
Oregon Public Health Orientation for Local Public Health Administrators

June 2023

Day One



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Welcome and Introductions

OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Oregon
Health
Authority

Agenda – Day 1

- 8:20-8:30 AM: **Welcome, Introductions, and Logistics**
- 8:30-9:45 AM: **Foundations of OHA Public Health Divisions Work**
 - Rachel Banks, Public Health Director
 - Cara Biddlecom, Deputy Public Health Director
- 9:45-9:55 AM **Break**
- 9:55-11:25 AM **LPHA Contracting and Fiscal Processes**
 - Tammy Hurst, Contracts Specialist
 - Danna Drum, Local and Tribal PH Manager
 - Michelle Adams, Lead LPHA Fiscal and Contracts Analyst
- 11:25-11:35 AM **Break**
- 11:35 AM-12:35 PM **Center for Health Protection**
 - André Ourso, Center Administrator
 - Samina Panwhar, Drinking Water Services
 - Gabriela Goldfarb, Environmental Public Health

Agenda – Day 1 (Continued)

- 12:35-1:40 PM **Lunch and Learn: Equity Leadership**
 - Felis Peralta, Puget Sound Educational Service District
- 1:40-2:00 PM **Break**
- 2:00-2:30 PM **Oregon State Public Health Laboratory**
 - Akiko Saito, Business Director
 - Sarah King Humphrey, Client Services Coordinator
- 2:30-4:10 PM **Center for Prevention and Health Promotion**
 - Tim Noe, Center Administrator
 - Helene Rimberg, Adolescent Health, ScreenWise & Reproductive Health
 - Tameka Brazile Miles, Health Promotion & Chronic Disease Prevention
 - Laura Chisholm, Injury & Violence Prevention Programs
 - Nurit Fischler, Maternal & Child Health
 - Tiare Sanna, Nutrition & Health Screening (WIC)
- 4:10-4:25 PM **Break**
- 4:25-4:45 PM **Day One Wrap Up**

Foundations of OHA Public Health Division Work

Rachael Banks, MPA
Public Health Director

Rachael.Banks@oha.oregon.gov

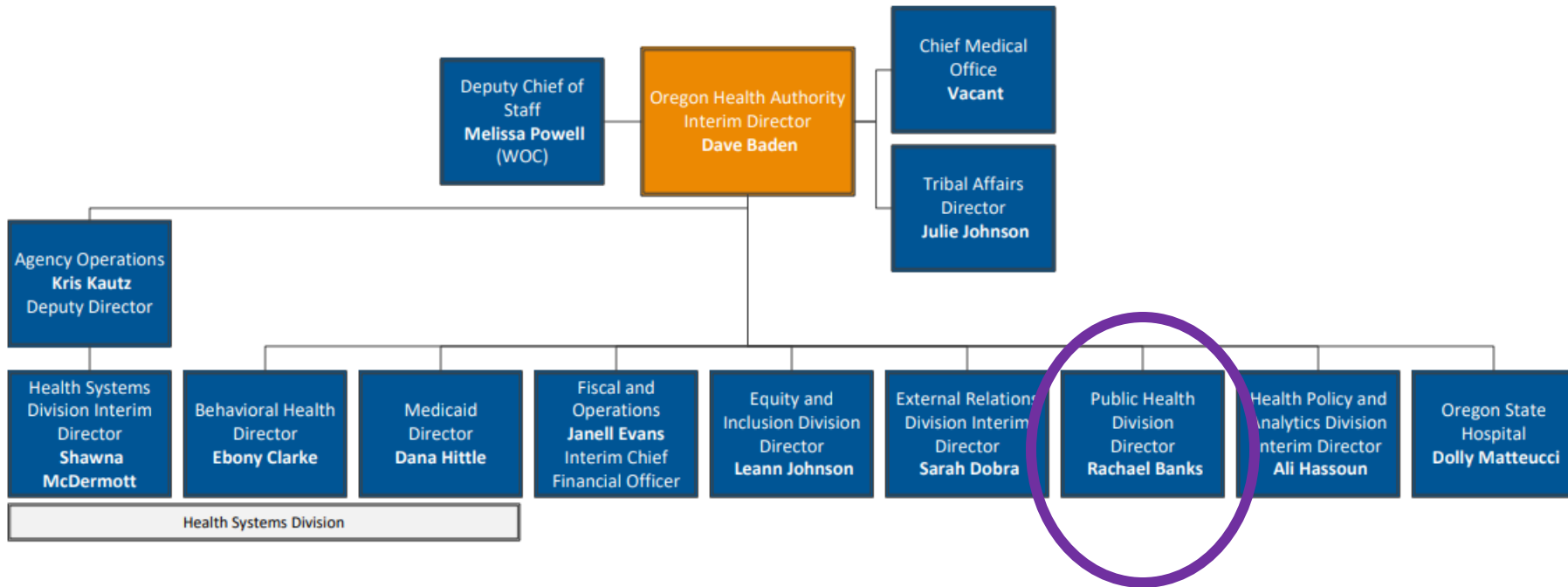
Cara Biddlecom, MPH
Deputy Public Health Director

