

# AGENDA

## Public Health Modernization Improvement Workgroup

April 24, 2026, 11:05-11:55 AM

Join Teams Meeting

<https://teams.microsoft.com/meet/232665194020731?p=M8ySJ2U1qCGvt4aOzL>

Meeting ID: 232 665 194 020 731

Passcode: TE7HC76z

Workgroup members: OHA participants – Sara Beaudrault, Dolly England, Andrew Epstein, Steven Fiala, Veronica Herrera, Liz Hunt, Kim Tham, Dana Selover, Julie Reeder, Drew Simpson, Kelly McDonald, Emily Wegener; LPHA participants – Kirsten Aird, Marie Boman-Davis, Carrie Brogoitti, Sara Hartstein, Heather Kaisner, Kim LaCroix, Laura Lui, Martha McInnes, Florence Pourtal, Shane Sanderson, Kari Wilhite, Brian Johnson, Sarah Lochner, Allison Mora

Meeting objectives:

- Review edits to Workgroup charter
- Review and refine Workgroup scope

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<b>11:05- 11:10 AM</b>	<b>Welcome and agenda review</b> <ul style="list-style-type: none"><li>• Welcome and agenda overview</li></ul>	Steven Fiala, OHA staff
<b>11:10- 11:20 AM</b>	<b>Review edits to Workgroup charter</b> <ul style="list-style-type: none"><li>• Review edits to Workgroup charter following 4/10 meeting discussion</li></ul>	Sara Beaudrault, OHA staff
<b>11:20- 11:55 AM</b>	<b>Review and refine Workgroup scope</b> <ul style="list-style-type: none"><li>• Review and refine Workgroup scope</li><li>• Discuss agenda for 6/17 optional in-person work session</li></ul>	Steven Fiala
<b>11:55 PM</b>	<b>Wrap up and adjourn</b>	Steven Fiala

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Parking lot

Use the “parking lot” to add potential issues or topics for the Workgroup to address at future meetings. Parking lot topics will be periodically reviewed by the Workgroup to determine whether topics are in scope and, if so, how the topic should be incorporated into Workgroup meetings.

*Content forthcoming*

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Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Sara Beaudrault: at 971-645-5766, 711 TTY, or [publichealth.policy@odhsoha.oregon.gov](mailto:publichealth.policy@odhsoha.oregon.gov) at least 48 hours before the meeting.

# Modernization Improvement Workgroup

April 10, 2026

## Attendees:

Sara Harstein, Sara Beaudrault, Emily Wegener, Steve Fiala, Martha McInnis, Drew Simpson, Andrea Krause, Shane Sanderson, Heather Kaisner, Florence Pourtal, Kelly McDonald, Laura Lui, Andrew Epstein, Julie Reeder, Allison Mora, Veronica Herrera, Valori Fleisher, Kim Tham, Kim La Croix

## Notes:

- **Formation and Purpose of Modernization Improvement Workgroup:** Steve and Sara led the kickoff of the Modernization Improvement Work Group, outlining its background, purpose, and the collaborative approach between OHA and local public health authorities.
  - **Visioning Process Background:** Steve explained that the work group was formed following a six-month visioning refresh process, initiated at the CLHO retreat in September 2025, which identified key improvement opportunities for public health modernization. The group was established to revisit the modernization framework, the terminology used, and the modernization manual.
  - **Collaborative Membership Structure:** Steve and Sara described the work group as a collaborative body comprising OHA staff, local public health authorities, and open to the public, with fluid membership to accommodate participants' availability. The group will meet twice monthly, and notes will be distributed to ensure continuity for those unable to attend.
- **Group Agreements Adoption:** Steve and Sara proposed using the community agreements developed between OHA and CLHO at the 2024 CLHO retreat as the work group's guiding practices, including principles such as willingness to slow down, practicing curiosity, and making clear expectations.
- **Draft Charter Review and Group Agreements:** Sara presented the draft charter section by section, inviting feedback from the group.
  - **Sponsor Roles Discussion:** Sara raised the question of having a co-sponsor from local public health in addition to OHA, with Heather, Martha, and Allison agreeing to discuss this further within the CLHO meeting.
  - **Member Responsibilities:** Sara outlined member responsibilities, including active participation, reviewing materials in advance, and contributing to discussions.

