



Originally approved by the Board on 4/20/23
 Edited by Laura Daily on 5/2/23 (Pg 3-4)

March 16th, 2023

Meeting of the Conference of Local Health Officials

Meeting Began: 9:31 AM

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

Absent:

Members Present (x if present):

X	Baker – Meghan Chancey		Hood River - Trish Elliot	X	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	X	Polk – Naomi Biggs
	Clatsop – Jiancheng Huang	X	Josephine - Janet Fredrickson	X	Tillamook - Marlene Putnam
	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 – Heather Kaisner	X	Lincoln - Florence Pourtal	X	Wheeler - Shelby Thompson
X	Douglas - Bob Dannenhoffer	X	Linn – Shane Sanderson	X	Yamhill - Lindsey Manfrin
X	Gilliam – Dailene Wilson	X	Malheur - Sarah Poe	X	HO Caucus - Pat Luedtke
	Grant – Jessica Winegar	X	Marion – Wendy Zieker	X	CLEHS Caucus - Joseph Fiumara
X	Harney – Kelly Singhose	X	Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin

Public Health Division: Danna Drum, Sara Beaudrault, Cara Biddlecom, Rachael Banks, Andre Ourso, Tim Noe, Anna Stiefvater, Emily Wegner, Cate Wilcox, Annika Shore, Andrew Epstein, Alison Goldstein



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

Other LPHA Staff: Erika Zoller and Rebecca Collett (A2CPS)

Guests: None

Motion: Jennifer Little moved to approve the January 2023 minutes. Jocelyn Warren seconded. Unanimous vote, motion passed.

Agenda Items

Appointments: Naomi Biggs made the follow appointments:

A2CPS: Rebecca Stricker (Malheur)

EPR Co-Chair: Samantha Buckley (Lincoln); Kyle Sorensen (Malheur)

HPP: Susan Mclauchlin (Marion)

S&I Co-Chair: Andrea Krause (replacing Florence Pourtal)

PE 42: Maternal, Child, and Adolescent Health Services

Rebecca Collett (co-chair of the A2CPS Committee): Most of the changes to this PE are language changes to align number and remove items that are no longer relevant (track changes in the meeting materials). The only point of discussion was supervision of Babies First! and whether or not the program must overseen by a Nurse Supervisor or RN. The group decided to revisit this later and approved the PE as written. 12 counties voted to approve and 1 abstained.

Motion: the A2CPS Committee has made a recommendation/motion to approve PE 42 as presented. Florence Pourtal seconded. 0 opposed, 0 abstained, all present in favor.

PE 63: Maternal and Child Health LPHA Family Connects Oregon Community Lead



Rebecca Collett (co-chair of the A2CPS Committee): Family Connects is Oregon universally-offered home visiting, and the rollout is a work in progress. The changes are largely language updates and alignments (changed “mother” to “caregiver”; changed “baby” to “newborn”, etc.). The main point of discussion was about an addition that would have early adopters submitting marketing materials to OHA before rolling them out to the community. The group agreed to discuss this later but left it out for now since they did not think that would be helpful for the early adopters. 12 counties approved, and 1 county abstained.

Florence Pourtal: Lincoln County is an early adopter, and I’m wondering if the state will still provide the match and how paying for the community engagement will look going into the next biennium.

Cate Wilcox: We purposely designed Family Connects to ensure that the Medicaid match portion would not be the responsibility of the local health authority. This has already been worked through the OHA Health Systems Division, so all LPHAs need to do is submit a claim to be reimbursed. For next biennium, OHA plans to continue support around community engagement and service provision role so we can continue to learn and ensure it is sustainable at the local level. What we’ve heard is that there has been an uptick with commercial insurance coverage in service catchments areas.

Motion: Florence Pourtal seconded. 0 opposed, 0 abstained, all present in favor, motion passed.

