

Public Health Modernization Improvement Workgroup Charter

Approved by workgroup April 24, 2026

Overview

Objective: The Modernization Improvements Workgroup 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 Modernization Improvements Workgroup 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

OHA Staff:

- Steven Fiala, Public Health Modernization Lead
- Andrew Epstein, LPHA and Tribal Public Health Policy Lead
- Veronica Herrera, Strategic Initiatives Lead
- Andrea Krause, Public Health Systems Consultant

- Sara Beaudrault, Strategic Initiatives Manager
- Liz Hunt, LPHA and Tribal Public Health Manager
- Valori Fleisher, Executive Support Specialist

Membership: The Modernization Improvements Workgroup 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
- Bill Michielsen, Yamhill County
- Martha McInnes, North Central Public Health District
- Florence Pourtal, Lincoln County
- Shane Sanderson, Linn 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)
6. Recommend strategies for communicating about improvements and changes to public health staff and leaders, partners and decision-makers.

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. 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 Modernization Improvements Workgroup 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 Modernization Improvements Workgroup agrees to 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](#).

Proposed decision-making roles:

- CLHO – Make recommendations; hold a vote for CLHO approval and then to OHA.
- 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 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 CONFLECT WITH GRACE & HUMILITY.
- SHARED CELEBRATIONS

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

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.