



# Public Health Modernization: Funding Report to Legislative Fiscal Office

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In fulfillment of ORS 431.139 and ORS 431.380

June 2022

**DRAFT**

## Acknowledgments

The Oregon Health Authority Public Health Division acknowledges the work of the Public Health Advisory Board (PHAB) and members of its subcommittees. PHAB's vision for modernizing the public health system to achieve equity are presented throughout this report.

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## Executive Summary

Oregon families and communities continue to face new and increasingly complex public health threats. These threats do not impact all people in Oregon equally. Systemic racism, settler colonialism and historical and contemporary injustices create health inequities, and the policies that create or impede conditions for health (access to quality care, housing, employment and education among others) often exacerbate inequities.

**The demands on Oregon’s public health system have continued to increase and will so in the future as the effects of COVID-19 continue for years to come.**

Oregon’s severe weather events and natural disasters have resulted in wildfire displacement, periods of time when the air is dangerous to breathe due to wildfire smoke and threats to access to clean drinking water. The COVID-19 pandemic has exacerbated social isolation, youth behavioral health needs and increased alcohol use. Throughout the COVID-19 pandemic, the public health system has prepared to respond to additional emerging communicable disease threats, including Ebola, Monkeypox and highly pathogenic avian influenza. **Public health threats affect every person in Oregon. But due to policies that have long created unequal conditions for health, communities of color, Tribal communities and people with lower income continue to experience an unjust burden of disease, are systematically more exposed to hazards and have not received equal resources to support resilience, including less access to care and to culturally responsive interventions that support health. Oregon communities have long taken care of one another, and they have the resilience to do so when it comes to health.**

Since 2017, Oregon has made progress with public health modernization legislative investments. However, the COVID-19 pandemic has shown significant gaps in Oregon’s ability to respond to public health emergencies and emerging health threats. **It is essential that Oregon continue its focus on developing a modern public health system that is equity-focused, community-centered, nimble and responsive to changing needs. Increased investments will build and sustain the system that is needed to take on complex public health problems and to eliminate health inequities.**

## 2021-23 accomplishments

- Oregon Health Authority (OHA) launched a new program to fund community-based organizations (CBOs) to focus on local priorities while meeting their health equity goals. This program creates a sustainable infrastructure that brings together CBOs, local public health authorities (LPHAs) and OHA programs to elevate and address community priorities. In total, 147 CBOs have been funded, with 69 organizations funded for public health modernization activities.
- OHA Program Design and Evaluation Services (PDES) collaborated with communities to modernize Oregon's population health data collecting instruments. PDES worked with community organizations to develop and facilitate small culturally specific project teams. The Coalition for Communities of Color (CCC) provided key leadership and facilitation of the African American, African Immigrant and Refugee, and Latinx project teams. The Northwest Portland Area Indian Health Board recruited, developed, and led the American Indian/Alaska Native project team. The Oregon Pacific Islander Coalition (OPIC) recruited, developed, and facilitated conversations and community-based data collection for the Pacific Islander project team. Results and lessons learned from initial survey modernization efforts have led to expanded and ongoing work toward community-centered data systems. Additional information is available at (add web link)
- LPHAs are initiating and expanding interventions to prevent communicable disease, plan for climate resilience, and engage communities to prepare for emerging health threats, even while every LPHA continues the ongoing work needed to protect communities from COVID-19. LPHAs are building on opportunities that arose through the COVID-19 pandemic to strengthen partnerships and connections to the communities they serve.
- Federally-recognized Tribes and the Urban Indian Health Program, NARA, have prioritized public health modernization while also responding to the COVID-19 pandemic. Eight federally-recognized Tribes and NARA have completed their public health modernization action plans based on assessment results. The Burns Paiute Tribe is completing the data collection for its public health modernization assessment.

- The Public Health Advisory Board (PHAB) has initiated a revision of the set of public health accountability metrics to develop a new metrics framework that centers community priorities, highlights actionable strategies for health improvements and clearly articulates the accountability of the governmental public health system. These changes are based, in part, on lessons learned and recommendations from community organizations and culturally specific project teams to modernize population health data collecting instruments.

### Proposed 2023-25 Investments

Based on recommendations provided by the Public Health Advisory Board, investments in 2023-25 will:

- Build on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats;
- Invest in governmental and community public health initiatives that engage Oregonians directly;
- Invest in public health workforce development and retention; and
- Result in broad implementation of public health modernization across the Oregon public health system.