PE 46 – Reproductive Health

Erika Zoller (A2CPS co-chair): Similar to the previous two PEs, most of changes are language changes and moving text around (very little of the narrative has changed). Most of the changes revolve around increasing community partnerships and “increasing” access to services rather than “ensuring/assuring” access. Key changes:

- Removed PHAB Accountability Metrics
- Removed Public Health Modernization performance measures
- the local program must outline how they will ensure access to reproductive health and through community partnership and policy development.¹
- Embedding evaluation into each of the program ~~element~~ components, examples of SMART objectives for each component²

¹ Edited 5/2/23 by Laura Daily

² Edited 5/2/23 by Laura Daily



- Updating goals in Component 1, with the goal of having every LPHA have a least one goal within Component 1 to really move towards increased community partnerships.
- Budget template ~~line items have~~ has been updated to provide some **descriptions for each budget line item.**³
- Not using a SmartSheet anymore – will be submitted with a Word Template.

The Committee voted to recommend these changes: 10 counties approved, 3 abstain, no opposition

Jennifer Little: Why is there a budget worksheet in this program element? That isn't present in many of the other PEs.

Danna Drum: That varies between programs – some programs will include a budget template, and others won't. Ideally, we would make this uniform, but that isn't a high priority right now.

Lindsey Manfrin: While I'm supportive of the change from "ensure" to "increase" access, I'm wondering how that connects with our statutory requirement to assure access and if we will run afoul of that by changing the language in this PE.

Emily Elman: That statutory language is somewhat outdated and not an expectation we hold counties to. The intent of this change was mainly to provide more clarity – "ensure" is not measurable while "increase" is.

Lindsey Manfrin: That makes sense. One concern I have is that some counties rely on the language of "assure" because it allows them to provide services that they otherwise might not be allowed to (such as running a reproductive health clinic).

Florence Pourtal: Agree with Lindsey. Some of us do not provide services directly – that is delegated to PCPs. The previous version was about looking to that systems work and "assuring" that there was access to these services within the community. With that, I disagree with the language change of "increase" – LPHAs can't always influence this, and it may not be as measurable.

Marie Boman-Davis: Looking at that statutory obligation, it's my understanding is that those obligations are in the absence of funds from the state, period. The statute gets at our obligation, and the PE does not hold the weight of the full statutory obligation, so tempering the language in the PE makes sense. Hearing the concerns around accountability – if there are concerns there, we might have an opportunity to discuss the oversight of the administrative funds.

³ Edited 5/2/23 by Laura Daily



Lindsey Manfrin: I appreciate that and agree in terms of statutory language. I think we sometimes use the PE to interpret our mechanism to do the work. I think Florence said it well – is the overarching goal of LPHAs to increase access or ensure access? I don't think every community is necessarily looking to "increase" access right now.

Motion: Florence Pourtal made a motion to accept the changes proposed by the committee but to change the language from "increase" back to "assure". Lindsey Manfrin seconded. 0 opposed, 2 abstain (Marion and Washington), remaining present in favor, motion passed.

PE 10: STD Client Services

Kathleen Rees: OHA staff presented this to the CD Committee with the plan to have this go into effect 7/1/23. Counties had about a week to review and provide feedback on this, and all of that has been incorporated. However, the committee did not vote to recommend this to the Board – instead, they've provided feedback and would like big CLHO to take the lead on approving or not.

Florence Pourtal: Thank you to Kathleen for sharing this and for the time to provide feedback. All my concerns were incorporated, so I am happy to move to approve.

Marie Boman-Davis: In section 4.a.4.h, it reads: "(h) LPHA staff funded through this Agreement may be utilized to assist with Directly Observed Therapy (DOT) for Tuberculosis Services on a case-by-case basis. LPHA must discuss this staffing need with the OHA STD and TB programs and obtain written approval from both before utilizing STD staff for TB DOT." My CD Manager wanted me to uplift that for communities with limited PE 07 funds, this language does not help when there is a surge. EISO does not allow for DOT TB. We have staff who are blended and braided, so having one staff member who is in both programs would need approval from each programs.

Alison Goldstein: The intent is to expand access for STD staff to be able to assist with directly observed therapy if that should be necessary if they are funded in any way by this funding source. So, it was about creating an allowance that wasn't necessarily in the PE. We didn't intend for it to be barrier for anyone, so that is something LPHAs can reach out to any OHA staff about this if there is a surge and just let us know.

Joe Fiumara: I'm seeing references to PE 10-01 and 10-02, and we only receive one of those, so I'm just curious about the difference in the funding sources between the two.



