



Conference of Local Health Officials

July 21st, 2022

Meeting of the Conference of Local Health Officials

Hybrid Meeting – In-person attendees located at Aviva Health FQHC, 150 Kenneth Ford Dr, Roseburg, OR 97470, virtual attendees via Zoom

Meeting Began: 9:34 AM

Executive Members: Present: Jocelyn Warren, CLHO Chair, Lane; Carrie Brogoitti, Vice-Chair, Center for Human Development, Union; Katie Plumb, Small County Rep, Crook; Pat Luedtke, Health Officer Rep, Lane; Jackson Baures, Large County Rep, Jackson; Katrina Rothenberger, Secretary/Treasurer, Marion; Shane Sanderson, Medium County Representative, Linn; Joseph Fiumara, Coalition of Local Environmental Health Specialists; Marie Boman-Davis, Legislative Committee Representative, Washington

Absent: Lindsey Manfrin, Public Health Administrator of Oregon Caucus

Members Present (x if present):

X	Baker – Meghan Chancey	X	Hood River - Trish Elliot	X	Multnomah – Adelle Adams
X	Benton – April Holland	X	Jackson - Jackson Baures	X	North Central PHD - Shellie Campbell
X	Clackamas – Armando Jimenez	X	Jefferson - Mike Baker	X	Polk – Naomi Adeline
X	Clatsop – Jiancheng Huang	X	Josephine - Janet Fredrickson	X	Tillamook - Marlene Putnam
	Columbia - Mike Paul	X	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
X	Coos - Anthony Arton	X	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
X	Douglas - Bob Dannenhoffer	X	Linn – Shane Sanderson		Yamhill - Lindsey Manfrin
X	Gilliam – Hollie Winslow	X	Malheur - Sarah Poe	X	HO Caucus - Pat Luedtke
X	Grant – Kimberly Lindsay	X	Marion - Katrina Rothenberger	X	CLEHS Caucus - Joseph Fiumara
X	Harney – Alex Jones		Morrow – Robin Canaday		PHAO - Lindsey Manfrin

Other LPHA Staff: Jill Quackenbush



Public Health Division: Danna Drum, Sara Beaudrault, Cara Biddlecom, Rachael Banks, Akiko Saito, Tim Noe, Andre Orso, Sarah Wylie, Jamie Coleman-Wright, Mimi Luther, Amanda Timmons, Kelly McDonald

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

Guests: Eitan Bornstein (Epidemic Intelligence Officer)

Motion: Jennifer Little moved to approve the June 2022 minutes. Naomi Adeline seconded the motion. Unanimous vote, motion passed.

Agenda Items

Appointments: Jocelyn Warren made the follow appointments:

- Systems & Innovation: Sarah Zia and Vanessa Becker (Douglas); Naomi Adeline (Polk)
- Communicable Disease: Jill Weidenkeller (Crook); Angie Gerrard and Nikki Jasper (Malheur)
- Access to Clinical and Preventive Services: Cindy Rettler (Polk)
- Emergency Preparedness: Kari Wilhite (Polk)
- Health Promotion & Prevention: Naomi Adeline (Polk); Shellie Campbell (NCHPD)

hMPXV Update: Dr. Eitan Bornstein (Epidemic Intelligence Officer) provided an update on the hMPXV outbreak. This outbreak was first identified in May 2022 in the UK. It transmits through prolonged skin-on-skin contact, and it is unlikely to spread as COVID did. It presents as a rash (scattered or diffuse) and can be mistaken for an STI (can co-occur with an STI). There are currently 15,378 total cases worldwide. In the US, NY has 581 cases (highest in nation). Oregon has 38 cases currently reported. Oregon's response has included providing additional information sources, ramping up testing, providing Jynneos Vaccine (effective 14 days after exposure – being used post-exposure because of limited supplies). Phase one saw 219 doses distributed, Phase 2 saw 1303 doses distributed, and 1916 will be distributed in Phase 3.

Jackson Baures asked if there are any counties that are providing vaccines to high-risk individuals and not just to those exposed. Danna Drum and Dr. Bornstein stated that Multnomah County is providing vaccine for prevention, but no other



counties. Jocelyn Warren shared that there was an announcement that Lane Co. was doing this as well, but that is not true. Anthony Arton asked if there are any plans to change to the I&Q guidelines for people who have been exposed. Dr. Bornstein stated that those who have been exposed do not need to be quarantined until they show symptoms based on CDC guidance.

