

AGENDA

Public Health Modernization Improvement Workgroup

July 10, 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, 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:

- Revisit how foundational programs versus additional programs are described and represented in public health modernization framework

11:05-11:10 AM	Welcome and agenda review <ul style="list-style-type: none">• Welcome and agenda review	Steven Fiala, OHA staff
11:10-11:55 AM	Revisit foundational programs versus additional programs in modernization framework <ul style="list-style-type: none">• Review discussion and considerations from 6/17 in-person work session• Review definitions and visuals from other states	Andrea Krause, OHA staff
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.



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Modernization Improvement Workgroup

Friday, June 26, 2026

Attendees:

Laura Lui, Julie Reeder, Martha McInness, Kelly McDonald, Carrie Brogoitti, Marie Boman-Davis, Sarah Lochner, Allison Mora, Steven Fiala, Sara Beaudrault, Veronica Herrera, Andrea Krause, Kim Tham, Jamie Coleman, Emily Wegener, Kim La Croix, Valori Fleisher

Meeting notes:

- **Prevention and Health Promotion Foundational Program Area**
Separation and Naming Convention: Steve led a discussion on separating the prevention and health promotion foundational program area into two distinct programs – maternal child and family health, and chronic disease and injury prevention:
 - **Program Area Separation:** The group agreed to separate the prevention and health promotion foundational program area into two distinct programs: maternal child and family health, and chronic disease and injury prevention, aligning with the national foundational public health services framework.
 - **Naming Considerations:** Participants debated whether to use “chronic disease and injury prevention” or “prevention and health promotion” as the program name, with some participants emphasizing the importance of leading with “prevention” for clarity with lawmakers.
 - **Inclusion of Substance Use and Behavioral Health:** Group discussed whether to explicitly include substance use and behavioral health promotion in the program name, ultimately deciding not to call out these

elements directly but to clarify their inclusion in accompanying narrative and manual updates.

- **Consensus and Next Steps:** Consensus was reached on the name “Prevention of Chronic Disease and Injury,” with the understanding that cross-cutting topics would be clarified in narrative and manual updates; the topic will be revisited with the full Improvement Workgroup given low attendance.
- **Regulation as Standalone Foundational Capability:** Steve presented recommendations from the breakout group at the in-person session:
 - **Capability Title Change:** The group recommended changing the capability title from “policy and planning” to “policy and regulation,” as “regulation” was seen as clearer and more resonant with partners than other considerations like “protection”.
 - **Regulatory Work as Cross-Cutting:** The group decided to embed regulatory work within the “policy and planning” foundational program because regulatory roles are already reflected in modernization manual description of the capability; during modernization manual update, consider describing both the cross-cutting nature of regulatory roles and still specify regulatory roles in relevant foundational program areas.
 - **Role of Planning:** Group members discussed the importance of “planning” roles, such as community health improvement plans and assessments, but agreed that these should remain within the capability but not be centered in the name since it is a less meaningful term to decision makers.
- **Separating Leadership and Organizational Competencies into Separate Capabilities to Align with National Framework:** Sara facilitated a discussion on whether to split “organizational and leadership competencies” foundational capabilities into “Organizational Competencies” and “Accountability and Performance Management”.
 - **Capability Structure:** The group decided to retain a single foundational capability for organizational and leadership competencies, rejecting the idea of splitting it into two separate capabilities as in the national model.
 - **Language Simplification:** Participants discussed simplifying the capability name, with most favoring terms like “operations,” “leadership,” and

“accountability” over “organizational and leadership competencies,” to better communicate with external audiences such as legislators.

- **Accountability and Performance Management:** Sara explained that “accountability” encompasses performance management, quality improvement, and stewardship, emphasizing the importance of tracking impacts and equitable outcomes.
- **Audience Testing and Consensus:** The group agreed to consider two or three naming options for audience testing with legislators in the fall, with consensus to avoid terms like “business infrastructure” and to use “operations” instead of “organizational.” The three naming options include:
 - Operations and Accountability
 - Leadership and Operations
 - Leadership, Operations, and Accountability
- **Project Timeline and Next Steps:** Steve and Sara discussed the need for a detailed project timeline, including planning for legislative sessions and future meetings, and outlined next steps:
 - **Timeline Planning:** The group acknowledged the importance of developing a visual project timeline to inform the 2029 legislative session, with recommendations needing to be available about a year in advance.
 - **Next Meeting Topics:** Steve outlined that the next virtual meeting will focus on the foundational versus additional programs conversation, including consideration of removing access to clinical preventive services (suggested at the in-person session).
 - **Recommendations Document Update:** Steve confirmed that a recommendations document will be drafted to capture discussions to date.
 - **Coordination with PHAB and CLHO:** Sara raised the need to plan timelines for discussions with PHAB and CLHO, given their monthly meetings and full agendas, and Steve agreed to dedicate time to review and build out the group's project plan.

Follow-up tasks:

- **Informational Interview Summaries:** Type up and distribute notes summarizing the informational interviews with Wisconsin and Minnesota, including themes and takeaways, to all group members. (Steve, Andrea, Sarah Lochner)

- **Framework Recommendations Document:** Update and share the framework recommendations document on the shared Teams channel, reflecting decisions and consensus from recent workshops. (Steve)
- **Project Timeline Development:** Develop and include a visual project timeline mapping out all steps needed to meet the 2029 legislative session deadline in the next materials packet. (Steve)
- **Language Testing with Legislators:** Prepare two or three options for naming the leadership/operations/accountability foundational capability and plan to test these with legislators in a focus group or interviews in the fall. (Steve, Sarah Lochner)
- **Detailed Timeline for PHAB and CLHO Discussions:** Review and build out the timeline for presenting framework recommendations to PHAB and CLHO, considering their monthly meeting schedules and agenda planning. (Steve)



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July 10, 2026

Public Health Modernization

Improvement Workgroup

Agenda

- Foundational programs versus additional programs (+ access to clinical preventive services)

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.

