AGENDA

PUBLIC HEALTH ADVISORY BOARD

August 18, 2016
2:30-5:30 pm
Portland State Office Building, 800 NE Oregon St., Room 1E, Portland, OR 97232

Conference line: (877) 873-8017
Access code: 767068

Meeting objectives

- Share information about the work of Public Health Advisory Board Accountability Metrics Subcommittee
- Discuss phasing of public health modernization priorities over the next three biennia
- Discuss the role of the Public Health Advisory Board in promoting health equity

2:30-2:40 pm	**Welcome** • Approve July 21, 2016 minutes	Jeff Luck, PHAB Chair
2:40-3:10 pm	**Public Health Advisory Board Accountability Metrics Subcommittee report** • Share information and progress from July 28 meeting	Jennifer Vines, Accountability Metrics Subcommittee member
3:10-4:30 pm	**Phasing of public health modernization priorities over the next three biennia (2017-19, 2019-21 and 2021-23)** • Focus priorities for implementation in 2017-19 • Determine phasing for 2019-21 and 2021-23 biennia • Discuss state and local public health roles	PHAB members
4:30-4:45 pm	**Break**	
4:45-5:15 pm	**Role of the Public Health Advisory Board in promoting health equity** • Discuss guiding principles for promoting health equity	PHAB members
5:15-5:30 pm	**Public comment**	

5:30 pm	**Adjourn**	Jeff Luck, PHAB chair

Public Health Advisory Board (PHAB)
July 21, 2016
Portland, OR
Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti (by phone), Silas Halloran-Steiner (by phone), Katrina Hedberg, Prashanti Kaveti (by phone), Jeff Luck, Alejandro Queral, Eva Rippeteau, Akiko Saito (by phone), Lillian Shirley, Teri Thalhofer, Tricia Tillman (by phone), and Jennifer Vines
Board members absent: Muriel DeLaVergne-Brown, Safina Koreishi, Eli Schwarz
OHA Public Health Division staff: Cara Biddlecom, Luci Longoria, Holly Heiberg, Dano Moreno, Tim Noe, Angela Rowland
Program Design and Evaluation Services staff: Myde Boles, David Solet
Members of the public: Morgan Cowling, Coalition of Local Health Officials, Jan Johnson, The Lund Report, Catie Theisen, Oregon Nurses Association

Changes to the Agenda & Announcements

There were no changes to the agenda.

Cara announced the new board member training requirement from the Department of Administrative Services has been waived.

Approval of Minutes

Tricia and Jeff made edits to the June 16, 2016 meeting minutes.

A quorum was present. The Board voted to approve the June 16, 2016 minutes. All members approved the edited minutes.

Public Health modernization updates

– Jeff Luck, PHAB chair

Jeff provided an update on the legislative briefing and other activities since the June PHAB meeting. On June 30, 2016, the Public Health Division delivered the Public Health Modernization Assessment Summary Report and accompanying memo to Legislative Fiscal Office. The public health modernization vision

statement was reviewed by the Coalition of Local Health Officials (CLHO) and updated. The Public Health Division is developing case studies focused on communicable disease control, emergency preparedness and environmental health. These documents are available on the public health modernization website: www.healthoregon.org/modernization.

Cara provided an update on the public health modernization presentation, which was provided by Safina at the coordinated care organization (CCO) Medical Directors' meeting in July. There was a strong recognition of the important role that public health plays in the prevention of disease.

The July 6, 2016 public health modernization legislative briefing was co-hosted by Representative Mitch Greenlick and Senator Laurie Monnes Anderson. There were around 70 participants. There were media reports in the Lund Report and Oregon Public Broadcasting. Jennifer commented that legislators had a few interesting questions such as what are the urgent gaps and how they align with the CDC Winnable Battles. Teri used the presentation slides to update her Board and Representative John Huffman.

Public Health Advisory Board Incentives and Funding Subcommittee report
-Cara Biddlecom, Public Health Division

Cara provided an update of the Incentives and Funding Subcommittee meeting that took place on July 12, 2016. The subcommittee looked broadly at the categories for the local public health authority funding formula. The group also considered allocating percentages to each category and data sources that could be used to calculate the funding formula over time. Specifically the group discussed how to best measure poverty.

Jeff added that the subcommittee is working on various percentage weights, aiming to keep it simple, and will try out a few scenarios at the next meeting. The PHAB will have a chance to review each scenario.

Alejandro discussed how it is important to determine the purpose of the incentives in the funding formula. Akiko stated that the purpose of the

subcommittee is to develop an initial, well-thought-out formula that can be flexible over time.

Tricia commented that data related to county health rankings for population and diversity did not match what respected counties reported. Tricia stated the discrepancies were in the funding formula ranking and not the actual data. Katrina stated that the funding formula needs to reflect reality. There is a need to be explicit on which year of data to use for each measure, strive to get the most current data available, and allow that the counties have time to review the information for accuracy.

Tricia suggested that there should be a look at a five year population prospective estimate or current data for the funding formula.

Public health modernization economic and health outcome report
-Myde Boles, Program Design and Evaluation Services

Myde provided a presentation on the methodology of the health outcome and economic analysis for public health modernization. The goal of this work is to estimate the benefit of incremental implementation of foundational public health services in concrete terms of Oregon lives saved and costs averted. There are no peer reviewed studies on the outcomes of spending on foundational public health services. There is evidence about local health department spending and health outcomes. There is also a fair amount of evidence of costs related to health conditions in the foundational public health services. Program Design and Evaluation Services is focusing on evidence of the relationship between public health spending and outcomes, and literature on the cost of health conditions related to foundational public health services and included in the modernization priorities for the 2017-19 biennium and/or included in Oregon's State Health Improvement Plan. Such programs include: maternal and child health, foodborne illness, health equity, obesity and physical activity, tobacco prevention, diseases of environmental pollution, suicide prevention, and emergency preparedness.

-David Solet, Program Design and Evaluation Services

David outlined three examples that articulate public health spending as a good investment.

Program Design and Evaluation Services used Glen Mays' study on national public health spending and decreased deaths.

David explained that the annual estimated cost of physical inactivity for Oregon is $1.3 billion and state Medicaid costs of physical inactivity is $360 million. If $1.6 million is spent on physical inactivity interventions, the return on investment is 8 to 1.

Tricia commented that health system transformation is about bending the cost curve to decrease Medicaid dollars. It might be a good idea to consider how the public health investment contributes to the overall goals of cost containment for the Medicaid program.

David continued with health inequality in Oregon and an estimated direct and indirect cost is $1.3 billion. If $5 million is added the return on investment is 3 to 1.

Tricia question if the $1.3 billion cost in health inequity is over a three year period. David clarified it was an annual cost.

Katrina stated that the PHAB will be reporting to the Oregon Health Policy Board. When preparing the report, it would be important to provide context. For example, premature deaths do not resonate as well as around a statistic that if fewer people smoke there could be fewer costs related to treatment for cardiovascular disease and cancer.

Alejandro commented that the cost savings of public health department improvements could help make the case for coordinated care organizations to provide funding in public health services.

Oregon's State Health Improvement Plan

-Katrina Hedberg, Public Health Division

Katrina gave an overview of Oregon's State Health Improvement Plan (SHIP) and its development in 2014-15. The seven SHIP priority areas are: prevent and reduce tobacco use, slow the increase of obesity, improve oral health, reduce harms associated with substance abuse, prevent deaths from suicide, improve immunization rates, and protect the population from communicable disease. The SHIP priorities aim is to meet at least one of the following criteria: a leading cause of death, not improving over time, poor national ranking, and/or a CDC Winnable Battle.

Jennifer asked what the PHAB's role is with the SHIP. Katrina stated that the PHAB should report out on the SHIP metrics and provide input on ways for the Public Health Division to improve work with stakeholders across Oregon.

Tricia inquired on health equity in the SHIP and how three priority areas include a race focus, but not the remaining four. She asked if the Public Health Division could address these gaps and if the document is up for modification. Katrina commented that there is a desire to add health equity strategies.

-Tim Noe, Public Health Division

Tim presented the activities being conducted in the Public Health Division to address health equity. As a result of the Public Health Modernization Assessment, the Public Health Division found its work in the health equity and cultural responsiveness foundational capability to be a three out of 10. To address this gap, a health equity plan is now being developed.

The Public Health Division's health equity initiative contains multiple components. A new diversity recruitment policy has recently been put into effect. There has been a new health equity committee recruited to examine literature for a health equity framework and draft guiding principles and key definitions for health equity. This work is intended to build a comprehensive health equity plan for the Public Health Division. The Public Health Division will collaborate with the Office of Equity and Inclusion, Regional Health Equity Coalitions, and communities. The

Race, Ethnicity and Language plus Disability (REAL+D) data requirement will be implemented. After all of these activities are completed, the Public Health Division will revisit the SHIP to update health equity strategies.

Teri stated that this would be great work to share with the Coalition of Local Health Officials (CLHO).

Katrina stated that REAL+D issue is significant. For example, some communicable disease data is missing race/ethnicity about 40 % of the time.

Tricia appreciated the list of activities the state is working on. She suggested that the Public Health Division submit its work plan to the PHAB and provide updates. This could help the PHAB provide advice in its advisory role.

Akiko commented that she is on the health equity committee and can provide updates to the PHAB.

Jeff commented that the OHA Metrics and Scoring Committee is discussing narrow disparities. He encouraged the Public Health Division's health equity initiative to share its work with the Metrics and Scoring Committee.

Lillian stated that the Public Health Division is coordinating closely with the OHA Health Systems and Policy and Analytics Divisions. She added that the goal of this work is to be systematic and not program by program.

Teri stated it is also important to cross walk with the Early Learning Division's work on health equity.

-Luci Longoria, Public Health Division

Luci presented on the *Prevent and Reduce Tobacco Use* SHIP priority area. Tobacco is the #1 preventable death in Oregon. The highest ethnic groups of Oregonians that smoke are American Indian and African American. The tobacco targets are to reduce adult smoking by 15%, reduce smoking prevalence among 11th graders by 7.5%, reduce smoking prevalence among 8th graders by 2%, and to have fewer than 38 packs of cigarettes per capita sold in Oregon each year.

Luci discussed the Sustainable Relationships for Community Health (SRCH) grants. The aim of SRCH is to form collaborations between local public health, clinics, and CCOs to help engage leaders and decision makers in the plan.

Public Comment Period

No public comments were made in person or on the phone.

Closing:

Cara provided an overview of topics to be covered at the next PHAB meeting. The next meeting will focus on developing a comprehensive plan for 2017-19. The goal is to focus on what public health modernization priorities will be implemented over the next three biennia.

The meeting adjourned.

The next Public Health Advisory Board meeting will be held on:

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2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1E
Portland, OR 97232

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Angela Rowland at (971) 673-2296 Or angela.d.rowland@state.or.us. For more information and meeting recordings please visit the website: healthoregon.gov/phab

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics Subcommittee Meeting Minutes

July 28, 2016
2:00 – 3:00pm

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown, Eva Rippeteau, Jennifer Vines

PHAB Subcommittee members absent: Eli Schwarz and Teri Thalhofer

OHA staff: Sara Beaudrault**,** Cara Biddlecom, Angela Rowland, Emilie Sites

Members of the public: Kathleen Johnson, Coalition of Local Health Officials

Welcome and introductions: The June 9 draft meeting minutes were unanimously approved by the subcommittee.

Emilie Sites was introduced to the group. She is a Master of Public Health student at Portland State University who has assisted with compiling the measure set list brought today for review by the subcommittee.

Discuss applicability of existing Oregon measure sets to state and local public health

Muriel stated that all public health departments are structured differently. Some departments work on services as primary care and others don't. Jennifer Vines noted that clinical services are not included in this assessment. Cara stated that while working through this list the group should be mindful of health outcomes.

Jen requested more context on what is the outcome and what is the deadline for this work. The aim is to have a single measure set within the first quarter of 2017. The measure set the subcommittee will review over the next several meetings for appropriateness for governmental public health includes the coordinated care organization (CCO) incentive measures, Medicaid state performance measures, child and family well-being measures, state health improvement plan measures, hospital transformation measures, CDC Winnable Battles, Healthy People 2020, and PHAST measures. There will also be a public survey to allow stakeholders to suggest additional measures.

Cara asked the subcommittee if the consideration be made to phase these measures in based on what public health modernization priorities are funded within a given biennium. Eva stated that if there isn't appropriate funding for staffing it is hard to be held accountable for outcomes. The goal is to complete a full measure set for all of the

foundational capabilities and programs and make determination later on specific measure sets based on funding priorities.

CCO incentive measures

The subcommittee suggested keeping the *childhood immunization status, cigarette smoking prevalence, developmental screening in the first 36 months of life*, and *effective contraceptive use among women at risk of unintended pregnancy* measures.

State performance "test" measures (Medicaid)

The subcommittee suggested keeping the *childhood immunization status, developmental screening in the first 36 months of life, Chlamydia screening in women ages 16-*24 and *immunization for adolescents* measures.

Hospital Transformation Measures

The subcommittee decided not to select any of these measures.

Child and Family Well-Being Measures

CCO Accountability Measures

The subcommittee suggested keeping the *percentage of children who have received developmental screening by 36 months*, *childhood immunization status* and *effective contraceptive use among women at risk of unintended pregnancy* measures.

Early Learning Hub accountability measures

The subcommittee did not select any of these measures sets at this time.

Next steps for future meetings

At the August meeting, the subcommittee will finish reviewing the Child and Family Well-Being Measures and will begin reviewing the state and national public health measures. The next meeting will also include a review of the draft public input survey.

The next meeting is scheduled for August 25.

Public comment
No public testimony.

Adjournment

Jen Vines has agreed to report back to the Public Health Advisory Board on August 18.

The meeting was adjourned.

Public Health Modernization Manual

Foundational capabilities and programs for public health in Oregon

July 2016

Oregon Health Authority
PUBLIC HEALTH DIVISION

Contents

Executive summary

Oregon is a leader in its innovative approach to health system transformation, which aims to provide better health and better care at a lower cost. The vision for how public health should support Oregon's health system in shifting its focus to prevention of disease was outlined in the 2010 Oregon's Action Plan for Health.

> *We need a health system that integrates public health, health care and community-level health improvement efforts to achieve a high standard of overall health for all Oregonians, regardless of income, race, ethnicity or geographic location. To achieve this, we must stimulate innovation and integration among public health, health systems and communities to increase coordination and reduce duplication.*[*]

Public health modernization ensures Oregon's public health system will be well-prepared and able to meet this charge. A modernized public health system will provide core public health functions and maintain the flexibility needed to focus on new health challenges, which include emerging infectious diseases, climate change, threats from man-made and natural disasters, and an increase in chronic diseases.

Public health modernization in Oregon

The 2013 Oregon Legislature recognized the need for significant changes to the governmental public health system as a foundational aspect of health system transformation. The Task Force on the Future of Public Health Services, created by House Bill 2348 (2013), developed a set of recommendations to modernize Oregon's governmental public health system to meet the needs of the population in years to come. The task force recommended that:

- A set of foundational capabilities and programs be adopted to ensure a core set of public health services is available in every area of the state;
- Significant and sustained state funding be allocated to support implementation of the foundational capabilities and programs;
- Implementation of the foundational capabilities and programs should occur in waves over a set timeline;
- Local public health authorities should have the flexibility to determine the best method to implement the foundational capabilities and programs to meet each community's unique needs;
- A set of accountability metrics should be developed to ensure improvements and progress toward established goals.

* Oregon Health Authority. (2010). Oregon's Action Plan for Health. Available at https://www.oregon.gov/oha/action-plan/rpt-2010.pdf.

The Legislature passed House Bill 3100 in 2015, which operationalized the task force recommendations and established a set of planning activities to be completed during the 2015–17 biennium. House Bill 3100 requires changes to increase the efficiency and effectiveness of Oregon's public health system and ensure a base level of public health services to every person in Oregon.

About the Public Health Modernization Manual

The Public Health Modernization Manual provides detailed definitions for each foundational capability and program for governmental public health.

Foundational capabilities are the knowledge, skills and abilities needed to successfully implement foundational programs. Foundational programs include topic- and disease-specific work to achieve improved health outcomes, such as a decrease in the prevalence of a particular disease or health risk behavior. Before Oregon's public health modernization, foundational capabilities were not consistently present to support effective foundational programs. The public health system will fall short in meeting its charge to improve the health of everyone in Oregon without robust foundational capabilities.

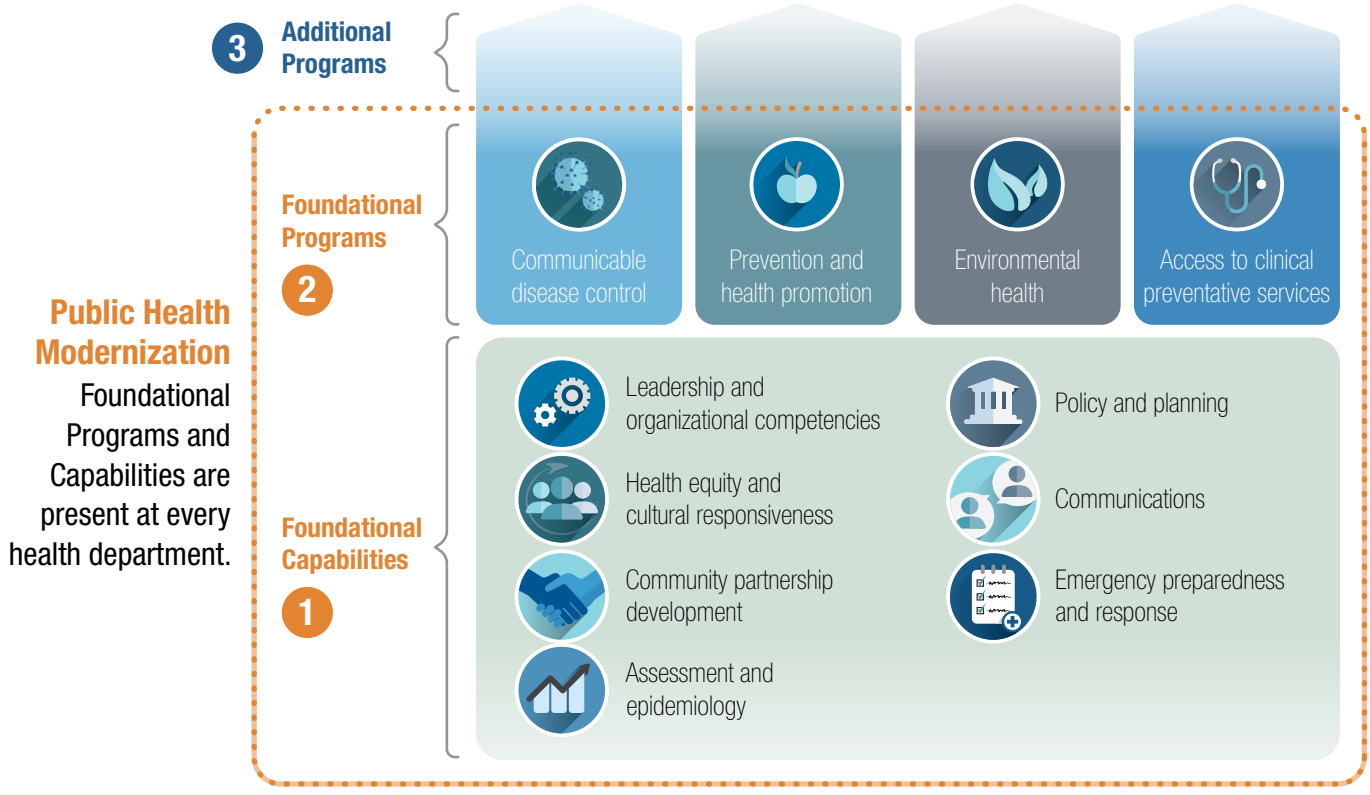
The Public Health Modernization Manual is intended to guide administrators and staff of state and local public health authorities in implementing each foundational capability and program. This manual defines how these apply specifically to state and local public health authorities, who in turn work closely with community members and partners to implement them. Moving forward, this manual provides a roadmap for the day-to-day work of Oregon's public health system.

Introduction

Everyone in Oregon deserves the opportunity to lead long and healthy lives. Governmental public health supports the achievement of optimal health for all people in Oregon. Public health:

- Gives communities timely and comprehensive data on the health of their population to inform community health assessments and community health improvement plans;
- Prepares and assists communities in response to natural disasters and other emergencies;
- Protects everyone in Oregon from disease threats;
- Creates communities that ensure access to healthy foods and safe places to play and be active; and
- Makes sure everyone in Oregon has access to health care providers and preventive health care services and screenings.

Conceptual Framework for Governmental Public Health Services



Oregon's journey to ensure a core level of public health service for everyone across the state began in 2013, when the Oregon legislature set out to modernize the state's public health system with the passage of House Bill 2348. The task force developed recommendations for a modern public health system.

Those recommendations were shared with the Oregon Legislature. In 2015, the Legislature passed House Bill 3100, which adopted foundational capabilities and programs — core services that must be available to everyone in the state wherever they live. State and local public health authorities may have additional programs based on local needs and available resources, but the foundational capabilities and programs establish a common set of essential services that must be available in all areas of the state.

Oregon's governmental public health system

Oregon's governmental public health system consists of the state's Oregon Health Authority Public Health Division (PHD) and local public health authorities. Oregon has a decentralized public health system where local governments hold responsibility for public health functions in their communities and operate as separate, autonomous entities. There are currently 33 local health departments operating along county lines and one health district serving three counties.

State and local public health authorities have distinct yet interdependent functions. **PHD:**

- Provides funding and technical assistance to local public health authorities;
- Collects public health survey data and compiles other key data sets; prepares and releases reports and statistics used by local public health authorities and their partners for community health assessments, community health improvement plans and program planning;
- Develops state policies using feedback and experience from local public health authorities;
- Regulates health care facilities, tanning beds and certain other public facilities;
- Operates the state public health laboratory; and
- Coordinates communication with federal public health partners, including the Centers for Disease Control and Prevention (CDC).

Local public health authorities are responsible for public health functions within their local jurisdictions. **Local public health:**

- Investigates disease outbreaks and coordinates with PHD to staff outbreak investigations;
- Enforces the Indoor Clean Air Act;
- Inspects restaurants; and
- Develops robust partnerships with the communities they serve.

The combined set of functions completed by state and local public health authorities comprise the work of Oregon's public health system.

About the Public Health Modernization Manual

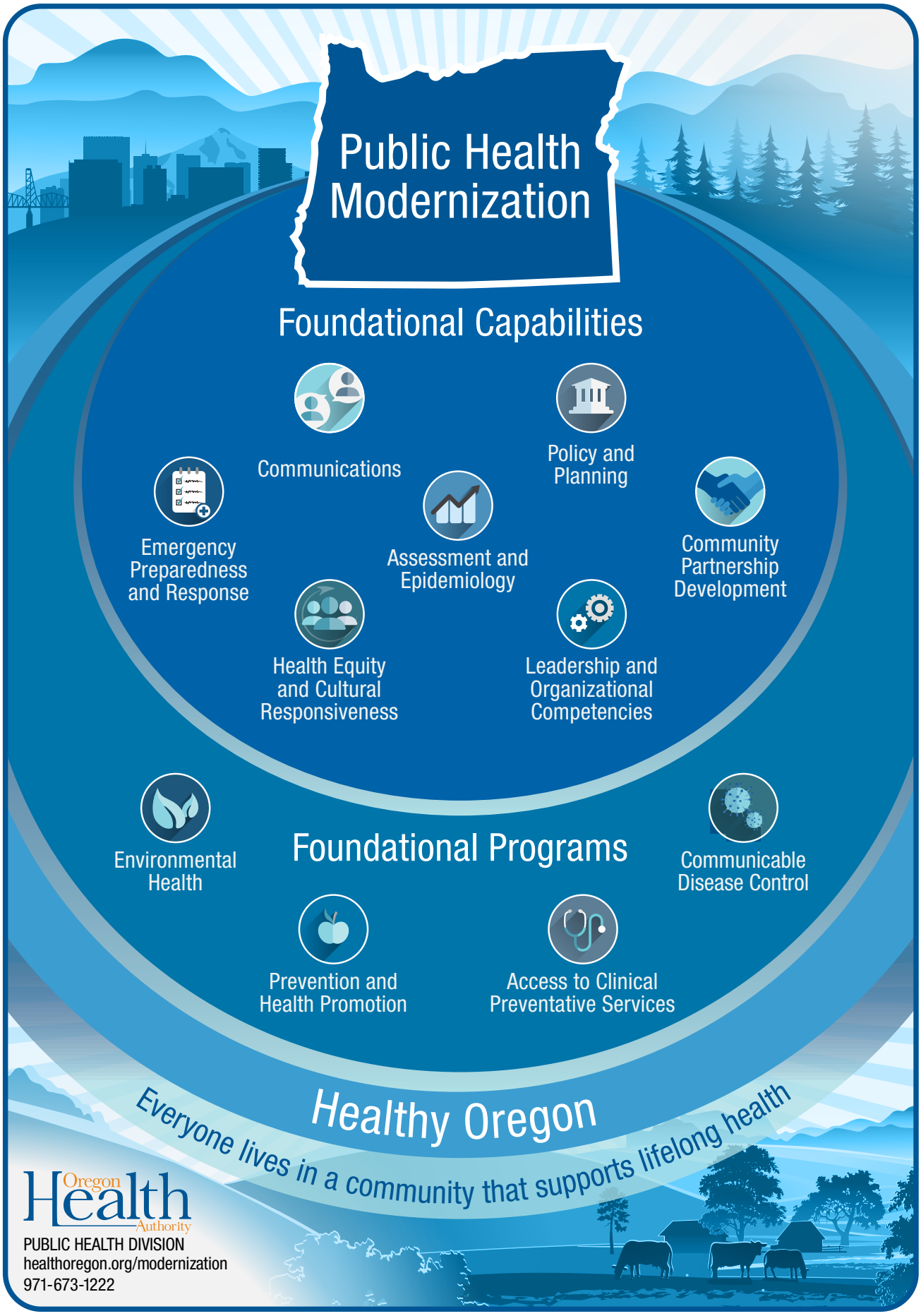
The Public Health Modernization Manual provides detailed definitions for each foundational capability and program for governmental public health. Each section in this manual shows the interplay between the roles of state and local public health authorities while describing the core functions for the public health system as a whole. Moving forward, this manual serves as a road map for day-to-day public health work in Oregon.

