**May 16th, 2024 Meeting of the Conference of Local Health Officials**

Minutes recorded by Laura Daily ([video recording available upon request](mailto:laura@oregonclho.org?subject=Request%20for%20Conference%20Meeting%20Recording))

DRAFT

Reviewed by Secretary / Treasurer: Philip Mason-Joyner

Approved on XX

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):**

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| --- | --- | --- | --- | --- | --- |
| X | Baker – Meghan Chancey |  | Hood River - Trish Elliot |  | Multnomah – Andrea Hamberg |
| X | Benton – Sara Hartstein | X | Jackson - Jackson Baures\* |  | North Central PHD - Shellie Campbell |
| X | Clackamas – Philip Mason-Joyner\* | X | Jefferson - Mike Baker | X | Polk – Naomi Biggs\* |
| X | Clatsop – Jiancheng Huang | X | Josephine - Janet Fredrickson |  | Tillamook - Marlene Putnam |
|  | Columbia – Jaime Aanensen | X | Klamath - Jessica Dale | X | Umatilla – Alisha Lundgren |
| X | Coos – Tim Lynch |  | Lake - Judy Clarke | X | Union - Carrie Brogoitti\* |
| X | Crook – Katie Plumb\* | X | Lane – Elisabeth Maxwell | X | Washington – Folu Adeniyi |
| X | Deschutes – Heather Kaisner | X | Lincoln - Florence Pourtal | X | Wheeler - Shelby Thompson |
| X | Douglas - Bob Dannenhoffer | X | Linn – Shane Sanderson\* | X | Yamhill - Lindsey Manfrin |
|  | Gilliam – Hollie Winslow | X | Malheur - Sarah Poe |  | HO Caucus - Pat Luedtke\* |
| X | Grant – Jessica Winegar | X | Marion – Wendy Zieker |  | 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; Jamie Coleman; Kirsten Aird; Sara Beaudrault; Andrew Epstein; Cessa Karson; Steven Fiala; Anthony Nickerson; Wendy Polulech; Andre Ourso; Mimi Luther; Shannon O’Brien; Rex Larsen; Stacy Matthews; Cate Wilcox; Jen Chandler; Courtney Fultineer; Tim Noe

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

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

**Motion:** Jessica Winegar moved to approve the April 2024 minutes. Katie Plumb seconded the motion. 0 nays, 0 abstentions, all remaining present in favor, motion passed.

**Appointments:** Naomi made the follow appointments:

A2CPS: Kim Fox (Crook)

CD: Jaime Craig (CLEHS, Tillamook EH), Bonnie Simpson (Jackson), Rebecca Stricker (Malheur)

EPR: Theresa Nguyen (Jefferson)

HPP: Stephanie O'Neal (Crook), Theresa Nguyen (Jefferson)

S&I: Stephanie O'Neal (Crook)

**JLT Recap:** Naomi provided an update on the Joint Leadership Team meeting from this morning. The group discussed updates to the OHA Policy Option Package process, the CLHO Group Practices session in April, the Modernization costing and capacity assessment, progress on the CLHO MOU, and PHAB updates and representation. Regarding the OHA POP, Kirsten added that Modernization continues to be a priority and that the agency is looking at a general fund investment between $0 and $10 million for Modernization. OHA leadership is generally supportive of this, but final numbers will depend on the Governor’s Office.

**Viral Hepatitis Elimination Plan:** Shannon O’Brien (Public Health Physician, recently joined OHA) provided an update on the Viral Hepatitis Elimination Plan (slides available in meeting materials). Hep A & B both have vaccines, and Hep C is curable, so viral hepatitis elimination is possible. Oregon has the 2nd highest rates of hep C-related mortality rates in the nation. The goals of the elimination plans are:

* Goal 1: Prevent new infections
* Goal 2: Improve health outcomes
* Goal 3: Eliminate health disparities and inequities
* Goal 4: Improve surveillance and data usage

Additional resources are: Oregon Viral Hepatitis Main Page:  <https://www.oregon.gov/oha/ph/diseasesconditions/hivstdviralhepatitis/adultviralhepatitis/pages/index.aspx>

