



# Oregon Public Health Modernization: Vision and Roadmap Moving Forward

Presented to Oregon Health Authority  
by the Public Health Advisory Board (PHAB) and



Metropolitan Group

the power of voice

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## **Gratitude to Partners**

This document reflects shared priorities shaped through collaboration and collective learning.

Metropolitan Group extends our sincere appreciation to the many partners who contributed their time, insight, and lived experience to the development of this refreshed Public Health Modernization Vision and Roadmap through visioning sessions, workshops, open forums, and review of multiple drafts— you have been essential in shaping this work.

We are especially grateful to the Conference of Local Health Officials (CLHO), the OHA Community-Based Organization (CBO) Advisory Group, OHA Public Health Division staff, and the Oregon Public Health Advisory Board (PHAB) for their sustained engagement, thoughtful input and ongoing commitment to advancing public health modernization in Oregon.

## **Tribal Engagement and Support Statement**

The Nine Federally Recognized Tribes in Oregon are an important part of our State Public Health System. OHA honors the Tribes as Tribal Public Health Authorities and the role they play in Public Health Modernization. For this vision refresh OHA sought guidance from Tribal Representatives who shared that the work that they are doing with Tribal public health modernization assessments and evaluations are in partnership with the Northwest Portland Area Indian Health Board. Discussions included that they would like to continue down the path that was previously developed with the Board.

## **A Letter from the Oregon Public Health Advisory Board**

Oregon's Public Health Advisory Board (PHAB) serves as an advisory body to the Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB), guiding public health policy and statewide priorities, including public health modernization efforts. As a critical voice in shaping Oregon's public health and health care systems, PHAB draws strength from the diverse perspectives and healthy equity expertise represented within its advisory body. Its membership includes representatives from state, regional, and community levels, including local public health authorities, community-based organizations, academic institutions, a Tribal Representative, and the urban Indian community. This broad representation ensures that policy recommendations reflect the needs, experiences, and leadership of communities across Oregon.

One of the key functions of PHAB is to approve the Modernization Vision and Roadmap, a statewide resource. Through PHAB's final review of the Vision and Roadmap, members identified a misalignment between the framework used to structure the roadmap and the values, analysis, and direction reflected in its content. PHAB agreed that this misalignment required direct examination and correction. Most notably, the Vision and Roadmap failed to explicitly name colonialism and racism as foundational drivers of health inequities. This omission resulted in the absence of clear decolonizing and anti-racist principles in the framing, strategies, and priorities of the document. PHAB acknowledges that this gap reflects not only limitations in the materials themselves but also gaps in PHAB's collective understanding and application of these principles in its governance role.

In response, PHAB has committed to explicitly naming colonialism and racism as structural determinants of health and to embedding decolonizing and anti-racist principles into its advisory work. PHAB will implement a structured workplan to build its capacity, strengthen its analytical frameworks, and develop the tools necessary to apply these principles in practice, not only in rhetoric. PHAB will revisit and revise the Vision and Roadmap following this capacity-building process to ensure alignment between its stated commitments and its strategic direction. Additionally, PHAB intends to develop and adopt a formal commitment statement that clearly articulates its responsibility to confront colonialism, emphasizing settler colonialism, and racism as drivers of health inequities, and to integrate decolonizing, liberatory, and anti-racist practices into its governance and policy guidance moving forward.

PHAB acknowledges the contributions of public health partners to this Vision and Roadmap and will take the opportunity to learn more about decolonizing principles to inform their work together moving forward.

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# Oregon Public Health Modernization: Our Vision and Roadmap Moving Forward

## I. Introduction

Every day in Oregon, people rely on systems they rarely see. These systems ensure clean water flows from the tap, food is safe, early warnings about health risks get disseminated, and support is there to help families stay well and navigate challenges—such as poor air quality, unsafe drinking water, or limited access to care—before they grow more serious. These protections do not happen by accident. They are the result of coordinated work across communities, tribes, local and state agencies, health care, education, businesses, and other partners who share responsibility for preventing harm and promoting **well-being**.<sup>[1]</sup>

This is **public health**.<sup>[2]</sup>

In Oregon, governmental public health has the legal responsibility and accountability for delivering core public health services under HB 3100. Local and state public health authorities are responsible for making sure these protections reach every community. Other partners contribute essential expertise, relationships, and capacity that help make services effective and responsive to community needs, but they do not carry the same legal mandate.

Since 2013, Oregon has been working to strengthen its governmental **public health system**<sup>[3]</sup> so that all 4.2 million people in the state have access to essential public health protections. This long-term effort, known as public health **modernization**<sup>[4]</sup>, reflects a shared commitment to deliver core public health services consistently and **equitably**<sup>[5]</sup> across Oregon. Modernization was launched to complement the health care system changes that followed the Affordable Care Act of 2010, recognizing that strong public health infrastructure is essential alongside health care transformation. Oregon's work is also part of a broader national effort, the "21st Century Learning Community"<sup>[6]</sup>, convened by the Public Health Accreditation Board, in which Oregon and 20 other states are working to strengthen public health systems to meet today's complex health challenges and those ahead.

Public health modernization focuses on building the workforce, partnerships, data, and tools needed to prevent harm, respond earlier, and continuously improve. While important progress has been made, capacity still varies across the state. Many communities—including rural, remote, and **systematically underserved communities**<sup>[7]</sup>—do not yet receive the full range of public health services envisioned through modernization.

## Why a Shared Vision Refresh, and Why Now

Over the past decade, Oregon has made meaningful progress in public health modernization—building capacity, improving coordination, and beginning to deliver more consistent public health services statewide. The COVID-19 pandemic further underscored both the value of strong public health systems and the real consequences of long-term underinvestment. For example, national analysis of public health funding investments by the United Health Foundation ranked Oregon 28th out of 50 states; by comparison, California ranked 10th, Washington 16th, and Idaho 18th.

Persistent health inequities are not solely the result of fiscal underinvestment. They are also shaped by structural barriers embedded in our policies, governance models, data systems, and measurement frameworks—many of which privilege academic knowledge over community-generated and Indigenous ways of knowing. Advancing public health modernization and eliminating health inequities will require a sustained commitment to identifying and transforming these systemic drivers, including those embedded within public health infrastructure. It will also require meaningful partnership, shared power, and accountability to the communities most impacted by inequities. Today, Oregon is *not* starting modernization; it is midstream in a long-term transformation that requires sustained commitment, continued investment, shared alignment, and strong partnerships across the public health system.