Cara.M.BIDDLECOM@oha.oregon.gov



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Public Health Division

Oregon Health Authority



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

PUBLIC HEALTH DIVISION

Public Health Director

Rachael Banks, MPA

Office of the State Public Health Director

Deputy Public Health Director, Policy and Partnerships Director
Cara Biddlecom, MPH

Equity Director
Erica Sandoval, MPH

Finance Director
Nadia Davidson

Operations Director
Kirsten Aird, MPH

Science and Evaluation State Health Officer & State Epidemiologist
Dean Sidelinger, MD, MEd

Lead Communication Officer
Jonathan Modie

Senior Policy Advisor
Cynthia Branger Muñoz

Center for Health Protection

Center Administrator
André Ourso, MPH, JD

Drinking Water Services
Section Manager
Samina Panwhar

Environmental Public Health Section
Section Manager
Gabriela Goldfarb, MPP

Health Care Regulation and Quality Improvement Program
Section Manager
Dana Selover, MD

Health Licensing Office
Interim Section Manager
Robert Bothwell

Oregon Medical Marijuana Program
Section Manager
Megan Lockwood

Oregon Psilocybin Services Program
Section Manager
Angela Allbee, EMPA

Radiation Protection Services
Section Manager
David Howe, MA

Center for Prevention and Health Promotion

Center Administrator
Timothy Noe, PhD

Adolescent Health, ScreenWise & Reproductive Health Section
Section Manager
Helene Rimberg, PsyD

Health Promotion and Chronic Disease Prevention Section
Section Manager
Tameka Brazile Miles

Injury & Violence Prevention Section
Section Manager
Laura Chisholm, MPH, PhD

Maternal and Child Health Section
Section Manager
Cate Wilcox, MPH

Nutrition and Health Screening (WIC Program)
Section Manager
Tiare Sanna, MS, RDN

Center for Public Health Practice

Center Administrator
Collette Young, PhD

Acute and Communicable Disease Prevention Section
Section Manager
Zintars Beldavs, MS