- **Key Deliverables and Scope:** Sara outlined the group's key deliverables, including developing recommendations for updating the modernization framework, terminology, and manual. The group will not make final decisions but will forward recommendations to CLHO for approval and then to OHA for implementation.
- **Exclusion of Budget Discussions:** Sara clarified that budget and funding allocation discussions, including PE51-specific conversations, are out of scope for the work group, as suggested by Florence and supported by Shane and Martha.
- **Decision-Making and Feedback Processes:** Sara led a discussion on the group's decision-making process, proposing a consensus-oriented approach with the option for majority voting, and clarified the feedback loops with CLHO, OHA, and the Public Health Advisory Board, with input from Florence, Martha, Heather, and Shane.
  - **Consensus and Voting Methods:** Florence and Martha suggested starting with consensus-oriented approach for recommendations, moving to majority voting if consensus cannot be reached. Sara agreed to draft language reflecting this approach for the charter.
  - **Recommendation Approval Pathway:** Sara explained that the work group's recommendations will be forwarded to CLHO for local public health approval, then to OHA for final decisions and implementation. The Public Health Advisory Board (PHAB) will provide input but will not formally approve recommendations.
  - **Feedback Loops and Reporting:** Heather and Florence emphasized the importance of keeping PHAB informed of the group's activities, suggesting regular updates and reporting mechanisms to ensure alignment and shared understanding across related bodies.
- **Process for Adding Items to Scope:** Shane proposed a 'parking lot' system for capturing additional topics or suggestions at the end of each meeting, with opportunity for work group to review and determine inclusion in future agendas, ensuring transparency and flexibility in scope management.
- **Meeting Logistics and Collaborative Tools:** Steve and Sara discussed meeting scheduling, logistics, and the need for a collaborative platform for document sharing and editing, with input from Valori and Emily regarding available tools and access limitations.

- **Scheduling and Invitations:** Steve confirmed that meetings will be held twice monthly, but participants noted issues with calendar invitations, prompting a commitment to correct scheduling and ensure all members receive updated invites.
- **Collaborative Document Platforms:** The group discussed options for collaborative document editing, with Valori noting the discontinuation of Basecamp at PHD. Alternatives such as Smartsheet and SharePoint were suggested for further consideration.
- **Next Steps and Follow-Up Actions:** Steve outlined the next steps, including updating the charter based on group feedback, preparing materials for the next meeting focused on scope, and ensuring meeting logistics are resolved, with agreement from participants to proceed as planned.
  - **Charter Updates and Distribution:** Revise the charter to reflect the group's input and send it out for review prior to the next meeting. (Sara)
  - **CLHO Co-Sponsor Identification:** Discuss within the Conference of Local Health Officials (CLHO) whether a co-sponsor from local public health should be added to the work group and determine who will fill that role. (Heather Kaisner, CLHO)
  - **CLHO Recommendation Process Clarification:** Clarify the process for how recommendations from the work group should be brought to CLHO, including whether they need to go through the Systems and Innovation Subcommittee, by consulting with Jessica and Katie during agenda planning. (Andrew)
  - **Collaborative Document Platform Selection:** Send a prompt to work group members to suggest preferred platforms for collaborative document work and evaluate options for a shared workspace. (Sara)
  - **Meeting Invitation Correction:** Update and resend the recurring meeting invitations to ensure all work group members have the correct twice-monthly meetings on their calendars. (Valori)



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AUTHORITY

April 24, 2026

# Public Health Modernization

Improvement Workgroup

# Agenda

- Review edits to Workgroup charter and approve
- Review and refine Workgroup scope
- Discuss agenda for 6/17 option in-person work session

