Public Health Modernization: Program Element 51 Review

August 19, 2021

Three actions today

1. Approve inclusion of ARPA COVID-19 Public Health Workforce funds in Program Element 51.
2. Approve modernization State General Funds split for individual LPHA and regional allocations.
3. Approve Program Element 51.

Oregon Health Authority

Work to date

JLT+ Workgroup	• Funding priorities to inform OHA Policy Option Package (2019-20) • Scopes of work for a range of funding scenarios (2020-21) • COVID-19 public health workforce funds and regional funds (2021)
CLHO Systems and Innovation	• Program Element, detailed scope of work, work plan (2021)
Public Health Advisory Board	• Funding priorities (2020) • Public health modernization LPHA funding formula (2020) • Regional funding (2021)

Oregon Health Authority

Public Health Modernization Funding Priorities

Public health interventions that are equitable, community-driven, and address historical and contemporary injustices

Communicable disease and environmental health threats

Communicable disease prevention

Impacts of climate changes on health

Oregon Health Authority

2021-23 public health modernization budget

Local public health authorities	$33.4 million
Tribes	$4.3 million
Community-based organizations	$10 million
Oregon Health Authority	$12 million (approx)
Total	$60.6 million

Oregon Health Authority

Public health modernization funding summary
August 19, 2021

Total funding

PE Section	PE sub-element	Funding Source	Total biennial amount	Allocation method
Section 1: LPHA Leadership, Governance and Implementation	PE51 -01	State General Fund	$29,484,623	PE51-01: public health modernization LPHA funding formula
Section 2: Regional Public Health Service Delivery *(LPHA participation optional)*	PE51-02	State General Fund	$4,000,000	PE51-02: Awards to fiscal agents based on submitted budgets and proposals
Section 3: COVID-19 Public Health Workforce	PE51 -03	American Rescue Plan Act federal funds	$10,267,167	Public health modernization LPHA funding formula

PE51 -01/-02 funding

	Total biennial amount	7/1/21-9/30/21 bridge funding	Total available funds 10/1/21-6/30/23
PE51-01	$29,484,623	($982,021)	$28,502,602
PE51-02	$4,000,000	($423,352)	$3,576,648

Public Health Modernization LPHA Funding Formula

Funding Formula update: March 2021

Public health modernization GF for Program Element 51-01

Fundinfg period 10/1/21-6/30/23

Total funds available to LPHAs **$28,502,602**

		Base component								Matching and Incentive fund components		Total county allocation				
County Group	Population[1]	Floor	Burden of Disease[2]	Health Status[3]	Race/ Ethnicity[4]	Poverty 150% FPL[4]	Rurality[5]	Education[4]	Limited English Proficiency[4]	Matching Funds	Incentives	Total Award	Award Percentage	% of Total Population	Award Per Capita	Avg Award Per Capita
Wheeler	1,440	$ 84,818	$ 1,323	$ 2,595	$ 517	$ 950	$ 7,031	$ 537	$ 16	$ -	$ -	$ 97,787	0.3%	0.0%	$ 67.91	
Wallowa	7,160	$ 84,818	$ 6,856	$ 5,756	$ 2,058	$ 3,495	$ 34,960	$ 2,526	$ 1,210	$ -	$ -	$ 141,679	0.5%	0.2%	$ 19.79	
Harney	7,280	$ 84,818	$ 9,814	$ 4,792	$ 3,852	$ 3,916	$ 15,747	$ 3,499	$ 1,710	$ -	$ -	$ 128,147	0.4%	0.2%	$ 17.60	
Grant	7,315	$ 84,818	$ 8,166	$ 6,118	$ 2,264	$ 3,929	$ 35,716	$ 3,863	$ 710	$ -	$ -	$ 145,584	0.5%	0.2%	$ 19.90	
Lake	8,075	$ 84,818	$ 10,576	$ 7,799	$ 4,207	$ 5,139	$ 24,957	$ 4,977	$ 2,237	$ -	$ -	$ 144,710	0.5%	0.2%	$ 17.92	
Morrow	12,825	$ 84,818	$ 12,019	$ 21,590	$ 8,513	$ 7,344	$ 28,742	$ 14,892	$ 30,316	$ -	$ -	$ 208,234	0.7%	0.3%	$ 16.24	
Baker	16,910	$ 84,818	$ 20,534	$ 17,244	$ 6,952	$ 8,791	$ 33,852	$ 8,262	$ 3,587	$ -	$ -	$ 184,040	0.6%	0.4%	$ 10.88	$ 17.21