Alison Goldstein: PE 10 has been in place for a long time, and it never had funding available for it – it only outlined the regulatory programmatic expectations around STD investigation. The CDC recently funded this to develop at DIS workforce,

and that was added as PE 10-02 to outline the expectations for the funding for workforce. The two pieces complement and support each other.

Danna Drum: Yes, and the PE 10-02 funds do come from ARPA, which need to be accounted for separately.

Katie Plumb: Shifting back to Marie's question – is case-by-case referring to each TB case, or each LPHA case? So, in Marie's case, the one staff person who is braided would be a "case" discussed with OHA in general if they need to address a surge, or would each instance of TB that the person handles be a case to run through OHA?

Alison Goldstein: The latter is not our intent. It's more about if the time your staff is supposed to be spent doing STD work goes to TB work, we want to be notified.

Marie Boman-Davis: That clarification is helpful. I'm wondering if there is a way to reflect that in the language.

Naomi Adeline-Biggs: That would be a new motion with the change

Jocelyn Warren: I wonder if we could say "LPHAs will obtain approval from OHA STD and TB programs before using STD staff for TB DOT?"

Florence Pourtal: It's two separate programs, so we would need to check in with both programs. Perhaps we add "email accepted" to indicate to that this is not a major ask.

Alison: "LPHA will notify OHA-STD program and obtain approval (via email) before using STD funding for TB-DOT activities."

Motion: Marie Boman-Davis made a motion, Florence Pourtal seconded, 0 opposed, 0 abstained, remaining in favor, motion passed.

PE 12: PHEP FY24 Funding (update) and Letter of Concurrence for CDC (vote)



Selene Jaramillo (co-chair of the EPR Committee): EPR set up a budget sub-committee for the final year of this budget period for this program. The committee discussed reimagining the funding formula with some Modernization criteria, but it ended up being too small of an amount and the redistribution of the funds was drastic. The recommendation of the

subcommittee to the EPR committee was to maintain the status quo, so there are no changes to the budget to review today. The committee also voted to approve a Letter of Concurrence (available in meeting materials).

Jennifer Little: What is the amount that goes to the state? I'm just wondering about other distributions or tiered systems.

Selene Jaramillo: The amount that goes to LPHAs is about \$3 million, and I could look up the amount that goes to OHA and bring that big. When we looks at the other options, it did not seem equitable because it would take funding away from programs in counties that have been funded for the past four years. Because of inflation and COLA, the amount we are receiving actually results in a slight cut, but it is minor.

Joe Fiumara: For the Letter of Concurrence, I think it should be 33 LPHAs rather than 34 (NCPHD covers two counties).

Naomi Adeline: Thank you for that edit. The budget portion was just an update, but the Letter of Concurrence does need a vote from the Board.

Motion: Bob Dannenhoffer made a motion to support the Letter of Concurrence. Jocelyn Warren seconded. 0 opposed, 0 abstentions, all present in favor, motion passed.

CDC BOLD and SPAN RFA:

Stephen Wight: We are asking CLHO for letters of support for OHA's application for the BOLD and SPAN programs through CDC. OHA has applied for these before but was not awarded. The information is in the meeting materials, but to give a brief overview: BOLD is Building Our Largest Dementia Infrastructure Public Health Programs with a focus on Alzheimer's. There are two tracks: capacity building and implementation. We applied for implementation previously and were not awarded, so we are taking a step back and applying for the capacity-building portion. We would start with the State Plan for Alzheimer's Disease taskforce (that has withered over the years) and move forward in close partnership with DHS-APD and the Alzheimer's Association, CLHO, and other partners. The funding is limited for the first two years, but we would be able to set



aside about \$35k to host convenings, and the funding increases in the last two years to allow for a plan for implementing some of the identified strategies for developing this workforce.

Laura Daily: As you are reviewing and voting, I will note that we will change the wording in the letter to reflect the “Conference” of Local Health Officials (all reference to the Coalition and non-profit status will be removed).

Motion: Jennifer Little made a motion to approve support of the BOLD letter of support. Jocelyn Warren seconded. 0 opposed, 0 abstentions, all present in favor, motion passed.