**OHA estimates an additional \$300 million in state General Fund is necessary in 2023-25** to implement these priorities, build critical capacity within the governmental public health system and with community-based organizations and continue progress toward eliminating health inequities in Oregon.

# Introduction

## The path toward a modern public health system

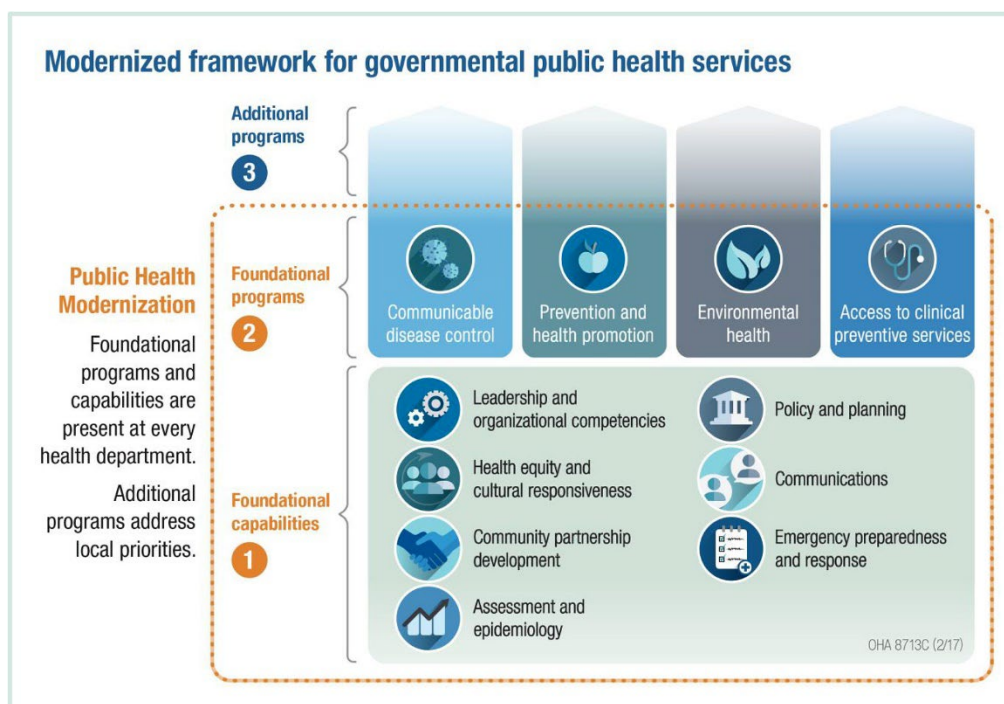
A strong public health system is critical for all 4 million Oregonians to access optimal health. Since 2013, Oregon has been fundamentally shifting its practice to ensure essential public health protections for all people in Oregon through equitable, community-centered, and accountable services.

Oregon established the framework for achieving a modern public health system in 2015 with the passage of House Bill 3100. Public health modernization focuses on improving population health within four foundational program areas:

- Communicable disease control
- Environmental health
- Prevention and health promotion, and
- Access to clinical preventive services.

As shown in Figure 1, the public health system employs a set of seven capabilities to accomplish foundational program goals. These capabilities reflect the infrastructure needed to ensure a knowledgeable, skillful and resourced public health workforce.

Figure 1



Building on a 2016 public health system assessment<sup>1</sup>, Oregon’s Public Health Advisory Board (PHAB) and OHA developed a phased plan to modernize Oregon’s public health system over three to five biennia, alongside increases in public health system investments by the Oregon Legislature. With investments in 2017, 2019 and 2021, Oregon has focused on priorities in the first implementation phase, including:

- Responding to emerging and ongoing communicable disease and environmental health threats;
- Increasing capacity to address health equity and cultural responsiveness; and
- Addressing systemic barriers identified in the public health modernization assessment, including lack of access to population health data to inform program and financial decision-making, and insufficient capacity to engage local communities and partners in public health initiatives.

## Milestones

Improvements within the public health system have relied on continued increased investments from the Oregon Legislature, the vision and direction provided by the Public Health Advisory Board, and collaboration with public health and community leaders.