Foundational Versus Additional Programs

In-Person Breakout Group Discussion

- Most breakout group participants thought Oregon's definition of "foundational" is unclear
- Definitions from Minnesota and Colorado resonated
- Criteria from other states that didn't resonate was "population-based" (versus individual services)
- Suggested moving access to clinical preventive services from foundational program to capability

In-Person Breakout Group Discussion

How we think of/define “foundational” versus “additional programs”

- Foundational:
 - Provided by governmental public health. Governmental public health forms the foundation of the public health system.
 - Everyone in every part of the state should get it via governmental public health
- Community-specific:
 - Discretionary
 - Not an expectation that all governmental public health has to provide

In-Person Breakout Group Discussion

Consensus that we should find an alternative term for “additional programs”

- Other specific comments included:
- Many like the use of the term “community-specific,” but some felt this describes the approach to all programs and capabilities
- Like the term “services”
- Like the term “foundational responsibilities” (from MN)
- Consider using “essential” or “core” instead of “foundational”

In-Person Breakout Group Discussion

Ensure it is clear that “above the line” programs are not less valuable

- Change in terminology and maybe the graphic depiction in of the framework
- Graphic depiction: could shift the model so the foundational and additional programs sit side by side
 - California and Colorado remove additional program from their visual framework altogether. Some saw value in this approach – not confusing foundational vs depiction of all services
 - Need to consider what the framework visual needs to be; foundational only or a comprehensive depiction of all that governmental public health provides?

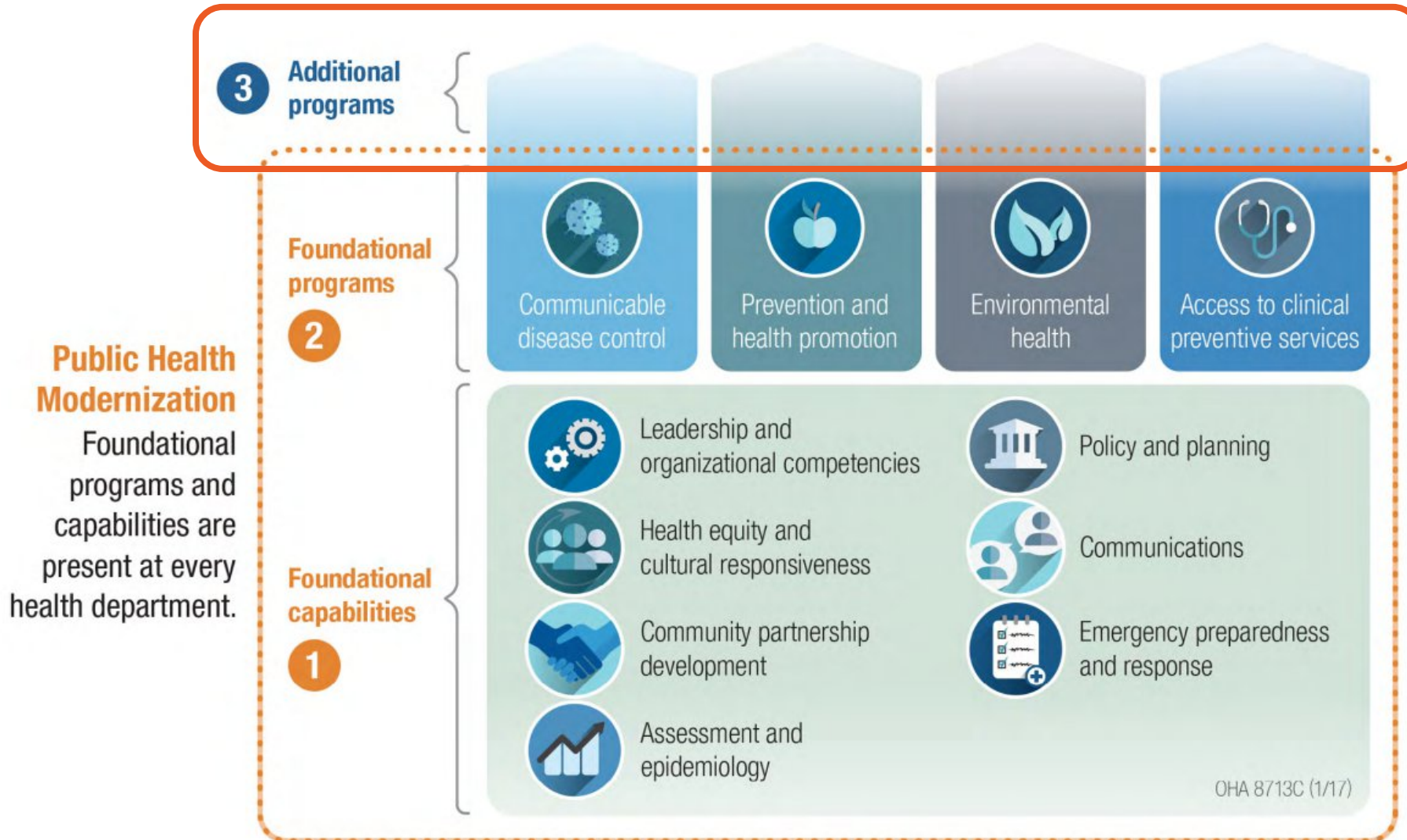
In-Person Breakout Group Discussion

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Additional Materials

Foundational vs. “above the line”



From Modernization Manual: “State and local public health authorities may have **additional programs** based on local needs and available resources, but the foundational capabilities and programs establish a common set of essential services that must be available in all areas of the state.”