This manual is intended to guide administrators and staff of state and local public health authorities with implementing each foundational capability and program. The manual defines how these apply specifically to state and local public health authorities, who in turn work closely with community members and partners to implement them. Each foundational capability and program definition includes:

- Core system functions: work that state and local public health must do together as a system;
- Roles: responsibilities and activities of state and local public health authorities;
- Deliverables: tangible work products produced by state and local public health authorities; and
- Critical tools and resources: items necessary for state and local public health authorities to produce deliverables.

This manual shows the interactions among foundational capabilities and programs that lead to an efficient and effective public health system in Oregon.

Throughout the manual, hyperlinks connect core system functions, foundational capabilities and programs, and even terms. **After clicking on a link, press Alt + Left Arrow on your keyboard to retrace your path**.


Public Health Modernization
Foundational Capabilities
Communications
Policy and Planning
Emergency Preparedness and Response
Assessment and Epidemiology
Community Partnership Development
Health Equity and Cultural Responsiveness
Leadership and Organizational Competencies
Foundational Programs
Environmental Health
Communicable Disease Control
Prevention and Health Promotion
Access to Clinical Preventative Services
Healthy Oregon
Everyone lives in a community that supports lifelong health
Oregon Health Authority
PUBLIC HEALTH DIVISION
healthoregon.org/modernization
971-673-1222

Foundational capabilities

Oregon's modernized public health system is built upon seven foundational capabilities and four foundational programs. Foundational capabilities are the knowledge, skills and abilities needed to successfully implement foundational programs. Foundational programs include topic- and disease-specific work to achieve improved health outcomes, such as a decrease in the prevalence of a particular disease or health risk behavior. Historically, foundational capabilities were not consistently present to support effective foundational programs. The foundational capabilities are needed for governmental public health to meet its charge to improve the health of everyone in Oregon.

Our foundational capabilities are:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- Assessment and epidemiology
- Policy and planning
- Communications
- Emergency preparedness and response

Each capability is essential — and requires adequate staffing and resources — to carry out the vital, complex and often life-saving work of governmental public health.

The health equity and cultural responsiveness and community partnership development capabilities are defined separately, but both support all of the foundational capabilities and programs of governmental public health. Oregon won't eliminate the burden of health disparities experienced by some communities without a commitment to equity in all aspects of its governmental public health work. Similarly, we rely on the quality of our partnerships with the community and diverse stakeholders.

Foundational capabilities in action:

Live Well Washington County: Using foundational capabilities to prevent deaths from suicide

Washington County's efforts to prevent deaths from suicide illustrate how foundational capabilities are an integral component of successful public health programs. Using the policy and planning, assessment and epidemiology, leadership and organizational competencies, and community partnership development foundational capabilities, the county engaged a wide range of partners to conduct a community health assessment and develop a community health improvement plan. This work resulted in new partnerships, trainings and funding to address suicide. Learn more about the county's success story below.

In 2010, the Portland Metro area formed a work group to conduct a region-wide community health assessment for Clackamas, Multnomah, Washington counties (Oregon) and Clark County (Washington). This work group, called the Healthy Columbia Willamette Collaborative (HCWC), is comprised of members from four local health departments, two coordinated care organizations and 15 hospitals. HCWC evaluated health priorities using a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) assessment model. In all, more than 50 health issues were evaluated. Through the prioritization process, mental health emerged as a regional health focus.

Suicide as a priority for the Washington County Community Health Improvement Plan

Death from suicide was identified as one of three priority health issues for Washington County. Washington County's community health improvement plan, *Live Well Washington County*, identifies how partners across the county can come together to prevent deaths from suicide. The Suicide Prevention Council (SPC) is using a collective impact approach to ensure mutually reinforcing strategies, a common agenda and measurement system, regular ongoing communication, and strong backbone support to meet the suicide prevention objectives and strategies outlined in *Live Well Washington County*. In addition, the county has formed a Suicide Fatality Review to review local suicide fatalities to identify system improvements and inform prevention efforts.

Suicide Prevention Council

The SPC is co-facilitated by Washington County Mental Health and Public Health divisions. This council includes educators, first responders, government organizations, law enforcement, the faith community, mental health providers, survivors of suicide loss and other concerned citizens. SPC's vision is "Zero is possible." This active and engaged group of community partners meets bimonthly to maintain community momentum from the 2013 and 2015 Summit of Hope and implement steps to meet the "Zero is possible" vision.

The SPC used community health assessment data and the 2012 National Strategy for Suicide Prevention to develop objectives and strategies for *Live Well Washington County*. Participants reviewed national recommendations and voted for priorities based on current capacity, alignment with local assessment data and potential opportunities to build on existing work. The *Live Well Washington County* priorities are to:

- Integrate and coordinate suicide prevention activities across multiple sectors and settings;
- Promote responsible media reporting;
- Reduce access to lethal means;
- Promote suicide prevention as a core component of health care services; and
- Evaluate the impact and effectiveness of suicide prevention interventions and systems.

Suicide Fatality Review Committee

The Suicide Fatality Review Committee, a subcommittee of the SPC, is a multidisciplinary group of professionals and community members that meets to evaluate the circumstances leading up to suicides. Information from these reviews is used to inform the SPC actions to prevent suicide and improve community education and awareness. Death reviews have led to targeted training for certain sectors such as health care and Washington County animal services employees in additional to broad community training. Suicide Fatality Review is a key component to the CHIP and helps provide essential local data to inform strategic prevention efforts.

Work with health care systems towards Zero Suicide

In part due to the exceptional work of the SPC, in 2014 Washington County Public Health was awarded a five-year federal Garrett Lee Smith Youth Suicide Prevention grant. Grant funds support a full time suicide prevention coordinator and the implementation of the Zero Suicide Initiative with local health care systems. The county is providing technical support to a large behavioral health care system that has committed to Zero Suicide and is working with other health care systems to address questions and barriers to Zero Suicide implementation.

Washington County foundational capabilities examples

Leadership and organizational competencies	• The commitment by leadership of four local county health departments, two coordinated care organizations and 15 hospitals to form HCWC provided a regional approach to the community health needs assessment. The community health needs assessment informed Washington County's community health improvement plan, Live Well Washington County.
Community partnership development	• The SPC has more than 40 active members who attend bimonthly meetings to review progress on Live Well Washington County suicide prevention strategies. • The Summit of Hope was held in May 2015. Approximately 200 community members from various sectors were in attendance to hear about the Zero Suicide Initiative and provide recommendations to the SPC. The SPC is incorporating these recommendations into their work plan.
Assessment and epidemiology	• County level data are obtained through a unique partnership between Washington County's deputy medical examiners and epidemiologists. This county level data include identification of the most common risk factors of deaths by suicide in the county. The SPC use these data to inform their work.
Policy and planning	• The 2012 National Strategy for Suicide Prevention provided the SPC with strategic directions and priorities. The SPC aligns with these efforts while accounting for local data, county specific needs and suicide prevention efforts already underway in Washington County. • The Zero Suicide Initiative provides a framework and evidence-based tools for health care systems to reduce suicides among their patient populations. Washington County is engaging health care systems and providing technical assistance for Zero Suicide application by health care systems in the county.

Leadership and organizational competencies

Vision: Provide team-based leadership within the state or local public health authority that defines the strategic direction needed to achieve public health goals. This leadership will guide stakeholders to accomplish those goals.

Core system functions

The governmental public health system will:

a. Directly engage in health policy development and adoption with local, state and national policymakers to define the strategic direction of public health initiatives.(1)

b. Access and appropriately use legal services to plan, implement and enforce public health orders, including administrative rules and due process.(1)

c. Collect, analyze and report data for data-driven decision-making to manage organizational and system activities.

d. Establish workforce development strategies that promote the skills and experience needed to perform public health duties and to carry out governmental public health's mission.(2)

e. Collaborate with educational programs that develop future public health workers and governmental public health as an employer of choice.(2)

f. Commit to the recruitment and hiring of a diverse workforce reflecting the populations served or the populations' needs, especially those experiencing health inequities. Develop an ongoing plan for workforce diversity with goals and metrics to

g. track progress.(2)

h. Increase diversity of representatives on councils and committees.

i. Ensure business practices follow applicable federal, state, and local laws and policies.

j. Support the performance of public health functions with strong operational infrastructure, including standardized written policies and procedures that are regularly reviewed and revised.(3)

k. Maintain strategic, sufficient, nimble and sustainable technology for organization and system management.(4)

l. Ensure personally identifiable and/or confidential health information is protected.

m. Develop and implement policies and procedures across information systems to ensure interoperability between resources.

Roles

Leadership and governance

State	Local		
✓		**a.**	Set the strategic direction for Oregon's public health system, in collaboration with partners and stakeholders.
✓		**b.**	Develop and implement a strategic plan for PHD.
	✓		Develop and implement a strategic plan for local governmental public health.
✓		**c.**	Provide guidance, training and technical assistance to local and tribal authorities to promote and protect the health of all Oregonians.
✓		**d.**	Convene local health and tribal authorities to work together to improve the health of the community.
	✓		Work with the state and other local and tribal authorities to improve the health of the community.
✓	✓	**e.**	Collaborate with organizations to develop a vision for a healthy community.

Performance management, quality improvement and accountability

State	Local		
✓	✓	**a.**	Ensure the effective management of organizational change (e.g., refocusing a program, adding resource capacity, limiting program scope).
✓	✓	**b.**	Use the principles of public health law, agency rules and constitutional guarantee of due process to plan, implement and enforce public health orders.
✓	✓	**c.**	Use performance management, quality improvement tools and coaching to promote and monitor organizational objectives and sustain a culture of quality. Create an organizational environment that supports staff and their maximum productivity.

Human resources

State	Local		
✓		a.	Collaborate and share workforce development planning resources with local public health and tribal authorities.
	✓		Collaborate and share workforce development planning resources with the state, tribal and other local public health authorities.
✓		b.	Coordinate, or perform when necessary, assessments of leadership and organizational capabilities for the public health system to understand capacity, identify gaps and develop strategies to address gaps.
	✓		Conduct local assessments of leadership and organizational capabilities to understand capacity, identify gaps and develop strategies to address gaps.
✓	✓	c.	Ensure a high quality public health workforce by promoting workforce development and capacity building.
✓	✓	d.	Ensure a future public health workforce by building relationships with public health programs in higher education.
✓	✓	e.	Develop and implement a workforce development plan that identifies needed technical and/or informatics skills, competencies and/or positions. This plan should include strategies for recruiting, hiring and/or developing existing staff to meet needs.
✓	✓	f.	Ensure nimble human resources support. This includes up-to-date job classifications suitable for the listed roles and activities, and use of temporary staffing and other methods to meet immediate public health demands.
✓		g.	Increase diversity of representatives on councils and committees.

Information technology

State	Local		
✓		a.	Develop and maintain system-wide technology and resources that align with local government and other technology systems (for example, integration with electronic health records). Promote interoperability that supports current and future public health practice needs. Provide training and technical assistance for these technology resources.
	✓		Develop and maintain local public health technology and resources to support current and emerging public health practice needs. Ensure information technology supports public health and administrative functions of the department.
✓		b.	Conduct regular assessments of public health information assets and needs. Assessments should address interoperability with internal and external partners.
✓		c.	Work with local public health, the health system and other partners to develop a vision and strategic plan for public health information, based on findings from the assessment.
	✓		Work with PHD and other partners to develop a vision and strategic plan for public health information.

State	Local		
✓		**d.**	The strategic plan should include a funding strategy and appropriate governance processes for information management and supportive information systems.
✓	✓	**e.**	Ensure privacy and protection of personally identifiable and/or confidential health information in data systems and information technology.

Financial management, contracts and procurement services, facility operations

State	Local		
✓	✓	**a.**	Ensure use of financial analysis methods to make decisions about policies, programs and services, and manage them within current and projected budgets.
✓	✓	**b.**	Work with partners to seek and sustain funding for additional public health priority work.

Deliverables

State	Local		
✓		**a.**	Evidence of engagement with local health authorities to define a strategic direction for public health initiatives.
	✓		Evidence of engagement in health policy development, discussion and adoption with PHD to define a strategic direction for public health initiatives.
✓	✓	**b.**	Evidence of engagement with appropriate governing entities about public health's legal authorities and what new legislative concepts, laws and policies may be needed.
✓	✓	**c.**	Implementation of a performance management system to monitor achievement of and accountability for public health objectives using a nationally recognized framework and quality improvement tools and methods.
✓		**d.**	Statewide assessment of the skills, knowledge and abilities of the Oregon public health workforce (state, tribal and local health departments) and subsequent workforce planning strategies to address gaps.
	✓		Assessment of staff competencies; provision of training and professional development opportunities.
✓	✓	**e.**	Operation and maintenance of interoperable information technology that meets current and future public health practice needs.
✓		**f.**	Training and technical support plan for users of public health system-wide technology resources.
	✓		Training and technical support plan for users of local public health technology systems and technology resources.
✓		**g.**	Staff training in informatics.
✓	✓	**h.**	Policies and procedures in place to protect personally identifiable and/or confidential health information.

Critical tools and resources

State	Local		
✓	✓	**a.**	Public Health Accreditation Board (PHAB) Standards and Measures
✓	✓	**b.**	Council on Linkages Core Competencies for Public Health Professionals, 2014
✓		**c.**	Association of State and Territorial Health Officials Accreditation and Performance Workforce Development Plan Toolkit
	✓		National Association of County and City Health Officials accreditation tools
✓	✓	**d.**	Resourced public health informatics
✓	✓	**e.**	Interoperability of state and local data systems

Health equity and cultural responsiveness

Vision: Ensure equal opportunity to achieve the highest attainable level of health for all populations through policies, programs and strategies that respond to the cultural factors that affect health. Correct historic injustices borne by certain populations. Prioritize development of strong cultural responsiveness by public health organizations.

Six essential components

The six essential components to health equity work listed below are critical to successful implementation of the health equity and cultural responsiveness foundational capability. These components should be applied within the core system functions listed below.

- Identify the current challenges to achieving health equity and eliminating avoidable health gaps and health disparities in Oregon's public health system. Place emphasis on measurements of equity best suited to Oregon's diverse populations.
- Implement a system-wide assessment of health equity to address and measure health and social determinant (social/economic/environmental factors) outcomes by income, race, ethnicity, language, geography and disability. Place emphasis on defining a meaningful community engagement and feedback process.
- Co-create objectives, milestones and outcome measures for resource allocations, funding allocations, work plans and implementation timelines with priority populations. Integrate these across foundational capabilities and foundational programs.
- Work collaboratively across the foundational capabilities and programs to create accountability structures and internal metrics for health equity through position descriptions, strategic planning and program management.
- Co-create strategies and resources with priority populations to build a more diverse leadership and workforce in Oregon's public health system.
- Make financial investments to support effective, equitable and quality public health policies, programs and strategies that are responsive to cultural health beliefs and practices, preferred languages and literacy level.

Core system functions

Core system functions for heath equity and cultural responsiveness are based on Association of State and Territorial Health Officials (ASTHO) and National Association of County and City Health Officials (NAACHO) standards.(1,2) The governmental public health system will:

a. Monitor health status and track the conditions that influence health issues.

b. Foster shared understanding and will to achieve health equity and cultural responsiveness.

c. Engage with the community to identify and eliminate health inequities.

d. Leverage and engage partnerships in health equity solutions.

e. Develop public health policies and plans to achieve health equity, protect people from health hazards and prevent health problems.

f. Leverage existing and new funding for health equity.

g. Build and maintain a competent, representative and culturally responsive public health workforce.

h. Strengthen organizational effectiveness in support of health equity.

i. Contribute to and apply the evidence base of public health and relevant fields.

Roles

Monitor health status and track the conditions that influence health issues.

State	Local		
✓		a.	Collect and maintain data that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
	✓		Collect and maintain data, or use data provided by PHD that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
✓		b.	Make data and reports available to local public health authorities, partners and stakeholders, and other groups.
✓		c.	Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through partnerships with relevant state and local agencies.
	✓		Compile local data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through local partnerships, or use information collected and provided by PHD.

State	Local		
✓	✓	**d.**	Identify population subgroups or geographic areas characterized by: i. An excess burden of adverse health or socioeconomic outcomes; ii. An excess burden of environmental health threats; or iii. Inadequate health resources that affect health (e.g., quality parks and schools).
✓		**e.**	Implement the Race, Ethnicity, Language and Disability (REAL+D) law (ORS 413.161), and collect and maintain meaningful, disaggregated, standardized and actionable demographic data.
✓		**f.**	Based on REAL+D data, conduct cultural and linguistic assessments of relevant policies, programs and strategies to: i. Measure the gaps; ii. Develop continuous improvement plans; ii. Monitor and evaluate health equity outcomes; and iv. Inform implementation of policies, programs and strategies.

Foster shared understanding and will to achieve health equity and cultural responsiveness.

State	Local		
✓	✓	**a.**	Develop and promote shared understanding of the determinants of health, health equity and lifelong health.
✓	✓	**b.**	Promote a common understanding of cultural responsiveness.
✓	✓	**c.**	Promote understanding of the extent and consequences of systems of oppression.
✓	✓	**d.**	Make the economic case for health equity, including the value of investment in cultural responsiveness.
✓		**e.**	Increase the value for cultural responsiveness in PHD and among local public health authorities.
✓		**f.**	Develop or support mass media educational efforts that uncover the fundamental social, economic and environmental causes of health inequities.

Engage with the community to identify and eliminate health inequities.

State	Local		
✓	✓	**a.**	Make data and information available on health status and conditions that influence health status by race, ethnicity, language, geography, disability and income. Consider health literacy, preferred languages, cultural health beliefs and practices, and other communication needs when releasing data and information.
	✓	**b.**	Communicate with constituents about the health of their community, especially on policies and decisions relating to health equity priorities.

State	Local		
✓	✓	**c.**	Learn about the culture, values, needs, major concerns and resources of the community. Respect local community knowledge and seek to understand and formally evaluate it.
✓	✓	**d.**	Provide technical assistance to communities to analyze data, set priorities, identify levers of power and develop policies, programs and strategies.
✓	✓	**e.**	Enhance people's capacity to conduct their own research and participate in health impact assessments based on the principles of Community-Based Participatory Research, CDC's Community Engagement Principles and the National Environmental Justice Advisory Council's community collaboration principles.
✓	✓	**f.**	Support the community's analysis of and advocacy for policies and activities to eliminate health inequities. Share, discuss and respond to feedback from people on civil rights law implementation using tracked findings to report ways to decrease civil rights violations.
✓	✓	**g.**	Support community engagement task forces to develop and recommend strategies to engage low income, racial/ethnic and disabled community members in state and local government.
✓	✓	**h.**	Routinely invite and involve community members and representatives from community-based organizations in public health authority planning, procedures, evaluation and policies. Offer means of engagement to suit the unique cultures of community members.
✓	✓	**i.**	Increase racial and ethnic representation on councils and committees.
✓	✓	**j.**	Provide public health services that are effective, equitable, understandable, respectful and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
✓		**k.**	Work with local public health authorities when working with local communities.

Leverage and engage partnerships in health equity solutions.

State	Local		
✓	✓	**a.**	Support, implement and evaluate strategies that tackle the root causes of health inequities through strategic, lasting partnerships with public and private organizations and social movements.
✓	✓	**b.**	Engage in dialogue with people, governing bodies and elected officials about governmental policies responsible for health inequities, improvements being made in those policies and priority health issues not yet being adequately addressed.
✓	✓	**c.**	Partner to enhance multidisciplinary and multi-sector capacity to address health equity. Support health equity in all policies.
✓	✓	**d.**	Work collaboratively across the governmental public health system on state and local policies, programs and strategies intended to ensure health equity.
✓		**e.**	Advocate for health equity in health system reform.

Develop public health policies and plans to achieve health equity, protect people from health hazards and prevent health problems.

State	Local		
✓	✓	**a.**	Play a leadership role in reducing or mitigating existing social and economic inequities and conditions that lead to inequities in the distribution of disease, premature death and illness.
✓	✓	**b.**	Use existing evidence-based measures or develop public health measures of neighborhood conditions, institutional power and social inequalities that lead to prevention strategies focused on the social and environmental determinants of health.
✓	✓	**c.**	Advocate for comprehensive policies that improve physical, environmental, social and economic conditions in the community that affect the public's health.
✓		**d.**	Ensure routine review and revisions of statutes that govern PHD and other regulations and codes to ensure nondiscrimination in the distribution of public health benefits and interventions.
✓		**e.**	Monitor relevant issues under discussion by governing and legislative bodies.

Leverage existing and new funding for health equity

State	Local		
✓	✓	**a.**	Leverage health system reform funding for health equity and to build cultural responsiveness into health care delivery and funding mechanisms.
✓	✓	**b.**	Monitor funding allocations to ensure sustainable impacts on health equity.
✓	✓	**c.**	Increase flexible categorical and non-categorical funding to address health equity.
✓	✓	**d.**	Promote public and private investments in community infrastructure that sustain and improve community health, such as education, childhood development, mass transit, employment, healthy design in the built environment and neighborhood grocery stores.
✓	✓	**e.**	Expand policies to require focus on health equity and cultural responsiveness in all funding opportunities.

Build and maintain a competent, representative and culturally responsive public health workforce.

State	Local		
✓		**a.**	Develop an ongoing process of continuous learning, training and structured dialogue for all staff across PHD that: i. Explores the evidence of health inequity and its sources; ii. Explains the root causes of health inequities and the changes needed to address those root causes; iii. Examines the values and needs of the community; iv. Assists in providing core competencies and skills that achieve health equity; v. Increases staff capacity to modify and improve program implementation and service delivery in response to cultural practices, values and beliefs; and vi. Strengthens staff knowledge and skills in collecting, analyzing, interpreting and applying health inequity data.
✓	✓	**b.**	Draw on the skills and knowledge of staff who are members of communities most affected by inequities.
✓		**c.**	Assess staff knowledge and capabilities about health inequity. Develop or use an existing training to improve staff knowledge and capabilities. Make these tools available to local public health authorities.
	✓		Assess staff knowledge and capabilities about health inequity. Develop or use an existing training to improve staff knowledge and capabilities.
✓		**d.**	Develop or use an existing antidiscrimination training to build a competent workforce. Make training available to local public health authorities.
	✓		Develop or use an existing antidiscrimination training to build a competent workforce.
✓	✓	**e.**	Commit and invest existing and additional resources in recruitment, retention and advancement efforts to improve workplace equity.
✓	✓	**f.**	Establish parity goals and create specific metrics with benchmarks to track progress.
✓	✓	**g.**	Increase awareness and practice of health equity among hiring managers and supervisors so sensitivities to and understanding of root causes of health inequities are part of hiring. Include willingness to learn, cultural humility, creativity and listening skills to address cultural dominance.
✓	✓	**h.**	Hire staff with the skills, knowledge and abilities to take part in community organizing, negotiation and power dynamics, and who can mobilize people, particularly those from communities served.
✓		**i.**	Develop an ongoing community engagement process for recruitment.
✓		**j.**	Establish greater flexibility in job classifications to tackle the root causes of health inequity.
✓		**k.**	Develop relationships with high schools and colleges to ensure diverse groups of youth will join the public health workforce.

Strengthen organizational effectiveness in support of health equity.

State	Local		
✓	✓	**a.**	Ensure health equity and cultural responsiveness are fully integrated in state and local strategic priorities and plans, including state and community health improvement plans.
✓		**b.**	Conduct an internal assessment, of PHD's overall capacity to act on the root causes of health inequities. Include organizational structure and culture.
	✓		Conduct an internal assessment of the local public health authority's overall capacity to act on the root causes of health inequities. Include organizational structure and culture and ability to deliver public health services and programs to people within the context of their cultural background.
✓	✓	**c.**	Ensure all PHD and local public health authority programs integrate achieving health equity as a measurable outcome through cultural responsiveness of staff and program delivery.
✓		**d.**	Develop and provide health equity and cultural responsiveness best practices, technical assistance and tools to local public health authorities.

Contribute to and apply the evidence base of public health and relevant fields.

State	Local		
✓	✓	**a.**	Stay current with the literature on health equity, synthesize research and disseminate findings applicable to staff and the community.
✓	✓	**b.**	Evaluate and disseminate knowledge of findings and efforts on health equity (e.g., conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities).
✓		**c.**	Support research on the social processes and decisions that generate and maintain health inequities based on race, class, gender, disability and national origin.
✓		**d.**	Conduct and disseminate research that supports and honors the value of community actions to address the fundamental environmental, social and economic causes of health inequities.

Deliverables

State	Local		
✓	✓	**a.**	Internal assessment, completed within the previous five years, of the state or local authority's overall capacity to apply a health equity lens to programs and services, provide culturally responsive programming and services, and status of the division's structure and culture as a barrier or facilitator for achieving health equity.
✓	✓	**b.**	Action plan that addresses key findings from the internal assessment and includes organizational changes that support a health equity lens and cultural responsiveness. Action plan includes metrics and an accountability structure that identifies responsible work units, tasks, timelines and performance measures.
✓	✓	**c.**	Documentation that demographic data are used to evaluate the impact of public health policies, programs and strategies on health equity and health outcomes, and to inform public health action moving forward.