Danna Drum stated that the counties will cases would be sharing their response efforts on tomorrow's Health Administrator call. She also provided an update on the funding streams that are available for this. PE 01-10 funds (SSPH) can be used, but it has some caveats because the vaccination provider must be a COVID vaccination provider as well (but they do not have to provide COVID vaccine at the same time). All other pieces of PE 01 are COVID-specific only. After that, PE 51-01 or -02 (if working regionally) are the next best option. These funds appear to be underspent so far. For people who need to I&Q, LPHAs could use PE 51-01, 02 to support this, but this would not be considered as part of the deliverables outlined in PE 51. Danna also shared that the food boxes purchased through FEMA funds cannot be used for hMPXV because these FEMA funds were COVID-specific.

Jocelyn Warren asked if the vaccines will be distributed to CBOs who work with populations impacted by hMPXV even if they do not have COVID funding. Danna stated that this is unknown right now.

Danna requested that LPHAs use the LPHA liaison inbox going forward because it is being monitored at all times, and someone on the team can provide a timely response to emails. This email is oresf8.lphaliaison@odhsoha.oregon.gov

PE 03 – Tuberculosis: Bob Dannenhoffer (member of the CD Committee present) provided a brief overview of the changes to PE 03 for Tuberculosis Services. Most changes are editorial aside from the goals which show an increased standard for providing services to be in line with federal benchmarks:

- For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, **95.0% will complete treatment within 12 months** [up from 93%].
- For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, **100.0% (of patients) will be elicited for Contacts** [no changes].
- For Contacts of sputum AFB smear-positive TB Cases, **94.0% will be Evaluated for infection and disease** [up from 93%].
- For Contacts of sputum AFB smear-positive TB Cases with newly diagnosed LTBI, **92.0% will start treatment** [up from 88%].



- For Contacts of sputum AFB smear-positive TB Cases that have started treatment for newly diagnosed LTBI, **93.0% will complete treatment** [up from 79%].
- For TB Cases in patients ages 12 years or older with a pleural or respiratory site of disease, **99% will have a sputum culture result reported** [up from 95%]

Motion: The CD Committee has made a motion to approve these changes to PE 03. Jackson Baures seconded. Unanimous vote, motion passed.

PE 43 Immunization Services: Bob Dannenoffer (member of the CD Committee present) shared that the CLHO CD Committee reviewed the option to switch from using birth rates to determining funding allocations to using the Public Health Modernization funding formula (which is used for several other PEs not). However, the CD Committee did not feel familiar enough to the PHM funding formula to make a recommendation one way or the other, so this item is before the Board to discuss.

Mimi Luther, Amanda Timmons, and Kelly McDonald were also on the call and reviewed the Excel file in the meeting materials that shows the difference between these two methods of allocating funds and what each scenario would provide for each county. The difference is negligible for most counties – the largest counties are the ones that receive less funding when switching to the PHM funding formula. Bob added that he is also on the PHAB subcommittee that reviews the PHM funding formula, and it is designed to consider burden of disease, health status, race/ethnicity, poverty, rurality, education level, and English proficiency. Mimi Luther also added that this proposed change was prompted just to align with other programs that use the PHM funding formula for their PEs.

Danna Drum added that this change would be for FY 2023, so it is possible for the Board to make a decision at a later date since most LPHAs will have already finalized the budget. Jackson Baures stated that this program is one where the birthrate funding formula seems to make the most sense because these services are provided to infants and children. Jackson stated that he was willing to make a motion to keep it as the birthrate formula, and Jennifer Little seconded.

Jocelyn Warren paused before taking a vote to ask the Board needed to vote if it was staying the same and asked if there were any further questions. Pamela Ferguson asked if there is a reason for not using the most current birthrates. Mimi stated that this using the Portland State University Population Research Center's most recent estimates. Katrina Rothenberger stated that she recognizes that Marion County is favored in the PHM formula scenario and that she will go with whatever the



group decides, but having a formula that considers factors such as race/ethnicity, English proficiency, etc. as well as birthrates could be helpful in the future. Marie asked if this is appropriate to send to a subcommittee for review. Bob Dannenhoffer stated that the CD Committee would not be the appropriate committee to consider this. Florence Pourtal (S&I co-chair) stated that the Systems & Innovation Committee can review this issue.

