May 18th, 2023
Meeting of the Conference of Local Health Officials
Meeting Began: 9:30 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; Shane Sanderson, Medium County Representative, Linn; Lindsey Manfrin, Public Health Administrators of Oregon, Yamhill; Joseph Fiumara, Coalition of Local Environmental Health Specialists, Umatilla; Marie Boman-Davis, CLHO Legislative Committee Representative, Washington
Absent:

Members Present (x if present):

X	Baker – Meghan Chancey	X	Hood River - Trish Elliot	X	Multnomah – Jessica Guernsey
X	Benton – Sara Hartstein	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		Tillamook - Marlene Putnam
	Columbia – Jaime Aanensen	X	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
X	Coos - Anthony Arton		Lake - Judy Clarke		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		HO Caucus - Pat Luedtke
X	Grant – Trey Thompson	X	Marion – Katrina Griffith	X	CLEHS Caucus - Joseph Fiumara
X	Harney – Kelly Singhose		Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin

Other LPHA Staff: Todd Noble (Linn), Jessica Winegar (Grant), Bailey Burkhalter (Jackson, CD Co-Chair)

Public Health Division: Danna Drum, Sara Beaudrault, Cara Biddlecom, Andrew Epstein, Jamie Coleman-Wright, Cessa Karson, Tim Noe, Collette Young, Tatianna Dierwechter, Eric Gebbie, Amanda Faulkner, Robyn Ellis, Laura Chisholm, Courtney Fultineer

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

Guests: Dave Baden, Interim OHA Director

Minutes: Due to website technical issues, April 2023 minutes will be posted and approved at the next meeting

Agenda Items

Appointments: Naomi Biggs made the follow appointments:
CD: Marta Fisher (NCPHD)
EPR: Mike Baker (Jefferson)

JLT Recap and Future Agenda Items Update:

Naomi Biggs: Going forward, I will be providing a recap of Joint Leadership Team (JLT) meetings. Before this, I want to address that we have had many requests for agenda items, especially as we emerge from COVID. An example of this is the CBO Equity Project updates, which will be on next month's agenda. We are doing our best to fit in all the topics for discussion and are discussing other venues for some of these topics.

Naomi Biggs: At JLT this morning, we discussed:

- The Conference of Local Health Officials Bylaws – these do not currently reflect how the Conference works, so JLT agreed that a small group of JLT members will review it over the summer and bring a draft to the October Annual Conference Meeting.
- Updates on the Legislative Session
- The legislative intent within policy option packages submitted to and funded by the Legislature

Feel free to reach out to any JLT member if you have questions.

Letter of Support from CLHO for OHA's application for SAMHSA SPF-23-003

Tatianna Dierwechter: We brought this draft letter of support for OHA's application for this SAMHSA funding opportunity for substance use prevention to the HPP Committee and are now bringing it to the Board for approval. There are multiple funding opportunities, one for state health departments and one for LPHAs and other community partners, so we won't be competing, but this is a good opportunity to bring partnerships together and align efforts. We will be focused on polysubstance use – alcohol and opioid use – since this is a major concern in our state right now. If we are funded, we will come back to the HPP and to plan our methodology and partner involvement.

Jennifer Little: The HPP Committee did vote in favor of this letter of support.

Laura Daily: Is this a letter of commitment or a letter of support? I can make sure that the language in the letter reflects that.

Tatianna Dierwechter: It is a letter of commitment – SAMHSA asks for more specificity about the partnerships.

> **Motion: The HPP Committee has made a recommendation to the Board to provide OHA with a letter of commitment for this SAMHSA opportunity. Philip Mason-Joyner seconded. 0 opposed, 0 abstained, remaining present in favor, motion passed.**

Draft Friday HA Meeting Proposal

Danna Drum: As the COVID pandemic has begun to slow done, we have many more topics to discuss amongst OHA and LPHAs that require dialogue, interactivity, and the ability to dig into the details. That is challenging to do that within the timeframe of the Conference, so we are proposing to move these non-decisional, non-Conference specific items to the bi-monthly Health Administrators on Friday that we started during COVID (as discussed last month). The proposal for this process is in the meeting materials. Any health administrator can email me to request a topic, and we will send out the agenda items at least a week in advance (to give administrators time to plan and invite appropriate staff) while also saving time for emergent issues. We would continue to have updates from the State Health Officer Dean Sidelinger, and he may be able to expand to other topics and areas of work outside COVID. None of the topics would require decisions, and things that do need further discussion and decisions would come to the Conference. Some of the topics that have come up that might appear on that agenda are: Ambulance Service Area OARs updates, the Community Information Exchange, the 1115 Medicaid Waiver and LPHA engagement, and HRSA Region X supports and resources for rural LPHAs.