Crook	23,440	$ 127,227	$ 27,594	$ 29,088	$ 9,846	$ 12,292	$ 54,935	$ 13,712	$ 4,663	$ -	$ -	$ 279,359	1.0%	0.5%	$ 11.92	
Curry	23,005	$ 127,227	$ 32,039	$ 25,321	$ 12,416	$ 10,811	$ 43,470	$ 11,844	$ 4,667	$ -	$ -	$ 267,795	0.9%	0.5%	$ 11.64	
Jefferson	24,105	$ 127,227	$ 29,159	$ 17,818	$ 40,587	$ 14,260	$ 74,266	$ 15,877	$ 18,463	$ -	$ -	$ 337,658	1.2%	0.6%	$ 14.01	
Hood River	25,640	$ 127,227	$ 17,141	$ 22,688	$ 20,000	$ 10,350	$ 65,349	$ 22,846	$ 61,317	$ -	$ -	$ 346,920	1.2%	0.6%	$ 13.53	
Tillamook	26,530	$ 127,227	$ 30,693	$ 24,191	$ 11,595	$ 13,154	$ 90,157	$ 12,082	$ 12,891	$ -	$ -	$ 321,990	1.1%	0.6%	$ 12.14	
Union	26,840	$ 127,227	$ 29,411	$ 15,351	$ 12,406	$ 15,937	$ 55,172	$ 9,710	$ 6,678	$ -	$ -	$ 271,891	1.0%	0.6%	$ 10.13	
Gilliam, Sherman, Wasco	31,080	$ 296,864	$ 35,716	$ 23,142	$ 21,638	$ 14,452	$ 62,977	$ 19,756	$ 26,211	$ -	$ -	$ 500,755	1.8%	0.7%	$ 16.11	
Malheur	32,105	$ 127,227	$ 34,920	$ 46,944	$ 20,417	$ 22,855	$ 75,870	$ 28,849	$ 38,895	$ -	$ -	$ 395,978	1.4%	0.8%	$ 12.33	
Clatsop	39,455	$ 127,227	$ 45,412	$ 31,932	$ 20,200	$ 17,645	$ 75,131	$ 15,657	$ 18,702	$ -	$ -	$ 351,906	1.2%	0.9%	$ 8.92	
Lincoln	48,305	$ 127,227	$ 66,488	$ 55,515	$ 33,218	$ 26,454	$ 88,682	$ 21,390	$ 14,777	$ -	$ -	$ 433,750	1.5%	1.1%	$ 8.98	
Columbia	53,280	$ 127,227	$ 53,910	$ 58,932	$ 22,217	$ 21,855	$ 113,424	$ 24,025	$ 11,116	$ -	$ -	$ 432,706	1.5%	1.2%	$ 8.12	
Coos	63,315	$ 127,227	$ 87,680	$ 73,106	$ 43,058	$ 36,888	$ 118,711	$ 33,212	$ 14,508	$ -	$ -	$ 534,391	1.9%	1.5%	$ 8.44	
Klamath	68,075	$ 127,227	$ 92,749	$ 63,911	$ 47,569	$ 44,051	$ 124,977	$ 40,331	$ 35,214	$ -	$ -	$ 576,029	2.0%	1.6%	$ 8.46	$ 10.41
Umatilla	81,495	$ 169,636	$ 81,259	$ 80,907	$ 68,851	$ 46,817	$ 115,792	$ 68,311	$ 132,657	$ -	$ -	$ 764,229	2.7%	1.9%	$ 9.38	
Polk	83,805	$ 169,636	$ 70,846	$ 82,748	$ 58,628	$ 38,329	$ 81,429	$ 37,704	$ 66,338	$ -	$ -	$ 605,657	2.1%	2.0%	$ 7.23	
Josephine	86,560	$ 169,636	$ 120,838	$ 101,814	$ 40,049	$ 56,557	$ 190,188	$ 39,866	$ 17,567	$ -	$ -	$ 736,517	2.6%	2.0%	$ 8.51	
Benton	94,665	$ 169,636	$ 54,173	$ 57,717	$ 79,132	$ 51,444	$ 86,896	$ 20,302	$ 69,830	$ -	$ -	$ 589,130	2.1%	2.2%	$ 6.22	
Yamhill	108,605	$ 169,636	$ 96,041	$ 107,821	$ 73,874	$ 45,657	$ 119,843	$ 60,014	$ 88,793	$ -	$ -	$ 761,678	2.7%	2.5%	$ 7.01	
Douglas	112,530	$ 169,636	$ 159,823	$ 134,790	$ 49,012	$ 60,899	$ 226,370	$ 57,646	$ 20,654	$ -	$ -	$ 878,832	3.1%	2.6%	$ 7.81	
Linn	127,320	$ 169,636	$ 133,792	$ 124,340	$ 71,053	$ 63,480	$ 196,443	$ 60,416	$ 47,519	$ -	$ -	$ 866,679	3.0%	3.0%	$ 6.81	$ 7.49
Deschutes	197,015	$ 212,046	$ 149,010	$ 145,631	$ 74,634	$ 72,073	$ 265,498	$ 59,959	$ 64,348	$ -	$ -	$ 1,043,199	3.7%	4.6%	$ 5.30	
Jackson	223,240	$ 212,046	$ 239,562	$ 221,628	$ 112,174	$ 116,724	$ 219,089	$ 108,919	$ 121,449	$ -	$ -	$ 1,351,591	4.7%	5.2%	$ 6.05	
Marion	349,120	$ 212,046	$ 312,471	$ 361,669	$ 384,926	$ 186,579	$ 223,306	$ 242,048	$ 562,580	$ -	$ -	$ 2,485,625	8.7%	8.2%	$ 7.12	$ 6.34
Lane	381,365	$ 254,455	$ 365,663	$ 341,574	$ 288,604	$ 213,574	$ 325,861	$ 154,563	$ 152,283	$ -	$ -	$ 2,096,577	7.4%	8.9%	$ 5.50	
Clackamas	426,515	$ 254,455	$ 339,869	$ 333,686	$ 297,002	$ 114,827	$ 376,935	$ 134,917	$ 269,913	$ -	$ -	$ 2,121,602	7.4%	10.0%	$ 4.97	
Washington	620,080	$ 254,455	$ 372,138	$ 505,196	$ 861,167	$ 197,379	$ 169,547	$ 244,824	$ 870,035	$ -	$ -	$ 3,474,742	12.2%	14.5%	$ 5.60	
Multnomah	829,560	$ 254,455	$ 726,295	$ 720,625	$ 1,071,343	$ 378,083	$ 52,656	$ 339,653	$ 1,082,126	$ -	$ -	$ 4,625,234	16.2%	19.4%	$ 5.58	$ 5.46
Total	**4,268,055**	**$ 5,258,730**	**$ 3,873,979**	**$ 3,873,979**	**$ 3,873,979**	**$ 1,936,989**	**$ 3,873,979**	**$ 1,936,989**	**$ 3,873,979**	$ -	$ -	**$ 28,502,602**	**100.0%**	**100.0%**	**$ 6.68**	**$ 6.68**

