**OHA, LPHA and CBO roles – DRAFT, for discussion**

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| **Unique roles** |
|  | OHA | LPHA | CBO |
| National, state and local efforts for policy and planning[[1]](#endnote-2) | * Introduce and support statewide legislative actions that support health
* With partners, implement statewide equity strategies
* With partners, Implement statewide policy strategies
* Lead statewide system changes that improve health outcomes
* Track federal legislation and policy changes; bring state and local experience and context into national conversations and policy development
* Advocate for more research in public health topics broadly with a focus on communities of color.  Ex. advocate for more BIPOC and tribal participation in clinical trials.
* Fund intervention research and evaluation to build evidence that serves all populations.
 | * Pass local and support statewide policies that improve population health
* Work closely with state and local elected officials – LPHA to partner with CBOs with these efforts
* Systems changes and improvements – examples: improve emergency communications, integration of quit line referrals
* Expand BIPOC and tribal participation in the local public health workforce.
* With partners, develop and implement community health improvement plans
* Have “pulse” on community needs and concerns and share that information to inform decisions
 | * Have “pulse” on community needs and concerns and share that information to inform decisions
* Provide input and feedback on policies; make recommendations for change
 |
| Funding[[2]](#endnote-3) | * Allocate state and federal funds to LPHAs, Tribes, CBOs and others; monitor and ensure compliance for use of funds
* Make sure OHA is ensuring fiscal compliance for contracted entities.
 | * Seek funding for local governmental public health through federal, state, local government and non-governmental funding streams
* Inform state about local governmental public health funding needs
 | * Seek funding to support community-based public health efforts through federal, state, local governmental and non-governmental funding streams
* Seek funding that government agencies are not eligible for to support public health work in communities
* Inform state and local governments about community-based public health funding needs
 |
| Programmatic[[3]](#endnote-4) | * Provide statewide subject matter expertise and technical assistance
 | * Assure access to safety net clinical services (reproductive health, immunizations)
* Support people to navigate systems (health care, criminal justice, education, etc.)
* Educate and communicate on health and public health topics
* Chronic disease prevention
* Injury prevention
* Family supports – WIC, home visiting
* Investigate infectious disease cases and outbreaks.  Assure treatment (examples: TB, STIs)
* Regulatory and enforcement
	+ Ability to enforce isolation and quarantine
	+ Emergency preparedness functions – mass fatality, ebola, etc.
	+ EH functions – health and safety
	+ Animal bites
	+ School exclusion
	+ Indoor Clean Air Act
 | * Coordinate with other CBOs and local agencies to leverage existing resources for community needs and priorities.
* Support people to navigate systems (health care, criminal justice, education, etc.)
* Educate and communicate on health and public health topics
* Can provide services to some communities BECAUSE they are not government
* CBOs can sometimes support programs/work that is unable to happen via OHA or LPHAs
* Have autonomous flexibility separate from government (have to be mindful of any restrictions related to gov’t dollars though)
* Sometimes work with very specific populations
 |
| Public health data[[4]](#endnote-5) | * Produce and make available public health data and reports.
* Ensure data and reports are accessible for all partners and communities represented in public health data.
* Engage CBOs and LPHAs in collecting and using public health data.
* Support statewide public health evaluation efforts
 | * Monitor local health and disease trends; share data with partners.
* Produce data that are more relevant at local level
* Conduct local project and program evaluations.
 | * Provide OHA and LPHAs additional community context to inform data interpretation and reporting
* Assist OHA and LPHAs in collecting and sharing data and information in ways that meet community need
 |
| Partnership support and development[[5]](#endnote-6) | * Work across state agencies and health systems to implement policies and system changes
* Create structures and support for multi-directional information-sharing between OHA, LPHAs and CBOs
* Convene cross system/jurisdiction workgroups
* Serve as path builders for LPHAs and Community – “making friends and helping other people make friends” – Barrier removal
* Support capacity building
* Provide technical assistance to LPHAs and CBOs, including when new staff are hired into new program areas
* Modify internal systems, operations, directions based on the feedback from CBOs and LPHAs/CLHO.