Notable key milestones include:

- **2015:** Governor Kate Brown appointed the Oregon Public Health Advisory Board (PHAB) as a committee of the Oregon Health Policy Board, responsible for providing policy direction on population health priorities. In 2017, PHAB membership expanded to include representation from Oregon’s federally recognized Tribes.
- **2015 and 2016:** State and local public health leaders developed the Public Health Modernization Manual<sup>2</sup> and completed a comprehensive system-wide assessment. The manual and corresponding assessment continue to be foundational resources for defining public health work and identifying strategies for improvement.
- **2017:** PHAB adopted accountability metrics for state and local public health authorities. Oregon has led the nation in developing and reporting on

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<sup>1</sup> 2016 assessment report

<sup>2</sup> Add citation



accountability metrics for the public health system. OHA released annual reports from 2018-2020. In 2021 PHAB paused the annual reporting to develop a revised metrics framework that centers community priorities and the actionable steps of state and local public health authorities to make improvements.

- **2017, 2019 and 2021:** Oregon’s legislature demonstrated its commitment to strengthening the public health system through public health modernization investments. In each biennium, most funds went directly to communities through allocations to local public health authorities (beginning in 2017), Tribal health authorities and the Urban Indian Health Program (beginning in 2019) and community-based organizations (beginning in 2021).

### 2017 and 2019 legislative investments

Oregon’s investments in public health modernization in 2017 and 2019 resulted in improvements, and the public health system was better prepared to respond to the COVID-19 pandemic as a result.

**In 2017,** the Oregon legislature made an initial \$5 million investment to modernize Oregon’s public health system. As advised by PHAB, this investment built state and regional infrastructure for preventing and controlling communicable diseases, with focus on eliminating related health inequities and building capacity for public health data and epidemiology. Funds supported eight regional partnerships spanning 33 of 36 counties.

**In 2019,** the Oregon legislature allocated an additional \$10 million to build upon the 2017-19 investment and continue proven effective interventions to reduce the spread of communicable diseases and related health inequities. Beginning in 2019, legislative investments in public health modernization reached all areas of Oregon’s governmental public health system.

In addition to continued funding for LPHA regional partnerships, funds were awarded to every LPHA through the public health modernization funding formula. LPHAs used funds to build the leadership and governance needed to fully implement public health modernization over upcoming years, implement community strategies to achieve health equity and expand strategies and partnerships for communicable disease prevention.

Funds were allocated to seven federally-recognized Tribes that chose to receive funds and NARA. The Northwest Portland Area Indian Health Board also received funds to provide technical assistance and to evaluate the Tribal public health modernization investment. This funding was instrumental in providing the resources needed for participating Tribes and NARA to conduct Tribal modernization assessments and planning.

With increased funding, OHA increased staffing to provide communicable disease and environmental health capacity and technical assistance to LPHAs, and to coordinate OHA Public Health Division's priority work toward achieving health equity. OHA invested in community-led survey data analytic review and community-led data collection and reports with communities of color and Tribal communities. Funds also supported reporting for public health accountability metrics and evaluation of the public health modernization investment.

The following pages include information about the 2021-23 investment.

## 2021-23 legislative investment in public health modernization

### Amount of funds received and description of how funds were allocated

In 2021, the Oregon Legislature allocated an additional \$45 million in funding, an important and notable investment in Oregon's public health system. The additional investment brought the total investment in public health modernization to \$60.6 million.

The Public Health Advisory Board (PHAB) provided recommendations to OHA to:

1. Continue to focus on communicable disease control, health equity and cultural responsiveness and assessment and epidemiology, and
2. Expand focus to include environmental health, leadership and organizational competencies and emergency preparedness.

Based on PHAB's recommendations, funds were allocated for the following areas:

- Co-creating **public health interventions that ensure equitable distribution or redistribution of resources and power** and recognize, reconcile, and rectify historical and contemporary injustices.
- Strengthen and expand **communicable disease** and **environmental health emergency preparedness**
- Protect communities from acute and **communicable diseases** through prevention initiatives that address **health inequities**.
- Protect communities from **environmental health** threats through public health interventions that support equitable climate adaptation.

### 2021-23 funds were allocated as follows.

#### Special payments to LPHAs (\$33.5 million)

All 32 LPHAs are receiving funds through the PHAB funding formula for LPHAs. On July 1, 2022, Gilliam County will establish its own LPHA and will receive a portion of the funding previously awarded to North Central Public Health District.

Eight LPHAs are funded as Fiscal Agents for regional projects, reaching 28 of 36 counties. Continued investments in regional projects expands public health capacity through alternate staffing and service delivery models.

