Local public health authorities (LPHAs) are using $10.3 million provided by Oregon’s legislature to improve local systems for preventing and responding to communicable diseases. Every LPHA is receiving funds to address priorities in its community. And seven partnerships, covering 32 of 36 counties, are using public health modernization funding to build upon the successful regional interventions for communicable disease control established in 2017. Each regional partnership is described below.

**Central Oregon Public Health Partnership**  
Deschutes, Crook and Jefferson counties; Central Oregon Health Council  
➢ Utilize Central Oregon’s communicable disease prevention, surveillance and response team to promptly respond to communicable disease outbreaks and prevent further spread of disease;  
➢ Provide technical assistance and training on infection prevention and control to long-term care facilities and other facilities that serve vulnerable populations in Central Oregon;  
➢ Expand regional partnerships to prevent and control communicable diseases and promote health equity;  
➢ Conduct regional surveillance on communicable diseases and emerging public health threats, and share timely information with health care providers, partner agencies and the public so they can better protect themselves and their patients.

**Coast-to-Valley Modernization Partnership**  
Lane, Benton, Lincoln and Linn counties; Linn-Benton Health Equity Alliance  
➢ Provide training and technical assistance to health care to increase childhood and adolescent immunization rates;  
➢ Provide training and technical assistance to health care to address high and increasing sexually transmitted infection rates;  
➢ Engage and collaborate with community organizations and communities impacted by disparities to prevent and control communicable disease and address related health disparities.

**Eastern Oregon Modernization Collaborative**  
North Central Public Health District, Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union and Wheeler counties; Eastern Oregon CCO  
➢ Build capacity and improve performance for communicable disease control across eastern Oregon through regional infrastructure;
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➢ Improve communicable disease reporting and outbreak control measures with health care providers through sharing of evidence-based and emerging best practices;
➢ Increase capacity for LPHAs to use data and reports to reduce disparities in health outcomes;
➢ Use a regional approach for identifying and addressing barriers to achieving health equity across eastern Oregon.

Marion and Polk Regional Partnership
Marion and Polk counties; Willamette Health Council

➢ Continue to expand the role of the Marion and Polk Communicable Disease Task Force;
➢ Provide targeted outreach and communications to communities most affected by HIV and STDs, and to the general public;
➢ Work with the health care system to implement new methods for STD testing and treatment.

Multnomah, Clackamas, Washington and Yamhill counties; Oregon Health Equity Alliance

➢ Modernize data analytics infrastructure to improve infectious disease data access, analysis and critical real-time data-sharing;
➢ Strengthen regional data governance and create a platform for secure exchange of health data across sectors;
➢ Engage community partners and collaborate regionally to examine health data, set goals, and develop plans that specifically address health inequities and social determinants of health.

Oregon Coast Partnership
Clatsop, Columbia and Tillamook counties; Columbia Pacific CCO

➢ Implement regional strategies to prevent and control the spread of sexually transmitted infections.
➢ Develop a regional communicable disease report to update providers about threats and encourage best practices for management
➢ Evaluate health equity in the region and plan how to mitigate disparities.
Southwest Regional Partnership  
Douglas, Coos and Curry counties; Advanced Health CCO, Umpqua Health Alliance CCO, Coquille Indian Tribe, Cow Creek Band of the Umpqua Tribe of Indians

- Enhance partnerships with local organizations to develop meaningful relationships with populations experiencing a disproportionate burden of communicable disease and poor health outcomes. Promote health equity;
- Create a regional epidemiology network to standardize work and mutually support county epi efforts in order to solve lack of coverage and work flow process issues;
- Work with health care partners to improve communicable disease reporting and control;
- Improve two-year-old and adolescent immunization rates.

For more information, visit healthoregon.org/modernization