 Fiscal Reporting: Danna Drum reviewed that during the Conference meeting last month, there were some proposed changes to the immunization PE (PE 43) reporting that LPHA administrators were concerned about. Danna went back to



OHA's fiscal folks – their concern was that the way some LPHAs reported made it look as though they were receiving a profit and that the funding wasn't needed (though OHA knows that is not the case). Danna is trying to understand if this is a widespread problem or if it is just a few counties, so the plan is to review the end-of-year reporting in December to get more information. Until there, there won't be any changes.

Sarah Poe stated that she is interested in some further training in this since Malheur is experiencing some of these challenges with reporting in different ways. Danna agreed that there is a lot of fiscal training needed but that OHA is understaffed in their fiscal department. When restaffed, OHA could consider providing some training.

SB 1554 Contractor: Danna Drum reviewed that SB 1554 was brought by Senator Steiner Hayward in the 2022 session and requires a study of Oregon public health system's response to the COVID pandemic. OHA put out an RFP and has now contracted with Rede Group to conduct this study as an impartial third-party. Danna is the contract administrator but may not always know when/how Rede Group is reaching out to administrators. She also thanked the administrators who helped review the contractor applications.

HB 2359 Health Care Interpreter Bill: Danna Drum reviewed that this bill goes into effect on July 1st. There have been some concerns about how this impacts bilingual public health staff who serve as interpreters. OHA is working across divisions to generate some FAQs for health care administrators. This will be distributed with PH administrators when it is ready.

Meeting Adjourned at 11:29 AM