



**February 16th, 2023**

**Meeting of the Conference of Local Health Officials**

**Meeting Began: 9:30 AM**

**Executive Members:** Present: 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; Marie Boman-Davis, CLHO Legislative Committee Representative, Washington; Lindsey Manfrin, Public Health Administrators of Oregon, Yamhill;  
Absent: Naomi Adeline, CLHO Chair, Polk; Shane Sanderson, Medium County Representative, Linn;

**Members Present (x if present):**

X	Baker – Meghan Chancey		Hood River - Trish Elliot		Multnomah – Jessica Guernsey
	Benton – April Holland	X	Jackson - Jackson Baures	X	North Central PHD - Shellie Campbell
X	Clackamas – Philip Mason-Joyner	X	Jefferson - Mike Baker		Polk – Naomi Adeline
	Clatsop – Jiancheng Huang	X	Josephine - Janet Fredrickson		Tillamook - Marlene Putnam
X	Columbia – Jaime Aanensen	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 – Tom Kuhn		Lincoln - Florence Pourtal		Wheeler - Shelby Thompson
X	Douglas - Bob Dannenhoffer	X	Linn – Todd Noble	X	Yamhill - Lindsey Manfrin
X	Gilliam – Dailene Wilson	X	Malheur - Sarah Poe	X	HO Caucus - Pat Luedtke
X	Grant – Kimberly Lindsey	X	Marion – Katrina Griffith	X	CLEHS Caucus - Joseph Fiumara
X	Harney – Kelly Singhose		Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin

**Public Health Division:** Danna Drum, Andrew Epstein, Jamie Coleman Wright, Mike Day, Cara Biddlecom, Rachael Banks, Erica Sandoval, Andre Ourso, Tim Noe, Michelle Barber, Collette Young, Anthony Nickerson



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

**Other LPHA Staff:** Bailey Burkhalter (Jackson, CD Co-chair), Brita Meyer (NCHPD), Wendy Zieker (Marion), Stacey Brubaker (Jackson); Jessica Winegar (Grant)

**Guests:** None

**Motion:** January 2023 minutes not completed for review and approval – will review and vote next month.

## **Agenda Items**

**Appointments:** Carrie Brogoitti made the follow appointments:

A2CPS: Charlene Yager, (Benton)

HPP: Charlene McGee (Multnomah); Neita Cecil (NCPHD)

CD: Jonathan Hitzman (HO Rep); (Joe Fiumara noted that the agenda lists “Joe” when it’s “Jonathan”)

EPR: Teresa Everson (HO Rep)

LGAC: Jennifer Little

## **OHA Data Systems Updates (Opera, Orpheus, Alert):**

Collette Young: Public Health is a data-driven enterprise, and COVID highlighted this. It gave us a moment to dive into our CD data systems, but it didn’t give us ongoing money or staff to do this work. But I’m very grateful to Michelle and Mike

Mike Day (Deputy Director for the Immunization Program): For Alert (Immunization database) OHA has migrated to Amazon Web Services platform – AWS gets us more flexibility than the previous cloud system we used, so we can ramp up rapidly if needed. OHA has also started exchanging data with other jurisdictions. In November, they began exchanging immunization data with the Veteran’s Health Administration (VHA) – expect to be live by the end of April with all sites in Oregon. OHA will also be routinely exchanging data with Nevada, Washington, Idaho, and California. In the future, OHA is looking to migrate to a new system while incorporating lessons learned from COVID (current ISS contract through 2027) – for example, we’ll take the lessons from the vaccine card rollout. This new system will incorporate school systems (Smiler and Iris), REALD, and a



consumer access portal. The tentative timeline is 2024 for RFP, 2025 for contracting and planning, and 2026-2027 for implementation and migration.

Michelle Barber (Informatics Manager): I will talk about updates for Opera and Orpheus, our two communicable disease surveillance systems. These are both transactional databases that LPHAs use to investigate, follow-up on diseases, and review data, and they've been challenging to pull data from historically. OHA is planning to run it through a SQL database and has been focusing a lot on data access and data visualization. A Data Advisory group with LPHA partners met yesterday for the first time to talk about visioning and planning. A number I like to throw around – during the pandemic, our systems were handling 25,000 times the number of electronic case records and electronic lab records that they were before the pandemic. Other updates include:

- ARIAS has gone into hibernation, so I won't be touching on that too much.
- We are also working on facilitation Tribal access to Orpheus. There is also a data modernization project underway, particularly around moving our systems to cloudbased.
- We are also working on getting REALD and SOGI updates ready. For now, this information is going into a REALD and SOGI repository, and we are working on linking this with other systems so it can be queried and the most updated REALD/SOGI data can be pulled over.
- We have a number of integration projects (MMIS for kids with high blood lead levels; Immunization Registry and Vaccine Forecast, etc.).

