October 9, 2019

To: Oregon Coalition of Local Health Officials Board of Directors

Fr: CLHO Staff

Re: Retreat Follow-up & recommendations moving forward

* **Administrative Burden**

This was a recurring theme during the retreat. There was quite a bit of frustration at times about the multiple work plans, and requirements and timelines that were out of alignment with the Annual Intergovernmental Agreement (IGA) process. This creates confusion and frustration within the financial staff at public health departments.

Examples include:

* Different fiscal reporting requirements at the program and division level.
* Challenges with having multiple funding requirements that require proposals all due at the same time outside of the annual PE/ IGA process. Modernization work plan, TPEP proposals and Hep A RFP funding streams had overlapping timelines and all required planning and oversight form fiscal and administrators time.
* OHA and/or Grants requiring more accountability including moves to workplans in funding streams.

Options for next steps:

1. Ask CLHO Systems and Innovation Committee to review accountability and funding structures across programs. This could include looking at different programmatic work plan, RFP requirements across programs and the PHD Director’s office.
2. Ask individual Conference committees to review PE requirements within their programmatic areas and see if there are opportunities for greater alignment between programs to reduce administrative barriers.
3. Request that Systems and Innovation design one, simple, easy form that each PHD program can use to request budget and work plan goals for the year.
4. Request that Systems and Innovation review PE timelines and process and make recommendations that improve the PE processes
* **Health Equity**

There are several approaches that both the Oregon Coalition of Local Health Officials (Oregon CLHO) and the Conference of Local Health Officials (CLHO) should use for working on and through equity. The session at the CLHO Retreat was the second attempt over the last couple of years to approach Health Equity and Cultural Responsiveness as a system’s issue and not a state or local issue. However, it seemed during the conversation that we missed a couple of first steps that need to take place to have a robust conversation of implementation across the local public health system. During day two of the retreat there were specific requests that CLHO work on developing an “internal” definition of health equity.

Recommendation:

1. Hire a contractor to facilitate a “mini-retreat” training in the Spring with two desired outcomes:
	1. Develop an agreed upon definition of health equity for use by local public health; and
	2. Develop a tool(s) for applying the definition of health equity into work.
2. Allow CLHO staff to move forward to find an organization and/or private contractor to begin scheduling and moving forward the health equity work.
3. Approve a base budget of $10,000 added to the CLHO approved operating budget for the 19-20 fiscal year for the mini-retreat and facilitator and allow CLHO staff to begin fundraising for equity engagement and training work.