See Appendix A for summary of funding to LPHAs and Appendix B for a map of LPHA regional partnerships.

Local public health authority investments support:

- New or updated all hazards preparedness plans, developed with community partners, to equip communities for wildfires, extreme heat and other emergencies and center communities most at risk.
- Initial work to develop climate and health plans that will support local actions for climate adaptation that need to be taken now to prevent worse outcomes.
- Ongoing implementation of local or regional health equity plans, which address COVID-19 health inequities and support recovery from COVID-19.
- Improvements to local public health data collection, analysis and reporting to allow better quality information to inform the plans listed above.
- New and expanded partnerships with community organizations to ensure connections with communities of color, Tribal communities and other groups experiencing health inequities so that public health programs are created with and for communities.
- Sustained partnerships for infection prevention and control in congregate settings which may include long-term care facilities, prisons, jails, shelters or childcare facilities to build on lessons from COVID-19 to prevent disease transmission in these settings.

### **Special payments to federally-recognized Tribes and the Urban Indian Health Program, NARA (\$4.4 million)**

In the current biennium all nine federally recognized Tribes and NARA have chosen to receive funding.

In the previous biennium, participating Tribes and NARA conducted Tribal public health modernization assessments and reports, with support from the Northwest Portland Area Indian Health Board. Work in this biennium builds upon these

foundational assessments as participating Tribes and NARA develop and implement action plans that include strategies to:

- Build and sustain public health infrastructure, including through strategies to develop and enhance community and LPHA partnerships.
- Enhance population data collection and improve Tribal access to Tribal data to support health improvement planning, emergency response and planning, and climate resilience planning.
- Build Tribal public health capacities and provide quality public health services, including establishing a public health department if needed.

### **Funding to CBOs (\$10 million)**

OHA worked with the CBO Advisory Committee to develop an integrated scope of work for a Request for Grant Applications (RFGA) for CBOs working to implement public health modernization priorities such as communicable disease and climate adaptation, as well as other federally-funded and other-funded public health programs, including tobacco control through M108 revenues and HIV/STD, overdose prevention and school health programming through CDC categorical grants.

In April 2022, OHA awarded Public Health Equity funds to 147 CBOs, including to 69 CBOs that will use funding to advance public health modernization priorities. A portion of the CBO investment is being used for programming for all funded organizations as well as to build initial capacity for grantees that are newer to working on public health issues. OHA has worked to ensure that the public health modernization investment is distributed across population groups and the state, as a whole.

Funded CBOs are working in one or more of the following areas:

- Provide health education and communications to community members;
- Identify and assess community priorities;
- Support prevention activities;
- Develop policy priorities.

A list of funded CBOs is available at: [oregon.gov/oha/PH/ABOUT/Pages/CBO.aspx](https://oregon.gov/oha/PH/ABOUT/Pages/CBO.aspx)

## **OHA Public Health Division (\$12.8 million)**

OHA is utilizing its funds to support the Oregon public health system and carry out core functions for the state public health authority, including public health data collection and reporting. OHA's investment is being used for:

- **Technology infrastructure:** Supports needed maintenance and upgrades to software and hardware for data systems, laboratory electronic data exchange and data visualization.
- **Data collection, evaluation and reporting:** Supports statewide data collection through the Behavioral Risk Factor Surveillance System and Oregon Student Health Survey; improvements toward community-centered data systems; annual reporting on public health accountability metrics; and evaluation of the public health modernization investment.
- **Personal services, employee travel and supplies:** Adds the community engagement unit to support CBO investments and several positions that are critical to statewide environmental health capacity.
- **Public health system change:** Investments will support workforce development, health equity capacity building and partnership across OHA, LPHAs and CBOs.

### **Key accomplishments to date for 2021-23**

- LPHAs are initiating and expanding work to prevent communicable disease, plan for climate resilience, and engage communities to prepare for emerging health threats, even while every LPHA continues the ongoing work needed to protect its community from COVID-19. As a result, partners and community members can rely on accessible communicable disease data that is culturally and linguistically relevant, new opportunities for co-creating public health interventions that address health inequities, and enhanced communications about communicable disease risks and outbreaks.
- Oregon Health Authority (OHA) launched a new program to fund community-based organizations (CBOs) to focus on local priorities while

meeting their health equity goals. The OHA Public Health Division recognizes the essential role of community-based organizations in partnership with local public health authorities and other community partners to implement community-led and culturally and linguistically responsive programs. The new program to fund community-based organizations reflects coordination of eight OHA public health programs coming together to center health equity and community priorities through one centralized program. These enhanced relationships between public health programs and CBOs have created new opportunities for early engagement with communities curing emerging public health events and new ways to make sure communities rapidly receive culturally and linguistically appropriate messaging about health threats.

