

AGENDA

PUBLIC HEALTH ADVISORY BOARD

December 16, 2022, 1:00-3:00

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1601882559?pwd=TVMraGZtMTBkTnBXdFRMQlIKTWxaQT09>

Meeting ID: 160 188 2559

Passcode: 839945

(669) 254-5252

Meeting objectives:

- Review 12/6 workgroup and 12/8 PHAB discussions and feedback
- Discuss core work across types of organizations to achieve system-wide priorities at a range of funding levels

1:00-1:10 pm **Welcome and introductions**

- Review agenda
- Review group agreements
- Review workgroup timeline and deliverables

Cara
Biddlecom,
OHA

1:10-2:40 pm **Core work by organization type and funding**

(Break at approximately 1:50 pm)

- Review system-wide core work at each funding level and propose additional changes.
- Discuss core work for each organization type to achieving system-wide goals at each level of funding.

Cara
Biddlecom

Workgroup
members

Goal for today's meeting: Create a list of core roles for each organization across funding levels.

2:40-2:50 pm Public comment

Cara
Biddlecom

2:50 pm Next steps and adjourn

Cara
Biddlecom

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Cara Biddlecom: at 971-673-2284, 711 TTY, or publichealth.policy@dhsoha.state.or.us, at least 48 hours before the meeting.

PHAB Group agreements

Developed by the PHAB Accountability Metrics subcommittee

- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

PHAB public health modernization funding workgroup

- In November, PHAB requested a workgroup that brings together all groups that developed the public health modernization Policy Option Package (POP) to plan for new investments.
- This workgroup will respond to a request to provide information at a range of funding levels by mid-January.
- This workgroup brings together PHAB members, members of the Conference of Local Health Officials, members of the CBO Advisory Board and OHA staff.

Workgroup meeting schedule

Workgroup optional meeting

Monday, December 5 from 8:30-9:30

- Educational meeting
- Learn about public health modernization POP and process to develop it.

Workgroup meeting #1

Tuesday, December 6 from 3:00-5:00

- Review planning and budgeting process to date.
- Begin discussion on prioritization of public health modernization funding at a range of funding levels.
- **Output:** Recommendations for priorities and focus areas

Workgroup meeting #2

Friday, December 15 from 1:00-3:00

- Continue discussion on prioritization of funding at a range of funding levels.
- **Output:** Core roles for each org. type at a range of funding levels

Workgroup meeting #3

Monday, January 9 from 11:00-1:00

- Finalize recommendations for prioritization of funding, including funding across types of organizations.
- **Output:** Recommendations for funding allocations

PHAB meeting

Thursday, January 12 from 3:00-5:30

- Vote to approve workgroup recommendations.

Public health modernization POP timeline

January-February '22	PHAB recommends priorities for 2023-25 new investments
February-May '22	CBO and LPHA leadership groups develop goals, scopes or work and resources needed. Tribes provide goals for Tribal investments.
May-June '22	OHA-PHD finalizes POP and submits to OHA Leadership
September '22	OHA releases 2023-25 Agency Request Budget
Early February '23	Governor's Office releases Governor's Recommended Budget
January 17, 2023	First day of 2023 Legislative Session
January-June '23	OHA supports legislative conversations and responds to requests for information about public health modernization priorities
June 25, 2023	Constitutional Sine Die

PHAB guidance on POP priorities

(from January-February 2022)

- Investments in 2023-25 will accelerate work toward health equity for communities of color, Tribal communities, immigrant and refugee communities, LGBTQIA+ communities, people living in rural Oregon, people with low income and other groups that experience intersecting oppressions.
- This includes:
 - Building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats;
 - Investing in antiracist governmental and community public health initiatives that engage Oregonians directly;
 - Investing in the development and retention of a public health workforce that is representative of and from the community served; and
 - Broad implementation of public health modernization across the Oregon public health system.