# Group Practices

**DRAFTS** → **COMMUNITY AGREEMENTS** — look for...

- SELF AWARENESS & REFLECTION**
  - CREATE TIME FOR REFLECTION. PAUSE.
  - BE WILLING TO SLOW DOWN.
  - DELAY DECISION MAKING IF PROCESSING & INTEGRATION ARE NEEDED.
  - CHECK IN WITH YOURSELF—ESPECIALLY WHEN YOU FEEL REACTIVE
  - HONESTY IS IMPORTANT.
  - ADMIT WHEN YOU ARE WRONG...
- CHALLENGING SELF/ BRAVERY**
  - ASK FOR WHAT WE NEED.
  - NOT NEEDING PERFECTION.
  - WILLING TO SAY WHEN YOU DISAGREE.
  - ADMIT WHEN YOU ARE WRONG.
  - ALLOW SMALLER VULNERABLE SPACES TO PRACTICE.
  - INVITE ALTERNATE VIEWPOINTS.
  - FAILING FORWARD.
  - EMBRACE DISCOMFORT—IDENTIFY, DISCUSS, LEARN FROM MISTAKES.
  - ACCEPTING YOU MAY NOT KNOW.
  - NOT TAKING MYSELF TOO SERIOUSLY!
- SPEAK YOUR TRUTH**
  - DISTINGUISH FACTS FROM FEELING AND OPINIONS.
  - INVITATION TO HUMILITY.
  - LISTEN TO UNDERSTAND.
  - USE THE MEETING—NO MEETING AFTER THE MEETINGS.
  - USE "I" STATEMENTS.
  - ASK YOURSELF: "IS THIS MY BURDEN TO SHARE?"
  - PRACTICE SELF CONTROL.
  - NAME ASSUMPTIONS.
  - RECOGNIZE THAT TRUTH MAY BE SOMEONE'S TRUTH—BUT MAY NOT BE A FACT.
- CURIOSITY**
  - PRACTICE CURIOSITY OF OUR OWN REACTIONS AND FEELINGS.
  - ADMIT WHEN YOU DON'T KNOW.
  - SEEK TO UNDERSTAND
  - BE OPEN TO DIFFERENT WAYS OF DOING THINGS.
  - LISTENING MORE THAN TALKING.
  - CREATE SPACE TO REIMAGINE, LEARN & CREATE TOGETHER.
  - ASK WHAT PEOPLE NEED.
  - USE PROMPTS: "TELL ME MORE"
  - CULTIVATE A LEARNING CULTURE.
- TRANSFORMATIONAL ACCOUNTABILITY**
  - HAVE CLEAR EXPECTATIONS.
  - START WITH TRUST.
  - SHARED RESPONSIBILITY & SHARED DECISION MAKING.
  - FIGURE OUT HOW TO BRING IN ALL VOICES.
  - ASK: DID WE HEAR FROM EVERYONE AT THE CLOSE OF THE MEETING?
  - LEAN INTO OUR COLLECTIVE STRENGTHS.
  - STAY IN THE CONFLICT WITH GRACE & HUMILITY.
  - SHARED CELEBRATIONS

