

AGENDA

Public Health Modernization Improvement Workgroup

May 8, 2026, 11:05-11:55 AM

Join Teams Meeting

<https://teams.microsoft.com/meet/2660861550581?p=RDu0J0nrUifyDOqb6N>

Meeting ID: 266 086 155 058 1

Passcode: QC7R5VY9

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 and refine Workgroup scope
- Review modernization history and statutes
- Discuss agenda for in-person work session

11:05-11:10 AM	Welcome and agenda review <ul style="list-style-type: none">• Welcome and agenda overview	Steven Fiala, OHA staff
11:10-11:20 AM	Review and refine Workgroup scope <ul style="list-style-type: none">• Finish reviewing Workgroup scope	Steven Fiala
11:20-11:50 AM	Review modernization history and statutes (landscape assessment) <ul style="list-style-type: none">• Review how and why modernization began, early implementation milestones• Review statutes, requirements for governmental public health and roles of governance bodies<ul style="list-style-type: none">○ ORS Chapter 431 –https://www.oregonlegislature.gov/bills_law/s/ors/ors431.html	Sara Beaudrault & Liz Hunt, OHA staff

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- OAR Chapter 333, Division 14: Standards for State and Local Public Health Authorities –<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=239281>
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11:50-11:55 AM	Discuss agenda for in-person work session <ul style="list-style-type: none">• Discuss agenda for 6/17 optional in-person work session in Portland	
11:55 AM	Wrap up and adjourn	Steven Fiala

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.

- ...
- ...
- ...

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 at least 48 hours before the meeting.

Modernization Improvement Workgroup

April 24, 2026

Attendees:

Valori Fleisher, Liz Hunt, Andrew Epstein, Steven Fiala, Sara Beaudrault, Veronica Herrera, Florence Pourtal, Kim La Croix, Sarah Lochner, Bill Michielsen, Kelly McDonald, Drew Simpson, Carrie Brogoitti, Heather Kaisner, Martha McInnes, Shane Sanderson, Kirsten Aird, Julie Reeder, Andrea Krause

Meeting notes:

- **Collaboration Space Access Issues:** Discussed challenges with accessing the internal Teams collaboration site, with Valori agreeing to follow up with OIS and provide next steps for those with existing OHA accounts.
- **Workgroup Charter Edits and Approval:** Sara led review and discussion of edits to the Workgroup Charter, including sponsor roles, membership updates, communication practices, and decision-making processes, culminating in a consensus-based approval using the fist-to-five method.
 - **Sponsor Role Discussion:** Participants debated whether to retain or remove the sponsor role, ultimately agreeing to remove individual sponsors and clarify joint OHA-CLHO sponsorship in the introductory language.
 - **Decision-Making Process:** The Workgroup adopted the fist-to-five method for gauging agreement and majority voting to approve Charter; approved Charter is set to be posted [online](#) and shared with the Conference of Local Health Officials (CLHO).
- **Review and Refinement of Workgroup Scope:** Steve led discussion of the Workgroup scope, soliciting input and clarifications for each phase of proposed work, including landscape assessment, framework review, reconsidering terminology/language, and update to modernization manual.
 - **Landscape Assessment Considerations:** Florence emphasized the importance of researching state models that are similar to Oregon's, Kim suggested including funding per capita, and Martha and Andrea discussed incorporating Oregon's history of modernization implementation and recent assessment results.
 - **Statutory Recommendations:** Florence raised the possibility of statutory changes if the workgroup recommends updates, with Sara confirming that such recommendations are within scope, though timing depends on the Workgroup's progress in time for legislative session.
 - **Framework Review and Foundational Services:** Steve reviewed considerations for the modernization framework review captured during vision workshops, including reaffirming the focus of modernization on

governmental public health, considering alignment with the national foundational public health services framework, and clarifying distinctions between foundational and “above-the-line” services, with Martha confirming flexibility to add more as work progresses.

