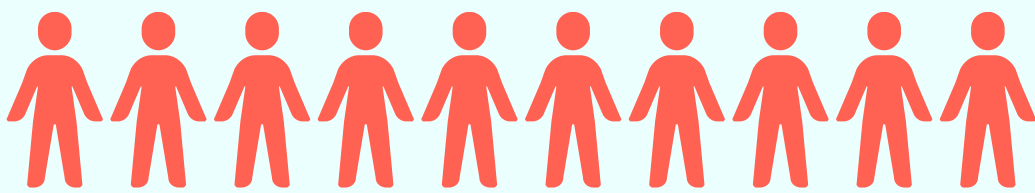


Public Health Modernization 2021–2023

Investments, Improvements, and Outcomes

In the 2021–23 biennium, Oregon Legislative investments to modernize the public health system totaled \$60.6 million. The majority of these funds are reaching Oregon communities through allocations to local public health authorities, tribal health authorities, community-based organizations and through new investments in community-led data initiatives.

LPHAs, Tribes and CBOs are using funds in the following ways to benefit their communities.



Preparing communities for climate-related public health emergencies

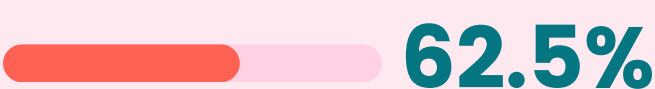
Oregon’s public health system brings partners together to build community resilience for climate impacts on health.

Local Public Health Authorities

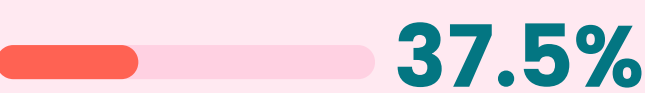


ALL local public health authorities are bringing partners together to develop, update and/or implement a climate and health plan. These plans bring attention to the most significant climate risks within the county and which groups are at highest risk, and shared strategies to mitigate risks and build resilience.

From October 2021–October 2022



the percent of LPHAs that reported having a partial or complete plan increased from 25% to 62.5%,



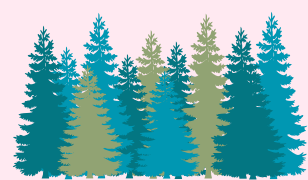
the percent that have not started the assessment and plan decreased from 75% to 37.5%.

In addition to planning with partners, here are examples of other ways LPHAs are strengthening partnerships and providing public health data that are critical to understanding climate impacts on health.

"Environmental Health has built new partnerships with organizations representing groups most impacted by climate change. This includes the incorporation of a health-focused, culturally specific group into the executive steering committee for the County’s Climate Justice Plan."

–Multnomah County Public Health

"The following work is in process:
(1)Creating communication materials for community and partners on wildfire and smoke impacts and extreme heat;
(2)Updating and collecting new data for the 3rd Regional Climate and Health Monitoring Report;
(3)Analyzing and reviewing data to create seasonal hazard and health outcome reports on extreme heat and wildfire smoke;
(4)Working across public health programs to plan and prepare for community engagement efforts to assess community need and priorities for climate and health;
(5)Meeting with regional local public health partners regularly to identify areas of collaboration and shared assessment."
– Washington County Public Health



Tribes and NARA

Accomplishments for Environmental Health

- **Completion of Tribal environmental health assessment**
- **Communications developed for Tribal members about actions they can take to mitigate smoke during wildfire season**
- **Implementation of a well water testing program**
- **Established environmental health lab technician position to support First Foods preservation and identify water quality, pollution, and other environmental hazards**

Community Based Organizations

49% of organizations doing an Environmental Public Health (EPH) project reported progress on their assessment



49%



63% of organizations doing an Environmental Public Health (EPH) project engaged in coalition building including:

- **Tree and Climate Coalition,**
- **Building Shared Future Coalition,**
- **Build/Shift Collaborative and others**



92%

92% engaged in Culturally Responsive Outreach including:

- **cultural events,**
- **newsletters,**
- **community meetings,**
- **youth leadership trainings**



93%

93 % of EPH workplans included Building Social Connections to help communities be resilient and adapt to climate change

Projects by community organizations:

