**JLT+ Workgroup**

Workbook for LPHA priorities for 2023-25 public health modernization POP

March 17, 2022

**Funding priorities:**

Oregon’s public health system recognizes that systemic racism and oppression have led to unjust health outcomes among communities of color, tribal communities and other groups excluded from power and decision-making. With increased investment in public health modernization in 2023-25, the public health system will accelerate its work to achieve health equity, broaden its reach and impact through partnerships, and ensure a sustainable public health system that is prepared to respond to current and future threats.

**Additional funds will be used by local public health authorities for the following priorities:**

1. Accelerate work toward achieving health equity through cross sector and community partnerships.
2. Protect and promote health through a sustainable public health system that is equity-focused, community-centered, responsive and forward-thinking.

The strategies implemented by each local public health authority toward health equity, partnerships, and investing in a sustainable public health system will result in improvements for the following foundational public health areas.

* 1. **Assuring access** to preventive health services
  2. **Protecting people** from acute and communicable diseases through prevention and control initiatives that prioritize communities experiencing health inequities.
  3. **Eliminating the disparate impact of environmental health risks** and threats including those resulting from climate change. **Building healthy and resilient communities**.
  4. **Preventing and reducing harm** from chronic diseases and injuries through policy change, enhanced community systems and improved health equity

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| **Priority #1: Accelerate work toward achieving health equity through cross sector and community partnerships.** |
| **What are the high-level changes that will occur?**  Workforce   * Expanding and sustaining the public health workforce that is representative of the communities served. * Investing in workforce development to identify and begin dismantling racist and inequitable systems, structures, policies and practices.   Partnerships and Community Priorities   * Clarifying roles of governmental public health and other agencies and sectors, and improving mechanisms for coordination * Expanding community connections and partnerships. * Collaborating with partners to identify and elevate community priorities and shared approaches to achieve health equity. * Investing in and implementing strategies to address community priorities identified through the community health improvement plan. * Co-developing health improvement strategies with communities experiencing inequities. * Expanding use of shared data systems including sharing data with partners and other sectors. This may include adoption of community information exchanges.   Policy   * Leading and participating in shared work with other sectors to ensure that health is at the forefront of decision-making (Health in All Policies approach). * Working with community partners on policy solutions. * Aligning public health plans, where possible, with community priorities identified through the community health improvement plan or other community-based plans   **What else?** |
| **How will investments contribute to elimination of health inequities?**   * Increased LPHA capacity to convene and coordinate across agencies ensures alignment of resources toward community priorities * Funding for aligning work (e.g. coordination) * LPHA investment for subcontracts with community-based organizations * Staff in LPHAs to focus on equity and cross-sector/community partnerships * Funding for data systems that allow for identification of health inequities; track metrics and progress * Funds for communities to provide leadership on data systems / data decolonization * Health equity capacity building and workforce development (e.g. professional training and facilitation contractors) * Leverage CHIP partnerships to elevate community priorities. Leverage funding and resources toward collective impact. * **What else?** |
| **Who are our key partners for this priority?** (in addition to system partners already listed)   * Academic partners * Statewide organizations * Nonprofit and community-based organizations * CCOs and health systems * **What else?** |
| **What work needs to happen for this priority?**   * Wide-ranging strategies to rebuild the public health workforce * LPHA organizational and leadership buy in and support for equity * Elected officials (at all levels) buy in and support for equity * Elevate the role of LPHAs in developing community health assessments and improvement plans. Shift the dynamic from CHIPs being perceived as CCO-led. * **What else?** |
| **What resources are needed?**   * LPHA and OHA positions dedicated to partnerships and community engagement; work with communities to co-develop culturally specific policies, strategies and interventions. * Communities of practice or other shared learning for local and state positions dedicated to partnerships and community engagement. * Technical assistance for data decolonization; statewide approaches that support local approaches. * Investments and resources for local qualitative data collection. * Investments in community-led data systems. * Technical assistance to bring together quantitative and qualitative data, and for using data to identify policies and strategies that rectify injustices. * Compendium of resources for dismantling white supremacy and achieving equity. * Statewide technical assistance for community health assessments and improvement plans * Technical assistance for creating welcoming work environments that nurture people through public health careers, including for those who do not come to public health with public health training/background. * Technical assistance and resources for reducing biases in hiring practices. * Tools for equity (assessment, language) * **What else?** |

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| **Priority #2: Protect and promote health through a sustainable public health system that is equity-focused, community-centered, responsive and forward-thinking.** |
| **What are the high-level changes that will occur?**  Workforce development (recruitment and retention)   * Local pipeline opportunities   Data and data systems   * Develop infrastructure for state and local data and data systems, and community-led data. * Interoperable and community-centered data systems   Communications   * Multidirectional communication channels among partners   Leadership and Organizational Competencies   * Maintain local flexibility so that each LPHA can use public health modernization funds to be responsive and community-centered.   **What else?** |
| **How will investments contribute to elimination of health inequities?**  **Data systems:** systematic measurement of disparities so that we are working from the same place. The instructions and systems and cleaning must be programmed to be able to achieve this.  How are partners collecting and analyzing the data – do we have system-wide agreements (same language) on how we analyze, using and talking about the data. Relevant for intersectionality.  Rural communities don’t have epis to support this – this is a need.  **Flexibility in PE:** allows for local knowledge/expertise to inform the work (spirit of PHM)  **Communications:** all communities will receive timely risk and health promotion communications that are culturally and linguistically relevant and are received through trusted and appropriate channels   * **What else?** |
| **Who are our key partners for this priority?**  **OHA:** what type of software, how implement it, etc. OHA could organize statewide resource options (TA legal center-like for data); helpful to know OHA IRB  Some hoops for **software companies** to be interoperable – requires funding  Importing/exporting data – formats for “work around”  **Informaticists, data analysts** to ensure front-end users can access data  **Community:** there are groups with expertise around the state  **Data advisory groups:** statewide or local – how do we engage in that conversation   * **What else?** |
| **What work needs to happen for this priority?**   * Statewide coordinated inprovements in data systems and infrastructure * **What else?** |
| **What resources are needed?**   * LPHA and OHA positions with data and data systems expertise, including informaticists and data analysts * OHA technical expertise to provide technical assistance to LPHAs (i.e. informaticists) * Local and state expertise in community-led data systems * Epidemiology positions/expertise/capacity in every county * LPHA positions focused on communications, including making public health data available and accessible to partners and community members. * Statewide coordination for software (what types, how to use, organized resource options) * Coordinated statewide plan moving toward data interoperability for data and systems most relevant for public health * Investments in community partners to facilitate two-way health promotion and risk communications with the community. * Contracting: e.g. OPHI. Technology and data doesn’t necessarily need to be in the community * CDC Foundation * Student epis * Statewide and/or local data advisory groups * **What else?** |