Oregon (Additional Programs)

- **Operational definitions from Capacity and Cost Assessment (2024):** Additional Programs include direct services or individual services being provided through the public health responsibility of ensure access to clinical preventive services when no other entity exists in the community to provide them.
- **FPHS Framework Definition:** Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Washington State (Additional Important Services)

- FPHS provide a strong foundation from which the state and local communities can deliver Additional Important Services (AIS).
- These are services that are critical locally and do not necessarily need to be provided by the governmental public health system statewide because AIS are a shared responsibility of local, state and federal public health and other partners.
- AIS often respond to or are local community priorities. They can also be driven by state initiatives to address disparities across the state.
- The differentiation between FPHS and AIS is not a value judgement, nor is one set of services more important than the other. FPHS and AIS are both essential to support healthy and economically vital communities across Washington
- When additional important services are delivered regarding [foundational program area], ensure that they are well coordinated with foundational services.

Minnesota (Community-Specific Priorities)

- “Foundational” means meeting one or more of these criteria:
 - Mandated by federal or state laws.
 - Governmental public health system is the only or primary provider statewide.
 - Population-based (versus individual services), focused on disease prevention, protection, and health promotion.
- Community-specific priorities are the programs and services that governmental public health agencies provide beyond the foundational capabilities and areas noted above, according to local need, desire, and opportunity...health departments will provide additional services and may require more capacity in different areas to best serve their communities.

Colorado (Community-Specific Priorities)

Uses same/similar definition of foundational as Minnesota:

- “FPHS are a minimum package of foundational capabilities and services that represent a subset of all public health services and focus on activities that:
 - (1) must be available to all people served by the governmental public health system; and, (2) meet one or more of the following criteria:
 - Services that are mandated by federal or state laws.
 - Services for which the governmental public health system is the only or primary provider of the service statewide.
 - Population-based services (versus individual services) that are focused on disease prevention and protection and promotion of health.

Foundational vs. “above the line”

Considerations from Capacity and Cost Assessment:

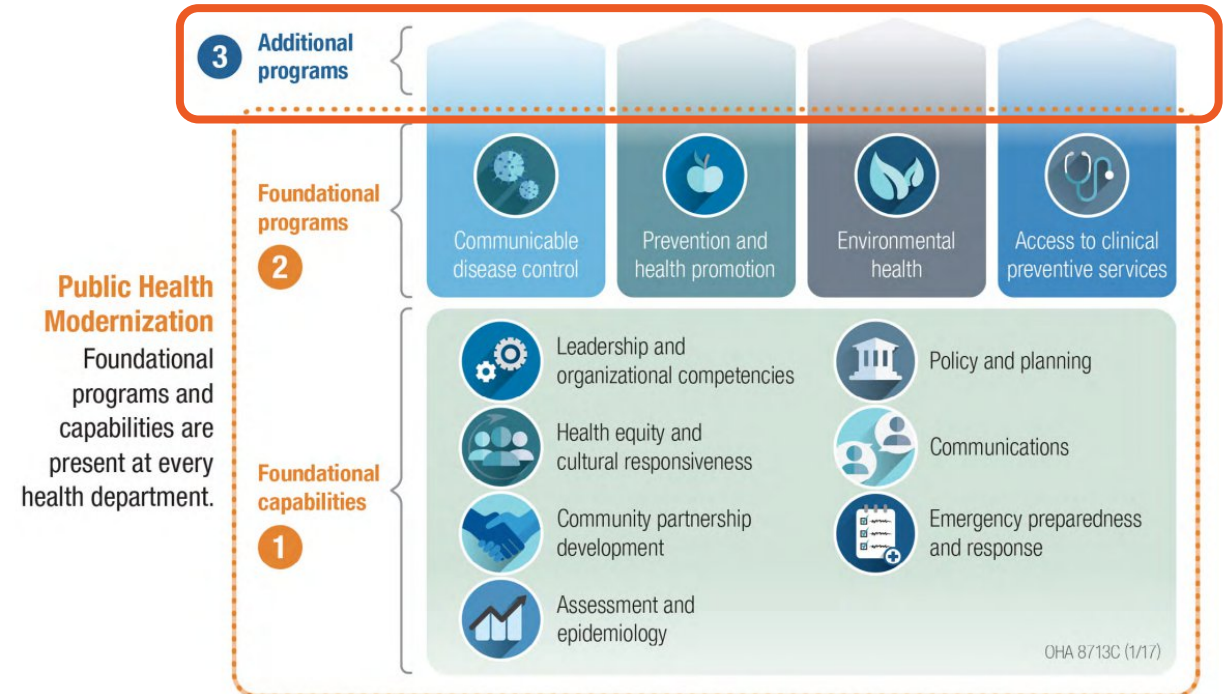
- Different interpretations of what it means to “ensure access” to services
- Expanded scope of practice during the pandemic to provide immunizations (do we continue to fill a gap?)
- Different perceptions of whether certain programs are “foundational” or community-specific (e.g., WIC/nurse home visiting)
- Newer public health programs (e.g., psilocybin)

Foundational vs. “above the line”

- **Additional Programs identified in CCA:**
 - Home Visiting Programs (excluding Universal Newborn Home Visiting)
 - Universal Newborn Home Visiting / Family Connects
 - Harm reduction services
 - HIV services
 - STD services
 - Immunizations
 - Reproductive health (excluding PE 46)
 - WIC

Foundational vs. “Above the Line”

- Are we talking about expanding the parameters for “foundational” or clarifying our language on the relative importance of foundational versus community-specific services? (or both?)
- What are the strengths/value-add of expanding what is considered “foundational” public health?
- What are the weaknesses or potential unintended consequences of expanding what is considered “foundational” public health?
- Do we need more information before making a recommendation?