[1] Source: Portland State University Certified Population estimate July 1, 2020

[2] Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon death certificate data, 2014-2018

[3] Source: Quality of life: Good or excellent health, 2014-2017

[4] Source: American Community Survey population 5-year estimate, 2014-2018

[5] Source: U.S. Census Bureau, Population estimates, 2010

County Size Bands

Extra Small	Small	Medium	Large	Extra Large
up to 20,000	20,000-75,000	75,000-150,000	150,000-375,(	above 375,000

Public Health Modernization LPHA Funding Formula
Funding Formula update: March 2021

ARPA Public Health Workforce funding for PE51-03
Active dates 7/1/21-6/30/23
Total funds available to LPHAs **$10,267,167**

		Base component								Matching and Incentive fund components		Total county allocation				
County Group	Population[1]	Floor	Burden of Disease[2]	Health Status[3]	Race/ Ethnicity[4]	Poverty 150% FPL[4]	Rurality[5]	Education[4]	Limited English Proficiency[4]	Matching Funds	Incentives	Total Award	Award Percentage	% of Total Population	Award Per Capita	Avg Award Per Capita
Wheeler	1,440	$ 30,553	$ 477	$ 935	$ 186	$ 342	$ 2,533	$ 193	$ 6	$ -	$ -	$ 35,225	0.3%	0.0%	$ 24.46	
Wallowa	7,160	$ 30,553	$ 2,470	$ 2,073	$ 741	$ 1,259	$ 12,593	$ 910	$ 436	$ -	$ -	$ 51,036	0.5%	0.2%	$ 7.13	
Harney	7,280	$ 30,553	$ 3,535	$ 1,726	$ 1,387	$ 1,411	$ 5,672	$ 1,260	$ 616	$ -	$ -	$ 46,161	0.4%	0.2%	$ 6.34	
Grant	7,315	$ 30,553	$ 2,941	$ 2,204	$ 816	$ 1,415	$ 12,866	$ 1,392	$ 256	$ -	$ -	$ 52,442	0.5%	0.2%	$ 7.17	
Lake	8,075	$ 30,553	$ 3,810	$ 2,809	$ 1,515	$ 1,851	$ 8,990	$ 1,793	$ 806	$ -	$ -	$ 52,127	0.5%	0.2%	$ 6.46	
Morrow	12,825	$ 30,553	$ 4,329	$ 7,777	$ 3,067	$ 2,645	$ 10,354	$ 5,364	$ 10,920	$ -	$ -	$ 75,010	0.7%	0.3%	$ 5.85	
Baker	16,910	$ 30,553	$ 7,397	$ 6,212	$ 2,504	$ 3,167	$ 12,194	$ 2,976	$ 1,292	$ -	$ -	$ 66,295	0.6%	0.4%	$ 3.92	$ 6.20
Crook	23,440	$ 45,830	$ 9,940	$ 10,478	$ 3,547	$ 4,428	$ 19,789	$ 4,939	$ 1,680	$ -	$ -	$ 100,630	1.0%	0.5%	$ 4.29	
Curry	23,005	$ 45,830	$ 11,541	$ 9,121	$ 4,472	$ 3,894	$ 15,659	$ 4,266	$ 1,681	$ -	$ -	$ 96,465	0.9%	0.5%	$ 4.19	
Jefferson	24,105	$ 45,830	$ 10,504	$ 6,418	$ 14,620	$ 5,137	$ 26,752	$ 5,719	$ 6,651	$ -	$ -	$ 121,631	1.2%	0.6%	$ 5.05	
Hood River	25,640	$ 45,830	$ 6,174	$ 8,173	$ 7,204	$ 3,728	$ 23,540	$ 8,229	$ 22,088	$ -	$ -	$ 124,967	1.2%	0.6%	$ 4.87	
Tillamook	26,530	$ 45,830	$ 11,056	$ 8,714	$ 4,177	$ 4,738	$ 32,476	$ 4,352	$ 4,643	$ -	$ -	$ 115,987	1.1%	0.6%	$ 4.37	
Union	26,840	$ 45,830	$ 10,594	$ 5,530	$ 4,469	$ 5,741	$ 19,874	$ 3,498	$ 2,406	$ -	$ -	$ 97,940	1.0%	0.6%	$ 3.65	
Gilliam, Sherman, Wasco	31,080	$ 106,936	$ 12,866	$ 8,336	$ 7,794	$ 5,206	$ 22,686	$ 7,117	$ 9,442	$ -	$ -	$ 180,381	1.8%	0.7%	$ 5.80	
Malheur	32,105	$ 45,830	$ 12,579	$ 16,910	$ 7,355	$ 8,233	$ 27,330	$ 10,392	$ 14,011	$ -	$ -	$ 142,639	1.4%	0.8%	$ 4.44	
Clatsop	39,455	$ 45,830	$ 16,358	$ 11,503	$ 7,276	$ 6,356	$ 27,064	$ 5,640	$ 6,737	$ -	$ -	$ 126,763	1.2%	0.9%	$ 3.21	
Lincoln	48,305	$ 45,830	$ 23,950	$ 19,997	$ 11,966	$ 9,529	$ 31,945	$ 7,705	$ 5,323	$ -	$ -	$ 156,245	1.5%	1.1%	$ 3.23	
Columbia	53,280	$ 45,830	$ 19,419	$ 21,229	$ 8,003	$ 7,873	$ 40,857	$ 8,654	$ 4,004	$ -	$ -	$ 155,869	1.5%	1.2%	$ 2.93	
Coos	63,315	$ 45,830	$ 31,584	$ 26,334	$ 15,510	$ 13,288	$ 42,762	$ 11,964	$ 5,226	$ -	$ -	$ 192,498	1.9%	1.5%	$ 3.04	
Klamath	68,075	$ 45,830	$ 33,410	$ 23,022	$ 17,135	$ 15,868	$ 45,019	$ 14,528	$ 12,685	$ -	$ -	$ 207,496	2.0%	1.6%	$ 3.05	$ 3.75
Umatilla	81,495	$ 61,106	$ 29,271	$ 29,144	$ 24,801	$ 16,864	$ 41,710	$ 24,607	$ 47,785	$ -	$ -	$ 275,290	2.7%	1.9%	$ 3.38	
Polk	83,805	$ 61,106	$ 25,520	$ 29,807	$ 21,119	$ 13,807	$ 29,332	$ 13,582	$ 23,896	$ -	$ -	$ 218,169	2.1%	2.0%	$ 2.60	
Josephine	86,560	$ 61,106	$ 43,528	$ 36,675	$ 14,426	$ 20,373	$ 68,509	$ 14,361	$ 6,328	$ -	$ -	$ 265,307	2.6%	2.0%	$ 3.07	
Benton	94,665	$ 61,106	$ 19,514	$ 20,791	$ 28,505	$ 18,531	$ 31,302	$ 7,313	$ 25,154	$ -	$ -	$ 212,215	2.1%	2.2%	$ 2.24	
Yamhill	108,605	$ 61,106	$ 34,596	$ 38,839	$ 26,611	$ 16,446	$ 43,170	$ 21,618	$ 31,985	$ -	$ -	$ 274,371	2.7%	2.5%	$ 2.53	
Douglas	112,530	$ 61,106	$ 57,571	$ 48,554	$ 17,655	$ 21,937	$ 81,543	$ 20,765	$ 7,440	$ -	$ -	$ 316,572	3.1%	2.6%	$ 2.81	
Linn	127,320	$ 61,106	$ 48,194	$ 44,790	$ 25,595	$ 22,867	$ 70,763	$ 21,763	$ 17,117	$ -	$ -	$ 312,194	3.0%	3.0%	$ 2.45	$ 2.70
Deschutes	197,015	$ 76,383	$ 53,676	$ 52,459	$ 26,884	$ 25,962	$ 95,637	$ 21,598	$ 23,179	$ -	$ -	$ 375,780	3.7%	4.6%	$ 1.91	
Jackson	223,240	$ 76,383	$ 86,295	$ 79,835	$ 40,407	$ 42,046	$ 78,920	$ 39,235	$ 43,748	$ -	$ -	$ 486,868	4.7%	5.2%	$ 2.18	
Marion	349,120	$ 76,383	$ 112,558	$ 130,280	$ 138,657	$ 67,209	$ 80,439	$ 87,190	$ 202,652	$ -	$ -	$ 895,368	8.7%	8.2%	$ 2.56	$ 2.28
Lane	381,365	$ 91,659	$ 131,719	$ 123,041	$ 103,961	$ 76,933	$ 117,381	$ 55,676	$ 54,855	$ -	$ -	$ 755,226	7.4%	8.9%	$ 1.98	
Clackamas	426,515	$ 91,659	$ 122,427	$ 120,200	$ 106,985	$ 41,363	$ 135,779	$ 48,600	$ 97,228	$ -	$ -	$ 764,241	7.4%	10.0%	$ 1.79	
Washington	620,080	$ 91,659	$ 134,051	$ 181,981	$ 310,209	$ 71,100	$ 61,074	$ 88,190	$ 313,403	$ -	$ -	$ 1,251,667	12.2%	14.5%	$ 2.02	
Multnomah	829,560	$ 91,659	$ 261,625	$ 259,582	$ 385,918	$ 136,192	$ 18,968	$ 122,349	$ 389,802	$ -	$ -	$ 1,666,095	16.2%	19.4%	$ 2.01	$ 1.97
Total	**4,268,055**	**$ 1,894,292**	**$ 1,395,479**	**$ 1,395,479**	**$ 1,395,479**	**$ 697,740**	**$ 1,395,479**	**$ 697,740**	**$ 1,395,479**	$ -	$ -	**$ 10,267,167**	**100.0%**	**100.0%**	**$ 2.41**	**$ 2.41**