Danna Drum: I also want to note that the CDC Infrastructure funds had a data modernization component, but this was not very much money and had particular staffing requirements, and Oregon is still waiting to hear from CDC for these funds. These funds won't necessarily help us revolutionize our data systems – it will only help us inch towards our goals.

Cara Biddlecom: Yes, the data modernization component is A3, and we haven't heard about that section yet.

Wendy Zieker: Could you expand on the visualization piece for Orpheus? And what is the timeline for local dashboards?

Michelle Barber: Data has been pulled out of the systems and into the repository – we are working on linking all systems to the repository, and have to go through the security measures. There is limited access to the dashboards if you are logged into the DHS system (though dashboards not fully baked yet). First dashboards should be ready at the end of this year, and we are hoping to have some of the data connections ready by quarter 2 of this year. It's hard to say for sure, and we are always looking for additional engagement.



Pat Luedtke: Thanks for getting us up to speed. What is your vision for CLHO's involvement for beta testing and regression testing? Especially in terms of volume (went from a handful of gonorrhea cases per week to several thousand COVID cases per week) – how can CLHO participate in this sort of work?

Michelle Barber: We have a couple of different initiatives here. One thing we saw with that increase in volume was the need to process large amounts of very dirty, non-standardized data. We have an OHA team working with labs and providers on this to standardize – I don't see the need for much involvement there. A big problem we saw during the pandemic was not just volume of records but the number of users who did not have access to the data they needed (drawing down data on a very thin wire). We are looking for ways to make these data more accessible – the data workgroup is one place, and the Orpheus user group is another way to engage.

Collette Young: Yes, and we are always looking for ways to connect with and involve more folks, so let us know if you have suggestions.

Pat Luedtke: Thank you – I will make sure this comes up at the Health Officers Caucus to get data-oriented people involved.

### **LPHA/CBO Introductions:**

Danna Drum: As a note, this will come back in March with Dolly and Larry – a lot of the PHD team is out right now. We also plan to have regular updates going forward. Since the CBO funding awards came out last fall, Andrew, Anthony, and Jamie have been working to connect LPHAs with CBOs. This work has varied across the state since some LPHAs opted to reach out to new CBO partners themselves and/or had good connections. OHA has also identified some internal communication gaps that we are working to close. With all this, Anthony and Jamie have been circling back with LPHAs to ensure that these connections with CBOs happened and to facilitate them where they can. We've also been getting clarity around jurisdictions that are served and have been bringing in some of the capacity-building CBOs.

Jennifer Little: During COVID, we had Community Engagement Coordinators as a liaison with funded CBOs – will that be the set up for the Modernization funds?

Danna Drum: We are working through that. There are CECs assigned to different regions, but those CECs won't be working with every CBO in that region, so this may not be the best mechanism since the CECs have to liaise with all the programs involved. For now, Anthony and Jamie will be the points of contact.



Jamie Coleman Wright: Right, for COVID, there were several ongoing meetings connecting LPHAs and CBOs, and we don't have the ability to set those up across the board, but we are willing to set those meetings up on an as-needed basis.

Jennifer Little: I don't even know who the regional CEC is for me – did I miss that?

Jamie Coleman Wright: I can follow-up via email to connect you.

Jennifer Little: Great, and like you said, it's different in every community. Klamath did a lot of our own outreach because we felt that was important, but there are some folks we still haven't heard back from almost a year into this work, which is frustrating.

Jamie Coleman Wright: This is one of those situations where Anthony and I can step in to help and get you connected with the right CEC and CBO contact.

Danna Drum: Yes, and please don't sit in silence if you are having problems. Reach out to us for help.

### **CBO Equity Funding for 2023-25 Biennium:**

Danna Drum: As an update for this, we had talked about interest from LPHAs in being the pass-through for 2023-25 Modernization funding. If there is a substantial increase in Modernization funds, we understand that there would need to be a different process.

