

Program Element # 202 Northwest Portland Area Indian Health Board (NPAIHB) only: Environmental Health, Climate Change, and Emergency Preparedness (Public Health Modernization)

OHA Program Responsible for Program Element:

Public Health/Office of the State Public Health Director Policy and Partnerships

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to perform Tribal Environmental Health, Climate Changes and Emergency Preparedness (Public Health Modernization) activities, technical assistance and training, with a focus on improving health equity and increasing resilience within tribal communities.

Public health works to identify, assess, and report risks to human health from exposure to environmental and occupational hazards, and support Oregon's tribal communities with potential risks where they live, work, play and learn to remain healthy and safe. Public health is responsible for protecting individuals and communities through culturally and linguistically responsive prevention messages and community engagement and planning and responding to public health emergencies. Health equity, community partnerships, data and policy are foundational to how public health programs and services are provided in communities.

OHA's Healthy Homes Grant Program (HHGP) is designed to support activities in low-income households (at or below 80% of Area Median Income, calculated using median income for county of residence, or state median income) that: Improve the health and safety of occupants of residences, maximize the energy efficiency of residences, and/or extend the usable life of residences.

This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C of the Financial Assistance Award unless otherwise noted in Comments and Footnotes of the Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Public Health Modernization.

- a. **Foundational Capabilities.** The knowledge, skills and abilities needed to successfully implement Foundational Programs.
- b. **Foundational Programs.** The public health system's core work for communicable disease control, prevention and health promotion, environmental health, and assuring access to clinical preventive services.
- c. **Public Health Accountability Outcome Metrics.** A set of data used to monitor statewide progress toward population health goals.
- d. **Public Health Accountability Process Measures.** A set of data used to monitor local progress toward implementing public health strategies that are necessary for meeting Public Health Accountability Outcome Metrics.

- e. **Public Health Modernization Manual (PHMM).** A document that provides detailed definitions for each Foundational Capability and program for governmental public health, as identified in ORS 431.131-431.145. The Public Health Modernization Manual is available at:
http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.**

The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the Public Health Accountability Outcome Metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health Direct	Access to clinical preventive	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>						<i>X = Foundational capabilities that align with each component</i>						
Partnerships with Tribes (and others as appropriate and relevant)			X				X	X				
Community health needs assessments	X		X				X	X	X			X
Increase understanding of climate health and resiliency			X				X	X			X	X

Support tribal-related climate and health work			X				X	X	X	X	X	X
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- b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:

Not applicable

- c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics, Local Public Health Process Measures:

Not applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Grantee agrees to conduct activities in accordance with the following requirements:

Grantee must:

- a. Submit program plan and program budget to OHA for approval. Once approved, the program plan and program budget are incorporated herein by this reference.
- b. Engage in activities as described in its program plan.
- c. Use funds for this Program Element in accordance with its program budget. Modification to the program budget may only be made with OHA approval.
- d. Grantee may perform the following eligible activities as captured in their OHA-approved program plan:
 - (1) Collaborate with tribal public health authorities on implementation of all planned activities. Collaborate with local public health authorities, as relevant, appropriate and desired by Tribes, on implementation of all planned activities.
 - (2) Provide community expertise to tribal public health authorities as they conduct community health needs assessments and develop plans to advance health equity.
 - (3) Increase tribal communities’ understanding of health impacts of climate change and strategies for increasing climate resilience in ways that center the tribal communities’ culture, interests, language, and needs.
 - (4) Learn about and document tribal climate and environmental risks and tribal strengths and resilience that serve as protective factors.
 - (5) Identify tribal priorities for tribal public health plans that:

