



## April 18<sup>th</sup>, 2024 Meeting of the Coalition of Local Health Officials

Minutes recorded by Laura Daily ([video recording available to CLHO members upon request](#))

Reviewed by Secretary/Treasurer: Philip Mason-Joyner

Approved May 16, 2024

Chair Naomi Biggs called meeting to order at 11:45 AM PST and requested roll call. Vice-Chair Carrie Brogoitti conducted roll call:

### Members Present (x if present):

X	Baker – Meghan Chancey		Hood River - Trish Elliot	X	Multnomah – Andrea Hamberg
X	Benton – Sara Hartstein	X	Jackson - Jackson Baures*	X	North Central PHD - Shellie Campbell
X	Clackamas – Philip Mason-Joyner*	X	Jefferson – Katie Russel	X	Polk – Naomi Biggs*
	Clatsop – Jiancheng Huang	X	Josephine – Mike Weber		Tillamook – Marlene Putman
X	Columbia – Jaime Aanensen	X	Klamath - Jennifer Little	X	Umatilla - Joseph Fiumara
	Coos – Tim Lynch		Lake - Judy Clarke	X	Union - Carrie Brogoitti*
X	Crook – Katie Plumb*		Lane - Jocelyn Warren*		Washington – Marie Boman-Davis*
X	Deschutes – Heather Kaisner	X	Lincoln - Florence Pourtal	X	Wheeler - Shelby Thompson
X	Douglas - Bob Dannenhoffer	X	Linn – Shane Sanderson*		Yamhill - Lindsey Manfrin
	Gilliam – Hollie Winslow	X	Malheur - Sarah Poe		HO Caucus - Pat Luedtke*
X	Grant – Jessica Winegar	X	Marion – Wendy Zieker	X	CLEHS Caucus - Joseph Fiumara*
	Harney – Kelly Singhose	X	Morrow – Robin Canaday		PHAO - Lindsey Manfrin*

\*Member of the Executive Committee

**Public Health Division Staff Present:** Danna Drum, Andrew Epstein

**Coalition of Local Health Officials Staff Present:** Sarah Lochner, Executive Director; Laura Daily, Program Manager; Kate Szrom, Rural Public Health Communications Coordinator

**Guests Present:** Felis Peralta and Erica Gonzalez Jones (Puget Sound Educational Service District)



Quorum established. Naomi reviewed the agenda and requested a motion to approve the March 2024 minutes.

**Motion:** Shane moved to approve the March 2024 minutes. Katie seconded the motion. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

**Appointments:** No appointments.

**Age+ - Multi-Sector Plan for an Age-Friendly Oregon:** Lori Silverman, Vani Kapur, and Julie Brown with (Age+) provided an overview of Shared Future Oregon - a Multi-Sector Plan for Aging (MPA - information available in the meeting materials). This is a national effort, but Age+ aims to make this a grassroots effort in Oregon by partnering with people and organizations in communities (like LPHAs). The MPA centers on creating multi-generational, age-friendly communities with a focus on: Economic Vitality, Workforce, Housing, Care-giving and Long-term Care, and Overall Health. Age+'s ask today is for the CLHO Board to endorse the MPA (CLHO logo would go on their website as a supporting organization, and CLHO would consider supporting legislation Age+ proposes around the MPA) and for CLHO and individual LPHAs to serve as stakeholder voices as Age+ advocates for the MPA.

**Motion:** Bob made a motion for CLHO to endorse the Shared Future Oregon Multi-Sector Plan for Aging. Katie Plumb seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

**County Health Rankings and Roadmap Transformative Narrative:** Laura provided an overview of the County Health Rankings and Roadmap Transformative Narrative Project (slides, toolkit, and draft letter available in the meeting materials). A group of 13 representatives from OHA, LPHAs, and CBOs met to answer the questions: 1) What are the dominant narratives about how Oregon public health partners work together to advance health equity? and 2) What are the transformative narratives we want to develop about how Oregon public health partners work together to advance health equity? The group developed the following transformative narrative for how public health partners work together:

- Our work grows from our values grounded in respect, dignity, and well-being for all people.
- We are interdependent, rely on each other, and recognize each other's strengths.
- We are coordinated and communicate effectively and respectfully with each other.
- We are committed to progress - with flexibility, adaptability, and responsiveness - moving toward health equity.



