

CLHO ENVIRONMENTAL HEALTH COMMITTEE
Charter
Adopted April 13, 2018

Establishment and Authority

ORS 435.330 Conference of Local Health Officials – “shall consist of all local health officers and public health administrators and such other local health personnel as may be included by the rules of the conference.” The Conference bylaws have organized the Conference to include a vote for each Local Public Health Administrator, a representative of each caucus (Health Officers, Public Health Administrators, Environmental Health Specialists and Public Health Nursing Supervisors), and the CLHO Executive Committee (which can be elected from general membership, not just board members).

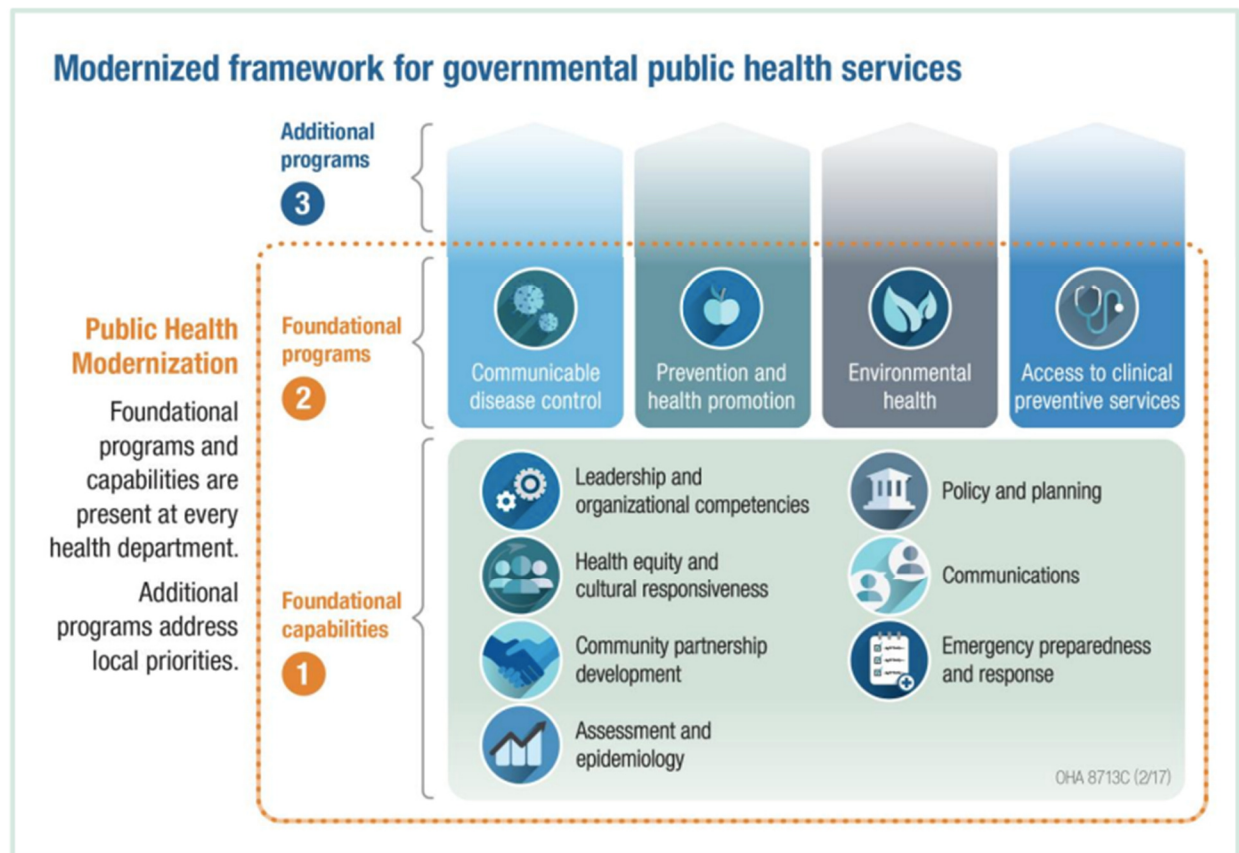
ORS 431.340 – 431.345 - The Conference may submit to the Oregon Health Authority such recommendations on the rules and standards for Minimum Standards for financial assistance – to include education and organization, operation and extent of activities, which are required or expected of local health departments to carry out their responsibilities in implementing the public health laws of the state.