In-Person Work Session Notes | June 17, 2026

Foundational programs vs community-specific services (Facilitator: Andrea Krause)

- Most folks think Oregon's definition of "foundational" is unclear. Only one person felt clear on how they define foundational.
- Reviewed "foundational" definition from Minnesota, Colorado, and Kansas
 - Generally, the definitions from Minnesota and Colorado resonated
 - The criteria from other states that didn't resonate as much was the "population-based (versus individual services)."
 - It was hard to feel that vaccine administration and STI testing and treatment in particular weren't "foundational" public health work.
 - Other programs that came up in this discussion were WIC and home visiting.
 - Other key points in discussion:
 - At scale, individual services become population-level interventions.
 - How does public health impact these important areas if we aren't providing the services?
 - Not being included in the "foundational" definition doesn't mean that public health isn't providing these services when that is needed within their communities
 - Pointed out that these definitions of "foundational" really just apply to programs and not capabilities.
 - There generally aren't mandates for the capabilities
 - Many different organization types utilize the capabilities
- Discussed how folks think of/define "foundational" vs "additional programs"
 - Foundational
 - Provided by governmental public health. Governmental public health forms the foundation of the public health system.
 - Everyone in every part of the state should get it via governmental public health
 - Community-specific
 - Discretionary
 - Not an expectation that all governmental public health has to provide

- Terminology
 - Consensus that we should find an alternative term for “additional programs”
 - Other specific comments included:
 - “Community-specific”
 - Many like the use of this term
 - Some felt that this describes the approach to all programs, services, and capabilities
 - Like the term “services”
 - Like the term “foundational responsibilities” (from MN)
 - Think about using “essential” or “core” instead of “foundational”
- Discussed how we can ensure that it is clear that “above the line” programs are not less valuable
 - Ideas included change in terminology and possible change in the graphic depiction of the framework
 - Graphic depiction
 - Could shift the model so the foundational and additional programs sit side by side
 - California and Colorado remove additional program from their visual framework altogether. Some saw value in this approach – not confusing foundational vs depiction of all services
 - Generated conversation around what the framework and visual need to be. Foundational only or a comprehensive depiction of all that governmental public health provides
- Misc comments
 - Why are we not exploring what the following states are doing?
 - New Hampshire (APHA #1)
 - New Jersey and New York (#1 in longevity)
 - Access and linkage to care should be moved from a foundational program to a foundational capability

Modernization/FPHS Landscape Analysis Themes

Developed by Andrea Krause

Theme	Relevance	State	Notes
Framework Terminology	Framework Language	Minnesota	<p>“Foundational Responsibilities” = name for the full model</p> <p>“Areas” = name for foundational programs</p> <p>“Community-specific priorities” = name for additional programs</p>
		Washington	Access to Care foundational program is called “Access to Health Care Services” in framework visual and “Access/Linkage with Medical, Oral and Behavioral Health Care Services” in reports
		Washington	<p>The following three foundational programs are (sometimes) collectively referred to as “Lifecourse” in materials:</p> <ul style="list-style-type: none"> • Maternal/Child/Family Health • Access/Linkage with Medical, Oral and Behavioral Health Care Services • Chronic Disease, Injury and Violence Prevention
		Indiana	Uses term “Core Public Health Areas” instead of foundational areas
		California	Foundational Capabilities are called “Foundational Public Health Services”
		California	Framework is called the core foundational public health services
		Kentucky	Refer to additional programs as “Local Public Health Priorities” and the rest of the model as “Core Public Health”
		Colorado	Call the foundational programs “Foundational Public Health Services”
		Colorado	<p>In statute, public health agencies are responsible for “core public health services”</p> <p>This terminology pre-dated move to FPHS. Materials note that they aligned these with the national Foundational Public Health Services framework, but it’s a little unclear how they refer to the framework as a</p>

Theme	Relevance	State	Notes
Key Framework Features	Framework	Washington	whole... Webpage has a title of “Core Public Health Services and Capabilities”
		Washington	Adds Vital Records as a 6 th Foundational Program
		Washington	Framework image includes the following statement “Provided by state and local public health agencies, Foundational Public Health Services are critical population-based prevention services foundational to public health”
		California	Adds Behavioral Health as a 6 th Foundational Area
		California	Wrap around “foundational principle” in CA’s framework is “Performance Management: Equity, Efficiency and Effectiveness”
		Missouri	Doesn’t include Equity in the framework, but has “Social Drivers of Health” and “Removing barriers and promoting optimal health” as wraparound concepts
Kentucky	<p>Very different model, doesn’t really follow FPHS structure.</p> <p>Within “core public health” there are 5 focus areas:</p> <ul style="list-style-type: none"> • Population health • Enforcement of Regulation • Emergency Preparedness & Response • Communicable disease control • Administrative and organizational infrastructure <p>Then there are three additional programs:</p> <ul style="list-style-type: none"> • WIC • HANDS (Health Access Nurturing Development Services) • Harm Reduction & SUD 		

