



MAY 2012

# Oregon: Engaging the Public Health System in Collaborative Governance

*With support from the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC), NORC at the University of Chicago is compiling a series of promising practice reports highlighting successful practices in public health coordination on the state and local levels.*

## OREGON'S PUBLIC HEALTH SYSTEM

Oregon has a decentralized public health system, which consists of the Oregon Health Authority's Public Health Division at the state level and 34 county health departments locally. Oregon Health Authority (OHA) is dedicated to improving health by increasing access to health care, reducing costs, and improving quality. The mission of the Public Health Division is promoting health and preventing the leading causes of death, disease and injury in Oregon. Local public health departments operate independently from the state and set their own budgets, establish taxes and fees for public health, and issue public health orders.

Despite this decentralized structure, there is a high level of collaboration between the state and local levels, which is supported, in part, by the Public Health Division's philosophy of collaborative governance.

## NPHII HIGHLIGHTS

Oregon Health Authority's Public Health Division has used funding from the National Public Health Improvement Initiative (NPHII) to:

- Fund 13 county health departments to build capacity for and work towards national accreditation.
- Provide resources to the Conference of Local Health Officials (CLHO) to hire the Local Accreditation Manager who provides assistance to the county health departments not directly funded by the grant.
- Provide opportunities for health departments to share best practices and lessons learned and to post resources on a peer-learning website.
- Foster opportunities for the public health system in Oregon to work collaboratively at the state and local levels.

There are several organizations and convening bodies that also support this collaboration.

- The Conference of Local Health Officials (CLHO), which consists of representatives from all the local health departments, serves as a venue for discussing broad-level public health issues, such as policy, operational, or financial topics and connecting local public health with the state Public Health Division.
- The Executive Committee (CLHO Exec) is comprised of a subset of CLHO members that represent counties of varying size, who provide leadership for CLHO and engage in formal discussion with the state Public Health Division.
- The Joint Leadership Team (JLT) is comprised of the CLHO Exec and state Public Health Division executive leadership and staff who seek to identify strategies for coordinating state and local leadership in a systems approach to public health. JLT was formed in 2008 to identify opportunities to build collaborative governance in public health and to help this concept to “ripple out across the state health division and the local health jurisdictions,” according to Lila Wickham, CLHO Exec Chair and Environmental Health Director at Multnomah County Health Department. A written charter articulates the principles by which JLT operates, emphasizing trust and respect.

### ***Capacity and Infrastructure Grants***

To further support these collaborative activities, the Public Health Division applied for and received funds from the Centers for Disease Control and Prevention (CDC) for the National Public Health Improvement Initiative (NPHII). The Public Health Division applied for funds to build capacity for accreditation, which they recognize as a means for engaging state and local entities as a system in collaborative efforts. Lydia Emer, the Public Health Division’s Performance Improvement Manager, explained that the funds from this cooperative agreement program enable the public health system in Oregon to have “conversations as a system, and to be able to follow the conversation with funding or resourcing...[to] look at how we’re providing support across the public health system and how we can really make a difference in building our relationships and our conversations.” Through this initiative, the Public Health Division funded 13 of Oregon’s county health departments that were identified as potential early adopters of accreditation to build capacity for and work towards accreditation. The Public Health Division also provided funds to CLHO to hire the Local Accreditation Manager, who provides accreditation-preparation guidance and assistance to the local health departments not directly funded by the grant. Lydia Emer explained that the state hopes that the Local Accreditation Manager will also serve as a mechanism to more effectively bring the voice of smaller health departments to system-level planning and activities.

Consistent with the notion of collaborative governance, the state sought input from local public health to develop reporting requirements for grant-related activities. The state hosted a kickoff meeting for the 13 funded health departments in which representatives engaged in discussion around their activities and goals. In addition, the local health departments worked together to identify the data to be collected in their quarterly reports to the state and also developed a reporting methodology. This ensures that the public health system could together determine the best and most meaningful information to capture, as well as the most effective method for capturing it. The state also has ensured that local health departments collaborate with one another. Grantees participate in a bimonthly technical assistance call that provides an opportunity for health departments to share best practices and lessons learned. In doing so, they are able to build relationships across the local public health system. The state also hosts a peer-learning website to which local health departments can submit materials that are then available to other local health departments as they engage in accreditation-related efforts.

## CHALLENGES, LESSONS, AND OPPORTUNITIES

There are deliberate efforts in Oregon to integrate the state and local public health systems so that leadership can work together effectively. Ensuring that local public health is involved in state-level discussions builds trust, which ultimately strengthens the public health system. Additionally, CLHO, JLT, and the state Public Health Division are dedicated to building collaborative governance in the public health system as it will increase capacity for accreditation and other joint public health efforts. Outlined below are strategies that have proven effective in Oregon's efforts to build collaboration between the state and local levels.