 | * Convene community, coalitions, groups
* Create structures and relationships to ensure bi-directional information sharing between LPHAs and CBOs
* Provide and assure leadership for CBOs, community partners and government officials – bridge building – and/or provide framework for local healthcare coalition – making sure the right people (effect policy change) have the information about most pressing health inequities (subject matter expertise and inclusive process)
* Provide local capacity building, training and technical assistance, or connect partners to statewide opportunities
* Share existing pilots/models/approaches to the work (and lessons learned)
* “Catch all” partnership, if no one in community to play the role it often defaults to LPHA
* Share information about best practices, evidence-based practices, promising practices
* Create systems and connections to local social services.
* Participate on CCO Advisory Councils
* Engage and ensure representation from all areas of the community in local planning efforts; LPHA serves every person in the jurisdiction.
* Bridge to other organizations by connecting people with institutions and organizations that address other needs
* Participate on CCO Advisory Councils
 | * **Capital Abundance**
	+ Holds trust within community in ways government can not
	+ Center and elevate community strengths, wisdom and priorities.
	+ Elevate community comment
	+ Be responsive to community needs
* Participate in multi-directional information sharing between LPHAs, CBOs and OHA.
* Provide community-led and culturally and linguistically responsive public health services.
* Provide perspective that broadens the role of existing organizations; provide subject matter expertise across organizations
* Bridge to other organizations by connecting people with institutions and organizations that address other needs
* Participate on CCO Advisory Councils
* Lived experience makes them communication experts to their respective communities.
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| Overlapping Roles |
| Role | Unique OHA Contribution | Unique LPHA Contribution | Unique CBO Contribution | Ways to coordinate and make complementary |
| Build and sustain a public health workforce[[6]](#endnote-7) | * Increase racial and ethnic representation on boards and committees. (PHMM, pgs. 17, 25)
* Provide antidiscrimination training to the public health workforce. Make available to LPHAs. (PHMM, pg. 25)
* Implement a workforce development plan and collaborate with local and tribal public health authorities on workforce development strategies. (PHMM, pg. 16, 17)
* Build relationships with public health programs in higher education. (PHMM, pg. 17)
 | * Use funding to expand governmental public health workforce that is responsive to community needs.
* Work toward solutions that address rural public health workforce issues.
 | * Create a broad public health training platform to support the growing workforce demands.
 | * Work together to develop comprehensive training for the public health workforce, including those with and without formal public health training.
* Work together to increase use of CHWs/THWs and peer navigators.
* Work together to encourage student interns, Americorps VISTAs and youth to be involved in public health/community health.
* Work together to leverage opportunities like the Governor’s Future Ready Oregon 2022 Initiative and other similar opportunities.
 |
| Education and advocacy for community needs[[7]](#endnote-8) | * Collect and maintain data that reveal inequities in the distribution of disease, with focus on social conditions that influence health. (PHMM, pg. 21)
* Make data available to LPHAs, partners and other groups. (PHMM, pg. 21)
* Collaborate with organizations to develop a vision for a healthy community. (PHMM, pg. 16)
* Leadership for collection and use of qualitative data (PHMM, pg. 35)
 | * Educate broader community and local elected officials on community needs, provide data that demonstrates existing health inequities in communities
* Lead and support collection of local data for local planning and decision-making.
 | * Advocate with the broader community and local elected officials to address community needs, including specific needs within specific communities experiencing health inequities
* Contribute to collection of local data for local planning and decision-making.
 | * Work together to make sure data interpretation and reporting include community context
* Work together and with other local partners to develop and implement plan to address community needs
* Develop clear goals and roles related to education and advocacy
* Strategize communications with community and local elected officials for collective impact
 |
| Seek funding that is available to both LPHAs and CBOs[[8]](#endnote-9) | * Allocate funds to support effective, equitable and quality public health policies, programs and strategies. (PHMM, pg. 20)
* Work with partners to seek and sustain funding for public health priority work. (PHMM, pg. 18)