- **Terminology and Branding:** The group debated the effectiveness of the term “modernization,” with Kelly and Kirsten suggesting alternatives like “foundational” or “essential,” and Bill and Sarah Lochner proposing testing new terminology with legislators to ensure clarity and legislative support.
- **Next Steps and Action Items:** Steve outlined plans for the next meeting, including completing scope review, re-grounding in Oregon’s modernization statutes and implementation history, and initial outreach to the Public Health Accreditation Board 21st Century Learning Community (of state’s also implementing the foundational public health services framework) for materials and potential guest participation, with updates to be provided at the following Workgroup meeting.

Follow-up tasks:

- **Internal Teams Collaboration Site Access:** Follow up with members regarding access to the internal Teams channel. (Valori)
- **Resource Sharing for Public Health Messaging:** Locate and share the resource on effective public health messaging tested with federal legislators (referenced by Kirsten) with the workgroup. (Steve)



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May 8, 2026

Public Health Modernization

Improvement Workgroup

Agenda

- Finish review of Workgroup scope
- Reground in Oregon's modernization history and statutes (as part of landscape assessment)
- Discuss agenda for 6/17 optional 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 and Refine Workgroup Scope

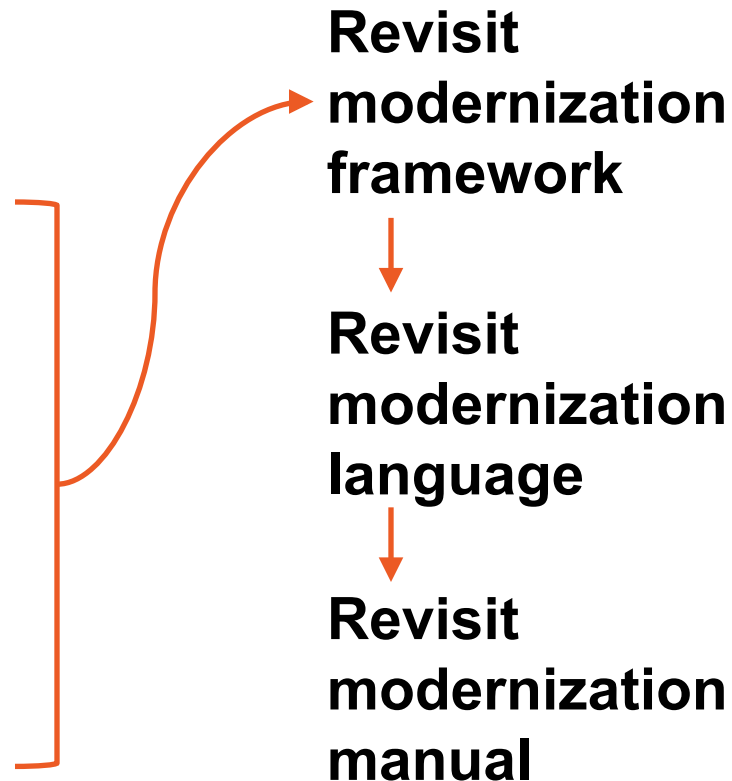
- Refer to “PHM Improvement Workgroup Scope” document in meeting materials
- Broadly:
 - Understand **current landscape** of foundational public health services
 - Revisit current **framework/approach** for modernization
 - Determine whether we continue to **use the term “modernization”** to describe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

Reviewing Modernization History & Statutes

Purpose: Ground ourselves in how modernization came to be and requirements for governmental public health outlined in statute