A recent evaluation of public health modernization—informed by input from local public health authorities, community-based organizations, members of Oregon’s Public Health Advisory Board, and staff from OHA’s Public Health Division—found that after nearly a decade of work, there is uncertainty about the overall vision, purpose, and long-term sustainability of modernization.

These findings echo what many partners have shared in recent years. Together, they point to the importance of pausing to reflect, taking stock of progress, and refreshing the shared vision of where public health modernization should go over the next decade.

Public health modernization is not a one-time change or a single funding stream. It is a shared, long-term commitment to ensure every community can rely on core public health protections, delivered consistently and in ways that reflect local priorities, cultures, and needs. The current phase of work builds on progress already made—rather than starting over—and focuses on strengthening a public health system capable of protecting health and supporting well-being across Oregon.

To guide this next phase, the refreshed shared vision was shaped over many months through an iterative, collaborative process involving the Oregon **Public Health Advisory Board**<sup>[8]</sup>, state and local public health authority leaders and staff, and community-based organization partners. Together, these diverse perspectives, experiences, and areas of expertise helped define a unifying direction for the future of public health in Oregon.

**Beginning in Section II, this document reflects, as much as possible, the words, priorities, and perspectives of the hundreds of partners who contributed to this work.**

The sections that follow bring together core elements of the vision refresh process that will guide modernization into the future, including:

- **A shared vision** for the future Oregon is working toward
- **Vision in action**, illustrating how modernization takes shape in day-to-day practice
- **Values and communication in practice**, defining how the public health system shows up and communicates
- **Core messages** that support consistent, connected storytelling
- **Near-term implementation opportunities and priorities** that move this work forward

Together, these elements are intended to provide alignment across partners. They support clear communication, coordinated action, and sustained investment in Oregon's public health system. A more detailed description of the process that shaped this work is included in Appendix 1.

## II. Shared Vision

This vision describes the future Oregon’s public health system is collectively working toward—through partnership between state and local public health agencies and with tribal public health and community partners. It provides shared direction, alignment, and purpose. This vision does not describe the public health system as it exists today. It reflects what we are striving to build together:

***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.***

To support shared understanding across partners, the terms in the vision reflect how participants described and intended them.

“Valued” means public health is understood as essential to Oregon’s health, safety, and prosperity—by the public, partner organizations, and decision-makers—not just during emergencies, but every day.

“Sustainable” means that the public health system has reliable funding, staffing, data, and tools to deliver core services consistently over time.

“Adaptable” means the system can learn and respond to emerging health issues, changing community needs, and future challenges.

Other terms—such as “public health system,” “well-being,” “equitable,” and “systematically underserved”—are defined in the End Notes on page 32.

This language is not neutral. Terms such as equity, justice, modernization, systems change, and governance carry political meaning; they reflect values, power dynamics, and policy choices that shape interpretation, priorities, and action. Naming this explicitly strengthens transparency and anchors this vision in a clear and accountable set of principles.

### III. Vision in Practice

Bringing this vision to life requires clarity about what it looks like in practice—how public health shows up in day-to-day work and how people experience it. These examples describe what modernization looks like when it is working well in communities and across the public health system, and they show how local governments, community-based organizations, coordinated care organizations, and other cross-sector partners work together to deliver on modernization in meaningful, practical ways.

**Access and Visibility:** *Everyone in Oregon should be able to rely on public health in their daily lives.*

- **Services that reach everyone**

Communities—especially those systematically excluded from opportunity—have reliable, responsive public health services, designed with and for them.

Public health partners with community-based organizations and local leaders to share information in people’s languages, reflect lived experiences, and use community channels and spaces that people trust and already use.

- **A trusted and understood presence**

People experience public health as visible, relevant, and dependable—not only during emergencies. Over time, consistent partnership and clear communication help people understand what public health does, why it matters in daily life, and how to connect when they need support.

- **Statewide access to essential services**

Wherever people live, public health helps ensure access to the conditions and care that support health—through coordination, partnerships, data, and prevention.

**Partnership and Collaboration:** *Modernization succeeds through relationships.*

- **Building strong government-to-government partnerships**

OHA strives to build partnerships with representatives from the Nine Federally Recognized Tribes in Oregon through ongoing communication and support, grounded in trust, mutual respect, and shared decision-making. Tribes continue to lead the way in developing, implementing, and evaluating Tribal public health modernization. Approaches reflect Tribal priorities, traditional knowledge, and community well-being.

- **Aligned and coordinated partnerships**

State, local, and tribal health agencies work together, not in silos, to deliver coordinated services. Collaboration extends across systems including health care, behavioral health, emergency response, education, housing, transportation, businesses, food systems, academia, and community-based organizations.

Governmental public health leads with public health expertise and accountability while working in partnership with community-based organizations in their specialized roles.

Community-based organizations help build trusted relationships, support language access, and mobilize community strengths that turn policies into practice.

- **Community-shaped solutions**

Public health engages communities early and continuously, not only at decision points. Partnerships are grounded in equitable funding, transparent data sharing, and shared accountability so communities can meaningfully shape priorities, solutions, and outcomes. This includes work aligned with OHA's goal of eliminating health inequities by 2030 by strengthening access to affordable care, transforming behavioral health, supporting healthy families and environments, advancing tribal health, and building accountable, equity-centered public health systems.<sup>[9]</sup>

**Infrastructure and Innovation:** *Modernization invests in the tools and systems needed to respond effectively.*

- **Better tools and technology**

Technologies—such as text alerts to the public, mobile reporting tools, and real-time data systems—help public health act sooner. These tools can flag unsafe water, rising overdoses, or disease outbreaks early and ensure protective information reaches the people who need it most.

Technology also improves day-to-day operations by reducing administrative burden, increasing efficiency, and freeing staff to spend more time working alongside communities.

- **Systems that connect**

Oregon's counties vary widely in geography, governance, and resources. Modernization supports coordination among state, tribal, and local public health authorities and their partners across sectors such as health care, education, and community-based organizations. This coordination respects local differences while strengthening communities' ability to prevent health risks upstream and respond effectively when people need services and care.

- **A system that adapts**

Public health continuously learns and improves to meet emerging needs—from infectious diseases to climate-driven risks such as wildfire smoke, flooding, and extreme weather.

**Workforce:** *People are at the heart of modernization.*

- **A valued and supported workforce**

Supportive culture, supervision, and well-being practices foster meaningful contribution.

- **A prepared and equipped workforce**

Staff access training, preparation, and advancement opportunities that strengthen retention and grow talent in the system.

**Sustainable Resources:** *Modernization depends on reliable financial, human, and relational resources.*

- **Stable and fair funding**

Public health needs consistent, flexible funding to prevent harm and respond to changing needs—not only during emergencies. Funding systems are designed to reflect equity and sustainability, with fair contracting, predictable investments, and support that strengthens the capacity of state and local public health authorities and their partners.