- We've surveyed the currently funded CBOs to see if they are interested in receiving funds passed through the LPHAs, and if so, which LPHAs. We asked this and came up with this plan for the case of level funding or a small increase – we will do a pilot with CBOs that are funded for commercial tobacco cessation or Modernization work (which is most of the money) and are serving one county. This applies to about 10 county jurisdictions.
- We are also exploring having CBOs doing regional work connect with Modernization regional projects if that service area and program area matches.
- Where these scenarios apply and where the CBOs and LPHAs involved agree, we would have that agreement run through January 2024 through June 30<sup>th</sup> 2025.
- Our next steps are to reach out to the 10 LPHAs to see if they are interested and then working through the interested group to develop a program element for this pass-through funds. This would then come through CLHO for approval. The program element would be high level, and the LPHAs would be in charge of the contract and workplan.



Stacy Brubaker: Jackson County would not be interested in being a pass-through. We have experience with the Behavioral Health funding, and that gave us all the risks and none of the ability to influence the outcomes. It's a hard sell for our commissioners. I just want to keep these challenges visible and would like to advocate for the CBO contracts to require they work with the LPHAs.

Danna Drum: For this public health funding, there is a requirement that CBOs work with LPHAs in the contract. I don't know if that is the same for the BM 110/BH side, but it is here. That is why it is important for LPHAs to reach out to us if they aren't hearing back from CBOs – I think there's been some misinformation around this.

Bob Dannenhoffer: If I understand correctly, this would only apply to CBOs serving areas in those program areas and serving one county – this only applies to a small subset of CBOs, is that right?

Danna Drum: Yes, I don't have the exact number in front of me, but it is a small number of CBOs. I think this proposal is for this to be a pilot with this small group to learn how to do this.

Bob Dannenhoffer: Right, and Jamie has been a huge help in connecting us with the CBOs. We haven't had problems with any local CBOs, but the statewide CBOs have been hard to reach. Last time we tried, they were just too busy to meet with us, and that doesn't sit right.

Danna Drum: Right, and there have been some miscommunications internally here, so please reach out to us as we are trying to correct.

Katrina Griffith: I think the proposal for a pilot sounds great. I think reflecting on the BHRN process and take some of the good pieces of that would be helpful. Many organizations came together to work for this funding, and that built some great relationships. I don't feel strongly about being a pass-through, and I wouldn't want to be one of the first counties to try this, but I think there are some opportunities to take from the BHRN process.

Danna Drum: Thank you for the specific feedback. And in conversations with Sarah Lochner, we recognize that if we were to receive more funding for the biennium, we would have to look at a different process. We are looking at this just for if there is level or slightly increased funding, and we are trying to respond to the LPHAs that said loud and clear that they wanted to be the pass-through.



Carrie Brogoitti: I want to move us on, and I'm not hearing any strong objections to this proposal. I think every county wants to be able to do what works best for them, and it sounds like this pass-through proposal is one mechanism for that.

Marie Boman-Davis: I appreciate that summary, and I wonder if we could have the "options for collaboration" be an item on a future agenda so that it is an ongoing conversation.

Carrie Brogoitti: I think that is the plan. This proposal touches on some of the concerns that we've brought forward, but certainly not all of them, so we will have to continue this conversation going forward. I do want to reflect on how lucky we are to all be working together towards improving health and address health inequities and that we all have the same commitment to this work.

### **PE 43 Immunization Funding Formula discussion in JLT+:**

Danna Drum: If we rewind to July of 2022 when we have our in-person CLHO meeting in Douglas County, the Immunization Program had brought PE 43 to the group to suggest that we change the funding formula from birth rate to the Modernization formula. The CD Committee had reviewed this but didn't weigh in because they didn't feel they had the right perspectives. At that meeting, the Board decided to keep the funding formula as is (birth rate) for FY 23 and have the S&I Committee review options for FY 24. The S&I Committee was too busy to take up this conversations, so we pulled together JLT and a few other health administrators who wished to participate to discuss this. That group met two weeks ago and reviewed the two options and decided on a third option – they decided to keep the funding formula as is (birth rate) through FY 24 and to work with the A2CPS Committee and invite some CD Committee folks over to evaluate what they best health indicator would be for using the Modernization formula. For example, for the BM 108 Tobacco funds, they used the Modernization formula with a tobacco-related indicator added in. So, the plan is to work on this later this summer with the A2CPS Committee.

