



Public health modernization regional partnership grantees December 2017

For the 2017-19 biennium, the Oregon legislature made an initial investment of \$5 million for modernizing Oregon's public health system.

In September 2017, Oregon Health Authority issued a Request for Proposals to local public health authorities to establish regional communicable disease control programs. The primary objectives of the funding is to:

1. Develop regional systems for communicable disease (CD) control;
2. Emphasize the elimination of communicable disease-related health disparities; and
3. Build sustainable regional infrastructure for new models of public health service delivery.

In November 2017, Oregon Health Authority awarded \$3.9 million to the following regions for the period of December 1, 2017-June 30, 2019:

Clatsop, Columbia and Tillamook counties	<ul style="list-style-type: none">• Convene partners to assess regional data on sexually transmitted infections and develop priorities;• Identify vulnerable populations and develop regional strategies to address Population-specific needs.
Deschutes, Crook and Jefferson counties; St. Charles Health System; Central Oregon Health Council	<ul style="list-style-type: none">• Form the Central Oregon Outbreak Prevention, Surveillance and Response Team which will improve:<ul style="list-style-type: none">• CD outbreak coordination, prevention and response in the region;• CD surveillance practices;• CD risk communication to health care providers, partners and the public.• Funds will be directed to CD prevention and control among vulnerable older adults living in institutional settings and young children receiving care in child care centers with high exemption rates.
Douglas, Coos and Curry counties; Coquille and Cow Creek Tribes; Western Oregon Advanced Health CCO	<ul style="list-style-type: none">• Improve and standardize mandatory CD reporting.• Implement strategies for improving two year-old immunization rates.• Focus on those living in high poverty communities.
Jackson and Klamath counties; Southern Oregon Regional Health Equity Coalition; Klamath Regional Health Equity Coalition	<ul style="list-style-type: none">• Work with regional health equity coalitions and community partners to respond to and prevent sexually transmitted infections and Hepatitis C, focused on reducing health disparities and building community relationships and resources.• Promote HPV vaccination as an asset in cancer prevention.

Lane, Benton, Lincoln and Linn counties; Oregon State University	<ul style="list-style-type: none"> • Establish a learning laboratory to facilitate cross-county information exchange and continuous learning. • Implement an evidence-based quality improvement program (AFIX) to increase immunization rates. • Pilot three local vaccination projects: <ul style="list-style-type: none"> • Hepatitis A vaccination among unhoused people in Linn and Benton counties; • HPV vaccination among adolescents attending school-based health centers in Lincoln County; • Pneumococcal vaccination among hospital discharge patients in Lane County. • Establish an Academic Health Department model with Oregon State University to extend public health capacity and support evaluation.
Marion and Polk counties; Willamette Valley Community Health CCO	<ul style="list-style-type: none"> • Focus on system coordination and disease- and population-specific interventions to control the spread of gonorrhea and chlamydia. • Increase HPV immunization rates among adolescents.
North Central Public Health District; Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union, and Wheeler counties; Eastern Oregon CCO; Mid-Columbia Health Advocates	<ul style="list-style-type: none"> • Establish a regional epidemiology team. • Create regional policy for gonorrhea interventions. • Engage community-based organizations to decrease gonorrhea rates through shared education and targeted interventions.
Washington, Clackamas and Multnomah counties; Oregon Health Equity Alliance	<ul style="list-style-type: none"> • Develop an interdisciplinary and cross-jurisdictional communicable disease team. This team will focus on developing and strengthening surveillance and communications systems to facilitate the timely collection of information and data, create surge capacity and communicate about outbreaks. • With leadership and guidance from the Oregon Health Equity Alliance, this cross-jurisdictional team will develop culturally responsive strategies that: <ul style="list-style-type: none"> • Identify and engage at-risk communities. • Reduce barriers (e.g., language, stigma, access to care) to infectious disease control, prevention and response. • Both qualitative and quantitative evaluation methods are included in the overall design. Evaluation results will guide implementation of best practices across the region focused on reducing and eliminating the spread of communicable diseases.