[1] Source: Portland State University Certified Population estimate July 1, 2020
[2] Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon death certificate data, 2014-2018
[3] Source: Quality of life: Good or excellent health, 2014-2017
[4] Source: American Community Survey population 5-year estimate, 2014-2018
[5] Source: U.S. Census Bureau, Population estimates, 2010

County Size Bands

Extra Small	Small	Medium	Large	Extra Large
up to 20,000	20,000-75,000	75,000-150,000	150,000-375,(	above 375,000

JLT+ Workgroup
PE51 Public health modernization funding by LPHA
22-Jul-21

County Group	Population	(10/1/21-6/30/23)	(10/1/21-6/30/23)	PE51-03 (7/1/21-6/30/23)	Total	Avg. award per capita
Wheeler	1,440	$ 97,787		$ 35,225	$ 133,012	
Wallowa	7,160	$ 141,679		$ 51,036	$ 192,715	
Harney	7,280	$ 128,147		$ 46,161	$ 174,307	
Grant	7,315	$ 145,584		$ 52,442	$ 198,027	
Lake	8,075	$ 144,710		$ 52,127	$ 196,837	
Morrow	12,825	$ 208,234		$ 75,010	$ 283,244	
Baker	16,910	$ 184,040		$ 66,295	$ 250,335	$23.42
Crook	23,440	$ 279,359		$ 100,630	$ 379,989	
Curry	23,005	$ 267,795		$ 96,465	$ 364,259	
Jefferson	24,105	$ 337,658		$ 121,631	$ 459,289	
Hood River	25,640	$ 346,920		$ 124,967	$ 471,886	
Tillamook	26,530	$ 321,990		$ 115,987	$ 437,977	
Union	26,840	$ 271,891		$ 97,940	$ 369,832	
Gilliam, Sherman, Wasco	31,080	$ 500,755		$ 180,381	$ 681,137	
Malheur	32,105	$ 395,978		$ 142,639	$ 538,616	
Clatsop	39,455	$ 351,906		$ 126,763	$ 478,669	
Lincoln	48,305	$ 433,750		$ 156,245	$ 589,995	
Columbia	53,280	$ 432,706		$ 155,869	$ 588,574	
Coos	63,315	$ 534,391		$ 192,498	$ 726,889	
Klamath	68,075	$ 576,029		$ 207,496	$ 783,525	$14.16
Umatilla	81,495	$ 764,229		$ 275,290	$ 1,039,519	
Polk	83,805	$ 605,657		$ 218,169	$ 823,826	
Josephine	86,560	$ 736,517		$ 265,307	$ 1,001,824	
Benton	94,665	$ 589,130		$ 212,215	$ 801,345	
Yamhill	108,605	$ 761,678		$ 274,371	$ 1,036,049	
Douglas	112,530	$ 878,832		$ 316,572	$ 1,195,404	
Linn	127,320	$ 866,679		$ 312,194	$ 1,178,873	$10.18
Deschutes	197,015	$ 1,043,199		$ 375,780	$ 1,418,978	
Jackson	223,240	$ 1,351,591		$ 486,868	$ 1,838,460	
Marion	349,120	$ 2,485,625		$ 895,368	$ 3,380,993	$8.63
Lane	381,365	$ 2,096,577		$ 755,226	$ 2,851,803	
Clackamas	426,515	$ 2,121,602		$ 764,241	$ 2,885,843	
Washington	620,080	$ 3,474,742		$ 1,251,667	$ 4,726,408	
Multnomah	829,560	$ 4,625,234		$ 1,666,095	$ 6,291,330	$7.42
Total	**4,268,055**	**$ 28,502,602**	**$ 3,576,648**	**$ 10,267,167**	**$ 42,346,417**	

COVID-19 Public Health Workforce funds

- Federal American Rescue Plan Act funds awarded through the Public Health Emergency Preparedness Cooperative Agreement.
- Active dates: 7/1/21-6/30/23.
- Establish, expand, train and sustain the public health workforce to support COVID-19 prevention, preparedness, response and recovery.
- Demonstrate strategies for long-term improvements for health equity and cultural responsiveness; public health and community prevention; and preparedness, response, recovery.
- Can be used for staff, contracts, internships, or other methods to build and sustain the public health workforce.

Oregon Health Authority

Program Element 51: Public Health Modernization

CLHO Systems and Innovation priorities and goals

- Flexibility and accountability
- Focus on sustainable public health infrastructure through foundational capabilities
- Continue to support and build from COVID-19 response
- Minimize requirements to the extent possible

Oregon Health Authority

Program Element #51: Public Health Modernization~~: Leadership, Governance and Program Implementation~~

OHA Program Responsible for Program Element:

Public Health Division/Office of the State Public Health Director/Policy and Partnerships Unit

1. Description. Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Public Health Modernization~~: Leadership, Governance and Program Implementation~~. -

Section 1: LPHA Leadership, Governance and ~~Program~~ Implementation

a. **Establish leadership and governance to plan for full implementation of public health modernization.** Demonstrate strategies to build and sustain infrastructure for public health foundational capabilities with a focus on health equity and cultural responsiveness throughout and within each foundational capability. This may include developing ~~Develop~~ business models for the effective and efficient delivery of public health services, developing and/or enhancing~~e~~ community partnerships to build a sustainable public health system, and implementing workforce diversity and leadership development initiatives.

b. **Implement strategies to improve local infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.** ~~to control communicable disease~~ ~~**and reduce health disparities.**~~ In partnership with communities, implement local strategies to prevent and control communicable disease, strengthen emergency preparedness and response planning, protect communities from environmental health threats, and reduce health inequities. ~~to control communicable disease. Place emphasis on reducing communicable disease-related disparities.~~

Section 2: Regional Public Health Service Delivery ~~Partnership Implementation~~

Demonstrate regional approaches for providing public health services. This may include establishing and maintaining a Regional Partnership of local public health authorities (LPHAs) and other stakeholders, utilizing regional staffing models, or implementing regional projects. ~~**Establish and maintain a Regional Partnership of local public health authorities (LPHAs) and other stakeholders.** Develop and sustain Regional Infrastructure through a Regional Partnership of LPHAs and other stakeholders.~~~~**Demonstrate Regional approaches for providing public health services.** Plan and develop business models that support regional infrastructure, share emerging practices and demonstrate how these practices can be applied across the public health system.~~

a.

b. **Implement regional strategies to improve regional infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.** ~~**to control communicable disease and reduce health disparities.**~~ Implement regional strategies to prevent and control communicable disease, strengthen emergency preparedness and response planning, protect communities from environmental health threats, and reduce health inequities.~~Implement regional strategies to control communicable disease within the region. Place emphasis on reducing communicable disease-related disparities.~~

~~**Demonstrate Regional approaches for providing public health services.** Plan and develop business models that support regional infrastructure, share emerging practices and demonstrate how these practices can be applied across the public health system.~~**Section 3: COVID-19 Public Health Workforce**

~~c.~~a. **Establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic.** Demonstrate strategies to ensure long-term improvements for health

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equity and cultural responsiveness, public health and community prevention, preparedness, response and recovery, including ~~improvements for eliminating health inequities.~~workforce diversity recruitment, retention and workforce development.