State	Local		
✓	✓	**d.**	Training plan to increase staff capacity to address the causes of health inequities, promote health equity and implement culturally responsive programs. Documentation that training is provided to staff annually.
✓	✓	**e.**	State or community health improvement plan, developed within the previous five years, that specifically addresses health equity and cultural responsiveness.
✓		**f.**	Documented strategy to increase the diversity of PHD workforce by 10 percent in five years.

Critical tools and resources

State	Local		
	✓	**a.**	Roots of Health Inequity; National Association of City and County Health Officials (http://naccho.org/topics/justice/roots.cfm).
	✓	**b.**	Applying Social Determinants of Health Indicator Data for Advancing Health Equity: A guide for local health department epidemiologist and public health professionals (http://barhii.org/resources/sdoh-indicator-guide/).
✓		**c.**	OHA/DHS Learning Center
✓		**d.**	Academic partnership
✓		**e.**	National Association of Chronic Disease Director's Health Equity Council (https://chronicdisease.site-ym.com/?HETools)
✓	✓	**f.**	National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (www.thinkculturalhealth.hhs.gov/content/clas.asp)
✓		**g.**	OHA Office of Equity and Inclusion

Community partnership development

Vision: Relationships with diverse partners allow the governmental public health system to define and achieve collaborative public health goals.

Core system functions

The governmental public health system will:

a. Seek and sustain collaborative cross-sector relationships with private, public and governmental organizations.

b. Engage communities in state and local government, especially those experiencing health inequities.

c. Create, convene and support strategic partnerships with shared accountability driving collective impact for the public's health.

d. Earn and maintain the trust of community residents and engage them at the grassroots level by working towards common goals and ensuring mutual benefits are achieved.

e. Work with relevant federal, state, tribal, regional and local governmental agencies, such as departments of transportation, aging, mental health, education, emergency medical services, or planning to promote health, prevent disease, and protect individuals and communities.

f. Engage community members when conducting a community health assessment and developing a community health improvement plan. Use the plan to guide work with community members and partners and to coordinate activities and use of resources.

Roles

State	Local		
✓		a.	Seek and sustain relationships with health-related organizations, organizations representing populations experiencing health inequities, private businesses and federal, tribal, state and local government agencies and non-elected officials.
	✓		Seek and sustain relationships with health-related organizations, organizations representing populations experiencing health inequities, private businesses, local government agencies and non-elected officials.
✓		b.	Strive to understand the interests, priorities, culture and operating processes of partner organizations.
✓		c.	Convene strategic partnerships with statewide and regional organizations to share accountability for the public's health.
	✓	d.	Coordinate programmatic activities with those of partner organizations to advance cross-cutting, strategic goals.
✓		e.	Support local public health to develop strategic partnerships.
	✓	f.	Ensure participation of community partners in local and state public health planning efforts.
✓	✓	g.	Engage partners when conducting a state or community health assessment. With partners, use assessment information to develop a state or community health improvement plan.
✓	✓	h.	Use the state or community health improvement plan as the basis for collaborative work with partners, and to coordinate activities and use of resources.
✓		i.	Share health planning and assessment opportunities with partners and Oregon residents.
✓		j.	Dedicate funding to community partnership development and support this funding with technical assistance.
✓	✓	k.	Promote the use of evidence-based strategies to improve population health by providing training, technical assistance and other forms of support to partners.
✓		l.	Seek and sustain collaborative interventions involving multiple stakeholders (including individual citizens and grassroots organizations).
✓	✓	m.	Earn and maintain community trust at the grassroots level by working towards common goals and mutual benefits.
✓	✓	n.	Specifically engage communities disproportionately affected by health issues so they can actively participate in planning and funding opportunities to address their needs.

Deliverables

State	Local		
✓		a.	Portfolio of cross-sector partnerships. The portfolio should include a description of partnering organizations, how the partnership supports population health and how the partnership addresses health disparities. If PHD is the convener, document the FTE needed to participate or staff the partnership.
	✓		Portfolio of cross-sector partnerships. The portfolio should include a description of partnering organizations, how the partnership supports population health and how the partnership addresses health disparities.
	✓	b.	List of all community partners involved in local and regional health needs, health impact and health hazard vulnerability assessments. The list should include descriptions of partners involved, their roles and contributions to the effort.
	✓	c.	List of all key regional health-related organizations with whom the health department has developed relationships. Documentation of collaborations and corresponding benefits to the public's health in grant progress reports and other summaries of activities.
	✓	d.	List of all local community groups or organizations representing priority populations with whom the local public health authority has developed relationships. Document successes, lessons learned, recognized barriers to collaboration and strategies to overcome these barriers.
	✓	e.	Documentation of meetings, communications and other efforts to engage communities disproportionately affected by health issues.
✓		f.	List of all community partners engaged in the development of the state health assessment and state health improvement plan. Include in this documentation the extent and nature of community and partner involvement.
✓		g.	Documentation of funding dedicated to community partnership development.
✓		h.	Documentation of technical assistance provided to local public health authorities to forge stronger community partnerships.
✓	✓	i.	Documentation of training, technical assistance and other forms of support provided to partners.
✓		j.	Description of collaborative interventions implemented with partners, including the goals of each intervention, anticipated roles for key stakeholders, extent to which the intervention has been successful and any barriers identified that limit the success of the collaboration.
✓	✓	k.	Evaluation reports on the effectiveness of community partnerships. Reports should address what is working well, and specific areas where improvement is needed related to communication, identification of shared goals and ability to work together to achieve them.

Critical tools and resources

State	Local		
✓	✓	**a.**	Public Health Accreditation Board (PHAB) Standards and Measures
✓	✓	**b.**	Collective Impact Model
✓	✓	**c.**	Prevention Institute Collaboration Multiplier

Assessment and epidemiology

Vision: Apply the principles and skilled practice of epidemiology, laboratory investigation and program evaluation to support planning, policy and decision-making for Oregon's governmental public health system.

Core system functions

Flexibility is essential to support a rapid and effective response to a new or emerging public health issue and entails access to positions, workforce training, data sources and promising new tools. Minimum assessment and epidemiology responsibilities for governmental public health are described below. These functions are essential to the timely and effective government response required by state statute and the mission to protect the health and well-being of all Oregonians.

The governmental public health system will:

a. Monitor, diagnose, investigate and respond to health problems and health hazards in communities, including public health emergencies, outbreaks and epidemics.(1)

b. Access, prepare, analyze and determine the appropriateness of using data from specific information sources including but not limited to:

   i. Vital statistics (birth and death data);

   ii. Reportable data (e.g., communicable diseases, cancer);

   iii. Health Services data (e.g., All Payer/All Claims, Hospital Discharge Index, Medicaid Management Information Systems [MMIS], ALERT Immunization Information System [ALERT IIS], Prescription Drug Monitoring Program [PDMP]);

   iv. Health care quality data (e.g., hospital acquired infections, CCO metrics);

   v. Survey data (e.g., Pregnancy Risk Assessment Monitoring System [PRAMS], Behavioral Risk Factor Surveillance System [BRFSS], Oregon Healthy Teens Survey);

vi. National/societal data (e.g., census, years of potential life lost [YPLL], population estimates and reports);

vii. Community and environmental indicators (e.g., education, crime, contaminants, licensing);

viii. Novel data sources as appropriate (e.g., school attendance data, marijuana tax data);

ix. Sources of qualitative data.

c. Use epidemiologic practices and theory to explain the population distribution of disease and death and their biological, environmental and social determinants and deterrents, across time and space.(2)

d. Identify specific population subgroups or specific geographic areas characterized by:

i. An excess burden of adverse health or socioeconomic outcomes;

ii. An excess burden of environmental health threats; and

iii. Inadequacies in community resources that affect health (e.g., quality parks and schools).

e. Collect and maintain accurate and reliable demographic data to:

i. Monitor and evaluate the impact of public health policies, programs and strategies on health equity, health outcomes and to inform future public health action; and

ii. Develop public health measures of neighborhood conditions, institutional power and social inequalities that lead to prevention strategies focused on the social and environmental determinants of health.

f. Implement the Race, Ethnicity, Language and Disability (REAL+D) law (ORS 413.161), and collect and maintain meaningful, disaggregated, standardized and actionable demographic data to:

i. Identify, track and evaluate differences in outcomes in emergencies between subgroups;

ii. Measure the gaps and develop continuous quality improvement plans;

iii. Monitor and evaluate health equity outcomes; and

iv. Provide evidence and inform implementation of equitable and culturally responsive public health policies, programs, strategies and practices.

g. Collect sufficient, timely and high quality data to guide state and local public health planning and decision-making.(3)

h. Produce timely, relevant and accessible reporting and information on the whole population and on priority populations.

i. Respond to data requests. Translate data into information that is valid, accurate, understandable and meaningful for the intended audience.

j. Conduct state or community health assessments and public health system assessments at least every five years. Include an analysis of health disparities.

k. Use health assessments to identify priorities for the state or community health improvement plan or other planning documents.

l. Use data to implement, monitor, evaluate and modify the state or community health improvement plan.

m. Evaluate the effectiveness, accessibility and quality of population-level preventive health services.

n. Maintain information technology to support population health surveillance, including electronic information systems.

o. Calculate return on investment and conduct other economic analyses.

p. Provide access to 24/7 laboratory resources necessary for timely diagnosis, surveillance and response, as outlined in the Assessment and Epidemiology - State Public Health Lab section.

PHD provides leadership and technical expertise to support the function of the public health system, and ensures the needs of all people in Oregon are met in an equitable way across the state.

Local public health authorities are accountable for population-level health and well-being in their geographic regions. This responsibility includes statutorily defined obligations and local priorities defined by community leaders. Local authorities must ensure access to assessment and epidemiologic services that can meet the core system functions.

Roles

State	Local		
✓	✓	**a.**	Ensure collaboration between state and local public health authorities when conducting assessment and epidemiological efforts.
✓		**b.**	Ensure state public health capacity to respond to emerging threats to health by maintaining flexible staffing and information systems.
	✓		Ensure local public health capacity to respond to emerging threats to health by maintaining flexible staffing and information systems.
✓		**c.**	Maintain and operate statewide information and public health surveillance systems.
	✓		Access statewide information and surveillance systems and report into these systems in a timely manner.

State	Local		
✓		**d.**	Provide technical assistance to local public health authorities, and ensure access to local data collected in statewide data collection systems.
✓		**e.**	Provide state-level public health informatics capability.
	✓		Provide local public health informatics capability or access statewide capability.
✓	✓	**f.**	Use applied research and evaluation techniques to ensure interventions meet the needs of the state or local population served.
✓		**g.**	Maintain the Oregon State Public Health Laboratory, as outlined in the Assessment and Epidemiology – State Public Health Lab section.
	✓		Maintain the capacity and staff to provide laboratory services including diagnostic and screening tests, and follow protocols established by PHD.
✓		**h.**	Promptly identify, analyze and respond to disease exposures, outbreaks and epidemics: i. Lead cross-jurisdictional epidemiological efforts. ii. Incorporate standards and standard case definitions; iii. Support local public health staff to address outbreaks and epidemics by consulting on reportable diseases, providing laboratory capabilities, sharing best practices and supporting professional development opportunities for local public health practitioners; iv. Serve as point of contact with Oregon state agencies or other state's and federal agencies, as appropriate; and v. Coordinate or provide surge capacity staffing to local health authorities for disease investigation response.
	✓		Promptly identify, analyze and respond to local disease exposures, outbreaks and epidemics. i. Lead investigations that initiate or primarily occur in the local authority. Participate in outbreak investigations that cross multiple authorities. ii. Incorporate standards and standard case definitions; and iii. Investigate and develop appropriate interventions to mitigate local/jurisdictional outbreaks and epidemics.

State	Local		
✓	✓	**i.**	Collect, process and analyze data to assess population health priorities, patterns and needs: i. Collect, maintain and analyze vital records and statistics; ii. Analyze data on the causes and burdens of disease, injury, disability and death; iii. Identify populations experiencing a disproportionate burden of death, injury and disease; iv. Use demographic information (e.g., census, vital records) to understand the population and the characteristics of that population. v. Process data from a variety of sources, including vital records, health records, hospital data, insurance data and indicators of community and environmental health in a manner that is accurate, timely, statistically valid, actionable, usable and meaningful; vi. Conduct surveys about health behaviors and practices; vii. Using quantitative and qualitative data, identify how disease, injury, disability and death disproportionately affect specific populations (populations grouped by sex, sexual orientation, gender identity, race, ethnicity, urban/rural residence, immigration status and socioeconomic status); viii. Analyze key indicators of a community's health including the upstream or root causes of health.
✓	✓	**j.**	Conduct a state or community health assessment and other assessments to support state- and local-level policy and planning: i. Conduct a state or community health assessment every five years; ii. Analyze data to identify health disparities; iii. Use data to inform, monitor, evaluate and modify the state or community health improvement plan; vi. Conduct or inform health impact assessments.
✓		**k.**	Ensure the appropriate use and timely communication of data. i. Prioritize and respond to requests for data, information and reporting. Provide a response that is accurate, statistically valid and usable to the requester. Provide technical assistance on how to apply the data to inform solutions to public health problems; ii. Produce summaries of state and local epidemiology of deaths, diseases and injuries of public health importance; iii. Make data, reports and information available to local public health authorities, policy makers, stakeholders, community members and other partners; and iv. Review evidence-based literature and conduct research on innovative solutions to health problems.
	✓		Ensure the appropriate use and timely communication of data. i. Prioritize and respond to requests for data, information and reporting. Provide a response that is accurate, statistically valid and usable to the requester; ii. Produce summaries of local epidemiology of deaths, diseases and injuries of public health importance; iii. Make data, reports and information available to policy makers, stakeholders, community members and other partners at least annually; and iv. Review evidence-based literature and conduct research on innovative solutions to health problems.

State	Local		
✓	✓	**l.**	Evaluate the effectiveness of public health policies, strategies and interventions: i. Evaluate the effectiveness, accessibility and quality of population-based health services; and ii. Perform or access expertise needed to conduct economic analysis of public health strategies (economic analyses including the cost/ risk of noninvestment, return on investment).

Deliverables

State	Local		
✓		**a.**	Maintenance and operation of statewide information systems that are accessible to state and local public health.
✓	✓	**b.**	Summaries of: i. Disease occurrence, outbreaks and epidemics; ii. The impact of public health policies, programs and strategies on health outcomes, including economic analyses, when appropriate; iii. Key indicators of community health, which include information about upstream or root causes of health; iv. Leading causes of disease, injury, disability and death, which include information about health disparities; and v. Analyses of statewide surveys on health attitudes, beliefs, behaviors and practices.
✓		**c.**	Vital records reports.
✓		**d.**	Documentation that State Public Health Lab services are available 24/7.
	✓		Documentation of capacity to interact with the State Public Health Lab on a 24/7 basis.
✓	✓	**e.**	State or community health assessment developed within the past five years
✓	✓	**f.**	Demonstrated use of data to inform annual updates to state or community health improvement plan.

Critical tools and resources

State	Local		
✓	✓	**a.**	Professional development for staff on the use of essential data analysis tools and practices using Council of State and Territorial Epidemiologists' competence levels as appropriate to staff roles.
	✓	**b.**	Access to: i. Peer-reviewed literature, including journals, professional texts and related library services; ii. Laboratory capability for reportable condition investigations; iii. Input on the local use of statewide data systems; iv. Reporting tools (for state and local data systems) that allow for customized local reporting needs; and v. Technical expertise, software and hardware for data analysis and visualization tools to pursue local investigations and assessments to understand community health needs.
✓		**c.**	Information systems (analytical, geographic, business objects).
✓	✓	**d.**	Functionality and access rights that ensure local public health authorities have access to local data and reports in statewide data systems unless confidentiality concerns require a different practice.
✓		**e.**	Data management, including data collections (linking data sets).
✓		**f.**	Data analysis and visualization tools.
✓		**g.**	Statistical capacity.
✓	✓	**h.**	Effective data sharing agreements and processes.
✓	✓	**i.**	Interoperability of state and local data systems.
	✓	**j.**	Participation in state-led shared governance processes for informatics and epidemiologic processes.
✓		**k.**	Resourced public health informatics.
✓		**l.**	Qualitative research tools.
✓		**m.**	Laboratory capability (please see Assessment and Epidemiology – State Public Health Lab section).
✓	✓	**n.**	Access to communication and health education staff and appropriate communication channels.
✓		**o.**	Access to current technical information (medical literature).

State Public Health Laboratory

Core system functions and roles for PHD

Disease prevention, control and surveillance

Provide accurate and precise analytical data in a timely manner for:

a. Prevention and control of infectious, communicable, genetic and chronic diseases, and environmental exposure.

b. Recognition of outbreaks and other events of public health significance, by the identification and characterization of what causes disease.

c. Population-based surveillance to guide decisions on conditions of public health importance.

d. Early detection of congenital disorders in newborns leading to timely diagnosis and treatment;

e. Monitoring of low-incidence and/or high-risk diseases, such as antibiotic-resistant tuberculosis, influenza, botulism and rabies.

f. Investigation and control of communicable or environmental diseases when testing is not available in the private sector.

Integrated data management

Serve as the conduit for scientific data and information in support of public health programs through:

a. Capture of laboratory data essential for public health analysis and decision making, including detecting trends and sentinel events.

b. Use of standardized data formats.

c. Participation in statewide disease reporting networks.

d. Linkage with CDC and other national and international surveillance databases.

e. Collaboration with state and national laboratory systems.

f. Continuous improvement of laboratory data systems.

Reference and specialized testing

Serve as centers of excellence using expertise, reference and resources in the areas of biological, chemical and radiologic issues of public health importance to:

a. Support the diagnosis of and surveillance for unusual and emerging pathogens.

b. Confirm atypical laboratory test results.

c. Verify results of other laboratories' tests.

d. Provide reference services to laboratories that may not have the capability to fully identify disease agents of public health importance.

e. Provide diagnostic testing for diseases of public health importance directly to providers when testing is not readily available.

f. Test for diseases of public health importance that are too rare and unusual for other laboratories to maintain testing capacity.

Environmental health and protection

Collaborate with partners to coordinate and ensure scientific analysis of environmental and human samples to identify, quantify and monitor potential threats to health:

a. Test for toxic chemical, radiological and microbiological contaminants in air, water, soil and hazardous waste.

b. Conduct biomonitoring of human specimens in the assessment of toxic chemical exposure.

c. Test environmental samples to support federal and state regulations.

d. Conduct industrial hygiene/occupational health tests to assist in efforts to protect indoor air quality and worker health, such as routine analysis of asbestos, lead, pesticides and radon.

e. Participate in the Chemical Laboratory Response Network (LRN-C) and the Environmental Response Laboratory Network (ERLN).

Food safety

Collaborate to detect, monitor and respond to food safety issues:

a. Test samples from people, food and beverages implicated in food-borne illness outbreaks.

b. Characterize isolates and participate in national strain characterization databases, such as PulseNet.

c. Analyze food specimens to detect, identify and quantify toxic contaminants such as pesticide residues, heavy metals and volatile organic compounds

d. Monitor for radioactive contamination.

e. Participate in the Food Emergency Response Network (FERN).

Laboratory improvement and regulation

Promote quality improvement for partner laboratories through training, consultation and proficiency testing:

a. Develop and oversee statewide laboratory improvement to ensure the reliability of laboratory data used for environmental monitoring and communicable disease surveillance and control.

b. Promote safe laboratory practice through education, training and consultation.

c. Assess and improve the State Public Health Laboratory System by implementing the Laboratory System Improvement Program (L-SIP).

d. Guide the creation of and support enforcement of regulations and laws that contribute to laboratory improvement.

Policy development

Play a role in the development of state and federal health policy:

a. Generate scientific evidence that informs public health practice and law.

b. Monitor the impact of public health laboratory practice on health outcomes.

c. Serve as centers of expertise, reference and resources in biological, chemical and radiologic issues in public health.

d. Participate in the development and evaluation of standards for laboratories involved in public health testing.

e. Advocate for the use of sound reasoning in the application of laboratory science and system infrastructure sustainment.

f. Engage in strategic planning at local, state and national levels.

Emergency preparedness and response

Fulfill a key partnership role in local, state and national disaster preparedness and response:

a. Function as a Laboratory Response Network (LRN) reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.

b. Triage environmental samples for the rapid identification of threat agents (chemical, biological, radiological and nuclear [CBRN]) and food samples as a part of the Food Emergency Response Network (FERN).

c. Plan for and ensure surge capacity is available during a public health emergency.

d. Have a continuity of operations plan in the event of a disruption of laboratory services.

e. Participate in the Environmental Response Laboratory Network (ERLN).

Public health research

Engage in research to improve and expand the scientific and policy basis of public health laboratory practice and ensure their optimal application:

a. Develop, evaluate and implement new technologies and methodologies.

b. Partner with other public health disciplines.

c. Collaborate with academic institutions to carry out clinical and translational science.

d. Conduct public health systems and service research.

Training and education

Facilitate access to training and education:

a. Sponsor training opportunities to improve scientific and technical skills within the public health laboratory system.

b. Support management and leadership developmental opportunities.

c. Participate in training domestic and international scientists.

d. Partner with academia to provide learning opportunities.

e. Provide continuing education in the area of laboratory practice.

Partnerships and communication

Support state public health laboratory systems:

a. Use robust information technology.

b. Link the state public health laboratory system to appropriate national surveillance networks.

State public health laboratory deliverables

Disease prevention, control and surveillance

a. Reports on laboratory data.

b. Maintenance of laboratory guidance and systems.

c. Documented provision of laboratory services for investigation of outbreaks and evaluation of public health concerns.

d. Maintained specimen collection and transport guidelines.

e. Documented provision of mandated newborn screening to every infant born in Oregon for congenital disorders specified by the State Board of Health.

f. Documented provision of medical laboratory tests for state and local health authority disease control programs for disease diagnosis, prevention, surveillance and treatment (ORS 433.012; ORS 433.004).

g. Documented provision of laboratory testing to support surveillance of conditions of public health importance (e.g., *Salmonella*, influenza, *E. coli* and others).

Integrated data management

a. Documented ability to transmit and receive data to participate in statewide and national surveillance efforts.

b. Documented ability to transmit electronic data related to sentinel events or trends that may indicate emerging pathogens or terrorism activities for national public health preparedness and response.

c. Documented provision of electronically accessible public health laboratory data.

Reference and specialized testing

a. Documented provision of highly specialized reference tests that are unavailable elsewhere, especially for diseases of public health significance (rabies, anthrax, botulism, tuberculosis, *E. coli* typing, etc.).

b. Documented ability to confirm identification of highly infectious organisms and agents of bioterrorism.

c. Documented provision of diagnostic testing for diseases of public health importance directly to providers when testing is not readily available.

d. Documented provision of reference services to laboratories that may not have the capability to fully identify disease agents of public health importance.

e. Documented provision of technical expertise and consult when unusual or uncommon organisms or pathogens are identified by local laboratories.

f. Documented use of new testing methodologies for emerging infectious diseases that do not have tests available to local laboratories.

Environmental health and protection

a. Documented ability to respond to chemical threats by informing partners what patient specimens to collect, package and ship to national partners; documented ability to receive results from the CDC.

b. Documented provision of water sample testing for bacterial agents for other state agencies.

c. Documented provision of water testing when an event occurs that may contaminate local water supplies.

d. Documented ability to implement the Oregon Environmental Laboratory Accreditation Program (ORELAP) with Oregon Department of Environmental Quality (DEQ) and Oregon Department of Agriculture. ORELAP accredits laboratories to the national standard requirements for analyzing air (Clean Air Act), drinking water (U.S. EPA for drinking water analysis), nonpotable water, solid and chemical waste, and biological tissue. (National Environmental Laboratory Accreditation Program).

Food safety

a. Documented ability to evaluate food, water and other environmental samples for microbial contamination and toxins, pesticides and solvents.

b. Documented ability to test samples from people, food and beverages implicated in food-borne illness outbreaks to detect and identify potential pathogens.

c. Documented ability to characterize isolates and participate in national strain characterization databases, such as PulseNet, to inform epidemiologic investigations.

d. Documented participation in national studies to monitor food safety and antibiotic resistance of organisms in the food supply.

e. Documented collaboration with state partners to ensure appropriate governmental agencies are notified to initiate regulatory activities and/or respond to outbreaks.

Laboratory improvement and regulation

a. Documented ability to provide oversight for statewide laboratory improvement programs to ensure the reliability of laboratory data used for environmental monitoring and communicable disease surveillance and control.

b. Documented ability to provide oversight of Oregon clinical laboratories subject to the Clinical Laboratory Improvement Amendments (CLIA) to ensure quality testing by following state regulations and Code of Federal Regulations (CFR).

c. Documented ability to accredit laboratories performing environmental, agricultural, drinking water and cannabinoid products testing.

d. Documented ability to regulate the quality of testing for infectious and communicable diseases in environmental and clinical laboratories.

e. Documented ability to implement the Laboratory System Improvement Program (L-SIP).

f. Documented enforcement of regulations and laws that contribute to laboratory improvement.

Policy development

a. Documented examples of scientific evidence and laboratory scientific expertise generated to inform public health practice and law.

b. Documented ability to provide content expertise, reference and resources for biological, chemical and radiologic issues of public health importance.

c. Current standards for the operation and performance of laboratories in public health testing.

Emergency preparedness and response

a. Maintained certification as an LRN reference laboratory for biological agents and as an LRN chemical laboratory.

b. Documented ability to liaise between local laboratories (sentinel LRN laboratories) and the CDC for rapid identification and response to identified threats, including proper handling and shipping of threat agents and organisms.

c. Documented ability to provide training and scientific laboratory expertise to local laboratories.

d. Documented ability to ensure triage, testing, packaging and/or shipping of environmental samples for the rapid identification of LRN threat agents (chemical, biological, radiological and nuclear – CBRN) and food samples as a part of FERN.

e. Current continuity of operations plan.