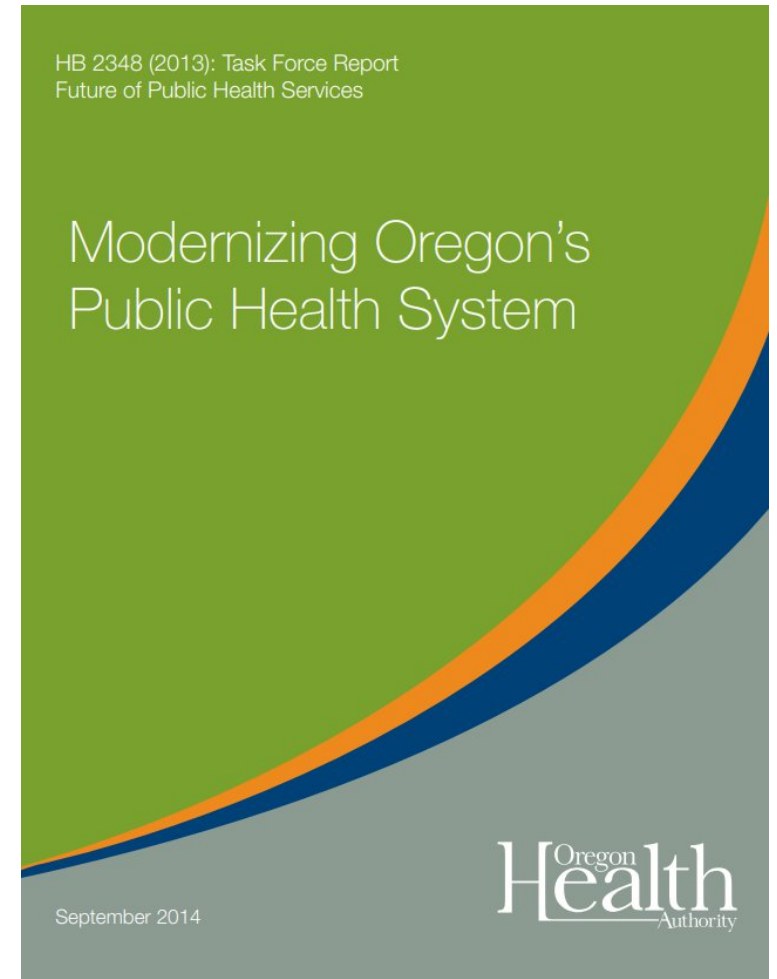
Understand current landscape of foundational public health services

- Re-ground ourselves in modernization statutes 
- Research other state models for FPHS implementation
- Gather updates on national PHAB's 21st Century Learning Community of states implementing FPHS



