

AGENDA

Public Health Modernization Improvement Workgroup

June 26, 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, Andrea Krause, 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, Brian Johnson, Sarah Lochner, Allison Mora

Meeting objectives:

- Debrief in-person work session
- Discuss proposed changes to framework and outstanding questions

11:05-11:10 AM	Welcome and agenda review <ul style="list-style-type: none">• Welcome and agenda review	Steven Fiala, OHA staff
11:10-11:15 AM	Debrief in-person work session <ul style="list-style-type: none">• Discuss next steps to synthesize and summarize conversations from in-person work session	Steven Fiala
11:15-11:55 AM	Discuss proposed change to framework and outstanding questions related to: <ul style="list-style-type: none">• Separating prevention and health promotion foundational program into two program areas• Separating organizational and leadership competencies capability into two capabilities• Considering stand-alone foundational capability for regulatory roles across programs	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.



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Modernization Improvement Workgroup

June 12, 2026

Attendees

Steven Fiala, Veronica Herrera, Andrea Krause, Liz Hunt, Julie Reeder, Dana Selover, Kirsten Aird, Heather Kaisner, Valori Fleisher

- **Framework Language:** Steve led the group in confirming several decisions to retain certain language from the modernization framework, including:
 - **Assessment Terminology:** The group agreed to maintain the use of “assessment and epidemiology” for the foundational capability, opting not to adopt the national public health services framework (FPHS) term “assessment and surveillance”. Steve noted that “surveillance” can be referenced and operationalized later in updates to the modernization manual if needed.
 - **Foundational Programs Versus Areas:** Kirsten asked for clarification on whether the group would use “foundational programs” (currently used in modernization framework) or “areas” (used in FPHS framework). Steve confirmed the group’s preference for maintaining “programs” as it aligns better with the group's understanding and communication needs.
- **Terminology for Additional Programs:** Group discussed the potential change from “additional programs” (in modernization framework) to “community specific services” (in FPHS framework); group decided to bring topic to upcoming in-person workshop for further exploration.
 - **Language Clarity:** Heather questioned whether the term “community specific services” might be confusing, because all public health programs serve the community/are community specific.
- **Splitting Prevention and Health Promotion Program:** Group discussed the recommendation to split the prevention and health promotion foundational program into two separate foundational programs: 1) chronic disease and injury prevention; and 2) maternal,

child, and family health. Group considered benefits, concerns, and, and ultimately agreed to discuss options at the in-person workshop:

- **Advocacy and Program Distinction:** Participants noted that separating maternal, child, and family health as a distinct foundational program could enhance efforts to advocate for ongoing investments and better reflect how public health work is structured.
- **Lifespan Principle:** The group discussed how to maintain a focus on the lifespan with the addition of the maternal, child, and family health program area. Andrea noted Washington State's model as something to review since it collectively refers to several program areas as "lifecourse" while also keeping them separate, distinct. The group will further consider how best to reflect a lifespan principle in the framework and also determine which term we want to use, e.g., lifespan, lifecourse, etc.
- **Behavioral Health Inclusion:** Group raised concerns about the limited scope of a new "chronic disease and injury prevention" foundational program, noting that mental health promotion work may not fit neatly. Andrea explained that other states have varied approaches to incorporating behavioral health that we can review in future meetings.
- **Environmental Health Program Structure:** Group examined whether to "pull apart" the environmental health foundational program area to reflect roles in other program areas (e.g., moving built environment roles to prevention and health promotion, food and water systems work to communicable disease) or better document these cross-cutting roles. Group ultimately decided to keep the EH foundational program whole and address these details in the modernization manual update rather than in the framework conversation.
- **Regulatory Capability Addition:** Group discussed the possibility of adding a standalone regulatory capability to the framework, highlighting the importance and cross-cutting nature of regulatory roles and the need for improved visibility of these roles. Group decided to bring the topic to the in-person workshop for broader input.
- **Leadership and Organizational Competencies Revision:** Group considered splitting the leadership and organizational competency capability into two capabilities – organizational competencies and accountability and performance management. The group considered the benefit of elevating performance management as a capability and alignment with the FPHS framework. Concerns were raised about increasing the number of capabilities and proposed selection criteria for any new additions. Group agreed to discuss further at in-person workshop.
- **Equity Principle Integration:** Steve briefly introduced the topic of including equity as a cross-cutting principle in addition to the existing standalone capability. The group ran out of time to discuss in detail and proposed bringing to the in-person workshop.