Theme	Relevance	State	Notes
Foundational Definition	Framework Language Manual	Minnesota	<p>Have a succinct definition of what “Foundational” means.</p> <p>Meet one or more of these criteria:</p> <ol style="list-style-type: none"> 1. Mandated by federal or state laws. 2. Governmental public health system is the only or primary provider statewide. 3. Population-based (versus individual services), focused on disease prevention, protection, and health promotion. <p>More detail here</p>
		Colorado	<p>Uses same/similar definition of foundational as Minnesota...</p> <p>“FPHS are a minimum package of foundational capabilities and services that represent a subset of all public health services and focus on activities that:</p> <p>(1) must be available to all people served by the governmental public health system; and, (2) meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Services that are mandated by federal or state laws. • Services for which the governmental public health system is the only or primary provider of the service statewide. • Population-based services (versus individual services) that are focused on disease prevention and protection and promotion of health.
		Kansas	<p>Defined “truly necessary” services (aka foundational) as:</p> <ol style="list-style-type: none"> 1. Population-based preventive health services (e.g., water fluoridation, creation of walkable communities) that target specific areas defined by geography, race, ethnicity, gender, illness or other health conditions; 2. Governmental public health services (e.g., disease surveillance and epidemiology) in which the only or best

			potential provider of the service is a governmental entity; and 3. Mandated services (e.g., communicable disease reporting) provided by the public health authority.
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Foundational Decision Matrix from Kansas Report (apparently adapted from Washington):

Figure A-1. Foundational Public Health Services Decision Matrix

FPHS Decision Matrix

<p>Population-based To what extent is this a population-based service without individually identifiable beneficiaries?</p>	Mainly provides individual benefits	Partially population based, such as an individual health care service the absence of which would pose a significant community health threat	A population-based preventive health service addressing an important health problem, using methods that are evidence-based or best-practices
<p>Governmental public health To what extent is governmental public health the only or primary provider of this service?</p>	<i>Never</i> – many other entities provide this service and they are the most appropriate provider	Sometimes	<i>Often</i> – it has to be addressed by governmental public health to be effectively addressed at all
<p>Mandatory Is it mandated by law or contingent on legal powers granted only to the local health officer/ board of health?</p>	Not mandated	Partially or sometimes	Definitely mandated

www.doh.wa.gov/fphs | 7

Source: Washington State Department of Health, 2015



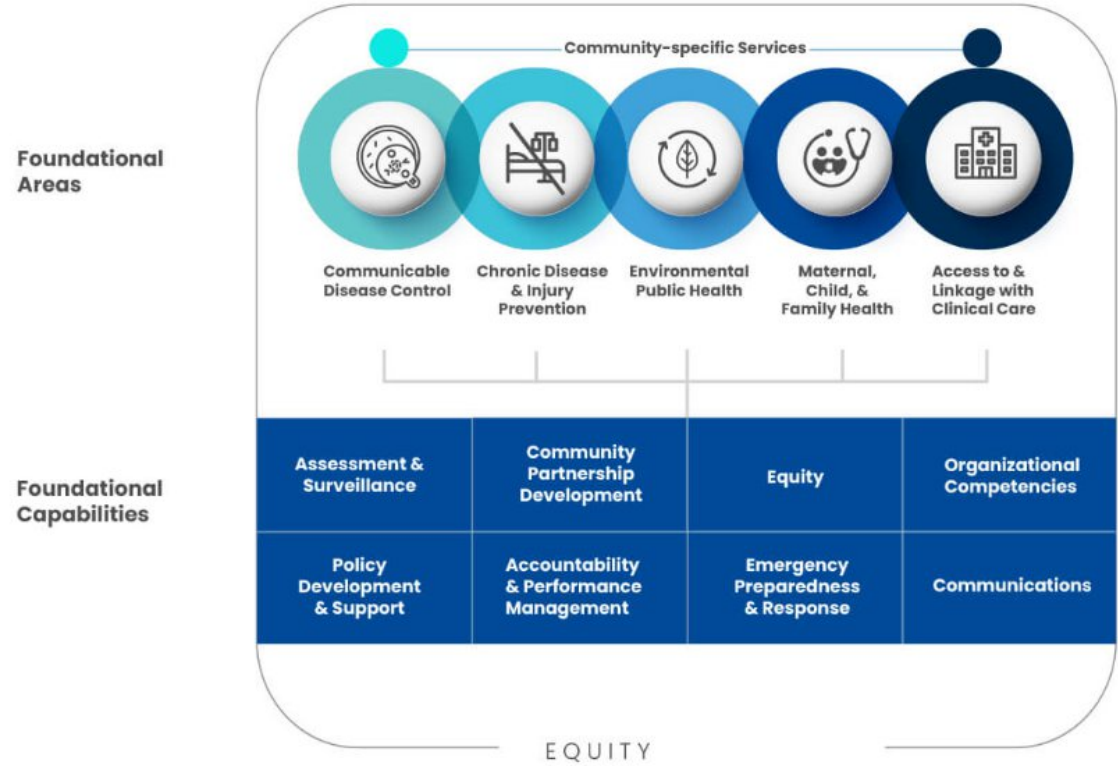
Foundational Public Health Services Framework Visuals