Center for Health Statistics
Section Manager
Jennifer Woodward, PhD

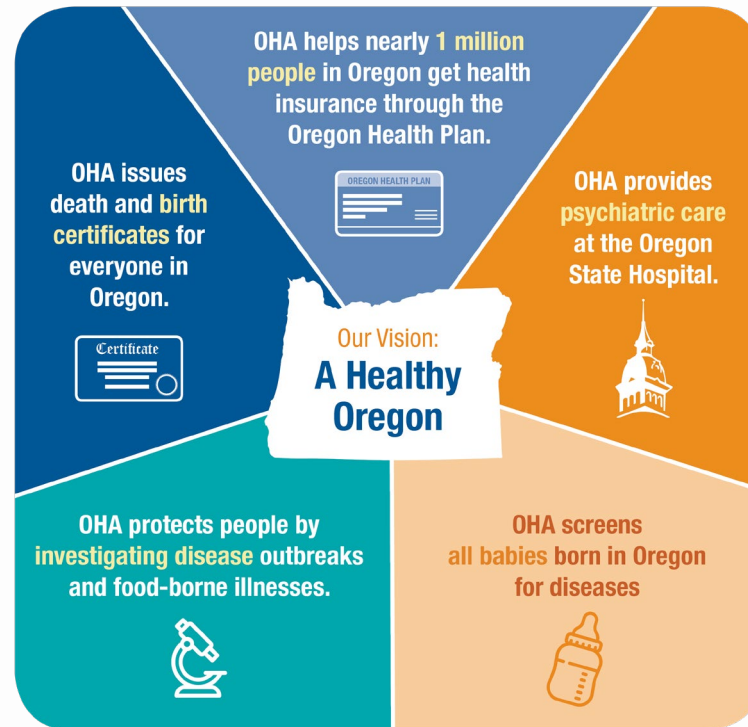
HIV, STD & TB Section
Section Manager
Annick Benson-Scott

Health Security, Preparedness & Response
Interim Section Manager
Eric Gebbie

Immunization Section
Interim Section Manager
Lydia (Mimi) Luther

Oregon State Public Health Laboratory
Interim Business Director
Akiko Saito

OHA's Vision & Strategic Goal



OHA's Strategic Goal: To eliminate health inequities in Oregon by 2030.

OHA's Core Values

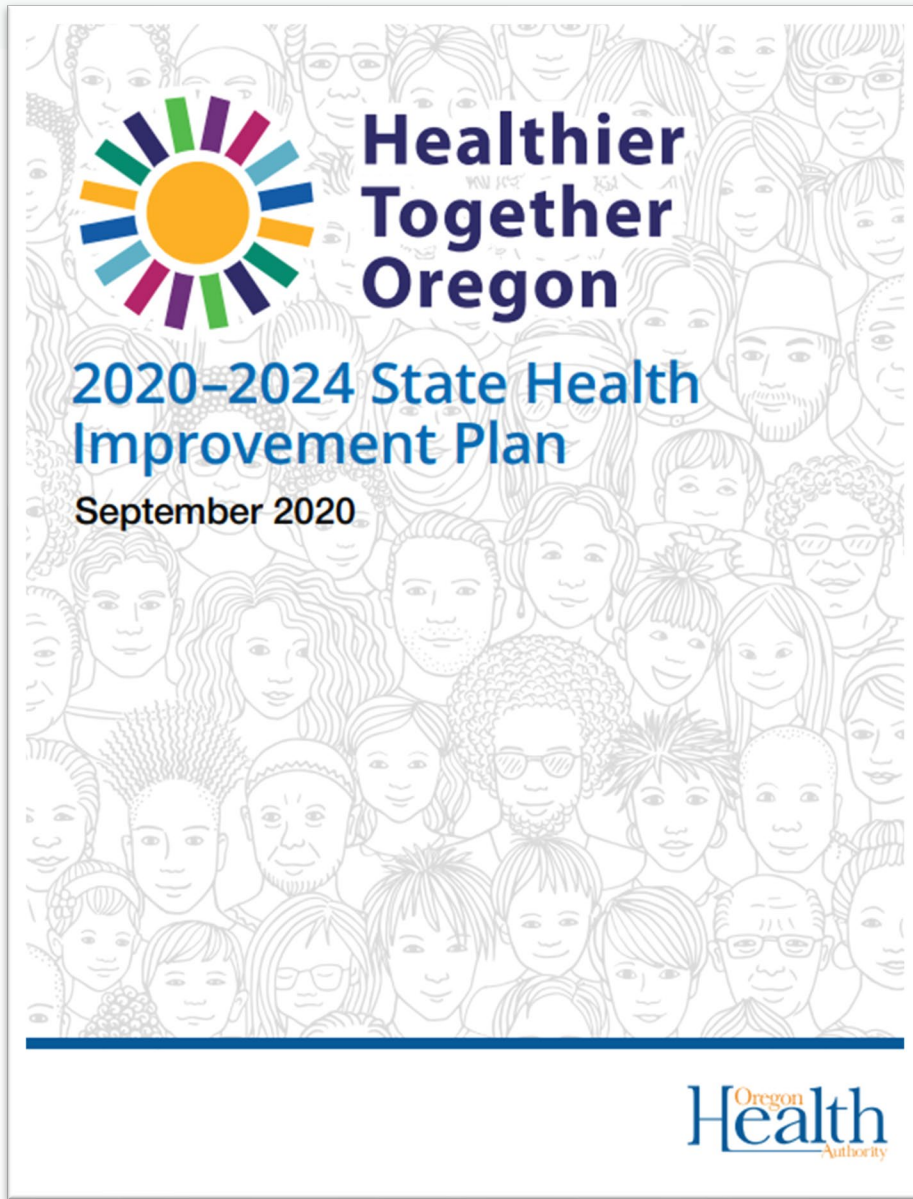
- Health Equity
- Service Excellence
- Integrity
- Leadership
- Partnership
- Innovation
- Transparency

