



Conference of Local Health Officials

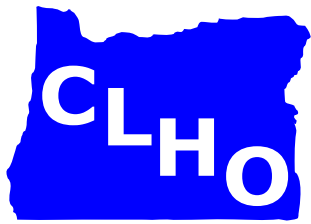
CLHO Health Promotion and Prevention Committee Agenda & Minutes

March 7, 2024

1:00 –2:00 PM

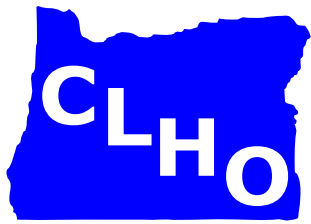
ZoomGov Meeting

| Agenda Item | Detail | Action Item | Responsible Party |
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| Welcome, Introductions (as needed) and roll call | Quorum is 50% +1 of committee membership | Roll Call is attached. | Elisabeth Maxwell & Hannah Woods |
| Review of minutes | Review | The February minutes were approved. | Elisabeth & Hannah |
| TPEP Funding Proposal Vote | Discussion & Vote | <p>Ophelia reported on the proposed TPEP funding proposal presented at last month's meeting. After allocating the \$14.5 million TPEP budget, there was \$400,000 left over. After the committee votes (if approved), the recommendation would be presented at Big CLHO. The administrators would determine if they wanted to receive funding for the fiscal year beginning July 2024, and would present an updated work plan for approved activities to receive the flexible funding. The two proposals are:</p> <ol style="list-style-type: none">1. Divide the \$400,000 equally among participants, with all grantees receiving a minimum of \$11,400 if all counties opt-in.2. \$5,000 base and then per capita based on county population. Awards range from \$5,000 to \$47,000. Whatever amount is left over from LPHAs who opt-out will be put back into the per capita pool. <p>Katie asked if this was the original proposal given at Big CLHO? Why were there two different proposals? Danna said the new proposals simplified matters and were more equitable. Jennifer said that Klamath would be opting out, but she supported option one. Katie wondered if larger counties would opt out because of the smaller amounts. The committee voted in support</p> | Ophelia Vidal |



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| | | of option one. The CLHO HPP committee will recommend option one and county administrators will vote if they support the funding proposal at Big CLHO. | |
| Rural Population Health Survey | | The Rural Population Health Survey was postponed until April Meeting. | Sharon Coryell & Duyen Ngo |
| Open Forum | | | |
| Prevention funding and short session | | Jessica asked about the legislative session and prevention funding. Prevention funding did not move forward for LPHA's. OHA is still debriefing the session. | Jessica |
| CCO Tobacco Metrics Question: | | Katie asked about tobacco metrics questions. | Tim Noe & Sari Hargand |
| "Why vaping is no longer included in the CCO tobacco metric?" | | Tobacco use continues to be the leading cause of preventable death and disease in Oregon, and it is the responsibility of health systems to monitor and address the use of products we know cause harm. Oregon Health Plan members, the population served by CCOs, are twice as likely to smoke cigarettes compared to people not on the Oregon Health Plan. These trends in Oregon are seen across the U.S. In 2021, approximately one in five (21.5%) adults enrolled in Medicaid smoked cigarettes, compared to about one in nine (8.6%) adults with private health insurance and about one in ten (11.5%) adults overall. | |
| | | SB966 states that downstream CCO measures must come from the CMS Core Set with the exception of adult dental. The current CAHPS-based tobacco related measure on the CMS Core Set is set to retire in two years. E-cigarettes were not classified as tobacco in the 2015 USPSTF recommendation given that the devices do not burn or use tobacco leaves. In light of the this, the 2022 CMS measure did not capture e-cigarette usage as tobacco use. Standardizing measures of e-cigarette use is currently a challenge because of rapid and ongoing changes in the marketplace and in the products themselves. The 2021 USPSTF recommendation references the US Food and Drug Administration definition of tobacco which includes vapes, electronic cigarettes (e-cigarettes), hookah pens, | |



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| | | <p>and other electronic nicotine delivery systems. The 2023 measure may or may not contain individuals who use e-cigarettes depending upon how an individual interprets “tobacco use”. Since the CAHPS-based measure was retiring, this was an opportunity to explore, as a group, how to better capture these data.</p> <p>When identifying health outcome and quality measures, incentive program metrics committees should prioritize measures that can be meaningfully adopted for a minimum of three years. Since the CMS Core set is retiring in two years, OHA is not recommending switching to this CMS Core Set tobacco measure. In an interest in continuing to have a tobacco related measure in the CCO Quality Incentive Program in 2025, OHA made the case that cigarette smoking and tobacco use is an upstream measure. The CCO committee plans on selecting the 2025 Incentive Measure Set in Spring 2024.</p> | |
| Jennifer Little | | Jennifer Little went to Washington DC and met with Oregon representatives at the national level. She advocated for Oregon and prevention dollars for the state. | |
| Sarah Lochner | | Sarah Lochner said that \$17 million was approved by the legislature for prevention. Funding was for education and behavioral health entities. She will be following up on prevention funding over the next several months. OHA and CLHO follow the direction of Governor Kotek. | |
| Hannah | | Hannah said they will celebrate Public Health Week with Spirit Week for staff. | |
| Next Meeting 4/4/2024 | | | |