

Program Element #51: Public Health Modernization

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 Public Health Modernization.

Section 1: LPHA Leadership, Governance and Implementation

- a. **Establish leadership and governance to plan for full implementation of public health modernization.** Demonstrate strategies to build and sustain infrastructure for public health Foundational Capabilities with a focus on health equity and cultural responsiveness throughout and within each Foundational Capability. This may include developing business models for the effective and efficient delivery of public health services, developing and/or enhancing community partnerships to build a sustainable public health system, and implementing workforce diversity and leadership development initiatives.
- b. **Implement strategies to improve local infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.** In partnership with communities, implement local strategies to prevent and control communicable disease, strengthen emergency preparedness and response planning, protect communities from environmental health threats, and reduce health inequities.

Section 2: Regional Public Health Service Delivery

- a. **Demonstrate regional approaches for providing public health services.** This may include establishing and maintaining a Regional Partnership of local public health authorities (LPHAs) and other partners, utilizing regional staffing models, or implementing regional projects.
- b. **Implement regional strategies to improve Regional Infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.** Implement regional strategies to prevent and control communicable disease, strengthen emergency preparedness and response planning, protect communities from environmental health threats, and reduce health inequities.

Section 3: Public Health Infrastructure: Workforce

- a. **Recruit and hire new public health staff,** with a focus on seeking applicants from communities and populations served to provide additional capacity and expertise in the Foundational Capabilities and Foundational Programs identified by the LPHA 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 Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Public Health Modernization

- a. Case. An individual who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in OHA's Investigative Guidelines.
- b. Foundational Capabilities. The knowledge, skills and abilities needed to successfully implement Foundational Programs.

- c. 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.
- d. Public Health Accountability Metrics. A set of data used to monitor statewide progress toward population health goals and outcomes.
- e. 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 Metrics.
- f. Public Health Modernization Manual (PHMM). A document that provides detailed definitions for each Foundational Capability and Foundational 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.
- g. Regional Partnership. A group of two or more LPHAs, which may include other organizations that are not an LPHA, that is convened for the purpose of reducing health disparities by implementing strategies addressing one or more of the following: communicable disease control, emergency preparedness and response, or environmental health.
- h. Regional Infrastructure. The formal relationships established between LPHAs and other organizations to implement strategies under this Program Element funding.
- i. Whole Community. An approach to emergency management through which individuals and families (including those with access and functional needs), emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities and interests.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA 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 Public Health Modernization Manual at: http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

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

Program Components	Foundational Programs				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
				Population Health Direct services							

Asterisk (*) = Primary Foundational Program that aligns with each component X = Other applicable Foundational Programs						X = Foundational Capabilities that align with each component						
Use Leadership and Governance to plan for full implementation of public health modernization (Section 1)	X		X			X	X	X	X	X	X	X
Implement strategies for local communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness (Section 1)	X		X				X	X	X		X	X
Demonstrate regional approaches for providing public health services (Section 2)	X		X			X	X	X	X	X	X	X
Implement regional communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness (Section 2)	X		X				X	X	X		X	X
Establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. (Section 3)	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 immunization rates
- Adult influenza immunization 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

LPHA must use funding through this Program Element in a way that advances progress toward achieving metrics selected by the LPHA. Additionally, LPHA is not precluded from using funds to address other high priority communicable disease and environmental health risks based on local epidemiology, priorities and need.

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

Public Health Accountability Process Measures adopted by the Public Health Advisory Board for communicable disease control and environmental health are listed below. LPHA must demonstrate work toward at least two of the process measures in each of the three priority areas.

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

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

Requirements that apply to Section 1 and Section 2 funding:

- a.** Submit local program plan and local program budget to OHA for approval using the format prescribed by OHA no later than 60 days after OHA notifies LPHA of anticipated funding allocation for the biennium. Once approved by OHA, the local program plan and local program budget are incorporated herein with this reference.

- b. Implement activities in accordance with this Program Element.
- c. Engage in activities as described in its OHA-approved Section 1 and/or Section 2 local program plan. See Attachment 1 for local program plan requirements for Section 1.
- d. Use funds for this Program Element in accordance with its OHA-approved Section 1 and/or Section 2 local program budget. Modification to the Section 1 and/or Section 2 Program Budget of 25% or more within any individual budget category may only be made with OHA approval.
- e. Implement and use a performance management system to monitor achievement of Section 1 and/or Section 2 local program plan objectives, strategies, activities, deliverables and outcomes.
- f. Share work products and deliverables with OHA and other LPHAs, which may include public posting, as requested by OHA.
- g. Participate in evaluation of public health modernization implementation in the manner prescribed by OHA.

Requirements that apply to Section 1: LPHA Leadership, Governance and Implementation:

- a. Implement strategies for Communicable Disease Control, Environmental Health, Emergency Preparedness, Health Equity and Cultural Responsiveness, and other Foundational Capabilities as described in Attachment 1 of this Program Element.
- b. Collaborate and partner with OHA-funded community-based organizations working in the areas of communicable disease, emergency preparedness and/or environmental public health through meetings and alignment of planned activities.
- c. In addition to the required prevention initiatives specified in Attachment 1 of this Program Element, LPHA may implement prevention initiatives that are responsive to the needs of the community, as pertains to Foundational Capabilities and Foundational Programs.