To fulfill the statutory obligations set forth in ORS 431 the Conference has organized itself into committees, which make recommendations to the full Conference Board.

Public Health Modernization Background

A new framework for state and local health departments was adopted in 2015 through House Bill 3100. The public health modernization framework depicts the core services that must be available to ensure critical public health protections for every individual in Oregon. Oregon’s modernized public health system is built upon seven foundational capabilities and four foundational programs. These foundational capabilities and programs encompass the core public health system functions that must be in place in all areas of the state. Foundational capabilities are the knowledge, skills and abilities needed to successfully implement foundational programs. Foundational programs include topic- and disease-specific work to improve health outcomes, such as a decrease in the prevalence of a particular disease or health risk behavior.

As Oregon’s governmental Public Health System continues on the Modernization journey, each committee will work to align community needs, contract requirements (program elements) and current programs with the foundational programs and capabilities as outlined in the Public Health Modernization Manual. Accountability metrics and process measures will also need to be discussed, along with identifying funding needed to fully implement modernization.



Purpose of CLHO Committees

Committees:

1. Shall meet the needs of the Conference.
2. Shall focus on one of the following Public Health Modernization areas: communicable disease control; prevention and health promotion; environmental health; access to clinical preventive services; systems and innovation; emergency preparedness and response; or another as-needed area that is relevant for protecting the health of Oregonians.
3. Will make recommendations to the Conference Executive Committee and Board of Directors on:
 - a. Program elements proposed changes and updates
 - b. Funding formula changes
 - c. Other topic areas that are brought to the Committees by the PHD, CLHO, or Local Public Health Authorities.

Environmental Health Committee (hereafter, Committee)

I. Purpose

Areas of work to be addressed by the committee:

Environmental Health

Environmental health works to prevent disease and injury, eliminate the disparate impact of environmental health risks and threats on population subgroups, and create health-supportive environments where everyone in Oregon can thrive. The Committee provides guidance and recommendations for existing and new areas of work as it relates to 1) the identification and prevention of environmental hazards, including emerging environmental hazards such as climate change; 2) the conduction of mandated inspections; and, 3) promote the development of health supportive built environments through involvement and assistance in land use and transportation planning, and healthy homes concepts in building codes.

The committee approaches this work with a commitment to increasing action centered in the core values of environmental justice. The Oregon Environmental Justice Task Force defines Environmental Justice as:

“Equal protection from environmental and health hazards, and meaningful public participation in decisions that affect the environment in which people live, work, learn, practice spirituality, and play. EJ communities include minority and low-income communities, tribal communities, and other communities traditionally underrepresented in public process. Underrepresented communities may include those with significant populations of youth, the elderly, or those with physical or mental disabilities.” (http://www.oregon.gov/Gov/GNRO/environmental_justice.html)

The **identification and prevention of environmental hazards** includes, but is not limited to:

- Coordinating with state and federal agencies and stakeholders (including other local health authorities) on environmental health issues. This includes coordination with state and federal natural resource agencies.
- Developing, adopting, implementing and enforcing environmental health regulations.
- Implementing state-mandated programs where appropriate (small drinking water systems, septic oversight).
- Ensuring compliance with standards and processes to:
 - Develop action plans for drinking water emergencies;
 - Prescribe, review and approve plans for construction and operation standards for drinking water systems;
 - Adopt water system operator certification requirements, classify water treatment plants and water distribution systems, and certify people to operate water treatment plants and water distribution systems;
 - Declare areas of ground water concern if contaminants are present from non-point sources;
 - Prepare with DEQ biennial water systems operator certification report to Legislature;