Sarah Poe: I appreciate this plan – I'm wondering if there is an opportunity to discuss provider-level interventions with Dean at these meetings. For example, we don't have any providers who provide vasectomies, or anyone who provides PrEP and PEP. We share our health officer with Harney, so we have limited support, and we would love to discuss it here if there are others having this issue, but I am also happy to be pointed into a different direction if there's another way to address this.

Danna Drum: I think that would be a great use for this meeting if other people are interested in this topic. However, I can also think of other folks who could be great to check in with on these topics, and your Public Health Systems Consultant can pull together a small group of people with expertise on these issues.

Trish Elliott: I would really appreciate the ASA conversation. We are having troubles with getting county administration to take on a more active role in oversight.

Lindsey Manfrin: I like this idea, but I want to discuss how we differentiate between this and PHAO. Hearing Sarah's examples, that is something that I could also see coming to PHAO. Perhaps PHAO can be a place to assess whether it is happening in multiple counties and should be elevated to the Friday meeting or if it would be better for the few counties experience the problem to connect outside of these meetings.

Naomi Biggs: I think the difference will be that this Friday meeting will be a collaborative space with LPHAs and OHA, and PHAO will remain just LPHAs. I do like your idea of using PHAO to determine if it's something to discuss with all administrators or in a small group.

Florence Pourtal: This feels like this will be an information sharing meeting, and it seems like OHA owns that meeting. What is missing for me - is this going to be a decision-making or action-oriented space? Will there be opportunities to identify next steps? I understand that it is informal, but sometimes these conversations don't go anywhere else.

Danna Drum: OHA is running the call in terms of hosting the call and sending out notes, but these topics are all brought by LPHAs. This will not be a decision-making space – all that is in the purview of the Conference. There are many things that touch the work we do that don't directly involve public health programs, funding, or policies areas, so we want to have a space to be able to receive updates, stay informed, and be able to engage and discuss these things. And our goal is to direct conversations that need additional discuss to the right Conference committee or other place.

Naomi Biggs: Right, I think the intent is to have a space to unpack the things we don't have the time to unpack during a 15-minute spot on the Conference agenda.

Florence Pourtal: I appreciate the clarification. I think this might need to be added to the proposal, so that it is writing and is clear what we will be doing in this meeting and what the paths are to refer topics and next steps to the appropriate place.

Danna Drum: If you have specific suggestions for the language in the document, please email me – I thought I had this in there, but I would like to hear where I can change it.

Interim OHA Director Dave Baden

Dave Baden: I have 30 minutes on the agenda to introduce myself and chat with you all, but I hope to not talk for 30 minutes. I have definitely interacted with a lot of you throughout the pandemic and vaccine distribution. There are moments where I stop thinking about those times, but then it comes back, and gratitude is not a strong enough word to express what I feel for the work you all did, and we all did together, to save lives. The world we are dealing with now in public health is so different than the mindset we were in then.

A little bit about myself for those who I have not interacted with: I have been at OHA for four years as the Chief Financial Officer. Before that, I worked for the CDC for 8 years in Atlanta and in DC. I worked with the appropriations committee, and I tried to move the funding structure away from disease-specific and siloed funding, and I failed epically at that. I think the vision of a strong, modernized public health system has been present in Oregon for many years now, but the need has been greater than the resources. And now we are navigating the continued struggle of living in an environment of scarcity again, as public health has often done. I am very interested in my time as Interim Director to really highlight the need for sustained funding and support. I think there are many areas in which OHA is moving towards upstream prevention, like with the changes to the 1115 Waiver. We, along with a few other states, are a proving ground to CMS to show that Medicaid has a role in that upstream prevention. We have $1 billion for Oregon to make these big on Medicaid supporting preventive work: nutrition, housing, AIC populations, foster youths, and more. I think there is an important conversation about how public health is at the table. Though the money will flow through CCOs, there will be many local discussions about how the flow goes from there. I think our goal is to continue pushing on ways to remove systemic barriers and move upstream. I look forward to working with all of you on this – I hope that those of you who have worked with me know that I appreciate the collaboration and am happy to listen to feedback and change direction as needed.