2023-25 public health modernization funding request by partner type

Public health partner type	2023-25 funding request
Local public health authorities	\$100,324,854
Tribes	\$30,000,000
Community-based organizations – public health practice	\$100,000,000
Community-based organizations – community-led data collection	\$3,500,000
Reproductive health provider network	\$10,000,000
Oregon Health Authority	\$42,175,146
Total	\$286,000,000

PHAB public health modernization funding workgroup assignments

1. Review each POP priority and focus area included in the \$286 million POP **(Workgroup meeting #1)**
2. How should the POP priorities and focus areas be prioritized and included at lower levels of new funding? **(Workgroup meeting #1)**
 - The workgroup needs to clearly demonstrate the differences in what will be prioritized at each funding level, as well as what we expect to achieve.
Action: Develop recommendations for a package of priorities and focus areas at each of the following levels of new funding: \$50 million, \$100 million, \$150 million, \$200 million.
3. What is the core work for all organization types at each funding level? **(Workgroup meeting #1 and #2)**
Action: List the core work of each organization type for priorities and focus areas at each funding level and how the work of each organization type contributes to achieving shared goals.
4. How should funding be allocated at each level of new funding? **(Workgroup meeting #3)**
 - What are the funding considerations at each funding level?
 - Considerations may include expectations for funding reproductive health network, critical OHA infrastructure to manage new funds, and LPHA and CBO funding needs to continue at present level of service.
Action: Develop recommendations for funding allocations across organization type at each level of new funding.

For PHAB December 8 discussion- DRAFT

1. What is your initial feedback on the priorities identified by the workgroup so far?
**Note that OHA has made updates to this document since the 12/6 workgroup meeting in the third column, at the request of the workgroup – these are DRAFT*
2. Are there recommendations from the COVID-19 After Action Report that you do not see reflected, but should be?
3. Is work to date so far meeting PHAB's expectations for antiracist governmental and community health? What would PHAB like to see?

How should the POP priorities and focus areas be prioritized and included at lower levels of new funding? (Workgroup meeting #1)

Action: Develop recommendations for a package of priorities and focus areas at each of the following levels of new funding: \$50 million, \$100 million, \$150 million, \$200 million.

POP priority	Focus areas for public health system changes that are critical for protecting people from communicable disease, environmental health threats and chronic disease, as well as bolstering access to reproductive health services.		In what way should each priority and focus area be included at funding levels of \$50 million, \$100 million, \$150 million and \$200 million
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<p>Building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats</p>	<p>Communicable disease prevention and emergency preparedness Communicable disease prevention and emergency preparedness is an area that is currently funded; new funds would be used to sustain and expand current work</p> <p>a. Coordinated, statewide systems for responding to communicable disease threats, including access to culturally and linguistically responsive services.</p> <p>b. Prevention initiatives that include local expertise to protect people from acute and communicable diseases.</p>	<p>PHAB Workgroup 12/6 priorities:</p> <ul style="list-style-type: none"> • Prioritize hiring of local/regional disease intervention specialists (DIS) • Expand laboratory services (rapid lab testing, e.g.) • Implement modern, interoperable data systems 	<p>\$50M:</p> <ul style="list-style-type: none"> • Increase capacity for preparedness coordinators in the state • Increase capacity for community engagement for CD prevention • Prioritize hiring of local/regional disease intervention specialists (DIS) • Expand partnerships for CD prevention, Increase language access, culturally relevant communications and interventions • Ensure consistency in public health messaging during future public health emergencies. (COVID-19 AAR) <p>\$100M: All of the above, plus</p> <ul style="list-style-type: none"> • Expand laboratory services (rapid lab testing, e.g.) • Work together to establish an equity-specialists team that is fully adopted into the response structure. (COVID-19 AAR) <p>\$150M: All of the above, plus</p> <ul style="list-style-type: none"> • Explore the concept of a scalable unified command structure in support of future public health emergencies. (COVID-19 AAR) <p>\$200M: All of the above, plus</p> <ul style="list-style-type: none"> • Implement modern, interoperable data systems (note: OHA has a pandemic data system POP that is separate from public health modernization)
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Commented [BS1]: From PHAB: hould this be broadened to CD staff?

Commented [BS2]: From PHAB: Does this apply to the Oregon State Public Health Laboratory (OSPHL) only?