National Viral Hepatitis Roundtable, No One Deserves Viral Hepatitis Campaign: <https://nvhr.org/no1/>

CDC Viral Hepatitis Month resources: <https://www.cdc.gov/hepatitis/awareness/HepatitisAwarenessMonth.htm>

Peer programs in Oregon LPHAs can link with for syndemic work:  <https://www.peersupportoregon.org/>

*Discussion:* Board discussed the role of local public health in screening/treating/referrals for viral hepatitis and the need for local public health to be included in coordination and to receive funding for this work. Shannon asked for LPHAs to share local efforts around hepatitis coordination – her email is [shannon.OBrien@oha.oregon.gov](mailto:shannon.OBrien@oha.oregon.gov). An example is PATHS

(Peer-Assisted Treatment for Hepatitis C and Syphilis) through OHSU – they will take referrals at [pathsprogram@ohsu.edu](mailto:pathsprogram@ohsu.edu). The Board also discussed coordination with CCOs – for now, CCOs may need education around hepatitis prevention and care coordination, and there may be a way to incorporate hepatitis into CCO metrics in the future.

**Public Health Advisory Board Update:** Sara, Steven, Marie, and Kirsten shared updates on the Public Health Advisory Board activities.

*Funding and Incentives Update:*

Sara shared that the PHAB has a responsibility to review/update the Public Health Modernization Funding Formula every two years. The last time they reviewed the formula, they increased the base to $400k to ensure each LPHA can hire staff – this generally shifted more resources to small and extra-small counties. Steven also shared numbers on the LPHA workforce (staff, not FTE) funded through Modernization PE 51-01 with the current funding formula (available in meeting materials). LPHAs were sent a survey about the funding formula and incentives and matching funds (23 responded). The Funding and Incentives Committees is reviewing these survey results from LPHAs (results available in meeting materials). As of now, the committee is planning to leave the base component of the formula alone - Heather and Bob (committee members) shared that this was based on the potential for a smaller investment for Modernization and to give time for us to understand how the change impacted the capacity of smaller health departments.

*Discussion:* Sara clarified that the funding formula discussed today largely applies to PE 51-01 because that it the only part of PE 51 that has enough funding for this formula to apply. Group also clarified that smaller counties now have a higher per capita investment than larger counties because of the changes to the formula.

*PHAB Health Equity Framework Workgroup***:**

Marie provided an update on this workgroup that is tasked defining roles for public health system partners for each foundational capability (goal is to have a roles map complete it this fall). The Conference Board should receive a draft of this map in July, and LPHAs will have opportunity for input through the Conference, PHAO and their LPHA size-band representative on PHAB. The second deliverable of this workgroup is a health equity framework due by June 2025 – OHA will use this to guide their equity-centered decision making, and it will be available as a tool for LPHAs that want to use it. The group is referring to the Public Health Modernization Manual as they do all this work.

*Discussion:* The Board discussed how this work will impact the Modernization Manual. Sara clarified that there is no immediate plan to update the manual and that this work is about defining the complimentary roles of partners who were not included before. The Board discussed the need for clarity and to connect all the efforts, eventually, so all public health system partners are referring to the same document and we don’t have parallel documents. Bob shared that the workgroup has been working through tensions, and Marie added that some representatives on the committee are learning the nomenclature of public health while also trying to navigate how to define roles. The Board asked about membership on the workgroup – materials from last meeting [here](•https:/www.oregon.gov/oha/PH/ABOUT/PHAB%20Meeting%20Documents/2024-05-15%20Health%20Equity%20Framework%20Meeting%20Materials.pdf).

