

Program Element # 59: 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

- a. Complete new or update existing Tribal Public Health Modernization Programmatic Assessment (“Assessment”).
- b. Develop Tribal Public Health Modernization Action Plan (“Action Plan”) using the results from the Assessment.
- c. Implement strategies from Action Plan
- d. Participate in Tribal Public Health Modernization Learning Collaborative, training and technical assistance.
- e. 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 Grantee 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 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 complete a new Assessment, if not already completed and develop and finalize an Action Plan. The funds shall be used 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

- 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 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 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: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf
- 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), (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 services	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
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>							
<i>X = Other applicable foundational programs</i>												
Complete Assessment	X	X	X	X	X	*	X	X	X	X	X	X
Develop and Finalize Action Plan	X	X	X	X	X	*	X	X	X	X	X	X
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, Grantee 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 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. The Grantee and the Northwest Portland Area Indian Health Board (NPAIHB) will work through processes already established between the NPAIHB and the Grantee 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 the Grantee and NPAIHB by February 1, 2022 or as otherwise mutually agreed upon by Tribe/Urban Indian Program, 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 the Urban Indian Program. The Grantee and the NPAIHB will work through processes already established between the NPAIHB and Grantee regarding data sharing and access so Action Plans may be aggregated and de-identified across all participating Tribes and Grantee for public reporting. As necessary, Data sharing agreement for Tribal Public Health Modernization work should be established between Grantee and NPAIHB by February 1, 2022 or as otherwise mutually agreed upon by participating 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. 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
 - 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. Grantee may implement additional strategies from the action plan, excluding clinical and/or behavioral health services.
- g. Grantee 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 Grantee.
 - (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.). 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 from communities and populations served to provide additional capacity and expertise in the foundational capabilities and programs identified by the Grantee as critical workforce needs.
- a. 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. 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 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 and participating 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