**PRACTICE these PRACTICES!**  
①—THE GOAL IS NOT PERFECTION, IT'S LEARNING.

# Review Workgroup Charter Edits

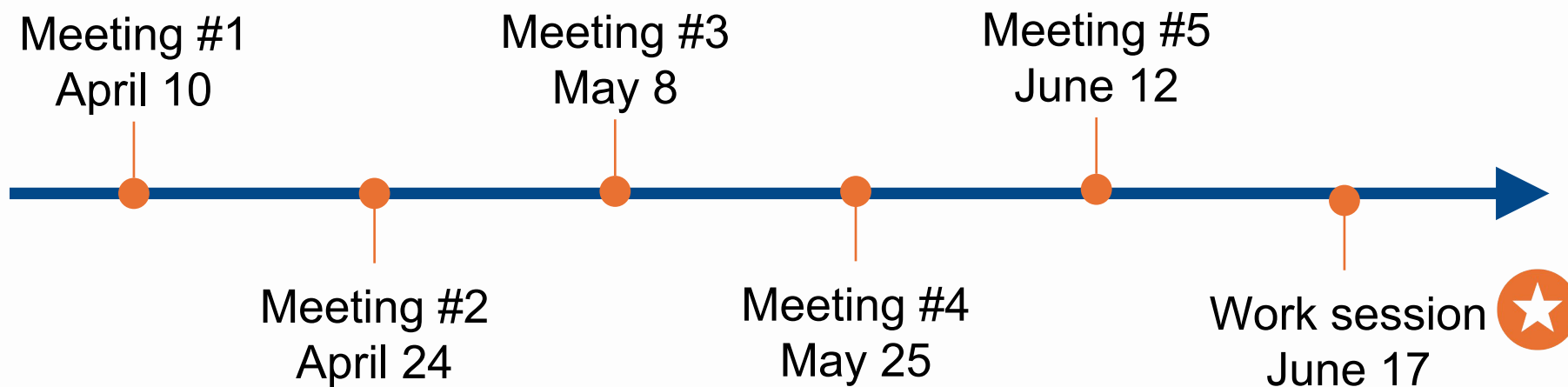
- Refer to “PHM Improvement Workgroup Charter” document in meeting materials

# Review and Refine Workgroup Scope

- Refer to “PHM Improvement Workgroup Scope” document in meeting materials
- Broadly:
  - Understand **current landscape** of foundational public health services
  - Revisit current **framework/approach** for modernization
  - Determine whether we continue to **use the term “modernization”** to describe FPHS implementation
  - Update the **modernization manual** to reflect current public health practice and scope of modernization

# Optional In-Person Work Session

- What should the Workgroup focus on at the optional in-person work session on June 17th?
- What do we need to do between now and then to be ready for the work session conversation?



# Next Steps

- Review and refine draft workplan
- Discuss landscape assessment scope and resources

# Public Health Modernization Improvement Workgroup Charter

Approved by workgroup [MONTH, DAY, YEAR]

Approved by CLHO [MONTH, DAY, YEAR]

Approved by OHA Executive Sponsor [MONTH, DAY, YEAR]

## Overview

**Objective:** The [WORKGROUP NAME] is tasked with developing recommendations to address opportunities identified during the September 2025 CLHO Retreat. This workgroup will primarily focus on recommendations to review and update Oregon’s framework, reconsider use of the term “modernization,” and update the Public Health Modernization Manual. These changes are instrumental to achieving a cohesive vision and approach for public health modernization that the governmental system can work toward over the coming years. It builds from lessons learned during the first decade of public health modernization and recent work on a public health modernization visioning refresh that resulted in a new vision statement: “A valued, sustainable, and adaptable public health system that partners with communities to prevent harm, promote health, and support well-being—especially for people and places systematically underserved—today and for generations to come.”

**Purpose:** The [WORKGROUP NAME] brings together leaders from LPHAs and OHA to discuss topics and propose solutions to meet the objective.

The workgroup is advisory, serving to discuss, evaluate, and recommend solutions. The workgroup does not have direct decision-making authority. Recommendations from the workgroup are shared with the Public Health Advisory Board for input and provided to OHA and CLHO for approval.

This workgroup is expected to meet through December 2026 (?). Recommendations made by this workgroup, once approved, will be used as a foundation for Oregon’s priorities and actions to continue to advance public health modernization.

### Key deliverables:

- Recommendations on Oregon’s public health modernization framework, which may include revisions to foundational capabilities and programs and community specific services.
- Recommendations on whether to continue using the term “public health modernization” or move toward use of a new term.
- Revised Public Health Modernization Manual.