~~The 2016 public health modernization assessment[1] showed that health equity and cultural responsiveness is the least implemented foundational capability across Oregon's public health system, and that one in four people live in an area in which communicable disease control programs are limited or minimal.~~

~~Each LPHA is eligible to receive funding under two sections. LPHAs funded under **Section 1: LPHA Leadership, Governance, and Program Implementation** must use funds provided through this Program Element to plan for full implementation of public health modernization and to implement strategies to improve local infrastructure to control communicable disease and reduce health disparities.~~

~~LPHAs funded as Fiscal Agents for Regional Partnerships under **Section 2: Regional Partnership Implementation** must use funds provided through this Program Element to establish and maintain a regional approach for communicable disease control that is tailored to a specific communicable disease risk within the region. LPHA must place emphasis on identifying and reducing communicable disease-related disparities. LPHA must demonstrate models for Regional Infrastructure that are scalable in other areas of the state or for other public health programs.~~

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Public Health Modernization

a. Foundational Capabilities. The knowledge, skills and abilities needed to successfully implement Foundational Programs.

b. Foundational Programs. The public health system's core work for communicable disease control, prevention and health promotion, environmental health, and assuring access to clinical preventive services.

c. Public Health Accountability Outcome Metrics. A set of data used to monitor statewide progress toward population health goals.

d. Public health accountability process measures. A set of data used to monitor local progress toward implementing public health strategies that are necessary for meeting Public Health Accountability Outcome Metrics.

e. Public Health Modernization Manual (PHMM). A document that provides detailed definitions for each Foundational Capability and program for governmental public health, as identified in ORS 431.131-431.145. The Public Health Modernization Manual is available at: http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf.

f. Regional Partnership. A group of two or more LPHAs and at least one other organization that is not an LPHA that is convened for the purpose of implementing strategies for communicable disease control and reducing health disparities.

g. Regional Infrastructure. The formal relationships established between LPHAs and other organizations to implement strategies under this funding.

h. Regional Governance. The processes and tools put in place for decision-making, resource allocation, communication and monitoring of the Regional Partnership.

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Commented [BS2]: Question for OC&P: can this be deleted? It is repetitive of the Section descriptions, above.

Commented [BS3]: OC&P: Please identify additional terms that need to be defined.

~~[1] 2016. Oregon Health Authority. State of Oregon Public Health Modernization Assessment Report. Available at www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationFullDetailedReport.pdf.~~

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon's Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

   a. **Foundational Programs and Capabilities** (As specified in the Public Health Modernization Manual)

Program Components	**Foundational Program**					**Foundational Capabilities**						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services		Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
				Population Health	Direct services							
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs						X = Foundational capabilities that align with each component						
Use Leadership and Governance to plan for full implementation of public health modernization (Section 1)	*		X			X	X	X	X	X	X	X
Implement strategies for local communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness~~and health equity infrastructure~~ (Section 1)	*		X				X	X	X		X	X
~~Establish and maintain a Regional Partnership~~Demonstrate regional approaches for providing public health services (Section 2	*		X			X	X	X	X	X	X	X
Implement regional communicable disease	*		X				X	X	X	~~X~~	X	X

control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness ~~communicable disease control strategies~~ (Section 2)												
Establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. (Section 3)	*					**X**	**X**	**X**	**X**			**X**
~~Demonstrate new approaches for providing public health services (Section 2)~~	~~*~~					**~~X~~**		**~~X~~**		**~~X~~**		**~~X~~**

b. Public Health Accountability Outcome Metrics:

The 2019~~7~~-2021~~19~~ public health accountability metrics adopted by the Public Health Advisory Board for communicable disease control and environmental health are:

- Two-year old immunization rates
- Gonorrhea rates
- Active transportation
- Drinking water health-based standards

LPHA is not required to select these metrics ~~two-year old immunization rates or gonorrhea rates~~ as areas of focus for funds made available through this Program Element. LPHA is not precluded from using funds to address other high priority communicable disease and environmental health risks based on local epidemiology, priorities and need.

c. Public Health Accountability Process Measure:

The 2019~~7~~-21~~19~~ public health accountability process measures adopted by the Public Health Advisory Board for communicable disease control and environmental health are listed below. LPHA must select a high priority communicable disease risk based on local epidemiology and need, the following process measures may not be relevant to all LPHAs.

- Percent of Vaccines for Children clinics that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program
- Percent of gonorrhea cases that had at least one contact that received treatment
- Percent of gonorrhea case reports with complete “priority” fields
- Local public health authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use
- Percent of water systems surveys completed
- Percent of water quality alert responses
- Percent of priority non-compliers resolved

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4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

Requirements that apply to Section 1 and Section 2 funding:

a. Implement activities in accordance with this Program Element.

b. Engage in activities as described in its Section 1 and/or Section 2 work plan, once approved by OHA and incorporated herein with this reference. See Attachment 1 for work plan requirements for Section 1.

c. Use funds for this Program Element in accordance with its Section 1 and/or Section 2 Program Budget, once approved by OHA and incorporated herein with this reference. Modification to the Section 1 and/or Section 2 Program Budget of ~~10~~10% or more within any individual budget category~~for any line item~~ may only be made with OHA approval.

~~**d.** Ensure the LPHA and/or Regional Partnership is staffed at the appropriate level to address all requirements in this Program Element and to fulfill Section 1 and/or Section 2 work plan objectives, strategies and activities.~~

~~**e.**~~**d.** Implement and use a performance management system to monitor achievement of Section 1 and/or Section 2 work plan objectives, strategies, activities, deliverables and outcomes.

~~**f.**~~ Participate in learning collaboratives and capacity building for achieving each public health authority's and the public health system's goals for achieving health equity. ~~calls with OHA to discuss progress toward work plan activities, deliverables and milestones.~~

~~(1) Section 1: Calls scheduled on an as needed basis.~~

~~(2)~~**e.** ~~Section 2: Calls scheduled quarterly.~~

~~**g.**~~**f.** Ensure LPHA administrator, LPHA staff, and/or other partner participation in shared learning opportunities or communities of practice focused on governance and public health system-wide planning and change initiatives, in the manner prescribed by OHA. This includes sharing work products and deliverables with OHA and other LPHAs and may include public posting.

~~**h.**~~**g.** Participate in evaluation of public health modernization implementation in the manner prescribed by OHA.

Requirements that apply to Section 1: LPHA Leadership, Governance and ~~Program~~ Implementation

~~**i.**~~**h.** Implement strategies for Leadership and Governance, Health Equity and Cultural Responsiveness, ~~and~~ Communicable Disease Control, Emergency Preparedness and Environmental Health as described in Attachment 1 of this Program Element.