Public health research

a. Documentation of new laboratory technologies and methodologies in use.

b. Reports to answer questions of public health significance or interest (e.g., assess the burden of disease in particular populations).

Training and education

a. Current specimen collection and transport guidelines.

b. Documentation of efforts to educate laboratories about regulation, preparedness, packaging and shipping of samples.

c. Documented provision of disease-specific and technical expertise on laboratory testing to local public health authorities, health care professionals and others who need it.

d. Documented provision of training to improve scientific and technical skills within the state's laboratory system.

Partnerships and communication

a. Documentation of methods for communicating with public health system partners (e.g., local public health, clinical laboratory system, state public health programs).

b. Documented participation in appropriate national surveillance networks.

State laboratory critical tools and resources

Technology and instruments used at the State Public Health Laboratory are constantly evolving. The information below describes needed functionality and provides current examples of data systems and instruments that are needed or in use:

a. Data systems that support statewide and national surveillance by using standard data formats to electronically transmit and receive data with key public health system databases.

b. Data systems that support participation in national public health preparedness and response by using standard data formats to electronically transmit data on sentinel events or trends that may indicate emerging pathogens or terrorism.

c. Up-to-date and integrated laboratory instruments and data systems (e.g., advanced molecular detection platforms for next generation and whole genome sequencing; software and libraries such as MicrobeNet or DNAStar to analyze data and identify organisms, genes or expression factors; and other cutting edge tools).

Policy and planning

Vision: The public health system will implement policy, systems and environmental changes to meet the community's changing needs and align with state and federal policies. Public health policy, systems and environmental changes will eliminate health disparities, reduce leading causes of death and disability and improve health outcomes for all people in Oregon.

Core system functions

The governmental public health system will:

a. Develop public health policy recommendations that are evidence-based, grounded in law and legally defendable, and focus on achieving health equity. This includes:

   i. Researching, analyzing, costing out and articulating the impact of such policies and rules where appropriate;

   ii. Organizing support for these policies and rules; and

   iii. Placing them before an entity with the legal authority to adopt them.(1)

b. Work with partners and policy makers to enact policies that are evidence-based, including those that address the social determinants of health.(2)

c. Understand and use public health policy change tools including problem identification, policy analysis, strategy and policy development, policy enactment, policy implementation, and policy evaluation.(3)

d. Inform and influence policies being considered by other governmental and nongovernmental agencies within the state or local authority that can improve the physical, environmental, social and economic conditions affecting health but are beyond the immediate scope or authority of governmental public health.(1)

e. Engage community members, including representatives from priority populations, and other partners in conversations about policies that impact health.(4)

f. Develop and amend as needed, regulations that allow public health to implement state or local laws or regulations that continue to comply with federal rules, laws and regulations.

g. Use assessment and epidemiology to evaluate the impact of public health policies.

h. Use health communication to disseminate results of policy evaluations.

i. Develop state or community health improvement plans at least every five years, and demonstrate the plan is implemented, monitored and revised as needed.(5) Revisions can be based on both policy evaluation and epidemiological data.

j. Use cost benefit information to develop a fiscally efficient plan to respond to the priorities identified in a community and statewide health assessment.(2)

Roles

Develop and implement policy strategies to improve health, which includes:

State	Local		
✓		a.	Use information from the state health assessment to develop the state health improvement plan (SHIP). Conduct a new state health assessment and develop a new SHIP at least every five years. The SHIP may serve as a guiding document for local community health improvement plans: i. Implement, monitor, evaluate and modify the SHIP. ii. Ensure communication with the governing body (e.g., Public Health Advisory Board) to whom PHD is accountable for progress on the SHIP at least twice a year. iii. Make information about the SHIP available to the public.
	✓		Use information from the community health assessment to develop the community health improvement plan (CHIP). Conduct a new community health assessment and develop a new CHIP at least every five years. The CHIP may be built around the state health improvement plan, but also may include health issues of specific concern to the local authority. Local public health authorities may partner to develop the CHIP with the local coordinated care organization(s) or hospital(s). i. Implement, monitor, evaluate and modify the CHIP. ii. Ensure communication with the governing body (e.g., Board of Commissioners or sub-designee) to whom the health authority is accountable for progress on the CHIP at least twice a year. iii. Make information about the CHIP available to the public.

State	Local		
✓		**b.**	Develop policy, systems and environmental change strategies to improve health outcomes. Use an established policy change framework that includes problem identification, policy analysis, strategy and policy development, policy enactment, policy implementation, and policy evaluation. Activities include: i. Identify, analyze and develop statutory changes to address an identified public health issue or to respond to a change in federal statute, regulation or rule. ii. Identify, analyze and develop regulatory changes to address an identified public health issue or to respond to suggested state regulations issued by the federal government and other national organizations. iii. Identify, analyze and develop proposed systems or environmental changes to address an identified public health issue or to respond to a change in federal statute, regulation or rule. iv. Assess policy, systems and environmental change strategies for potential impact on health equity. v. Evaluate the effectiveness of policy change.
	✓		Develop policy, systems and environmental change strategies to improve health outcomes. Use an established policy change framework that includes problem identification, policy analysis, strategy and policy development, policy enactment, policy implementation, and policy evaluation. Activities include: i. Identify, analyze and develop statutory changes to address an identified public health issue or respond to a change in regional, state or federal statute, regulation or rule. ii. Identify, analyze and develop proposed systems or environmental changes to address an identified public health issue or to respond to a change in federal statute, regulation or rule. iii. Evaluate the effectiveness of policy change.
✓		**c.**	Develop a state policy strategy that specifically addresses how to reduce or eliminate health disparities. A policy strategy is a document that identifies and guides the strategic policy priorities and policy goals for the state. This policy strategy can align with other state plans (e.g., SHIP, state strategic plan) but can also include policy goals not related to other plans if appropriate. This plan must be reviewed and updated at least once a year.
	✓		Develop a local policy strategy that specifically addresses how to reduce or eliminate health disparities. A policy strategy is a document that identifies and guides the strategic policy priorities and policy goals for the authority and can align with other local public health plans (e.g., CHIP or strategic plan), but can also include policy goals not related to other plans, if appropriate. This strategy must be reviewed and updated at least once a year.
✓		**d.**	Coordinate state and local public health policy agendas and support local public health positions on legislation where appropriate.
✓		**e.**	Develop legislative concepts for public health issues to be addressed by the state legislature.
	✓		Develop policy concepts for public health issues to be addressed by city and county governments in the authority.
✓		**f.**	Make available economic analyses (e.g., cost/risk of non-investment, return on investment) for proposed policy changes at the state or local level.
	✓		Conduct or coordinate with the state on economic analyses (e.g., cost/risk of non-investment return on investment) for proposed policy changes at the local level.

State	Local		
✓		g.	Assume a leadership role in statewide and federal policy, which may include: i. Coordinate with state agencies and other organizations on policies that affect health, including health equity and the social determinants of health; ii. Advance policies and strategies that promote primary prevention, community infrastructure and improvements of social and economic conditions that sustain and improve community health; iii. Work with federal partners to inform and contribute to federal policy; iv. Interpret, respond to and implement federal and state policy changes; v. Ensure enforcement of federal and state policy and regulate activities when delegated to do so; vi. Provide support (e.g., information-sharing, technical assistance) to policy leads working in local authorities and, upon request, participate in policy initiatives including those that include multiple authorities; vii. Disseminate best practices that may inform state or local level policy work; viii. Ensure state and local public health authorities have access to experts to evaluate the social and economic impact of public health policies (e.g., contracts with economists, etc.); and ix. Ensure state and local public health authorities have access to public health law consultation and technical assistance (e.g., state attorney general, legal technical assistance groups).
	✓		Lead and coordinate with the state on policy initiatives that may include: i. Coordinate with local agencies and other organizations on policies that affect health, including health equity and the social determinants of health; ii. Inform federal policy work through NACCHO or other organizations; iii. Coordinate enforcement of federal, state and local policy, and regulate activities when delegated to do so; iv. Coordinate local public health policy agendas with the state policy agenda and support the state public health position on legislation, when appropriate; v. Share information about public health best practices or innovative strategies relevant to PHD or other local public health authorities; and vi. Participate in state-led discussions to identify, analyze, and develop or revise systems or rules to address an identified public health issue (e.g., review of existing rules).

Respond to policy initiatives that may affect health:

State	Local		
✓		a.	Work with the Oregon Legislature to provide high quality bill analyses, testimony, and data and information as requested by lawmakers.
	✓	b.	Monitor and respond to state and local public health issues that affect local authorities and, upon request, participate in policy initiatives that include multiple authorities.
✓		c.	Interpret, respond to and implement federal and state policy changes; consult with local public health authorities on local policy changes.
	✓		Interpret, respond to and implement federal, state and local policy changes.

State	Local		
✓	✓	**d.**	Coordinate enforcement of federal and state policy and regulatory activities when delegated to do so.
✓		**e.**	Develop and amend rules and regulations that implement state and local statutes or ordinances, or federal statutes, rules or regulations, when appropriate.
	✓		Develop and amend rules to implement local ordinances.

Ensure statewide community and partner engagement in policy initiatives that may affect health, which includes:

State	Local		
✓		**a.**	Lead statewide communication about how policy changes may affect health. Work directly with local public health authorities when statewide communications may have an effect on the local community.
	✓		Lead communication with the community about how policy changes may affect health.
✓		**b.**	Make information and state health data readily available to community members.
	✓		Make information and community health data readily available to community members.
✓	✓	**c.**	Engage traditional and nontraditional partners in efforts to improve health outcomes.
✓	✓	**d.**	Identify and convene strategic partners as needed.
✓	✓	**e.**	Engage priority populations and their partner organizations.

Deliverables

State	Local		
✓	✓	**a.**	Current state or community health improvement plan.
✓		**b.**	Documentation of state health improvement plan updates provided to the governing body to whom PHD is accountable.
	✓		Documentation of community health improvement plan updates provided to the governing body to whom the local health authority is accountable.
✓	✓	**c.**	Documentation of SHIP or CHIP updates and information made available to the public.
✓	✓	**d.**	State or local strategic policy plan.
✓	✓	**e.**	Documentation of developed and amended rules and regulations.

Critical tools and resources

State	Local		
✓			Access to: i. Experts to evaluate the social and economic impact of public health policies; ii. Public health law consultation (e.g., state attorney general, legal technical assistance groups); iii. State and community health data; iv. Policy-related training opportunities for policy staff, including national trainings or conferences; v. Assessment and epidemiology skills and capacity; vi. Health communications skills and capacity; and vii. Skills and capacity to address health equity.
	✓	**a.**	Access to : i. State or local experts with the ability to evaluate the social and economic impact of public health policies; ii. State or local public health law consultation; iii. State and community health data; iv. Public health law training for county legal counsel; v. Local, state and national policy-related training opportunities for policy staff; vi. Assessment and epidemiology skills and capacity. Local public health is encouraged to provide epidemiological functions within the health authority; vii. Health communication skills and capacity; and viii. Skills and capacity to address health equity.
✓	✓	**b.**	Evidence-based planning tools (e.g., MAPP process for health improvement plans)

Communications

Vision: Governmental public health is a trusted source of clear, consistent, accurate and timely health information. Governmental public health consistently uses health communication strategies, interventions and tools to eliminate health disparities and achieve equity.

Core system functions

The governmental public health system will:

a. Write and implement a strategic communication plan, in accordance with Public Health Accreditation Board Standards, that articulates the mission, values and role of the health department and responsibilities in its community. Support department and community leadership in communicating these messages.(1-3)

b. Use proactive, strategic communications with consistent messages. Leverage state and local public health communication plans for maximum benefit.

c. Coordinate with and prepare relevant subject matter experts to transmit and receive routine communications to and from the public in an appropriate, timely and accurate manner, on a 24/7 basis.(1)

d. Develop and implement a communication strategy to increase visibility of a specific public health issue and communicate risk.(1) Ensure communications are available in relevant languages simultaneously.

e. Develop and disseminate timely, accurate and proactive health education/health prevention messages to the public in culturally and linguistically appropriate formats in accordance with the ADA Section 508 for the various communities served, including the use of electronic communication tools. Work collaboratively with communities to co-create communication strategies that are understandable, respectful and responsive to diverse cultural health beliefs and practices, preferred languages, literacy level and other community needs. Such communications can be used as an intervention to shift community norms and behaviors, and/or prepare for policy change.

f. Be a reliable source of information by maintaining ongoing relations with local and statewide media, community organizations and other stakeholders. Provide timely public health data in formats appropriate for the media. Have the ability to write a press release, conduct a press conference and use electronic communication tools to interact with the media.(1, 2)

Roles

State	Local		
✓	✓	**a.**	Develop and implement a strategic communication plan that articulates and supports the state or local public health authority's mission, value, role and responsibilities.
✓	✓	**b.**	Develop and disseminate communication products according to the strategic communications plan and risk communication needs. Develop and disseminate communications on emerging public health issues. Ensure materials comply with ADA Section 508 and consider health literacy needs, the end user and use appropriate communication format(s) and language(s). Tailor communications for specific audiences, such as policymakers, stakeholders, local public health authorities, health care providers, the public and specific population groups.
✓		**c.**	Make communications products available to local public health authorities.
	✓		Adopt or customize communications products provided by PHD.
✓	✓	**d.**	Be a reputable source of health information through public health branding and dissemination of news releases and public meeting notices in a timely and transparent fashion. Support ongoing interaction with the public, ensuring all communications invite two-way communications with the public (e.g., contact information, surveys, comment boxes, etc.)
✓		**e.**	Maintain a public-facing website, provide extranet websites with controlled access for communicating with specific audiences and provide a notification system (e.g., GovDelivery) for public health updates or advisories.
	✓		Maintain a public-facing website with updates made to content no less than annually.
✓	✓	**f.**	Regularly evaluate the effectiveness of communications using tools such as web analytics, surveys, panel surveys and polls. Adjust communications and strategies accordingly.
✓		**g.**	Inform and coordinate communications between local public health authorities, state government, national organizations and federal agencies including the CDC.
✓		**h.**	Lead and coordinate all public information and establish a statewide Joint Information Center when a state of emergency or public health emergency has been declared by the Governor under ORS 401.055 or 433.441 through 433.452.
✓		**i.**	Support the coordination and the efficient use of communication resources among local, regional and state agency partners when a condition of public health importance, disease outbreak, epidemic or toxic substance affects the health of Oregonians (even if a Governor-declared emergency has not occurred). Coordinate and disseminate translations of risk communications into relevant languages to local, regional and state agency partners.
	✓		Engage with PHD when an outbreak or significant public health risk is identified to determine the scope of the health risk and all potential populations affected (i.e., neighborhood or county-level risk versus statewide risk). Based on this risk assessment, work with PHD to determine which agency will lead in coordinating communications to the public.
✓		**j.**	Support the coordination and the efficient use of communication resources among local, regional and state public health partners for strategic and routine public health information activities as outlined in the PHD's strategic communications plan.

State	Local		
✓		**k.**	Inform local public health authorities of the intent to issue statewide media releases, digital and social media campaigns and messages that affect their authority(ies) before dissemination to statewide media during emergency responses and routine public health activities.
✓		**l.**	Provide local public health authorities with communications templates, talking points and key messages for local authorities to use when communicating about emergency and routine public health information activities.
✓		**m.**	Provide technical assistance to PHD programs and local public health authorities on the development of strategic communications and communication plans upon request.

Deliverables

Planning

State	Local		
✓	✓	**a.**	Strategic communications plan that articulates the authority's mission, value, role and responsibilities in its community, and supports department and community leadership to communicate these messages. The strategic communications plan should include high priority issues that require proactive communications with the public.
✓		**b.**	Internal communications plan.

Communication channels and products

State	Local		
✓	✓	**a.**	Communication products based on the strategic communications plan and risk communication needs that consider the end user and use appropriate format(s) and language(s).
✓	✓	**b.**	Communication products that are culturally responsive, incorporate health literacy principles and address varying racial and ethnic backgrounds, geographic locations and language preferences.

Media relations and public information

State	Local		
✓	✓	**a.**	News releases and public meeting notices.
✓	✓	**b.**	Policy briefs and other related communications.
✓		**c.**	Public-facing website, extranet websites and a notification system for public health updates or advisories.
	✓		Public-facing website with regular updates made to content.
✓	✓	**d.**	Evidence of two-way communications with the public.

Communication training and capacity building

State	Local		
✓	✓	**a.**	Documentation of annual communications training for any staff beyond the public information officer who communicate with the public about public health issues.
✓		**b.**	Evidence of two-way communications with local public health.
	✓		Evidence of two-way communications with PHD.

Evaluation

State	Local		
✓	✓	**a.**	Evaluation reports on the effectiveness of communications.
✓	✓	**b.**	Evidence that communications and strategies are adjusted based on evaluation findings.
✓	✓	**c.**	Communications evaluation plan that is structured around health equity and literacy.

Critical tools and resources

State	Local		
✓		**a.**	Public-facing website, extranet sites and notification system.
	✓		Public-facing website.
✓	✓	**b.**	Social media handle(s).
✓		**c.**	Joint Information Center.
✓		**d.**	Budget for paid media and evaluation.
✓	✓	**e.**	Graphic design software and staff support.
✓	✓	**f.**	Hardware/software for generating strategic communications.
✓	✓	**g.**	Training for staff, both public information officer and other strategic communicators on crisis and emergency risk communication (CERC), writing press releases and policy briefs, ADA Section 508 compliance and creating culturally and linguistically appropriate communications.
✓	✓	**h.**	Partnerships with media, internal and external stakeholders and subject matter experts.
✓	✓	**i.**	Press releases and other communications products.
✓	✓	**j.**	Communications database or access to shared drives/folders.

State	Local		
✓	✓	**k.**	Ability to evaluate strategic communications efforts.
✓	✓	**l.**	Best practices for communications.
✓	✓	**m.**	Expertise in culturally competent communications.
✓	✓	**n.**	Membership in communications professional development organizations.
✓	✓	**o.**	Community engagement.
✓	✓	**p.**	Infrastructure for information technology.
✓	✓	**q.**	Health literacy guidance documents and assessment tools (e.g., Health Literacy Universal Precautions Toolkit, 2nd ed., Jan. 2015 and Flesch Reading Ease Formula).

Emergency preparedness and response

Vision: A healthy community is a resilient community, which is prepared and able to respond to and recover from public health threats and emergencies.

Core system functions

The governmental public health system will:

a. Maintain and use public health preparedness plans in accordance with the U.S. Department of Health and Human Services. Use Public Health Preparedness Capabilities and Response Core Competencies as core documents.(1, 2, 5)

b. Monitor public health and health system burden through disaster epidemiology.

c. Use recovery resources and incorporate health considerations in recovery planning.(1, 2)

d. Develop, exercise and maintain preparedness and response strategies and plans, according to established guidelines, to address natural or other disasters and emergencies, including special protection of at-risk populations.(6, 7)

e. Use State of Oregon's Emergency Operations Plan: Emergency Support Function 8-Public Health and Medical Services per the Office of Emergency Management.(8-10)

f. Activate the emergency response personnel and communications systems in a public health crisis. Coordinate with federal, state, tribal and local emergency managers and other first responders. Operate within and, as necessary, lead the incident command system.(2, 9)

g. Maintain and execute a continuity of operations plan that includes access to financial resources for emergency and recovery response.

h. Establish and promote basic ongoing community readiness, resilience and preparedness by communicating and enabling the public to take necessary action before, during or after an emergency.

i. Issue and enforce emergency health orders.

j. Receive notification and respond to events on a 24/7 basis.(5, 6)

k. Maintain ability to provide essential and core Public Health Laboratory testing and reporting functioning as a Laboratory Response Network (LRN). For biological threats, operate as a Biological Reference Laboratory (LRN-B); for chemical threats operate as a Chemical Reference Laboratory (LRN-C) all at levels designated by the CDC.(10)

l. Address access and functional needs populations in preparedness planning. Develop an understanding of the experiences and challenges of priority populations and create preparedness strategies responsive to diverse cultural health beliefs and practices, preferred languages and literacy levels.(7)

PHD is the primary lead state agency for the Emergency Support Function 8-Public Health and Medical Services. PHD develops, trains, exercises and maintains statewide public health and medical preparedness and response plans for natural or man-made disasters or emergencies. PHD activates emergency response including deploying personnel to critical locations during a disaster or emergency in affected area(s).(9)

Local public health authorities work closely with their jurisdiction's emergency management organization, community partners, OHA and other local, state, tribal and federal entities to coordinate, collaborate and provide response and recovery efforts to local emergencies. Local public health authorities work within their county and regional Incident Command System to address local issues.

Roles

State	Local		
✓		**a.**	Conform to the U.S. Department of Health and Human Services, using the Public Health Preparedness Capabilities and Response Core Competencies as the core document for capability.(1, 2, 5)
✓		**b.**	Monitor public health and health system burden through disaster epidemiology.
	✓		Maintain public health surveillance and response plans inclusive of disaster epidemiology and an active epidemiological surveillance plan.(9)
✓		**c.**	Use recovery resources and incorporate health considerations in recovery planning.(1, 2)
✓		**d.**	Align with other health-related priorities in Oregon and nationally. (3, 4)
✓		**e.**	Use State of Oregon's Emergency Operation Plan: Emergency Support Function 8 – Public Health and Medical Services for the authority per OEM.(8, 9, 11)
✓		**f.**	Activate emergency response personnel and communications systems in a public health crisis. Coordinate with federal, state, tribal and local emergency managers and other first responders. Operate within, and as necessary lead, the incident command system.(2, 9)
✓		**g.**	Maintain and execute a continuity of operations plan for PHD that includes access to financial resources for emergency and recovery responses.
	✓		Maintain a local continuity of operations plan.
✓		**h.**	Establish and promote basic, ongoing community readiness, resilience and preparedness by communicating and enabling the public to take necessary action before, during or after an emergency.
✓		**i.**	Issue and enforce emergency health orders.

State	Local		
✓		**j.**	Receive notification and respond to events on a 24/7 basis.(5, 6)
✓		**k.**	Maintain ability to provide essential and core Public Health Laboratory testing and reporting functioning as a Laboratory Response Network (LRN). For biological threat agents operate as a Biological Reference Laboratory (LRN-B); for chemical threat agents operate as a Chemical Reference Lab (LRN-C), all at levels designated by the CDC.(10)
✓		**l.**	Address access and functional needs populations and other priority populations.
✓		**m.**	Maintain training in preparedness per federal guidelines (e.g., incident command system).
✓	✓	**n.**	Conduct assessment of risk, resources and priority of public health preparedness capabilities.
✓	✓	**o.**	Maintain public health preparedness plans according to the 15 core capabilities (1) including public health surveillance/core epidemiology, identifying and initiating medical countermeasures dispensing strategies, communications with the public and partners, outlining public health's role in fatality management and monitoring mass care/population health (e.g., disaster epidemiology).
✓	✓	**p.**	Maintain a public health preparedness training and exercise plan, including but not limited to training of public health staff to support public health/medical surge events, and community engagement in preparedness efforts.
✓		**q.**	Exercise preparedness and response plans, according to established guidelines, which address natural or other disasters and emergencies, including special protection of at-risk populations.(6, 7)
✓	✓	**r.**	Develop short- and long-term public health goals for recovery operations.
✓		**s.**	Build community partnerships, including with organizations serving priority populations, to support health preparedness and recovery efforts.
	✓		Build community partnerships to support public health preparedness, recovery and resilience efforts, including training and exercising with community partners per federal guidelines, and ongoing training and support by local public health authorities (e.g. schools, hospitals, emergency medical, community organizations, organizations serving priority/focal populations, etc.)
✓		**t.**	Engage with community organizations to foster public health, medical and mental/behavioral health social networks.
✓	✓	**u.**	Maintain pharmaceutical access.
✓		**v.**	Ensure the state can provide or have access to appropriate testing facilities for radiation, chemical and biological events.(10)
✓		**w.**	Act as the administrator of public health notification systems (e.g., alert networks, hospital capacity programs), state logistical ordering system and syndromic surveillance system.
	✓		Act as the local coordinator of public health notification systems (e.g., alert networks, hospital capacity programs, etc.), state logistical ordering system and syndromic surveillance system.
✓	✓	**x.**	Provide efficient and appropriate situation assessment, determine objectives for the health needs of those affected, allocate resources to address those needs and return to routine operations.

Deliverables

State	Local		
✓	✓	**a.**	Disaster epidemiology reports.
✓		**b.**	Documented participation in emergency response efforts, including instances where the Incident Command Structure has been led by PHD.
	✓		Documented participation in emergency response efforts.
✓	✓	**c.**	Continuity of operations plan for the state or local public health authority.
✓		**d.**	Documentation of issued emergency public health orders.
	✓		Documentation of enforcement of emergency public health orders.
✓		**e.**	Documented maintenance of public health laboratory capacity (LRN-B and LRN-C).
✓	✓	**f.**	Documentation demonstrating planning for emergency preparedness exercises.
✓	✓	**g.**	Documentation that planned emergency preparedness exercises have been executed.
✓	✓	**h.**	Public health emergency preparedness plans according to established guidelines.
✓	✓	**i.**	Portfolio of community partnerships to support preparedness and recovery efforts.
✓	✓	**j.**	Plans for the distribution of pharmaceuticals in an emergency.
✓	✓	**k.**	Documented delivery of health alerts and preparedness communications to partners and the general public.
✓	✓	**l.**	Situational assessments and resulting operational plans, including objectives, resources needed and how to resume routine operations.

Critical tools and resources

State	Local		
✓	✓	**a.**	Preparedness training per federal guidelines, such as Incident Command System training (e.g. IS-100, IS-200, IS-300, IS-700 and IS-800).
✓	✓	**b.**	Continuity of operations (COOP) training (e.g. IS-546, IS-547 and IS-548).
✓	✓	**c.**	Emergency Support Function (ESF) 8-Public Health and Medical Services.
✓	✓	**d.**	Jurisdictional Public Health Hazard Vulnerability Assessment (PH-HVA) or Threat and Hazard Identification and Risk Assessment (THIRA).