Stephen Wright: The second letter of support is for the State Physical and Nutrition (SPAN) program. OHA applied for this in 2018, and while the application scored well, there was not enough funding to go around, and Oregon was not one of the 14 states funded. There are four focus areas:

- Nutrition strategies: focused on nutrition standards and guidelines with a Veggie RX component with community partners.
- Physical activity strategies: focused on active transportation and built environment. Those of you around for the Healthy Communities grant in 2015-26, there is a lot of overlap with that.
- Breastfeeding strategies: aligning with WIC and workforce development here.
- Early care and education: focusing nutrition standards and physical activity

OSU Extension would be a significant partner, almost a co-applicant, on this. There floor is \$600,000 and the ceiling is \$1.3 million, and we will be asking for as much as we can. We would work with CLHO HPP to have it go to the community.

Jennifer Little: You said 14 states got it before – does the CDC try to spread the funding out and award states that have not receive in previously?

Stephen White: I’m not positive about that. With the close alignment of the RFP from 5 years ago, states that were previously awarded would have a higher chance of receiving it again if they are eligible. CDC can sometimes push out additional funding that they receive should that happen.

Jocelyn Warren: Appreciate this work – this is a component that we don’t have in our Modernization work yet.



Motion: Jocelyn Warren made a motion to support the SPAN letter of support. Marie Boman-Davis seconded. 0 opposed, 0 abstentions, all present in favor, motion passed.

1:16:23 Systems and Innovation Committee Update on Modernization Implementation Plans:

Andrea Krause (co-chair of the S&I Committee): The S&I Committee is working on tools and guidance to help LPHAs create their Modernization Implementation Plans. We formed two committees, the visioning committee and the survey committee.

The survey committee developed a survey that was sent out to all LPHAs to understand what sort of support LPHAs need in developing the Modernization Implementation Plan. The Committee is reviewing this survey now. I led the visioning committee, which took the brainstorming that the group did at the CLHO retreat in October and the open-ended answer on the PE 51 reporting that asked LPHAs to provide the “elevator pitch” for their Modernization work. After a thematic analysis, they found 14 themes to include in the final vision statement:

- “Public Health Modernization is achieved when everyone in Oregon has basic public health protections that are critical to their health and the health of future generations. This means a strong and resilient public health system that is data-driven, equity-focused, and prepared to meet both current and emerging challenges in a community-centered and locally-responsive way.”

We don’t have a specific ask today, but I would ask Florence or Lindsey have anything else to provide.

Florence Pourtal: Thank you for the work and for taking over, Andrea. One thing I will add is that we took that visioning very seriously and tried to make sure all the voices were included. We also discussed that if the Board were to agree with this, the S&I Committee could work with OHA and CLHO to present this to the Legislature as we go through this session as our unified vision of a Modernized PH system.

Marie Boman-Davis: I appreciate the leadership and all the work that has gone into this. I initially raised my hand because I’ve seen other phrases for “data-driven,” such as “data-informed” because driven can lead to exclusivity if populations are not measured. I don’t know how much feedback is being accepted at this time. In addition, I’m wondering if there are any opportunities to have the LPHA or CLHO reps bring this to the PHAB for discussion.

Florence Pourtal: We have planned to bring this to the PHAB for informational purposes, not necessarily for discussion. This is coming from the work around the Modernization Implementation Plans, and we have in our work plan to present it to PHAB without making major changes unless Sara tells us otherwise. Data-informed sounds good to me. We wouldn’t want to make



this statement seem like it's excluding because that would go against our vision. My own thought is that "data-driven" includes both quantitative and qualitative data, so data are also based on experiences, but that might not be how everyone is thinking about it. I am fine with data-informed if everyone is and if it aligns with the original themes.

Andrea Krause: I think "data-informed" aligns with our theme around data, so changing that is fine.

Marie Boman-Davis: What "public health protections" mean? How is that being operationalized.

Andrea Krause: The committee was trying to sum up public health is a brief and inspirational way, so we didn't dive into that.

Lindsey Manfrin: Yes, we were using the three-pronged "prevent, protect, promote" aspect of public health. I think we were looking at "protect" as an alternative word for regulation, which doesn't resonate with as many people.

Public Health Modernization Funding Formula:

Sara Beaudrault: I will condense these three updates to get us back on schedule. Since they are all related to the Modernization Funding Formula.