OHA's Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.



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Public Health Division



Healthier Together Oregon State Health Improvement Plan

2020-2024 State Health Improvement Plan Priorities



Institutional bias



Adversity, trauma and toxic stress



Behavioral health



Economic drivers of health, including housing, education, transportation and living wage



Access to equitable preventive health care

Source: <https://www.oregon.gov/oha/ph/about/pages/healthimprovement.aspx>

Modernized framework for public health



Public health modernization milestones

2013-15

Oregon Legislature passes House Bill 2348

2015-17

Oregon Legislature passes House Bill 3100

2017-19

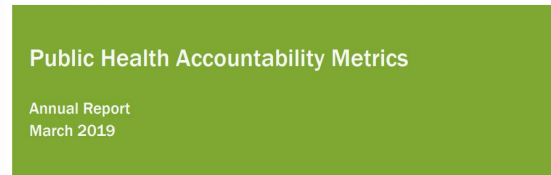
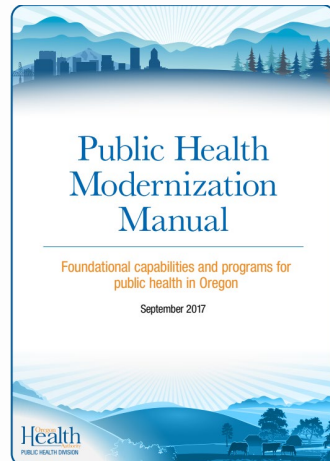
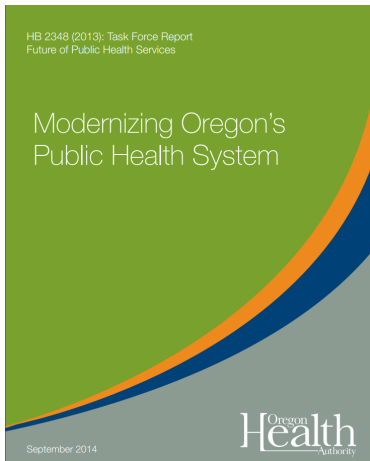
Oregon Legislature passes House Bill 2310 and allocates \$5 million for public health modernization