Public Health Modernization Support: Laura Daily and Sara Beaudrault reviewed several updated related to Public Health Modernization. First, Laura reviewed the CLHO held a virtual session on June 29th to go over the deliverables for PHM and find out which supports LPHAs need for completing these (Kim Tham, Gabriela Goldfarb, Victoria Demchek, and Sara Beaudrault were also on this call). In particular, CLHO and OHA staff heard that LPHAs need support with climate adaptation plans, would like to have communities of practice for different areas of PHM work, and would like to have office hours with OHA program staff for support. With these requests in mind, CLHO and OHA have been working to begin some of these supports.

For climate and health support, CLHO and OHA are:

- Organizing a Climate Adaptation Plan session in September w/Muriel DeLaVergne Brown (previous Crook County administrator who led the effort to create their first climate plan in 2013) – more information to come on this.
- Forming a Climate and Health Community of Practice (starting in fall)
- Holding office hours (once OHA has additional staff hired to support this)
- Using the CLHO library to share resources

For health equity-related work, CLHO and OHA are:

- Contracting with Health Resources in Action (HRiA) to provide two sessions on system-level health equity goals and collaboration (will be held in August). After these, OHA can provide ongoing training and technical assistance to LPHAs into the fall (may be through HRiA or another third party). TA and ongoing training available via OHA into the fall
- Forming a Community Engagement Community of Practice (which will encompass health equity coordinators, community outreach/engagement coordinators, etc.)
- Working with OHSU – Oregon Rural Practice-based Research Network (ORPRN) to plan Health Equity ECHO sessions (will be held in spring of 2023 but planning is going on now if you would like to be involved)
- Using the CLHO library to share resources



Laura added that she emailed out a survey to gather the names of people in each county who should be on the mailing lists for the communities of practice, and she requested that administrators fill them out so CLHO and OHA can schedule initial meetings.

Sara shared about OHA's work on survey modernization. Beginning in 2019, survey modernization included piloting innovative statewide survey methods and collaborating with communities of color and Tribal communities to collect, analyze and contextualize culturally specific data. OHA's Program Design and Evaluation Services (PDES) is continuing this work and is eager to talk to LPHAs and to get recommendations. With all the events coming up in September and October, OHA is planning on holding two workgroup sessions with LPHA administrators in November to: 1) share information about work to date and key findings and lessons and 2) talk about ongoing survey modernization efforts and future opportunities for state and local data systems.

CDC-RFA-OE22-2203 Application: Danna Drum provided an update on the CDC Public Health Infrastructure funding opportunity. Oregon will likely be eligible for about \$30.7 million.

- The first component (A1) is focused on workforce (about \$28.8 million), and about 50% of this (\$14.5 million) will be going to LPHAs (the grant requires at least 40% go to locals). \$4 million of this will go to Tribes/NARA and \$10.3 million will go to OHA for required positions and other work. This will be awarded once in November 2022 and can be used at any point in the 5-year period.
- A2 focuses on strengthening the Foundational Capabilities and will provide about \$1.3 million total (this is a 1-year amount, and OHA is assuming for now that it will be this amount per year). This amount will not be split amongst the LPHAs and will remain with OHA for statewide efforts.
- A3 focuses on Data Modernization and will provide about \$509,000 (this is a 1-year amount, and OHA is assuming for now that it will be this amount per year). This amount will not be split amongst the LPHAs and will remain with OHA for statewide efforts.

Danna also clarified that Multnomah County is eligible to apply for this funding separately (not A2) because they have a city within their county that meets the population criteria. Therefore, the amount they are likely eligible to receive has been removed from Oregon's total amount (amount listed in A1 reflects this). Multnomah is not applying for A3 on their own, however.



A group (called Joint Leadership Team Plus – JLT+) made up of administrators who worked on the PHM POP and others who wanted to participate has had two meetings to determine some of the LPHA's funding priorities. This group has centered this around ensuring each local jurisdiction can use the funding as appropriate for their community within the parameters of the grant. The general priorities are to increase workforce capacity in following areas:

- Epidemiology
- Communicable disease
- Community partnerships and engagement
- Policy and planning
- Communications
- Core backbone infrastructure staff (fiscal, contracts, HR, etc.)

Other priorities include systems to support the workforce in their work, workforce training and development opportunities, and transition COVID-19 positions to broader PH infrastructure (such as continuing positions funded by the ARPA funds in PE 51-03).

