



February 15th, 2024: Meeting of the Conference of Local Health Officials

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

Reviewed by Secretary/Treasurer Philip Mason-Joyner (3/20/2024)

Approved on March 21, 2024

Chair Naomi Biggs called meeting to order at 09:30 AM PST and requested roll call. Vice-Chair Carrie Brogoitti conducted roll call:

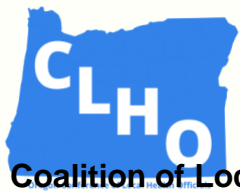
Members Present (x if present):

X	Baker – Meghan Chancey	X	Hood River - Trish Elliot	X	Multnomah – Chantell Reed
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	X	Tillamook - Marlene Putman
X	Columbia – Jaime Aanensen	X	Klamath – Jessica Dale	X	Umatilla - Joseph Fiumara
X	Coos – Kathy Cooley		Lake - Judy Clarke	X	Union - Carrie Brogoitti*
X	Crook – Katie Plumb*	X	Lane - Jocelyn Warren*	X	Washington – Marie Boman-Davis*
X	Deschutes – Tom Kuhn	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*
X	Grant – Jessica Winegar	X	Marion – Wendy Zieker	X	CLEHS Caucus - Joseph Fiumara*
	Harney – Kelly Singhose		Morrow – Robin Canaday	X	PHAO - Lindsey Manfrin*

*Member of the Executive Committee

Public Health Division Staff Present: Danna Drum, Cara Biddlecom, Larry Hill, Cessa Karson, Sara Beaudrault, Andrew Epstein, Anthony Nickerson, Wendy Polulech, Kirsten Aird, Jen Seamans, Rex Larsen, Heidi Behm, Sarah Wylie, Kusuma Madamala

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

Guests Present: Trey Thompson; Folu Adeniyi

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

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

JLT Recap: Naomi reviewed the Joint Leadership Team meeting from earlier that morning. JLT discussed the 2024 Legislative Session, OHA-PHD leadership changes, the workgroup that is developing the MOU between OHA and CLHO, and transitions for the CLHO CD Committee. Regarding the transition, Naomi summarized that the CD Committee has struggled to understand scope of work and a place to discuss items that are out of scope, establishing timelines for getting items on the agenda, the ability of members to make high-level decisions, and who should be on CLHO CD to make these decisions. JLT will be leading a transition for this committee – all CLHO members will be asked to re-appoint their county representatives to CLHO CD, and the new committee will begin meeting in May (last meeting in March, no meeting in April). Naomi will attend the March CD meeting to explain these changes, and she is happy to answer any questions from committee members or CLHO members. She also expressed appreciation for all the work that current CLHO CD members have done.

Appointments: Naomi made the follow appointments (due to CD Committee transition, appointees for the CD Committee will not be confirmed this month):

- EH: Alisa Zastoupil (Marion)
- EPR: Jessica Kosydar (Columbia)

Accountability Metrics: Sara Beaudrault reviewed the Accountability Metrics (AM). These show shared priorities and progress within the public health system. There is a webinar on February 29th where OHA will walk through the process measures for LPHAs and OHA. After this detailed review, LPHAs will be asked to select their process measures that best align with their local priorities. OHA will collect baseline data in April on the AMs, and these will be used to produce the first annual metrics report (available in quarter 3 of this year). OHA will send out a survey after the webinar on the 29th and give LPHAs about 2-3 weeks to respond to select their process measures.

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Discussion: Sarah Lochner offered that these will help our advocacy efforts with the Legislature (we need data rather than abstract ideas). Board discussed concerns about using these metrics to hold individual counties accountable when there are unique challenges in each county (vaccine access, for example) and lack of funding (syphilis metrics were developed when all counties had DIS funding).

Program Element 51 – Public Health Modernization: Jessica Dale reviewed the updated version of PE 51. S&I has been intentional about balancing local flexibility and collective statewide priorities/accountability so that we can tell the story of public health. She reviewed major updates:

- Updated Foundational Capabilities and Programs table
- Removing drinking-water metrics
- Adding language that LPHAs must select metrics that show our collective priorities as a state
- Adding the updated accountability metrics
- Aligning language throughout the document.
- Updating that budget revisions must be made when there is a 25% or more change.