* Meka Webb, Screenwise, OHA
* Dr. Marie Boman-Davis, LPHA, CLHO Rep on PHAB (Washington County)
* Dr. Bob Dannenhoffer, LPHA, Medium County Rep on PHAB (Douglas County)
* Krizia Polanco, LPHA, Umatilla County
* Sarah Poe, LPHA, Malheur County
* Jackie Leung CBO, PHAB (Micronesian Islander Community)
* Misha Marie, CBO, Arc of Benton County
* Jennine Smart, CBO, ORCHWA
* Faron Scissons, CBO, Inter-tribal Fish Commission
* Natalie Carlberg, CBO, Boys & Girls Clubs of PDX
* Taylor Silvey, CBO, Ecumenical Ministries of Oregon
* Christine Sanders, CBO, Neighborhood House’
* Miranda Williams Tribe Confederated Tribes of Siletz Indians
* Beck Fox Health Equity Committee Member, CCO, Samaritan Health Plans/InterCommunity Health Network
* Margaret Sanger, OHA HPCDP
* Dianna Hansen, CBO PHAB Representative, rural
* Ana Gonzalez, CBO PHAB Representative, urban

The Board also discussed the need to understand that roles/capacity of partners differ from frontier, rural, and urban counties. The Board discussed the process – the original manual was developed at an all-day in-person session at the CLHO retreat with OHA and LPHAs, and the process now isn’t as clear and how the lines of communication flow from CLHO, PHAB, PHAO, and OHA. Board members requested some clarity around how this workgroup functions, what the results of their deliverables will be, and how LPHAs can be involved.

*PHAB Public Health System Workforce Workgroup*

Kirsten shared that this workgroup has been reviewing the assessment recently completed by WYSAC. This workgroup will be developing some recommendations from the WYSAC report, and then OHA will take those recommendations to community (meaning all entities that employee the public health workforce and all levels of staff at those organizations).

*No discussion or questions.*

**Family Connects Supplemental Funding:** Skipped for time – update will be sent via email.

Update sent via email:

“There are three items regarding the Universally offered Home Visiting (UoHV) initiative.

* The first is regarding the commercial payor reimbursement gap. As you may know, Medicaid receives some of the initiative funds to cover the Medicaid match for the Medicaid claims. Due to lower than expected current and forecasted Medicaid claims for this biennium, they have some unspent funds which they are providing back to the program. We are able to use those unspent funds to help shore up some of the commercial payor reimbursement gap Early Adopter sites are experiencing. These funds will be distributed to the Early Adopter sites for FY 25 using the High Deductible Health Plan formula this committee approved last year.
  + Early Adopter sites have already been informed of this addition to their FY25 awards.
* Second, we want to announce officially to you the UoHV 2024 Cohort. This will be our first expansion of the initiative and we are super excited to welcome them. They are:

1. Multnomah County (LPHA as Community Lead and Service Provider)
2. Yamhill County (LPHA as Community Lead and Service Provider)
3. Douglas County (UCAN as Community Lead and Service Provider)
4. South Coast serving Coos, Curry and coastal Douglas Counties (South Coast Early Learning Hub as the Community Lead, Bay Area Hospital as the Service Provider)

The new cohort will join us for a kick-off meeting focused on funding in June and officially start planning this August, with the goal of implementing services between early-mid 2025.

* Third**,**OHA/MCH has officially started working with our communications contractor, Coates Kokes, who will develop strategic communications infrastructure for implementing and expanding the initiative. We recognize many of the existing UoHV sites have spent time and resources developing their own communications materials and we’re grateful for their patience as we secured a contract that will bolster existing work. Coates Kokes will support UoHV with increasing population reach and clinical partner engagement, ultimately moving our state towards viewing UoHV as a cultural norm. Some specific work includes:
* Develop a toolkit for sites that includes customizable UoHV materials including press releases, flyers and poster templates, social media content, fact sheets, talking points, and more
* Create a UoHV social media campaign
* Redesign the public facing UoHV website
* Improve UoHV branding
* Provide communications TA and training to sites
* And more!

Let Cate Wilcox or Brean Arnold know if you have questions.”