Commented [BS3]: From PHAB:
 -Should this be prioritized earlier to support consistency in PH messaging?
 -Bob agreed, one of key findings from AAR

<p>Building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats</p>	<p>Climate and health planning and implementation, and environmental health risk mitigation Climate and health planning and implementation is an area that is currently funded; new funds would be used to sustain and expand current work</p> <ol style="list-style-type: none"> Coordinated, statewide systems for responding to environmental health threats, including access to culturally and linguistically responsive services. 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. 	<p>PHAB Workgroup 12/6 priorities:</p> <ul style="list-style-type: none"> Expand cross-sector partnerships Expand work with CCOs Implement broad education and messaging on climate and health Bring public health representation to the table of decisions related to the built environment Expand use of GIS and other technologies to support better public health interventions for climate threats 	<p>\$50M:</p> <ul style="list-style-type: none"> Expand cross-sector partnerships to support response to climate emergencies Expand work with CCOs <p>\$100M: All of the above, plus</p> <ul style="list-style-type: none"> Co-create climate resilience communications and strategies Expand partnerships to bring public health representation to the table of decisions related to the built environment Expand use of GIS and other technologies to support better public health interventions for climate threats <p>\$150M: All of the above \$200M: All of the above</p>
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Commented [BS4]: From PHAB: And implement health in all policies approaches.

<p>Investing in antiracist governmental and community public health initiatives that engage Oregonians directly</p>	<p>Community outreach and engagement</p> <ol style="list-style-type: none"> Public health programs that are co-created with communities Public health programs that are culturally and linguistically competent. Work with communities and partners to prepare for, respond to and recover from public health threats and emergencies; and ensure that populations most at risk are at the center of planning efforts. Analyze data to understand emerging trends for communicable disease and environmental health threats; Leverage coordinated care organizations, government agencies and other cross-sector partners, and invest in community partners to increase the impact of public health modernization work in communities. 	<p>PHAB Workgroup 12/6 priorities:</p> <ul style="list-style-type: none"> Expand community input on implementing public health programs and services Expand partnerships with health systems on CHA 	<p>\$50M:</p> <ul style="list-style-type: none"> Sustain and expand network of public health-focused culturally-specific to communities and regions of the state that are underserved with the base investment Create space for community development of culturally-specific statewide strategies for health Expand community engagement on implementing public health programs and services Adopt a language access standard that information isn't ready to be externally communicated until it is accessible for ALL Oregonians (COVID-19 AAR) <p>\$100M: Same as above, plus</p> <ul style="list-style-type: none"> Expand partnerships with health systems on CHA <p>\$150M: Same as above</p> <p>\$200M: Same as above</p>
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Commented [BS5]: From PHAB:
 Avoid conflating antiracism with outreach and engagement. Reframe in terms of shifting power and resources into communities?
 -Community partnership development, and health equity and cultural responsiveness foundational capabilities
 How are we conceptualizing outreach and engagement?

	<p>f. Ensure timely risk communications and proactive communications that are culturally and linguistically responsive.</p> <p>g. Engage with partners, decision-makers and communities to develop and implement policy solutions that are responsive to community needs</p>		
Investing in antiracist governmental and community public health initiatives that engage Oregonians directly	<p>Community-centered data systems</p> <p>a. Data infrastructure that supports community-led, equity focused data collection and dissemination.</p> <p>b. Make data readily available to communities and partners who rely on the information and use data to implement culturally and linguistically responsive interventions.</p>	PHAB Workgroup 12/6 priorities: did not discuss on 12/6	<p>\$50M: N/A</p> <p>\$100M: N/A</p> <p>\$150M:</p> <ul style="list-style-type: none"> Expand PH partnerships to engage on relevant and timely data historically marginalized communities are collected and available to those communities <p>\$200M: Above, plus</p> <ul style="list-style-type: none"> Fund community partners to support development and implementation of culturally and linguistically relevant data collection and use

Commented [BS6]: From PHAB: SDP: a blend of maintaining what we need to collect and adding community-centered data collection processes. Subcommittee has focused on data collection and prioritizing new collection methods.

Requires thinking about how to facilitate with communities, including apps, encrypted systems. This should be called out; it may have significant costs. Crowdsourcing sorts of apps and tech should be explored.

-Would this require an assessment of what exists and is needed?