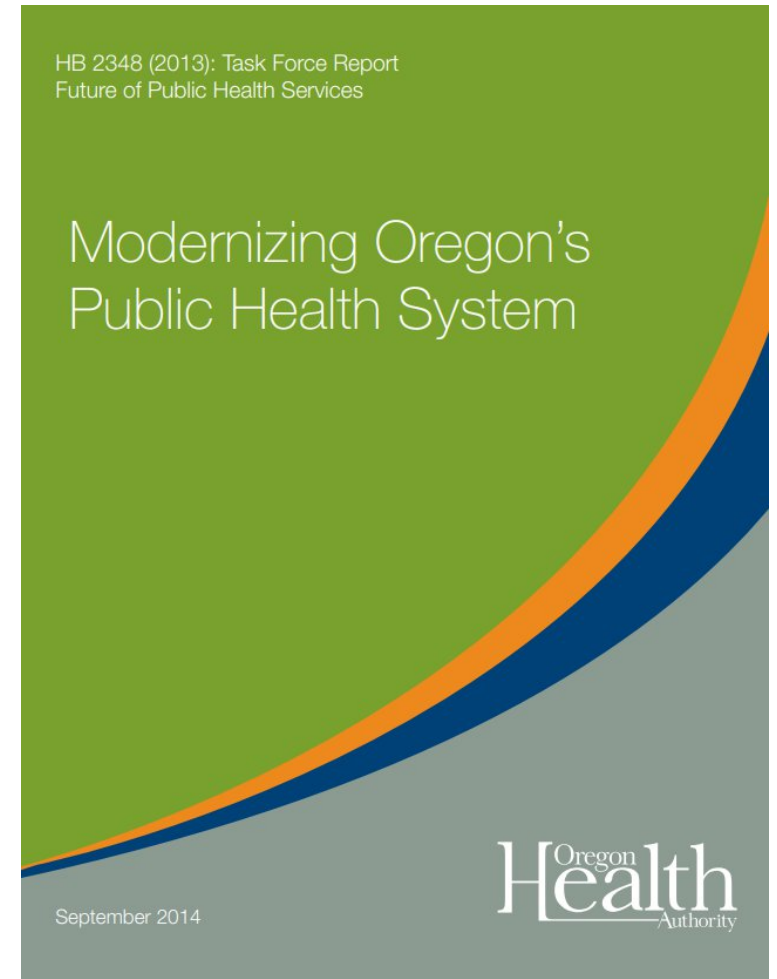
Task Force recommendations

1. The Foundational Capabilities and Programs be adopted in order for Oregon's public health system to function efficiently and effectively, pending further refinement to allow for successful implementation.
2. Significant and sustained state funding for the governmental public health system be identified and allocated for proper operationalization of the Foundational Capabilities and Programs.
3. Statewide implementation of the Foundational Capabilities and Programs occur in waves over a timeline to be determined after additional details of the current gaps in Foundational Capabilities and Programs are assessed