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June 12, 2026

Public Health Modernization

Improvement Workgroup

Agenda

- Debrief in-person work session & next steps
- Discuss key recommendations and outstanding questions

Updates

- Had informational meeting with Minnesota; will summarize conversation and resources and provide to workgroup

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...

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.

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!

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

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.

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

In-Person Work Session Debrief

In-Person Work Session Topics

1. Separate “Prevention and Health Promotion” into “Chronic Disease and Injury Prevention” and “Maternal, Child, and Family Health” foundational programs
2. Separate “Organizational and Leadership Competencies” into “Organizational Competencies” and “Accountability and Performance Management” foundational capabilities
3. Consider a stand-alone foundational capability for “regulatory programs” (similar to emergency preparedness)

In-Person Work Session Topics

4. Consider equity as cross-cutting principle and need for stand-alone capability
5. Foundational programs vs community-specific services
 - Remove access to clinical preventive services foundational program and reflect relevant aspect of work in other foundational program areas and capabilities

Ask: Develop a timeline that prepares us for 2029 legislative session (if recommendations require statutory changes)

Separate “Prevention and Health Promotion”

- **Consensus to separate into “maternal, child, and family health” and “chronic disease and injury prevention”**
- Questions/considerations:
 - “Chronic disease and injury prevention” may be too specific; **recommend “prevention and health promotion”** to offer flexibility in what this body of work looks like across the state
 - Group considered explicitly referencing **“behavioral health promotion”** in the program area name, but decided to reflect this role in updates to the modernization manual

Separate “Prevention and Health Promotion”

- **Consensus to separate into “maternal, child, and family health” and “chronic disease and injury prevention”**
- Questions/considerations:
 - With the addition of “maternal, child, and family health,” need to reflect **focus on the lifespan** in framework or manual update
 - Will bring definitions for life course, life span and other options to future meeting to determine best fit and how we best reflect this principle in the framework and manual in a future meeting

Consider a stand-alone foundational capability for “regulatory programs”

- **Recommendation to update “policy and planning” capability to “policy and regulation”**
- Questions/considerations:
 - Discussed the “regulation” versus “protection” and ultimately thought “regulation” will resonate most
 - Remove “Planning” since all areas do planning
 - The manual lists core systems functions under “Policy and Planning” that include regulation

Consider a stand-alone foundational capability for “regulatory programs”