<p>Investing in the development and retention of a public health workforce that is representative of and from the community served</p>	<p>Workforce initiatives</p> <ol style="list-style-type: none"> Develop the public health workforce to be better equipped to nimbly respond to new public health threats Spread capacity from public health modernization across public health program areas Build clinical program infrastructure 	<p>PHAB Workgroup 12/6 priorities:</p> <ul style="list-style-type: none"> Expand efforts to retain public health staff within the public health system Increase innovative partnerships, such as with colleges and universities Increase public health recruitment efforts Expand and implement public health training, e.g. Certified Health Interpreter and Community Health Worker training and certification, training and certification for other registered staff 	<p>\$50M:</p> <ul style="list-style-type: none"> Expand efforts to retain public health staff within the public health system <p>\$100M:</p> <ul style="list-style-type: none"> Expand efforts to recruit and hire bilingual and bicultural staff into the public health workforce (COVID-19 AAR) <p>\$150M:</p> <ul style="list-style-type: none"> Increase innovative partnerships, such as with colleges and universities Increase public health recruitment efforts <p>\$200M: All of the above, plus</p> <ul style="list-style-type: none"> Expand and implement public health training, e.g. Certified Health Interpreter and Community Health Worker training and certification, training and certification for other registered staff
<p>Broad implementation of public health modernization across the Oregon public health system</p>	<p>Chronic disease prevention and health promotion and other public health programs</p> <ol style="list-style-type: none"> Plans for expanded access to healthy foods and opportunities for physical activity and community resiliency from exploitation that undermines health. Community health improvement plans 	<p>PHAB Workgroup 12/6 priorities: did not discuss on 12/6</p>	<p>\$50M: N/A</p> <p>\$100M: N/A</p> <p>\$150M: N/A</p> <p>\$200M:</p> <ul style="list-style-type: none"> Expand state level staff capacity to provide data, resources, communications support for chronic disease prevention Begin implementation of strategies to reduce chronic disease

Commented [BS8]: From PHAB: Focus not only on colleges and universities. Engage high schoolers and other efforts to engage earlier, health literacy at the high school level.

Commented [BS7]: From PHAB: Request to clarify this. Continuing education and expanded scope of practice.

Commented [BS10]: From PHAB: Emphasize health in all policies approaches. Covered at lower funding levels under environmental public health

Commented [BS9]: From PHAB: Request to clarify intent.

<p>Broad implementation of public health modernization across the Oregon public health system</p>	<p>Access to preventive health services and other public health programs</p> <ul style="list-style-type: none"> a. 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. b. Critical infrastructure supports for reproductive health clinical providers. 	<p>PHAB Workgroup 12/6 priorities: did not discuss on 12/6</p>	<p>\$50M:</p> <ul style="list-style-type: none"> • Limited funding to support critical infrastructure for reproductive health clinical providers in rural and frontier communities. • Limited funding to increase culturally-specific services. <p>\$100M: Scaled investments</p> <ul style="list-style-type: none"> • Moderate funding to support critical infrastructure for reproductive health clinical providers in rural and frontier communities. • Moderate funding to increase culturally-specific services. <p>\$150M: Scaled investments</p> <ul style="list-style-type: none"> • Robust funding to support critical infrastructure for reproductive health clinical providers across the state. <p>\$200M: All of the above, plus:</p> <ul style="list-style-type: none"> • Wide-ranging interventions with health system partners to assure access to preventive health services. • Wide-ranging cross-sector partnerships (housing, transportation, education, corrections and more)
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PHAB Public Health Modernization Funding Workgroup

Table 1: Summary of systemwide core activities and priorities at each funding level

(Based on discussions at 12/6 workgroup meeting and 12/8 PHAB meeting)

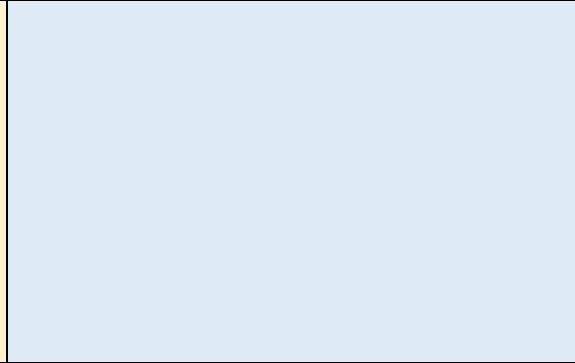
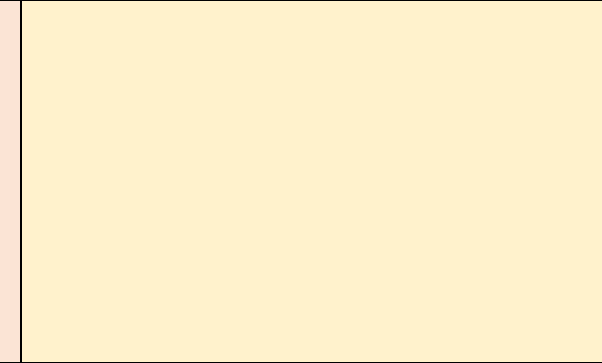
Is this table accurate, based on 12/8 PHAB discussion? Are additional changes needed?