- **Shared capacity and partnership**

Sustainability also comes from the people and partners who make public health work. Expertise and time from cross-sector partners are recognized and leveraged. Community members are valued as essential contributors, and when they help deliver public health, they are supported—including financially—to do so. Legislators and leaders play a critical role by championing long-term investment and accountability in public health.

**Equity:** *Equity is both a foundational capability and a cross-cutting practice within modernization. It is embedded throughout the work, shaping decisions, investments, partnerships, engagement practices, interactions with communities, and measures of success—rather than becoming siloed or treated as a separate initiative.*

- **Meaningful action on equity**

Public health identifies and addresses systemic barriers that contribute to health inequities, ensuring people and communities have the conditions and support needed for health and well-being. This includes safe housing, clean water, nutritious food, health care, education, and transportation, as well as addressing the enduring legacy of colonialism and racism as determinants of health.

Equity also means transforming how systems work—simplifying funding processes, investing in culturally responsive and language-specific capacity, and building partnerships that meaningfully engage community members in shaping solutions. When communities are trusted and resourced, health outcomes improve for everyone.

## IV. Values and Communication in Practice

Modernization is not only a framework for delivering public health services. It is also a shared identity that brings together diverse partners around a common purpose. Our values and communication practices clarify who we are as a public health system and how we show up with communities, partners, and each other. When applied consistently, they strengthen recognition, trust, alignment, and shared understanding across our work and communications.

### Values

Our values reflect what we believe and how we act. They guide how we make decisions, how we work together, and how we design and deliver programs and services. They ground us in shared purpose and shape how we show up in communities every day.

When we consistently live our values, we strengthen trust and relationships—essential to protecting, promoting, and improving health and wellbeing across Oregon.

### Working Together

- We develop authentic relationships rooted in finding common ground, openness, and mutual respect.
- We work in partnership, not transactions, centering relationships where reciprocity—shared responsibility and mutual support—strengthens health and well-being.
- We collaborate across programs and sectors, recognizing that public health cannot do this work alone and that collective action is essential for community health.

### Shared Leadership

- We create space for shared decision-making and support local priorities and approaches.
- Community members have a meaningful voice in planning and action.
- We listen deeply and honor the expertise and leadership that already exists in communities.
- We respect the right of communities, including tribes, to define what health and success look like for themselves.
- We understand that that value systems may differ and offer the opportunity to pause, reflect, and integrate competing viewpoints in a manner that ensures decisions reflect shared principles rather than mere compliance.

### Continuous Learning

- We listen and respond with humility, recognizing that learning flows in all directions.
- We commit to continuous improvement and innovation—grounded in evidence and real-world practice.
- We adapt our approaches as needs, conditions, and understanding evolve.
- We develop accountability metrics to track our capacity for and progress in continuous learning and adaptation.
- We acknowledge that continuous learning requires intentional investment in our public health infrastructure, systems, and shared knowledge.

## **Fairness and Equity**

- We focus resources where they are most needed and work to remove barriers created by harmful systems and unequal access.
- We support equitable access to funding, opportunities, and decision-making.
- We are committed to eliminating avoidable and unfair differences in health outcomes across Oregon.

## **Transparency and Accountability**

- We act with honesty, integrity, and accountability—to one another and to the communities we serve and are part of.
- We communicate clearly and in a timely way, sharing progress, what is working, and what still needs attention.
- We do our best to follow through on commitments, recognizing that trust is built through consistent action and accountability.

## **Stewardship**

- We make wise, equitable, long-term investments to sustain public and tribal health systems.
- We use public resources responsibly and with care to maximize community benefit.
- We balance innovation with responsibility and act as caretakers of public trust and well-being.

## ***Communication in Practice***

Our communication puts our values into practice. In writing, online, and in person, we strive to communicate in ways that are:

### **● Clear and Accessible**

We use plain language, avoid jargon, and communicate in ways people can easily understand—across languages, cultures, and formats.

### **● Credible and Transparent**

We share information that is reliable, consistent, and timely. We are open about decisions, expectations, use of public resources, and limitations and share progress honestly.

### **● Brave and Purposeful**

We speak honestly about challenges, name what needs to change, and act with purpose for community well-being—especially when the path forward is complex.

### **● Compassionate and People-Centered**

We communicate with respect, empathy, and cultural humility. We honor lived experience and center people and community impact in every message.

- **Humble and Collaborative**

We listen first, stay open to learning, acknowledge uncertainty, and share credit generously. Our voice reflects partnership—not hierarchy.

## V. Audiences

Modernization engages many audiences across Oregon’s public health system. This road map focuses on who we communicate with most directly to launch the refreshed vision—and clarifies how each contributes to implementation, alignment, and forward momentum.

This roadmap distinguishes between implementation leadership, policy and investment leaders, and implementation partners to ensure communication is clear, coordinated, and effective for its intended purpose.

### Implementation Leadership

Implementation leaders drive and influence systemic change in public health. They hold primary responsibility for setting priorities, making decisions, and coordinating modernization efforts across the public health system. They model shared values and consistent practice by aligning policies, funding, and operations with modernization priorities and outcomes. They use data and community input to guide decisions and reinforce clear, coordinated communication with partners and communities.

Implementation leaders include:

- State, tribal, and local public health leaders and staff
- Public Health Advisory Board (PHAB)  
<https://www.oregon.gov/oha/ph/about/pages/ophab.aspx>
- Conference of Local Health Officials  
<https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/clho.aspx>
- The Coalition of Local Health Officials (CLHO)  
<https://oregonclho.org/>

### Policy and Investment Leaders

Policy and investment leaders authorize, fund, and enable systemwide modernization efforts. Their decisions shape the pace, scope, and sustainability of modernization. Proactive and clear communication helps them understand modernization’s purpose, value, and community impact and supports informed decision-making.

Policy and investment leaders include:

- Legislators
- County commissioners
- State leadership
- Funders and philanthropic partners

### Implementation Partners

Implementation partners play essential roles in implementation by advising, funding, advocating, delivering services, and serving as trusted bridges to communities. While they do not lead systemwide modernization coordination, their engagement is critical to successful relevance,

reach, and sustainability. They help share key messages in locally relevant ways and ensure that community perspectives, feedback, and lived experience inform decisions and continuous improvement. They also help shape how modernization works in practice and ensure it reflects community priorities, cultures, and needs.