Jessica also reviewed that S&I had several rounds of revisions, and some of the revisions did not make it to this Board during the January 2024 meeting. The S&I Co-chairs and OHA met to clarify, and the version being presented today covers all the revisions.

Discussion: No discussion at this time.

Motion: Florence made a motion to approve the changes to PE 51. Philip seconded. 0 abstentions, 1 nay (Umatilla), remaining present in favor, motion passed.

Program Element 03 - Tuberculosis Services: Kathleen Rees and Heidi Behm reviewed PE 03. The committee reviewed and recommended the changes to PE 03 brought by OHA – changes were minor language changes and some required adjustments from CDC. The committee did not have any major concerns (unanimous vote, two administrators present during vote).

Discussion: Board discussed if this was a mandatory program – this is a mandatory program because it is a reportable disease for LPHAs, even though the PE has higher standards than the Triennial Review.

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Motion: The CD Committee has made a recommendation to approve the changes to PE 03 (motion and second). 0 abstentions, 0 nays, remaining present in favor, motion passed.

PE 43 - COVID Supplemental Funds: Kathleen Rees, Mimi Luther, and Rex Larsen reviewed the supplemental funds for COVID vaccinations through PE 43 available through December 2024 (likely to be extended through June 2025). The CD Committee reviewed several options to distribute about \$5 million in supplemental for COVID. The committee recommends using \$25k as a base with additional funds based on birth rate (1 county voted nay on this recommendation, 0 abstentions, two administrators present). Spreadsheet of each option and guidance on how the funds can be used is available in the meeting materials.

Discussion: If counties wish to decline the funding, LPHA administrators should let OHA know in writing, and OHA will rerun the formula with those funds added in again. Because these are CARES funds, funds can be dated to the beginning of this fiscal year.

Motion: The CD Committee has made a recommendation to use the presented funding formula using the \$25k base (second and motion). 0 abstentions, 0 nays, remaining present in favor, motion passed.

PHAB Update: Due to being ahead of schedule, Naomi moved the PHAB update up while we wait for other presenters to join the call. Marie provided an update on the Public Health Advisory Board activities (all materials available on the website: <https://www.oregon.gov/oha/ph/about/pages/ophab.aspx>)

- PHAB welcomed new members - 2 CBO representatives (one rural, one urban), education representative, health equity expert, and a new local health administrator representing large counties (Heather Kaisner, Deschutes – replacing Jocelyn Warren) - and reviewed and discussed some of PHAB's core bodies of work:
 - o 1. Health Equity Policy and Procedure and health equity framework
 - o 2. Accountability metrics
 - o 3. Public health workforce
 - o 4. Public health modernization funding
- PHAB is working on a 2024 Workplan, which will be finalized with new members tentatively for the next meeting. There are four components.
 - o Public health system commitment to health equity
 - o Public health system improvements and funding

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- Statewide population health priorities and policies
- PHAB structure, business, and member support
- PHAB has two new workgroups to develop Public Health Modernization deliverables:
 - Statewide Health Equity Framework Workgroup: This group is tasked with developing a statewide health equity framework (due June 2025). Members include PHAB, LPHA, CBO's, Tribal, Health Equity Committee. Phase 1 includes Role Mapping to collaboratively define roles within Oregon's public health system towards ending health inequities. Phase 2 includes developing the Health Equity Framework – this will be defined and determined throughout the Phase 1 process
 - Public Health System Workforce Workgroup: This group is tasked with developing a statewide public health workforce plan. They started in January and have met twice. OHA is contracting with the Wyoming Survey & Analysis Center (WYSAC) from University of Wyoming. Key research questions include: 1. What is the existing capacity of the public health workforce system and 2. What are the identified accomplishments, challenges, and recommendations? WYSAC is reviewing dozens of documents and sources including but not limited to, Oregon's Local Public Health Workforce Report (Coalition of Local Health Officials (CLHO), 2021). Workgroup members are advising WYSAC on the report and materials and will provide recommendations for the workforce plan to inform future investments (timeline is likely shifting back).