\$50 million	\$100 million	\$150 million	\$200 million
<ul style="list-style-type: none"> • Increase capacity for preparedness coordinators • Increase capacity for communicable disease prevention initiatives • Prioritize hiring of local/regional communicable disease staff, including disease intervention specialists (DIS) • Expand partnerships for CD prevention and ensure culturally relevant interventions • Increase language access and culturally relevant communications • Ensure consistency in public health messaging during future public health emergencies. • Expand cross-sector partnerships to support response to climate emergencies 	<p>Everything previous, plus</p> <ul style="list-style-type: none"> • Expand laboratory services through OSPHL (rapid lab testing, e.g.) • Work together to establish an equity-specialists team that is fully adopted into the response structure. • Explore the concept of a scalable unified command structure in support of future public health emergencies. • Co-create climate resilience communications and strategies • Expand partnerships to bring public health representation to the table of decisions related to the built environment, including through health in all policies approaches • Expand use of GIS and other technologies to support better public health interventions for climate threats 	<p>Everything previous, plus</p> <ul style="list-style-type: none"> • Expand PH partnerships to engage on relevant and timely data historically marginalized communities are collected and available to those communities • Increase outreach to high school students and others through career ready programs to promote careers in public health • Increase health literacy at the high school level • Increase innovative partnerships, such as with colleges and universities • Increase public health recruitment efforts • Robust funding to support critical infrastructure for reproductive health clinical providers across the state. 	<p>Everything previous, plus</p> <ul style="list-style-type: none"> • Implement modern, interoperable data systems (note: OHA has a pandemic data system POP that is separate from public health modernization) • Fund community partners to support development and implementation of culturally and linguistically relevant data collection and use • Expand and implement public health training, e.g. Certified Health Interpreter and Community Health Worker training and certification, training and certification for other registered staff • Expand state level staff capacity to provide data, resources, communications support for chronic disease prevention

<ul style="list-style-type: none"> • Expand work with CCOs and health system partners to support response to climate emergencies • Sustain and expand network of public health-focused culturally-specific organizations to communities and regions of the state that are underserved with the base investment • Create space for community development of culturally-specific, proactive and upstream statewide strategies for health • Expand community engagement on implementing public health programs and services • Adopt a language access standard that information isn't ready to be externally communicated until it is accessible for ALL Oregonians (COVID-19 AAR) • Expand efforts to <u>retain</u> public health staff within the public health system • Ensure state capacity to administer grants and contracts and monitor state General Fund investments • Evaluate the impact of public health modernization interventions and innovations 	<ul style="list-style-type: none"> • Expand partnerships with health systems to conduct community health assessments and develop and implement community health improvement plans • Expand partnerships with school districts and the education sector • Expand efforts to <u>recruit and hire</u> bilingual and bicultural staff into the public health workforce • Moderate funding to support critical infrastructure for reproductive health clinical providers in rural and frontier communities. • Moderate funding to increase culturally-specific services. 		<ul style="list-style-type: none"> • Expand health-supportive policies through Health in All Policies approaches • Expand wide-ranging cross-sector partnerships (housing, transportation, education, corrections and more) • Begin implementation of strategies to reduce chronic disease • Wide-ranging interventions with health system partners to assure access to preventive health services.
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occurring through General Fund investments

- Limited funding to support critical infrastructure for reproductive health clinical providers in rural and frontier communities.
- Limited funding to increase culturally-specific services.



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PHAB Public Health Modernization Funding Workgroup

Table 2: 12/16 workgroup activity – which organization types have core roles in achieving each of the system-wide strategies and priorities?