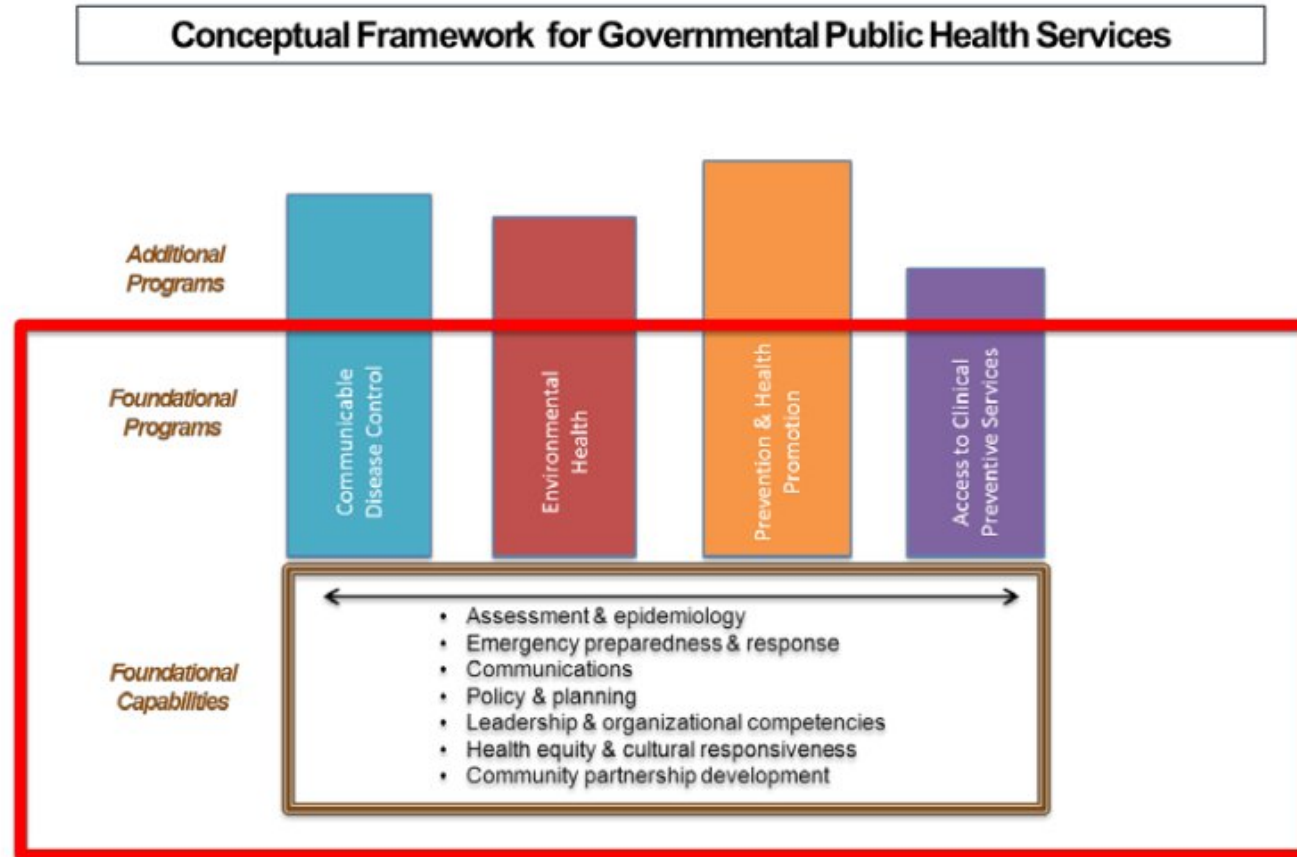


Task Force recommendations

4. Local public health will have the flexibility to operationalize the Foundational Capabilities and Programs through a single county structure; a single county with shared services; or a multi-county jurisdiction.
5. Improvements and changes in the governmental public health system be structured around state and local metrics, and that these metrics are established and evaluated by an enhanced Public Health Advisory Board, which will report to the Oregon Health Policy Board.



The original framework



 = Present @ every Health Dept.

Task Force recommendations were used to write House Bill 3100 (2015)

- Foundational programs and capabilities defined in statute
- PHAB established
- Many new requirements related to planning and implementation
 - Statewide assessment and plan
 - Local modernization plans
 - LPHA funding formula, with incentives and matching funds
- Bill passed 7/3/15
- Public Health Modernization Manual completed October 2015



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Public Health Modernization Statutes

Powers and duties of OHA related to PHM

- **ORS 431.110 General powers and duties of Oregon Health Authority**

(2) Ensure the statewide and local application of the foundational capabilities established under ORS 431.131 and described in ORS 431.132, 431.133, 431.134, 431.135, 431.136, 431.137 and 431.138.

(3) At the state level of governance, administer the foundational programs established under ORS 431.141 and described in ORS 431.142, 431.143, 431.144 and 431.145.

(4) At the local level of governance, oversee and provide support for the implementation of the foundational programs established under ORS 431.141 and described in ORS 431.142, 431.143, 431.144 and 431.145.

- **ORS 431.115 Administrative Duties of the Oregon Health Authority**

Covers statewide PHM assessments, plans, distribution of funds to LPHAs, monitoring progress of LPHAs, accountability metrics, incentives, consult with CLHO and LPHAs on foundation capabilities, foundation programs, statewide PHM assessment, statewide PHM plan, and distribution of funds.

Foundational Capabilities and Programs

- **ORS 431.131 – 431.138:**

Describes the foundational capabilities and defines each one

- **ORS 431.141 – 431.145:**

Describes the foundational programs and defines each one

- **ORS 431.147:**

Gives OHA the authority to establish by rule any other public health programs or activities to address public health as needed. This may be, but isn't required, by advice of PHAB

- **ORS 431.148:**

Allows OHA to adopt by rule evidence-based best practices for the purpose of implementing foundational programs or other established programs. These practices adopted would NOT be mandatory guidelines.

Key Laws related to PHM: LPHA Governing Body

- **ORS 431.313: Powers and duties of local public health authorities**
 - (b) Adopt and update as necessary a local public health modernization assessment;*
 - (c) In consideration of the local public health modernization assessment, adopt, implement, monitor, evaluate and modify as necessary a local public health modernization plan that includes:*
 - (A) A plan for applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141 as required by ORS 431.417;*
- **ORS 431.415: Duties of the governing body of the local public health authority**
 - (d) Review and make recommendations on the local public health modernization plan adopted under ORS 431.413; and*
 - (e) Monitor the progress of the local public health authority in meeting statewide and local public health goals, including progress in applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141.*

Advisory Bodies related to PHM

- **ORS 431.123: Public Health Advisory Board**

Recommendations to Oregon Health Policy Board on statewide PHM plans and establish accountability metrics

Make recommendations to both OHA and OHPB on plans to distribute funds, total cost of modernization, accountability metrics, incentives, monitor progress of LPHA in meeting goals.

Funding for LPHAs related to modernization is submitted to PHAB and LFO each biennium.