- Adopt and maintain health, safety and sanitation rules and standards for regulated food, pool and recreational facilities;
 - Conduct reviews of local public health authority activities to ensure uniform application and enforcement standards for the dining, swimming and recreating public; and
 - Ensure health and safety operations in health facilities, emergency medical services agencies and trauma hospitals.
- Reporting data to state information systems.
 - Collecting, analyzing, interpreting, maintaining and providing access to environmental health data.
 - Monitoring emerging environmental health hazards such as those associated with climate change: wild fire, extreme heat, drought, threats to local food systems, changing air quality, water availability and quality, and others.
 - Providing evidence-based assessments of the health impacts of environmental hazards or conditions such as pollution in air, soil, and water, along with all the places where people live, work and play.
 - Including environmental health in the state or community health assessment.
 - Measuring the impact of environmental hazards on the health outcomes of priority populations. Analyze and communicate environmental justice concerns and disparities.
 - Monitoring, investigating and controlling infectious and noninfectious vector nuisances and diseases.
 - Maintaining expertise in relevant environmental health topics.
 - Provide consultation and technical assistance including establishing best practices related to vector control.
 - Facilitating the development of environmental health policy, including policies designed to promote health equity.
 - Informing decision makers of the impacts to environmental public health based on program, project and policy decisions.
 - Using environmental health expertise to:
 - Address injury and disease prevention in institutional environments (longer-term care, assisted living, child care, etc.)
 - Reduce hazardous exposures from air, land, water and other exposure pathways
 - Delivering effective and timely outreach on environmental health hazards and protection recommendations to regulated facilities, the public and stakeholder organizations.
 - Issuing guidance on mitigating environmental health risks and maximizing health benefits (radon, lead, air quality, mold, and other environmental hazards).
 - Advising the public on reducing environmental health risks (public health advisories).
 - Ensuring meaningful participation of communities experiencing environmental health threats and inequities in programs and policies designed to serve them.

Mandated inspections includes but is not limited to:

- Conducting ongoing environmental and occupational health surveillance.

- Ensuring consistent application of health regulations and policies, including but not limited to:
 - Safe drinking water
 - Health and safety of food service, public pools and tourist facilities.
 - Onsite waste water (septic) systems as delegated by Oregon Department of Environmental Quality
 - Solid waste management including but not limited to landfills, waste haulers, nuisance abatement, and debris management planning
- Conducting health protection work in Oregon as delegated by the federal government.
- Conducting timely inspection and review of regulated entities and facilities, including:
 - Drinking water systems
 - Recreational facilities, food service facilities and tourist accommodations.
 - Onsite waste water (septic) systems as delegated by Oregon Department of Environmental Quality.
 - Solid waste management including but not limited to landfills, waste haulers, nuisance abatement, and debris management planning.
- Performing and assisting with outbreak investigations that have an environmental component.
- Providing the public, regulated facilities and stakeholder organizations effective and timely assessment of environmental health hazards and protection recommendations. Do so in collaboration with the local public health department.

Promote land use planning, such as the creation of **healthy built environments** includes but is not limited to:

- Collecting, analyzing and interpreting health and environmental data to anticipate and project changes in health resulting from modification to the built and natural environment.
- Conducting health analyses, which may include analyses of data, processes, policy or other factors for external organizations. Recommend approaches to ensure healthy and sustainable built and natural environments.
- Understanding and participating in local land use and transportation planning processes.
- Coordinating with organizations and stakeholders on environmental health issues, including nontraditional partners in economic development, transportation, parks and land use.
- Providing consultation and technical assistance to the food service industry and the general public.
- Providing technical assistance to integrate standard environmental public health practices into facilities that present high risk for harmful environmental exposures or disease transmission.

II. Terms

Terms for committee are two years. Every two years committee members need to be re-appointed and Committee Chairs appointed by the CLHO Board Chair.

III. Type of Committee Standing.

IV. Composition and Governance

Composition guidelines

Up to two committee members for each committee from each local public health jurisdiction are recommended by their county's CLHO Board member, reviewed by CLHO Executive Committee and appointed by the CLHO Chair. The Environmental Health committee will be co-chaired by the Conference of Local Environmental Health Supervisors (CLEHS). CLEHS role as a caucus of CLHO is to provide guidance and recommendations for existing and new areas of work as it relates to environmental health regulations; licensing and inspections; planning and assessments related to environmental public health; development of environmental public health policy and programs; promotion and outreach around mitigating environmental health risks, and consultation.