State	Local		
✓		e.	Health alert and reporting networks.
	✓		Jurisdictional administrator of health alert and reporting networks.
✓	✓	f.	Hospital capacity systems.
✓	✓	g.	The state's logistical ordering system and syndromic surveillance system.
✓		h.	Oregon State Public Health Laboratory (OSPHL).
✓	✓	i.	Omnibus agreement for public health surge capacity.

Foundational programs

Oregon's governmental public health system is responsible for implementing foundational programs of communicable disease control, prevention and health promotion, environmental health and access to clinical preventive services.

The success of foundational programs is based, in part, on the strength of the foundational capabilities for the state or local public health authority. While all foundational capabilities touch the foundational programs, community partnership development and health equity and cultural responsiveness are essential to achieving improved health outcomes. Below is a real life example of how it works.

Foundational programs in action:

Solving the mysterious case of a listeriosis outbreak

When a call came in from the local hospital emergency department saying samples taken from a patient with fever, muscle aches and diarrhea came back from the state public health laboratory indicating listeriosis, the local public health authority took action.

Listeriosis is a life-threatening infection caused by eating food contaminated with the *Listeria* bacterium. Pregnant women, newborns, adults older than 65 and people with weakened immune systems are especially at risk.

Communicable disease control together with assessment and epidemiology

The local health jurisdiction's communicable disease staff interviewed the patient to find out what he ate and where it was purchased. The state public health laboratory quickly sent back an electronic report for staff. The report was captured in the statewide communicable disease database and shared with the CDC to track, analyze and update case information and identify trends.

Communicable disease control teams with environmental health

Next, the communicable disease staff worked with the local health authority's restaurant inspection team to collect samples of food which could have been infected with *Listeria*, then sent those samples to the state public health laboratory for testing. The communicable disease staff also got samples for testing from a farm stand where the patient bought broccoli.

Within two days, two more patients showed up in the ER with fever, muscle aches and diarrhea. The local health authority's communicable disease staff went back for more interviews with the new patients. All three purchased broccoli from the same farm stand within the span of a week.

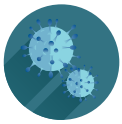
State and local communications

The local public health authority's communications and communicable disease staffs teamed with PHD to release a news advisory for the community about the risks of listeriosis associated with the farm stand broccoli.

Community partnership development works

The local public health authority worked over the next weeks with the owner of the farm stand to identify ways to stop *Listeria* from infecting produce. The farm stand owner complied with all the measures and continues to operate. Best of all, nobody else got sick.

Communicable disease control



Vision: Ensure everyone in Oregon is protected from communicable disease threats.

Core system functions

The governmental public health system will:

a. Specify the diseases that must be reported by physicians, veterinarians and other health care practitioners and by laboratories.

b. Publish standards for investigation and response to disease and outbreak reports.

c. Monitor occurrence and distinguishing characteristics and trends of infectious diseases and outbreaks.

d. Identify causes of and contributors to infectious diseases in Oregon.

e. Investigate and control disease outbreaks.

f. Maintain protocols and systems to ensure confidentiality of case information throughout investigation, reporting and maintenance of data.

g. Communicate clearly with the public about identified health risks.

h. Collect, analyze, summarize and share data and statistics about acute and communicable diseases.

i. Coordinate with environmental health to ensure appropriate infectious waste disposal practices.

j. Monitor the occurrence of and take steps to mitigate health care-associated infections.

k. Maintain historical records of reportable disease occurrence and causes in Oregon to discern disease trends.

l. Collect, analyze and share proportions of Oregonians immunized; use information about immunization proportions to increase immunization overall among Oregonians.

m. Lead disease prevention efforts and control cases of disease.

n. Evaluate disease control investigations and interventions and use findings to improve these efforts.

o. Provide subject matter expertise to inform program design, policies and communications that inform providers, the public and stakeholders about public health risks.

p. Provide disease-specific and technical expertise regarding epidemiologic and clinical characteristics to local public health authorities, health care professionals and others. Advise health care practitioners about evidence- based practices for communicable disease diagnosis, control and prevention.

q. Provide guidance for the care of rare diseases and conditions of public health importance.

r. Maintain capacity to allocate scarce resources in the event of an emergency or outbreak.

s. Ensure equitable access to immunizations among people of all ages.

t. Respond to emerging infectious diseases (e.g., SARS, MERS, Ebola).

u. Work with partners to enforce public health laws, including isolation and quarantine and immunization laws.

v. Implement culturally responsive strategies to improve access to immunizations.

Roles

State	Local		
✓		**a.**	Specify the diseases that must be reported by physicians, veterinarians and other health care practitioners and by laboratories, in consultation with local public health authorities.
	✓		Provide input into what diseases should be reportable to the state and subsequent disease investigation and control guidelines.
✓		**b.**	Develop and publish standards for investigation and response to disease and outbreak reports.
	✓		Educate local providers on reportable disease requirements. Ensure timely and accurate reporting of reportable diseases.
✓		**c.**	Monitor occurrence and distinguishing characteristics and trends of infectious diseases and outbreaks (e.g., region of the state, race, ethnicity).
	✓		Monitor occurrence and distinguishing characteristics of infectious diseases and outbreaks.
✓		**d.**	Identify causes of and contributors to infectious diseases in Oregon.
✓		**e.**	Investigate and control disease outbreaks, in collaboration with partners.
	✓		Investigate and control disease outbreaks within the authority, in collaboration with partners.
✓	✓	**f.**	Maintain protocols and systems to ensure confidentiality of case information throughout investigation, reporting and maintenance of data.
✓	✓	**g.**	Communicate clearly with the public about identified health risks.

State	Local		
✓		h.	Collect, analyze, summarize and share data about acute and communicable diseases.
	✓		Summarize and share data about acute and communicable diseases. Use information to determine opportunities for intervention and to guide policy and program decisions.
✓	✓	i.	Coordinate with environmental health and other partners to ensure appropriate infectious waste disposal practices.
✓		j.	Monitor the occurrence of and take steps to mitigate health care-associated infections.
✓		k.	Maintain historical records of reportable disease occurrence and causes in Oregon to discern trends.
✓		l.	Collect, analyze and share proportions of people in Oregon immunized and any differences by region, social and demographic characteristics. Use information about immunization proportions to increase overall immunization in Oregon.
	✓		Provide interventions with communities that are disproportionately non-immunized. Use information about immunization proportions to increase immunization rates in local jurisdictions.
✓		m.	Lead disease prevention and control initiatives such as policy development, antibiotic resistance education, sexually transmitted disease prevention messaging, infection control protocols, hand hygiene, and field investigations of outbreaks and epidemics.
	✓		Lead local disease prevention and control initiatives, or collaborate with the state on initiatives, such as antibiotic resistance, sexually transmitted disease prevention messaging, infection control protocols, hand hygiene, field investigations of outbreaks and epidemics, and statewide and local health policies.
✓		n.	Support staff working in local authorities to implement statewide disease control initiatives.
✓		o.	Evaluate disease control investigations and interventions and use findings to improve these efforts.
	✓		Work with PHD to evaluate disease control investigations and interventions. Use findings to improve these efforts.
	✓	p.	Develop, engage and maintain local strategic partnerships with hospitals, health systems, schools, daycare centers and others to prevent and control communicable diseases. Ensure engagement of priority populations to prevent and control communicable diseases.
✓	✓	q.	Provide subject matter expertise to inform program design, policies and communications that inform providers, the public and stakeholders about public health risks.
✓		r.	Provide disease-specific and technical expertise for epidemiologic and clinical characteristics to local public health authorities, health care professionals and others. Advise health care practitioners about evidence-based practices for communicable disease diagnosis, control and prevention.
	✓		Provide disease-specific and technical expertise on epidemiologic and clinical characteristics to health care professionals and others. Advise health care practitioners about evidence-based practices for communicable disease diagnosis, control and prevention.

State	Local		
✓		s.	Provide guidance for the care of rare diseases and conditions of public health importance.
	✓		Work with PHD to provide guidance for the control and prevention of rare diseases and conditions of public health importance.
✓		t.	Maintain capacity to distribute pharmaceutical and nonpharmaceutical prophylaxis in an emergency or outbreak.
	✓		Develop plans for the allocation of scarce resources in an emergency or outbreak.
✓		u.	Ensure equitable access to immunizations among people of all ages.
	✓		Ensure equitable access to immunizations among people of all ages. Implement culturally responsive strategies to improve access to immunizations.
✓		v.	Respond to emerging infectious diseases (e.g., SARS, MERS, Ebola).
✓		w.	Coordinate disease control efforts with federal and state partners (e.g., Department of Agriculture).
✓		x.	Support local health departments by providing technical assistance and surge capacity as they investigate and control reportable diseases and outbreaks.
	✓	y.	Ensure a partner notification service is available for newly diagnosed cases of syphilis, gonorrhea and HIV, as recommended by OHA.
✓		z.	Enforce public health laws, including isolation and quarantine.
	✓		Work with partners to enforce public health laws, including isolation and quarantine.
✓		aa.	Work with local public health to ensure adherence to Oregon Immunization Law, and collect and maintain records for reporting of school and children's facility immunization rates and vaccine exemptions.

Deliverables

Surveillance

State	Local		
✓		a.	Statewide summaries of acute and communicable disease occurrence, causes, distinguishing characteristics and changes over time.
	✓		Local reports of notifiable diseases.
✓		b.	Summaries of disease outbreaks, including magnitude, populations affected, microbiologic causes, and means of transmission and control.
✓		c.	Maintenance and operation of statewide information systems that are accessible to state and local public health.

State	Local		
✓		**d.**	Up-to-date investigation guidelines.
✓		**e.**	Portfolio of strategic partnerships.
	✓		Portfolio of strategic partnerships with hospitals, health systems, providers, schools and other partners.
✓		**f.**	Summaries of vaccine-related adverse events.
✓		**g.**	Summaries of gaps in immunization coverage.
✓		**h.**	Public-facing communication channels that allow timely access to information about disease trends and outbreak investigation summaries.

Investigation

State	Local		
✓		**a.**	Investigative guidelines for state and local response.
	✓		Documented implementation of investigative guidelines.
✓		**b.**	Tools for outbreak investigation.
✓		**c.**	Electronic reporting tools that are convenient and remotely accessible.
	✓		Documented submission of individual communicable disease case and outbreak data, consistent with Oregon statute, rule and program standards.
✓	✓	**d.**	Policies in place to ensure maintenance of security of personally identifiable data collected through audits, review, update and verification.
✓	✓	**e.**	Protocols for proper preparation, packaging and shipment of disease and outbreak samples of public health importance (e.g., animals and animal products).

Intervention

State	Local		
✓		**a.**	Compliance reviews of pharmacies, providers, infection control specialists and others.
✓	✓	**b.**	Documentation of policies to ensure appropriate screening and treatment for HIV, STD and TB cases, including pre- and post-exposure prophylaxis for HIV.
✓	✓	**c.**	Health education resources for the general public, health care providers, long-term care facility staff, infection control specialists and others regarding vaccine-preventable diseases, health care-associated infections, antibiotic resistance and related issues.

State	Local		
✓		d.	Electronic transmission of health information between clinical settings. And other information-sharing tools for communication between providers to reduce disease transmission.
	✓		Protocols or process maps for information-sharing between providers to reduce disease transmission.
✓		e.	Plans to allocate medical countermeasures in a public health emergency.
	✓		Plans to allocate scarce resources in an emergency or outbreak.
✓	✓	f.	Reports of gaps in surveillance, investigation and control of communicable diseases in public health agencies.
✓	✓	g.	Standards and documentation of technical support for enforcement of public health laws (e.g., isolation and quarantine, school exclusion laws).
✓			Technical support for enforcement of public health laws (e.g., isolation and quarantine, school exclusion laws).

Evaluation

State	Local		
✓		a.	Acute and communicable disease measures, analyses and statistics.
✓		b.	Outbreak summaries.
✓	✓	c.	Assessment reports of outbreak investigation and response efforts, conducted by both state and by local public health.
✓	✓	d.	Evaluation presentations and publications.
	✓	e.	Documented results of quality and process improvement initiatives.

Critical tools and resources

State	Local		
✓	✓	a.	Medical, epidemiologic and communications expertise.
✓		b.	Robust, secure, flexible information systems, including reportable disease and outbreaks databases, (e.g., statewide outbreak database, statewide communicable disease reporting database, ability to receive and parse data electronically, automated intake data for syndromic surveillance).
	✓		Reliable access to shared and interoperable information systems.
✓		c.	Informatics expertise.

State	Local		
✓		d.	Adequate business structure, (e.g., information technology).
	✓		Adequate business structure (e.g., information technology, financial tracking mechanisms).
✓	✓	e.	Rapid communications capabilities, (e.g., Health Alert Network, blast fax, video conferencing).
✓		f.	System for reporting data to federal partners.
✓	✓	g.	Immunization information system.
✓	✓	h.	Statewide tools for case investigation.
✓	✓	i.	Standard operating procedures for maintaining data, conducting outbreak investigations, conducting chart reviews and tracking diseases.
✓	✓	j.	Quality improvement tools and plans.
✓	✓	k.	Nimble human resources support that includes temporary staffing solutions and other methods to expand and contract staff to meet immediate public health demands.
✓		l.	Access to medical literature.

Prevention and health promotion

Vision: The public health system prevents and reduces harms from chronic diseases and injuries through policy change, enhanced community systems and improved health equity to support the health and development of people in Oregon across the lifespan.

Core system functions

Prevention and health promotion programs focus on health issues that affect social, emotional and physical health and safety. Programs specifically address contributors to chronic disease such as poor nutrition and inadequate physical activity, substance use disorders, tobacco use, mental health, oral health, intentional and unintentional injuries and suicide.

Prevention and health promotion programs use policy, systems and environmental change strategies to address the root causes of poor health outcomes — including educational attainment, housing, transportation, community supports — acknowledging the forces and systems that shape daily life.

The governmental public health system will:

a. Collect, analyze and disseminate statewide and locally relevant epidemiological data.

b. Provide timely, statewide, and locally relevant and accurate information to state and local communities using principles of health communication.(1)

c. Convene partners across systems and local authorities to develop shared priorities, strategies and outcome measures.

d. Identify state and local community assets, develop and implement a prioritized prevention plan, and advocate and seek funding for high priority policy initiatives.(2)

e. Identify, develop, implement and evaluate policy, systems and environmental change strategies.

f. Implement multifaceted prevention and health promotion policies, programs and strategies across the lifespan to mitigate or enhance the health impact of social determinants, improve health equity (3) and address specific health topics that contribute to chronic disease.

g. Identify, disseminate, use and promote emerging and evidence-based best practices to protect and improve health.

h. Coordinate prevention and health promotion programs and services, including:

i. Tobacco control; nutrition; oral health; prenatal, natal, and postnatal care, and childhood and maternal health; physical activity; and unintentional and intentional injuries;

ii. Additional health priorities identified on the state or community health improvement plan or other prioritization documents; and

iii. Integrate work in support of population-level behavioral health for the health areas included above (e.g., integration of work to address the impact of trauma, chronic stress, addiction or violence on health outcomes).

Roles

Collect, standardize, analyze, coordinate, use and disseminate data.

State	Local		
✓		**a.**	Conduct surveillance for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the state health improvement plan (SHIP) or other statewide prioritization documents; and iii. Behavioral health issues that affect health outcomes for areas listed in bullet i and ii above issues (e.g., trauma, chronic stress, addiction or violence).
	✓		Use surveillance data collected by PHD and use assessment and epidemiology methods for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the community health improvement plan (CHIP) or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above issues (e.g., trauma, chronic stress, addiction or violence).
✓	✓	**b.**	Assess health status across the lifespan.
✓		**c.**	Monitor knowledge, attitudes, behaviors and health outcomes related to tobacco; nutrition; oral health; prenatal, natal and postnatal care, and childhood and maternal health; physical activity; and intentional and unintentional injuries. Make data available at the local level.
	✓		Monitor knowledge, attitudes, behaviors and health outcomes related to tobacco; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries by using data from PHD or by conducting surveillance locally.
✓		**d.**	Measure differences and trends in risk factors and burden of disease among diverse populations.
	✓		Measure differences and trends in risk factors and burden of disease among diverse populations, or use information from PHD to monitor differences and trends.

State	Local		
✓		e.	Use state health profile data to inform or identify priorities and develop planning documents.
	✓		Use community health assessment data and other relevant data sources to inform or identify priorities and develop planning documents.
✓		f.	Provide technical assistance to local public health for data analysis and for use of data to inform prioritization and planning documents.

Provide timely, relevant and accurate information about social, emotional and physical health and safety.

State	Local		
✓		a.	Communicate information about: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; and childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the SHIP or other statewide prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
	✓		Communicate information about: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
✓		b.	Use health communication capacity and resources to share information with communities, partners, policy makers and others (e.g., information about policy or systems change options, or information from the state health assessment or SHIP).
	✓		Use health communication capacity and resources within the local public health authority or PHD to share information with communities, partners, policy makers and others. (e.g., policy or systems change options, or information from the community health assessment or CHIP).
✓	✓	c.	Educate consumers about the impacts of unhealthy products such as tobacco or sugary drinks, or health-protective products such as car seats.
✓	✓	d.	Demonstrate the connection between early prevention and educational achievement, health outcomes, intergenerational outcomes and other outcomes (i.e., social determinants of health) to communities, partners and stakeholders, policy makers and others.
✓		e.	Make communication materials available for use at the local level, as appropriate.

Convene stakeholders, engage statewide organizations and partners, and cultivate leadership and vision for prevention and health promotion policies, programs and strategies.

State	Local		
✓		**a.**	Develop strategic, cross-sector partnerships across systems and settings related to: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; and childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the SHIP or other statewide prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
	✓		Develop strategic, cross-sector partnerships across systems and settings related to: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
✓	✓	**b.**	Work with partners and stakeholders to develop and advance a common set of priorities, strategies and outcome measures by building coalitions and community capacity, and providing technical assistance to partners.
	✓	**c.**	Build relationships with community partners who work with priority populations.
✓		**d.**	Work with partners and stakeholders to identify statewide assets and understand needs for improving health.
	✓		Work with partners, stakeholders and community members to identify community assets and understand community needs and priorities.
	✓	**e.**	Work with communities to build community capacity, community empowerment and community organizing. Support community action to ensure policies that promote health and protection from unhealthy influences.
	✓	**f.**	Work with community partners to identify funding to implement prioritized work.

State	Local		
✓		g.	Maintain subject matter expertise and make training opportunities available in: i. Policy, systems and environmental change; ii. Evidence-based and emerging best practices; iii. Social determinants of health and the health impact of prenatal/early childhood experiences; and iv. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries.
	✓		Collaborate with PHD to maintain subject matter expertise in: i. Policy, systems and environmental change; ii. Evidence-based and emerging best practices; iii. Social determinants of health and the health impact of prenatal/early childhood experiences; and iv. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries.
✓		h.	Provide access to epidemiologists and policy, communications and evaluation specialists for local public health authorities.

Develop a prioritized plan to address health needs using policy, systems and environmental change strategies. The prioritized plan aligns the SHIP or CHIP, the state or local strategic plan and other public health planning documents.

State	Local		
✓		a.	Include policies, programs and strategies for these areas in the plan: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; and childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the SHIP or other statewide prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
	✓		Include policies, programs and strategies for the following areas in the local prioritized plan: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
✓		b.	Develop and implement SHIP priorities for prevention and health promotion. The SHIP must be revised at least every five years, and updates must be made available annually.
	✓		Develop and implement CHIP priorities for prevention and health promotion. The CHIP must be revised at least every five years, and updates must be made available annually.
✓	✓	c.	Develop and implement strategies in the SHIP or CHIP intended to reduce the burden of health disparities. Include equity indicators to monitor the impact of interventions intended to improve health equity.

State	Local		
✓		**d.**	Make the SHIP and other state planning documents available to local public health authorities to support local planning efforts.
✓		**e.**	Align prevention and health promotion priorities across the SHIP, PHD strategic plan and other planning documents.
	✓		Align prevention and health promotion priorities across the CHIP, the local public health authority's strategic plan and other relevant internal and community planning documents.
✓	✓	**f.**	Develop multifaceted strategies designed to address social determinants of health.
✓		**g.**	Support planning and implementation driven by local priorities and data.
	✓		Provide input and guidance to PHD on statewide planning.

Implement policies, programs and strategies

State: Provide technical assistance and support to implement policies, programs and strategies to improve social, emotional, and physical health and safety.

Local: Implement local policies, programs and strategies to improve social, emotional, and physical health and safety at the level supported by existing funding.

State	Local		
✓		**a.**	Support the implementation and coordination of programs and services for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; and childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the SHIP or other statewide prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
	✓		Implement programs and interventions for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities programs identified in the CHIP or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
✓		**b.**	Collaborate with partners to identify and seek funding for prevention and health promotion programs and interventions.
	✓		Collaborate with partners and engage community leaders to identify and seek funding for prevention and health promotion programs and interventions.

State	Local		
✓		**c.**	Adhere to state and federal guidance, standards and laws (e.g., guidance from CDC's Office on Smoking and Health, or state guidelines for healthy eating and active living).
	✓		Adhere to local, state and federal guidance, standards and laws (e.g., guidance from CDC's Office on Smoking and Health, or state guidelines for healthy eating and active living).
✓		**d.**	Work with national organizations and other states' public health systems to share data, best practices and resources.
✓	✓	**e.**	Develop policy, systems and environmental change strategies to improve health outcomes using problem identification and policy analysis, strategy and policy development, policy enactment, policy implementation and policy evaluation.
✓	✓	**f.**	With stakeholders, develop and implement an evaluation plan for the programs listed under bullet a.
✓	✓	**g.**	Develop, use and disseminate innovative, emerging and evidence-based best practices.

Deliverables

State	Local		
✓		**a.**	Statewide summaries, reports and information for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the SHIP or other statewide prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above. Summaries and reports include information about risk factors and burden of disease among diverse populations. Data, summaries, reports and information are made available at the local level.
	✓		Local summaries, reports and information for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above. Summaries and reports include information about risk factors and burden of disease among diverse populations.
✓		**b.**	Documented strategies used to share data, summaries and reports with local public health authorities, communities, partners, policy makers and others.
	✓		Documented strategies used to share data, summaries and reports with communities, partners, policy makers and others.
✓	✓	**c.**	Documented strategies used to educate consumers about the impact of marketing strategies on health.

State	Local		
✓		d.	Portfolio of partners and stakeholders.
	✓		Portfolio of partners and stakeholders, including local organizations that work with priority populations.
✓	✓	e.	Documentation of shared priorities and strategies with partners and stakeholders.
✓		f.	Documented participation in statewide coalitions.
	✓		Documented participation or leadership in local coalitions.
	✓	g.	Documentation of work with the community to build capacity and support community organizing efforts.
✓		h.	Documented trainings and other learning opportunities made available to partners and stakeholders.
	✓		Documented trainings and other learning opportunities made available to partners, stakeholders and community members.
✓	✓	i.	Statewide or local prioritized plan.
✓	✓	j.	Current state or community health improvement plan. Documentation of annual updates for current SHIP or CHIP.
✓	✓	k.	Evidence of strategies to reduce health disparities in the SHIP or CHIP.
✓		l.	Evidence of policies, programs and strategies implemented and coordinated for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; and childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified on the state health improvement plan or other statewide prioritization plans; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
	✓		Evidence of implementation and coordination of policies, programs and strategies for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization plans; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above.
✓	✓	m.	Documented efforts to secure funds for prevention and health promotion programs and interventions.
✓	✓	n.	Evaluation plans; evidence that plans have been shared.

Critical tools and resources

State	Local		
✓		**a.**	Ability to conduct surveillance routinely (e.g., Behavioral Risk Factor Surveillance System [BRFSS], Oregon Healthy Teens Survey, and Oregon Smile Survey).
	✓		Ability to conduct local surveillance activities and access statewide surveillance.
✓	✓	**b.**	Best Practices for Comprehensive Tobacco Control Programs.(3)
✓		**c.**	State health improvement plan.
	✓		State health improvement plan and community health improvement plan.
✓	✓	**d.**	Oregon's Title V priorities for 2016–20.(4)
✓	✓	**e.**	Oregon Injury and Violence Prevention Plan.
✓	✓	**f.**	Access to: i. State and federal trainings on chronic disease, injury prevention and health promotion; ii. Assessment and epidemiology capacity; iii. Health communications capacity; iv. Policy and evaluation capacity; v. Training opportunities (e.g., OR-Epi conference, Place Matters conference, learning/planning collaboratives); and vi. Return on investment expertise and capacity to interpret and apply national return on investment data.

Environmental health

Vision: Environmental health works to prevent disease and injury, eliminate the disparate impact of environmental health risks and threats on population subgroups, and create health-supportive environments where everyone in Oregon can thrive.

Core system functions

The governmental public health system will:

a. Monitor environmental and health status to identify and solve community environmental health problems.

b. Diagnose and investigate environmental health problems and health hazards in the community.

c. Inform, educate and empower people and communities about environmental health issues.

d. Mobilize community partnerships to identify and solve environmental health problems.

e. Develop policies and plans that support individual and community environmental health efforts.

f. Enforce laws and regulations that protect health and ensure safety.

g. Link people to needed environmental health services and ensure the provision of environmental health services when otherwise unavailable.

h. Ensure a competent environmental health workforce.

i. Evaluate the effectiveness, accessibility and quality of personal and population-based environmental health services.

j. Research for new insights and innovative solutions to environmental health problems and issues.

Roles

State	Local		
✓		a.	Serve as a liaison and convener between local public health and state/federal natural resource agencies on environmental health issues.
	✓		Coordinate with state and federal agencies and stakeholders (including other local health authorities) on environmental health issues. This includes coordination with state and federal natural resource agencies.

