**CLHO-CD Meeting 10/8:**

**Attendees:** Allison Portney, Anna Summers, Rachel Posnick, Andrea Krause, Tyra Jansson, Emily Freeland, Russell Barlow, Minarva Craig, Cindy Rettler, Amy Manchester Harris, Kathleen Rees, Ann Thomas, Kelly McDonald, Andy Epstein, Mimi Luther, Michael Nugent, Jenne McKibben, Sara Beaudrault

**LPHA Uses for ALERT:**

*Overview of approved LPHA uses of ALERT and time for questions.*

* LPHAs cannot verify employee vaccine statuses in ALERT – either for the county or for an external employer
* If LPHA provided the vaccine, the employee needs to go to the HR department as a patient to request the record
* LPHAs can use ALERT for outbreaks and to decide quarantine decisions
* Schools are not allowed to pull ALERT vaccine information for parents, volunteers or staff; parents need to go to their providers to get records
* Employees need to provide their employers with vaccine records
* This is a decision from the Department of Justice
* Counties expressed concerns about barriers, not enough time and this process being very inconvenient to meet the needs of COVID teams

**Equity Based Metrics for CD:**

*Listen to draft equity-based metrics for CD (see attachment). Provide feedback on what LPHAs view as priorities and what is feasible to address in an upcoming presentation by OHA to the Public Health Advisory Board.*

* In statute, PH advisory board selects, monitors metrics intended to demonstrate better outcomes through PH systems for legislative investments and PH investments
* There are metrics for what counties can do to improve health outcomes
* The same metrics have been in place since 2016
* PHAB is making significant changes to accountability metrics
* Emphasis on choosing metrics that meet community need
* ACDP sharing what they will bring to subcommittee (see attachment with agenda) and is looking to align metric recommendations with biennial modernization investment in CD and environmental health
* Metrics should be what LPHAs are interested in, can measure, can operationalize (can be aspirational to make improvements for CD)
* ACDP is looking for diseases with significant racial and ethnic disparities and identified three high risk categories: persons who inject drugs, homeless, and BIPOC/immigrant/refugee
* Counties discussed the need to consider all three populations together and not just individually
* Idea is to also assess outbreaks within these metrics and improve our understanding of how to respond/do more prevention work. An example would be building relationships with CBOs and faith based leaders to address measles outbreaks
* Metrics can be made specific to individual counties
* Metrics will be presented by ACDP to PHAB in a little over a week from now.

**ACDP is looking for feedback on the practicality and ability to track these metrics. Please send all of your thoughts, comments, concerns to me or Ann Thomas by the close of business tomorrow, Friday 10/15. If you need more time, please let us know. Please flag issues of feasibility and community priorities.**