Implementation partners include:

- **Cross-sector local partners** - OHA CBO Advisory Group, community-based organizations, Regional Health Equity<sup>[10]</sup> Coalitions, health care and coordinated care organizations (CCOs), school districts, universities and training partners, faith communities, emergency response partners, housing and social service providers, law enforcement and justice system collaborators, businesses, and others advancing shared community goals.
- **Regulated partners** - entities that public health licenses, inspects, or regulates to ensure health protections (e.g., food service, childcare, on-site wastewater). Communication focuses on clear expectations, education, technical assistance, and compliance.
- **Community members/the public** - people living in Oregon whose lived experience, understanding, and trust are essential to shaping programs and services that reflect community needs and culture. As voters and advocates, they play a critical role in sustaining support for public health investments and holding the system accountable. Their engagement helps ensure modernization advances health and well-being for every community.

## VI. Core Messages

**Shared core messages help create consistency in how partners communicate about modernization—in writing, in person and online—while allowing flexibility in how each person says it.** They are intended to describe in plain language what public health modernization means and why it matters for people and communities across Oregon. Because modernization is both a statewide effort and a local practice, consistent messaging helps partners explain what modernization is and why it matters.

### **These messages are building blocks, not scripts.**

Use what is helpful.

Put the messages into your own words.

Tailor them for your audience and local context—whether you're at a community meeting, presenting to elected leaders, or onboarding new staff.

Add your own stories and examples to illustrate a message.

The messages are designed to work alongside the vision statement, shared values and voice, and the implementation roadmap, so partners can communicate clearly, consistently, and confidently as this work moves forward.

**The messages were co-created with public health administrators and staff, keeping in mind communication needs with multiple audiences, especially legislators, county commissioners, local partners, and the public.**

*Note: The messages that follow include more detail than traditional key messages. They are intentionally designed to build shared clarity and context so partners can tailor them for their local audiences, formats, and purposes.*

### **Core Message Framework**

A message framework is a simple way to organize key ideas so people can explain a complex topic clearly and consistently. It helps you **choose the messages that are most relevant for your audience, without needing to use every message every time.**

The messages are organized using the following framework. You may use all the messages or select those that are most useful for your audience and purpose. These can be used in any order.

**Introductory message:** What are public health and the public health system?

**Message 1:** What is public health modernization?

**Message 2:** How is everyday public health different from modernization of the public health system?

**Message 3:** Why is modernization needed?

**Message 4:** What will public health modernization accomplish?

**Message 5:** What does success look like?

**Message 6:** Who is responsible for implementation?

## **Introductory message: What are public health and the public health system?**

Every day in Oregon, people depend on systems they rarely see—clean water flowing from the tap, safe food, policies that ensure tobacco-free public spaces, early warnings about health risks, and support that helps families stay well and navigate challenges before they become more serious, such as unsafe drinking water, poor air quality, or limited access to care.

These protections don't happen by accident. They are the result of intentional, coordinated work across communities, tribes, local and state agencies, healthcare, businesses, schools, and other partners who share responsibility for preventing harm and promoting **well-being**<sup>[11]</sup>. This is public health. **Governmental public health**<sup>[12]</sup> is how state, tribal, and local public health departments in Oregon work with partners—such as (*insert examples of your key local partners*)—to protect, promote, and support people's overall health and the conditions in the neighborhoods, workplaces, and shared spaces where people live, learn, and play.

**Oregon's public health system**<sup>[13]</sup> is a network of people and organizations working together to ensure these protections statewide. For much of the last decade, however, the system has faced growing demands with limited and uneven funding, which is why the Legislature created public health modernization in 2015.

### **Message 1: What is public health modernization?**

For many years, Oregon's public health system was underfunded compared to other states, and local and tribal health departments were left to meet growing responsibilities without the staffing, tools, or statewide infrastructure needed to do that well.

In response, Oregon has been strengthening its public health system since 2013 to ensure core public health protections reach the 4.2 million people in Oregon through **equitable**<sup>[14]</sup>, community-centered, and accountable services. This long-term effort—known as **public health modernization**<sup>[15]</sup>—was established in law in 2015 as Oregon's statewide commitment to ensure core public health services are delivered consistently and equitably in every community.

Modernization was launched to complement the health care system changes that followed the Affordable Care Act of 2010, recognizing that strong public health infrastructure is essential alongside health care transformation. Oregon's work is also part of a broader national effort, the "21st Century Learning Community"<sup>[16]</sup>, convened by the Public Health Accreditation Board, in which Oregon and 20 other states are working to strengthen public health systems to meet today's complex health challenges and those ahead.

Modernization strengthens the workforce, partnerships, and data systems that public health needs to prevent harm, respond quickly, and improve over time.

At the same time, capacity still varies across Oregon. Many communities—particularly rural, remote, and **systematically underserved**<sup>[17]</sup> communities—do not yet experience the full level

of public health services envisioned through modernization. (*Optional: insert examples of populations in your local community*)

Public health modernization is not a one-time change or program. It is an ongoing process of system improvement—a shared, long-term commitment to strengthen how public health works across the state, by learning from experience, adapting to new challenges, and building on progress already underway. The goal is a public health system every community can rely on, now and in the future.

## **Message 2: How is everyday public health work different from modernization of the public health system?**

Public health work happens every day—preventing chronic disease and injury, inspecting food and water systems, administering and ensuring access to vaccines, mitigating the health impacts of extreme weather, responding to emergencies, and partnering with communities to tailor services to local needs.

Public health modernization ensures that these essential services<sup>[18]</sup> can happen consistently and effectively across Oregon. It improves the systems that support the work—upgrading technology, strengthening coordination across partners, and supporting prevention before problems occur or escalate.

Modernization strengthens essential public health services statewide while allowing flexibility in how services are designed and delivered based on local context. Equity does not mean uniform delivery; it means communities receive what they need in ways that work locally.

Modernization also invests in a skilled governmental public health workforce with the training and tools needed to use data effectively, communicate clearly, develop and implement policy, partner with communities, and respond during emergencies.

Every day public health is ***what we do***. Modernization is ***how we make sure public health works***—reliably, consistently, and equitably— across Oregon, today and into the future.

### **Supporting message:**

Public health modernization is both a dedicated investment from the Oregon Legislature, and a coordinated effort to strengthen how public health functions statewide. It is not a separate program or 'extra' work. Modernization improves the underlying systems that support public health—such as technology, staffing models, reporting processes, partnerships, and communication—so essential protections are delivered more efficiently, consistently, and equitably.

Modernization draws from multiple federal, state, and local funding sources to build and sustain strong public health capacity across Oregon.