Requirements that apply to Section 2: Regional Public Health Service Delivery ~~Regional Partnership Implementation~~

i. Implement strategies for public health service delivery using regional approaches, which may be through Regional Partnerships, utilizing regional staffing models, or implementing regional projects.

j. Use regional strategies to improve regional infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.

Requirements that apply to Section 3: COVID-19 Public Health Workforce

k. Implement activities in accordance with this Program Element.

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l. Use funds for this Program Element in accordance with its Section 3 Program Budget, once approved by OHA and incorporated herein with this reference. Modification to Budget of 10% or more within any individual budget category may only be made with OHA approval.

m. Use funds to establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. This includes workforce that directly supports COVID-19 response activities and those supporting strategies and interventions for public health and community priorities beyond COVID-19.

n. Demonstrate strategies to ensure long-term improvements for public health and community prevention, preparedness, response and recovery.

o. Demonstrate strategies for eliminating health inequities, which may include strategies for improvements within the local public health authority or within the community.workforce diversity recruitment, retention and development and innovative community partnerships..

j. Develop Regional Infrastructure through formation and maintenance of a Regional Partnership of LPHA and other partners.

(1) Use a formal Regional Governance structure that includes the Fiscal Agent, other participating LPHAs and non-LPHA partners for decision-making, resource allocation and implementation of OHA-approved regional work plan.

(2) Ensure funding is used to support Regional Partnership goals as well as meet the needs of all participating LPHA and partners.

(3) Engage with appropriate governing entities to develop business models that support regional infrastructure.

k. Implement regional strategies to address a specific communicable disease risk for the region with an emphasis on reducing communicable disease-related health disparities.

(1) Engage local and/or regional organizations as strategic partners to control communicable disease transmission.

(2) Develop and implement a regional system for identification and control of communicable disease with strategic partners.

(3) Use established best practices whenever possible.

(4) Develop and/or enhance partnerships with Regional Health Equity Coalitions, Federally recognized Tribes, local and regional community-based organizations and other entities in order to develop meaningful relationships with populations experiencing a disproportionate burden of communicable disease and poor health outcomes.

(5) Work directly with communities to co-create strategies to control communicable disease transmission. Ensure that health interventions are culturally responsive.

(6) Communicate to the general public and/or at risk populations about communicable disease risks.

(7) Provide regional training to health care and other strategic partners about communicable disease risks and methods of control. Provide technical assistance to health care and other strategic partners to implement best and emerging practices.

(8) Develop and implement a regional system for communications with strategic partners about disease transmission.

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(9) Demonstrate capacity to routinely evaluate regional communicable disease control systems through the response to disease reports and make changes to practice based on evaluation findings.

(10) Work with the state and other local and tribal authorities to plan for and develop regional systems for responding to environmental health threats.

(11) Complete an assessment of the region's capacity to apply a health equity lens to programs and services and to provide culturally responsive programs and services within the last five years.

(12) Complete and implement an action plan that addresses key findings from the regional health equity assessment.

5. **General Budget and Expense Reporting.** LPHAs funded under Section 1 and/or Section 2 -must complete an "Oregon Health Authority Public Health Division Expenditure and Revenue Report" located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.**

a. Have on file with OHA an approved Section 1 and/or Section 2 Work Plan and Budget using the format prescribed by OHA no later than 60 days after OHA notifies LPHA of anticipated funding allocation for the biennium.

a.b. Have on file with OHA an approved Section 3 Budget using the format prescribed by OHA no later than 60 days after OHA notifies LPHA of anticipated funding allocation for the biennium.

b.c. Submit Section 1 and Section 2 Work Plan progress reports using the timeline and format prescribed by OHA.

d. Submit updated Section 1, 2 and 3 Budgets upon request using the format prescribed by OHA.

c.e. Submit to OHA approved Section 1 and 2 work plan deliverables, the following deliverables, in the timeframe specified:

(1) For Section 2, A minimum of one new policy (e.g., Memorandum of Understanding, Joint Agreement, County Resolution) describing the Regional Partnership by March 31, 2021

(2) If Regional Health Equity assessment and Action Plan have not been submitted to OHA within the past five year, must submit regional health equity assessment and action plan by June 30, 2021

(3) For Section 2, At least two additional products (e.g., regional policies for implementation of a best or emerging practice, data sharing agreements, or communication materials) by June 30, 2021

7. **Performance Measures.**

If LPHA, including LPHAs funded as Fiscal Agents for Regional Public Health Service DeliveryPartnerships, complete and submit to OHA fewer than 75% of the planned deliverables in its

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approved Section 1 and/or Section 2 work plan for the funding period, LPHA or Fiscal Agent shall not be eligible to receive funding under this Program Element during the next funding period. The deliverables will be mutually agreed upon as part of the work plan approval process.

Attachment 1

Insert updated menu

~~Work Plan Menu Options for all LPHAs Receiving funding through~~
~~Section 1: LPHA Leadership, Governance and Program Implementation~~

~~An OHA-approved 2019-21 work plan for Program Element 51 Section 1 requires each LPHA to include Objectives and Strategies under Subsections 1.1 through 1.3 as described in the following tables.~~

~~Subsection 1.1: Leadership and Governance~~
~~Instructions:~~ - *~~Each LPHA must include Objective 1.1.1 in the PE51 work plan.~~* - *~~Each LPHA must include at least one additional Objective (1.1.2 through 1.1.5) in the PE51 work plan.~~*
~~1. Participate in shared learning opportunities or communities of practice focused on governance and public health system-wide planning.~~ **~~(Required)~~** ~~Strategies will include:~~ ~~a. Participation in in-person and remote learning communities.~~ ~~b. Project or work plan implementation in between learning community meetings.~~ ~~c. Engagement of leadership, staff and/or partners in learning community activities, as appropriate.~~
~~2. Plan for full implementation of public health modernization across foundational capabilities and programs. Assess and develop models for effective and efficient delivery of public health services~~ ~~Strategies may include:~~ ~~a. Engage with appropriate governing entities to develop business models that support partnership infrastructure.~~ ~~b. Ensure the effective management of organizational change.~~ ~~c. Support the performance of public health functions with strong operational infrastructure, including standardized written policies and procedures that are regularly reviewed and revised.~~ ~~d. Collect, analyze and report data for data-driven decision-making to manage organizational and system activities.~~ ~~e. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.~~
~~3. Develop and/or enhance partnerships to build sustainable public health system (e.g., tribes, regional health equity coalitions, CCOs, health systems, early learning hubs~~ ~~Strategies may include:~~ ~~a. Ensure participation of community partners in local public health planning efforts.~~ ~~b. Work with the state and other local and tribal authorities to improve the health of the community.~~ ~~c. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.~~
~~4. Implement workforce and leadership development initiatives~~ ~~Strategies may include:~~

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a. Establish workforce development strategies that promote the skills and experience needed to perform public health duties and to carry out governmental public health's mission. b. Commit to the recruitment and hiring of a diverse workforce. Develop an ongoing plan for workforce diversity with goals and metrics to track progress. c. Assess staff competencies; provide training and professional development opportunities. d. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.
5. Develop and implement technology improvements that support effectiveness and efficiency of public health operations. Strategies may include: a. Access local and statewide information and surveillance systems to evaluate the effectiveness of public health policies, strategies and interventions. b. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.

