

Action Plan												
Implement Action Plan Strategies	X		X			*	X					X

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Health Outcome Measure:

- (1) Two-year-old immunization rates
- (2) Gonorrhea rates
- (3) Active transportation rates
- (4) Drinking water standards

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

Not applicable

4. 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:

Requirements that apply to Section 1: Public Health Modernization Assessment, Planning and Implementation

- a.** Submit tribal program budget to OHA by January 7, 2022. Budget will be finalized through mutual negotiation between both entities. Approved budget will be incorporated into this Agreement by reference and on file with OHA.
- b.** Use funds for this Program Element in accordance with OHA budget guidance and approved tribal program budget. 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.
- c.** Work collaboratively with Northwest Portland Area Indian Health Board (OHA Contractor) to complete a new Assessment, if not previously completed. Tribe and the Northwest Portland Area Indian Health Board (NPAIHB) will work through processes already established between the NPAIHB and each Tribe regarding data sharing and access so Assessment results may be aggregated and de-identified across all participating Tribes/Urban Indian Program. As necessary, data sharing agreement for Tribal Public Health Modernization work should be established between Tribe and NPAIHB by February 1, 2022 or as otherwise mutually agreed upon by Tribe NPAIHB and OHA.
- d.** Work collaboratively with NPAIHB to complete Action Plan that describes priorities for developing or expanding public health foundational capabilities or programs within Tribe. Tribe and the NPAIHB will work through processes already established between the NPAIHB and Tribe regarding data sharing and access so Action Plans may be aggregated and de-identified across all participating Tribes/Urban Indian Program for public reporting. As necessary, Data sharing agreement for Tribal Public Health Modernization work should be established between Tribe and NPAIHB by February 1, 2022 or as otherwise mutually agreed upon by Tribes, /Urban Indian Program, NPAIHB and OHA.

Action Plan must:

- Include strategies to build and sustain infrastructure for public health foundational capabilities.

- Include strategies to develop and/or enhance community and LPHA partnerships to build a sustainable public health system.
 - Include strategies to enhance population data collection and improve tribal access to tribal data to support tribal health improvement planning, emergency response and planning and climate resilience planning.
 - Include strategies to build tribal public health capacities and provide quality public health services, including establishing a public health department if needed.
- e. Tribe 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
 - One action plan strategy to improve tribal infrastructure in emergency preparedness and response
 - One action plan strategy to improve population health data collection and access for public health planning
 - One strategy 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 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.
- f. Tribe may implement additional strategies from the action plan, excluding clinical and/or behavioral health services.
- g. Tribe must submit to OHA and NPAIHB work plan outlining strategies being implemented in Paragraphs 4e and 4f during the biennium within 60 days of execution of this Program Element. (not required for Tribe only completing Assessment and Action Plan during this biennium)
- h. Participate in training, technical assistance and learning collaborative opportunities
- i. Participate in evaluation activities with OHA and/or NPAIHB.

Requirements that apply to Section 2: Public Health Infrastructure: Workforce:

- a. Implement at least one of the following activities:
- (1) Implement strategies and activities to recruit, hire and retain a diverse public health workforce that reflects the communities served by the Tribe.
 - (2) Recruit and hire and/or retain new public health staff to increase workforce capacity in foundational capabilities and programs, and/or basic public health infrastructure (fiscal, human resources, contracts, etc.). Tribe 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 programs identified by the Tribe as critical workforce needs.

- a. Tribe 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.** Tribe must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. 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. Tribe must submit interim and final reports on accomplishments and challenges for the previous quarter to confirm progress toward and completion of deliverables. Report template will be mutually agreed upon by OHA, NPAIHB, Tribes and Urban Indian Program. Reports will be submitted in June 2022, December 2022 and June 2023.
- 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.**

- a. If applicable, by September 30, 2022, complete Tribal Public Health Modernization Programmatic Assessment as confirmed by NPAIHB. If completing Assessment during this biennium, finalize Action Plan by June 30, 2023.
- b. By January 31, 2022, complete draft of a Tribal Public Health Modernization Action Plan. Finalize Action Plan by March 31, 2022.
- c. By June 30, 2023, complete activities in tribal program referenced in 4 e and f (does not apply to Tribe completing Assessment and Action Plan only)