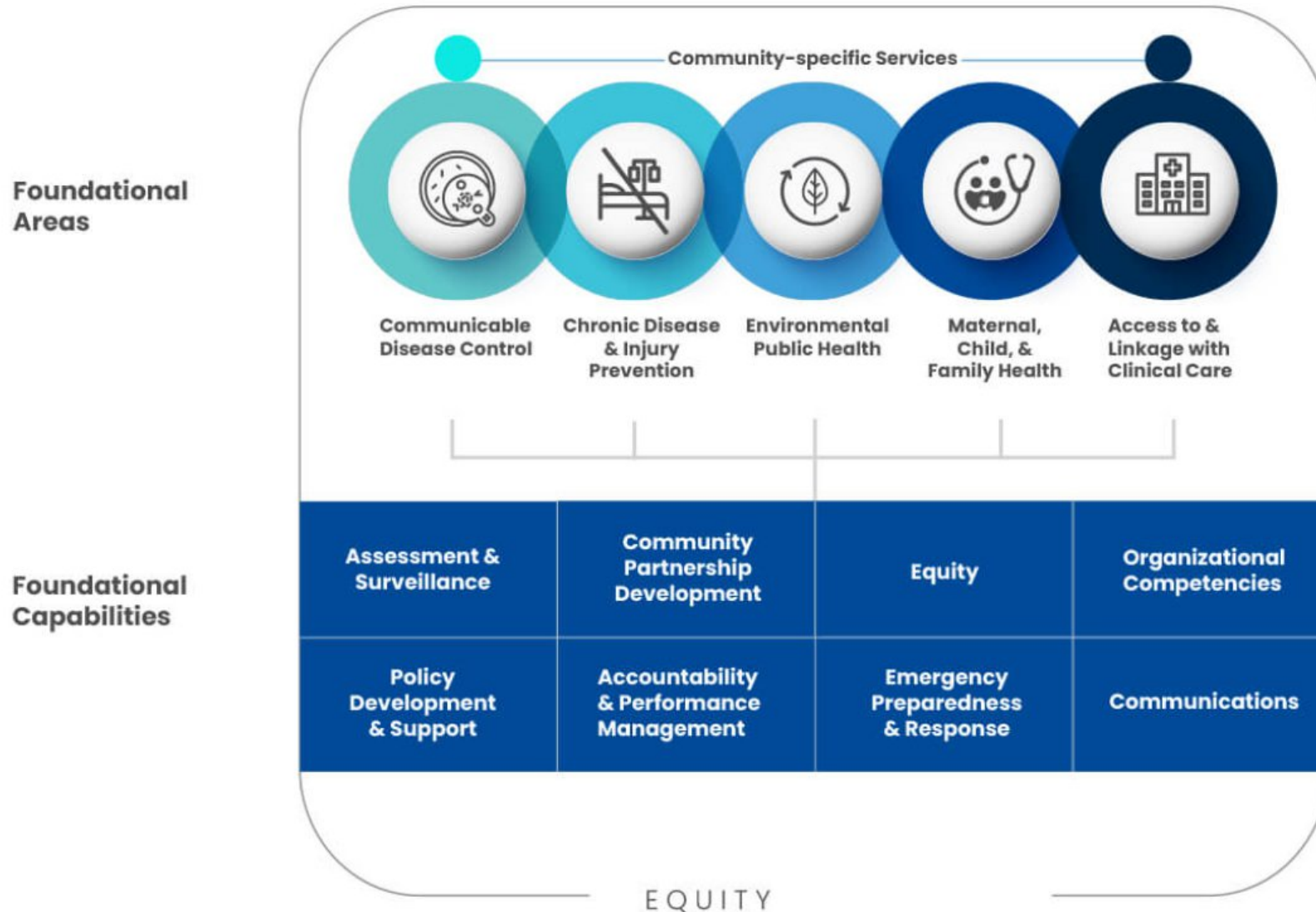
- **Recommendation to update “policy and planning” capability to “policy and regulation”**
- Questions/considerations:
 - Opportunity in the modernization manual to both describe the cross-cutting capability of regulation and specify regulatory roles in foundational program areas

Separate “Organizational and Leadership Competencies”

- **Near consensus to keep just one capability, but most want to simplify the name**
- Ideas for simplified name:
 - Operations and Accountability
 - Leadership and Operations
 - Leadership. Operations and Accountability
 - Business Infrastructure
 - Administrative Infrastructure

