

February XX, 2025

Dear Oregon Health Policy Board members,

Thank you for the opportunity to provide recommendations for CCO 3.0 to improve the health of the 1.4 million Oregonians on the Oregon Health Plan.

In the 13 years since Oregon first implemented the CCO [model](#) to improve health and reduce costs, the state has expanded CCO goals to also advance health equity, address the [social determinants of health](#) and to support [preventive population health initiatives](#).

These goals and resulting metrics cannot be met without the help of local partners, including Oregon's 32 local public health departments (LPHAs), who already serve many CCO members and whose job it is to protect and improve the health of Oregonians.

While there are instances of CCOs working with public health and funding some LPHA initiated programs, there is no legal requirement to do so—this results in duplication of work, fragmented services and continued rising costs for Oregon's Medicaid system.

To address these inefficiencies, the [Oregon Coalition of Local Health Officials](#) (CLHO), which represents Oregon's local public health departments, offers two recommendations:

- 1) **Require that CCOs partner with LPHAs and fund existing programs that align with CCO initiatives and metrics.** Local public health programs address CCO upstream prevention goals, serve CCO members, and make progress towards CCO metrics. CCOs could bolster these existing programs and provide sustainable funding for this work through flexible funding streams which include: Value-Based Payments (VBP), In Lieu Of Services (ILOS), Supporting Health for All through REinvestment (SHARE), and Health-Related Services (HRS).
- 2) **Require CCOs to align their health needs and quality improvement plans with LPHAs and other local health partners.** Many LPHAs conduct a local or regional Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) and they already have existing networks of community partners who participate. CCOs are also required to conduct a CHNA/CHIP, but in many parts of the state there is no coordination between the two processes, which hinders progress on local health improvement. Aligning local planning would support more coordinated and strategically funded initiatives.

### **What does public health do?**

Local public health authorities (LPHAs) exist to protect and improve the health of the community by preventing disease, illness, and injury and by seeking upstream solutions to ensure everyone has the opportunity for a healthy life. They work closely with a wide range of partners to serve people outside the walls of hospitals, clinics and emergency departments. Some of the ways they do this include (but are not limited to):

- Identifying populations who are underserved or disproportionately impacted by a health concern and developing strategies to provide culturally-appropriate services to advance health equity
- Administering nurse home-visiting programs for new families
- Providing nutrition education and benefits through the Women, Infants, and Children (WIC) program
- Identifying gaps in health care in the community and providing services to fill those gaps (such as immunizations, testing and treatment for STIs, and other clinical services)
- Tracking and preventing communicable diseases and providing case management/wrap-around support for people with complex needs (such as people diagnosed with tuberculosis or pregnant people diagnosed with syphilis)
- Ensuring everyone has a healthy environment by testing water quality, regulating restaurants, and responding to childhood lead exposure
- Establishing and tracking measures of population health to measure progress

CCOs and LPHAs are part of the same health system working toward improving the health of the most vulnerable Oregonians. For CCO 3.0, please consider codifying partnerships between these entities to ensure Oregon can eliminate health disparities and provide everyone with the opportunity to thrive.

CLHO is currently advocating for four public health priorities at the state legislature. [Read more about these priorities](#) and hear from Oregonians who benefit from public health programs.

Sincerely,

Philip Mason-Joyner  
CLHO Board Chair

Sarah Lochner  
Executive Director