Bob Dannenhoffer: Are you interested in the permanent job, and if not, where are we in the process of finding that person?

Dave Baden: We are early in the process of finding a permanent OHA Director. We have a firm contracted to help with this search. As far as whether I am interested, it is an enormous job, and I question whether I'm the right person to handle all of it. I enjoy supporting other people to be successful in this position.

Jocelyn Warren: I really appreciate the conversation about the Medicaid funding for nutrition and housing. I want to put a plug in for systems level approaches – while the individual-level benefits like these are incredible, I think public health could be at this table to bring this policy level view and find ways to really make some change for all and generations to come. For example, how to get grocery stores in areas where there aren't any, how to ensure there is enough housing and healthy environments, and such. I want to flag this, but I appreciate your perspectives and that we can be hopeful.

Dave Baden: This is a great thing to flag because the individual benefit doesn't do much if we don't have policies, systems, and environments set up to support that person to use the benefit. On the housing benefit, there are a lot of pieces there to support the person, but it doesn't address the availability of housing. Same with nutrition – while Medicaid will pay for essentially a food prescription, how will that work if there aren't any grocery stores? I think that is the experiment that CMS is looking at, and it's a big experiment.

Pat Luedtke: You talk about having public health at the table, and it reminds me of the CCO rollout in 2011-12. The Health Officer Caucus worked very hard to create a way for public health to be at that table. We created an initiative to get a senior public health person on every CCO Board in the state, and we only got about four. There is certainly space on these Boards, and having this perspective could steer using the CCO budget towards those upstream solutions.

Dave Baden: There has been some mandates for representations for tribal and community representation, so there is precedent for that. Another mandate on who CCOs should have on their Board can be tricky when there are so many other mandates and requirements, but if there is resistance, it could allow us to ask the question "why wouldn't you want public health on your board?" Some counties have some great, collaborative relationships with public health and CCOs, and others do not. As we look at the next contract cycle for CCOs (which will probably be pushed back to 2027), this is a good conversation to have about how public health is integrated into the conversation. Is it a mandate for representation on the CCO Boards, or is it some other method?

Danna Drum: There is a comment in the chat from Trish Elliot about overdose and houselessness, so can you speak to the intersection between the behavioral health and housing initiatives?

Dave Baden: With the behavioral health side, I am looking at ways for OHA to address the priority issues – fentanyl overdose, for example – while not spreading ourselves too thin by addressing everything at once. Internally, OHA is looking for ways to coordinate across housing, behavioral health, and prevention because we do work across all those areas and can align our efforts.

Shane Sanderson: I appreciate that you mentioned social determinants because that is the long game. We have tried all the short-term solutions, while we have these initiatives that can have proven results if we have 20 years. For housing, we are looking at moving people who are unhoused/unsheltered people to be unhoused/sheltered people when we should be looking to get them out of the unhoused population entirely. That's why I'm begging like Pat, just for a different area, to get public health at the table for housing issues.

Dave Baden: Right, and those most at risk for unhoused have many needs that need to be addressed and require a coordinated system. Every person you see on the street without a house is a system failure. So yes, we want to keep pushing.

Florence Pourtal: I appreciate your candor and that you come in with an understanding of public health. As a financial officer, you know that it is difficult to work in silos. And some of the silver lining from the pandemic was that we started to break down some of those silos. And with Modernization being a key source of funding, I really want us to be able to keep going with this. I spent a great deal of time trying to braid together different sources of funding to ensure I can keep people on. I just want to express this and thank you for your time – you were great to work with during the pandemic and I look forward to what we can do here.

Naomi Biggs: Thank you for taking this time with us today and for prioritizing public health.

Dave Baden: Yes, I am always happy to be helpful and push and prod and to chat with anyone.

PHAB Accountability Metrics:

Sara Beaudrault: I'm excited to share that PHAB has taken their first step in approving new set of accountability metrics. PHAB adopted two focus areas for Communicable Disease with indicators for each:

- Sexuality Transmitted Infections – indicators include:
  - Rate of congenital syphilis
  - Rate of any-stage syphilis infections among people who are pregnant
  - Rate of primary and secondary syphilis infections in the community.
- Vaccine-preventable diseases – indicators include:
  - Two-year-old immunization rates
  - Adult influenza immunization rates

These metrics and indicators were selected because they represent work a wide variety of partners do across many sectors and present an opportunity for alignment and collaboration. These are not intended to be "report cards" for counties. Regarding the indicators around syphilis, the committee members considered the much higher rates of syphilis and the impact of the disease – a decade ago, we had an average of 0 congenital syphilis cases in any given year, and now we have nearly 40 cases across the state, and each one of those cases is a catastrophe and is preventable. It also aligns with Healthy People 2030 and provides opportunities for alignment and partnerships across the health care sector for prevention, screening, and treatment. Addressing the rates and stigma around STIs are also a priority for communities across the state.

