### Purpose & Overview

During the Annual Meeting of the Conference of Local Health Officials in October, committees review their work from the past year, discuss future initiatives, and identify needs for support or additional representation. This report helps facilitate collaboration between committees and informs the CLHO Board of each committee's progress and needs.

**Estimated completion time: 25-30 minutes**

**Co-Chairs:** Please complete this template and submit your responses to Allison ([allison@oregonclho.org](mailto:allison@oregonclho.org)) by **2:00 PM PST on Friday, October 10th, 2025.**

**Meeting Attendance:** Please plan to attend the October 16th, 2025 CLHO Conference meeting to provide a brief 5-minute summary of your committee's report, and please let Allison know who will present. If neither co-chair can attend, please arrange for another committee member to present this information.

**Questions?** Contact Allison with any concerns or questions.

### Committee Information

**Committee Name:** Access to Clinical & Preventative Services

**Co-Chairs:** Erika Zoller (Clackamas) and Anne Kilty (Deschutes)

### Annual Report Questions

#### 1. Committee Purpose & Structure

What is the purpose of your committee, and what issues fall within your committee's scope?

*Please provide 2-3 sentences describing your committee's mission and key focus areas.*

The purpose of the Access to Clinical and Preventive Services Committee is to take action and make meaningful progress on community health issues related to access to services in the following areas:

* Family and Child Health (FCH)
* Women, Infants and Children (WIC)
* Reproductive Health
* School Based Health Centers (SBHC)
* Immunization services
* Others as assigned or as need arises

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#### 2. Governance & Planning Tools

a) Does your committee have a charter?

Yes

If yes, how well is it serving your needs?

The Access to Clinical and Preventive Services Committee has a charter that was adopted in February 2018 and last updated December 2019. The committee discussed an updated charter in April 2023 to reflect the committee’s desire to have OHA provide meeting materials at least one week in advance, especially when OHA is requesting a vote. The updated process has worked well, and committee members are prepared to vote (either because they reviewed the materials in advance or because they consulted with subject matter experts within their respective LPHAs). The updated charter has not been voted on/approved by the committee at this time.

Overall, the charter 2019 version is serving the needs of the A2CPS committee, though it does need some updates and a reasonable goal is to have an updated, adopted charter by next year’s annual reporting period.

b) Does your committee have a work plan?

* Yes

If yes, how effectively is it guiding your activities?

The Access to Clinical and Preventative Services Committee work plan is from 2020 and needs to be updated to reflect some changes in programs and the monitoring and evaluation plans. Although it is 5 years old, the Key Actions remain the same and are consistent with the work of the committee through the present. A reasonable goal is to have an updated work plan by next year’s annual reporting period.

#### 3. Public Health Modernization Integration

How has your committee incorporated Public Health Modernization priorities into your objectives? Please describe both successes and challenges you've encountered.

*Public Health Modernization refers to Oregon's statewide initiative to strengthen and modernize the public health system.*

The Access to Clinical and Preventive Services Committee is focused on the broad Public Health Modernization vision that all people in Oregon have access to and receive recommended and cost-effective clinical and preventive services. However, since most of our service areas are not receiving Modernization funding, our committee is less focused on the specific details of Modernization. But we are unified with the vision, and our committee works to align community needs, local and State strategic plans, contract requirements (program elements) and current programs with the foundational programs and capabilities as outlined in the Public Health Modernization Manual.

Much of the work for this committee is related to Program Elements and the ever-changing landscape of what access and clinical services are in local communities and the resource needs.