Regulatory capacity

State	Local		
✓		a.	Develop and adopt environmental health regulations.
	✓		Develop, implement and enforce environmental health regulations.
✓		b.	Ensure consistent application of health regulations and policies including those related to: i. Safe drinking water; ii. Health and safety of food service, public pools and tourist facilities; iii. Health care facilities compliance with all licensing rules and minimum standards; iv. Hospital Certificate of Need process; and v. Radiation sources.
	✓		Ensure consistent application of health regulations and policies.
	✓	c.	Implement state-mandated programs where appropriate (small drinking water systems, septic oversight).
✓		d.	Conduct health protection work in Oregon as delegated by the federal government.
✓		e.	Adopt drinking water quality standards.
✓		f.	Develop regulations related to the registration and operation of radiation sources including the use of x-ray machines.

State	Local		
✓		**g.**	Provide necessary licensing and certification including: i. Support and delegate licensing authority of recreational facilities, food service facilities and tourist accommodations to local public health departments.; ii. Administer statewide food handler training program; iii. Administer Certificate of Need Review process; iv. Provide health facility and trauma hospital licensing; v. Conduct health care facility plans review and construction inspection; vi. Use of radiation sources; and vii. Other services or facilities that may present an environmental health concern.
	✓		Provide licensing and certification of recreational facilities, food service facilities and tourist accommodations.
✓		**h.**	Conduct timely inspection and review of regulated facilities including: i. Drinking water systems; ii. Health care facilities; and iii. Radiation sources.
	✓		Conduct timely inspection and review of regulated entities and facilities.
	✓	**i.**	Perform and assist with outbreak investigations that have an environmental component.
✓		**j.**	Conduct timely investigation of complaints and, when applicable, assessment of fines/penalties, including those related to: i. Waterborne disease; ii. Regular drinking water testing and reporting of results; and iii. Failure to meet water quality standards and requirements.
✓		**k.**	Ensure compliance with standards and processes to: i. Develop action plans for drinking water emergencies; ii. Prescribe, review and approve plans for construction and operation standards for drinking water systems; iii. Adopt water system operator certification requirements, classify water treatment plants and water distribution systems, and certify people to operate water treatment plants and water distribution systems; iv. Declare areas of ground water concern if contaminants are present from non-point sources; v. Prepare with DEQ biennial water systems operator certification report to Legislature; vi. Adopt and maintain health, safety and sanitation rules and standards to protect the dining, swimming and recreating public; vii. Conduct reviews of local public health authority activities to ensure uniform application and enforcement standards for the dining, swimming and recreating public; and viii. Ensure health and safety operations in health facilities, emergency medical services agencies and trauma hospitals.

Planning and assessment

State	Local		
✓		**a.**	Maintain information systems to provide current and accurate information to support environmental health functions at the state and local level.
✓		**b.**	Collect, analyze, interpret, maintain and provide access to environmental health data produced by other agencies or stakeholders, including data on the natural and built environment (air quality, water quality, pesticide use).
✓		**c.**	Provide the public, regulated facilities and stakeholder organizations effective and timely assessment of environmental health hazards and protection recommendations.
✓		**d.**	Conduct ongoing occupational health surveillance and coordinate with stakeholders on occupational health issues.
	✓		Conduct ongoing environmental and occupational health surveillance.
✓		**e.**	Collect, analyze and interpret health and environmental data to anticipate and project changes in health resulting from modification to the built and natural environment.
✓	✓	**f.**	Provide evidence-based assessments of the health impacts of environmental hazards or conditions.
	✓	**g.**	Ensure environmental health is included in the community health assessment every five years.
	✓	**h.**	Conduct health analyses for other organizations and recommend approaches to ensure healthy and sustainable built and natural environments.
	✓	**i.**	Understand and participate in local land use and transportation planning processes.
✓	✓	**j.**	Measure the impact of environmental hazards on the health outcomes of priority populations. Analyze and communicate environmental justice concerns and disparities.
✓		**k.**	Approve local ambulance service area plans.
	✓		Ensure the development and maintenance of the ambulance service area plan.

Policy and program development

State	Local		
	✓	**a.**	Monitor, investigate and control infectious and noninfectious vector nuisances and diseases.
	✓	**b.**	Maintain expertise in relevant environmental health topics.
	✓	**c.**	Provide consultation and technical assistance including establishing best practices related to vector control.
✓		**d.**	Facilitate the development of environmental health policy, including policies designed to promote health equity.

State	Local		
	✓	**e.**	Inform decision makers of the impacts to environmental public health based on program, project and policy decisions.
	✓	**f.**	Use environmental health expertise to: i. Address injury and disease prevention in institutional environments (longer-term care, assisted living, child care, etc.); and ii. Reduce hazardous exposures from air, land, water and other exposure pathways.
✓		**g.**	Support capacity building efforts at the local and regional level to assess and address emerging environmental public health issues.
✓		**h.**	Maintain a trained and equipped radiation emergency response team for radiological emergencies.
✓		**i.**	Implement a foodborne illness-prevention program that includes developing an annual program plan after consultation with local public health officials and industry associations. Ensure communities across the state have access to safe retail food through the consistent application of rules and standards.
✓		**j.**	Provide decision support on environmental health issues of statewide or cross-jurisdictional importance.
✓		**k.**	Ensure comprehensive emergency medical services and trauma systems and programs.

Health promotion and outreach

State	Local		
	✓	**a.**	Deliver effective and timely outreach on environmental health hazards and protection recommendations to regulated facilities, the public and stakeholder organizations.
✓		**b.**	Issue guidance on mitigating environmental health risks and maximizing health benefits (radon, lead, air quality, mold, other environmental hazards).
✓		**c.**	Advise the public on reducing environmental health risks (public health advisories).
✓	✓	**d.**	Ensure meaningful participation of communities experiencing environmental health threats and inequities in programs and policies designed to serve them.
✓		**e.**	Provide onsite education, outreach and training to rural emergency medical services providers.

Environmental consultations

State	Local		
✓		**a.**	Coordinate with organizations and stakeholders on environmental health issues, including nontraditional partners in economic development, transportation, parks and land use.
	✓		Maintain relationships with partners in local economic development, transportation, parks and land use agencies.

State	Local		
✓		**b.**	Provide consultation and technical assistance to local public health authorities and other partners, which: i. Establish best practices for vector control; ii. Assess and mitigate environmental health hazards; and iii. Encourage land use planning and sustainable development activities.
	✓		Provide consultation and technical assistance to the food service industry and the general public.
✓		**c.**	Conduct health analyses for other organizations and recommend approaches to ensure healthy and sustainable built and natural environments.
	✓	**d.**	Provide technical assistance to integrate standard environmental public health practices into facilities that present high risk for harmful environmental exposures or disease transmission.

Deliverables

Regulatory capacity

State	Local		
✓		**a.**	Documented compliance with current federal and state standards and regulations.
✓		**b.**	Documented provision of necessary licensing and certification.
	✓		Documented provision of licensing and certification of recreational facilities, food service facilities and tourist accommodations.
✓		**c.**	Review and inspection reports of regulated facilities.
	✓		Review and inspection reports of regulated entities and facilities.
✓		**d.**	Documented investigation of complaints and assessment of fines/penalties, including those related to: i. Waterborne disease; ii. Regular drinking water testing and reporting of results; and iii. Failure to meet water quality standards and requirements.
✓		**e.**	Documented compliance with standards and processes.
	✓	**f.**	Documented enforcement of regulations.
✓		**g.**	Information systems that provide current and accurate information to support environmental health functions at the state and local level.

Planning and assessment

State	Local		
✓		**a.**	Documented assessments of environmental health hazards and protection recommendations
✓		**b.**	Reports of occupational health surveillance.
✓		**c.**	Trained radiation emergency response teams.
	✓	**d.**	Current community health assessment that includes environmental health.
✓	✓	**e.**	Documentation of health analyses prepared for other organizations with recommended approaches to ensure healthy and sustainable built and natural environments.
✓		**f.**	Reports using environmental data that other agencies or stakeholders produce, including data on the built natural environment (air quality, water quality, pesticide use).
✓		**g.**	Reports of projected changes in health resulting from changes to the built and natural environment.
✓		**h.**	Assessments of the health impacts of environmental hazards or conditions.
✓	✓	**i.**	Communications on environmental justice concerns and disparities.
✓	✓	**j.**	Approved local ambulance service area plans.

Policy and program development

State	Local		
✓		**a.**	Annual foodborne illness program plan.
	✓	**b.**	Written best practices for vector control.
✓	✓	**c.**	Policy briefs and other communications on environmental health impacts.

Health promotion and outreach

State	Local		
	✓	**a.**	Documented communications on environmental health hazards and protection recommendations to regulated facilities, the public and stakeholder organizations.
✓		**b.**	Written guidance on mitigating environmental health risks and maximizing health benefits (radon, lead, air quality, mold, other environmental hazards).
✓		**c.**	Public communications about environmental health risks (public health advisories).
✓		**d.**	Communications on environmental justice concerns and disparities.
✓		**e.**	Documented provision of onsite outreach and training for rural emergency medical services providers.

Environmental consultations

State	Local		
✓		**a.**	Documented consultations on the assessment and mitigation of environmental health hazards for local public health authority staff, the food service industry and the general public.
	✓		Documented consultations on the assessment and mitigation of environmental health hazards for the food service industry and the general public.
✓		**b.**	Documentation of recommendations made to other organizations on approaches to ensure healthy and sustainable built and natural environments.
✓		**c.**	Environmental health data reports on the natural and built environment (air quality, water quality, pesticide use).
✓	✓	**d.**	Documented integration of standard environmental public health practices into facilities that present high risk for harmful environmental exposures or disease transmission.

Critical tools and resources

State	Local		
✓		**a.**	Access to and ability to maintain GIS, data, surveys and databases linked to disease registries, vital statistics, environmental health databases, exposure registries, and other health and environmental data sources.
	✓		Access to and ability to maintain GIS data, surveys and databases linked to disease registries, environmental health databases and exposure registries.
✓		**b.**	Data systems of integrated health, exposure and hazard information, and data from national, state and city sources.
	✓	**c.**	Core personnel with the ability to anticipate, recognize and respond to environmental health threats.
	✓	**d.**	Ability to collect, store and analyze environmental health-related data.
✓		**e.**	Access to laboratory services, including radiation dry lab and the state public health laboratory.
	✓		Access to laboratory services.
	✓	**f.**	Competency in assessing and addressing environmental injustices and environmentally related health disparities.
✓		**g.**	Stakeholder and technical advisory committees including, but not limited to: i. Drinking Water Advisory Committee; and ii. State Food Service Advisory Committee.
✓		**h.**	Current standards, evidence-based strategies, best practices and regulations.

State	Local		
✓		i.	Competency in participatory decision-making, stakeholder outreach, public meeting facilitation and environmental health science.
✓	✓	j.	Established best practices and innovative tools and resources to assess and address environmental issues in the built and natural environments.

Access to clinical preventive services

Vision: Ensure people in Oregon receive recommended clinical preventive services that are cost-effective.

Core system functions

The governmental public health system will:

a. Ensure ongoing planning with health care system partners, community members and organizations that represent members of priority populations to:

   i. Identify barriers to access and gaps in services;

   ii. Develop and implement strategic plans to address these gaps and barriers to care; and

   iii. Ensure access to effective clinical preventive services;

   iv. Identify opportunities to work together to improve population health.

b. Ensure access to clinical preventive services through provision or linkage to clinical preventive services to priority populations that may include youth and young adults, those not covered under ACA because of citizenship status, and those who are historically not well-served by the health care system.

c. Recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection and self-management.

d. Ensure access to laboratory services.

e. Provide data and information to health care providers, coalitions, decision-makers, legislators and other stakeholders to support health care planning.

f. Coordinate across the public health system to provide data and support planning efforts relevant to access to clinical services.

Roles

State	Local		
✓		a.	Collect, analyze and report data on access to clinical preventive services. Analyze data to identify regional differences in access to clinical preventive services. Make data available at the local level.
	✓		Conduct local assessments, or partner with PHD, on assessments of access to clinical preventive services.
✓		b.	Collaborate with local public health authorities to identify access barriers and potential solutions to ensure access.(1)
	✓		Collaborate with PHD to identify regional access barriers and potential solutions to ensure access.
	✓	c.	Engage regional stakeholders to identify and address barriers to access to clinical preventive care.
✓	✓	d.	Provide information to the health care system about the leading causes of death and disability and evidence-based clinical interventions to address them.
✓	✓	e.	Share data and information about access to clinical preventive services and recommended policy or programmatic solutions to barriers with the health care system, policy makers, communities and other partners and stakeholders.
	✓	f.	Evaluate the impact of local policies, interventions and programs on access to clinical preventive services.
✓		g.	Provide guidance and best practices for the provision of clinical preventive services to state-level organizations and partners.
	✓		Provide guidance and best practices for the provision of clinical preventive services to local organizations, including those that serve community members with lower access to care.
✓	✓	h.	Support and recommend policy solutions to increase access to evidence-based, culturally competent and high-quality clinical health services.
✓		i.	Use data to monitor the impact of policies that support the implementation of evidence-based clinical preventive services. Produce reports and recommendations for policy changes as needed.
✓		j.	Implement federal programs that provide services to un- or under-insured residents of the state.
✓		k.	Support information systems that bridge and link public health and health care.
✓		l.	Support efforts to ensure equitable funding for clinical preventive services in alternative settings.

PHD and local public health authorities will apply the roles listed above to each of the following clinical preventive services. In addition, PHD will fulfill the specific roles for each clinical preventive service area and promote adherence to state and national standards.

Immunizations - Quality standard or recommendation: CDC Advisory Committee on Immunization Practices (ACIP) recommended adult and childhood vaccines.

State	Local		
✓	✓	**a.**	Ensure access to all vaccines required by Oregon law for school attendance. This includes ensuring vaccines are provided at convenient times and locations, and that no child is denied immunizations due to inability to pay.
✓	✓	**b.**	Ensure access to all immunization-related services necessary to protect the public and prevent the spread of vaccine-preventable disease.
	✓	**c.**	Work with local providers and public health delegate agencies to ensure access to immunization services.
✓		**d.**	Maintain a statewide immunization information system and ensure stakeholder access to immunization information.
✓		**e.**	Implement the Vaccines for Children program and other federal programs.
✓	✓	**f.**	Ensure access to vaccines as appropriate during public health emergencies.
✓		**g.**	Specify priorities for vaccination during shortages in coordination with federal and national guidelines.

Evaluation of and treatment for tuberculosis and latent tuberculosis infections

State	Local		
✓	✓	**a.**	Ensure TB cases are diagnosed and treated using directly observed therapy.
✓	✓	**b**	Ensure appropriate diagnosis and treatment of those with latent TB infection (including contacts of people with TB, new immigrants, other high-risk populations).
	✓	**c.**	Investigate contacts, including testing and treatment.
	✓	**d.**	Submit data on TB cases, contacts and new immigrants (“B waiver”).
✓	✓	**e.**	Provide medical consultation and training to local public health authorities on TB diagnosis and treatment, and provide onsite assistance with outbreaks or large contact investigations.
✓		**f.**	Maintain a centralized database to identify clusters and outbreaks
✓		**g.**	Ensure funds are available for housing assistance and other patient costs.

State	Local		
✓		**h.**	Provide access to TB medications.
✓		**i.**	Update and issue rules on TB testing for health care workers, incarcerated persons and homeless shelters.

Cost-effective preventive care: Quality standard or recommendation: USPSTF recommendations, or other national guidelines or recommendations provided by the state.

State	Local		
✓		**a.**	Identify, support and recommend insurance coverage for evidence-based programs and treatments proven to reduce the impact and costs associated with the leading causes of disease and disability in Oregon (tobacco Quit Line, chronic disease self-management programs, expedited partner therapy, non-opioid therapies for chronic non-cancer pain, appropriate prescribing guidelines).
	✓		Work with health care providers to support provision of evidence-based programs and treatments proven to reduce the impact and costs associated with the leading causes of disease and disability in Oregon (tobacco Quit Line, chronic disease self-management programs, expedited partner therapy, non-opioid therapies for chronic non-cancer pain, appropriate prescribing guidelines).
✓		**b.**	Provide data to stakeholders whose work addresses health care costs, access and/or detailing cost effectiveness and return on investment.
✓		**c.**	Provide data and technical assistance to communities planning for a school-based health center.
✓		**d.**	Ensure compliance with quality standards for state-funded health clinics such as school-based health centers.
✓		**e.**	Ensure access to comprehensive reproductive health services and provide technical assistance.

Prenatal care - Quality standard or recommendation: U.S. Preventive Services Task Force (USPSTF) recommendations, or other national guidelines or recommendations provided by the state.

Screening for preventable cancers and other diseases - Quality standard or recommendation: USPSTF recommendations, or other national guidelines or recommendations provided by the state.

Screening for sexually transmitted infections - Quality standard or recommendation: Currently - 2015 CDC Sexually Transmitted Disease Treatment Guidelines.

Deliverables

State	Local		
✓	✓	**a.**	Statewide or jurisdictional reports on access to clinical preventive services.
✓		**b.**	Documentation of resources provided to clinical partners and state decision-makers on evidence-based guidelines for the delivery of clinical preventive services.
	✓		Documentation of resources provided to clinical and community partners on evidence-based guidelines for the delivery of clinical preventive services.
✓	✓	**c.**	Documentation of work with partners to recommend strategies for improving access to clinical preventive services.
✓	✓	**d.**	Documentation for the development and implementation of a plan for improved access to clinical preventive services, particularly for priority populations. Document implementation of this plan.
✓	✓	**e.**	Evaluation reports of policies implemented to improve access to clinical preventive services.
✓	✓	**f.**	Documentation of compliance with state and federal laws.

Critical tools and resources

State	Local		
✓	✓	**a.**	Statewide surveillance systems.
✓	✓	**b.**	National guidelines for clinical preventive services.
✓	✓	**c.**	National guidelines for community preventive services.
✓	✓	**d.**	State Public Health Laboratory.

Endnotes

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www.resolv.org/site-foundational-ph-services/files/2014/04/V-1-Foundational-Capabilities-and-Areas-and-Addendum.pdf

Washington State Department of Health – Foundational public health services
www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/ PublicHealthImprovementPartnership/ProductsandResources/FoundationalPublicHealthServices

Public Health Accreditation Standards and Measures
www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/

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www.cdc.gov/nphpsp/essentialservices.html

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www.cdc.gov/phpr/capabilities/index.htm

Institute of Medicine - Healthy, Resilient, and Sustainable Communities after Disasters
https://iom.nationalacademies.org/~/media/Files/Report%20Files/2015/Disaster/postdisaster%20RB%20FINAL.pdf

Centers for Disease Control and Prevention - National Snapshot of Public Health Preparedness, 2015
www.cdc.gov/phpr/pubs-links/2015/documents/2015_Preparedness_Report.pdf

Federal Emergency Management Agency - Presidential Policy Directive-8
www.fema.gov/learn-about-presidential-policy-directive-8

Oregon Department of Emergency Management - Emergency Management Plan, Volume IV: State of Oregon Recovery Plan
http://www.oregon.gov/OMD/OEM/docs/OR%20RECOVERY%20PLAN_FULL%20PLAN_FINAL_DEC%202014.pdf

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https://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/MCHTitleV/Pages/index.aspx

National Association of County and City Health Officials - Healthy Communities, Healthy Behaviors: Using Policy, Systems, and Environmental Change to Combat Chronic Disease
www.naccho.org/topics/HPDP/mcah/upload/issuebrief_pse_webfinal.pdf

Access to clinical preventive services

United States Preventive Services Task Force
www.uspreventiveservicestaskforce.org/

Centers for Disease Control and Prevention - Advisory Committee on Immunization Practices
www.cdc.gov/vaccines/acip/

Centers for Disease Control and Prevention – Sexually Transmitted Diseases Treatment Guidelines, 2015
www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm

Association of State and Territorial Health Officials - National Prevention Strategy, Clinical and Preventive Services
www.astho.org/NPS/Toolkit/Clinical-and-Community-Preventive-Services/

Public health modernization, accreditation and the 10 essential services: CROSSWALK SNAPSHOT

This crosswalk shows how public health priorities are aligned across state and national public health initiatives.

Modernization of public health Creates a public health system for the future through: adoption of the foundational capabilities and programs in all public health authorities, sustained state funding for the public health system, and adoption of population health metrics.	**Public health accreditation domains (v 1.5)** Improves and protects the health of every community by advancing the quality and performance of public health departments.	**10 essential public health services** Describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.
Assessment and epidemiology	1: Conduct and disseminate assessments focused on population health status and public health issues facing the community	Monitor health status to identify and solve community health problems
Emergency preparedness and response	2: Investigate Health Problems and Environmental Public Health Hazards to Protect the Community; 5: Develop Public Health Policies and Plans	Diagnose and investigate health problems and health hazards in the community; mobilize community partnerships and action to identify and solve health problems
Communications	2: Investigate health problems and environmental public health hazards to protect the community; 3: Inform and educate about public health issues and functions	Inform, educate and empower people about health issues
Policy and planning	5: Develop public health policies and plans; 6: Enforce public health laws	Develop policies and plans that support individual and community health efforts; enforce laws and regulations that protect health and ensure safety
Leadership and organizational competencies	8: Maintain a competent public health workforce; 9: Evaluate and continu-ously improve processes, programs and interventions; 11: Maintain adminis-trative and management capacity; 12: Maintain capacity to engage the public health governing entity	Ensure competent public and personal health care workforce
Health equity and cultural responsiveness	4: Engage with the community to identify and address health problems; 11: Maintain administrative and management capacity	Ensure competent public and personal health care workforce
Community partnership development	4: Engage with the community to identify and address health problems	Mobilize community partnerships and action to identify and solve health problems

Communicable disease control	2: Investigate health problems and environmental public health hazards to protect the community; 10: Contribute to and apply the evidence base of public health	Diagnose and investigate health problems and health hazards in the community; research for new insights and innovative solutions to health problems
Environmental health	2: Investigate health problems and environmental public health hazards to protect the community; 3: Inform and educate about public health issues and functions; 10: Contribute to and apply the evidence base of public health	Diagnose and investigate health problems and health hazards in the community; research for new insights and innovative solutions to health problems
Prevention and health promotion	3: Inform and educate about public health issues and functions; 10: Contribute to and apply the evidence base of public health	Diagnose and investigate health problems and health hazards in the community; research for new insights and innovative solutions to health problems
Access to clinical preventive services	7: Promote strategies to improve access to health care	Link people to needed personal health services and ensure the provision of health care when otherwise unavailable; evaluate effectiveness, accessibility. and quality of personal and population-based health services
For more information, visit https://public.health.oregon.gov/About/TaskForce/Pages/index.aspx.	**For more information, visit www.phaboard.org.**	**For more information, visit www.cdc.gov/nphpsp/essentialservices.html.**

Glossary of terms

Access

The potential for or actual entry of a population into the health system. The ability to obtain wanted or needed services may be influenced by many factors, including travel, distance, waiting time, available financial resources, cultural appropriateness and availability of a regular source of care. Access also refers to the extent to which a public health service is readily available to the community's individuals in need. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

Advisory Committee on Immunization Practices (ACIP)

A group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States. ACIP was established under Section 222 of the Public Health Service Act (42 U.S.C. § 217a). (Centers for Disease Control and Prevention [CDC]. Advisory Committee on Immunization Practices. 2015. www.cdc.gov/vaccines/acip).

ALERT Immunization Information System (ALERT IIS)

A statewide immunization registry developed to achieve complete and timely immunization of all people in Oregon. (Oregon Health Authority, Public Health Division. ALERT Immunization Information System. https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/alert/Pages/index.aspx)

Assessment

1. Collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve public health.
2. One of the three core functions of public health, involving the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on community health status, health needs, community assets and/or other public health issues. The process of regularly and systematically collecting, assembling, analyzing, and making available information on the health needs of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems.

(Assessment in Action: Improving Community Health Assessment Practice, Clegg and Associates. 2003; Institute of Medicine. The Future of Public Health. Washington, DC: National Academy Press. 1988; Novick LF, Mays GP. Public Health Administration: Principles for Population-Based Management. Gaithersburg, MD: Aspen Publishers. 2001).

Association of State and Territorial Health Officials (ASTHO)

The national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ ASTHO's primary function is to track, evaluate, and advise members on the impact and formation of public or private health policy which may affect them and to provide them with guidance and technical assistance on improving the nation's health. (ASTHO. About ASTHO. 2015 www.astho.org/About).

Assurance

As one of the core functions of public health, assurance refers to the process of determining that "services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (public or private sector), by requiring such action through regulation, or by providing services directly." (Institute of Medicine. The Future of Public Health. Washington, DC: National Academy Press. 1988).

At-risk populations

Certain factors will increase a person's risk of negative outcomes on health, safety and well-being; they may experience significant barriers, and therefore need help maintaining medical care, food and shelter.

Examples of factors that increase risk of harm include economic disadvantage and absence of a support network. (ASTHO: At-Risk Populations and Pandemic Influenza: Planning Guidance for State, Territorial, Tribal, and Local Health Departments Executive Summary. August 2008).

Behavioral Risk Factor Surveillance System (BRFSS)

The largest, continuously conducted, telephone health survey in the world. It enables the Centers for Disease Control and Prevention (CDC), state health authorities, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. (Oregon Health Authority, Public Health Division. Oregon Behavioral Risk Factor Surveillance System. http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/Pages/index.aspx).

Benchmarks

Points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which used as a reference for future comparisons (similar to a baseline). Sometimes it also refers to as "best practices" in a particular field.

Communities compare themselves against these standards (Norris T, Atkinson A, et al. The Community Indicators Handbook: Measuring Progress Toward Healthy and Sustainable Communities. San Francisco, CA: Redefining Progress. 1997).