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Section 1.2: Health Equity and Cultural Responsiveness: Engage public health staff, community members and stakeholders in the implementation of health equity plans.

Instructions:
- *Each LPHA must include Objectives 1.2.1 and 1.2.2 in the PE51 work plan.*
- *LPHAs that have completed a health equity assessment and developed and implemented a health equity action plan (regionally or as an individual LPHA) must select at least two additional Objectives (#1.2.3 through 1.2.7) to include in the PE51 work plan:*
  - *One Objective must reflect work internal to the health department (#1.2.3 through 1.2.4);*
  - *One Objective must reflect work with partners or community members (#1.2.5 through 1.2.7)*

1. Complete an assessment of the LPHA's capacity to apply a health equity lens to programs and services and to provide culturally responsive programs and services within the last five years. Participation in a health equity assessment (e.g., with 2017-19 public health modernization funding) within the past five years fulfills this requirement. **(Required)**
2. Complete and implement an action plan that addresses key findings from health equity assessment. **(Required)**
3. Develop an ongoing process of continuous learning, training and structured dialogue for all staff.
4. Commit and invest existing and additional resources in recruitment, retention and advancement efforts to improve workplace equity. Establish parity goals and create specific metrics with benchmarks to track progress.
5. Develop and/or enhance partnerships with Regional Health Equity Coalitions, federally recognized tribes, community-based organizations and other entities in order to develop meaningful relationships with populations experiencing a disproportionate burden of communicable disease and poor health outcomes.
6. Work directly with communities to co-create policies, programs and strategies. Ensure that health interventions are culturally responsive.
7. Collect and maintain data, or use data provided by PHD that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.

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Subsection 1.3: Communicable Disease Control: Implement strategies to improve infrastructure to prevent and control communicable disease
Instructions: - *Each LPHA must include Objective 1.3.1 in the PE51 work plan.* - *Each LPHA must select at least one additional Objective (1.3.2 through 1.3.4) to include in the PE51 work plan.*
1. Conduct jurisdiction-specific communicable disease control and prevention for communicable diseases. **(Required)** Strategies may include: a. Demonstrate infrastructure for achieving public health accountability metrics, local public health process measures for communicable disease control. b. Communicate to the general public and/or at-risk populations about communicable disease risks. c. Provide training to health care and other strategic partners about communicable disease risks and methods of control. Provide technical assistance to health care and other strategic partners to implement best and emerging practices. d. Demonstrate capacity to routinely evaluate communicable disease control systems through the response to disease reports and make changes to practice based on evaluation findings. e. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.
2. Work with partners within a specific jurisdiction to implement communicable disease prevention initiatives. Strategies may include: a. Engage local organizations as strategic partners to control communicable disease transmission. b. Develop and implement a system for identification and control of communicable disease with strategic partners. c. Develop and implement a system for communications with strategic partners about disease transmission. d. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.
3. Implement workforce development initiatives. Strategies may include: a. Training for providers to implement communicable disease prevention initiatives. b. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.
4. Utilize local communicable disease investigation and response and emergency preparedness systems to begin planning for environmental health threats. Strategies may include: a. Collect and/or utilize local data to assess potential for environmental health threats. b. Work with the state and other local and tribal authorities to plan for and develop regional systems for responding to environmental health threats, including all hazards surge response. c. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.

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Appendix A

Program Element 51: Public Health Modernization

The table below lists the goals and requirements that LPHAs will work toward with 2021-23 funding. Efforts toward the following goals and require ents will be demonstrated in the LPHA and/or regional work plan.

Programmatic goals and work plan requirements

Goal 1: Protect communities from acute and communicable diseases through prevention initiatives that address health inequities.

- LPHA will demonstrate strategies toward local or regional improvements of communicable disease prevention and response infrastructure.
- LPHA will demonstrate strategies toward local or regional reductions in inequities across populations.

Goal 2: Strengthen and expand communicable disease and environmental health emergency preparedness, and the public health system and communities' ability to respond.

- LPHA will demonstrate strategies toward developing, maintaining and/or updating a local or regional all-hazards preparedness plan with community partners. (deliverable)

Goal 3: Protect communities from environmental health threats from climate change through public health interventions that support equitable climate adaptation.

- LPHA will demonstrate strategies toward developing a local or regional climate adaptation plan or incorporate into community health assessment and plan. (deliverable)

Goal 4: Plan for full implementation of public health modernization and submission of local modernization plans by 2025.

- LPHA will demonstrate strategies to build and sustain infrastructure for public health foundational capabilities.

LPHA Requirements for increasing Capacity for Foundational Capabilities

Leadership and Organizational Competencies

- LPHA will participate in public health modernization learning collaboratives.
- LPHA will demonstrate workforce or leadership initiatives necessary for local and/or regional public health infrastructure.

Health Equity and Cultural Responsiveness

- LPHA will develop, update and/or continue to implement local or regional health equity plan. (deliverable)

Assessment and Epidemiology

- LPHA will demonstrate strategies for public health data collection, analysis, reporting and dissemination that are necessary for 2021-23 goals and deliverables. This includes strategies to collect and report data that reveals health inequities in the distribution of disease, disease risks and social conditions that influence health.

Community Partnership Development

- LPHA will demonstrate strategies for sustaining or expanding partnerships with community organizations to ensure connections with BIPOC communities or other groups experiencing health inequities.
- LPHA will demonstrate co-creation of culturally and linguistically responsive public health interventions with community partners.
- LPHA will demonstrate involvement of community-based organizations in public health emergency planning or other priorities identified communities.

- LPHA will demonstrate sustained partnerships for infection prevention and control in congregate settings which may include LTCFs, prisons, shelters or child care facilities.

Communications

- LPHA will demonstrate the ability to provide routine public health education through a variety of communication platforms, with consideration of linguistic and culturally responsive and functional needs of the community.
- LPHA will demonstrate the ability to provide timely and accurate risk communication for areas of public health significance.

In the PE51 work plan, the LPHA will demonstrate how foundational capability requirements will be met by selecting at least one item from the list of strategies provided, or by selecting other strategies from the Public Health Modernization Manual.

Leadership and Organizational Competencies

Requirements

- LPHA will participate in public health modernization learning collaboratives.
- LPHA will demonstrate workforce or leadership initiatives necessary for local and/or regional public health infrastructure.

Strategies

- Expand use of local and/or regional public health workforce with specialized skills needed to achieve community goals for communicable disease control, emergency preparedness and non-regulatory environmental health interventions.
- Implement workforce retention initiatives.
- Establish workforce development strategies that promote the skills and experience needed to perform public health duties and to carry out public health's mission.
- Commit to the recruitment and hiring of a diverse workforce that is representative of the community. Develop an ongoing plan for workforce diversity with goals and metrics to track progress.
- Provide staff training, including climate equity and environmental justice.
- Demonstrate work toward local modernization plans, which may include development of business models for public health infrastructure or alignment of priorities across strategic plans, CHIPs, and other local plans.
- Collect, analyze and report data for data-driven decision-making.
- Identify opportunities for cross-sector health in all policies that address priority environmental health risks, in particular those identified in climate adaptation and/or community health improvement plans
- Develop public health evidence base needed to inform health in all policies work
- Other strategies for Leadership and Organizational Competencies from the Public Health Modernization Manual.