National & State Frameworks

National Foundational Public Health Services Framework

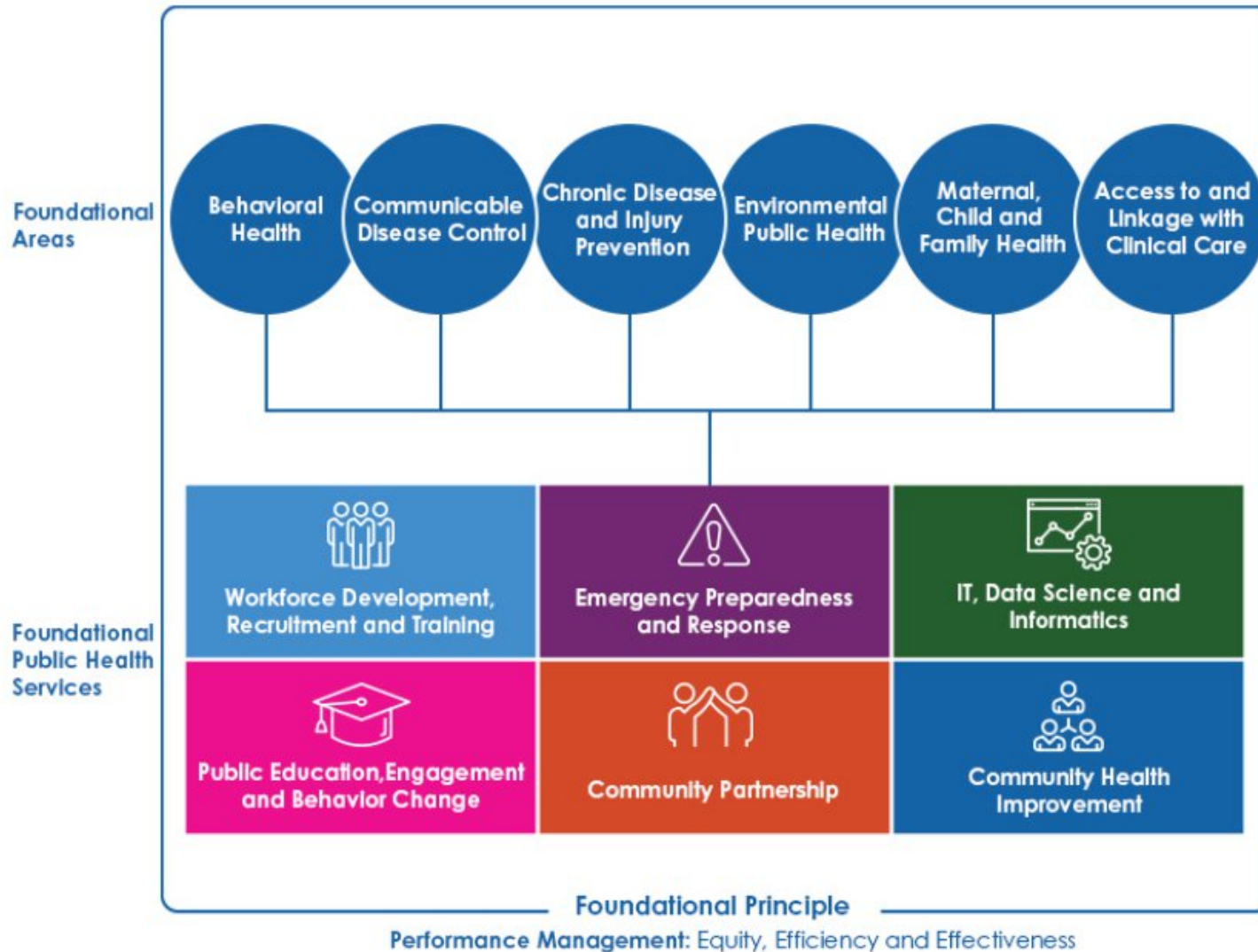


Oregon

Modernized framework for governmental public health services



California



Colorado



Kansas

Kansas Foundational Public Health Services Model



Kentucky

CORE PUBLIC HEALTH

FOUNDATIONAL PUBLIC HEALTH

Five focus areas, which includes statutorily and regulatorily defined services:

1. Population Health
2. Enforcement of Regulation
3. Emergency Preparedness & Response
4. Communicable disease control
5. Administrative and organizational infrastructure

