

Overall notes and factors for Committee Transition Plans identified at the CLHO Retreat.

- 1. Systems & Innovation (CLHO Healthy Structure) to help Committee Transition:**
 - a. Develop a Template workplan**
 - b. Funding conversations**
 - c. Program Elements uniformity (work already has begun)**
- 2. Ask each Committee to have a Committee Charter/ Workplan**
- 3. Orientation for Committee Chairs (and members?)**
- 4. Identify connections between committees (shared PEs)**
- 5. Ensure strong State Participation**
- 6. Recruit a balanced group of members (size of county rep, admin, program, content)**
- 7. Guidance to committees to ensure Administrator participation**
- 8. Identify best -practices for Model practices vs. Time Sensitive**
- 9. Can we involve other content experts? On a case by case basis?**
- 10. Answer the question, “who is on the committee”?**
- 11. OHA support across all of the committees consistently.**
- 12.**

Access to Clinical Preventative Committee Transition Plan

New or Continuing Chairs (no answer)

Ideal Committee Membership

- Administrators
- Program Managers
- Content Experts
- Small LHD Reps
- Medium LHD Reps
- Large LHD Reps
- Content experts, innovator agents, clinical services from CCO, member services CCO

Which programmatic areas should be represented on the committee?

WIC, RH (doing this program in their Health dept), SBHC, Health Equity group

New (or existing) Committee Membership Volunteers:

Jackie Litzay (Columbia)

Nancy Staten (Baker)

Trish (Hood River) ?

Sherrie Ford (Columbia)

Angie (Malheur)

Jessica Dale (Klamath)

Rosalyn Liu (OHA)

New LHD Committee Member Responsibilities

Identify PEs & is this the right place?

Represent clinical services & needs for modernization to be written into PEs

Using the CLHO Healthy Structure Committee transition as a guide please write some factors to be included in a new Committee Charter.

New Committee Purpose: Identify areas for Access committee to connect/align with CD and systems/innovation subcommittees

Public Health System Goals/Vision for Success: Regular communication with other CLHO committees; generate recommendation for collaboration with stakeholders to increase access; and identify resource needs

How should this committee continue to engage in Modernization Foundational Capabilities and Programs? Equity, data, and communication measures/capabilities integrated throughout program elements

Other factors for this committee to be aware of during transition? Does it make sense for MCH to fit here as well? Does WIC really fit here? Does it need a move?

Communicable Disease Committee Transition Plan

New or Continuing Chairs (no answer)

Ideal Committee Membership

- Administrators
- Content Experts

Which programmatic areas should be represented on the committee?

(no answer)

New (or existing) Committee Membership Volunteers:

Rebecca Austen (Lincoln) could co-chair if I'm not still on Exec and Legislative

New LHD Committee Member Responsibilities

(no answer)

Using the CLHO Healthy Structure Committee transition as a guide please write some factors to be included in a new Committee Charter.

New Committee Purpose: Guidance and recommendations for existing and new areas of work related to CD Surveillance, investigation, prevention and control initiative, and disease response evaluations. Language from memo.

Review changes to investigative guidelines and standing orders - share changes

Public Health System Goals/Vision for Success: Unified messaging and protocols for outbreak and emergency response

Integrate lessons learned and evaluations

Sharing state and local lessons

Encourage ethical deliberation (accreditation requirement) - OR-Epi

How should this committee continue to engage in Modernization Foundational Capabilities and Programs? Leadership for modernization implementation (RFP). Lessons learned and regionalization and health equity: 1) proactive health literacy; 2) Disease burden in the population

Effort to work with claims data to characterize costs of outbreak for evaluation, planning (projected costs)

Better partnerships - think outside the box

Share communications and strong messaging

Continually check in to assess if we're moving in the direction of modernization

Other factors for this committee to be aware of during transition? Incorporate modernization manual review of system functions at the start of each meeting.

Labs report well, doctors don't. There is an ongoing need to communicate statutory reporting requirements.

Note: This committee may overlap with #4 access to clinical preventive services (HIV & Ryan White)

Systems and Innovation Transition Plan

New or Continuing Chairs Mike, Florence

Ideal Committee Membership

- 1 Administrators
- 4 Program Managers - rep of 4 programs
- Content Experts brought in as needed
- 1 Small LHD Rep
- 1 Medium LHD Rep
- 1 Large LHD Rep

Which programmatic areas should be represented on the committee?

Epidemiology or IT; finance; accreditation coordinator; newer people system. Innovative

New (or existing) Committee Membership Volunteers:

Pam H, Karen (Wheeler)*, Muriel*, Angie*, Dawn (Clackamas), Mikeal (?), Florence, Ben (Curry), Ellen, Hillary Deschutes (?)

*expressed interest

New LHD Committee Member Responsibilities

Orientation

Using the CLHO Healthy Structure Committee transition as a guide please write some factors to be included in a new Committee Charter.

New Committee Purpose: Like the memo

Public Health System Goals/Vision for Success: Guidance on implementation, funding capabilities, sharing best practices. Health equity, best practice

How should this committee continue to engage in Modernization Foundational Capabilities and Programs? That work is central to this committee - we own capabilities

Other factors for this committee to be aware of during transition? Funding role is not clear; CCO work; Workplan for year

Notes:

? template

Workplan template (see modernization)

Health innovators

? binder?