The group has also been discussing some of the shared priorities, which include:

- Partnerships with higher education and training for MPH students (having a better understanding of accreditation, communication, PHM, and Incident command).
- PH Training for new PH staff hired during COVID-19.
- Broad PH Training Events across partners (LPHAs, Tribes, CBOPs, and other PH partners).

Danna noted that this JLT group also discussed prioritizing a market study of public health positions. Some administrators felt they needed this information to make a case to commissioners for raising wages, and others felt that this wouldn't be helpful because raising wages is really dependent on union contracts. Danna had some reservations about a market study because it would need to be very granular (go county-by-county), and this type of work tends to be time-consuming and expensive.

Shane Sanderson stated that he was interested in a market/salary study but began wondering if it was just the wrong time for it. He suggested that now might be the time to set up some different decision-making structures with county governments so that a market study can make a difference at a later date. Marie Boman-Davis added that the JLT also discussed working with academic institutions outside of MPH programs (such as undergraduate and associate programs) to expand our workforce pool and increase opportunities for those without MPHs.



Danna also shared some information about what OHA is planning for their portion of the funding. First, OHA is working on building capacity among CBOS, particularly CBOs in rural/underserved areas that are not represented among the CBO Equity Funding. OHA is working with a workgroup of rural administrators to build out this work. OHA is also looking at funding some of the shared workforce priorities to support LPHAs, Tribes, and CBOs in addition to the direct allocations. OHA is also required to have a Workforce Director position and to perform an evaluation. Finally, OHA aims to provide foundational capabilities and interoperability training, provide fiscal and grants management support, and support a data modernization/informatics position.

Danna Drum shared one final piece that requires a discussion and a decision from CLHO. In past grants where Multnomah County was eligible to apply on their own, they were not included in the allotments to LPHAs. This is not something that is spelled out in this grant, so OHA will need to be explicit about this in their application. To ensure that this decision is transparent and fair, the Board should discuss and decide this. Adelle Adams offered that, in case this makes the discussion simpler, Multnomah County has already reviewed this and understands/agrees that applying on their own means Multnomah County does not get an allotment from the A1 funding that is going to LPHAs.

Motion: Shane Sanderson made a motion to exclude Multnomah County for the LPHA portion for CDC-RFA-OE22-2203 Component A1. Adelle Adams and Florence Pourtal seconded. Unanimous vote, motion passed.

Tobacco Retail Licensure: Sarah Wylie (OHA-PHD) shared some updates on the TRL program element. As background, the HPP Committee brought a draft PE to CLHO in January that outlined the remittance going to LPHAs who wanted to opt in to the TRL work in their jurisdictions. The CLHO Board did not approve this PE after discussion about the remittance not being enough to support counties taking on this work and the lack of support from local elected to increase the local fee in order to support the work (see [January 2022 Meeting Minutes](#)).

In response, OHA worked with the HPP Committee and convened a workgroup with administrators in counties that were interested in doing the local work (Hood River, Coos, and Clackamas). This group has been very productive, covering what remittance amount would be enough, what other work LPHA TRL staff could do to cover one full FTE amount, and the technical assistance LPHAs might need from OHA. Based off this work, OHA is planning to introduce a new PE to CLHO in September or October. Sarah reiterated that this PE will be optional – only counties who wish to do this work and have the political will in their counties to do this work will opt in. Sarah stated that Philip Mason-Joyner (participating from Clackamas) has posed this solution as a pilot program to be reviewed and revamped as necessary.



Trish Elliott stated that the representative on this workgroup from Hood River is actually Belinda Ballah – Trish didn't want to take credit for her work. Sarah thanked Trish for this clarification and stated that Coos also had Katrinka McReynolds involved and that having program staff involved helped provide additional perspective to how TRL work would look in local settings.

CBO Equity Funding: Danna Drum shared a brief update on the rollout of the CBO Equity Funding. OHA is still working on finalizing the workplans and budgets and is getting the funding out to CBOs. OHA is also working with the Rural CBO Capacity workgroup to ensure those CBOs that were not funded are getting capacity-building support. OHA will send out the final project descriptions and service areas to administrators via email, and Anthony Nickerson and Jamie Coleman-Wright are making individual calls to LPHAs to learn more about how LPHAs are connecting with CBOs and to provide support.

Meeting Adjourned at 11:15 AM