#### 4. Communication & Collaboration

How effectively is your committee sharing information and materials with the following stakeholders?:

*Please note any challenges or particularly successful approaches.*

1. Committee members:

* Last year we instituted a meeting of co-chairs and our OHA representative 2 weeks prior to committee meetings so co-chairs can plan the agenda and allow OHA time to gather requested information and/or guest speakers. This has worked well.
* Materials that members need to review and/or vote on are sent out 2 weeks prior so that meeting time can be used most efficiently.
* Meetings are an excellent forum for discussion of how different LPHAs are approaching challenges. For instance, disparate access to EHR systems and impact on documentation/efficiency for services.
* Committee members agreed that there will be a combination of standing agenda items, open discussion, and policy/funding updates from OHA.
* We appreciate the active involvement and partnership from the OHA liaison, Cate Wilcox. OHA, in general, has been open to our committee’s needs/requests.

b) The CLHO Board:

* We appreciate the quarterly check-in meetings
* Communication is somewhat inconsistent because neither co-chair is part of the CLHO Board/an LPHA administrator.

c) Other CLHO committees (if applicable):

* N/A this past year.

#### 5. Additional Insights

Is there anything else you'd like to share with other committees or the CLHO Board?

*This could include emerging issues, innovative approaches, resource needs, or collaboration opportunities.*

* In February of 2025 we held a well-attended retreat spent in open discussion of members’ concerns and needs at their LPHAs in our focus areas. There following themes were captured:
  + Advocacy: Need for increased Medicaid/State reimbursement rates and legislative support.
  + Workforce Challenges: Retention, competitive wages, and recruitment difficulties.
  + Financial Strategies: Ensuring funding keeps pace with program costs, exploring state and local funding options.
  + Structural Improvements: Sharing best practices for program efficiencies across counties, developing solutions for reducing administrative burden.

Also, during the retreat, our committee discussed strategies to address the above concerns, including:

* Fiscal Concerns
  + LPHA workforce issues, especially with nurse vacancies, are often related to non-competitive pay.
  + Most LPHAs have sustainability concerns for nurse home visiting and reproductive health services (which usually include STI services) due to many years of flat Medicaid reimbursement, constantly increasing personnel costs, and the rising costs of medications and access to evidence-based lab tests which are cost-exorbitant for the uninsured/under-insured target populations.
  + Need for there to be changes in WIC funding formula.
  + Need for regionalized solutions to budget shortfalls.
* Electronic Health Records (EHR) & Documentation
  + Challenges in efficiency and disparity of access to EHR systems.
  + Potential consolidation of systems to streamline documentation.
  + Administrative burden of documentation requirements.

#### 6. Committee Membership Review

Please review your committee's membership list on this [spreadsheet](https://docs.google.com/spreadsheets/d/1w2TIs0wfLABFXPgH8Qr80QllsYy_sEcLQcO74FQNoKw/edit?usp=sharing) (each committee's roster is an individual tab). If any updates are needed, please add comments directly in the spreadsheet rather than listing changes here.

* I have reviewed the [spreadsheet](https://docs.google.com/spreadsheets/d/1w2TIs0wfLABFXPgH8Qr80QllsYy_sEcLQcO74FQNoKw/edit?usp=sharing) and made any necessary updates via comments.

Yes, as updated as possible at this time.

#### 7. Representation Needs

Does your committee need additional representation from any of the following groups?

* CLHO Board Members/Administrators we are set
* Small Local Public Health Authorities (LPHAs) need more
* Medium LPHAs we are set
* Large LPHAs would be great to have Multnomah
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you checked any boxes above, please specify particular counties or expertise needed:

We have multiple vacancies currently. The following counties do not have representation on our sub-committee:

Baker Morrow

Coos Multnomah

Douglas Tillamook

Gilliam Union

Grant Wheeler

Harney

Josephine

Our sub-committee covers a broad scope of public health programs, and we have subject matter expertise in areas like FCH, WIC and Reproductive Health, though lack it in other areas such as Immunizations and SBHC. We frequently bring in guests who do have subject matter expertise when we need it.

### Additional Needs or Requests

Please describe any additional support, resources, or assistance your committee requires:

There has been significant turnover in committee membership and engagement still remains low.

*Thank you for your thoughtful responses. Your committee's work is vital to supporting local public health across Oregon, and this feedback helps ensure we're providing the best possible support and coordination.*

**Submission Reminder:** Email completed template to [allison@oregonclho.org](mailto:allison@oregonclho.org) by 2:00 PM PST Friday, October 10th, 2025.