Requirements that apply to Section 2: Regional Public Health Service Delivery:

- a. Implement strategies for public health service delivery using regional approaches, which may be through Regional Partnerships, utilizing regional staffing models, or implementing regional projects.
- b. Use regional strategies to improve Regional Infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.

Requirements that apply to Section 3: Public Health Infrastructure: Workforce

- a. Implement at least one of the following activities:
 - (1) Implement strategies and activities to recruit, hire and retain a public health workforce with a focus on increasing staff from the communities and populations served by the LPHA.
 - (2) Recruit and hire and/or retain new public health staff to increase workforce capacity in Foundational Capabilities and programs, including but not limited to epidemiology, communicable disease, community partnership and development, policy and planning, communications, and basic public health infrastructure (fiscal, human resources, contracts, etc.). LPHA 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 from

communities and populations served to provide additional capacity and expertise in the Foundational Capabilities and Foundational Programs identified by the LPHA as critical workforce needs.

(7) Perform other related activities as approved by OHA in section b., below.

b. LPHA must request in writing prior approval for other related activities. No such activities may be implemented without written approval of OHA.

5. **General Budget and Expense Reporting.** LPHAs funded under Section 1, Section 2, and/or Section 3 must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. A separate report must be filed for each applicable Program Element and any sub-elements. 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. **Program Reporting Requirements.**

- a. Submit Section 1 and Section 2 local program plan progress reports using the timeline and format prescribed by OHA.
- b. Submit Section 3 data or information to OHA for evaluation purposes or as required by the Centers for Disease Control and Prevention. OHA will notify LPHA of the requirements. OHA will not require additional reporting beyond what is required by the Centers for Disease Control and Prevention.

7. **Performance Measures.**

If LPHA, including LPHAs funded as Fiscal Agents for Regional Public Health Service Delivery, complete and submit to OHA fewer than 75% of the planned deliverables in its approved Section 1 and/or Section 2 work plan for the funding period, LPHA or Fiscal Agent shall not be eligible to receive funding under this Program Element during the next funding period. The deliverables will be mutually agreed upon as part of the work plan approval process.

Attachment 1

The table below lists the goals and requirements that LPHAs will work toward with 2025-27 funding. Efforts toward the following goals and requirements, including expected outcomes, will be demonstrated in the LPHA and/or regional work plan. These efforts should be guided by local roles and deliverables outlined in the Public Health Modernization Manual for Foundational Capabilities and for the Foundational Programs of communicable disease control and environmental health.

Programmatic goals and local program plan requirements

Goal 1: Protect communities from acute and communicable diseases through prevention initiatives that address health inequities.

- LPHA will demonstrate strategies toward local or regional improvements of communicable disease prevention and response infrastructure.
- LPHA will demonstrate strategies toward local or regional reductions in health inequities across populations.
- LPHA will demonstrate strategies that advance progress toward improving syphilis and immunization-related accountability metrics.

Goal 2: Strengthen the local or regional all-hazards public health emergency preparedness plan to include prioritized communicable disease and environmental health emerging threats, and a Whole Community response to emergencies.

- By June 30, 2027, LPHA will revise existing local or regional all-hazards public health preparedness and response plans (deliverable; same as PE 12 all-hazards public health preparedness plan deliverable) in support of:
 - Integrated planning efforts across the public health landscape, such as jurisdictional risk assessments, climate adaptation plans, community health assessments, community health improvement plans, and local or regional health equity plans.
 - Improving infrastructure to respond to emerging communicable disease threats.
 - Improving health outcomes for emerging climate and health impacts.
 - Prioritizing preparedness and response planning for high-risk populations.
- An LPHA with a completed plan will demonstrate strategies to maintain and execute a local or regional all-hazards plan through a Whole Community approach.

Goal 3: Protect communities from environmental health threats from climate change through public health interventions that support equitable climate adaptation.

- By June 30, 2027, an LPHA that has not submitted a local or regional climate adaptation plan in the past five years must submit a new plan or an updated version of a previously completed plan. The plan may be a stand-alone plan or a plan incorporated into a community health assessment and improvement plan. (deliverable)
- LPHA will demonstrate strategies toward implementation of a local or regional climate adaptation plan.
 - By June 30, 2027, LPHA will submit at least one shareable deliverable (e.g. website content, report, video, educational material, toolkit) highlighting progress toward achieving climate adaptation plan strategies. (deliverable)
 - LPHA will demonstrate strategies that advance progress toward improving extreme heat and wildfire smoke accountability metrics.

Goal 4: Submit and implement local public health modernization plan.

- By December 31, 2025, LPHA will submit a local public health modernization plan to implement Foundational Capabilities (ORS 431.131) and Foundational Programs (ORS 431.141). (Note: The local public health modernization plan must address each of the Foundational Capabilities as well as all four Foundational Programs in the Public Health Modernization Manual, not just communicable disease and environmental health, which are the Foundational Programs prioritized within this Program Element for 2025-2027.)
- LPHA will demonstrate strategies to build and sustain infrastructure for public health Foundational Capabilities, focusing on roles in the Public Health Modernization Manual.

Goal 5: Build capacity for Health Equity and Cultural Responsiveness

- By June 30, 2027, an LPHA that has not submitted a local or regional health equity plan in the past five years must submit a new plan or an updated version of a previously completed plan. The plan may be a stand-alone plan or may be incorporated into a broader document such as an LPHA strategic plan. (deliverable)
- LPHA will demonstrate strategies toward implementation of local or regional health equity plan.