## Workgroup participants

### Sponsor:

- Danna Drum, OHA Interim Deputy

### OHA Staff:

- Steven Fiala, Public Health

<ul style="list-style-type: none"> <li>Public Health Director</li> <li>• [NAME, if co-sponsor]</li> </ul>	<ul style="list-style-type: none"> <li>Modernization Lead</li> <li>• Andrew Epstein, LPHA and Tribal Public Health Policy Lead</li> <li>• Veronica Herrera, Strategic Initiatives Lead</li> <li>• Sara Beaudrault, Strategic Initiatives Manager</li> <li>• Liz Hunt, LPHA and Tribal Public Health Manager</li> <li>• Valori Fleisher, Executive Support Specialist</li> </ul>
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**Membership:** The [WORKGROUP NAME] will include representation from OHA and LPHAs.

The following people have been identified as workgroup members. In addition, OHA staff listed above will serve as both staff to the workgroup and as workgroup members.

- Kirsten Aird, Multnomah County
- Marie Boman-Davis, Washington County
- Carrie Brogoitti, Union County
- Sara Hartstein, Benton County
- Heather Kaisner, Deschutes County
- Kim LaCroix, Clackamas County
- Laura Lui, Jackson County
- Martha McInnes, North Central Public Health District
- Florence Pourtal, Lincoln County
- Shane Sanderson, Linn County
- Kari Wilhite, Polk County
- Brian Johnson, Lane County
- Sarah Lochner & Allison Mora, Conference of Local Health Officials
- Dolly England, OHA
- Kim Tham, OHA
- Dana Selover, OHA
- Julie Reeder, OHA
- Drew Simpson, OHA
- Kelly McDonald, OHA
- Emily Wegener, OHA

Other LPHA health administrators not identified as workgroup members are welcome and encouraged to join workgroup meetings on an ad hoc basis. LPHA administrators who join ad hoc are encouraged to fully participate in discussions, which requires reviewing current status of work products and discussions beforehand.

Some aspects of this workgroup’s work may be completed through other venues and include additional subject matter experts. In these cases, the workgroup will provide guidance on convening other venues. For example, the workgroup may provide guidance on convening subject matter expert groups to draft updates to the foundational capability and program chapters in the Public Health Modernization Manual.

**Scope**

The following topics are considered in scope for this workgroup.

1. Understand current landscape of foundational public health services
2. Revisit current framework/approach for modernization
3. Determine whether we continue to use the term “modernization” to describe FPHS implementation
4. Update the modernization manual to reflect current public health practice and scope of modernization ¶
5. Review and incorporate feedback provided during engagement opportunities (i.e. with legislators)¶
- 4-6. Recommend strategies for communicating about improvements and changes to public health staff and leaders, partners and decision-makers.
5. [Include reviewing and incorporating feedback provided during engagement opportunities (i.e. with legislators)]¶

Topics discussed in this workgroup and progress on work products will be routinely shared with CLHO, PHAB and OHA leadership. This workgroup will incorporate input and direction provided by CLHO, PHAB and OHA leadership into its recommendations.

-The following topics are considered out of scope for this workgroup:

1. Budget and funding allocation discussions
2. [WHAT ELSE?] Program Element 51 ¶

Workgroup members will use a “parking lot” to add potential issues or topics for the workgroup to address at future meetings. The parking lot will be periodically reviewed by the workgroup to determine whether issues or topics are within scope and relevant. If they are, the workgroup will determine how each issue or topic is incorporated into the work plan.

## Meetings

The [WORKGROUP NAME] is scheduled to meet two times per month, beginning in April 2026, with an anticipated end date in December 2026 (?).

Workgroup meetings are public meetings. A public comment period will not be made available during meetings.

OHA staff are responsible for scheduling meetings, providing meeting logistics, posting public meeting notices, facilitating discussions, taking minutes, sharing materials in advance of meetings, and posting meeting materials online.