- Together, we shift resources to people and communities who need them most. We work together to resist the scarcity mindset and advocate for sustained resources for the whole public health system.

Laura also highlighted some ideas from the toolkit they developed and shared a draft letter that connects the CBO Resolution with the Transformative Narrative to make this one coherent effort and statement on CLHO's position and framework towards CBOs.

*Discussion:* The Board discussed how this aligns with updating the Modernization Manual and how challenging it is to resist the scarcity mindset when public health is so underfunded. Group also discussed how part of being forward-thinking is about being strategic when funds are limited. Felis acknowledged that scarcity is real and offered that this narrative framework can help public health system partners build relationships even within scarcity. The Board also discussed that this project is about bringing everyone in the room (including OHA and CBOs, when they are in the space) on board to steer the conversations towards clarifying ideas and solving problems. This transformative narrative describes an aspiration/intention rather than the current state. Board agreed that this letter should be changed to a position statement (since it's not address to anyone in particular) and requested more time to review it and offer feedback before voting.

#### **Quarterly Budget Update/3-Year Financial Plan:**

Philip provided the Quarterly Budget update (balance sheet and budget vs. actuals are in the meeting materials). High-level updates:

- CLHO's fiscal year ends May 31<sup>st</sup>, and we've spent 83% of CLHO budget this year.
- One item higher than usual is personnel because CLHO fronts the costs for the Healthy Rural Oregon grant until they are reimbursed by Office of Rural Health.

Philip also reviewed CLHO's draft 3-Year Financial Plan (narrative and spreadsheet available in meeting materials). Philip and Sarah prepared this to help CLHO forecast and plan for growth, and the intent is for it to be updated annually. The plan centers on recommendations from the CLHO strategic planning for the 2023 retreat. This plan is based on currently approved dues increases, so this all may change if CLHO finds additional forms of revenue.

**Motion:** The Executive Committee has reviewed and approved CLHO's 3-Year Financial Plan (motion and second). 0 nays, 0 abstentions, all remaining present in favor, motion passed.



**OHA POP Priorities:** Sarah reviewed CLHO's process for identifying legislative priorities. While OHA has stated they do not anticipate being able to ask for much additional funding, CLHO has flexibility and can advocate outside of the Governor's priorities and budget, so it's important for CLHO to know our priorities and be prepared when opportunities come up for input and advocacy. In March, Sarah and Laura held 5 POP Prioritization Sessions to allow people to discuss, share ideas, and prioritize POP asks. The results of this process were (in rank order):

- 1) Basic Governmental PH Program Support to Counties (flexible)
- 2) Primary Prevention for Counties and Tribes (\$18 million)
- 3) Statewide PH System Quality Improvement/Reducing Administrative Burden
- 4) Training and Technical Assistance
- 5) Data Infrastructure
- 6) PHM (separated into Governmental and non-Governmental)
- 7) Communications Support for Counties through CLHO (250k/biennium)
- 8) State Lab Modernization
- 9) PHM (regular)

Sarah shared that she would like to have the Board prioritize these one more time now that all ideas of have been added/clarified and now that the Board can have one conversation. #3 has been removed because OHA has funding set aside to do this project.

*Discussion:* The Board discussed the difference between "Basic Governmental PH Program Support" and "Public Health Modernization." The first would be meant to have flexibility outside of PE 51. Danna shared that the limitations around PHM are since we've never been fully funded for Modernization, so PE 51 puts parameters around what Modernization can pay for. However, OHA added budget guidance for this biennium that funds can be used for local priorities if they intersect with current priorities if certain requirements are met. The intent is for Modernization to be those flexible funds that can fill all the gaps once it is fully funded. Group discussed strategy around advocating for Modernization vs. a different funding ask and what amount we are asking for since there are additional partners in Modernization. Board asked for Sarah's take on which priorities listed would have the most support since the bottom line is that PH needs resources. Sarah identified primary prevention, training and TA, and Modernization would have the best chances at being funded – she acknowledged that the Board can narrow down specifics (including defining "primary prevention") as we get closer to session as CLHO prepares talking points and materials.



**Motion:** Shane made a motion to prioritize the items identified by Sarah (primary prevention, training and TA, and Modernization). Sarah P. seconded. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

**Meeting Adjourned at 2:45 PM PST.**