### **Message 3: Why is modernization needed?**

Public health departments are legally responsible for ensuring their communities have access to essential public health services. Yet, for many years, public health has historically been underfunded in Oregon. When our state began public health modernization, we ranked near the bottom nationally in public health investment. As a result, many communities lacked basic statewide infrastructure for prevention, early response, data, and coordination.

Modernization was designed to correct that. Over the past decade, Oregon has made important progress strengthening its public health workforce, improving coordination, and beginning to deliver core protections more consistently across the state.

But we are still well behind other states that made larger, sustained commitments to public health. A recent national analysis of public health funding investments from the United Health Foundation ranked Oregon 28th out of 50 states. By comparison, California ranked 10th, Washington 16th, and Idaho 18th. Washington has funded roughly three-quarters of its foundational public health commitments, and Indiana's investments are nearly double Oregon's legislative commitment—two very different states that nevertheless have prioritized building the kind of system Oregon set out to achieve.

A 2024 statewide assessment shows Oregon continues to operate with an estimated \$260 million annual gap between current resources and what it would take to fully implement the foundational public health services defined in statute. Until that gap is closed, communities—especially rural, remote, and systematically underserved communities—will continue to experience uneven public health capacity.<sup>[19]</sup>

Oregon will need to sustain and increase its investment in public health modernization, so every community has a public health department with the people, tools, and partnerships to deliver consistent, reliable public health protections, keep pace with other states, and meet its statutory responsibilities to the people of Oregon.

#### **Supporting message: The economic benefit of prevention and modernization**

Preventing illness and harm is more cost-effective than responding after problems escalate. Modernization strengthens Oregon's ability to prevent disease, reduce avoidable emergencies, and act earlier—saving time, resources, and lives.

Modernization also reduces downstream costs that often fall on counties, health systems, and communities. When people don't have access to core public health protections, preventable problems show up elsewhere—in jails and juvenile systems, emergency medical response, emergency rooms and hospitals, behavioral health services, schools, and lost workforce productivity.

Prevention doesn't eliminate these costs, but it helps reduce the frequency and severity of avoidable crises and makes public systems work better together. Modernization

improves coordination across healthcare, education, emergency response, and social services—helping Oregon use existing resources more efficiently and effectively.

#### **Message 4: What will public health modernization accomplish?**

Public health modernization is building a statewide public health system Oregonians can count on—one that is consistent, reliable, and prepared for both everyday prevention and emergency response. Modernization strengthens partnerships across sectors and improves data and communication systems, helping public health respond quickly as needs and risks change. It supports continuous improvement, so the system keeps getting better at prevention, communication, and response.

Modernization helps ensure public health serves communities more equitably—by listening to community voices, focusing resources where needs are greatest, and making sure people have access to essential services where they live, learn, work, and play. Modernization makes the system more consistent across Oregon, while providing flexibility in how services are delivered based on local context.

Modernization also strengthens the relationships and practices that build trust over time. Trust grows through ongoing relationship building and consistent follow-through, not one-time transactions. Modernization helps public health be more present, more transparent, and more responsive to community needs, so people have reason to trust the information and guidance they receive. Trust grows when public health shows up consistently and lives its values in practice. (*Refer to section IV for more*).

Ultimately, modernization is about delivering the public health protections Oregonians expect and deserve: a system that protects health, prevents harm, and keeps communities safe—today and into the future.

#### **Message 5: What does success look like?**

A modernized public health system means:

- **Communities across Oregon have access to essential public health services**—no matter where people live.
- **Services are delivered in ways that reflect local context**—recognizing that equity and consistency in access do not require identical delivery models.
- **Public health has the workforce, skills, and tools needed** to prevent illness, communicate clearly, use data effectively, partner with communities, and respond quickly during emergencies.
- **Data is timely, secure, and meaningful**, making it possible to understand needs at the community level, identify risks earlier, and act faster.
- **Communities receive services and information in ways that reflect their language, culture, and needs**, delivered through trusted places and communication channels they use and rely on.

- **Public health, health care, education, and community partners work seamlessly together**, supporting everyday prevention and responding effectively during emergencies.
- **Funding is stable, transparent, and aligned with responsibilities and outcomes**, supporting sustained capacity over time.
- **Public health is visible, understood, and trusted**, so people know what public health does and how to access services when they need them.

*These examples can be adapted or prioritized based on local needs and context. Additional examples are available in sections III and VII.*

## **Message 6: Who is responsible for implementation?**

Public health modernization is shared work.

- **Governmental public health agencies—state, tribal, and local—have primary responsibility for implementation.** Together, they are responsible for ensuring essential public health services are available, effective, and aligned with community needs and state law. Within this shared responsibility:
  - **Local Public Health Authorities (LPHAs) serve as the foundation of the public health system**, adapting modernization priorities to local context—which may vary significantly across rural, remote, and urban communities. They engage communities, build partnerships, and deliver or ensure access to essential public health services. Their role includes data collection, community assessment, prevention, response, and convening partners.
  - **Tribal Public Health Authorities role.** Tribal governments are separate sovereign nations with powers to protect the health, safety and welfare of their members and to govern their lands. Tribal partnerships are essential to modernization, ensuring that public health strategies respect Tribal sovereignty, honor government-to-government relationships, and reflect tribal values, and knowledge.
  - **The Oregon Health Authority (OHA) plays a statewide leadership and coordination role**, supporting consistency, shared standards, funding alignment, technical assistance, and cross-jurisdiction learning, while respecting local and tribal authority and context.
  - **The Public Health Advisory Board (PHAB) plays a key governance and advisory role.** PHAB provides statewide guidance, oversight, and accountability for public health modernization. The Board helps set strategic direction, elevates community and system perspectives, reviews progress, and advises OHA and partners on priorities, policy alignment, and system improvement.

- **The Conference of Local Health Officials (the Conference)** provides a formal way for OHA and local health departments to work together. The Conference reviews funding, programs, and policy changes and gives input on how they will be carried out at the local level. This helps ensure modernization priorities are practical, responsive to local needs, and supported across the state.
- **The Coalition of Local Health Officials (CLHO)** supports implementation by representing local health departments, advocating for resources and supportive policy, providing workforce development and communications support, and facilitating collaboration among local and state partners.
- **Health care, education, and other public systems are essential implementation partners.** They support prevention, early identification of risks, communication, and coordinated response—especially where public health intersects with clinical care, schools, housing, emergency response, and social services.
- **Community-based organizations play a critical role in implementation.** They help ensure local outreach, education, and services are culturally and linguistically grounded, accessible, and shaped by community priorities. Their trusted relationships and lived experience strengthen relevance, reach, and effectiveness.
- **Local leaders and cross-sector partners—including elected officials, community coalitions, and regional partnerships—help create the conditions for success.** They support alignment across systems, remove policy or operational barriers, connect people to services and resources, and sustain public understanding and investment in public health.