System-wide core activities and priorities: \$50 million	LPHAs	CBOs Public health programs and community-led data systems	OHA
<ul style="list-style-type: none"> • Increase capacity for preparedness coordinators 	X		X
<ul style="list-style-type: none"> • Increase capacity for communicable disease prevention initiatives 	X	X	X
<ul style="list-style-type: none"> • Prioritize hiring of local/regional communicable disease staff, including disease intervention specialists (DIS) 	X		
<ul style="list-style-type: none"> • Expand partnerships for CD prevention and ensure culturally relevant interventions 	X	X	X
<ul style="list-style-type: none"> • Increase language access and culturally relevant communications 			
<ul style="list-style-type: none"> • Ensure consistency in public health messaging during future public health emergencies 			
<ul style="list-style-type: none"> • Expand cross-sector partnerships to support response to climate emergencies • Expand work with CCOs and health system partners to support response to climate emergencies 			
<ul style="list-style-type: none"> • Sustain and expand network of public health-focused culturally-specific organizations to communities and regions of the state that are underserved with the base investment 			

<ul style="list-style-type: none"> • Create space for creation and development of culturally-specific, proactive and upstream statewide strategies for health 			
<ul style="list-style-type: none"> • Expand community input on implementing public health programs and services 			
<ul style="list-style-type: none"> • Adopt a language access standard that information isn't ready to be externally communicated until it is accessible for ALL Oregonians (COVID-19 AAR) 			
<ul style="list-style-type: none"> • Expand efforts to <u>retain</u> public health staff within the public health system 			
<ul style="list-style-type: none"> • Ensure state capacity to administer grants and contracts and monitor state General Fund investments 			
<ul style="list-style-type: none"> • Evaluate the impact of public health modernization interventions and innovations occurring through General Fund investments 			
<ul style="list-style-type: none"> • Limited funding to support critical infrastructure for reproductive health clinical providers in rural and frontier communities. 			
<ul style="list-style-type: none"> • Limited funding to increase culturally-specific services. 			
System-wide core activities and priorities: \$100 million			
<ul style="list-style-type: none"> • Expand laboratory services through OSPHL (rapid lab testing, e.g.) 			
<ul style="list-style-type: none"> • Work together to establish an equity-specialists team that is fully adopted into the response structure. 			

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<ul style="list-style-type: none"> • Explore the concept of a scalable unified command structure in support of future public health emergencies. 			
<ul style="list-style-type: none"> • Co-create climate resilience communications and strategies 			
<ul style="list-style-type: none"> • Expand partnerships to bring public health representation to the table of decisions related to the built environment, including through health in all policies approaches 			
<ul style="list-style-type: none"> • Expand use of GIS and other technologies to support better public health interventions for climate threats 			
<ul style="list-style-type: none"> • Expand partnerships with health systems to conduct community health assessments and develop and implement community health improvement plans 			
<ul style="list-style-type: none"> • Expand partnerships with school districts and the education sector 			
<ul style="list-style-type: none"> • Expand efforts to <u>recruit and hire</u> bilingual and bicultural staff into the public health workforce 			
<ul style="list-style-type: none"> • Moderate funding to support critical infrastructure for reproductive health clinical providers in rural and frontier communities. 			
<ul style="list-style-type: none"> • Moderate funding to increase culturally-specific services. 			
<p>System-wide core activities and priorities: \$150 million</p>			
<ul style="list-style-type: none"> • Expand PH partnerships to engage on relevant and timely data historically marginalized communities are collected and available to those communities 			

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<ul style="list-style-type: none"> • Increase outreach to high school students and others through career ready programs to promote careers in public health 			
<ul style="list-style-type: none"> • Increase health literacy at the high school level 			
<ul style="list-style-type: none"> • Increase innovative partnerships, such as with colleges and universities 			
<ul style="list-style-type: none"> • Increase public health recruitment efforts 			
<ul style="list-style-type: none"> • Robust funding to support critical infrastructure for reproductive health clinical providers across the state. 			
System-wide core activities and priorities: \$200 million			
<ul style="list-style-type: none"> • Implement modern, interoperable data systems (note: OHA has a pandemic data system POP that is separate from public health modernization) 			
<ul style="list-style-type: none"> • Fund community partners to support development and implementation of culturally and linguistically relevant data collection and use 			
<ul style="list-style-type: none"> • Expand and implement public health training, e.g. Certified Health Interpreter and Community Health Worker training and certification, training and certification for other registered staff 			
<ul style="list-style-type: none"> • Expand state level staff capacity to provide data, resources, communications support for chronic disease prevention 			
<ul style="list-style-type: none"> • Expand health-supportive policies through Health in All Policies approaches 			
<ul style="list-style-type: none"> • Expand wide-ranging cross-sector partnerships (housing, transportation, education, corrections and more) 			

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<ul style="list-style-type: none">• Begin implementation of strategies to reduce chronic disease			
<ul style="list-style-type: none">• Wide-ranging interventions with health system partners to assure access to preventive health services.			

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