Community Health Assessment

WIC

HANDS

HARM REDUCTION
& SUD

Local Public
Health Priorities

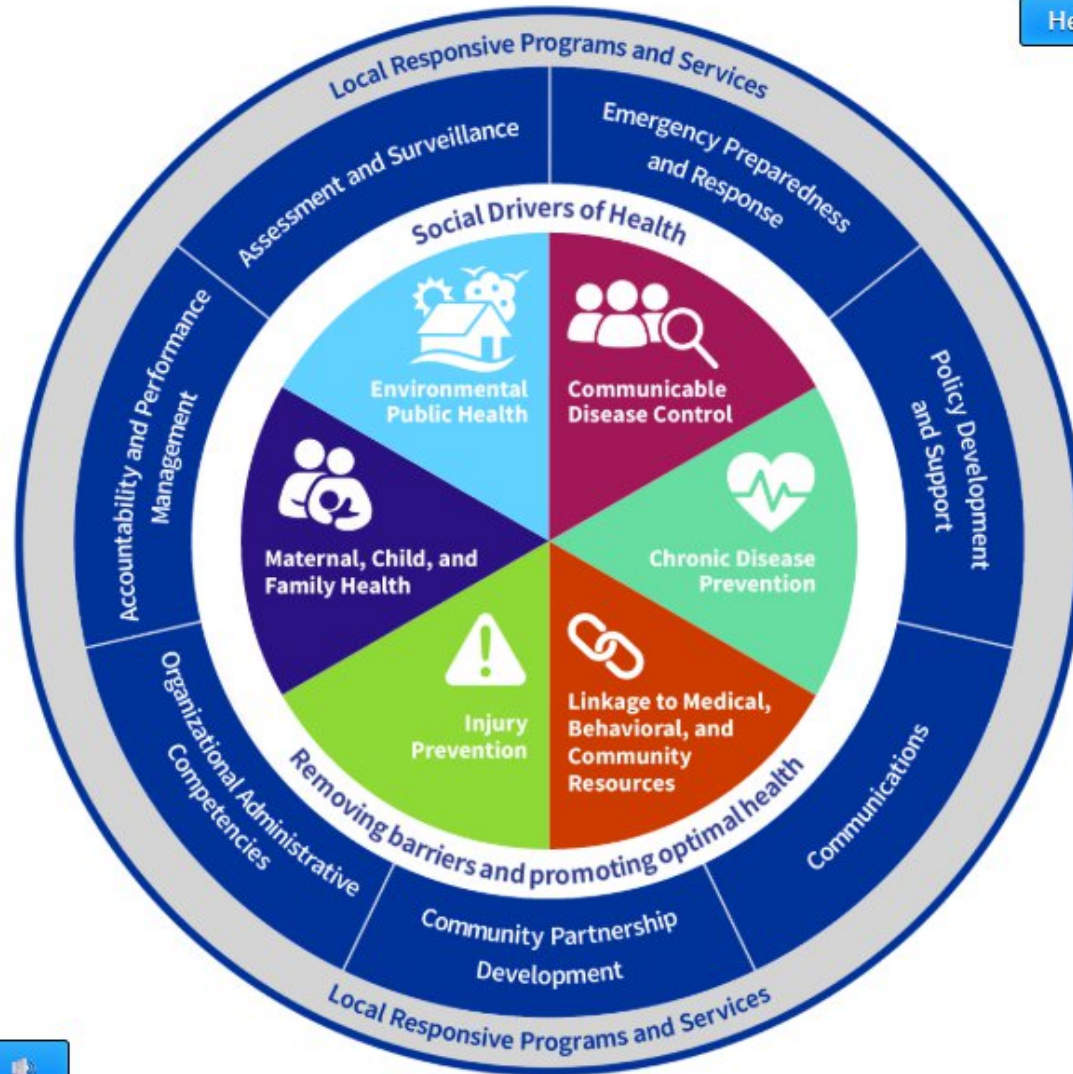
Minnesota