When considering the vaccine preventable diseases metric, PHAB discussed that one consequence of the COVID pandemic is the delay in childhood vaccinations. This is most common among children who are already at high risk for communicable diseases. Two-year old vaccination rates dropped by about 2 percentage points in the last two years when we had seen increases over the last decade. Adult influenza vaccination rates dropped by about 9 percentage points during the pandemic when they were already low. PHAB also discussed that the public health system demonstrated an ability to close vaccination gaps across populations during the COVID-19 pandemic because we were well-resourced – we are not resourced in the same way to do routine vaccinations, so this metric is a way to highlight that and push for additional funding. Two-year old vaccination rates are also a CCO incentive metrics, so there is opportunity for alignment there, and this has also been identified as a community priority.

For what comes next, we need to clarify our measurement strategies for these indicators. OHA will be publishing a report sometime this summer with a description of this first set of metrics and indicators, and that will set the stage for subsequent

reports as PHAB approves new metrics. OHA will also continue working with LPHAs to identify process measures and policy measures. We've been working with the Communicable Disease and Environmental Health Committees to identify these, but they are taking a pause to consider whether they are the best groups to be doing this work.

Sarah Lochner: Will this be the same reporting cadence as other reporting?

Sara Beaudrault: LPHAs won't need to report this to OHA because we have access to this data at the state level through surveillance systems. For indicators that we do not have a mechanism for, we will be talking with LPHAs about how to collect this without placing a burden on LPHAs.

Sarah Lochner: That is great – I will put in a plug to have these reports ready to go for the long Legislative Session in 2025.

Sara Beaudrault: Absolutely, that is our goal. And I think that OHA has a responsibility to ensure that LPHAs have data that allows them to do their work at the local level, and that is certainly going to be part of the conversation.

Oregon Capacity System (formerly HOSCAP) Update

Eric Gebbie: I will be providing a brief update on Oregon's Capacity System (formerly known as HOSCAP). Our vision for this system was based in the understanding that we were not prepared for the pandemic, and the system did not allow for the rapid response and coordination that's required during a public health emergency. The goal is to have one health system view with actionable data across the continuum to have collaboration across hospitals. The work on this system began in the middle of 2020 and finished in March 2023 – if you didn't hear about this transition, that is because it was very smooth. The system updates from each hospitals information every 4-5 minutes, so the data is real-time to help in making critical decisions. There have been some early successes, such as reducing patient transfer time. The Governance Committee for this system has representatives from each Emergency Preparedness region of the state and EMS agencies. OHA-HSPR's role is to support the system with grant funding each year and to provide support in integrating this system into our state emergency response activities. If you have any specific questions, you can reach out to Andy Van Pelt with Apprise Health Insights or Nick May with HSPR.

No questions or comments.

Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) and Opioid Surveillance Expectations

Amanda Faulkner: I am going to start off this discussion to orient us to what data we have available to us, and then I will turn it over to our Injury Prevention colleagues to talk specifically about syndromic surveillance. ESSENCE stands for Electronic Surveillance System for the Early Notification of Community-Based Epidemics, and it is what emergency departments and participating urgent care centers in Oregon use to share de-identified data of all visits. ED and urgent care encounters are reported to OHA daily, and this statewide information has been available since 2019. Approved local public health ESSENCE users may access data for their counties and in some cases neighboring counties. Reporting this information is voluntary, and OHA wants to ensure participating hospitals are not called out individually for their use of the system. If an administrator or team members needs access, needs training or technical assistance, or have a project proposal for ESSENCE data, please contact Oregon.essence@odhsoha.oregon.gov

Bob Dannenhoffer: We've tried to use ESSENCE, and what we've found is that many of the entries about symptoms are very vague, like "fatigue" or "unintended response to drugs". Is that a technical issue with our hospitals, or something else?