2019-21

Oregon Legislature allocates an additional \$10 million

2021-23

Oregon Legislature allocates an additional \$45 million

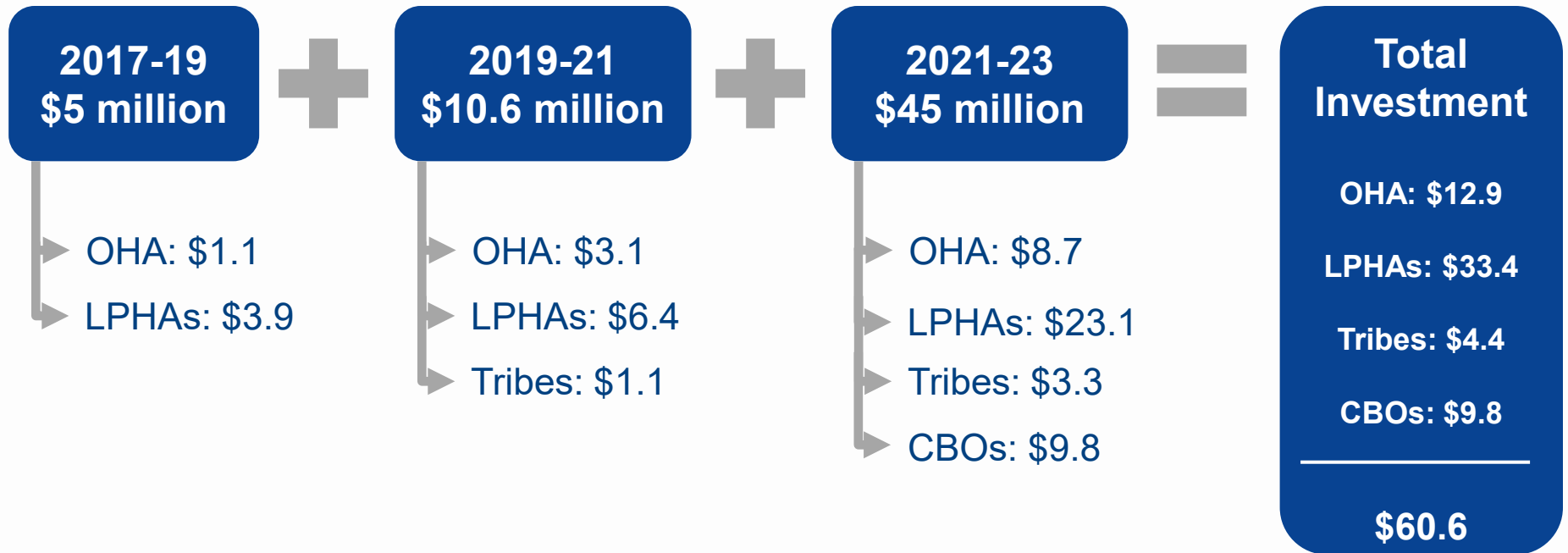


**PUBLIC HEALTH EQUITY
CBO COLLABORATIVE**

Program-Based v. Modern Public Health

Program-based Health System	Modern Public Health System
Separate funding and staff for each disease or other health topic	Funding and staff can adapt and respond as critical health needs emerge
Responds to health problems	Strives to prevent and prepare for health problems, then responds as needed
Works independently	Emphasizes partnerships
Health disparities unaddressed	Centers the voices of communities and strives to shift power and resources to those most affected by health inequities
Data systems are static, isolated from each other, and/or difficult to use	Data systems are complete, dynamic and integrated, and generate useful info
Patchwork quilt of programs and capabilities	All foundational programs and capabilities available across the state

Legislative Investment in Modernization, 2017-2023



Public Health Advisory Board

- Established in Oregon statute and reports to the Oregon Health Policy Board.
- PHAB advises and makes recommendations for governmental public health.
- Reviews and makes recommendations on several processes related to Public Health Modernization including:
 - Setting priorities for PHM funding
 - Public health modernization funding formula
 - Public health accountability metrics

healthoregon.org/phab

[PHAB Health Equity Review Policy and Procedure](#)

LPHA PHAB Membership

- One LPH Administrator from each of these groups:
 - Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County
 - Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County
 - Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County
 - Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County
- LPH Officer who is not a LPH Administrator
- Conference of Local Health Officials representative

PHAB Membership (cont)

- Member or representative of a federally recognized Tribe in Oregon
- Coordinated Care Organization (CCO) representative
- Non-CCO health care organization representative
- Individual who represents individuals who provide PH services directly to the public
- Academic expert in the PH field
- Population health metrics expert
- At-large member

