



COALITION OF LOCAL HEALTH OFFICIALS

July 10, 2018

To: CLHO Board  
Fr: Morgan D. Cowling, CLHO Executive Director  
Re: Six month review of CLHO Committees

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### Background

In July of 2017 the CLHO Healthy Structure embarked on a project to update and align the CLHO Committees with Public Health Modernization. Over the next six months the Health Structure committee developed templates and outline processes to improve overall committee operations. When the new CLHO Committees kicked off in January 2018 the CLHO Board committed to a six-month review of the new committee structure to make sure that it was working.

Last Tuesday a majority of the Co-Chairs of the CLHO Committees met to discuss how the new committee structure is working, or where there are opportunities for improvements. Each committee Co-Chairs were able to offer feedback in the areas outlined in this memo.

Overall, the feedback was positive, the Committee Co-Chairs are invested but there are definitely opportunities for improvements in committee structure, attendance, and standardizing practices.

Here are some general feedback in each major area and process and implementation recommendations for the CLHO Board to consider.

### **Alignment with Modernization**

Overall the feedback from the majority of the committees was that the new structure was working. Several committees commented about the additional of Health Officers and Administrators was of benefit for the work.

However, BOTH CLHO Access to Clinical Preventative Services (CLHO A2CPS) and CLHO Health Promotion and Prevention (CLHO HP&P) were struggling with the move of MCH closer into other chronic diseases. CLHO HP&P also felt that the committee was still heavily weighted with a tobacco control focus.

### Options:

1. Let the committees continue trying to work it out for six month



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2. Move MCH programs from CLHO HP&P to CLHO A2CPS
3. Keep same committees and ADD a MCH Committee
4. Ask CLHO Systems and Innovation to look at the structure and make recs
5. Ask JLT to look at the structure and make recs

### **Standardized Practices (Charter templates and Work Plans)**

Overall, Committees really appreciated having the templates and while figuring out work plan deliverables seemed challenging this is trying to get committees to think through work. This biggest challenges in this area was committees getting “quorum” to vote to adopt the documents. The committee Co-Chairs did identify a couple of areas for continued improvement to 1. Better understand assignments to Committees from the CLHO Board and 2. Keep the Co-Chairs connected to “big CLHO” work.

Recommendations to improve the feedback loop between CLHO and Committees:

- Establish two new forms so that the CLHO Board can give specific recommendations to Committees and Committees have specifics that they need to come prepared to speak to for recommendations.

### **Participation & Attendance**

Attendance seemed to be one of the biggest challenges across committees. While committees had slightly different issues the central question should be, “what is the threshold for doing business in the committee?” Most committees have people who signed up and haven’t been able to participate. There are a couple of committees that don’t have Administrator or Health Officer participation and/ or need more people. Questions to consider: How do we manage people who never participate but now count for quorum? Do we want to have a minimum threshold of participation before someone needs to be replaced on a committee? Is there a minimum Administrator participation we want to achieve on each committee?

Options:

1. Remove quorum requirement for committees
2. Remove the quorum requirement for committees. Establish a minimum number of committee members participating (example five members participating) with at least X number of administrators for a recommendation to come to the CLHO Board?
3. Recruit Administrators for committees
4. Ask Systems and Innovation for assistance and recommendations
5. Ask JLT for assistance and recommendations