 | * May have more capacity to seek funding than some CBOs in the community
* Some funding streams are only for government agencies
* Support local connections between CCOs and CBOs; communicate with CBOs about opportunities to participate in CCO decision-making groups or funding opportunities.
 | * May be able to seek funds for which government agencies are not eligible
* Seek CCO funding as applicable to ensure resources are available to meet community needs and priorities
 | * Collaborate on public health funding opportunities to determine which organization is the best fit
* Leverage different funding opportunities and eligibility to achieve common goals
 |
| Case management, support services, wrap around services[[9]](#endnote-10) | * Run public health programs in a manner that aligns with public health modernization and advances OHA in meeting its 2030 strategic goal to eliminate health inequities.
 | * In many counties, LPHA provides WIC, nurse home-visiting services, etc.
 | * CBO may provide case management services
* CBO may be better positioned to provide culturally and linguistically responsive services, especially in communities where government has historically been a distrusted or harmful partner
 | * Collaborate to identify the strengths of each organization to serve specific communities or clients best.
* Where legally possible share information to de-duplicate and coordinate services for the client/community benefit
 |
| Working in similar program areas (ex: Narcan) | * Share national evidence-based or emerging/promising practices.
 | * There may be aspects of a certain program area that are best performed by the LPHA depending on community landscape (examples: STI testing and treatment)
* Determine whether evidence-based or promising practices can be implemented based on community context
 | * There may be aspects of a certain program area that cannot be performed by the LPHA or better done by CBOs (ex: culturally responsive outreach to specific communities about need for STI testing and treatment, purchase of Naloxone if prohibited by LPHA funds)
* Determine whether evidence-based or promising practices can be implemented based on community context
 | * Collaborate together on specific organizational and community strengths to determine how best to meet community needs
* Have regular touch points for coordination and communication
* Coordinate on implementation of evidence-based or promising practices as appropriate to align with community needs and priorities.
 |
| Community engagement[[10]](#endnote-11) | * Dedicate funding to community partnerships and support this funding with technical assistance. (PHMM, pg. 29)
* Convene strategic partnerships with statewide and regional organizations, and support LPHAs to develop strategic partnerships. (PHMM, pg. 29)
* Use the State Health Improvement Plan as the basis for collaborative work with partners, and coordinate activities and use of resources. (PHMM, pg. 29)
 | * Convene community partners
* Convene multi-disciplinary agencies to support community health (government, first responders, health systems, CBOs)
 | * Convene community members
 | * Co-convene and co-facilitate community coalitions
 |
| Communications[[11]](#endnote-12) | * Develop and disseminate communications products according to strategic communications plan and risk communication needs (PHMM, pg. 54)
* Make communications products available to LPHAs, CBOs and other partners. (PHMM, pg. 54)
* Provide translations for OHA-produced materials (PHMM, pg. 55)
 | * Develop communications that are relevant and accessible to local community
 | * Tailor communications to specific populations within a community
* Provide input to LPHA on how to effectively communicate with communities
 | * Share communication strategies and input to assure greatest reach throughout the community, especially to those populations experiencing health inequities
 |
| Training and technical assistance | * Provide/establish connections to programmatic subject matter expertise and technical assistance.
* Provide technical assistance for foundational capabilities including communications, public health data and policy.
* Continually solicit feedback on training and technical assistance needs
* Support coordinated regional and statewide approaches to training and technical assistance.
* Provide coordination for training and technical assistance.
 | * Programmatic Subject Matter experts
* Knowledgeable about navigating governmental and political structures.
* Share information about best practices, peer-reviews and science.
 | * Programmatic Subject Matter experts
* Subject matter experts for culturally, racially, ethnically, spiritually and linguistically diverse communities.
* Subject matter experts for community experiences.
 | * Multi-way sharing of information, power and expertise.
* Explore opportunities for centralized training requests and facilitated connections.
* Collaborative learning. Be co-recipients of training and technical assistance.
 |