New PHAB positions as of 1/1/2024

- Health equity expert
- Representative from CBO serving a rural community
- Representative from CBO serving an urban community
- Education representative for early learning through high school

Legislative Sessions

- Long Session
 - Odd years
 - 160 days
 - Biennial budget process
- Short Session
 - Even years
 - 35 days
 - Limited budget adjustments

Agency Budget and Legislative Concept Development

Public Health Division (PHD) begins planning their legislative concepts (LCs) and Policy Option Packages (POPs) 2 years before passage

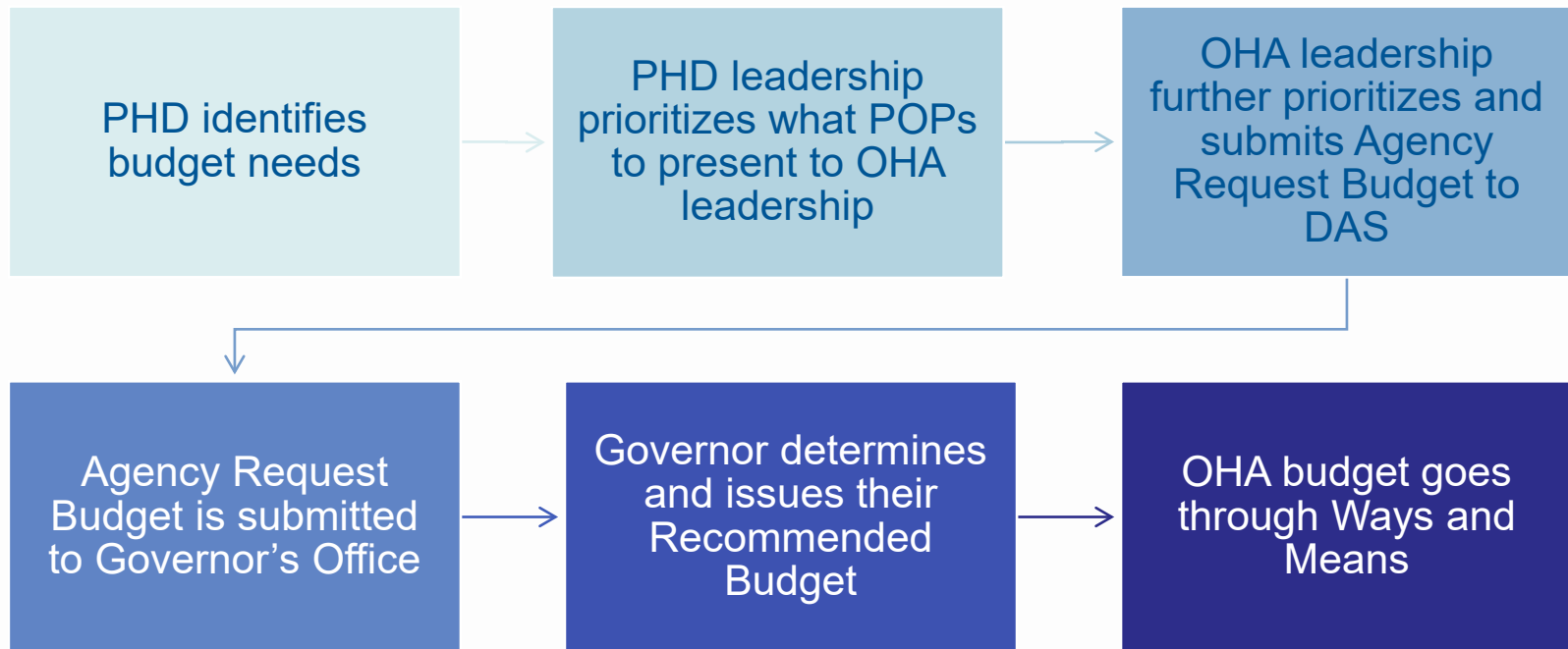
PHD works internally and externally with partners to plan and prepare legislation