A Comparison of Different States

June 2026

National Foundational Public Health Services Framework

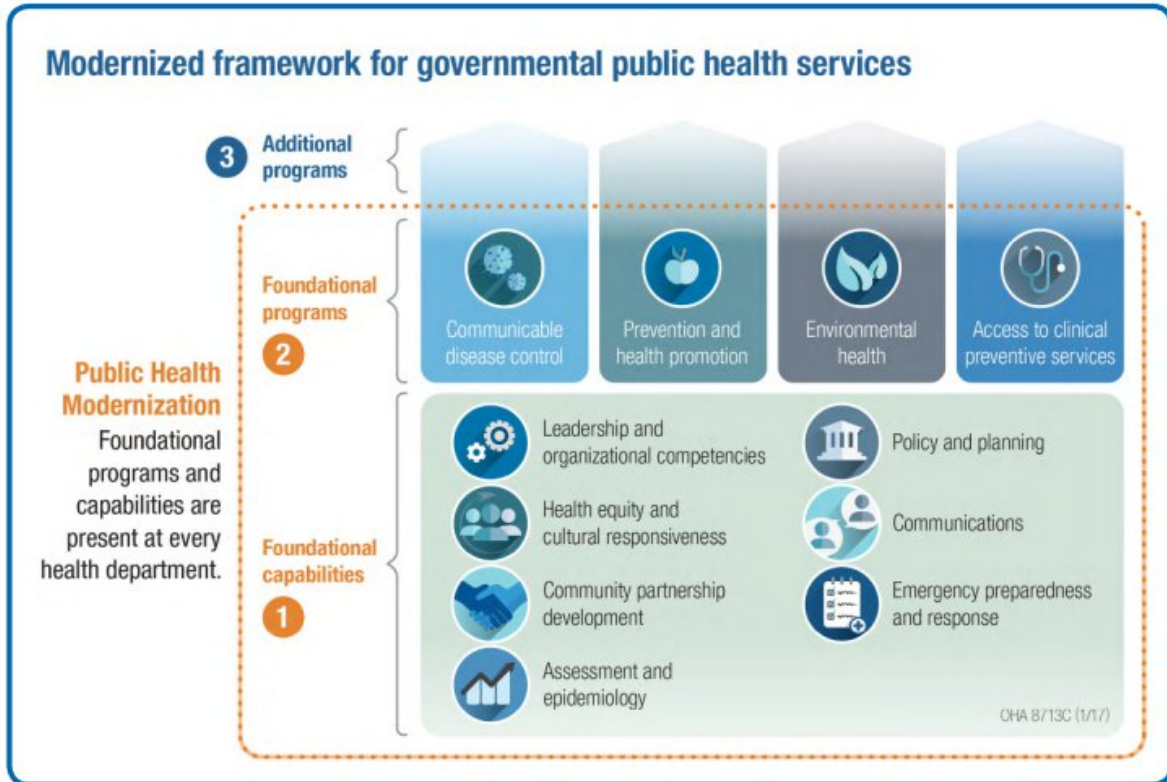
Foundational Public Health Services



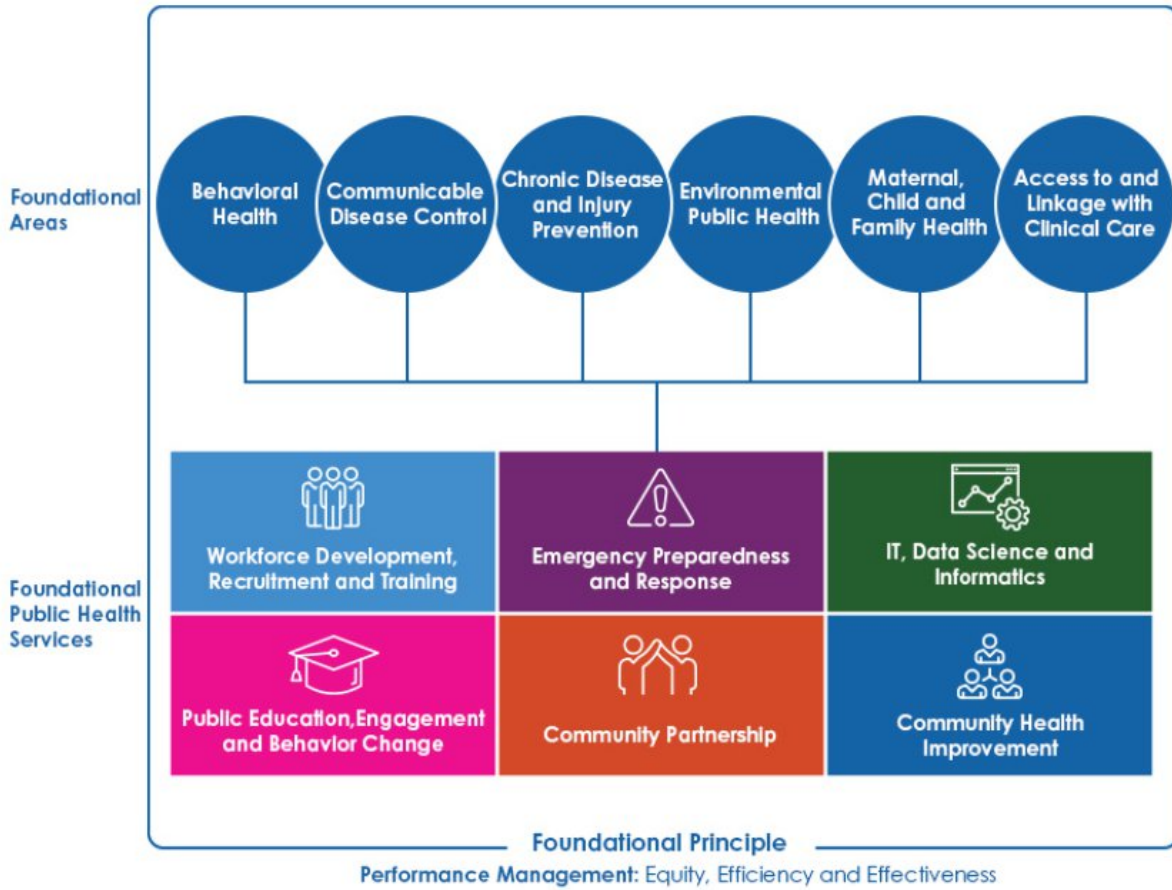
February 2022

The following states appear to use the national framework without any customization: Maryland, Massachusetts, Nebraska, Nevada, Ohio.