Discussion: Goal is for these two deliverables for PHM to be operational. The groups are slowing down to ensure all the people on the group have the appropriate knowledge and context to do this work and to consult with community.

Program Element 76 – Tobacco Retail Licensure: Sarah Wylie and Elisabeth Maxwell reviewed that OHA brought changes to PE 76 to the HPP committee. Sarah Wylie reviewed the changes to the PE (slides and PE available in meeting materials). Many of the changes are related to timeline for reporting and invoice. Sarah noted that this does not apply to the 4 counties that have their own TRL programs: Benton, Multnomah, Clatsop, and Klamath. Elisabeth noted that this only impacts the 6 counties that have opted into doing the TRL is their counties: Clackamas, Coos, Curry, Hood River, Josephine, and Douglas. The HPP voted to approve the changes.

Motion: The HPP Committee has made a recommendation to approve the changes to PE 76 (motion). Bob seconded. 0 abstentions, 0 nays, remaining present in favor, motion passed.

Public Health Modernization Evaluation: Kusuma Madamala provided an overview of the Public Health Modernization Evaluation workgroups (slides with background on the workgroups available in the meeting materials). Goal for today's

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discussion is to get the feedback from this group on the current proposals. The last evaluation was focused on two domains: workforce and foundational capabilities. The workgroups are recommending the following domains for this new evaluation: 1.

Implementation of Oregon's Public Health Accountability Metrics; 2. System-wide Organizational Structures; and 3. Contributions of the modernization funded workforce.

Discussion: Board discussed multiple aspects of this evaluation:

- There hasn't been linear investment in Modernization – the work has shifted, Modernization is larger than when it began, and the impact of COVID (continuing indirect costs, for example) is not necessarily being addressed. It would be interesting to understand how COVID has impacted county budgets.
- Board also discussed that it is hard to measure how LPHAs are rolling out the capabilities across all programs and how this work intersects with CCO work and CCO metrics and how work needs to be aligned (for example, LPHAs do TPEP, CBOs do tobacco work, and CCOs have tobacco-related metrics, and those three efforts are not aligned). Sara and Kirsten offered that this alignment is similar to what OHA and the Governor wish to do moving forward.
- Board also discussed how accountability metrics will be measured/monitored and how data systems will be improved to allow for this – Sara offered that this will be discussed at the AM webinar on the 29th.
- A main audience of this evaluation is the Oregon Legislature to get continued investment. It's important to have information and stories that can impact how the Legislature views public health. We also need to make our requests around workforce stand out from all the workforce shortage discussions.

OSPHD Leadership Intro: Larry Hill, OHA Equity Office Director, introduced himself as he takes over for Erica Sandoval. Larry has worked closely with LPHAs over the years and has a lot of respect for the work LPHAs do in their communities and is eager to continue working together in his new role. Danna also shared that the recruitment for the permanent OHA Public Health Director is now out and will be open into March. LPHAs will be involved in the process for reviewing applicants – we don't know what that looks like, but there will be more information soon.

Opioid Settlement Prevention, Treatment, and Recovery Board: Carrie Brogoitti shared that the OSPTR Board is having thoughtful discussions at each meeting. They discussed how to weight the funding allocations to each bucket of work. The results of these discussions are: overdose prevention/harm reduction (22%), primary prevention (22%), treatment and recovery (21%), research and evaluation (3%), leadership planning and coordination (6%), and emerging issues and administration (2%). This does not include the 30% of the funding that is going to the 9 Federally Recognized Tribes. Upcoming discussion will be about how to award the funding (through grant applications or through direct awards).

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Discussion: Board expressed appreciation for Carrie's representation for public health – have primary prevention prioritized in these discussions is huge.

Meeting Adjourned at 11:25 AM

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