Representatives on the committee should include public health administrators and public health managers with specific content expertise. Every two years the CLHO Executive Committee will review the composition of committees and strive for representation of at least two administrators and balanced representation from small (>40,000 people), medium (40,000 – 150,000 people), and large (150,000<) counties. If the number of committee members is too low to meet the needs of the committee, the Co-Chairs will be responsible for notifying CLHO Chair and initiating recruitment for more members.

Decision-making

The CLHO Committee works to reach consensus, which is defined as a willingness to move forward without strong objection. The Committee Chair provides recommendation to the CLHO Board and, if approved by the CLHO Board, the CLHO Board then makes recommendations to the PHD. Two committee members are allowed per jurisdiction, but only one vote is allowed per jurisdiction. If appointed members are not able to participate in the meeting, the jurisdiction could send someone to participate from the jurisdiction in proxy. If there is a time sensitive item, an email vote could be organized by the chairs with representation of one vote per county.

Committee Member Roles

- Attend and prepare for meetings as scheduled
- Volunteer for committee tasks to share the workload and promote timely completion of projects
- Utilize the CLHO Committee structure to its full potential
- Agree to participate for a minimum of two years
- Non-administrators report committee action to the administrator
- Local public health administrators serving on the committee bring a system-wide perspective on system impacts of program-specific strategy and implementation

- Notify the Committee Chair of their intent to resign

Committee Co-Chair Roles

- Plan future agendas with the PHD and committee members
- Set meeting dates and communicate meeting information
- Create agendas using CLHO agenda template that facilitate planning, availability of participants and preparation
- Post agendas and meeting materials on CLHO website in advance of the meeting
- Conduct role call and determine quorum
- Facilitate meetings which includes explicitly agreeing on and communicating desired outcomes for each agenda item; specifying the process that will be used; assigning responsibility for any necessary follow up; as appropriate and mutually agreed upon, inviting guests to the meetings to share information; and coordinate the timeframe for project completion
- Assure meeting minutes are prepared, communicated, and posted on the CLHO Website
- Proactively notify CLHO Board and PHD staff of significant issues related to statutory/rule changes, policy, funding or guideline changes
- Present updates or requests for recommendation approval or guidance to CLHO with ten days prior notice
- Serve as the primary contact for the Public Health Division for committee work
- Maintain current list of membership and request recruitment from CLHO when necessary
- Submit current list of members to CLHO Executive Committee every two years
- Present annual report to CLHO Board of Directors using CLHO provided template

VI. Meetings

Committee meetings will be held on the 1st Thursday of every month from 10:30am – 12:30pm via conference call or webinar. The meetings will be open to the public, but only appointed members may participate during the meeting. However, the public may participate during a public comment time held in the last ten minutes of each committee meeting.

VII. Communications

The Committee is expected to annually present to the Conference Board a current status report, membership, and identify future issues and a strategic plan to address those issues.

The Committee may need to coordinate with other committees or create ad hoc subcommittees or joint committees to bring together the appropriate local health officials for thoughtful review and recommendation. Contact for Local and PHD Leads for each Committee, as well as each committee's program elements, can be found on the oregonclho.org website.

IIX. Workplan

Every committee is expected to produce an annual workplan using the CLHO provided template.

General Overview of all Standing CLHO Committees

Committee	Committee Duties
Systems and Innovation	PH accreditation alignment; foundational capabilities; annual expenditure data collection and reporting; data systems and interoperability; triennial review; committee guidelines for coordination
Emergency Preparedness and Response	Cities Readiness Initiative; PH Emergency Preparedness; System functions in an emerging event
Access to Clinical Preventive Services	WIC; Reproductive Health; SBHCs; Ryan White
Communicable Disease	State Support for PH; Tuberculosis; HIV; STD; Immunizations
Prevention and Health Promotion	Sustainable Relationships for Community Health; TPEP; Healthy Communities; Prescription Drug Overdose Prevention; Maternal, Child and Adolescent Health; Teen Pregnancy Prevention; Marijuana & Alcohol Prevention and Treatment
Environmental Health	Drinking Water; Environmental Health IGA; Domestic Well Safety; Climate and Health; Brownfields; Health Impact Assessments; Lead Line