## Decision-making process

The [WORKGROUP NAME] agrees to develop-finalize recommendations through a consensus-oriented process. The workgroup will use one round of Fist to Five to gauge agreement and identify areas that could be modified to increase agreement among members. After additional discussion, workgroup members will hold a vote, and a majority vote will be used to determine when work products move to CLHO for approval.¶

Additional information about Fist to Five is available here. [Do CLHO committees or

## OHA programs have something that would be useful to include here?¶¶

### Proposed decision-making roles:

- CLHO – Make recommendations; hold a vote for CLHO approval and then to OHA.
- ~~CLHO Subcommittees – Make recommendations for full CLHO consideration and vote.¶¶~~
- ~~LPHA – Participate through CLHO and CLHO Subcommittees; participate through feedback process for staff outside of CLHO, CLHO Subcommittees, and Workgroup.¶¶~~
- ¶¶
- PHAB – Review Workgroup proposals and make recommendations to Workgroup.
- OHA – Considers recommendations from all; makes final decisions and implements.

### Member responsibilities

- Commit to upholding CLHO and OHA group practices.
- Attend meetings as frequently as possible.
- Review materials in advance of each meeting.
- Stay present and engaged during meetings; avoid multitasking to the extent possible.
- Actively participate in discussions.
- Solicit feedback from colleagues when appropriate and bring feedback to workgroup discussions.
- If a member can't make a meeting, they can provide input via email or by talking with an OHA staff person. Input will be shared during the meeting.
- If a member misses one or more meetings, member is responsible for catching up on materials. Only brief recaps will be provided at the beginning of each meeting.
- If a member routinely misses meetings, communicate with OHA staff to determine whether member should be removed from the workgroup.

### Guiding documents

- ORS 431
- CLHO “opportunities” handout
- Public health modernization visioning refresh, 2026
- Public health modernization evaluation, 2023-25
- Public health modernization: roles for working with community-based organizations

### CLHO and OHA group practices

# DRAFTS → COMMUNITY AGREEMENTS — look fors...

## SELF AWARENESS & REFLECTION

- CREATE TIME FOR REFLECTION. PAUSE.
- BE WILLING TO SLOW DOWN.
- DELAY DECISION MAKING IF PROCESSING & INTEGRATION ARE NEEDED.
- CHECK IN WITH YOURSELF—ESPECIALLY WHEN YOU FEEL REACTIVE.
- HONESTY IS IMPORTANT.
- ADMIT WHEN YOU ARE WRONG...

## CHALLENGING SELF/ BRAVERY

- ASK FOR WHAT WE NEED.
- NOT NEEDING PERFECTION.
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## SPEAK YOUR TRUTH

- DISTINGUISH FACTS FROM FEELING AND OPINIONS.
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- RECOGNIZE THAT TRUTH MAY BE SOMEONE'S TRUTH—BUT MAY NOT BE A FACT.

## CURIOSITY

- PRACTICE CURIOSITY OF OUR OWN REACTIONS AND FEELINGS.
- ADMIT WHEN YOU DON'T KNOW.
- SEEK TO UNDERSTAND.
- BE OPEN TO DIFFERENT WAYS OF DOING THINGS.
- LISTENING MORE THAN TALKING.
- CREATE SPACE TO REIMAGINE, LEARN & CREATE TOGETHER.
- ASK WHAT PEOPLE NEED.
- USE PROMPTS: "TELL ME MORE"
- CULTIVATE A LEARNING CULTURE.

## TRANSFORMATIONAL ACCOUNTABILITY

- HAVE CLEAR EXPECTATIONS.
- START WITH TRUST.
- SHARED RESPONSIBILITY & SHARED DECISION MAKING.
- FIGURE OUT HOW TO BRING IN ALL VOICES.
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these  
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### Workgroup Closeout

Upon completion of the defined objectives and deliverables, this workgroup will be formally closed. All workgroup members will be notified of the closeout, and a final meeting will be held to review the workgroup's recommendations and accomplishments. All documentation, including meeting notes and materials, reports, and recommendations, will be finalized and archived for future reference.