- Federally-recognized Tribes and NARA have prioritized public health modernization while responding to the COVID-19 pandemic. Eight federally-recognized Tribes and NARA have completed their public health modernization action plans based on assessment results. The Burns Paiute Tribe is completing the data collection for its public health modernization assessment. Priorities that will be addressed with additional funding include:
  - Strengthening public health emergency preparedness;
  - Expanding data collection and management infrastructure;
  - Conducting community health assessments and improvement plans;
  - Establishing or expanding health promotion programs;
  - Workforce development, including health equity and cultural responsiveness training for staff and community members;
  - Communicable disease control;
  - Conducting an environmental health assessment.
  
- Beginning in the spring of 2020, OHA Program Design and Evaluation Services (PDES) began collaborating with communities to modernize Oregon’s population health data collecting instruments. PDES worked with community organizations to develop and facilitate small culturally specific project teams. The Coalition for Communities of Color (CCC) provided key leadership and facilitation of the African American, African Immigrant and Refugee, and Latinx project teams. The Northwest Portland Area Indian Health Board recruited, developed, and led the American Indian/Alaska

Native project team. The Oregon Pacific Islander Coalition (OPIC) recruited, developed, and facilitated conversations and community-based data collection for the Pacific Islander project team.

Working with the community-based individuals, leaders, and researchers on data modernization revealed several lessons that are important for OPHD to consider as it moves forward in further engaging communities in modernization efforts. Reports and lessons learned are available at (add link).

The results and lessons learned from initial survey modernization efforts have led to the following ongoing work in this biennium:

- Disseminating the survey modernization results to the Oregon Public Health Advisory Board, Oregon Public Health Division and survey leadership, state and Tribal health programs, Tribal leaders, community partners, and federal government.
  - Statewide data collection. Facilitating discussions with the Oregon BRFSS leadership about developing the infrastructure and processes to engage communities in designing statewide, locally funded adult surveys (e.g., state BRFSS). Creating and implementing REALD and SOGI data collection guidance.
  - Establishing and engaging a youth-led, diverse, statewide Youth Data Council to improve the 2022 Student Health Survey, with support from community partners. The Youth Data Council will receive training; make recommendations to improve the survey process, content, messaging, and reporting (e.g., interactive data dashboard); and explore other data sources to provide context and actionable data.
- OHA conducted an evaluation of public health modernization investments through two case studies that demonstrated successful approaches for improving public health programs and services. The Central Oregon Tri-County Outbreak Prevention, Surveillance and Response Team provided regional infrastructure that improved responsiveness and reach into their communities, and this infrastructure better prepared the three counties to respond to the COVID-19 pandemic. A case study in Jackson County demonstrated the work necessary to strengthen staff collaborations



between the LPHA, community-based organizations and OHA to serve communities most affected by the COVID-19 pandemic.

- The Public Health Advisory Board (PHAB) has initiated a revision of the set of public health accountability metrics to develop a new metrics framework that centers community priorities, highlights actionable strategies for health improvements and clearly articulates the accountability of the governmental public health system.

## Public health accountability metrics

Oregon's Public Health Advisory Board recognizes that systemic racism and oppression have led to unjust health outcomes among communities of color, Tribal communities and other groups excluded from power and decision-making. The Public Health Advisory Board commits to leading with race in its decisions, recommendations and deliverables. One way the public health system begins to do this is by collecting and reporting data that show where health inequities exist and establishing metrics to bring attention to the public health system's accountability to begin to rectify historical and contemporary injustices.