With clear roles, strong coordination, aligned funding, and shared accountability, Oregon can build a public health system that is stable, sustainable, and prepared to protect community health, now and in the future.

## VII. Immediate Implementation Opportunities and Priorities

The refreshed vision sets the long-term direction for Oregon’s public health modernization. The immediate implementation opportunities outlined in this section translate that vision into near-term action.

The opportunities reflect what partners—state and local public health administrators and staff, as well as community-based organizations—have identified as most important to advancing public health modernization across Oregon in this next phase. These priorities are not intended to be exhaustive or final. They represent a starting point for a coordinated path forward, focused on areas where shared effort can support early progress, learning, and alignment across the system.

Implementation priorities will continue to be refined, sequenced, and resourced in collaboration with key partners, including the Public Health Advisory Board (PHAB), local public health authorities (LPHAs), Oregon Health Authority (OHA), and community-based organizations (CBOs). Near-term next steps include:

- Prioritizing and sequencing implementation opportunities
- Assessing readiness, capacity, and resource needs
- Clarifying roles, responsibilities, and dependencies across partners
- Developing a shared work plan with timelines and measurable milestones

Priorities will continue to evolve based on implementation experience, community context, and ongoing feedback. By beginning with partner-identified near-term priorities, the public health system can build shared practice, capacity, and trust—creating a strong foundation for sustaining and expanding public health modernization over time.

Items written in bold indicate early implementation priorities that partners consistently identified as critical to building momentum.

Category	Opportunity
<p><b>Identity and Shared Messaging</b></p>	<p><i>Purpose: Build shared understanding of what public health is, why it matters, and how modernization improves health and well-being across Oregon.</i></p> <ul style="list-style-type: none"> <li>● <b>Scan models and frameworks for public health programming and workforce development adopted by other states leading in public health modernization.</b></li> <li>● <b>Create a plain language name (i.e., reconsider “modernization”).</b></li> <li>● <b>Refine shared messages about modernization based on what is learned in the landscape assessment.</b></li> <li>● <b>Develop tailored messages for priority audiences (e.g., community members, specific populations, elected officials, partners, and LPHA staff) to support consistent, credible, and aligned communication about modernization.</b></li> <li>● <b>Test proposed name(s) and messages in focus groups with priority audiences.</b></li> <li>● Create communications tools and templates (talking points, presentation deck, one-pagers) that support consistent, accurate, and audience-ready messaging across the system.</li> <li>● Improve website content and access to modernization information.</li> <li>● Create a visual representation of the alignment between Oregon’s public health priorities, including how they connect to each other and their related funding streams (e.g., Health Equity Plan, State Health Improvement Plan, Community Health Improvement Plans, State and Local Public Health Agency, strategic plans, Capacity and Cost Assessment, Public Health Accreditation, Accountability Metrics) so requests for information are clearly understood within this broader context and support clarity in direction.</li> <li>● Convene broader public health partners (e.g., health care, education, etc.) to clarify roles and shared expectations.</li> </ul>

	<ul style="list-style-type: none"> <li>● Develop a decision-maker, partner, and public engagement communication plan.</li> <li>● Invest in developing and sharing stories of how funded partners come together to collaborate in service of their shared communities.</li> <li>● Develop and package success stories and examples of modernization in practice—including how community voice has shaped decisions, investments, and implementation in rural and remote areas.</li> <li>● Translate templates and materials into priority languages to support culturally and linguistically accessible communication and outreach.</li> </ul>
<p><b>Guidance, Alignment, and Practical Tools</b></p>	<p><i>Purpose: Ensure consistent, clear expectations and practical resources across the public health system to support implementation.</i></p> <ul style="list-style-type: none"> <li>● <b>Update the Modernization Manual using plain language and include clarity on required vs. flexible components. Align materials, including Program Element 51 (PE51) and related guidance, with the manual. Continue to update the manual with regular frequency to reflect new practices and learnings.</b></li> <li>● <b>Develop a “living” companion resource for implementation examples, best practices, and evolving roles.</b></li> <li>● Provide clear guidance on reporting, work plan development, and use of metrics.</li> <li>● Create a visual that clarifies the different funding streams and how they can be used/what is allowable.</li> <li>● Establish standards where appropriate (e.g., staffing guidance based on population).</li> <li>● Compile and curate practical resources, tools, and frameworks that support best practices within each early implementation category. For example, resources may include Indigenous and liberatory governance frameworks that support shared decision-making, relational accountability, and community-defined approaches to partnership.</li> </ul>

	<ul style="list-style-type: none"> <li>● PHAB members engage in shared learning on decolonizing and anti-racism principles, including Indigenous and liberatory governance frameworks.<sup>1</sup></li> <li>● PHAB develops a shared statement that commits to naming and addressing racism and settler colonialism in our public health system that uphold health inequities.</li> <li>● PHAB adopts tool/lens to interrogate its decision-making processes and products from anti-racist and decolonizing perspectives.</li> </ul>
<p><b>Funding and Resource Sustainability</b></p>	<p><i>Purpose: Support long-term, reliable investment that builds capacity equitably across the system.</i></p> <ul style="list-style-type: none"> <li>● <b>Continue exploring alternative and flexible funding models for CBO partners (referencing OHA Public Health Equity Grants) for 2027-29 biennium, with accountability structure for CBOs and LPHAs.</b></li> <li>● <b>Ensure flexibility in PE language to allow funding to align with local needs and collaboration models.</b></li> <li>● <b>Continue to explore service sharing and regionalization opportunities as resources permit, where it makes sense.</b></li> <li>● <b>Explore allowing LPHAs to use a small portion (10% to 15%) of modernization funds for direct service provision if there is a community need.</b></li> <li>● <b>Align with CCO contracts and advocate that CCOs compensate governmental public health for contributions to quality incentive metrics.</b></li> <li>● <b>Explore long-term revenue opportunities (e.g., private partnerships that offer non-monetary resources and tax allocation from cannabis/alcohol/tobacco).</b></li> <li>● <b>Provide clarity on accountability expectations tied to funding in equitable and transparent ways.</b></li> <li>● <b>Connect funding to measurable outcomes and ensure there are opportunities for shared learning on promising practices.</b></li> </ul>

<sup>1</sup> PHAB member, Dr. Kelly Gonzales – Founder and Executive Director of the Indigenous Health Equity Institutes (IHEI) and tenured professor at OHSU-PSU School of Public Health – offers the following open-access materials to support learning on these topics:

