



Public Health Modernization \$50 million investment for 2023-25

Oregon has been a national leader in modernizing its public health system since 2013. Investments in public health prepared Oregon to better respond to the COVID-19 pandemic and many other recent public health emergencies including wildfire, extreme heat and mpox.

In 2016, Oregon Health Authority, Public Health Division and every local public health authority completed an assessment¹ of its capacity to provide critical governmental public health functions and the funds needed to achieve a sustainable, accountable and equity-focused public health system. The assessment found that:

- In **more than one third** of Oregon communities, foundational public health programs were **minimal or limited**.
- Across the system, the **largest gaps** were in fulfilling responsibilities necessary to **achieve health equity and cultural responsiveness in all geographic regions in Oregon**.
- An **additional \$210 million (in 2016 dollars) per biennium** was estimated as needed to achieve a sustainable, accountable and equity-centered public health system. This initial estimate was an underestimate as it **did not include investments** needed for federally recognized **Tribes** or a **network of community-based organizations**.

Legislative investments in public health modernization better prepared Oregon's public health system to respond to the COVID-19 pandemic while simultaneously responding to other catastrophic public health events like the 2020 wildfire season. The additional, short-term investments of federal funds for the COVID-19 pandemic response into Oregon's public health system demonstrated how well resourced governmental and community-based public health system partners can be innovative, resilient and achieve equitable health outcomes for Oregonians.

¹ Oregon Health Authority (2016). State of Oregon Public Health Modernization Assessment Report. Available at: <https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationFullDetailedReport.pdf>.

Without sustaining and enhancing investments into the next biennium, Oregon's public health system will regress and face significant gaps in its ability to respond to public health threats, address complex public health problems and eliminate costly and unfair health inequities. State investments in public health modernization are critical to maintain core infrastructure built over the last two years to support communities, including our most rural and frontier communities.

With a \$50 million additional investment in 2023, investments will fund local public health authorities, federally recognized Tribes and community-based organizations and contribute to **long-term improvements and outcomes** including:

- **Regionally focused and culturally specific public health responses** that save lives, prevent severe health outcomes and inequities, and prevent avoidable health care costs
- **System-wide planning** to achieve **health equity** for all people in Oregon and for a sustainable **public health workforce**
- **Local** communicable disease **initiatives that protect community members at higher risk of communicable diseases**, including underserved populations and people who are homeless, people living in congregate settings and people who inject drugs.
- **Sustained local and emerging communicable disease expertise** through cross-sector partnership, specifically in HIV and sexually transmitted infections.
- **Strengthening Oregon's public health system through cross cultural and cross sectoral relationships among state and local governments and community-based organizations-** collectively sharing power and resources to ensure public health and safety for all Oregonians.

Supplementary information on funding and priorities for additional investments is available on the following page.

For more information

Contact PublicHealth.Policy@oha.oregon.gov

Visit healthoregon.org/modernization

Supplementary information on funding and priorities for a \$50 million investment in 2023-25

\$50 million investment – Governor's Recommended Budget	
Local public health authorities <i>(Approximately \$10.2 million additional investment will keep LPHAs funded at current AY23 levels as ARPA COVID-19 public health workforce funds expire; funds include a limited pass-through to Multnomah County-Program Design & Evaluation Services for data and evaluation)</i>	\$16.95 million
Community-based organizations <i>(Approximately \$6.2 million additional investment will keep the current network of CBOs funded at AY23 funding levels for a full 24-month funding cycle)</i>	\$16.95 million
Federally recognized Tribes <i>(A portion of these funds will keep Tribes funded at current levels as federal Tribal Public Health Equity funds expire)</i>	\$5.3 million
Oregon Health Authority <i>(Includes staff to manage grants and contracts, and contract payments for professional services)</i>	\$7.4 million
Reproductive health provider network	\$3.4 million
Total investment	\$50 million

Additional funding supports the following

Public health workforce development and retention

- Develop a statewide public health workforce plan ready for implementation
- Retain a local and tribal workforce to meet geographic and culturally specific priorities
- Ensure state capacity to administer grants and contracts, and monitor and evaluate use of funds
- Increase minimally the number of funded CBOs, with focus on filling known gaps in rural communities and for disability communities

Equity initiatives

- Develop public health system equity plan that will eliminate health inequities by ensuring state investments are directed upstream and addressing inequities in BIPOC and rural communities.
- Increase language access and culturally relevant communication
- Limited funding to increase culturally-specific services.
- Funded CBOs have flexibility to use funds for prevention initiatives that are responsive to the needs of their community, including those that address social determinants of health

Respond to public health threats

- Ensure consistency in public health messaging during public health emergencies
- Increase capacity for preparedness coordinators

Communicable disease prevention and control

- Sustain current localized communicable disease interventions
- Ensure culturally relevant interventions

Reproductive health provider network

- Enhance access to reproductive health care in medically underserved regions of the state.