Foundational Public Health Responsibilities



Missouri

Help



Foundational Capabilities

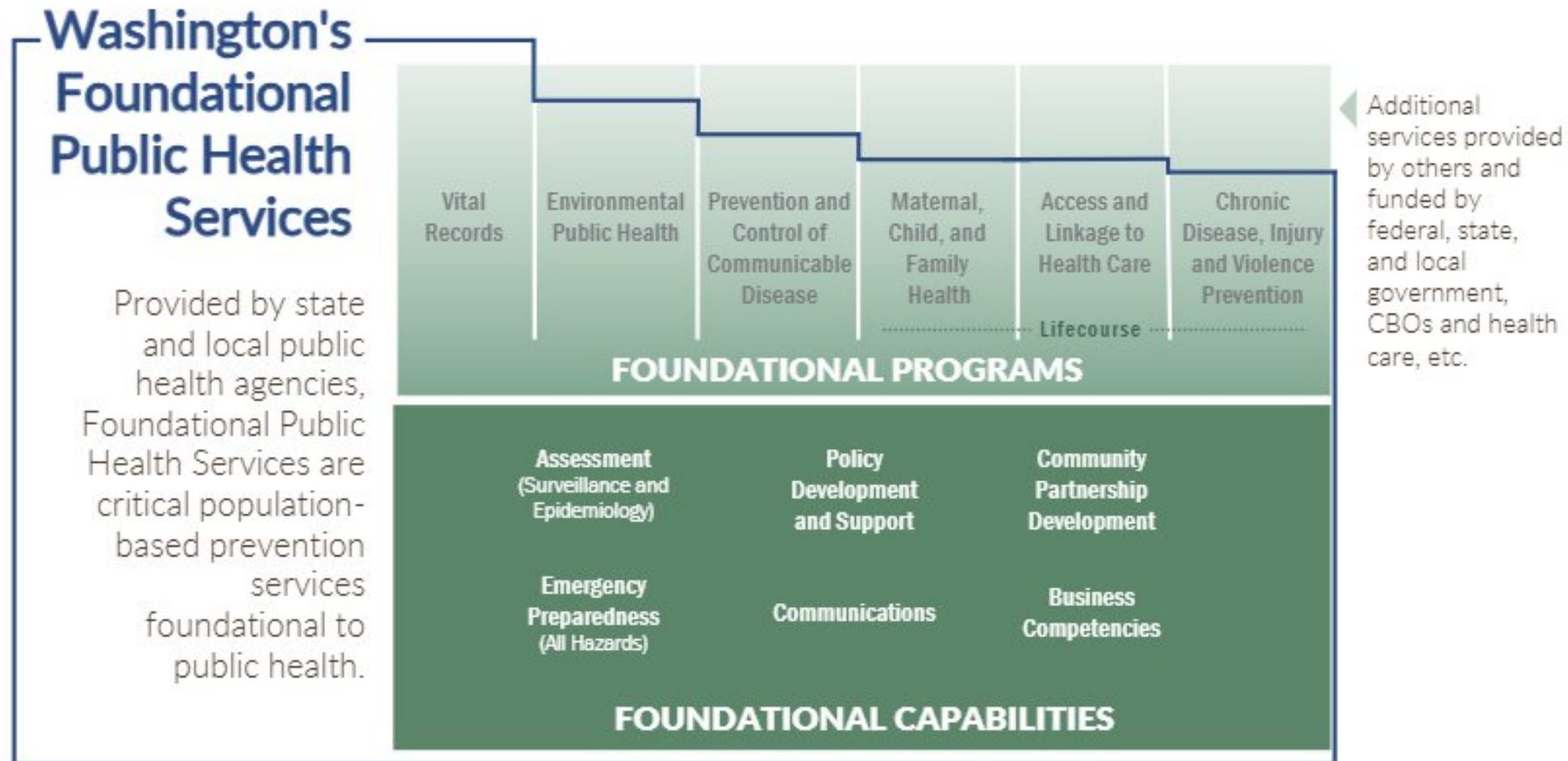


Foundational Areas