- Washington County Department of Health collaborative work with IHEI to build a statement of integrating the principles of decolonizing
- IHEI learning materials on Community Non-Negotiables and Relational Accountability
- Interim report to the Oregon Legislature on Racism as a Public Health Crisis (refer to page 24)

<p><b>Governance and Decision-making</b></p>	<p><b>Purpose:</b> Clarify how decisions are made, where authority rests, and how transparency and accountability function across the system.</p> <ul style="list-style-type: none"> <li>● <b>Map governance (decision-making) spaces and clarify partner roles within each space.</b></li> <li>● <b>Create a decision-making matrix identifying where decisions are shared, delegated, informed, or advised.</b></li> <li>● <b>Establish conflict resolution pathways that respect local and statewide roles.</b></li> <li>● <b>Develop shared expectations for engagement, communication norms, and accountability.</b></li> <li>● <b>Consider the use of models like “You Said / We Did” and frameworks such as International Association for Public Participation (IAP2) Spectrum of Public Participation.</b></li> </ul>
<p><b>Workforce and Capacity</b></p>	<p><b>Purpose:</b> Strengthen and support the public health workforce at every level to implement modernization and respond effectively to community needs.</p> <ul style="list-style-type: none"> <li>● Provide improved onboarding for new LPHA and OHA administrators and managers.</li> <li>● Support succession planning and retention.</li> <li>● Develop peer networks, mentorship, and shared learning opportunities across regions.</li> <li>● Expand service sharing and regionalization models where they strengthen capacity.</li> <li>● Ensure flexibility in roles to support collaboration across local health jurisdictions.</li> </ul>

<p><b>Data, Metrics, and Technology</b></p>	<p><i>Purpose: Strengthen meaningful accountability, learning, and impact through data systems and measures that align with modernization values and local realities.</i></p> <ul style="list-style-type: none"> <li>● Align accountability metrics with shared outcomes across the Public Health system, including CCO incentive metrics.</li> <li>● Pair metrics with qualitative community-based evidence, including stories and lived experience.</li> <li>● <b>Clarify expectations about locus of control and shared responsibility for outcomes.</b></li> <li>● Reduce administrative burden by streamlining reporting and enabling verbal or conversational data sharing where appropriate.</li> <li>● Modernize technology to support real-time communication and local decision-making.</li> </ul>
<p><b>Community Partnership and Sharing Power</b></p>	<p><i>Purpose: Strengthen partnerships with communities, tribes, and community-based organizations to ensure modernization reflects local needs and lived experience.</i></p> <ul style="list-style-type: none"> <li>● Provide capacity-building and infrastructure support for community partners; build capacity for smaller and under-resourced organizations through technical assistance/training.</li> <li>● Co-design engagement and decision processes with communities most affected by inequities.</li> <li>● Support local flexibility to determine how partnership looks in context (not one statewide model).</li> <li>● Explore opportunities for alignment between modernization practices and principles of community-driven design and shared power.</li> <li>● Clarify expectations around partnership roles so LPHAs aren't expected to convene, deliver, and facilitate without resources and structure.</li> <li>● Offer a simplified, streamlined grant application process to give smaller organizations an equal opportunity to apply for funding, such as providing applications and accepting submissions in languages other than English.</li> </ul>

## VIII. Appendix 1: Overview of Partner Engagement Process

The following is an overview of the partner engagement process that informed the refreshed vision, values, messages, and implementation opportunities and priorities. Engagement occurred over several months and included multiple opportunities for visioning, synthesis, reflection, and feedback across state, local, and community-based partners. The process combined facilitated sessions, open forums, surveys, and written feedback to support broad participation and iterative refinement.

Meeting Date	Partner Group	Meeting Focus	Workshop Format
September 12, 2025	OHA Tribal Affairs Monthly Meeting	Vision refresh process information session	Virtual (1 hour)
September 14, 2025	Conference of Local Health Officials (LPHAs)	Visioning session	In-person, all day
October 9, 2025	Public Health Advisory Board (PHAB)	Visioning session	Virtual (1.25 hours)
October 23, 2025	Community-based organization partners and members of the CBO Advisory Group	Visioning session	Virtual (2 hours)
October 30, 2025	OHA Public Health Division Open Forum (all staff)	Visioning session	Virtual (1 hour)
November 13, 2025	Public Health Advisory Board (PHAB)	Work session	In-person (3.5 hours)

November 17, 2025	OHA Tribal Affairs Monthly Meeting	Proposal review and discussion of how tribes could engage in vision refresh process	Virtual (1 hour)
November 18, 2025	Local Public Health Authorities Staff	Visioning session	Virtual (1.5 hours)
December 3, 2026	Partner Open Forum	Final input, reflections, and discussion across all partner groups	Virtual (1 hour)
January 12-23, 2026	Open Comment Period	Posted drafts for final input and feedback	Online
January 16, 2026	The Coalition of Local Health Officials (CLHO) Messaging Workshop	Refined and built out additional messages through pre-session review and survey of messages and follow-up session	Virtual (2 hours)
February 12, 2026	Public Health Advisory Board (PHAB)	Vision and Implementation Roadmap discussion	Virtual (1.5 hours)
March 12, 2026		Adoption	Virtual (1.0 hours)

## **Individual Feedback Loops**

A confidential e-mail channel was established for partners to share input directly with the Metropolitan Group facilitation team.

Following facilitated work sessions, summaries and revised drafts reflecting partner input were shared with participants for review.

Monthly updates were sent to all participants involved in the emerging draft so the broader partner community could track how the content evolved and offer optional feedback. All feedback and questions received through the confidential e-mail were acknowledged and responded to.

## End Notes

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**1. Well-being** refers to the ability of individuals and communities to thrive and create meaningful futures. It encompasses physical, mental, and social health, as well as access to basic needs such as food, housing, education, employment, and income. Well-being also includes social and emotional needs—such as safety, belonging, purpose, social connection, and life satisfaction—and is closely linked to the well-being of our communities, our environment, and our planet.

*Source: Adapted from Robert Wood Johnson Foundation*

**2. Public health.** *Governmental public health* is how state, tribal, and local public health departments—formally charged with protecting the public’s health—work with communities to protect, promote, and restore people’s physical and mental health, and the health of the environments (air, water, land) where we live, work, learn, and play. Public health, more broadly, includes the collective efforts of public, private, and nonprofit partners to prevent disease, injury, and disability, and to strengthen the conditions that help people stay healthy and well in their daily lives.