- **ORS 431.125: Oregon Health Policy Board**

(1) Be the policy-making and oversight body for the Oregon Health Authority with respect to the application of the foundational capabilities established under ORS 431.131 and the implementation of the foundational programs established under ORS 431.141; and

(2) Provide advice to the Oregon Health Authority based on the recommendations made by the Oregon Public Health Advisory Board under ORS 431.123. [2015 c.736 §8]

Advisory Bodies related to PHM - continued

- **ORS 431.340: Conference of Local Public Health Officials**

The Conference of Local Health Officials may submit to the Oregon Health Authority recommendations on:

(1) The establishment of the foundational capabilities under ORS 431.131, the foundational programs under ORS 431.141 and any other public health program or activity under ORS 431.147;

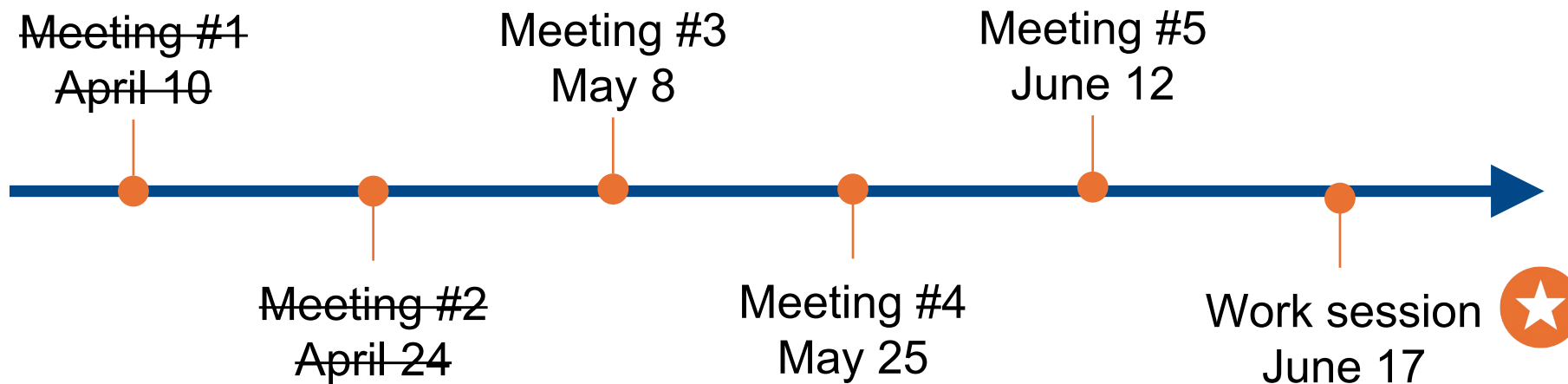
(2) The adoption and updating of the statewide public health modernization assessment under ORS 431.115;

(3) The development of and any modification to the statewide public health modernization plan under ORS 431.115; and

(4) The adoption of rules under ORS 431.350. [1967 c.146 §6 (enacted in lieu of 431.320); 1977 c.582 §22; 2009 c.595 §556; 2015 c.736 §31]

Optional In-Person Work Session

- **Proposal:** Review findings from landscape assessment and begin conversation on framework
- **Question:** How much synthesis of landscape materials would you like in advance of the work session?



Workgroup to Revisit the Modernization Framework, Name, and Manual | Updated ~~March 25~~May 5, 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
 - i. Prioritize states with systems of government similar to Oregon to ensure relevance
 - ii. Consider funding per capita of states in assessment to understand lessons learned in a specific funding context
 - b. Gathering updates on the Public Health Accreditation Board's 21st Century Learning Community of states implementing FPHS
 - i. Apply a critical lens in review of recommendations from PHAB and 21C Learning Communities (may not all be relevant for Oregon's context)
 - ii. Prioritize learning from other states' experiences over broad recommendations from the PHAB

†.iii. Consider value of 21C Learning Community insights in identifying what “core” public health looks like

- c. Re-grounding ourselves in modernization statutes, early history of modernization, and current expertise and capacity.
- d. Other considerations:
 - i. Identify states that are set up similarly to Oregon so it is most relevant to us.

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)
- e. Clarify modernization as “core” public health versus an “expansion” of public health services (meaning more of our core work included in foundational)

- 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

Note: The Workgroup may recommend changes to the modernization framework, language and/or manual that require updates to statute(s). This type of recommendation is within the Workgroup's scope, but would need to consider the timing of when statutory changes can be made.¶