

CLHO HEALTHY COMMUNITIES COMMITTEE

Charter

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Background:

The Conference of Local Health Officials (CLHO) and the Public Health Division have a history of working together through CLHO Committees. While Committee members are employees of local health departments, the goal of the Committee structure is to ensure that state and local public health have an opportunity to inform system integration. All CLHO Committees make recommendations to the CLHO Board of Directors represented by the duly elected CLHO Executive Committee.

Purpose:

To develop short and long term committee priorities and objectives that generate recommendations for review and approval by CLHO so that Local and State Public Health work effectively and efficiently together for planning, implementing and aligning action of Healthy Communities prevention and care programs.¹

Vision for Success:

State and local governmental public health staff works as a system with complementary and defined roles and standards. Planning and decision making is proactive, transparent, shared, and effectively communicated, leading to coordinated and sustainable programs.

Objectives:

The primary focus of the CLHO Healthy Communities Committee is to support public health system-wide alignment around strategic direction, priorities, and broad operational approaches. Program direction, priorities, funding, and policy development will be presented to CLHO for review and final approval of the recommendations. Final recommendations will be submitted to the Public Health Division Director by CLHO.

Required activities include review and recommendations regarding the program elements, funding formula, statutory changes, rule changes or policy changes associated with those programs included in the CLHO Healthy Communities Committee.

Funding formula and program element recommendations will be made to the CLHO Healthy Structure Committee.

To accomplish this, the CLHO Healthy Communities Committee will:

¹

The executive committee with the chairperson shall advise the director in the administration of ORS 431.330 to 431.350. [1967 c.146 §2 (enacted in lieu of 431.320); 1977 c.582 §20; 1979 c.96 §1]

The Conference of Local Health Officials may submit to the Oregon Health Authority such recommendations on the rules and standards specified in ORS 431.345 and 431.350. [1967 c.146 §6 (enacted in lieu of 431.320); 1977 c.582 §22]

- Successfully manage cultural, operational and leadership variations among state and local public health agencies
- Create appropriate mechanisms to assure joint accountability
- Effectively engage Public Health Division partners

CLHO

Will provide strategic direction for CLHO Committees, determine the CLHO Committee structure, support Committees with orientation and guidance, and address conflicts that interfere with optimal committee functioning.

CLHO Healthy Communities Committee Members:

Represent local public health and are appointed by the CLHO Chair and are the voting members of the CLHO Healthy Communities Committee. Representatives should include public health administrators and public health managers with specific content expertise. Local program staff appointed to the committee are responsible for informing the public health administrator of committee activities.

The CLHO Committee Chair and/or co-Chairs are determined by the voting Committee members.

CLHO Committee Chair Role

- Plan future agendas with the Public Health Division and Committee members.
- Set meeting dates and create and send agendas that facilitate planning, availability of participants and pre-preparation
- Facilitate meetings
- Draft correspondence, assuring meeting minutes are prepared and communicated
- Coordinate the timeframe for project completion
- Notify CLHO 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
- Maintain current list of membership and request recruitment from CLHO when necessary
- Present Annual Report to CLHO.

Committee Member Roles

- Attend and prepare for meetings as scheduled
- Volunteer for committee tasks to share the workload and promote timely completion of projects
- Notify the Committee Chair of their intent to resign
- Utilize the CLHO Committee structure to its full potential
- Agree to participate for a minimum of one year
- Assure that their votes are consistent with the wishes of their health administrator

Guiding Principles: As a group of committed professionals, the CLHO Healthy Communities Committee and Public Health Division partners share the following principles:

- Shared Vision and Purpose
- Commitment to Transparency
- Trust and Respect
- Clarity of Process
- Attitude that Supports a Shared Vision
- Leadership

Meetings:

- Will be held monthly at a minimum. A phone line will be available to those who are not able to attend in person. Ad hoc conference calls will be convened as needed to address specific issues needing resolution in a timely manner.
- Will be managed in a manner that improves transparency, effectiveness, and integrity of the processes, outcomes, and relationships. This will include:
 - 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; and
 - As appropriate and mutually agreed upon, inviting guests to the meetings to share information.

Decision Making & Issue Resolution:

The CLHO Healthy Communities Committee and Public Health Division partners will consistently work to reach consensus to move forward with program funding and policy recommendations as a system. Consensus is defined as a willingness to move forward without strong objection.² If CLHO Healthy Communities Committee members and Public Health Division partners have not achieved consensus, a vote of the CLHO Committee membership will occur. Each county represented on the CLHO Healthy Communities Committee will have one vote. The recommendations will be formulated as majority recommendations with a minority report. Once consensus is reached or a vote taken, the CLHO Healthy Communities Committee Chair and/or co-Chairs will provide recommendations to CLHO for approval. Guidance and direction will be provided by CLHO. Final recommendations will be submitted to the Public Health Division Director by CLHO.

² Consensus is defined as a willingness to move forward without strong objection. Participation in a consensus process implies that all members are participating in good faith and are searching for a solution that meets all interests represented at the table. The Team will make a concerted effort to achieve consensus by making certain that all who care about an issue are included in the discussion of that issue and not cutting off discussion too soon.