

## MEMO

**DATE:** July 18, 2017

**TO:** Joint Leadership Team/Conference of Local Health Officials

**FROM:** Healthy Structure Committee

**RE:** Conference Committee Structure- Updated

The Healthy Structure committee was charged by JLT to draft recommendations to align the Conference committee structure with public health modernization. On April 19<sup>th</sup> the Healthy Structure committee met in Salem for a half-day retreat and drafted the following proposal. The committee met again on July 18<sup>th</sup> to discuss concerns related to the Environmental Health Committee and amended the proposal based on the discussion.

### Goals of the New Conference Committee Structure:

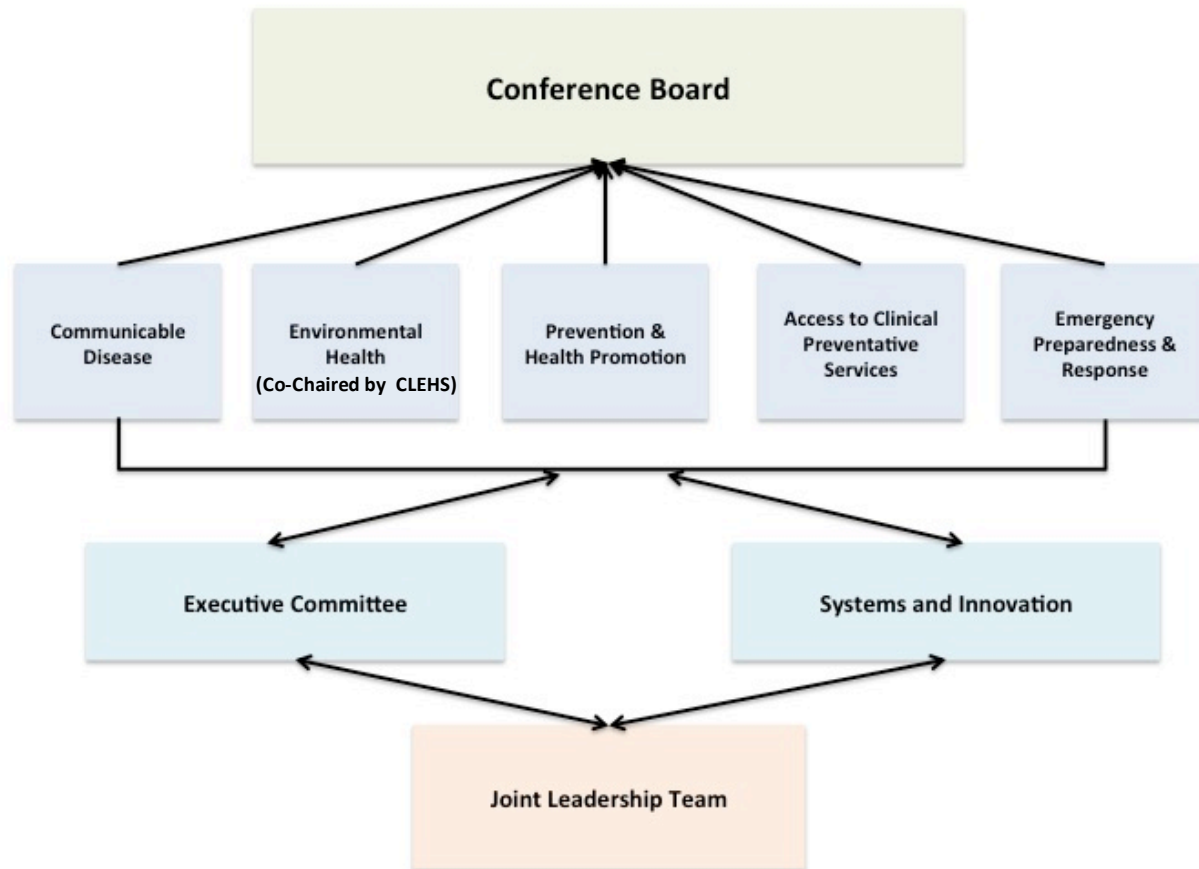
1. Align with the Public Health Modernization framework creating areas of work for all foundational programs
2. Strengthen the public health system through creating a venue for collaboration to address gaps and brainstorm implementation strategies for new aspects of foundational public health work
3. Create clarity for the role of Conference committees
4. Create flexibility to quickly and meaningfully address public health issues and work

### Conference Structure Design Principles and Best Practices

The following principles and best practices were developed to serve as a guide for the development of committee guidelines, transition plans, and committee work.