Best practices

The best clinical or administrative practice or approach at the moment, given the situation, the consumer or community needs and desires, the evidence about what works for a particular situation and the resources available. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Capacity

The resources and relationships necessary to carry out the core functions and essential services of public health; these include human resources, information resources, fiscal and physical resources, and appropriate relationships among the system components. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

Centers for Disease Control and Prevention (CDC)

A federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States with the goal of improving overall public health. Established in 1946 and based in Atlanta, the CDC is managed by the Department of Health and Human Services. (SearchHealthIT. Centers for Disease Control and Prevention definition. http://searchhealthit.techtarget.com/definition/Centers-for-Disease-Control-and-Prevention-CDC).

CLAS/CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. (U.S. Department of Health and Human Services, Office of Minority Health. www.thinkculturalhealth.hhs.gov/Content/clas.asp).

Clinical Laboratory Improvement Amendments (CLIA)

CLIA establishes quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results regardless of where the test was performed. CLIA requires all facilities that perform even one test to meet certain Federal requirements. (Centers for Medicare and Medicaid Services [CMS]. How to Obtain a CLIA Certificate. 2006. www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtainclia certificate.pdf).

Collective Impact Model

An innovative and structured framework to make collaboration work across sectors to solve a specific social problem. Collective impact includes using a common agenda, aligning efforts and using common measures of success. (FSG. Collective Impact. 2015. www.fsg.org/approach-areas/collective-impact).

Communicable disease data

Information about diseases that are usually transmitted through person-to-person contact or shared use of contaminated instruments or materials. Many of these diseases can be prevented through the use of protected measures, such as high level of vaccine coverage of vulnerable populations. (For data indicators, see: http://archived.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/Worksheet-CHSA-Indicator-List.pdf).

Communications strategies

Statements or plans that describe a situation, audience, behavioral change objectives, strategic approach, key message points, media of communication, management and evaluation. Health departments may develop communications strategies to address a variety of situation for health communications, emergency response or health education. (Adapted from O'Sullivan GA, Yonkler JA, Morgan W, Merritt AP. A Field Guide to Designing a Communications Strategy. Johns Hopkins Bloomberg School of Public Health Center for Communications Programs. Baltimore, MD. March 2003).

Community

A group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

Community-based participatory research (CBPR)

A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and aims to combine knowledge with action to achieve social change, improve health outcomes and eliminate health disparities. (Centers for Disease Control and Prevention [CDC]. Community-based Participatory Research: Necessary Next Steps. July 2007. www.cdc.gov/pcd/issues/2007/jul/06_0182.htm).

Community health

The study and improvement of the health-related characteristics of the relationships between people and their physical and social environments. Community health focuses on a broad range of factors that impact health, such as the environment (including the built environment), social structure, resource distribution (e.g., access to healthful foods), social capital (social cohesion) and socio- economic status. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA. May 2011. www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf).

Community mobilization

A capacity-building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others. (Howard-Grabman L, Snetro G. How to mobilize communities for health and social change. Health Communication Partnership. Baltimore, MD; 2003.)

Community resilience

The ability of a community to use its assets to strengthen public health and healthcare systems and to improve the community's physical, behavioral and social health to withstand, adapt to and recover from adversity. (U.S. Department of Health and Human Services. Public Health Emergency. 2015. www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx).

Community wisdom

The aggregated base of knowledge, intuition, skills and assets that residents bring to solving their collective challenges. (Prevention Institute. Rooted in Community Wisdom. www.preventioninstitute.org/about-us/our-approach/rooted-in-community-wisdom.html).

Competencies

Fundamental knowledge, abilities or expertise associated in a specific subject area or skill set. (Nash D, Reifsnyder J, Fabius R, Pracilio VP. Population Health: Creating a Culture of Wellness. Jones and Bartlett. MA. 2011).

Coordinated care organization (CCO)

A network of all types of health care providers who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan. CCOs focus on primary care and prevention in order to better manage chronic conditions and keep people healthy. (Oregon Health Authority. Oregon Health Policy Board. www.oregon.gov/oha/ohpb/pages/health-reform/ccos.aspx).

Council on Linkages

The Council on Linkages between Academia and Public Health Practice (Council on Linkages) is a collaborative of 20 national organizations focused on improving public health education and training, practice, and research. The Council on Linkages works to further academic/practice collaboration to ensure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice. (Public Health Foundation. Council on Linkages between Academia and Public Health Practice. www.phf.org/programs/council/Pages/default.aspx).

County Health Rankings

A project administered by the University of Wisconsin Population Health Institute and funded by the Robert Wood Johnson Foundation as an effort to provide a basis for community-level discussions about selected health status indicators. (County Health Rankings and Roadmaps. 2015. www.countyhealthrankings.org).

Crisis and emergency risk communication (CERC)

An approach to communicating effectively during emergencies. CERC principles are used by public health professionals and public information officers to provide information that helps individuals, stakeholders, and entire communities make the best possible decisions for safety and well-being during a crisis or emergency. (Centers for Disease Control and Prevention [CDC]. Crisis & Emergency Risk Communication [CERC]. 2015. http://emergency.cdc.gov/cerc/).

Cultural competence

A set of skills that result in an individual understanding and appreciating cultural differences and similarities within, among, and between groups and individuals. This competence draws on the community-based values, traditions and customs to work with knowledgeable persons of and from the community to develop targeted interventions and communications. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Cultural responsiveness

The organizational ability to deliver public health policies, programs and strategies to people within context of their own cultural background (Oregon Health Authority).

Disaster epidemiology

The use of epidemiology to assess the short- and long-term adverse health effects of disasters and to predict consequences of future disasters. It brings together various topic areas of epidemiology including acute and communicable disease, environmental health, occupational health, chronic disease, injury, mental health and behavioral health. (Centers for Disease Control and Prevention [CDC]. Health Studies Branch – Preparedness and Response for Public Health Disasters. 2012. www.cdc.gov/nceh/hsb/disaster/epidemiology.htm).

Discrimination

Differential treatment based on age, color, disability, gender identity, limited English proficiency, marital status, national origin, pregnancy status, race, religion, sex or sexual orientation. (Oregon Health Authority).

Diverse workforce

A diverse workforce results when agencies recruit and retain an inclusive workforce — one that looks like the America it serves — and when individual differences are respected, appreciated, and valued, diversity becomes an organizational strength that contributes to achieving results (Building and Maintaining a Diverse and High Quality Workforce. U.S. Office of Personnel Management. Updated February 19, 2001 http://archive.opm.gov/diversity/guide.htm).

Emergency operations plan

A document that assigns responsibility to organizations and individuals for carrying out specific actions at projected times and places in an emergency that exceeds the capability or routine responsibility of any one agency; sets forth lines of authority and organizational relationships, and shows how all actions will be coordinated; describes how people and property will be protected in emergencies and disasters; identifies personnel, equipment, facilities, supplies, and other resources available--within the authority or by agreement with other authorities--for use during response and recovery operations; and identifies steps to address mitigation concerns during response and recovery activities. (U.S. Department of Homeland Security. FEMA. Developing and Maintaining Emergency Operations Plans. 2010. www.fema.gov/media-library/assets/documents/25975).

Environmental public health hazards

Situations or materials that pose a threat to human health and safety in the built or natural environment, as well as to the health and safety of other animals and plants, and to the proper functioning of an ecosystem, habitat, or other natural resource. Chemical, biological, radiological or physical agents in the environment that have the capacity to produce adverse health effects or ecological damage are considered hazards. Environmental public health programs prevent risks to human health and the environment by identifying and controlling hazards and preventing exposure to potentially harmful agents or conditions. (Public Health Accreditation Board. Environmental Public Health Think Tank Report. 2010–2011).

Epidemiologic investigations

The examination and analysis of data leading to epidemiologic conclusions. They are usually concerned with identifying or measuring the effects of risk factors or exposures. The common types of analytic study are case-control studies, cohort studies, and cross-sectional studies. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Epidemiology

The study of the distribution and determinant of health and disease in populations. (Koepsell, Weiss. Epidemiologic Methods. Oxford Press. New York. 2003).

Equity lens

An equity lens asks what disparities exist among different groups; takes into account historical and current institutional and structural sources of inequality; and takes explicit steps to build the social, economic and political power of the people most affected by inequities in order to narrow gaps while improving overall outcomes. (Collective Impact Forum. 2014. http://collectiveimpactforum.org/blogs/34176/bringing-equity-lens- collective-impact).

Essential public health services

The ten services identified in Public Health in America developed by representatives from federal agencies and national organizations to describe what public health seeks to accomplish and how it will carry out its basic responsibilities. The list of ten services defines the practice of public health. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Evaluation

The process of using data to identify the impact, cost and/or cost savings of a particular activity or intervention on the intended outcome. Evaluations are typically used to make decisions about future activities and interventions. (Centers for Disease Control and Prevention [CDC]. Program Performance and Evaluation Office. 2012. www.cdc.gov/eval/framework).

Evidence-based practice

Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned. (Brownson, Fielding, Maylahn. Evidence-based Public Health: A Fundamental Concept for Public Health Practice. Annual Review of Public Health. 2009. www.ncbi.nlm.nih.gov/pubmed/19296775).

Food Emergency Response Network (FERN)

FERN integrates the nation's food-testing laboratories at the local, state and federal levels into a network that is able to respond to emergencies involving biological, chemical, or radiological contamination of food. (U.S. Food and Drug Administration. 2012. www.fernlab.org/).

Health

The dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity. (World Health Organization. 1998).

Health communication

Informing, influencing and motivating individual, institutional and public audiences about important health or public health issues. Health communication includes disease prevention, health promotion, health care policy and the business of health care, as well as enhancement of the quality of life and health of individuals within a community. Health communication deals with how information is perceived, combined, and used to make decisions. (Riegelman R. Public Health 101. Jones and Bartlett. 2010).

Health disparities

Differences in population health status that are avoidable and can be changed. These differences can result from environmental, social and/or economic conditions, as well as public policy. These and other factors adversely affect population health. (NACCHO. Operational Definition of a Functional Local Health Department. November 2005. http://archived.naccho.org/topics/infrastructure/accreditation/OpDef.cfm).

Health education

Any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups or communities) conducive to good health. Health education encourages positive health behavior. Health education consists of any planned combination of learning experiences designed to predispose, enable and reinforce voluntary behavior conducive to health in individuals, groups or communities. An educational process by which the public health system conveys information to the community regarding community health status, health care needs, positive health behaviors and health care policy issues. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Health equity

Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of these critical conditions. Health equity, then, as understood in public health literature and practice, is when everyone has the opportunity to "attain their full health potential" and no one is "disadvantaged from achieving this potential because of their social position or other socially determined circumstance." (Oregon Health Authority, Public Health Division).

Health information

Information regarding medical, clinical or health-related subjects that individuals may use to make appropriate health decisions. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Health information exchange (HIE)

A system to facilitate electronic access to patient-level health information across organizations within a region, community, or health care system. A health information exchange allows clinical information to be shared among disparate health care information systems while maintaining the meaning of the information being exchanged, using nationally recognized standards. (Nash D, Reifsnyder J, Fabius R, Pracilio VP. Population Health: Creating a Culture of Wellness. Jones and Bartlett. MA. 2011).

Health literacy

The degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness. (Health Resources and Services Administration. [date unknown]. Available at www.hrsa.gov/publichealth/healthliteracy/).

Health needs

Those demands required by a population or community to improve their health status. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Health professional shortage areas

Geographical areas that have been federally designated as having a shortage of primary medical care, dental or mental health providers and may be urban or rural areas, population groups or medical or other public facilities. These areas may also be referred to as medically under-served areas. (U.S. Department of Health and Human Services. Health Resources and Services Administration [HRSA]. http://bhpr.hrsa.gov/shortage/hpsas/index.html).

Health promotion

A set of intervention strategies that seek to eliminate or reduce exposures to harmful factors by modifying human behaviors. Health promotion consists of planned combinations of educational, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

Health status

The degree to which a person or defined group can fulfill usually expected roles and functions physically, mentally, emotionally, and socially. (Scutchfield FD, CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009).

Health care-associated infection

An infection that a patient gets while receiving medical treatment or surgery. (Centers for Disease Control and Prevention (CDC). 2014. www.cdc.gov/HAI/infectionTypes.html).

Healthy People 2020

A document that provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order encourage collaborations across sectors; guide individuals toward making informed health decisions and measure the impact of prevention activities. (U.S. Department of Health and Human Services. 2014. www.healthypeople.gov/2020).

Infectious disease

A disease caused by a living organism. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person. (Gostin L, et al. The Model State Emergency Health Powers Act: Planning for and Response to Bioterrorism and Naturally Occurring Infectious Diseases, 2002. 288 JAMA 622. Available at: http://jama.jamanetwork.com/article.aspx?articleid=195159).

Informatics

The discipline focused on the acquisition, storage and use of information in a specific setting or domain. In public health, informatics is concerned with the optimal use of information, often aided by the use of technology, to improve population health. (Hersh, W. A stimulus to define informatics and health information technology. BMC Medical Informatics and Decision Making, 2009. 9:24 http://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/1472-6947-9-24).

Information systems

A combination of hardware, software, infrastructure and trained personnel organized to facilitate planning, control, coordination and decision-making in an organization. www.businessdictionary.com/definition/information-system.html).

Infrastructure

The systems, competencies, relationships and resources that enable performance of public health's core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Interoperability

The ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of healthcare for individuals and communities. (Healthcare Information and Management Systems Society (HIMSS). 2015. www.himss.org/library/interoperability-standards/what-is-interoperability).

Joint Information Center

A central location that facilitates operation of the joint information system. It is a location where personnel with public information responsibilities perform critical emergency information functions and crisis communications. (FEMA. Basic Guidance for Public Information Officers (PIOs). November 2007. www.fema.gov/media-library-data/20130726-1623-20490-0276/basic_guidance_for_pios_final_draft_12_06_07.pdf).

Jurisdictional Public Health Hazard Vulnerability Assessment (PH-HVA)

An assessment of the infrastructural impact of disasters and the affected population's vulnerability to adverse health consequences. (Agency for Toxic Substances and Disease Registry [ATSDR] and Centers for Disease Control and Prevention [CDC]. The CDC/ATSDR Public Health Vulnerability Mapping System: Using a Geographic Information System for Depicting Human Vulnerability to Environmental Emergencies).

Laboratory Response Network (LRN)

Established by the Department of Health and Human Services, Centers for Disease Control and Prevention, the LRN is an integrated network of state and local public health, federal, military and international laboratories that can respond to bioterrorism, chemical terrorism and other public health emergencies. (Centers for Disease Control and Prevention [CDC]. Emergency Preparedness and Response. 2014. http://emergency.cdc.gov/lrn/).

Laboratory System Improvement Program (L-SIP)

A program under the Association of Public Health Laboratories that advances the efficacy of state and local public health laboratory systems through a guided process of performance evaluation, system improvements, and periodic evaluation and reassessment. (Association of Public Health Laboratories [APHL]. Laboratory System Improvement Program. 2015. http://www.aphl.org/programs/quality_systems/performance/Pages/default.aspx).

Local public health authority (LPHA)

A statutorily designated agency of local government charged with delivering identifiable health services designed to prevent or solve public health problems. (Oregon Health Authority, Public Health Division).

Mandated public health services

Mandated public health services are required by statute, rule/regulation, ordinance or other similar legally binding process. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA. May 2011. www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf).

Meaningful participation

Meaningful participation means engaging a diverse group of stakeholders who are representative of the communities that the policies, programs or services will impact, not only in consultative roles to provide input, but also to co-plan or lead program development efforts, have access to data and resources to make informed decisions, have decision-making authority, and participate in the analysis of data and program impact efforts. (Oregon Health Authority, Office of Equity and Inclusion).

Media advocacy

Media advocacy is a set of processes by which individuals or groups use the media to bring about social and/or organizational change on behalf of a particular health goal, program, interest or population.

(CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Medicaid Management Information Systems (MMIS)

The mechanized claims processing and information retrieval system, required by the Centers for Medicare and Medicaid Services [CMS]. www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/index.html?redirect=/MMIS).

Mobilizing Action through Prevention and Partnerships (MAPP)

A state- or community-wide strategic planning framework for improving public health. MAPP helps communities prioritize their public health issues, identify resources for resolving them and implement strategies appropriate for unique community needs. The MAPP framework is commonly used for state or community health improvement plan development. (National Association of County and City Health Officials (NACCHO). Mobilizing for Action through Planning and Partnerships: A Community Approach to Health Improvement. www.naccho.org/topics/infrastructure/mapp/upload/mappfactsheet-systempartners.pdf).

National Association of County and City Health Officials (NAACHO)

The organization representing the 2,800 local health departments across the United States. NACCHO promotes national policy to support public health, develops resources and programs to enhance the capacity of local health authorities, connects health officials with their colleagues across the country in order to tackle common issues and promotes health equity. (National Association of County & City Health Officials (NAACHO). 2015. www.naccho.org/about/).

National Prevention Strategy

The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation's prosperity. The strategy outlines four strategic directions that are fundamental to improving the nation's health. Those four

strategic directions include building healthy and safe community environments, expanding quality preventive services, empowering people to make healthy choices, and eliminating health disparities. (U.S. Department of Health and Human Services. National Prevention Strategy. www.surgeongeneral.gov/priorities/prevention/strategy/).

Non-infectious/non-communicable disease

Non-infectious/non-communicable diseases are conditions which affect the health status of populations, but are not transmitted from one individual to another by micro-organisms. Non-communicable diseases represent the major causes of death and disability in most developed countries. (Riegelman R. Public Health 101. Jones and Bartlett. MA. 2010).

Notifiable conditions/reportable conditions

Notifiable or reportable conditions are the legal requirements for disease reporting that form the foundation for disease surveillance and require health care providers, health care facilities, laboratories, veterinarians, service establishments, child day care facilities and schools to notify public health authorities of suspected or confirmed cases of selected diseases or conditions. (Washington State Department of Health. Notifiable Conditions. www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions).

Oregon Environmental Laboratory Accreditation Program (ORELAP)

ORELAP accredits qualified laboratories for testing under the Clean Air Act, Clean Water Act, Resource Conservation and Recovery Act and the Safe Drinking Water Act. (Oregon Health Authority. Environmental Laboratory Accreditation. https://public.health.oregon.gov/LaboratoryServices/EnvironmentalLaboratoryAccreditation/Pages/index.aspx).

Oregon Health Authority, Public Health Division (OHA-PHD)

The Oregon public health system comprises federal, state and local agencies, private organizations and other diverse partners working together to protect and promote the health of everyone in Oregon. Oregon's Public Health Division (OPHD) is housed within the Oregon Health Authority, which is the organizational home for the state government's health care programs. The public health system is responsible for three main functions: 1) Assessment of the public's health in Oregon through data collection and investigations of disease; 2) Development of policies and programs that support improved health outcomes; and 3) To assure those policies and programs are achieving the intended purpose. (Oregon Health Authority. Modernizing Oregon's Public Health System. 2014. https://public.health.oregon.gov/About/TaskForce/Documents/hb2348-task-force-report.pdf).

OHA Office of Equity and Inclusion

A division within Oregon Health Authority that works to eliminate health gaps and promote optimal health in Oregon through policy and partnerships. (Oregon Health Authority. Office of Equity and Inclusion. www.oregon.gov/oha/oei/Pages/about.aspx).

Oregon Smile Survey

A survey conducted every five years of 1st-, 2nd-, and 3rd-graders attending Oregon elementary schools. The Oregon Smile Survey is an important step in understanding and addressing the problem of tooth decay among children in Oregon. (Oregon Health Authority. Public Health Division. https://public.health.oregon.gov/PreventionWellness/oralhealth/Pages/Oral-Health-Publications.aspx).

Outbreak

The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a specific period. (Centers for Disease Control and Prevention [CDC]. EXCITE: Excellence in Curriculum Innovation through Teaching Epidemiology. 2014. www.cdc.gov/ophss/csels/dsepd/ss1978/ss1978.pdf).

Partner notification services

A process by which individuals may be diagnosed with HIV or a sexually transmitted disease, counseled and interviewed to identify other individuals who may be at risk for HIV or a sexually transmitted disease. Sexual or needle sharing partners of the individual who was diagnosed with HIV or an STD are contacted, counseled about their risk and encouraged to seek appropriate testing and treatment. (Centers for Disease Control and Prevention. Recommendations for partner services programs for HIV infection, syphilis, gonorrhea and chlamydial infection. Morbidity and Mortality Weekly Report. 2008. 57(RR09): 1-63. www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm#Definition_and_Overview_of_Partner_Services).

Patient Protection and Affordable Care Act (ACA)

Health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010. Key provisions are intended to extend coverage to millions of uninsured Americans, to implement measures that will lower health care costs and improve system efficiency, and to eliminate industry practices that include rescission and denial of coverage due to pre-existing conditions. (Healthinsurance.org. Health Insurance Glossary: www.healthinsurance.org/glossary/affordable-care-act.

Policy

A law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions. (Centers for Disease Control and Prevention [CDC]. State, Tribal, Local and Territorial Public Health Professionals Gateway. 2015. www.cdc.gov/stltpublichealth/policy).

Policy development

The means by which problem identification, technical knowledge of possible solutions, and societal values converge to set a course of action. Policy development is a process that enables informed decisions to be made concerning issues related to the public's health. (www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Policy, systems and environmental change

Policies, systems and environments in communities, schools, workplaces, parks, transportation systems, faith-based organizations and health care settings shape lives and health. Changes to policies, systems or the environment that make healthy choices easy, safe and affordable for all community members can have a positive impact on health and well-being:

- Policy: interventions that create or amend laws, ordinances, resolutions, mandates, regulations, or rules;
- Systems: Interventions that impact all elements of an organization, institution, or system;
- Environmental: Interventions that involve physical or material changes to the economic, social or physical environment (National Association of County & City Health Officials (NACCHO). Healthy Communities, Healthy Behaviors: Using Policy, Systems and Environmental Change to Combat Chronic Disease. 2011. www.naccho.org/topics/HPDP/mcah/upload/issuebrief_pse_webfinal.pdf).

Population health

A cohesive, integrated and comprehensive approach to health considering the distribution of health outcomes within a population, the health determinants that influence the distribution of care, and the policies and interventions that impact and are impacted by the determinants. (Nash D, Reifsnyder J, Fabius R, Pracilio VP. Population Health: Creating a Culture of Wellness. Jones and Bartlett. MA. 2011).

Pregnancy Risk Assessment Monitoring System (PRAMS)

Oregon PRAMS is a project of the Oregon Health Authority Public Health Division with support from the national Centers for Disease Control and Prevention (CDC). PRAMS collects data on maternal attitudes and experiences prior to, during and immediately after pregnancy for a sample of Oregon women. (Oregon Health Authority. Public Health Division. https://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/prams/Pages/index.aspx).

Prescription Drug Monitoring Program (PDMP)

A tool to help healthcare providers and pharmacists provide patients better care in managing their prescriptions, and to support the appropriate use of prescription drugs. (Oregon Health Authority. www.orpdmp.com/).

Prevention

Primary prevention consists of strategies that seek to prevent the occurrence of disease or injury, generally through reducing exposure or risk factor levels. These strategies can reduce or eliminate causative risk factors (risk reduction). Secondary prevention consists of strategies that seek to identify and control disease processes in their early stages before signs and symptoms develop (screening and treatment). Tertiary prevention consists of strategies that prevent disability by restoring individuals to their optimal level of functioning after a disease or injury is established. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. MA. 2009).

Prevention Institute Collaboration Multiplier

An interactive framework and tool for analyzing collaborative efforts across fields. It is designed to guide an organization to a better understanding of which partners it needs and how to engage them, or to facilitate organizations that already work together in identifying activities to achieve a common goal, identify missing sectors that can contribute to a solution, delineate partner perspectives and contributions, and leverage expertise and resources. (Prevention Institute. Collaboration Multiplier. www.preventioninstitute.org/component/jlibrary/article/id-44/127.html).

Priority/focal population

A distinct population that experiences a disproportionate burden of disease, injury or death due to social, environmental, cultural or other factors. In order to eliminate disparities and ensure that all people in Oregon experience optimal health, we must work to resolve those factors that contribute to poorer health outcomes for certain populations. (OHA working definition).

Professional competencies/core competencies

A consensus set of skills for public health professionals. Core competencies reflect foundational skills desirable for professionals engaging in the practice, education and research of public health. (Public Health Foundation. www.phf.org/programs/corecompetencies/Pages/About_the_Core_Competencies_for_Public_Health_Professionals.aspx).

Public health

The science of protecting and improving the health of individuals, families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world. Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research. Public health also works to limit health disparities. A large part of

public health is promoting healthcare equity, quality and accessibility. (CDC Foundation. What is Public Health? www.cdcfoundation.org/content/what-public-health).

Public Health Accreditation Board (PHAB)

The national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of tribal, state, local and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011. www.phaboard.org/accreditation-process/guide-to-national-public-health-accreditation/).

Public health emergency

An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent of long term disability. Such or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster. (Gostin L, et al. The Model State Emergency Health Powers Act: Planning for and Response to Bioterrorism and Naturally Occurring Infectious Diseases, 2002. 288 JAMA 622. Available at: http://jama.jamanetwork.com/article.aspx?articleid=195159).

Public health laws

Statutes, regulations, rules, executive orders, ordinances, case law, and codes that are applicable to the authority of the health department. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011. www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf).

Public health program

A set of activities and interventions aimed at improving the health of a particular segment of the population or of the population as a whole (e.g. environmental public health, maternal-child health, chronic disease, and emergency preparedness). (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA. May 2011. www.phaboard.org/accreditation-process/guide-to-national-public-health-accreditation/).

Public health surveillance

The continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation and evaluation of public health practice. (World Health Organization. Health Topics: Public Health Surveillance. www.who.int/topics/public_health_surveillance).