"The team of 5 organizers led by Volunteer and Special Projects Coordinator, reached 1,892 Latinx community members Increased knowledge of the impacts of wildfires and toxic air & Raised awareness in the community on the issue of forest fires and climate change. Through community presentations. Reduced fear among the Latinx community regarding fires. Worked with other organizations to expand awareness of preparedness and rapid response to fire impacts and toxic air. Reached 1551 workers to provide access with protection and education. (exceeded goal) We completed a total of 16 preparation training presentations. Trained 356 community members to be organizers in their communities. Completed 6 Healing Circles for women workers impacted by wildfires, and made a referral in our presentations to circles for inclusive participation. Recorded two preparation announcements on the radio total of four 1-minute recordings. These recordings are played five times a day for the whole month of September. Trained and created a digital kit for 15 young people. 452 calls to supporters to join events, and forums Advocated and passed strongest Heat and Smoke Protections in the Country through Oregon OSHA." – PCUN

"APANO Environmental Justice Fellow in partnership with SEI. Our Fellow has been integral in the curriculum development, planning, and implementation of our Climate, Health, and Housing Institute leadership development program. Our 2022 CHHI session was a success, and we're now gearing up for a mini-CHHI event in the winter while we prepare to open up applications for our CHHI 2023 cohort. From April to July 2022, twelve amazing CHHI fellows came together to learn, discuss, and envision our shared futures in the reality of our changing climate. The CHHI cohort covered numerous topics key to understanding Environmental Justice and why it is so important to the wellbeing of our communities. " – APANO

Investing in communicable disease prevention and control

LPHAs, federally recognized Tribes, and CBOs provide culturally responsive communicable disease programs to prevent the spread of disease and eliminate health inequities.

Local Public Health Authorities

Local public health authorities are strengthening and expanding partnerships for local communicable disease prevention initiatives. Based on priorities within their jurisdictions, LPHAs are working with long-term care facilities, health care providers, schools and universities and community-based organizations that reach underserved populations.

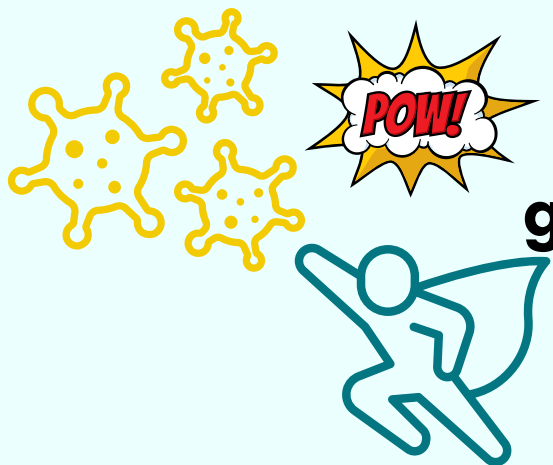


LPHAs are providing communicable disease data that is easy to access for health care and other partners, and the community at large. LPHAs are publishing regular reports and creating new data dashboards.

"Quarterly communicable disease reports are released to members of LPHA teams in Central Oregon, which are also shared with the Central Oregon Health Council (COHC) and St. Charles Health System, and added to the public-facing Central Oregon Health Data website.

Also, weekly flu reports incorporating data from regional labs analyzed across selected priority population groups and shared with Communicable Disease LPHA leadership/team members, added to Deschutes County website, and disseminated to any additional interested partners/community members via a Constant Contact send-out.”
-Deschutes County Public Health

Community Based Organizations



12 public health modernization funded grantees shifted to or added HMPXV outreach and education

- CBO strategies for disease prevention and control included:
- creating a database system to track Hepatitis C Virus
 - outreach and education for sex workers
 - creating a podcast to focus on immunization
 - used a food pantry to do targeted education and outreach about “post” COVID



Preparing communities for public health emergencies

LPHAs and federally recognized Tribes work with partners and communities to build systems for responding to and recovering from public health threats and emergencies. LPHAs, Tribes, and CBOs work together to ensure that populations most at risk are at the center of planning efforts.

Local Public Health Authorities



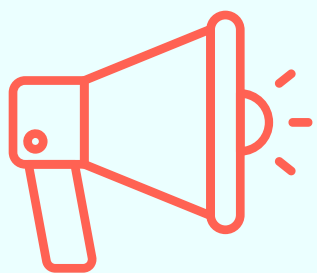
With current funding, every LPHA is updating its all hazards plan and working with partners to implement the plan.