*Source: Adapted from the Oregon Public Health Advisory Board definition.*

**3. Public health system.** The network of people and organizations working together to create the conditions for health. It includes state and local health departments, tribal health partners, community-based organizations, healthcare providers, schools, and others in sectors like housing, transportation, food, and education that influence health every day.

*Source: Adapted from the Oregon Public Health Advisory Board definition.*

**4. Public health modernization.** Launched in 2015, *modernization* is Oregon’s statewide, long-term commitment to strengthen the public health system so essential public health services are delivered consistently and equitably in every community. It does this by building foundational capabilities—the core capacities that allow public health to function effectively—including a skilled and supported workforce; strong partnerships with communities, tribes, and cross-sector partners; and modern data, technology, and communication systems that support prevention, early response, and the promotion of health and well-being.

*Source: Adapted from the Oregon Statewide Public Health Modernization Plan definition*

**5. Equity** means ensuring that everyone has a fair and just opportunity to be as healthy as possible, regardless of who they are or where they live. Achieving equity requires identifying and removing obstacles—such as poverty, discrimination, limited access to care, language barriers, or unsafe environments—that prevent people from reaching their full health potential. In an equitable system, no group is left at a disadvantage because of who they are or where they live. Equity means recognizing that people and communities start in different places and ensuring they receive the support and resources to be healthy and thrive.

*Sources: Adapted from the Centers for Disease Control and Prevention (CDC) Health Equity Definition and the World Health Organization (WHO) Health Equity Framework.*

6. Learn more here: <https://phaboard.org/infrastructure/21st-century-learning-community/>

**7. Systematically underserved communities** are populations that face persistent barriers to opportunity and well-being due to structural conditions—such as inequitable policies, institutional practices, and patterns of disinvestment—that shape access to resources, decision-making, and the conditions for collective well-being and limit access to resources, decision-making, and the conditions needed for health and well-being. We use this term to emphasize that disparities are not accidental or historical alone but are produced and reinforced by ongoing systems and structures.

*Sources: Adapted from frameworks on structural inequality and belonging, including the Indigenous Health Equity Institute’s framing of colonialism and systemic inequities as determinants of health and well-being, <https://www.indigenous-equity.org/> and the Othering & Belonging Institute, UC Berkley: [belonging.berkeley.edu](http://belonging.berkeley.edu)*

**8. Public Health Advisory Board** member bios can be found here: <https://www.oregon.gov/oha/PH/ABOUT/Pages/Bios.aspx>

9. Oregon Health Authority’s Strategic Plan page: <https://www.oregon.gov/oha/pages/strategic-plan.aspx>

10. Learn more about RHECs: <https://www.oregon.gov/oha/ei/pages/rhec.aspx>

**11. Well-being** refers to the ability of individuals and communities to thrive and create meaningful futures. It encompasses physical, mental, and social health, as well as access to basic needs such as food, housing, education, employment, and income. Well-being also includes social and emotional needs—such as safety, belonging, purpose, social connection, and life satisfaction—and is closely linked to the well-being of our communities, our environment, and our planet.

*Source: Adapted from Robert Wood Johnson Foundation*

**12. Public health.** *Governmental public health* is how state, tribal, and local public health departments—formally charged with protecting the public’s health—work with communities to protect, promote, and restore people’s physical and mental health, and the health of the environment (air, water, land) where we live, work, learn, and play. Public health, more broadly, includes the collective efforts of public, private, and nonprofit partners to prevent disease, injury, and disability, and to strengthen the conditions that help people stay healthy and well in their daily lives.

*Source: Adapted from the Oregon Public Health Advisory Board definition.*

**13. Public health system.** The network of people and organizations working together to create the conditions for health. It includes state and local health departments, tribal health partners, community-based organizations, healthcare providers, schools, and others in sectors like housing, transportation, food, and education that influence health every day.

*Source: Adapted from the Oregon Public Health Advisory Board definition.*

**14. Equity** means ensuring that everyone has a fair and just opportunity to be as healthy as possible, regardless of who they are or where they live. Achieving equity requires identifying and removing obstacles—such as poverty, discrimination, limited access to care, language barriers, or unsafe environments—that prevent people from reaching their full health potential. In an **equitable** system, no group is left at a disadvantage because of who they are or where they live. Equity means recognizing that people and communities start in different places and ensures they receive the support and resources to be healthy and thrive.

*Sources: Adapted from the Centers for Disease Control and Prevention (CDC) Health Equity Definition and the World Health Organization (WHO) Health Equity Framework.*

**15. Public health modernization.** Launched in 2015, *modernization* is Oregon’s statewide, long-term commitment to strengthen the public health system so essential public health services are delivered consistently and equitably in every community. It does this by building foundational capabilities—the cross-cutting skills and capacities that allow public health to function effectively—including a skilled and supported workforce; strong partnerships with communities, tribes, and cross-sector partners; reliable data, information systems, and technology; clear processes for planning, coordination, and decision-making; effective communication and community engagement practices; and the ability to adapt, learn, and respond to emerging and ongoing community needs.

*Source: Adapted from the Oregon Statewide Public Health Modernization Plan definition*

**16.** Learn more here: <https://phaboard.org/infrastructure/21st-century-learning-community/>

**17. Systematically underserved communities** are populations that face persistent barriers to opportunity and well-being due to structural conditions—such as inequitable policies, institutional practices, and patterns of disinvestment—that shape access to resources, decision-making, and the conditions for collective well-being and limit access to resources, decision-making, and the conditions needed for health and well-being. We use this term to emphasize that disparities are not accidental or historical alone but are produced and reinforced by ongoing systems and structures.

*Sources: Adapted from frameworks on structural inequality and belonging, including the Indigenous Health Equity Institute’s framing of colonialism and systemic inequities as determinants of health and well-being, <https://www.indigenous-equity.org/> and the Othering & Belonging Institute, UC Berkley: [belonging.berkeley.edu](http://belonging.berkeley.edu)*

**18. Essential Public Health Services** refer to the core activities public health agencies carry out every day to protect and improve community health—such as preventing disease, tracking and responding to health threats, supporting healthy environments and behaviors, and working with communities to address the conditions that affect health and well-being, such as safe housing, clean air and water, access to health care, and emergency preparedness.

*Source: Adapted from the Centers for Disease Control and Prevention, Essential Public Health Services framework.*

**19.** According to the Oregon Public Health Modernization Capacity and Cost Assessment (April 2025), Oregon's governmental public health system spends an estimated \$602 million annually on foundational public health capabilities and programs, and the estimated gap in funding needed to fully implement those capabilities and programs is approximately \$262 million annually.