Public health system

The constellation of governmental and nongovernmental organizations that contribute to the performance of essential public health services for a defined community or population. (Scutchfield FD, Keck CW. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009).

Public health workforce

Those individuals who are employed by the governmental public health department for the purpose of supporting the provision of public health services and functions. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011. www.phaboard.org/accreditation-process/guide-to-national-public-health-accreditation/).

PulseNet

Developed by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories, PulseNet connects foodborne illness cases together, using DNA "fingerprinting" of the bacteria making people sick, in order to detect and define outbreaks. (Centers for Disease Control and Prevention [CDC]. PulseNet. 2013. www.cdc.gov/pulsenet/about/index.html).

Quality improvement (QI)

An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle. (www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Race, Ethnicity, Language and Disability (REAL+D)

Oregon Administrative Rule 943-070-0000 requires uniform standards and practices for the collection of data on race, ethnicity, preferred spoken or signed and preferred written language, and disability status by the Oregon Health Authority (OHA) and Department of Human Services (DHS). Both DHS and OHA are focused on equity and inclusion in the service of the citizens of Oregon. The standardized methodology allows DHS and OHA to demonstrate progress towards reductions in disparities by increasing transparency in reporting indicators by race, ethnicity, language and disability. (OHA and DHS Office of Equity and Inclusion. OHA/DHS REAL+D Planning and Analysis Steering Committee. June 2014. www.oregon.gov/oha/oei/Documents/REAL%20D%20Planning%20and%20Analysis%20Steering%20Committee%20%20Charter.pdf).

Rare diseases of public health importance

Diseases which are occasionally or not ordinarily seen in Oregon. This also includes diseases of international concern and those that would be of general public concern if detected in Oregon. (Washington State Department of Health. [date unknown]. www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/RareDiseasesofPublicHealthSignificance).

Regulation

A rule or order issued by an executive authority or regulatory agency of government and having the force of law. (www.merriam-webster.com/dictionary/regulation).

Research

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge. (Definitions, 45 C.F.R. Sect. 46.102(d). 2009. www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102(d)).

Risk assessment

A process used to formally assess the potential harm due to a hazard, taking into account factors such as likelihood, timing and duration of exposure. (Riegelman, R. Public Health 101. Jones and Bartlett. MA. 2010).

Social determinants of health

The conditions in which people are born, grow, work, live and age, and the wider set of forces and development agendas, social norms, social policies and political systems. (World Health Organization: www.who.int/social_determinants/en/).

Social marketing

A unique system for understanding who people are, what they desire and then organizing the creation, delivery, and communication of products, services, and messages to meet their desires while at the same time meeting the needs of society and solve serious social problems. (Smith, Stroud. Social Marketing Behavior: A Practical Resource for Social Change Professionals. Academy of Educational Development. Washington, DC. 2008).

State or community health assessment

A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processed may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009).

State or community health improvement plan (SHIP or CHIP)

A long-term, systematic effort to address public health problems on the basis of the results of the state or community health assessment. This plan is used by governmental public health, in collaboration with community partners, to set priorities and coordinate and target resources. A state or community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. (Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program. www.cdc.gov/nphpsp/FAQs.html).

Strategic communications plan

A document which includes such detail as objectives, audiences, communication mechanism and timeline for delivering consistent information within an organization and between organizations. (Public Health Foundation. [date unknown]. Available at www.phf.org/resourcestools/Pages/Planning_Before_You_Communicate_Tool.aspx).

Strategic plan

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008).

Strategic policy plan

A state or local document that identifies and guides the strategic policy priorities and policy goals for the state or local authority. This plan can align with other state or local plans (e.g., state or community health improvement plan), but can also include policy goals not related to other plans. (Oregon Health Authority, Public Health Division).

Surge capacity

The ability to expand care or service capabilities in response to unanticipated or prolonged demand. (Health Care at the Crossroads: Strategies for Creating and Sustaining Community Wide Emergency Preparedness Strategies. The Joint Commission. Washington, DC. 2003).

Surveillance

The ongoing systematic collection, analysis, and interpretation of data (e.g., regarding agent/hazard, risk factor, exposure, health event) essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control. (www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Task Force on the Future of Public Health Services

Created by Oregon House Bill 2348 in the 2013 Legislature, this task force was charged with studying the regionalization and consolidation of public health services, the future of public health services in Oregon, and to make recommendations for legislation. (Oregon Health Authority. Public Health Division. https://public.health.oregon.gov/About/TaskForce/Documents/hb2348-task-force-report.pdf).

Technical assistance (TA)

An array of supports including advice, recommendations, information, demonstrations and materials provided to assist the workforce or organizations in improving public health services. (CDC. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms. 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Threat and Hazard Identification and Risk Assessment (THIRA)

A four-step, common risk assessment process that helps the community -- including individuals, businesses, faith-based organizations, nonprofit groups, schools, academia and all levels of government – understand its risks and estimate capability requirements. The THIRA process helps communities determine desired outcomes, capability targets and resources needed. (FEMA. Threat and Hazard identification and Risk Assessment. 2015. www.fema.gov/threat-and-hazard-identification-and-risk-assessment).

Translational research

Translational research fosters the multi-directional integration of basic research, patient-oriented research, and population-based research, with the long-term aim of improving the health of the public. (National Institutes of Health. Defining Translational Research: Implications for Training. 2011. www.ncbi.nlm.nih.gov/pmc/articles/PMC2829707/).

U.S. Preventive Services Task Force (USPSTF)

Created in 1984, the U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. (U.S. Preventive Services Task Force. 2014. www.uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf).

Wellness

The quality or state of being in good health especially as an actively sought goal. (www.merriam-webster.com/dictionary/wellness).

Workforce assessment

Workforce assessment in public health is the process of determining the personnel, training, skills and competencies needed to implement initiatives contributing to the provision of the 10 Essential Public Health Services. This assessment includes the use of performance measures for identified competencies, identification of needed professional personnel, and formulation of plans to address workforce gaps. It also includes the planning, implementation and evaluation of life-long learning to equip public health workers to develop new skills as needed. (Institute of Medicine. Who Will Keep the Public Healthy? National Academies Press. Washington, DC. 2003).

Workforce optimization

The actions and structures that are taken or built to ensure that personnel are selected, compensated and supported to sustainably provide the knowledge, skills and abilities to support the mission of an organization over time. This requires flexibility in human resources departments to adapt job descriptions and compensation packages to ensure that personnel provide the functions that are needed currently and in the foreseeable future. (Oregon Health Authority. Public Health Division).

Years of potential life lost (YPLL)

A way of quantifying the cost of early death by measuring the number of years between age at death and a specific standard age. (Oregon Health Authority. Public Health Division. https://public.health.oregon.gov/About/Documents/ship/oregon-state-health-improvement-plan.pdf).

Many of these definitions are from the Public Health Accreditation Board, Acronyms and Glossary of Terms, available at: www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf.

Oregon Health Authority
PUBLIC HEALTH DIVISION
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OHA 8714 (rev. 6/16)

Draft 2017-19 public health modernization priorities by functional area This table summarizes the initial list of foundational capabilities and programs and their related functional areas to be prioritized for implementation by state and local public health authorities in the 2017-19 biennium.	
Communicable disease control	**Functional area 1: Communicable disease surveillance** **Functional area 2: Communicable disease investigation** **Functional area 3: Communicable disease intervention and control** _____ Functional areas not prioritized for communicable disease control: Functional area 4: Communicable disease response evaluation
Environmental health	**Functional area 1: Identify and prevent environmental health hazards** **Functional area 3: Promote land use planning** _____ Functional areas not prioritized for environmental health: Functional area 2: Conduct mandated inspections
Emergency preparedness and response	**Functional area 1: Prepare for emergencies** **Functional area 2: Respond to emergencies** **Functional area 3: Coordinate and communicate before and during an emergency** _____ Functional areas not prioritized for emergency preparedness and response: none
Health equity and cultural responsiveness	**Functional area 1: Foster health equity** **Functional area 2: Communicate and engage inclusively** _____ Functional areas not prioritized for health equity and cultural responsiveness: none
Assessment and epidemiology	**Functional area 1: Data collection and electronic information systems** **Functional area 2: Data access, analysis and use** **Functional area 4: Conduct and use basic community and statewide health assessments** _____ Functional areas not prioritized for assessment and epidemiology: Functional area 3: Respond to data requests and translate data for intended audiences Functional area 5: Infectious disease-related assessment
Leadership and organizational competencies	**Functional area 1: Leadership and governance** **Functional area 2: Performance management, quality improvement and accountability** **Functional area 3: Human resources** **Functional area 4: Information technology** **Functional area 5: Financial management, facility operations and contracts and procurement services** _____ Functional areas not prioritized for leadership and organizational competencies: none

Public Health Modernization: 2017-19, 2019-21 and 2021-23 priorities

August 18, 2016

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Purpose for our discussion today

1. To further refine what functional areas Oregon's governmental public health system will implement in the 2017-19 biennium
2. To identify when the remaining foundational capabilities and programs will be phased in between the 2019-21 and 2021-23 biennia

Criteria for selecting priorities

The Public Health Advisory Board used the public health modernization assessment findings and the following criteria to identify priorities for the 2017-19 biennium:

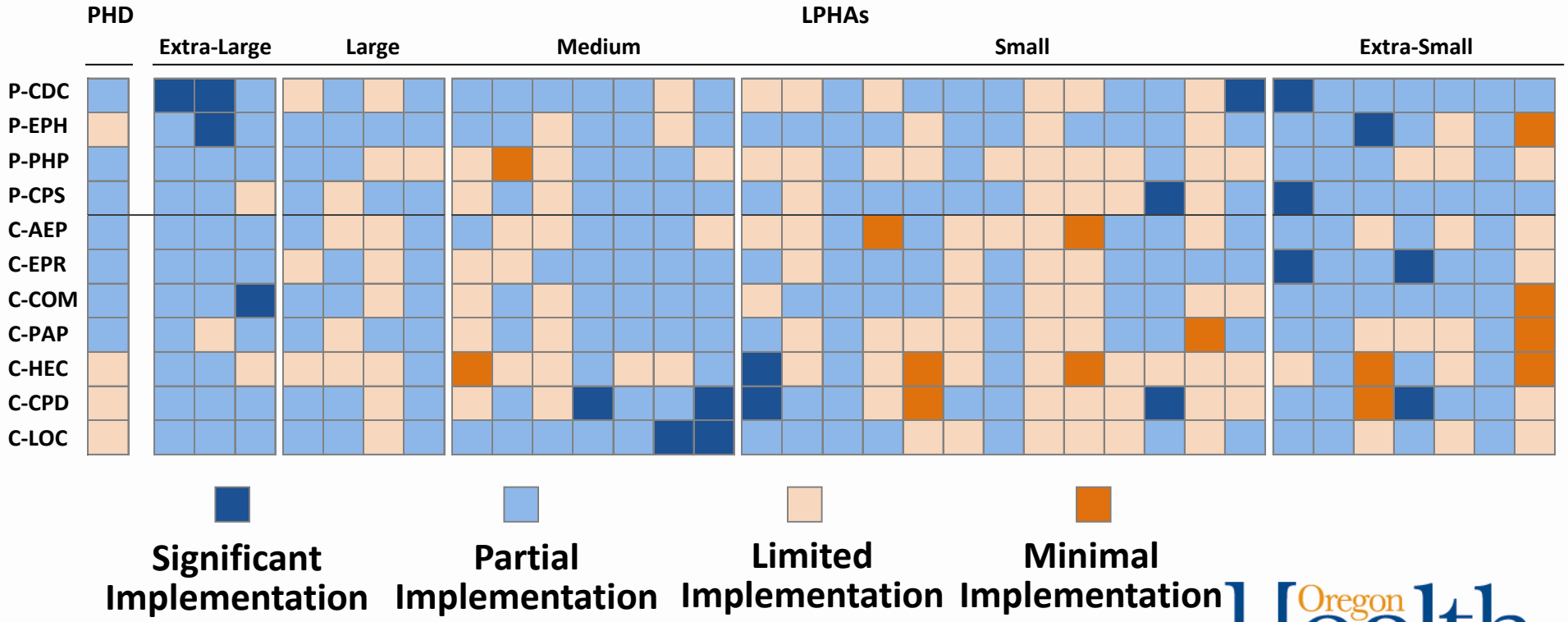
1. Health impact
2. Service dependency
3. Equity
4. Population coverage

Other important questions to ask ourselves today

1. What is an **appropriate amount** of new work for the governmental public health system to take on within a biennium?
2. What is the balance between the **breadth of work** and a narrow enough focus to make a **meaningful impact on outcomes** within a short timeframe?
3. How do we balance the **need for flexibility** in implementation, knowing from the assessment that different health departments have different strengths and needs?

Programmatic gaps in current governmental public health system

- These results, when viewed collectively for all foundational programs and capabilities, show that implementation is uneven across the system.



Scaling up public health modernization over upcoming biennia

Biennium	Actions
Phase 1: 2017-2019	• Develop initial public health modernization plans for the following foundational capabilities and priorities that have been prioritized for 2017-19: o Communicable disease control o Environmental health o Emergency preparedness o Health equity and cultural responsiveness o Assessment and epidemiology/Population health data o Leadership and organization competencies/public health modernization planning
Phase 2: 2019-2021	• Develop public health modernization plans addressing the following foundational capabilities and programs: o Prevention and health promotion o Communications o Policy and planning • Continue work on the foundational capabilities and programs implemented in 2017-19, moving toward full implementation.
Phase 3: 2021-2023	• Develop public health modernization plans addressing the following foundational capabilities and programs: o Access to clinical preventive services o Community Partnership Development • Continue work on the foundational capabilities and programs implemented in 2017-21, moving toward full implementation.

Recommended priorities for 2017-19

- Communicable diseases
- Environmental health
- Emergency preparedness
- Health equity
- Population health data (assessment and epidemiology)
- Public health modernization planning (leadership and organizational competencies)

Communicable disease control

Communicable disease control **LPHA minimal limited implementation: 26%** **Percent of population minimally or limitedly served: 25%** **PHD: partial implementation** *Approximately 1 in 4 people in Oregon live in an area where Communicable Disease Control activities are minimally or limitedly implemented.*	1. CD surveillance **44%** **34%** 2. CD investigation **32%** **37%** 3. CD intervention and control **18%** **22%** 4. CD response evaluation **32%** **37%**

Communicable disease control priorities

Functional area 1: Communicable disease surveillance

Ensure timely and accurate reporting of reportable diseases and educate local providers on reportable disease requirements.

Monitor occurrence and distinguishing characteristics of infectious diseases and outbreaks.

Functional area 2: Communicable disease investigation

Investigate and control disease outbreaks.

Communicate with members of the public about identified health risks.

Summarize and share data to determine opportunities for intervention and to guide policy and program decisions.

Functional area 3: Communicable disease intervention and control

Provide disease-specific and technical expertise.

Develop plans for the allocation of scarce resources in the event of an emergency or outbreak.

Develop, engage and maintain local strategic partnerships. Ensure engagement of priority populations in efforts to prevent and control communicable disease.

Functional areas not prioritized for communicable disease control:
Functional area 4: Communicable disease response evaluation

Environmental health

Environmental health **LPHA minimal or limited implementation: 21%** **Percent of population minimally or limitedly served: 9%** **PHD: limited implementation** *Approximately 1 in 10 people in Oregon live in an area where Environmental Health activities are minimally or limitedly implemented. When looking at the population served, this foundational program is more implemented than many others.*	1. Identify and Prevent Environmental Health Hazards **64%** **55%** 2. Conduct Mandated Inspections **6%** **1%** 3. Promote Land Use Planning **38%** **31%**

Environmental health priorities

Functional area 1: Identify and prevent environmental health hazards

Use environmental health expertise to reduce hazardous exposures from air, land, water and other exposure pathways.

Measure the impact of environmental health hazards on the health outcomes of priority populations.

Provide evidence-based assessments of the health impacts of environmental hazards or conditions.

Functional area 3: Promote land use planning

Understand and participate in local land use and transportation planning processes

Prepare health analyses for other organizations and recommend approaches to ensure healthy and sustainable built and natural environments.

Functional areas not prioritized for environmental health:
Functional area 2: Conduct mandated inspections

Emergency preparedness and response

Emergency preparedness and response **LPHA minimal or limited implementation: 26%** **Percent of population minimally or limitedly served: 24%** **PHD: partial implementation** *Approximately 1 in 4 people in Oregon live in an area where Emergency Preparedness and Response activities are minimally or limitedly implemented.*	1. Respond to Emergencies **32%** **38%** 2. Prepare for Emergencies **32%** **32%** 3. Coordinate and Communicate Before and During an Emergency **24%** **24%**

Emergency preparedness and response priorities

Functional area 1: Prepare for emergencies

Maintain public health surveillance and response plans inclusive of disaster epidemiology and an active epidemiological surveillance plan.

Develop short and long term goals for recovery operations.

Functional area 2: Respond to emergencies

Provide efficient and appropriate situation assessment, determine objectives to address the health needs of those affected, allocate resources to address those needs and return to routine operations.

Functional area 3: Coordinate and communicate before and during an emergency

Act as the jurisdictional administrator of public health notification systems (e.g., HAN and HOSCAP), Oregon's logistical ordering system and syndromic surveillance system.

Functional areas not prioritized for emergency preparedness and response:
none

Health equity and cultural responsiveness

Health equity and cultural responsiveness **LPHA minimal or limited implementation: 68%** **Percent of population minimally or limitedly served: 55%** **PHD: limited implementation** *More than half of the population lives in an area where activities to support Health equity and Cultural Responsiveness are minimally or limitedly implemented. The LPHA implementation gap is larger than the population service gap, indicating that counties with a larger population are closer to full implementation.*	1. Foster Health Equity **53%** **45%** 2. Communicate and Engage Inclusively **64%** **36%**

none

Health equity and cultural responsiveness priorities

Functional area 1: Foster health equity

Collect and maintain data that reveal inequities in the distribution of disease.

Develop or use an existing assessment of and training to improve staff knowledge and capabilities about health inequity.

Conduct an internal assessment of the public health authority's overall capacity to act on the root causes of health inequities, including its organizational structure and culture and its capacity to respond to culture.

Ensure all programs integrate achieving health equity as a measurable outcome.

Functional area 2: Communicate and engage inclusively

Promote the analysis of and advocacy for policies and activities that will lead to the elimination of health inequities.

Engage with community members to learn about the values, needs, and resources of the community in order to effectively prioritize services to address health inequities.

Functional areas not prioritized for health equity and cultural responsiveness:
none

Assessment and epidemiology

Assessment and epidemiology **LPHA minimal or limited implementation: 47%** **Percent of population minimally or limitedly served: 28%** **PHD: partial implementation** **State Public Health Lab** **Limited implementation** *Approximately 1 in 4 people in Oregon live in an area where Assessment and Epidemiology activities are minimally or limitedly implemented. The LPHA implementation gap is larger than the population by level of service gap, indicating that counties with a larger population are closer to full implementation.*	1. Data Collection and Electronic Information Systems **35%** **12%** 2. Data Access, Analysis, and Use **38%** **33%** 3. Respond to Data Requests and Translate Data for Intended Audiences **59%** **38%** 4. Conduct and Use Basic Community and Statewide Health Assessments **53%** **40%** 5. Infectious Disease-Related Assessment **68%** **32%**

Assessment and epidemiology priorities

Functional area 1: Data collection and electronic information systems

Provide public health informatics capacity.

Evaluate the efficacy of public health policies, strategies and interventions.

Functional area 2: Data access, analysis and use

Collect, process and analyze data to assess population health priorities, patterns and needs.

Functional area 4: Conduct and use basic community and statewide health assessments

Conduct a community health assessment and identify priorities arising from that assessment.

Functional areas not prioritized for assessment and epidemiology:

Functional area 3: Respond to data requests and translate data for intended audiences.

Functional area 5: Infectious disease-related assessment

Leadership and organizational competencies

Leadership and organizational competencies **LPHA minimal or limited implementation: 29%** **Percent of population minimally or limitedly served: 16%** **PHD: limited implementation** *Approximately 1 in 7 people in Oregon live in an area where Leadership and Organizational Competencies activities are minimally or limitedly implemented. When looking at the population served, this foundational capability is more implemented than many others. The LPHA implementation gap is larger than the population by level of service gap, indicating that counties with a larger population are closer to full implementation.*	1. Leadership and Governance **18%** **1%** 2. Performance Management, Quality Improvement, and Accountability **41%** **48%** 3. Human Resources **38%** **20%** 4. Information Technology **29%** **36%** 5. Financial Management, Contracts and Procurement Services, and Facility Operations **21%** **7%**

Leadership and organizational competencies priorities

Functional area 1: Leadership and governance

Develop and implement a strategic plan.

Work with the state and other local and tribal authorities to improve the health of communities.

Functional area 2: Performance management, quality improvement and accountability

Ensure the management of organizational change (e.g., refocusing a program or an entire organization)

Functional area 3: Human resources

Develop and implement a workforce development plan.

Functional area 4: Information technology

Implement interoperable technology that meets current and future public health needs and maintain those systems.

Functional area 5: Financial management, facility operations and contracts and procurement services

Ensure use of financial analysis methods to make decisions about policies, programs and services to ensure that all are managed within current and projected budgets.

Functional areas not prioritized for leadership and organizational competencies:
none

Scaling up public health modernization over upcoming biennia

Biennium	Actions
Phase 1: 2017-2019	• Develop initial public health modernization plans for the following foundational capabilities and priorities that have been prioritized for 2017-19: o Communicable disease control o Environmental health o Emergency preparedness o Health equity and cultural responsiveness o Assessment and epidemiology/Population health data o Leadership and organization competencies/public health modernization planning
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Phase 3: 2021-2023	• Develop public health modernization plans addressing the following foundational capabilities and programs: o Access to clinical preventive services o Community Partnership Development • Continue work on the foundational capabilities and programs implemented in 2017-21, moving toward full implementation.

For more information

healthoregon.org/modernization

PUBLIC HEALTH MODERNIZATION IMPLEMENTATION CONSIDERATIONS - AUGUST 2016 DRAFT

Activity	August-16	September-16	October-16	November-16	December-16	January-17	February-17	March-17	April-17	May-17	June-17	July-17	August-17	September-17	October-17	November-17	December-17	January-18	February-18	Related deliverable(s)	Key questions
a. High level statewide public health modernization strategy																					
Identify foundational programs and capabilities to be implemented in the 2017-19, 2019-21 and 2021-23 biennia																					What is the most appropriate way to phase in the foundational capabilities and programs over time?
Identify functional areas to be prioritized in the 2017-19 biennium																				OHA Agency Request Budget narrative (September 2016); initial statewide Public Health Modernization Plan (December 2016)	What is an appropriate amount of new work for the governmental public health system to take on? What is the balance between the breadth of work and a narrow enough focus to make a meaningful impact on outcomes within a short timeframe? How do we balance the need for flexibility in implementation?
b. Funding mechanism development																					
Identify core set of roles, deliverables and outcomes to apply to all local public health authorities in the 2017-19 biennium																				Draft funding mechanism and draft scope of work for public health modernization (August 2017)	What is the balance between the breadth of work and a narrow enough focus to make a meaningful impact on outcomes within a short timeframe? How could existing funding mechanisms (program elements and financial assistance agreements) change given new funding and different funding mechanisms?
Develop guidance for selecting individual local public health authority priorities (e.g., consideration of local public health modernization assessment, local population health data)																					What considerations need to be made in order for public health modernization to be responsive to local needs?

Activity	August-16	September-16	October-16	November-16	December-16	January-17	February-17	March-17	April-17	May-17	June-17	July-17	August-17	September-17	October-17	November-17	December-17	January-18	February-18	Related deliverable(s)	Key questions
Develop shared expectations on exploration of new service delivery models (e.g., cross-jurisdictional sharing)																					How do we meet the original intent of the Future of Public Health Task Force and address local needs without being overly prescriptive?
Review and revise as necessary, functional areas to be implemented in the 2017-19 biennium based on available funds																					What is the appropriate amount of work for the public health system given available resources?
c. Local public health authority funding formula																					
Complete initial funding formula																				Initial statewide Public Health Modernization Plan (December 2016); final accountability measure set (March 2017); County Revenue reporting process (May 2017); draft funding mechanism and draft scope of work for public health modernization (August 2017)	Is the funding formula equitable? Will it help achieve the intent of HB 3100 and address the needs found in the public health modernization assessment?
Establish a timeline for incorporating state matching funds for local investment in public health																					When can we reasonably implement this provision while protecting its purpose of maintaining or enhancing local investment in public health?
Establish a timeline for incorporating incentive payments for performance on accountability measures																					When can we reasonably implement this provision while protecting its purpose of driving achievement of health outcomes?
Establish a process and timeline for collecting information on county actual expenditures in public health																					How can we get the right information at the right time to pay matching funds for county investment? How do we allow enough time for the county budgeting process to be influenced?

Activity	August-16	September-16	October-16	November-16	December-16	January-17	February-17	March-17	April-17	May-17	June-17	July-17	August-17	September-17	October-17	November-17	December-17	January-18	February-18	Related deliverable(s)	Key questions
Finalize accountability measures and timeline for phasing in measures based on funding priorities for the 2017-19, 2019-21 and 2021-23 biennia; determine how accountability measure data will be collected and reported																					What are the right measures for the public health system to be accountable for? How do we phase in accountability measures in accordance with funding priorities? What is the best way to collect and report on progress?
d. Local public health authority modernization work plans for 2017-19																					
Provide technical assistance to local public health authorities																				2017-19 local public health modernization work plans	
Develop local public health modernization work plan template																					
e. Comprehensive local public health modernization plans																					
Provide a road map and other tools for local public health modernization plan development																				Local public health modernization plans submitted (no later than December 2023)	
Establish criteria for comprehensive local public health modernization plans (*beyond 2017-19 biennium)																					What should we expect to see from local public health modernization plans?