- prepare for climate migration (for example, by developing affordable housing);
 - build tribal climate resilience (for example, by strengthening social networks);
 - reduce environmental hazards (for example, through home improvements);
 - prevent communicable diseases;
 - prioritize most impacted populations;
 - foster partnerships with relevant local, state, federal and tribal agencies; and
 - address the root causes of health inequities.
- (6) Carry out climate and health actions. These could include, but are not limited to, increasing access to smoke filtration devices, greenspace, community gardens, or active transportation options, and planting trees, creating community murals, or partnering with tribal and local public health authorities that are carrying out climate actions.
- (7) Build social resilience by strengthening social bonds and networks among community members, bridges between community groups, and/or linkages with decision-makers.
- (8) Build policy development and advocacy skills of community members and promote community-led policy change that supports health. This includes public health policies or policies and plans in other sectors that affect social determinants of health (transportation, housing, energy, land use, natural resources, emergency management, etc.).
- (9) Engage tribal communities for emergency preparedness (for example, provide trainings on community readiness, risk communication, cultural and language access).
- (10) Participate in emergency preparedness planning and exercises to elevate voices of tribal communities most impacted by natural disasters.
- (11) Participate on coalitions to support tribal community-led health policy.
- (12) Participate in/bring tribal expertise to government-led workgroups, advisory groups, decision-making bodies and processes.
- e. Participate in program evaluation activities as requested by OHA.
- f. Items specific to Healthy Homes Grant Program
- (1) Grantee shall receive and aggregate:
- (a) Grantee Service Provider Annual Activity Reports
 - (b) Household Data Reports

(c) Satisfaction Surveys

(d) REALD Surveys

- (2) Grantee shall submit aggregated data to OHA on an annual basis and upon project completion.
- (3) Grantee shall provide technical assistance to Tribes for reporting.
- (4) Grantee shall
 - (a) Develop and implement data sharing agreement with 9 Tribes, NARA NW, and OHA.
 - (b) Develop standardized reporting templates.
 - (c) Support Tribal staff on reporting processes.
 - (d) Aggregate and validate data for OHA reporting.
 - (e) Submit aggregated reports to OHA within required timelines.
- (5) Notify OHA of any material issues affecting data integrity or reporting.

5. **Invoice for Payment.**

Grantee must submit an invoice for approval and reimbursement to Agreement Administrator on an invoice template provided by OHA on the following quarterly schedule for the activities in this Program Element:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

Travel expenses are allowed if they are within the Grantee's approved budget. All travel shall be allowed only when the travel is essential to the normal discharge of the Grantee's OHA-approved program plan. Travel expenses shall be paid in accordance with the rates set forth in the Oregon Accounting Manual as of the date Grantee incurred the travel or other expenses. The Oregon Accounting Manual is available at <https://www.oregon.gov/das/Financial/Acctng/Pages/OAM.aspx>.

6. **Reporting Requirements.**

Grantee shall, in accordance with the requirements of Section 4 of this Program Element:

- a. Submit to Agreement Administrator a summary of program-related activities as described in OHA-approved workplan/scope of work using ant OHA-provided "Activity Report Template" for the following periods:

Reporting Period	Due Date
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July – September	October 30
October – December	January 30
January – March	April 30
April – June	August 20

- b. Submit to Agreement Administrator an evaluation report for all work completed under this Program Element by June 30 of every year.
- c. Requirements specific to Healthy Homes Grants Program
 - (1) Activity Reports: Tribes shall report data to Grantee annually by June 30, except for in Year 4, due July 31, 2028. (Reporting deadlines are outlined in the existing grant agreements.)
 - (2) Tribes shall report Household Data Report, Satisfaction Survey, and REALD Surveys to Grantee on a rolling basis as work is completed.
 - (3) Expenditure Reports: Tribes report annually to OHA by Feb 28. No involvement by Grantee is required in collecting financial reports. (Reporting deadlines are outlined in the existing grant agreements.)
 - (4) Grantee shall submit validated, aggregated HHGP data to OHA within 60 days of due dates listed above in Section a..
 - (5) Final report shall be submitted to OHA by September 29, 2028. Acceptance will be confirmed in writing by OHA upon satisfactory review of all deliverables.

7. Performance Measures.

Completion of deliverables outlined in this Program Element.