The Public Health Advisory Board (PHAB) is responsible for establishing, updating and tracking a set of accountability metrics to evaluate the progress of Oregon's public health system toward achieving statewide public health goals.<sup>3</sup> First established in 2017, Oregon's initial set of accountability metrics was among the first in the nation in establishing a framework for holding the public health system accountable for effectively using public dollars to improve health outcomes. OHA, in collaboration with PHAB, published annual accountability metrics reports from 2018-2020. During this time, modest improvements were seen in some areas, including in childhood immunization rates, which increased from 66% in 2016 to 71% in 2019.<sup>4</sup>

Currently, PHAB is making important revisions to the framework for public health accountability metrics to center the role of governmental public health to address systemic racism and oppression. In April 2021, PHAB reconvened its

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<sup>3</sup> ORS 431.123: [https://www.oregonlegislature.gov/bills\\_laws/ors/ors431.html](https://www.oregonlegislature.gov/bills_laws/ors/ors431.html)

<sup>4</sup> Oregon Health Authority (2020). Public Health Accountability Metrics Report. Available at: <https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/2020-Accountability-Metrics-Report-FINAL.pdf>

Accountability Metrics subcommittee to assess the ways in which public health accountability metrics were being reported and used, and to make recommendations for a redesigned framework for public health accountability metrics.

In May and December 2021, PHAB members met with community research leaders for survey modernization to hear the findings and recommendations from community-specific data reports. Building from this and using additional feedback provided on public health accountability metrics, PHAB is making changes to the framework to ensure that metrics reflect community priorities, are acceptable to communities represented in public health data, and focus attention to the economic and social injustices that results in health inequities rather than individual behaviors. These shifts are represented in Figure 2.

PHAB, OHA and local public health authorities are working together to identify new metrics. Initial metrics are anticipated to be in place in 2022, with the next public health accountability metrics report to be published in the first half of 2023. Additional information about this framework is available in Appendix C.

Figure 2

**New framework for public health accountability metrics**

<b>Current accountability metrics</b>	<b>New metrics framework</b>
Minimal context provided for disease risks and root causes of health inequities	Provides context for <b>social determinants of health, systemic inequities and systemic racism</b>
Focus on disease outcome measures	Disease outcomes may be used as indicators of progress, but are <b>secondary to process measures of public health system accountability</b>
Focus on programmatic process measures	Focus on <b>data</b> and data systems; community <b>partnerships</b> ; and <b>policy</b> .

Focus on LPHA accountability	Focus on governmental public health system accountability.
Minimal connection to other state and national initiatives	Direct and explicit connections to state and national initiatives.

## 2023-25 proposed legislative investment

### Public Health Advisory Board recommendations for funding priorities

In 2022, PHAB discussed wide-reaching funding priorities for the 2023-25 biennium. Building upon lessons from the COVID-19 pandemic and PHAB's Health Equity Review Policy and Procedure, PHAB discussed that legislative investments be used to:

- Accelerate work toward racial equity;
- Strengthen community resilience, and bridge from the COVID-19 pandemic response to culturally-specific interventions that support community health priorities;
- Achieve a sustainable public health system through investments in foundational capabilities and the public health workforce;
- Continue and expand strategies that protect people from communicable diseases and eliminate the disparate impact of environmental health risks. Expand the reach of public health modernization across all public health program areas, including those that assure access to preventive health services and that prevent and reduce harm from chronic diseases.

### Public health modernization funding formula

Between February to June 2022, the PHAB Incentives and Funding subcommittee reviewed and recommended changes to the public health modernization funding formula for the 2023-25 biennium. The public health modernization funding formula is required under [ORS 431.380](#). The subcommittee considered feedback provided by local public health administrators and through PHAB discussions to recommend the following changes.

1. **Increase floor funding to LPHAs.** Changes provide funding for staffing infrastructure that is essential for a sustainable, community-centered and equity-focused public health system. With \$20 million allocated to LPHAs through this funding formula, each county will receive sufficient funding to hire one FTE, and with \$40 million allocated, each county will receive

sufficient funding to hire two FTE.<sup>5</sup> As funding and the breadth of work for public health modernization expands, this change is necessary for ensuring that improvements occur in all counties and across the entire public health system, and that funding exists to hire the specialized positions that are necessary for fulfilling core work.

2. **Increase allocations for certain indicators.** Changes allocate a larger portion of funding to demographic indicators that describe the community and conditions of the community. This change shifts funds to counties where the community may have a greater need to access public health services, or where there may be added complexities for serving the community.

The funding formula and methodology are available in Appendix D.

PHAB's funding principles are available in Appendix E.

## **Estimate of the amount of state General Fund needed for public health modernization**

Oregon is on a path toward achieving a modern public health system that is accountable for eliminating health inequities, centers communities most impacted in prevention and response efforts, and achieves improved health outcomes. COVID-19 accelerated investments in health equity and forced Oregon to take a deeper look into the systems that create and exacerbate inequities. COVID-19 also helped members of the public and the public health system as a whole better understand what is truly needed to create health in communities.