- *Funding Formula:* The PHAB made significant changes to the Modernization funding formula for the 2023-25 biennium. The base is increased to \$200,000 per \$20 million received in Modernization. Since we are already above the \$20 million threshold, this will kick in next year. If we receive the \$50 million in the Governor's Recommended Budget, LPHA will be receiving over \$40 million in total, so the base will increase to \$400,000. This change is to ensure that smaller health departments are receiving enough funds to hire an FTE. In late February, Sarah Poe requested a draft funding formula to estimate the amount that they might receive at the local level. While doing that, we found a quirk in the funding formula where the base increases proportionally between \$20m and \$40m, so we need to return to PHAB and see if this was the intent or if it is meant to be a flat \$200K base between \$20m and \$40m. It has a pretty significant impact on the amount of funding going out to each LPHA. So, thank you to Sarah for helping us catch that sooner rather than later.
- *Regional Funding:* We've been providing funds for regional projects and service-sharing models since Modernization first began receiving funding. To date, these funds have not gone through the funding formula – we take the total amount for LPHAs and set aside an amount for regional projects. We are at the time to decide what we will be doing for regional funding for the next biennium – PHAB will make the final decisions, but they rely heavily on the input from LPHAs. Based on PE 51 Reporting, LPHAs reported both the benefits (increased capacity, specific resources, etc.)



and challenges (detracting from local work/priorities) with participating in regional projects. Some things we are hearing from some LPHAs is that they would rather have all the funds go through the funding formula and then counties can choose to put funding towards regional projects, and others have said that having the regional funds carved out is the only way they can participate in regional projects. With all those considerations, CLHO S&I will be discussing this at their next meeting and bringing a recommendation to the Board for how to handle these regional funds next biennium.

Jessica Guernsey: Can you clarify what you mean by the regional funds being the only way counties could participate?

Sara Beaudrault: Yes, it is largely because some county commissioners will not approve local funds going towards regional work, so having these funds set aside dedicated to this purpose is the only way the regional projects would happen for these counties.

Florence Pourtal: When a partnership is working, I think these projects can be great. I think I would advocate for S&I to keep the funding set aside for the regions that are working and wish to continue working together.

Sarah Beaudrault: The amount for regional funding over the years has fluctuated between \$3m and \$4m, so we aren't discussing doubling that amount. Increases would likely be small.

Bob Dannenhoffer: We are working on regional epidemiological backup and visualizations. It's three small counties that don't necessarily have the work for this on their own, but working together, they actually have a shot at this.

Joe Fiumara: Right, Umatilla is the lead for the Eastern Oregon work and has support from commissioners right now, but if these funds were not set aside, I think that support might dwindle. They may not want Umatilla funds going towards regional work.

Shellie Campbell: We used these regional funds to help us through COVID/CD Support but are also moving towards getting an Epidemiologist like Bob mentioned, so I'm supportive of these funds.

Matching and Incentive Funds:



Sara Beaudralt: This is the portion of the funding formula that is supposed to turn on once we reach \$15 million in funds going to LPHAs. This a small amount of funds that are tied to performance on the Accountability Metrics (which we will discuss in a bit). Even though we are well beyond \$15m, we haven't turned it on because of the pandemic interruptions and not having the data to make this happen. What we are proposing to PHAB soon is to turn on this component in the 2025-27 biennium using the data from the 2023-25 biennium.

Jocelyn Warren: Just to think about the consequences of this – our fiscal staff and leadership wanted to know the baseline of local investment because they were interested in having pre-COVID be the example because local investments in public health increased drastically during COVID. If we are going to start 2025 and use 2023-25, they will want to reduce local general fund investment in the 2023-25 biennium back down to the 2019 because they will want to be at the lowest starting point. I know that is not the intention, that is how it can play out at the local level.

Danna Drum: That is helpful. I think COVID threw a wrench in all of this. We will have to have a conversation with PHAB about what the baseline is.

Cara Biddlecom: Yes, I think our goal is to move forward with this but to do it carefully, considering all of this.

Danna Drum: Looking at the 2021 data, my recommendation is that we do not want to use the 2021 data, and we will need to do some analysis to compare the 2018, 2019, 2021, and 2022 data.