Amanda: With some hospitals, we get incredibly detailed triage data, and from others we get those vague details. There is incredible variability across hospitals.

Robyn Ellis: OHA is also moving into using ESSENCE to detect injury events. OHA is participating in several CDC-funded activities using ESSENCE data. ESSENCE has a built-in algorithm to automatically alert OHA when an increase in activity is statistically significant. IVPP and OHA partners meet monthly to review data from multiple sources, including county level ESSENCE data related to overdose and suicide. IVPP notifies counties directly when there are 3 ESSENCE Alerts/Warnings within a three-day time period. There are no minimum standards for responding to a overdose or suicide outbreak for local public health authorities, but locals can reach out to our team at any time for technical assistance. And regarding Bob's question, there may be other queries to use to help in searches, so I will follow up.

Pat Luedtke: A few years ago, we got an alert on Monday morning that transport for overdoses was three times higher than normal. It was great to have this data, but like Bob said, the descriptions of the events did not give us enough granularity to feel confident in sending out an HAN because what would we base it on? I had to wait until that evening to get in touch with an EMS director that confirmed the events were indeed overdoses based on the evidence at the sight. I tell this story to say that we would like that granularity of data to help us confirm the events and how we should be communicating about them.

Robyn Ellis: We are looking to integrate EMS data into ESSENCE so LPHAs can apply to see their local data. That should hopefully provide that detail needed to make those decisions.

Jessica Guernsey: We had a recent cluster of overdose deaths in Multnomah, and Portland Police Bureau sent out a warning that wasn't cross-checked, and we had to back-pedal and look at additional sources to confirm. This is a challenging situation because everyone is expecting every message to be Defcon 5 level message, but sometimes we need to pause and get the message out to the right audience, not necessarily a media blast. I bring this up because that granularity of data and the ability to access it quickly can help us in making these choices in a really tense environment where anything about drug use is weaponized, particularly in Portland.

Courtney Fultineer: We are interested in hearing from you all about how this data in ESSENCE can be best used and communicated to you. We want to create a process for this and would love to know which CLHO Committee would be the best space to have these conversations.

Naomi Biggs: We will take this conversation offline and work with OHA to find the best space.

PHAB+ Modernization Workgroup

Danna Drum: We don't have a lot of updates because the group meets for the first time this afternoon. Jessica Guernsey, Kim La Croix, Naomi Biggs, Mike Baker, Shellie Campbell, Trish Elliot, Meghan Chancey, and Florence Pourtal are the health administrators sitting on this committee. We aimed for wide representation across the state. There was a question about how this workgroup originally came together – PHAB requested this workgroup at the end of 2022 and beginning of 2023 to set priorities for Modernization funding for the upcoming biennium. This group was made up health administrators, PHAB members, and CBO Advisory Board members who volunteered. As we discussed how to worth through our agreements for the funding process for the next biennium, PHAB directed us to reform this group. We reviewed the geographic representation and asked for a few more volunteers based on that. These meetings will be public, and materials will be posted on the website.

Cara Biddlecom: County Commissioners asked through the Association of Oregon Counties to have regular updates on this process, and we are asking that they go through their health administrators to get that information.

Jocelyn Warren: Thinking about the CBO Funding workgroup, is this where we are going to be talking about how we work together as a system? Or will that be happening elsewhere?

Cara Biddlecom: This group has some immediate decisions to make about allocating funding for CBOs, and once we have done those, this group will begin looking at these questions.

Pat Luedtke: On a League of Oregon Cities meeting, we heard from Fred Boss that Oregon would receive a total of $580 million to be distributed through the national opioid settlement. Some will go directly to cities and counties, and another amount will go to the state to be distributed among populations most impacted - are there any updates on how this process will work?

Marie Boman-Davis: Responding to Pat, my understanding is that Carrie Brogoitti is the CLHO representative to the Board making decisions on the opioid settlement distribution, so she would be a good person to check in with.

Danna Drum: And we normally have Carrie provide an update today, but she's not here today.

Other PHAB updates

Marie Boman-Davis: I have one update – the PHAB Health Equity Review Policy and Procedure workgroup is meeting to revise PHAB's document. We met on May 11th with the Health Equity Committee (a subcommittee of the Oregon Health Policy Board) to ask for representatives to help us make these updates. The Health Equity Committee offered some suggestions, and some members were interested in offering support. We are excited to get that work underway.

Meeting Adjourned at 11:28 AM