Bob Dannenhoffer: I just want to point out that this only changes the amount that counties receives (by a few thousand dollars). We spend so much time discussing these small changes about how funds are distributed among LPHAs, but we had no discussion of the \$30 million in funding going to CBOs.

### **Workforce Development Training Needs:**

Danna Drum: We wanted to get some input on workforce development and training needs. We have all been focused on the COVID response, so many things OHA offered have been on hold, and most LPHA staff might not have been able to attend. Some things that we are looking at restarting:





- Getting a training scheduled for New Health Administrators like we used to do. This will be in-person in Portland likely in May. Folks who do not consider themselves new but want a refresher are welcome too, and the relevant folks in HHS departments are also welcome.
- LPH Authority and legal training with the Public Health Law with CDC on July 11<sup>th</sup>-12<sup>th</sup> in-person at the PSOB (will cover travel costs) – first day will be a general overview of the LPH authority, and the second day will be a deeper dive with potential workshops. You are welcome to bring your county counsel for that second day.
- Health Equity Leadership Cohort for PH Administrators and Managers. This will likely be a monthly meeting with mixed in-person and virtual components.
- BIPOC Health Administrators and Managers group – we got a tremendous response to this, so thank you to everyone who forwarded this to your staff. We are working on getting this up and running soon.
- Trying to get an OHA/LPHA shadowing program going – this has been an idea for many years, and we hope to have something to roll out by January 2024.
- CD training – we are continuing to offer CD 101 and such, but we are recognizing the need for training around Essence and for more specific technical training. We also plan to offer it more often, and I know Amanda Faulkner is working to get feedback from the CD Committee about what specific needs there are.

I would love to hear other feedback and needs you all have.

Katrina Griffith: I would love to see more administrative training and support for our contracts and fiscal folks. I'm wondering if the Workforce Incentives bills will help with this at all.

Danna Drum: Yes, OHA has also experienced gaps here, and we are hoping to be fully-staffed soon and to start some support for LPHAs. There's a lot of opportunity in this area.

Pat Luedtke: We have a new County Counsel person here after our long-standing one retired. As part of her training, I pulled some of the relevant OARs and ORS, and I was surprised how much of this she did not know (for example, isolation and quarantine). Is there a training available for this?

Danna Drum: Yes, the CDC training is probably the one best suited to that on July 11<sup>th</sup> and 12<sup>th</sup> – it will be put on by lawyers who will walk through a lot of this. It's not every year, but there will be Oregon-specific section to help.

Carrie Brogoitti: I would love to see new training in population health. A lot of new folks joining PH do not have that background, and I feel disconnected from data systems and where to access data.





## **PHAB Standing Update:**

Marie Boman-Davis (CLHO PHAB Rep): There is a link in the meeting materials to the PHAB materials. This shows that PHAB has the anticipated timeline for the Accountability Metrics and the PH System visioning and such. I'm pointing this out so county folks can be aware of what's coming up and can be involved if desired. One learning I had was that PHAB workgroups are not limited to PHAB members, so county folks can join these – so please refer folks from your organizations that would be good for these groups.

Carrie Brogoitti: Do we receive notices for all the PHAB meetings, including the subcommittees and workgroups? Or just the Board meeting?

Cara Biddlecom: All those meetings are public meetings, so the agendas, links to join, and recordings are all posted there.

Sarah Lochner: I've noticed that the recordings of the PHAB meeting are behind – when will those be updated for full transparency? In particular, the Modernization POP workgroup.

Cara Biddlecom: We have had some delays, but all the Board and subcommittee meetings have been uploaded. Will check on the POP workgroup.

## **Opioid Settlement Board:**

Carrie Brogoitti (CLHO Rep): We've had about four meetings now, and it has largely been information gathering and educational for Board meetings. There have been some great presentations, and I would encourage folks to go listen to those. I think we've discussed that much of our representation on this group will happen on the PHAO meeting. We haven't made any decisions on this Board, so I will be at the next PHAO meeting to get input on what we as PH professionals want these finite funds to go towards for the most impact when there are infinite needs.

**Meeting Adjourned at 10:58 AM**