“CHD has started a Union County Emergency Preparedness Coalition that will meet monthly to discuss preparedness for all hazards. Through the work group training exercises will be identified and completed”.
- Union County Center for Human Development



“Our PHEP Coordinator and Emergency Manager have updated our All Hazards Plan and have been working with local community partners to establish a robust emergency response. They are currently working closely with our Tribe, Harney County Commissioners, Fire, Police, Sheriff’s Office, RFPA’s, Harney District Hospital, local radio station, OTEC, Harney Electric, local churches, our schools, The Fields Station, Crane Store, Crane Hot Springs, local AuxComm, Eastern Oregon Region 7 Emergency Managers, Region 7 Healthcare Preparedness Coalition, ODHS, and many more local and regional partners. Our PHEP Coordinator and Emergency Manager have implemented plans to continue to reach out and engage many more local partners in the next biennium”.
- Harney County Public Health

Tribes and NARA



Tribal public health communications plan updated to more effectively alert and communicate with Tribal members during an emergency.

Tribal interventions for emergency preparedness and response



- o Reorganization of Tribal emergency management to address capacity gaps
- o Established emergency preparedness staff training requirements and training completed for current emergency management staff with system developed for all new staff to also be trained as part of onboarding
- o Distribution of individual and family emergency preparedness kits with addresses mapped to track pre-positioned resources and updates needed

Community Based Organizations



- Emergency kits: Providing materials to help their communities prepare go-bags
- Knowledge sharing: Developing resource guides for best practices, training opportunities, upcoming events, etc.
- Risk communication: Building systems to share information during an emergency; establishing communication materials to prepare for hazards
- Hazard-specific resources: Sharing resources such as air filters and personal protective equipment



"SDS participated in 6 outreach tabling events during this period. Printed Disaster Preparedness and Disaster Registry educational material were available at these events in both Spanish and English...We offered resources for disaster preparedness, including handouts, Go/Stay kits (English and Spanish) and medication minders. These events were attended by approximately 1200 community members, including senior citizens, people with disabilities, Latina/o/x, and BIPOC communities, LGBTQUIA2S+ individuals, and those living in rural locations. During this period, regular Disaster Registry Volunteer meetings were held. At one meeting the current volunteers were presented with Certificates of Appreciation and a \$25 gift card to recognize their contributions and the important work they provide as Disaster Registry volunteers. During this period, we had the Disaster Registry application and outreach/educational material translated to Spanish."

- Southern Oregon Center for Community Partnerships

New partnerships

Public health modernization investments bring organizations together to work collectively to address each community’s health priorities.

Local Public Health Authorities

67%
of LPHAs are using public health modernization funds to sustain and expand partnerships with community-based organizations to reach, communicate with and empower underserved communities

100%
of LPHAs have established new or significantly expanded partnerships that are critical for addressing community priorities



“KCPH recently finalized a contract with Central Oregon Disability Support Network to assist in providing public health emergency preparedness trainings throughout region These trainings will support our community members living with disabilities and those experiencing houselessness”.
-Klamath County Public Health

Community Based Organizations

96%

of public health modernization funded CBOs reported a new partnership with one or more of the following:

- Community- based organizations
- Faith-based organization
- Local public health departments
- Other local/state government agency
- Tribal health departments
- Schools or school districts
- School-based health centers
- Universities or other academic organizations
- Health care systems, including clinics, federally qualified health centers, and medical provider offices
- Congregate settings (jails or shelters)

Equity and community-led data initiatives

Oregon's public health system invests in community priorities through culturally-specific interventions, including equity-focused data collection and sharing

Local Public Health Authorities



With current funding, all LPHAs are developing, updating and/or implementing a local or regional health equity assessment and plan

“Our greatest accomplishment this year was the Malheur County Health Equity Conference. We had nine community organization participate weekly in planning and 27 community partners present sessions at the conference.

Our goal was to connect and collaborate to advance community health and equity during a robust day focused on solutions and strengths. The conference really focused on community partnership development and the fruits of those connections are evident and still building.

Approximately 175 people attended the conference.”

-Malheur County Public Health

“Lane County is engaging with the newly funded RHEC and will be working in close collaboration to establish and participate in the governance structure as well as collaborating on priorities that will be included in that coalition’s strategic plan.

LCPH hosts twice monthly CBO meetings where CBOs share their work and are asked what kinds of support they need from LCPH. The Community Partnerships Program is also conducting stakeholder interviews of existing partners. CPP will use information gathered and collaborate with above partners to build a regional health equity plan. This plan will align with the RHEC’s plan as well as the Community Health Improvement Plan (CHP)."

