

Program Element Name: **Tribal Public Health Modernization**

Program Element Number: **PE# 258**

OHA Program Responsible for Program Element: **Public Health Division
Office of the State Public Health Director
Policy and Partnerships Unit**

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 deliver Tribal Public Health Modernization.

Section 1: Public Health Modernization Implementation (PE258)

- a. Implement strategies from the previously completed Tribal Public Health Modernization Action Plan (“Work Plan”) based on the previously completed Tribal Public Health Modernization Programmatic Assessment (“Assessment”)
- b. Participate in Tribal Public Health Modernization Learning Collaborative and other Tribe-specific training and technical assistance.
- c. Participate in Tribal Public Health Modernization reporting and evaluation activities.

Public health modernization ensures that every community in Oregon has access to the same essential public health protections that protect and promote health. In 2015, the public health laws for the state and local jurisdictions changed to start modernizing Oregon’s public health system. While federally-recognized Tribes and the Urban Indian Program are not subject to those statutes, they play a critical public health role in protecting and promoting the health of tribal peoples and others they serve. OHA seeks to support Tribes and the Urban Indian Program in assessing and planning to further develop and expand their public health capacity and expertise in the public health modernization foundational programs and capabilities.

Tribe must use funds provided through this Program Element to implement strategies from their Work Plan. Funds may also be used to support participation of tribal staff and leaders in Public Health Modernization activities, including engagement in Public Health Modernization regional partnerships with Local Public Health Authorities in the Tribe’s Service Area, if applicable.

Section 2: Public Health Infrastructure: Workforce (PE258-02)

- a. **Recruit and hire new public health staff**, with a focus on seeking applicants that have experience with communities and populations served to provide additional capacity and expertise in the public health modernization foundational capabilities and programs identified by the Tribe as critical workforce needs.
- b. **Support, sustain and retain public health staff** through systems changes and supports, as well as workforce development and training.

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 Financial Assistance Award unless

otherwise noted in Comments and Footnotes of the Exhibit C of the Financial Assistance Award.

2. Performance Requirements

a. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Tribe agrees to conduct activities in accordance with the following requirements:

- (1) Submit Work Plan, including budget, to OHA to be finalized through mutual negotiation between both entities as to content and due date. Detailed budget guidance can be found online here:
https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Pages/PHModernization_LPHAs_Tribes.aspx
- (2) Engage in activities as described in its program plan.
- (3) Use funds for this Program Element in accordance with approved Work Plan and program budget and OHA budget guidance. Modification to the tribal program budget of 25% or more for any line item will be finalized through mutual negotiation between both entities prior to implementation. Revised budgets may be requested by OHA if Tribe reports underspending of funds at the end of the fiscal year.
- (4) Tribe must implement at least three of the following:
 - One strategy to improve tribal infrastructure in communicable disease control and outbreak management.
 - One strategy to improve tribal infrastructure in environmental health. This may include completion of a community environmental health assessment or work with tribal elders on tribal ecological knowledge.
 - One strategy to improve tribal infrastructure in emergency preparedness and response. This may include efforts to support increased readiness as reflected in tribal all-hazards plan so community has increased readiness for any emergency, including communicable disease, wildfires, extreme heat, air quality and drought.
 - One strategy that expands public health capacity for prevention and health promotion within the tribal community.
 - One strategy to improve assessment and epidemiology and policy and planning capabilities, including population health data collection and access for community health assessment and planning.
 - One strategy to partner with broader community partners and/or local public health authorities (LPHAs), as feasible and mutually agreed upon between Tribe and partner(s), to implement strategies to prevent and control communicable disease, strengthen emergency preparedness and

response planning, protect communities from environmental health threats and reduce health inequities.

- (5) Tribe may implement additional strategies from the Work Plan, excluding clinical and/or behavioral health services. Examples include activities and capacity to support national public health accreditation, development of a public health unit or development of a public health department within their tribal government infrastructure. These additional strategies should be focused on developing or maintaining sustainable capacity for public health foundational capabilities and programs.
- (6) Communicate specific Tribe training and technical assistance needs to Northwest Portland Area Indian Health Board (NPAIHB) and OHA. Participate in training, technical assistance and learning collaborative opportunities provided by NPAIHB and OHA. NPAIHB learning collaborative opportunities will be focused on common learning needs across all participating Tribes with additional Tribe-specific training and technical assistance provided on an as needed/requested basis by NPAIHB and/or OHA.
- (7) Communicate implementation challenges that hinder work plan progress to OHA as needed. OHA and Tribe will collaboratively adjust work plans and budgets, if needed, to respond to implementation challenges.
- (8) Participate in evaluation activities with OHA and/or NPAIHB.
- (9) By June 30, 2027, complete activities in approved tribal work plan, while demonstrating progress on at least 75 percent of work plan activities for each progress reporting period. OHA and Tribe will collaborate to make mutually acceptable work plan adjustments to address implementation challenges as needed.

3. Reporting Requirements.

a. Program Reporting Requirements

Tribe must submit interim and final progress reports for the approved Tribe work plan, including accomplishments and challenges for the previous reporting to confirm progress toward and completion of work plan activities. Reports will be submitted to OHA as part of the Tribal Public Health Comprehensive Plan on a mutually agreed upon timeline. OHA will share progress reports with NPAIHB to support ongoing training and technical assistance.

- b. General Revenue and Expense Reporting.** Tribe must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit D of this Agreement. A separate report must be filed for each applicable Program Element and any sub-element. These reports must be submitted to OHA each quarter on the following schedule:

Quarter	Due Date
Q1: January 1 – March 31	April 30
Q2: April 1 – June 30	July 31
Q3: July 1 – September 30	October 30
Q4: October 1 – December 31	January 30

c. Special Reporting Requirements

Submit Section 2 data or information to OHA for evaluation purposes or as required by the Centers for Disease Control and Prevention. OHA will notify Tribe of the requirements. OHA will not require additional reporting beyond what is required by the Centers for Disease Control and Prevention.