**MEMO**

**Date:** June 12, 2018

**To:** Coalition of Local Health Officials

**From:** CLHO Staff

**Re:** CLHO 2018 HAB Survey Summary Results

According to ORS 431.447 (2017), the governing body of a local public health authority may appoint a public health advisory board for terms of four years, with terms expiring on February 1, except that the first appointments made under this section shall be for terms of one, two, three or four years, as designated by the governing body. The advisory board shall meet regularly to advise the governing body of the local public health authority on matters of public health. The advisory board shall consist of: (1) persons licensed by this state as health care practitioners; and (2) persons who are well informed on public health matters.

The Coalition of Local Health Officials surveyed Local Health Departments in June 2018 to learn about the local Health Advisory Boards (HAB) and engage in information sharing for other counties looking to start or reorganize their own local HAB.

Survey Summary

* The majority of responses had a HAB (9/15)
* Most HABs meet monthly, two meet quarterly, and one meets twice a year
* Most HABs meeting lengths are between 1.5-2 hours (6/9), with one respondent each reporting 1-hour, 2.5 hour, and 3-hour meetings.
* Most HABs are only public health, one oversees public health and is the co-applicant board for the Federally Qualified Health Center which also provides behavioral health and dental services and one other also oversees developmental disabilities, addiction, and/or behavioral health

What HABs do:

1. High-level policy decisions (8)
2. Program-level decision-making (7)
3. Strategic planning (5)
4. Budgeting (3)
5. Other responses:
	1. Review and approve CHA & CHIP and accreditation documentation. Annual public health awards.
	2. Legislative and legal issues; risk management and quality assurance.
	3. Quality Improvement efforts.
	4. Information sharing.

Board composition responses:

1. CCO, Medical, non-profits, schools, community members, and FQHCs.
2. Community organizations, non-profits, student, military, local government, hospital/health systems.
3. 13 members: 6 general public, 6 health workers (very loosely defined - can be medical, dental, nutrition, prevention/navigation, health-related education (including university public health), etc., 1 is a student (can be high-school, college, or university).
4. Members of the community that access health services for low income or underserved, geographic areas of the county, different disciplines or constituencies (ie. faith, schools, disabled, Hispanic, youth, etc.), and connections with the community.
5. 4 at-large representatives, 2 persons representing underserved or minority communities, a faith community representative, a business community representative, a representative of the schools or Education Service District (ESD), a youth representative, a healthcare or hospital representative, an elected official, public safety (fire/EMS and law enforcement) representative, a nonprofit organization representative, a licensed practicing physician selected by the Washington County Medical Society, a licensed health care professional/non-physician representative.
6. 1 Commissioner from each of the counties that we serve, one person from general public from each county (one position not filled)
7. School district, Northwest Senior & Disability Services, FQHC, Community members -retired teachers, retired hospital administrator, Free clinic.
8. We have drafted an ordinance to create the Board. As drafted, it would include: The recommended composition of the PHAC is: 1 individual who is a licensed health care practitioner; 1 individual who is a current or former employee of a school district; 1 individual who is a current or former public safety professional (fire, EMS, or law enforcement); 1 individual who is a represents the faith community; 1 individual who represents a business or the business community; 1 individual who represents a non-profit organization; 1 individual who represents youth; and 2 individuals who are well informed on public health (at-large).
9. Board of commissioners, CHW director and county counsel.
10. Ours is not an official HAB but is the board of directors for the public health NFP.

How HABs communicate with commissioners

1. They schedule work session meetings with the Commissioners to get feedback and provide guidance. They also write letters/memos to the Commissioners with recommendations on policy or legislation.
2. We are still in the planning stages of how our HAB communicates with the Board of Commissioners. Initial discussions included having the HAB work with public health leadership to set long-term direction and approaches to public health work and advocate these approaches and strategies with the Board of Commissioners.
3. Generally communicates through Health Dept administration. Meets annually with one commissioner. Sometimes writes memos of advisement directly to BOC, sometimes designates a sub-committee to meet with commission chair, sometimes participates in BOC work sessions/briefings
4. BOC attends monthly meetings, Administrator attends weekly BOC meetings with updates, BOC and Health Council meet at least twice a year to discuss roles, BOC participates with Health Council and staff in annual strategic planning.
5. Our Public Health Advisory Council has a representative from the BOC and communication is shared via that channel, and the Council can also make formal recommendations to the BOC on matters of public health.
6. They are the county commissioners. One commissioner acts as the board chair, and that position does rotate -- I think every 2 or 3 years.
7. One commissioner sits on the HAB and we share our minutes with them.
8. The commissioner is a member.
9. Will be annual report and via administrator as an ex-officio member.
10. The board of health is the board of commissioners.

Restructuring comments:

* Recently restructured in December and will do evaluation later this year. Restructure occurred because of lack of focused coordination and direction.
* Looking at combining with Environmental Issues Advisory Committee due to issue cross-over.
* Would like to restructure in order to use time and energy more wisely, getting feedback on high level decision making, strategic issues.