Florence Pourtal: I have learned recently that our county reporting has not showed some of the local investment from Lincoln County in past years. While I'm supportive of going back to 2019 like Jocelyn said, I would want to amend some of that reporting so it accurately shows what Lincoln County contributed.

PHAB Accountability Metrics:

Sara Beaudralt: PHAB has been working on a framework for updated Accountability Metrics (posted in meeting materials). And what our priorities are as a public health system in the areas of communicable disease and environmental health. One those priorities and appropriate indicators are identified, they will shift to how we will assess and define the process measures or the accountability measures for local public health authorities individually and for OHA. I think there's a lot of concern about those health priorities and how individual local public health authorities are going to be held accountable to them - I want to make sure that this group is clear on what PHAB is working on right now and then how that will build into local public health



process measure (we can talk more about policy measures at a future time). We're about three weeks away from doing two meetings with CLHO to consult with you all on the proposed health priorities for communicable disease and environmental health. We're going to be collecting feedback from all of you then to take back to the PHAB subcommittee, so this is a great time to start looking at these and thinking ahead to what's being proposed.

Also posted on PHAB's webpage is what priorities PHAB is considering for CD and EH. The goal is to narrow this down to maybe one or two measures. Some of the options for CD are:

- Emerging and seasonal respiratory pathogens
- Sexually transmitted infections
- HIV/viral hepatitis, and tuberculosis

Some of the options for EH are:

- Heat-related morbidity and mortality
- Air quality morbidity
- Built environment
- Water quality

Joe Fiumara: There's a couple of these that I'm nervous will look very different across the state. I don't know how to fix that, but I'm nervous about it.

Sara Beaudrault: Yes, that is the sort of stuff we want to consider as we are making these changes.

Standing Updates

Public Health Advisory Board

Marie Boman-Davis: There was a great presentation at the last meeting that showed the connection from the PHAB to the OHPB and to the Governor. I would encourage people on this call watch it and encourage their staff to watch it. That was all I had.

Opioid Settlement Board



Carrie Brogoitti: The last time we talked, I did not think there would be any upcoming funding decisions, but surprise, the Board allocated \$17 million: \$13 million will go to Save Lives Harm Reduction Clearinghouse to provide support and resources to people doing harm reduction. The remaining \$4 million will go towards the unified statewide data system – this was written into the legislation. The purpose of these funds is to move quickly and respond to an emergency, but I do hope we take a strategic approach going forward.

Florence Pourtal: Can anyone point me to a place to read about the requirements for this data system? I would be very interested in learning about it and passing it onto my harm reduction people. We are struggling with systems that don't talk to each other.

Carrie: HB 4098 is the bill that outlines the requirements for the data system. There is a website for the data system subcommittee with meeting materials and such, so that is a good place to start.

Local Government Advisory Council:

Jennifer Little: At our last meeting on February 24, we discussed EO 23-02 on homelessness. The OHCS Director and OEM Director gave an overview of the multi-sector collaboration to complete this work by January of 2024 (\$130 million allocated). The state brought in a team of national experts to advise on this work. I learned that not all counties were included in this – it was only Multnomah, Washington, Clackamas, Lane, Jackson, Marion, and Polk. So, there was some discussion about the other counties in the state experience high rates of homelessness. The other major topic was the OHA Values for CBO Equity funding in 2023-25 – our conversation from late February is now kind of obsolete, but there were questions about why we are going the CBO route. And those are the major updates.

Additional Items:

Danna Drum: We did receive a small amount of funding to do health prevention work and vaccine clinics for Pride season. We are planning what to do with this and will be holding some planning meetings with LPHAs and CBO invited. These meetings will be to compare notes and identify gaps in funding/service. Please come to that if you are doing Mpox work around Pride. We are also working on getting the new health administrator training planned and scheduled, and that will likely be in June – more information to come.

LPHA Work Flexibility Survey:



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Danna Drum: OHA and CLHO have been working on a survey to go out to administrators about what areas of work they could use some flexibility in. There are often federal requirements that make it hard to change, but we would like to explore some options. Some of it may be slow, and for some feedback, our hands make be tied. We also don't have a permanent OHA Director, and we have a new Governor, so it's hard to know what the expectations will be on us, so we can't promise anything.

Laura Daily: That survey will go out in the follow-up email for this meeting.

Meeting Adjourned at 11:30 AM