**Immunization Exemption Rates:** Stacy Matthews and Rex Larsen provided an overview of school immunization exemption rates (slides available in meeting materials). High level points are:

* The third Wednesday in February is the day all records must be updated with updated vaccination information or exemptions, and the OHA updates data in spring.
* Most exemptions in Oregon are nonmedical – they steadily increased from 1986-2014, dropped sharply in 2015 when a law was enacted requiring education before claiming a nonmedical exemption, rose again until 2020, dropped when online learning during pandemic led to incomplete records, and rising to an all-time high in 2024. In this last year, exemptions have increased across the state of Oregon.
* Oregon has the second highest exemption rates in the nation but is in the middle of the pack for immunization rates in the nation, largely due to thorough data collection.
* LPHAs can access their county data from IRIS, and OHA will be releasing a dashboard later this summer.
* 69% of schools in Oregon reached herd immunity for measles in 2024, which means 31% of schools have vaccination rates low enough to be concerned about an outbreak if there is a case.
* 2-year old immunizations rates have actually been rising over the last two decades, peaking in 2019 and then decreasing in the last five years. Adolescent immunization rates follow a similar pattern.

*Discussion:* Board asked about the end of the CDC Bridge program for flu and COVID vaccination. Rex shared that the program is ending in August 2024, and it is unlikely that we will have other funds for vaccination for vulnerable/uninsured populations. This may be impacted by the updated COVID-19 vaccine being approved this summer. OHA is planning to get some communication out about this – LPHAs are eager for this messaging.

**CBO Gaps Data:** Skipped for time – update will be sent via email.

Update sent via email:

“Attached [in meeting materials] are the data we used to identify jurisdictions with CBO funding gaps.

* OHA met with LPH administrators from the six LPHA jurisdictions identified as continuing to have gaps – Columbia, Deschutes, Douglas, Malheur, Marion, Tillamook
* Based on feedback from the six jurisdictions, OHA developed a menu of potential options.  Four of the six LPHAs indicated their preference for the options, which are:
  + Develop mechanisms through which LPHAs could invite and offer stipends to representatives from community groups/organizations to participate in a pre-organized learning (such as through a panel discussion with a

person with lived experience, a community health educator, and a subject matter expert) opportunity on a specific public health topic ) and then go back to their respective groups and share the information in a way that is effective for the community they serve

* + - OHA or another contractor would organize these opportunities.  The main role for the LPHA is to identify and vet community partners to be invited, to attend the event, and provide follow up information and connection as needed to the attending community partner(s) in your jurisdiction.
  + Provide passthrough funding to LPHAs to award low-burden mini-grants to local grassroots organizations.  Allow LPHAs to cover their indirect and administrative costs related to this funding.
  + Invite non-funded CBOs, as well as LPHAs, to the Rural Health Equity Data trainings via NW Center for Public Health Practice. This is a professional development interest area for LPHAs and CBOs. Consider hosting one of the in-person trainings in a gaps jurisdiction.
* Now that we have this feedback, OHA will begin to work on implementation plans in collaboration with the jurisdictions experiencing CBO funding gaps.”

**Opioid Settlement Board Prevention Funding:** Courtney Fultineer provided an overview of the Oregon Opioid Settlement Allocations for Primary Preventions. Slides are available in meeting materials. High level points include:

* On May 8, 2024, the OSPTR Board approved an ADPC proposal to increase and strengthen Oregon’s workforce capacity for primary substance use disorder prevention of $13.7 million: $9.5m for evidence-based primary prevention capacity and workforce at counties, $3.7 to culturally and linguistically specific CBOs, and $450k to train and certify two cohorts of 25 Certified Prevention Specialists per year for two years (total of 100 professionals)
* Counties will have flexibility in how to increase capacity, including using the funds for salary/wages, training, and more. The funding is one-time, but there is no end-date by which it must be spent.
* OHA will engage with CLHO and other partners who will receive the funding to recommend a distribution formula (OSPTR Board will need to approve it). OHA must complete this engagement and recommendation by September 4, 2024 and will be responsible for ensuring funds are used in accordance with the OSPTR Board motion and for monitoring funds grantees.

*Discussion:* Carrie expressed gratitude for all the advocacy from CLHO members around this. Courtney confirmed collaboration and recommendations with go through the CLHO HPP Committee.

**CD Co-Chairs:** Naomi reviewed that the CLHO Communicable Disease Committee is looking for new co-chairs. If administrators think their county representatives could take on this leadership role, please encourage them to reach out.

**Meeting Adjourned at 11:31 AM**