## **Workgroup to Revisit the Modernization Framework, Name, and Manual | Updated March 25, 2026**

**Background.** During last year's CLHO In-Person Retreat, we identified several opportunities to improve modernization in small group conversations organized around implementation barriers identified in the most recent evaluation. These opportunities were affirmed by other groups (Public Health Advisory Board members, OHA staff, community-based organizations) in visioning refresh workshops over the past 6 months.

**Priorities.** During the CLHO meeting on December 18th, it was recommended that OHA and CLHO prioritize opportunities related to revisiting the modernization framework, name, and manual. CLHO also recommended the convening of a Workgroup of state and local public health staff to advance this priority. The proposed scope and sequencing of the Workgroup is below, with considerations for each stage of the process gathered from the vision refresh workshops.

1. **Understand current landscape** of foundational public health services, including:
  - a. Researching other state models for FPHS implementation;
  - b. Gathering updates on the Public Health Accreditation Board's 21<sup>st</sup> Century Learning Community of states implementing FPHS; and
  - c. Re-grounding ourselves in modernization statutes.
2. **Revisit current framework/approach** for modernization, including:
  - a. Re-affirm modernization is focused on governmental public health system given statutory requirements to provide and/or ensure access to public health services and accountability to funding;
  - b. Determine how we want to characterize/describe the role of cross-sector and community partners, including CBOs (building

on the work of the CBO-LPHA PHAB Workgroup on role clarity and the recent CBO companion document developed by PHAB);

- c. Discuss whether we continue to use the modernization framework or align with the national FPHS framework (similar but there are differences); and
  - d. Revisit what are foundational versus “above the line” public health services given different interpretations of what it means to “ensure access” to services, varying perceptions of whether certain programs are “foundational” (e.g., WIC/nurse home visiting), the expanded scope of practice during the pandemic to provide immunizations, and newer public health programs (e.g., psilocybin)
3. Based on decisions in steps 1 and 2, **determine whether we continue to use the term “modernization”** to describe FPHS implementation. Consider:
- a. Terms/framing for FPHS that work well in other states
  - b. Recommendation from CLHO retreat to use “foundational” or “essential” public health services as a simpler, straightforward way to communicate
  - c. Hybrid approach in which we use a combination of “modernization” and “FPHS” or “essential public health services” (What are the pros and cons of moving away from the name from modernization?)
  - d. Avoiding the perception that a name change means modernization has failed and we needed to rebrand
    - i. Conduct message testing with legislators/other decision-makers to discuss preferences for naming convention and key messages

4. **Update the modernization manual** to reflect current public health practice and scope of modernization established in step 2. Consider:
  - a. Ground in statutory language for foundational programs and capabilities
  - b. Reduce jargon and make more plain language
  - c. Specify “must haves” (defined in statute and/or clear community priorities from local leaders and decision makers) from “nice to haves”
  - d. Make more “nebulous” sections as concrete as possible (e.g., environmental health)
  - e. Ensure state and local government roles reflect current practice and authority (e.g., are all state roles in the manual appropriate?)
  - f. Consider aligning with new State Health Improvement Plan focus on public health issues within direct control of governmental public health or that can be reasonably advanced through cross-sector partnerships
  - g. Specify the roles of partners (or develop complementary documents if want to maintain the current focus on governmental public health; reflect recent work on CBO Companion Document to the modernization manual)
  - h. Include language that:
    - i. Modernization will evolve over time and look differently in each community based on local priorities
    - ii. Not every LPHA will meet every role in the modernization manual (reground in original intent that community members have access to and are served by foundational programs and capabilities, but this can look different across different communities)

- iii. Clarifies modernization as both a dedicated funding stream and a systems change initiative that pulls from multiple funding streams
- iv. Distinguishes modernization from general public health practice
- v. Highlights various funding streams that contribute to modernization and the importance of flexible, state general