1. Public Health Modernization Manual, Policy and Planning, Core System Functions, Page 47

Develop public health policy recommendations that are evidence-based, grounded in law and legally defendable, and focus on achieving health equity.

Engage community members, including representatives from priority populations and other partners in conversations about policies that impact health.

Health Equity and Cultural Responsiveness, Core System Functions, Pages 20-21

Develop public health policies and plans to achieve health equity, protect people from health hazards and prevent health problems.

Community Partnership Development, Core System Functions, Page 28

Engage communities in state and local government, especially those experiencing health inequities.

Leadership and Organizational Competencies, Core System Functions, Page 15

Directly engage in health policy development and adoption with local, state and national policymakers to define strategic direction of public health initiatives. [↑](#endnote-ref-2)
2. Health Equity and Cultural Responsiveness, Core System Functions, Pages 20-21

Leverage existing and new funding for health equity.

Make financial investments to support effective, equitable and quality public health policies, programs, and strategies that are responsive to cultural health beliefs and practices, preferred languages and literacy level.

Leadership and Organizational Competencies, Core System Functions, Page 15

 Ensure business practices follow applicable federal, state, and local laws and policies. [↑](#endnote-ref-3)
3. PHMM Foundational Program Core System Functions, Pages 65, 73, 82, 90 [↑](#endnote-ref-4)
4. Assessment and Epidemiology, Core System Functions, Page 32-34

Monitor, diagnose, investigate and respond to health problems and health hazards in communities.

Collect sufficient, timely and high quality data to guide state and local public health planning and decision-making. [↑](#endnote-ref-5)
5. Community Partnership Development, Core System Functions, Page 28

Seek and sustain collaborative cross-sector relationships with private, public and governmental organizations.

Engage communities in state and local government, especially those experiencing health inequities.

Health Equity and Cultural Responsiveness, Core System Functions, Pages 20-21

Co-create objectives, milestones and outcome measures for resource allocations, funding allocations, work plans and implementation timelines with priority populations. Integrate across foundational capabilities and programs. [↑](#endnote-ref-6)
6. Leadership and Organizational Competencies, Core System Functions, Page 15

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.

Collaborate with educational programs that develop future public health workers and governmental public health as an employer of choice.

Commit to the recruitment and hiring of a diverse workforce reflecting the populations served.

Health Equity and Cultural Responsiveness, Core System Functions, Page 20-21

Co-create strategies and resources with priority populations to build a more diverse leadership and workforce.

Build and maintain a competent, representative and culturally responsive public health workforce. [↑](#endnote-ref-7)
7. Health Equity and Cultural Responsiveness, Core System Functions, Page 20-21

Engage with the community to identify and eliminate health inequities.

Leverage and engage partnerships in health equity solutions.

Policy and Planning

Engage community members, including representatives from priority populations, and other partners in conversations about policies that impact health.

Develop state and community health improvements plans.

Leadership and Organizational Competencies, Core System Functions, Page 15

Ensure business practices follow applicable federal, state and local laws and policies. [↑](#endnote-ref-8)
8. Health Equity and Cultural Responsiveness, Core System Functions, Pages 20-21

Leverage existing and new funding for health equity.

Make financial investments to support effective, equitable and quality public health policies, programs, and strategies that are responsive to cultural health beliefs and practices, preferred languages and literacy level. [↑](#endnote-ref-9)
9. Foundational Program Core System Functions, Pages 65, 73, 82, 90 [↑](#endnote-ref-10)
10. Community Partnership Development, Core System Functions, Page 28

Engage communities in state and local governments, especially those experiencing health inequities.

Engage communities in state or community health improvement plan

Create, convene and support strategic partnerships with shared accountability for collective impact. [↑](#endnote-ref-11)
11. Communications, Core System Functions, Page 53

Develop and implement a strategic communications plan

Develop and implement communication strategies for specific public health issues. Ensure communications are available in culturally and linguistically relevant formats simultaneously.

Be a reliable source of information, including by maintain ongoing relations with community organizations. [↑](#endnote-ref-12)