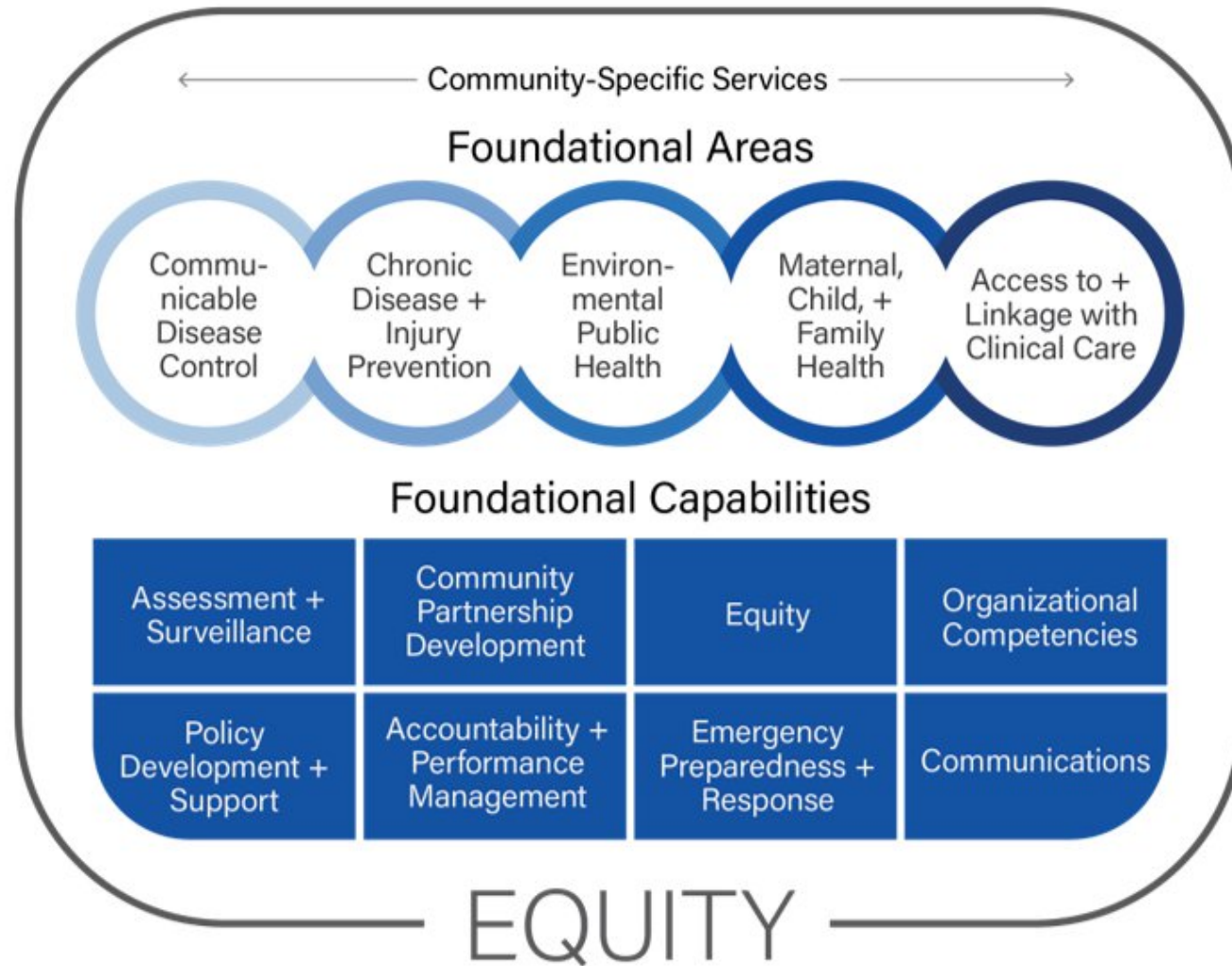


Washington

Exhibit 1. Washington's Foundational Public Health Services



Wisconsin



adapted from PHAB