To support the goal of eliminating health inequities, the 2023-2025 public health modernization efforts focus on expanding investment in and cementing partnership with community, prioritizing a diverse and talented public health workforce and continuing to support the growth of healthy and resilient communities.

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<sup>5</sup> One FTE estimated at \$200,000 per biennium. While changes would provide sufficient funding for hiring positions, each LPHA would retain discretion for determining how funds will be used, which may or may not include hiring positions.

**OHA estimates an additional \$300 million in state General Fund is necessary in 2023-25 to:**

- Build on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats;
- Invest in governmental and community public health initiatives that engage Oregonians directly;
- Invest in public health workforce development and retention; and
- Result in broad implementation of public health modernization across the Oregon public health system.

Funding will result in the following system changes that are critical for protecting people from communicable disease, environmental health threats and chronic diseases:

- Coordinated, statewide systems for responding to communicable disease and environmental health threats, including access to culturally and linguistically responsive services.
- Prevention initiatives that include local expertise to protect people from acute and communicable diseases.
- Healthy and resilient built environments.
- Plans and action to mitigate climate risks to public health.
- Emergency preparedness and response systems for environmental health-related events.
- Plans for expanded access to healthy foods and opportunities for physical activity and community resiliency from exploitation that undermines health.
- Data infrastructure that supports community-led, equity focused data collection and dissemination.
- Cross-sector coordination, including with health systems partners, to ensure access to preventive health services for every person, and cross sector partnerships to eliminate health inequities.

An investment of \$300 million for 2023-25 will support the following types of changes:

OHA-PHD:

*Foundational capabilities*

- Provide leadership and partnership for a community-based and equity-centered approach to public health in Oregon, including culturally and linguistically response communications
- Implement transformation of statewide data systems to diversify data collection and analysis while augmenting community-led data collection;
- Public health system workforce development and training;

*Foundational programs*

- Provide epidemiology support by region; collect and report population health data for the public health system and its partners; provide technical updates to the Oregon State Public Health Laboratory (OSPHL);
- Expand staff capacity to provide data, resources, communications support for chronic disease prevention; and
- Implement a statewide plan to manage threats to the environment and human health as a result of changes to Oregon’s climate.

Local public health authorities:

*Foundational capabilities*

- Increase workforce capacity, including training and retention, to expand foundational capabilities and programs;
- Expand cross-sector and community partnerships (e.g. with CCOs to reduce access barriers for preventive care, with CBOs to expand use of community health workers);
- Ensure consistent staffing across all areas of the state;
- Develop comprehensive local modernization plans, as required in Oregon statute.

*Foundational programs*

- Provide subject matter expertise to or lead environmental health initiatives that support health (e.g. land use, natural resource, transportation, local food supply chain, farm worker communities);
- Convene local stakeholders to develop, exercise and implement emergency preparedness plans;
- Co-create health-related interventions with the community;
- Increase local investments in community health improvement plans (CHIP);
- Implement chronic disease and injury reduction policy strategies;
- Track cases of acute and communicable diseases to ensure individuals and their families receive treatment to curb the spread of disease; and

## Tribal public health authorities and NARA:

### *Foundational capabilities*

- Implement prioritized areas from each participating Tribe's and NARA's 2019-23 Tribal assessments and action plans;
- Support data collection, management and dissemination;
- Public health infrastructure;
- Expansion of equity capacity among staff and community;
- Collaboration across Tribal, local and state agencies; and
- Ensuring opportunities for Tribal collaborations for public health modernization.

### *Foundational programs*

- Emergency preparedness and response;
- Environmental health assessments;
- Health promotion;

## Community-based organizations:

### *Foundational capabilities*

- Ensure alignment with goals to eliminate health inequities and support community resilience and recovery;
- Collaborate on data justice initiatives, including implementation of culturally specific data collection;
- Build capacity for advocacy for community-centered policy development;
- Develop workforce by increasing opportunities for training, mentorship and development of technical skills;
- Support opportunities for continuing education.

### *Foundational programs*

- Co-create culturally and linguistically responsive public health interventions;
- Partner with local public health authorities and other public health system entities on issues such as access to services broadly, mental health services, emergency response and supports for long COVID-19;
- Collaborate on or lead environmental justice initiatives;