DESIGN PRINCIPLES	BEST PRACTICES
<ul style="list-style-type: none"><li>• Have as few committees as possible.</li><li>• Favor flexible formats, such as ad hoc committees, instead of standing committees whenever possible.</li><li>• Identify and establish a framework of consistent operating and communication structure and methods* among committees for successful engagement.</li></ul> <p>* E.g. use of technology such as "GoToMeeting" "Zoom Meeting" or "Skype for Business"</p>	<ul style="list-style-type: none"><li>• All committees must have clear expectations and desired outcomes.</li><li>• Create "ad hoc" committees for public health issues, PEs, or funding formulas that span multiple committees</li><li>• In most cases, meetings should be held on an "as needed" basis.</li><li>• Committee membership is a balanced mix of content experts, State staff, and local public health administrators.</li><li>• Expectations for committee participation and leadership are clearly defined.</li><li>• Build on collaboration between State and local public health.</li><li>• Local expertise is recognized and supported within committees.</li></ul>

## Proposed Conference Committee Structure



### Proposed Committee Work with New Structure

The Healthy Structure committee proposed committee work based on *existing* program elements and future work indicated in the modernization manual. The exception is the Systems and Innovation committee which will be responsible for working with committees to embed foundational capabilities in public health work and create guidelines for how to address new public health work as it relates to public health modernization. Additionally, the Healthy Structure committee recognizes that Preparedness and Response is a foundational capability, yet the program elements and work are substantive enough that it requires a committee to address it.

Program elements, new and old, and new modernization activities that may benefit from a multiple committee perspective could be addressed using an ad-hoc joint committee approach (i.e. PE 42 would require an ad-hoc committee made of members from both prevention and health promotion and access to preventative services). The current program elements that may benefit from an ad-hoc committee review are annotated with a \*.

### Communicable Disease

The Communicable Disease committee would provide guidance and recommendations for existing, and new areas of work as it relates to communicable disease surveillance, disease investigation, prevention and control initiatives, and disease response evaluations.

Existing areas of work to be addressed by the committee:

- State Support for Public Health (PE 01)
- Tuberculosis (PE 03)\*
- HIV (PE 07)
- Sexually Transmitted Diseases (PE 10)
- Immunizations (PE 43)\*

### **Environmental Health**

The Environmental Health committee will be co-chaired by the Conference of Local Environmental Health Specialists (CLEHS) and 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.

Existing areas of work to be addressed by the committee:

- Drinking Water (PE 50)
- Environmental Health IGA
- Domestic Well Safety (PE 49)
- Climate and Health (PE 11)
- Brownfields (PE 06)
- Health Impact Assessment (PE 05)
- Lead Line (Mult Co)

*\*Due to the structure of this committee there will be a 6-month assessment and discussion at JLT to ensure it is serving the required and intended function.*

### **Prevention & Health Promotion**

The Prevention & Health Promotion committee would provide guidance and recommendations for existing and new areas of work as it relates to collecting and disseminating relevant data; developing plans to address health needs; and improving social, emotional, and physical health and safety especially as it relates to tobacco-use, nutrition, physical activity, oral health, childhood and maternal health, and intentional and unintentional injuries.

Existing areas of work to be addressed by the committee:

- Tobacco Prevention and Education (PE 13)
- Healthy Communities (PE 15)
- Prescription Drug Overdose (PE 27)
- Maternal, Child and Adolescent Health (PE 42)\*
- Teen Pregnancy (PE 48)

### **Access to Clinical Preventative Services**

The Access to Preventative Services committee would provide guidance and recommendations for existing and new areas of work as it relates to collaborating with stakeholders to identify and address barriers to accessing care, supporting policy solutions that increase access to culturally responsive clinical preventative services as it relates to the following areas of work: effective vaccinations programs, preventable disease screening, STI screening, TB treatment, and cost effective clinical care.

Existing areas of work to be addressed by the committee:

- Women, Infants and Children Nutrition (PE 40)
- Reproductive Health (PE 41)
- School Based Health Centers (PE 44)
- Ryan White (PE 08)

- Sustainable Relationships for Community Health (PE 04)\*

### Emergency Preparedness & Response

The Preparedness and Response committee would provide guidance and recommendations for existing and new areas of work as it relates to preparing for emergencies, responding to emergencies, and coordinating and communicating before and during an emergency,

Existing areas of work to be address by the committee:

- City Ready (PE 02)
- Public Health Emergency Preparedness (PE 12)
- System Functions for an Emerging Event (IMT)

### Systems & Innovation

The Systems and Innovation committee would provide guidance and recommendations for the implementation and improvement of system-wide work as it relates to the core-functions and requirements of public health modernization. The committee would also focus on the dissemination of best practices and guidelines for incorporating the foundational capabilities in programmatic work (i.e. health equity and health communications, quality improvement).

Potential areas of work to be addressed by the committee:

- Foundational capabilities
- Annual expenditure collection and reporting
- Data systems and interoperability
- Triennial review
- Committee guidelines for coordination
- Accreditation alignment

### Transition Timeline

