

Program Element #259: Tribal Public Health Modernization (NARA)

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 Assessment, Planning and Implementation (PE259-01)

- a. Implement strategies from the previously completed Tribal Public Health Modernization Action Plan (“Action Plan”) based on the previously completed Tribal Public Health Modernization Programmatic Assessment (“Assessment”)
- b. Participate in Tribal Public Health Modernization Learning Collaborative and other Grantee-related 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 are not subject to those statutes, they play a critical public health role, with Grantee’s assistance, in protecting and promoting the health of tribal peoples and others they serve. OHA seeks to support Tribes and the Grantee in assessing and planning to further develop and expand their public health capacity and expertise in the public health modernization foundational programs and capabilities.

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

Section 2: Public Health Infrastructure: Workforce (PE259-02)

- 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 Grantee 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 section of Exhibit C of the Financial Assistance Award unless otherwise noted in Comments or Footnotes in Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Tribal 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 Modernization Manual. A manual that provides detailed definitions for each Foundational Capability and Program for state and local governmental public health, as identified in ORS 431.131-431.145. The Public Health Modernization Manual is available at:

- d. Tribal Public Health Modernization Programmatic Assessment. An assessment of tribal public health capacity and expertise in the foundational programs and capabilities based on the Public Health Modernization Manual but tailored to the needs of and relevance to individual Tribes and Urban Indian Program.
- e. Tribal Public Health Modernization Action Plan: A plan that describes public health foundational capabilities and programs in which a Tribe and Grantee will develop or expand its capacity and expertise over a long-term period as resources are available.
- f. Tribal Public Health Modernization Learning Collaborative: A joint learning series for all participating Tribes and Grantee convened by the Northwest Portland Area Indian Health Board to support ongoing Public Health Modernization training and technical assistance. Learning Collaborative will start with an in-person meeting with monthly virtual convenings thereafter.

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 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	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs						X = Foundational capabilities that align with each component						
Implement Action Plan Strategies	X	X	X			*	X	X	X	X		X

- b. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:**

- Rate of congenital syphilis
- Rate of any stage syphilis among people who can become pregnant
- Rate of primary and secondary syphilis

- Two-year old vaccination rates
- Adult influenza vaccination rates for ages 65+
- Emergency department and urgent care visits due to heat
- Hospitalizations due to heat
- Heat deaths
- Respiratory (non-infectious) emergency department and urgent care visits

Grantee will not be measured on these process measures. These metrics are being included for information purposes only.

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 for communicable disease control and environmental health:

- Priority area: Reduce the spread of syphilis and prevent congenital syphilis
 - Percent of congenital syphilis cases averted
 - Percent of cases interviewed
 - Percent completion of CDC core variables
 - Percent of cases treated with appropriate regimen within 14 days
- Priority area: Protect people from preventable diseases by increasing vaccination rates
 - Demonstrated use of data to identify population(s) of focus
 - Demonstrated actions to improve access to influenza vaccination for residents of long-term care facilities (LTCFs)
 - Demonstrated actions with health care providers or pharmacists to improve access to vaccination
 - Increase in the percent of health care providers participating in the Immunization Quality Improvement Program (IQIP)
 - Demonstrated outreach and educational activities conducted with community partners
- Priority area: Build community resilience for climate impacts on health: extreme heat and wildfire smoke
 - Demonstrated use of data to identify population of interest
 - Demonstrated actions in communications to improve priority area of focus
 - Demonstrated actions in policy to improve area of focus
 - Demonstrated actions in community partnerships to improve priority area of focus

Grantee will not be measured on these process measures. These measures are being included for information purposes only.

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:

Requirements that apply to Section 1: Public Health Modernization Assessment, Planning and Implementation (PE259-01)

- a. Submit work plan and program budget to OHA by October 31, 2025. Budget will be finalized through mutual negotiation between both entities. Approved work plan and budget will be incorporated into this Agreement by this reference and on file with OHA. Approved work plan will be shared with NPAIHB to support common and individual Grantee training and technical assistance needs.
- b. Use funds for this Program Element in accordance with approved Grantee work plan and program budget and OHA budget guidance. Modification to the 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 Grantee reports underspending of funds at the end of the fiscal year.
- c. Grantee must implement at least three of the following:
 - One Action Plan strategy to improve tribal infrastructure in communicable disease control and outbreak management.
 - One Action Plan 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 Action Plan 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 Action Plan strategy that expands public health capacity for prevention and health promotion within Grantee's organization.
 - One Action Plan strategy to improve assessment and epidemiology and policy and planning capabilities, including population health data collection and access for public health assessment and planning.
 - One Action Plan strategy to partner with broader community partners and/or 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.
- d. Grantee may implement additional strategies from the Action 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 Grantee's organizational infrastructure. These additional strategies should be focused on developing or maintaining systemic capacity for public health foundational capabilities and programs.
- e. Communicated specific Grantee training and technical assistance needs to Northwest Portland Area Indian Health Board (NPAIHB) and OHA.
- f. 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 Tribes and Grantee with additional Grantee-specific training and technical assistance provided on an as needed/requested basis by NPAIHB and/or OHA.
- g. Communicate implementation challenges that hinder work plan progress to OHA as needed. OHA and Grantee will collaboratively adjust work plans and budgets, if needed to respond to implementation challenges.
- h. Participate in evaluation activities with OHA and/or NPAIHB.

Requirements that apply to Section 2: Public Health Infrastructure: Workforce (PE259-02):

- a. Implement at least one of the following activities:
 - (1) Implement strategies and activities to recruit, hire and retain a public health workforce that is capable of providing culturally responsive services to the diverse communities served by the Grantee.
 - (2) Recruit and hire and/or retain public health staff to increase workforce capacity in foundational capabilities and programs, and/or basic public health infrastructure (fiscal, human resources, contracts, etc.). Grantee will determine its specific staffing needs.
 - (3) Support and retain public health staff through systems development and improvements.
 - (4) Support and retain public health staff through workforce training and development.
 - (5) Transition COVID-19 staffing positions to broader public health infrastructure positions.
 - (6) 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 foundational capabilities and programs identified by the Grantee as critical workforce needs.
- b. Grantee may request in writing prior approval for other related activities. No such activities may be implemented without written approval of OHA.

5. General Revenue and Expense Reporting.

Grantee must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C 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:

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

6. Reporting Requirements.

- a. Grantee will submit interim and final progress reports for the approved Grantee 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 in December 2025, June 2026, December 2026, and June 2027. OHA will share progress reports with NPAIHB to support ongoing training and technical assistance.
- b. 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.

7. Performance Measures.

By June 30, 2027, complete activities in approved Grantee work plan, while demonstrating progress on at least 75% of work plan activities for each progress reporting period. OHA and Grantee will collaborate to make mutually acceptable work plan adjustments to address implementation challenges as needed.