Oregon



California



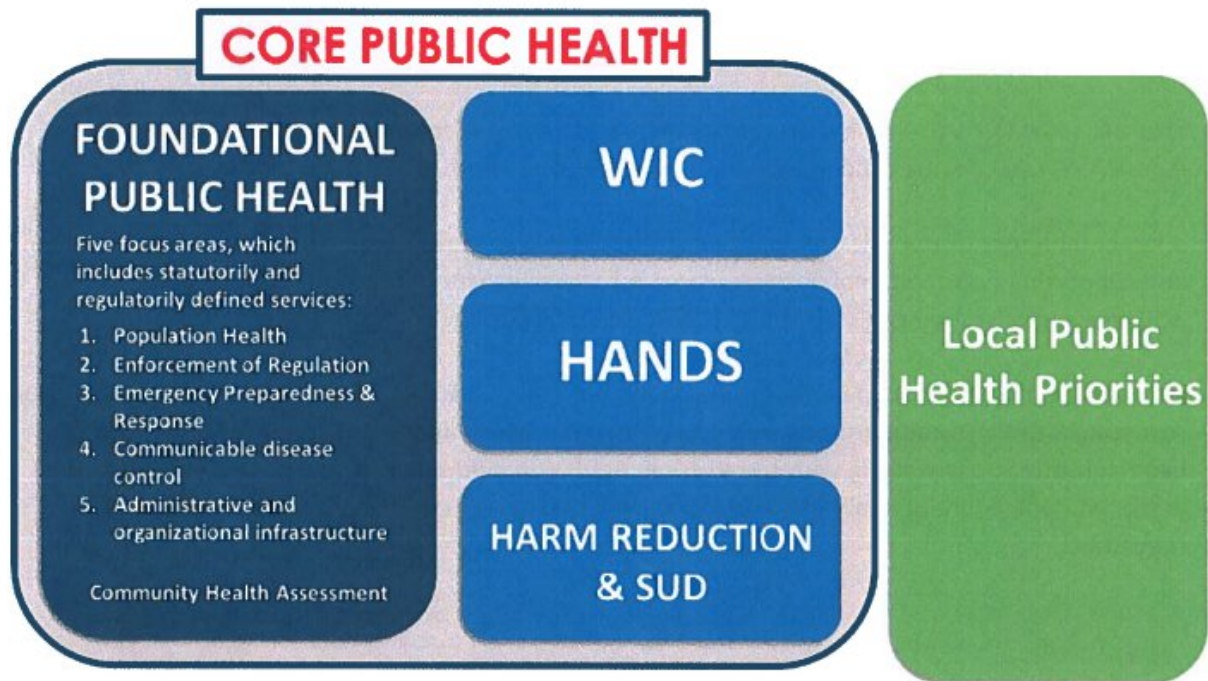
Colorado



Kansas Foundational Public Health Services Model



Kentucky

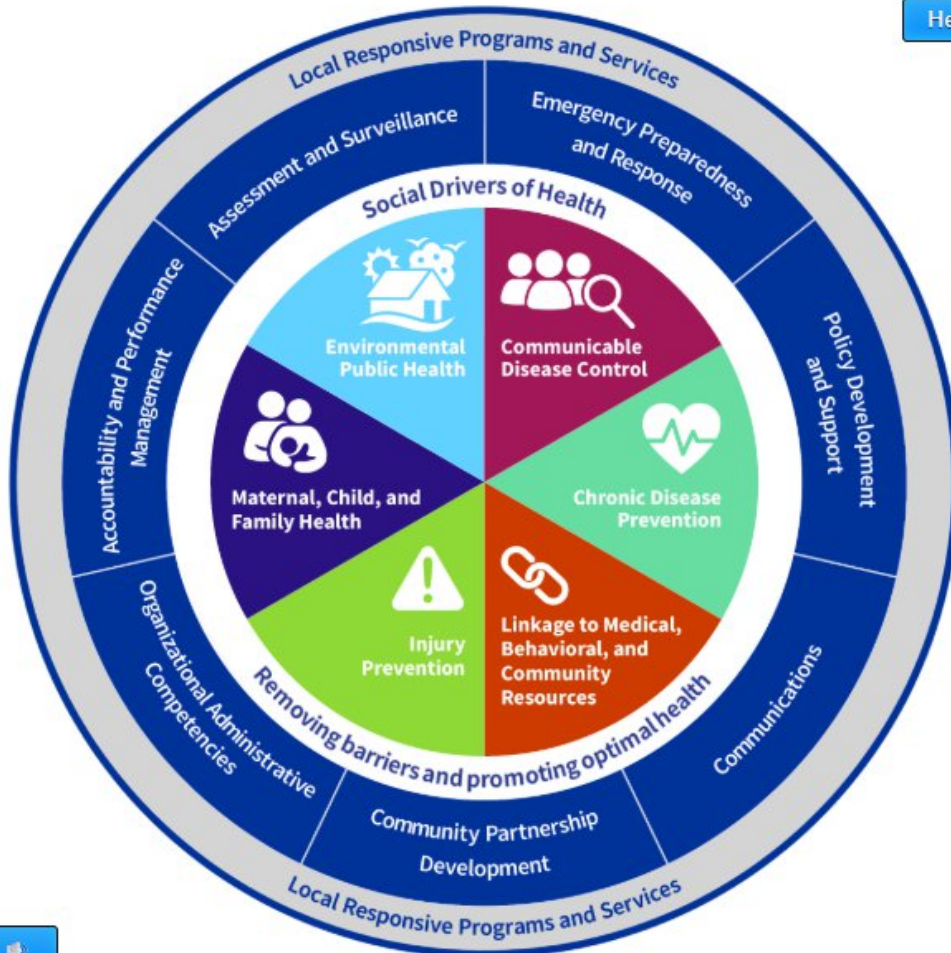


Foundational Public Health Responsibilities



Missouri