-Lane County Public Health

Tribes and NARA

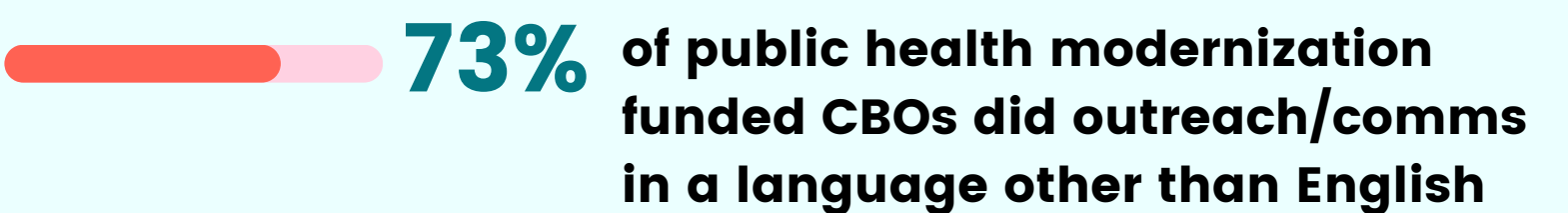


Tribes are improving population health data collection to ensure data are available to understand health threats and priorities for Tribal members and Tribal communities.

Community Environmental Health Assessments

- **Interviews were conducted with Tribal elders from two Tribes to gather traditional ecological knowledge to inform Tribes’ climate change work**
- **Started development phase for a NPAIHB environmental public health tracking system that will enable Tribes to have access to these data.**
- **The data reporting process has been improved and is being used with providers to identify areas for population health improvement.**

Community Based Organizations



CBO Assessment Initiatives


"We've interviewed and gathered information from diverse communities to create the Climate Equity Reports published on our website - <https://www.beyondtoxics.org/work/climate-justice/lane-climate-equity-and-resilience-task-force/> Using these interviews and reports, we've educated our local elected officials, and city and county staff members to deepen their understanding of climate justice and to assess their own decision making using a climate justice lens. Evidence of progress is seen in the upcoming Lane County Board of Commissioners vote on a Climate Resilience Strategy. Progress is palpable in our work to encourage the City of Eugene to adopt a new Public Health Overlay Zone land use policy."

-Beyond Toxics

Building local workforce and a sustainable public health infrastructure

Public health modernization investments increase the public health workforce and support local communities.

Local Public Health Authorities



Currently, LPHAs are using public health modernization funds to support more than 300 local public health positions. (includes new and existing positions, and positions that are fully or partially funded).

Positions/roles	# funded
Communicable disease	> 80
Environmental health	> 30
Cross cutting positions for communications, epidemiology and policy	> 50
Health equity/community outreach	> 20

Currently, LPHAs are executing nearly 100 contracts. Contracts increase critical capacity and expertise, build the public health network and support local economies. Common areas for contracts include:

- o Workforce development and training
- o Contracts with community partners
- o Communications
- o Fiscal and HR staffing support

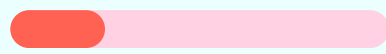
25 of 33 LPHAs participate in a regional partnership funded through public health modernization. Regional funding builds connections across LPHAs, provides stronger and more relevant supports for rural counties, builds infrastructure for sharing services across county borders, and reduces costs for interventions provided regionally.

Tribes and NARA



One Tribe completed the Tribal Public Health Modernization Assessment in the current biennium. All other Tribes and the Urban Indian Program completed the assessment in 2019–2021. All nine Tribes and the Urban Indian Program are completing their action plans based on their assessment results.

Community Based Organizations

 **25%**

of public health modernization funded CBOs indicated the OHA funding helped then access other funding /resources

CBOs used funding for positions/infrastructure



"Staff positions were hire and Tribal input and outreach specific to this project has been put into motion and is continuing to develop. Strong relationships with Tribal entities are being developed and/or strengthened."

–Medicine Wheel Recovery Services

"We have made great progress moving through phase one of our work plan. We hired a full-time convener for the Network and contracted with a trusted leader of color to serve as the facilitator for our planning circles. We conducted two quarterly meetings and have provided several wellness offerings including an intensive leadership development series for a number of Network members. ... Where challenges may arise, we keep this perspective at the forefront of our work and expectations and use a trauma informed lens to support our intentions for respectful and inclusive solutions."

–United Way Columbia Williamette

"We have been able to support our director as a full-time employee with medical benefits. It has been essential in employee retention. Our program continues its work to support senior citizens in the Japanese / Japanese American community with a communal lunch program & activities. We are slowly increasing our numbers after a decline in numbers after our long closure during the pandemic. We look forward to expanding our community as well as the activities that help build relationships and community resilience."

–Japanese Ancestral Society