**Articulating the role of the Joint Leadership Team.** The role of JLT has been carefully defined to clarify that it does not take the place of CLHO; nor does it make decisions on behalf of the local health departments, which is CLHO's domain. JLT's value is in providing context and insight to the issues that CLHO is considering. To facilitate this, JLT convenes prior to regular CLHO meetings to discuss issues that may be contentious. JLT can frame up the conversations around these issues with a smaller group of stakeholders, rather than with all 34 local jurisdictions. Then, the CLHO Chair will report back during CLHO meetings. Similarly, JLT will provide insight on various policy documents developed by CLHO and the Public Health Division; for example, the group will review a draft of the new strategic plan, which is a pre-requisite for accreditation.

**Using a facilitator.** JLT uses a facilitator to ensure that discussions between state and local public health entities are smooth, positive, and constructive. When engaging in discussion, the facilitator helps identify the issues that need clarification, resolves conflicts, and ensures that conversations move forward in a constructive manner. The facilitator liaises between CLHO, JLT, and the Public Health Division to develop agenda items and ensure continuity between meetings of each group. Kathleen O'Leary, a member of CLHO, explained that the facilitator has experience with governance and connections with other entities, such as Portland State University, and that the health department felt they needed outside expertise in order to access that skill set.

*"We did this [pursue NPHII funding] with a very conscious decision by both state and CLHO to pursue this team message that the Oregon health system is state and local health. We're not partners—we are the system."*

*—Lydia Emer, Performance Improvement Manager*

**Engaging state and local public health.** When developing an implementation strategy for NPHII funding, the Public Health Division applied the principle of collaborative governance by engaging local health in conversations around the best way to distribute grant funds. To do so, a workgroup of CLHO Exec and PHD members was convened. Lydia Emer explained that "we did this with a very conscious decision by both state and CLHO to pursue this team message that the Oregon health system is state and local health. We're not partners—we are the system." The workgroup determined that funds should be directed towards local public health for capacity-building activities, which includes the direct grants to local public health departments and the funds for the CLHO Local Accreditation Manager.

The CDC funding has allowed state and local public health to collaboratively design projects to support accreditation readiness activities, which has, in turn, allowed them to begin building a community to share best practices and lessons learned while exploring this new work. In addition, the approach of collaborative governance being discussed in JLT has made it easier for the state to understand how practices differ among counties. Similarly, it may allow local health departments to better understand how things operate on the state level—for example how staff across different programs interact with one another.

**Hiring the CLHO Local Accreditation Manager.** The Public Health Division provided funds from NPHII to CLHO to hire the Local Accreditation Manager. According to Lila Wickham, this approach “speaks to the level of collaboration, from my perspective, of the state investing in supporting local jurisdictions by actually having staff hired and supervised by the coalition.” Because she is not an employee of the state, the CLHO Local Accreditation Manager’s engagement with local public health is seen as “the local system building expertise and sharing it,” according to Lydia Emer.

**Developing subcommittees to advise on special issues.** CLHO convenes subcommittees that make recommendations to CLHO Exec on various public health topics. Subcommittees consist of both state and local representatives, which ensures that both public health authorities have a collaborative voice on various issues. In the future, the newly revived Standards and Accreditation Committee may serve as a mechanism for coordinating support for accreditation-related activities across local health departments and the CLHO Local Accreditation Manager. Lydia Emer described the Standards and Accreditation Committee as a venue for state and local public health to “come together in terms of resourcing,” which is important because “people see us demonstrating that we’re one system.” CLHO also has subcommittees addressing chronic disease, information management, and maternal and child health, among other topics.

## **Conclusion**

The evolving state/local relationship that exists in Oregon did not develop overnight. As Kathleen O’Leary explained, “Like any relationship, it does take time and commitment. You can’t just do this on the fly.” Limited resources for public health in the state have made these efforts more difficult; all the same, the state has carved out the time and demonstrated its dedication to engage in these efforts. Overall, it is essential that public health entities in Oregon are committed to working together as a system. According to Lila Wickham, “it’s really important to be able to describe yourself as part of a system, rather than ‘simply a county’ or the state oversight role. That’s a big driver—being accountable to each other and being able to articulate to people how you do work together.” Adhering to the principles outlined by JLT has enabled state and local public health to stay united. Collaborative governance is important because it speaks to the similarities, rather than the differences, between state and local public health. Lydia Emer commented that “I’m really proud that the message that we’re one system is starting to get traction—we’re state/local public health and we’re here to support one another.”

## **FOR MORE INFORMATION**

### **Conference of Local Health Officials and CLHO Exec:**

- [www.public.health.oregon.gov/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Pages/clho.aspx](http://www.public.health.oregon.gov/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Pages/clho.aspx)

---

NORC at the University of Chicago completed this work on behalf of the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) with funding from the U.S. Centers for Disease Control and Prevention (CDC). We would like to acknowledge the contributions of staff at public health departments throughout Oregon with whom we spoke.

For additional information about this project, please contact Michael Meit, MA, MPH at NORC at the University of Chicago ([meit-michael@norc.org](mailto:meit-michael@norc.org)); Katie Sellers, DrPH at ASTHO ([ksellers@astho.org](mailto:ksellers@astho.org)); or Michelle Chuk at NACCHO ([mchuk@naccho.org](mailto:mchuk@naccho.org)).