Help



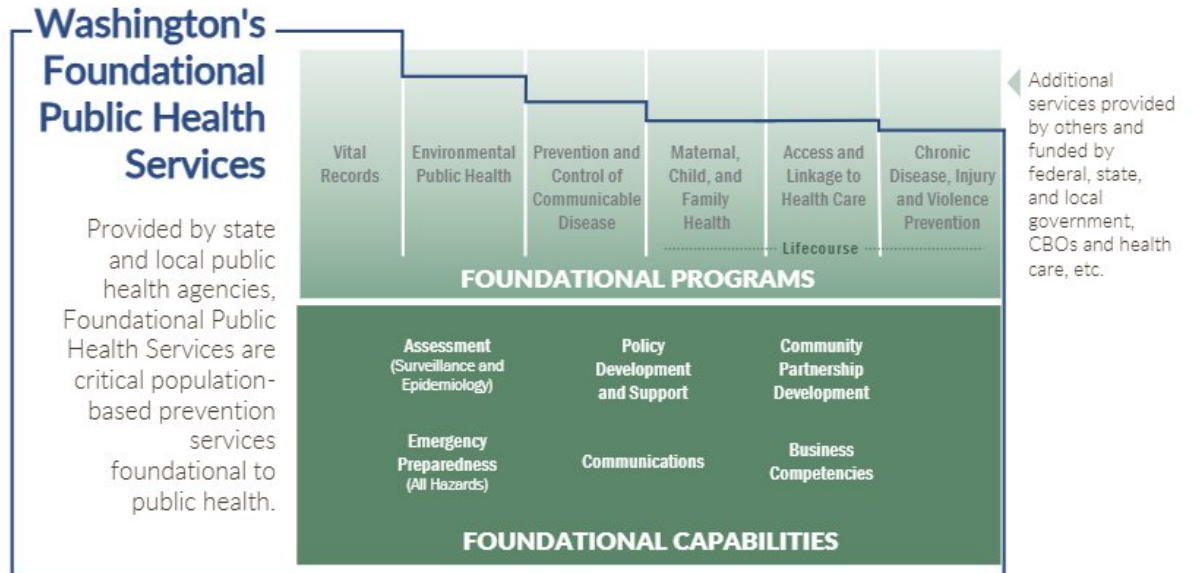
Foundational Capabilities

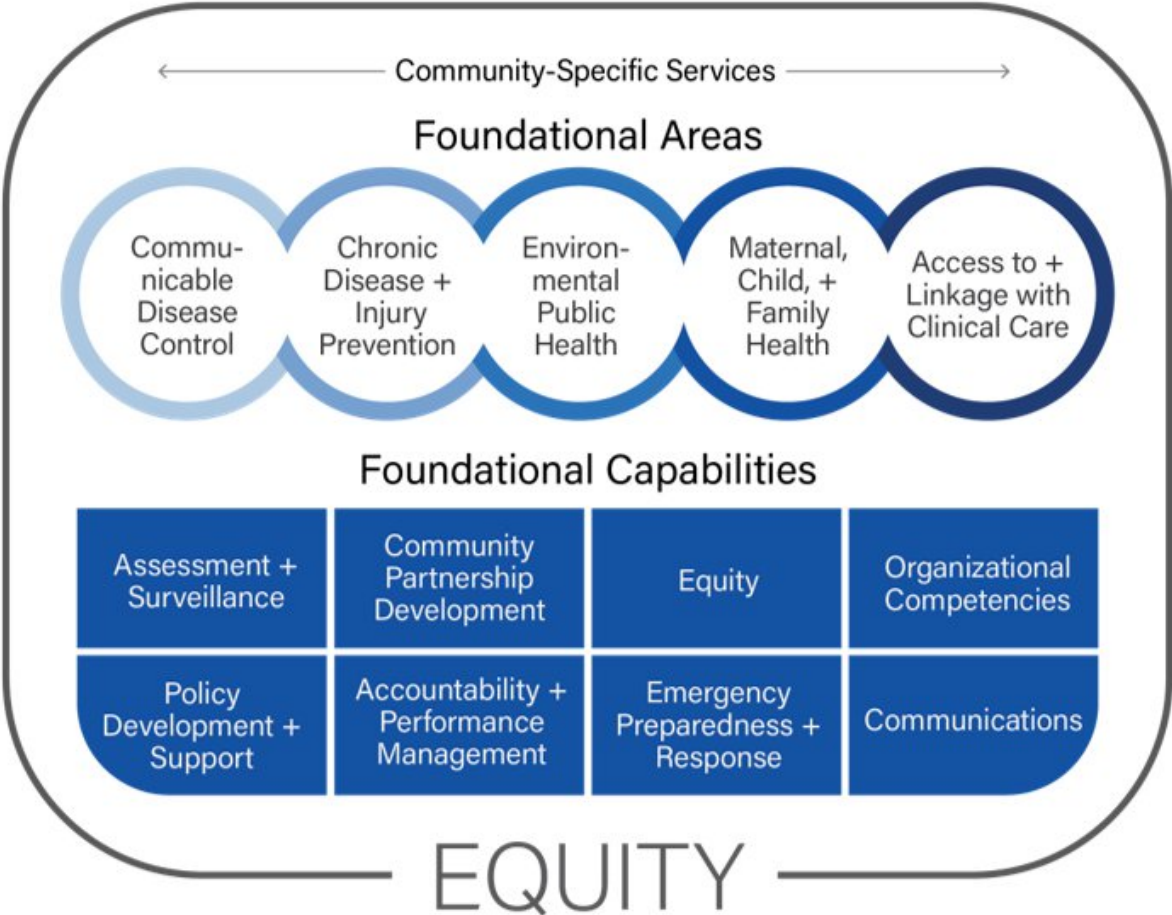


Foundational Areas

Washington

Exhibit 1. Washington's Foundational Public Health Services





adapted from PHAB