

Community Policy Leadership Institute Model

Objective: To drive sustainable, equity-centered local and statewide policy change to reduce chronic disease related disparities and promote optimal health.

Outcomes of the model:

- Strengthened capacity among nontraditional partners and culturally specific grantees to co-create policy alongside government (local, tribal and state)
- Reciprocal policy alignment among diverse partners to address risk factors for chronic disease in alignment with community and statewide strategies
- Sustainable structure to address health disparities in communities
- Forum to learn, collaborate and plan for long term change
- Shared power structure for city, county and state policy change between Regional Health Equity Coalitions, Local Public Health Authorities (LPHAs), Oregon Health Authority (OHA), and Community Based Organizations (CBOs) partners.
 - Tribal participation can help provide insight regarding the impact of city, county and state policies on tribes and native community members. However, as sovereign nations, tribes have independent decision-making processes and structures.
- Strengthened community capacity for chronic disease prevention policy work

Core Components (Three Days of Institutes):

- Equity-centered policy change model steps
- Communicating value of evidence-based policy strategies – strong focus on equity implications including industry impacts on health
- Developing understanding of population level policy strategies and how they can support community health priorities:
 - shifting from individual-based strategies to environmental strategies
 - integrating environmental strategies impacting chronic disease risk factors within large-scale efforts to impact social determinants
- Connecting local health promotion and prevention focused policy change efforts to health system transformation and public health system modernization efforts
- Effective communications (Using data as an advocacy tool, ensuring accessibility, etc.)
- Strengthening government to government and cross-jurisdictional partnerships to align community strategies
- Developing strategies to include measurable shared outcomes and specific actions.

Examples of Regional team participants include:

- RHEC representation or other engaged health equity partners
- Local Board of County Commissioner or staff
- Policy partner (i.e. - CCO representative)
- LPHA Administrator/ ADPEP nonprofit Director
- TPEP Coordinator, and/ or ADPEP Coordinator
- Tribal TPEP or ADPEP
- Community partners (i.e. - culturally specific community-based organizations or advocacy organization)

Timeline:

- Planning with RHECs – Summer/Fall 2019
- Cohort 1 – Institute 1: May 2020; Institute 2: Late June/ early July 2020
- Cohort 2 – Institute 1: September 2020; Institute 2: November 2020
- Cohort 3 – Institute 1: Jan/February 2021; Institute 2: March 2021