**CLHO HEALTHY STRUCTURE COMMITTEE**

**Charter**

**Approved by CLHO Healthy Structure Committee June 1, 2013**

**Background:**

The Conference of Local Health Officials 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[[1]](#footnote-1) represented by the duly elected CLHO Executive Committee.

The CLHO Healthy Structure Committee is a newly formed committee as of March 2013, and is the result of merging the CLHO Funding and CLHO Standards committees together.

CLHO is committed to the success of its committees and 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.

**Statutory Authority for the Minimum Standards:**

**431.345 Minimum standards for financial assistance to local boards of health.** In order to establish criteria for local boards of health to qualify for such financial assistance as may be made available, the Oregon Health Authority, upon receipt of written approval from the Conference of Local Health Officials shall adopt minimum standards governing: (1) Education and experience for professional and technical personnel employed in local health departments, such standards to be consistent with any applicable merit system. (2) 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 this state and the rules of the Oregon Health Authority.

**431.380 Distribution of funds for local purposes.** (1) From funds available to the Oregon Health Authority for local public health purposes, regardless of the source, the authority shall provide payments to the local public health authority on a per capita or other equitable formula basis to be used for public health services. Funding formulas shall be determined by the authority with the concurrence of the Conference of Local Health Officials.

**Purpose**:

To develop short and long term committee priorities and objectives. These objectives 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 the prevention and care programs.[[2]](#footnote-2)

**Vision for Success:**

Oregon has a robust public health system that is highly effective in improving the health of all Oregonians. 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 Structure Committee is to support operating as a system aligned around strategic directions, 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 PHD Director by CLHO.

Required activities for the CLHO Healthy Structure Committee include review and recommendation regarding funding formula, state and local funding issues, and program element recommendations.

Additionally, CLHO Healthy Structure Committee will work in the following areas to develop recommendations to CLHO and the PHD in order to make public health system improvements:

1. Revise and Update the *Minimum Standards for Local Public Health* and ensure alignment with national standards
2. Consider models and make recommendations for fully operationalizing the revised *Minimum Standards*
3. Consider models and make recommendations for improving local review processes (i.e. triennial review) and aligning with the revised *Minimum Standards*
4. Consider methods for aligning funding with revised *Minimum Standards* and review processes
5. Develop ideas for incorporating Quality Improvement tracking and reporting into review processes and aligning with funding and standards

**CLHO Committee Members:**

CLHO Committee Members represent local public health and are appointed by the CLHO Chair and are the voting members of the CLHO Healthy Structure Committee. Representatives should include public health administrators and public health managers with specific content expertise.

The co-Chairs are determined by the voting Committee members.

CLHO Committee Co-Chair Role

* Plan future agendas with the PHD 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
* Participate fully and ensure a broad state-wide perspective in discussions and decision-making processes
* Agree to participate for a minimum of one year
* Notify the Committee Chair of their intent to resign in writing

**Guiding Principles**:

As a group of committed professionals, the CLHO Healthy Structure Committee and PHD 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

In order to accomplish the objectives, the CLHO Healthy Structure Committee will:

* Successfully manage cultural, operational and leadership differences among state and local public health agencies
* Create appropriate mechanisms to assure joint accountability
* Effectively engage Public Health Division (PHD) partners

**Meetings:**

* Will be held every month or, at a minimum, quarterly. A phone line will be available to those that 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 for each agenda item;
* 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 Structure Committee and PHD Partners will consistently work to reach consensus to move forward with funding and standards recommendations as a system. Consensus is defined as a willingness to move forward without strong objection. [[3]](#footnote-3) The CLHO Healthy Structure Committee Co-Chairs will provide recommendations to CLHO for approval. If both the CLHO Healthy Structure Committee and PHD Partners have not achieved consensus a vote of the CLHO Healthy Structure Committee membership will occur. The recommendations will be formulated as majority recommendations with a minority report. Guidance and direction will be provided by CLHO. Final recommendations will be submitted to the PHD Director by CLHO.

1. Conference Bylaws (Article V, sub B) define the voting members of the CLHO Board of Directors as the Executive Committee (as elected by Article VII) and one member per Oregon Local Public Health Authority (LPHA). Appointed members are understood to be representing their respective LPHA. [↑](#footnote-ref-1)
2. 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] [↑](#footnote-ref-2)
3. 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. [↑](#footnote-ref-3)