State reps?

Facilitator to help w/ transition(?)

PHA(?) & Caucus

Prevention and Promotion Committee Transition Plan

New or Continuing Chairs Jocelyn Warren and Tanya Phillips

Ideal Committee Membership

- Administrators (½ +)
- Content Experts
- Small LHD Rep
- Medium LHD Rep

- Large LHD Rep

Should there be ratio between admin/staff?

Which programmatic areas should be represented on the committee?

MCH (Should this be here?), TPEP, Healthy Communities, Prevention staff; Equity REC rep

New (or existing) Committee Membership Volunteers:

Same, Terri, Lindsey, Kerryann (Marin), Julie (Clack - or designee), Courtney (Klamath), consider mix of MCH/HF and HC, who from MCH + HC will be included? # balance

New LHD Committee Member Responsibilities

Attend meetings

Recruiting from new content areas, visioning, volunteer for work (work sessions)

Using the CLHO Healthy Structure Committee transition as a guide please write some factors to be included in a new Committee Charter.

New Committee Purpose: Focus: population health, upstream approach, behavior change, health literacy, maintain connection with ELA

Public Health System Goals/Vision for Success: Vision: healthy people, reduce disparities, social determinants of health. COnnectivity between program committees. Responsiveness to local data; integration of prevention activities across prevention programs. Chief health strategist role in community

How should this committee continue to engage in Modernization Foundational Capabilities and Programs? Equity across state to support PH; across state PEs relationship of PH + CCO - CCOs have gotten all the investment and don't have the health expertise everywhere that PH has (Chief health strategist) - trusted health source and data, workforce development. Overlap with systems and innovations.

Other factors for this committee to be aware of during transition? Direct benefit to society as a whole

Shouldn't WIC be here?

Is this committee too big?

Just to acknowledge there may be tension and lots of overlap with Acc to CPS

Need web-based meetings. Zoom, GoTo

Connection to PHAO Caucus

How to engage with limited timelines?

Emergency Prep Committee Transition Plan

New or Continuing Chairs No answer

Ideal Committee Membership

- Administrators
- Content Experts
- Small LHD Rep
- Medium LHD Rep
- Large LHD Rep

Which programmatic areas should be represented on the committee?

PHEP Coordinators already attend meetings. Could they send one liaison to represent based on county size. Should make sure CRI is represented. Touch points to CD + EH work and committees. Bring in touch points as needed for ad hoc.

New (or existing) Committee Membership Volunteers:

No answer

New LHD Committee Member Responsibilities

PE

Agendas and chairs are from LPHA

Regular (annual?) PE Review

Assessing all foundational capability crossovers with preparedness capability

Using the CLHO Healthy Structure Committee transition as a guide please write some factors to be included in a new Committee Charter.

New Committee Purpose: Review PEs biannually

Public Health System Goals/Vision for Success: Everyone is prepared. Operates as more of a system and knock out silos.

How should this committee continue to engage in Modernization Foundational Capabilities and Programs? How. May be some cross over with non reg EH - climate change. CO- Outbreak and access to clinical preventive services.

Other factors for this committee to be aware of during transition? How are other capabilities being infused into PEs?

Vulnerable populations - not your traditional definition. Include college students who move frequently and are food insecure.

Environmental Health Committee Transition Plan

New or Continuing Chairs CLEHS

Ideal Committee Membership

- Administrators
- Program Managers
- Content Experts
- Small LHD Rep
- Medium LHD Rep
- Large LHD Rep

Which programmatic areas should be represented on the committee?

Content experts -> Health Promotion, OHA/EH Rep, maybe Andre

New (or existing) Committee Membership Volunteers:

Holly Wenzel (Crook)

Kathleen Johnson (Washington)

Jackson Baures

Michael Baker

Maybe facilitator CLEHS/New CLHO Com.

New LHD Committee Member Responsibilities

Regulatory/Non-Reg duties

Focus new Env-Modernization

Using the CLHO Healthy Structure Committee transition as a guide please write some factors to be included in a new Committee Charter.

New Committee Purpose: EH Structure embedded in CLHO Structure; Partnerships with state; increased understanding between regulatory, policy, and emerg. issues.

Public Health System Goals/Vision for Success: Integration of EH Policy work (climate and brownfield) into system. Advancement of non-reg work. System support regulatory work. Apply EH to regulatory and non-regulatory work

How should this committee continue to engage in Modernization Foundational Capabilities and Programs? Focus on policy and recs to CLHO

Increase capacity work for non-regulatory work

Increase partnership with DEQ and other environmental workgroups

CJS

Other factors for this committee to be aware of during transition? Cognizant of regulatory v. non-regulatory work. Don't want to disenfranchise EH specialists. Process checking along the way. Recognition that EH is core to all other PH services. Better coordination and understanding with state and local

Approach for Management:

Consultation/ assistance to develop the structure

Assess the committee participation mix

Facilitation resources for committee work

Xc collaboration