Coalition of Local Health Officials

August 26, 2014

To: Future of Public Health Task Force Members
Fr: Morgan Cowling, CLHO
Re: Testimony

This memo includes information on public health administrators, local health department structures and feedback on the implementation proposal.

Public Health Administrators Appointed

All Local Public Health Administrators are appointed by their Boards of Health/ Boards of County Commissioners, regardless of who actually hires or where the position sits within the County. This is a requirement of ORS 431.418, which requires the Board of Health to appoint a public health administrator.

Local Health Departments Structures

There are currently three main structures of local public health in Oregon:

1. Health & Human Services Department – This is an umbrella department that in addition to public health usually includes mental health, drug and alcohol treatment and prevention, and developmental disability. There is usually a public health manager that oversees public health services. Sometimes the public health administrator is the director of the department and sometimes it is the manager of public health services.
2. County Department – Local health departments are sometimes a department that reports directly to the Board of Commissioners/ Board of Health and/or County administrator depending on the county structure.
3. Non-profit Board – There are four local health departments in Oregon where the Board of County Commissioners has delegated their authority to a local non-profit. However, the county employs these public health administrators at least for .1 FTE. This ensures a connection to the county for enforcement actions of the public health administrator including isolation and quarantine, and emergency powers.

Regardless of structure, all public health administrators maintain a connection to their Board of Health / Board of Commissioners with shared responsibility for the public's health.

Here is the current breakdown in structures (to the best of my knowledge):

Health & Human Services Department	County Department	Non-Profit Board
Benton	Baker	Columbia
Clackamas	Clatsop	Curry
Coos*	Crook	Union
Deschutes*	Douglas	Wheeler
Jackson*	Grant	
Lane	Harney	
Lincoln*	Hood River	
Linn*	Jefferson	
Marion*	Josephine	
Polk	Klamath	
Washington*	Lake	
Yamhill*	Malheur	
	Morrow	
	Multnomah	
	Tillamook	
	Umatilla	
	Wallowa	
District: North Central Public Health District		

*Indicates Counties where local public health administrator is Health & Human Services Director

Implementation Proposal Feedback – These are not CLHO –endorsed ideas but just thoughts I had during the discussion at the Task Force meeting.

1. Governance –

   Connection between PHAB 2.0 & OHPB - The Task Force may want to consider a more formal connection with the Oregon Health Policy Board to assure that public health outcomes/ goals/ strategies are not completely separate from those the Oregon Health Policy Board is considering for health system transformation.

   Newly repurposed Conference of Local Health Officials (referred to as "CLHO 2.0" after the recommendation of creating PHAB-2.0)- In the new structure

there should be a formal mechanism where the Oregon Public Health Division and the Public Health Administrators come together. Current references and powers of CLHO in statute and rule should be reviewed and updated to accommodate and advance the Foundational Capabilities Framework and health of Oregon's population.

2. 4th Implementation Pathway Ideas – The Task Force may want to consider 4th Implementation Pathway that allows a county to re-establish as a Local Public Health Authority. Statute does not currently address how a county could get the Authority back after relinquishing.

   Also, there may be a scenario where a county would like to join another health district. This could be another implementation pathway.

3. Implementation – Currently Local Public Health Authorities must assure or deliver all programs/ interventions. This approach should be continued in the new framework. This helps ensure that political issues do not stand in the way of ensuring all Oregonians receiving health promotion and protection.

4. Technical Assistance – Technical assistance should be: 1. Available upon request and 2. Include facilitators or mediators to help facilitate discussions between county boards that may want to form districts. This would be a non-traditional type of technical assistance and in addition to other technical assistance that should include local health department to local health department assistance.

5. Timeline – A suggestion would be that the Task Force pay special attention to the timeline for implementation. We know from our partners in Washington that the work to determine how to implement the conceptual framework model can take time. The current implementation proposal only discusses the first wave. If this is something Oregon is going to take on and adopt for the whole state there needs to be a strategy on how to get from the first wave to the last wave.

6. Funding – Public health is currently under resourced and this transformation will take time and additional resources. We would recommend that there be seed funding for state and local public health work to implement this work in the first year and funding for the facilitator's and/ or mediators that are needed to start having discussions between counties for additional shared work.