**LPHA Support for Participation in Public Health Modernization (PHM) Learning Collaborative Survey**

The 2019-21 PHM learning collaborative will be funded by the Oregon Health Authority (OHA) and is a required activity under *Program Element 51: Leadership and Governance*. OHA will be a co-participant in the learning collaborative.

Additionally, the 2019-21 PHM learning collaborative:

1. Will be a venue for implementing PE 51 work plans (vs. a space to create more work)
2. Will utilize an external contractor so that OHA and LPHAs can participate together;
3. Will be co-designed for LPHAs and the Oregon Health Authority to accomplish PHM work plan objectives, rather than creating additional work.

**Goals for the PHM Learning Collaborative**

1. The public health system has a shared understanding of a governmental public health system that advances health equity
2. The public health system has shared language for governmental public health functions that advance health equity
3. The public health system has effective models for implementing a modern public health framework
4. The public health system has the knowledge, skills and abilities necessary to implement systems changes to modernize Oregon’s public health system
5. LPHAs are supported in working towards the development of local public health modernization plans in 2023

**Time Commitment, Travel and Costs**

OHA and each LPHA will identify a learning team to attend in person and/or virtual meetings. The traveling team for the in-person meetings may be smaller than the virtual learning team.

In-person sessions will be regional to support existing and potential cross-jurisdictional collaboration, while ensuring travel is manageable. Each LPHA will be required to attend three in person, 1.5 to 2-day learning collaboratives occurring in approximately Spring 2020, Fall 2020 and Spring 2021.

OHA will work with LPHAs to cover the cost of up to two individuals (a LPHA leader and one other LPHA staff) to travel to the learning collaborative or other means necessary to ensure statewide participation. LPHA leaders and staff who participate should have an ability to lead and make decisions and have strong local-local and state-local connections

The LPHA staff time dedicated to attend the institute should be included in local public health modernization budgets.

**Purpose of This Survey**

During the September CLHO Retreat, OHA heard concerns and barriers about local public health administrator and other LPHA staff attendance at the regional PHM learning collaborative in-person meetings. OHA wants to understand these barriers/concerns more specifically as OHA would like to work collaboratively with LPHA partners to help address these barriers.

1. What are the barriers that would prevent the local public health administrator from attending the three in-person regional PHM learning collaborative meetings?
2. What are the barriers that would prevent other local public health staff or leaders from attending the three in-person regional PHM learning collaborative meetings?
3. In concrete terms, what do you need to address those barriers (funding to hire a temp nurse to run immunization clinic, access to subject matter experts to address immediate questions/issues, someone who can quickly respond to emerging issues at your LPHA in your absence, etc.)?