Health Equity and Cultural Responsiveness

Requirements

- LPHA will develop, update and/or continue to implement local or regional health equity plan.

Strategies

- Complete an assessment of the LPHA's capacity to apply a health equity lens to programs and services and to provide culturally responsive programs and services within the last five years. Participation in a health equity assessment within the past five years fulfills this requirement. **(Required if not already completed)**
- Complete and implement an action plan that addresses key findings from health equity assessment. **(Required if not already completed)**
- Develop an ongoing process of continuous learning, training and structured dialogue for all staff.
- Commit and invest existing and additional resources in recruitment, retention and advancement efforts to improve workplace equity. Establish parity goals and create specific metrics with benchmarks to track progress.
- Develop and/or enhance partnerships with Regional Health Equity Coalitions, federally recognized tribes, community-based organizations and other entities in order to develop meaningful relationships with populations experiencing a disproportionate burden of communicable disease and poor health outcomes.
- Work directly with communities to co-create policies, programs and strategies. Ensure that health interventions are culturally responsive.

- Collect and maintain data, or use data provided by PHD that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
- Other strategies for Health Equity and Cultural Responsiveness from the Public Health Modernization Manual.

Assessment and Epidemiology

Requirements
- LPHA will demonstrate strategies for public health data collection, analysis, reporting and dissemination that are necessary for 2021-23 goals and deliverables. This includes strategies to collect and report data that reveals health inequities in the distribution of disease, disease risks and social conditions that influence health.

Strategies
- Implement culturally responsive data collection and communications systems
- Track cases of acute and communicable diseases to ensure individuals and their partners receive treatment to curb the spread of disease
- Make communicable disease data easily accessible to heath care providers and community members
- Assess environmental health risks using available public health data and/or integrate into community health assessments
- Identify priority populations most at risk of climate threats
- Collaborate with community partners serving priority populations to generate qualitative data that informs assessment and prioritization of future interventions
- Other strategies for Assessment and Epidemiology from the Public Health Modernization Manual.

Community Partnership Development

Requirements
- LPHA will demonstrate strategies for sustaining or expanding partnerships with community organizations to ensure connections with BIPOC communities or other groups experiencing health inequities.
- LPHA will demonstrate co-creation of culturally and linguistically responsive public health interventions with community partners.
- LPHA will demonstrate involvement of community-based organizations in public health emergency planning or other priorities identified communities.
- LPHA will demonstrate sustained partnerships for infection prevention and control in congregate settings which may include LTCFs, prisons, shelters or child care facilities.

Strategies

<u>Community partnerships</u>
- Sustain and expand partnerships with community agencies to reach, communicate with and empower marginalized populations.
- Co-create health-related interventions with communities experiencing health disparities.
- Co-create disease prevention and control plans with community-based organizations, including all-hazards emergency preparedness plans so that communities are prepared, receive timely and culturally and linguistically responsive information about how to stay safe during an emergency
- Engage stakeholders and community members to plan, exercise and implement emergency preparedness plans with a focus on populations most impacted by inequities
- Identify and begin developing relationships with community-based organizations representing people disproportionately impacted by climate and other environmental hazards

- Collaborate with community partners to develop and prioritize local and regional climate and health interventions
- Work directly with community-based organizations and community members to identify, plan and prioritize public health interventions for climate change
- Ensure meaningful participation of communities experiencing environmental health threats and inequities in development of programs and policies.
- Other strategies for Community Partnership Development from the Public Health Modernization Manual.

Health care and other sector partnerships

- Expand work with key partners such as childcare providers, schools, jails and long-term care facilities on prevention and control of communicable diseases, including COVID-19.
- Expand and strengthen partnerships with CCOs
- Lead local disease prevention and control initiatives, such as policy development, antibiotic resistance education, sexually transmitted disease prevention messaging, infection control protocols, hand hygiene and field investigations of outbreaks and epidemics and statewide and local health policies
- Advise health care practitioners about evidence-based practices for communicable disease diagnosis, control and prevention.
- Expand training and technical assistance for healthcare providers
- Other strategies for Community Partnership Development from the Public Health Modernization Manual.

Communications

Requirements

- LPHA will demonstrate the ability to provide routine public health education through a variety of communication platforms, with consideration of linguistic and culturally responsive and functional needs of the community.
- LPHA will demonstrate the ability to provide timely and accurate risk communication for areas of public health significance.

Strategies

- Develop, update and/or implement a communications plan with partners that is cross-cutting and equity-focused.
- Implement culturally responsive communications systems
- Ensure communications with the general public and/or at-risk populations about communicable disease risks, including outbreak investigations
- Facilitate communications among priority populations and decision-makers, elevating community priorities and health equity considerations in long-term planning and policymaking
- Develop and integrate climate change and health information into existing public health communications
- Other strategies for Communications from the Public Health Modernization Manual.

Regional Public Health Service Delivery

Regional funding is one way to increase capacity for foundational capabilities, using new and alternative staffing and service delivery models. The following options are intended to increase flexibility and expand the ways LPHAs can access regional funding for 2021-23.

Three options for use of regional funding
Option 1: Regional Partnerships - Continue existing or form new regional partnerships. - Build and sustain regional infrastructure, including with non-LPHA partners. - *Examples for when this option may be beneficial: ongoing coordination across counties that share a population, geographical boundaries or a shared health system.*
Option 2: Regional staff - Employ regional specialized positions, positions that provide coordination across two or more LPHAs, or a regional contract or - Funding for hub and spoke projects where one LPHA performs a service for other LPHAs - Oversight may be provided by all participating LPHAs or a single LPHA - *Examples for when this option may be beneficial: Hiring specialized regional positions when individual LPHAs cannot fund an FTE or do not have workload for an FTE; address hiring and recruitment challenges experienced by some counties; support regional coordination with CBOs.*

Option 3: Regional projects
- Funding for specific regional projects, which may be limited in duration and could include regional communications campaign or development of regional health equity, all hazards emergency, or climate and health plans.
- *Examples for when this option may be beneficial:*
    o *Complete limited duration projects across a region (regional communications campaign; health equity, all hazards or climate and health plans).*
    o *Provide a service across multiple counties. Could include data dashboards, staff training or provision of a public health service or program.*

- What are CLHO's recommendations for the timing of regional funding awards?
  - Options include 10/1/21 start date with local funds, or postpone to 1/1/22
- What supports can OHA provide to LPHAs to plan for the 2021-23 investments?
  - Topic-based information sessions?
  - Assistance with work plan development?

Next steps

- CLHO vote (August 19)
- Topic-based information sessions (September)
- Regional proposals due (September)
- PE51 -01/-02 budgets and work plans due (October)
- PE51 -03 budgets due (October)

Oregon Health Authority