LCs and POPs go through a process of approval at the division and agency level

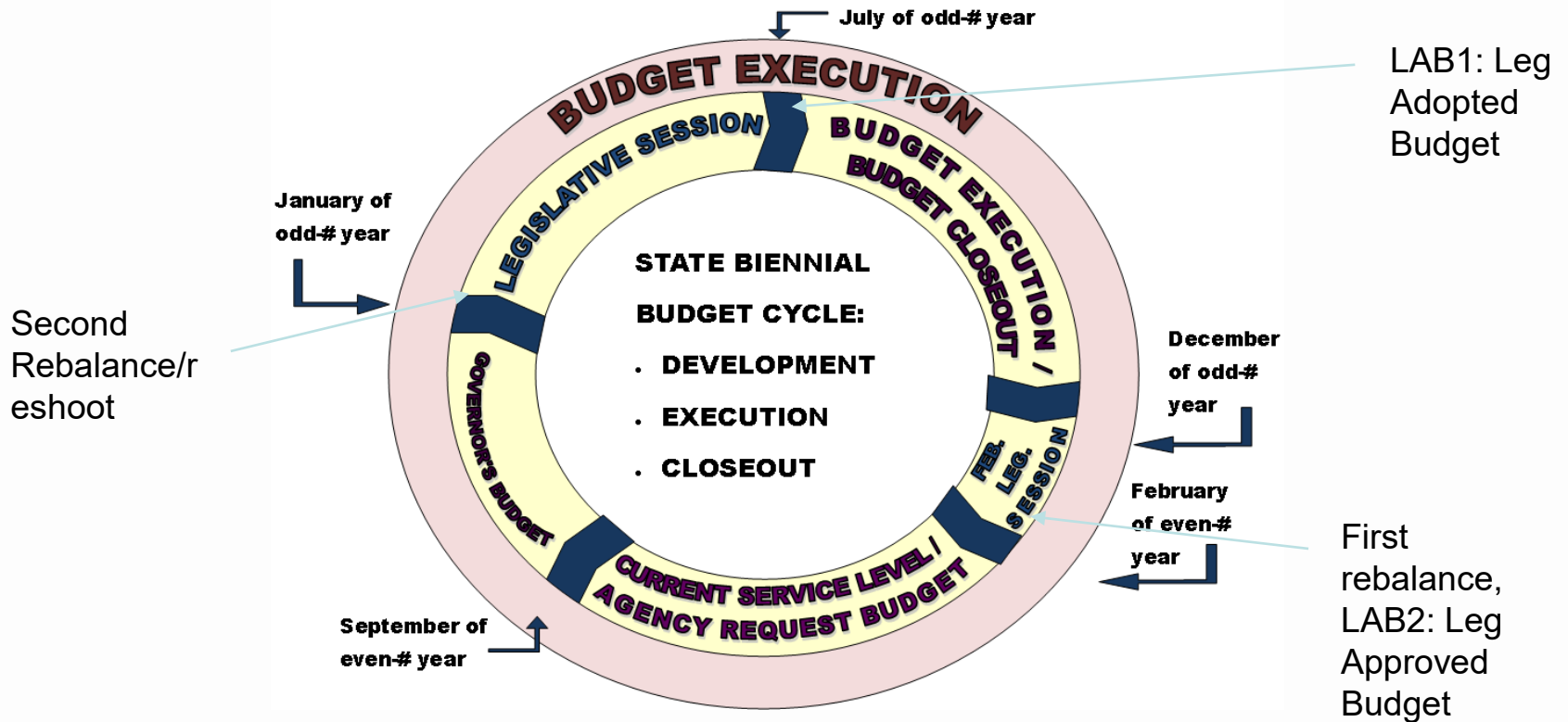
Governor ultimately decides what to include in their recommended budget and what OHA LCs should be introduced

The final budget is determined by the legislative process

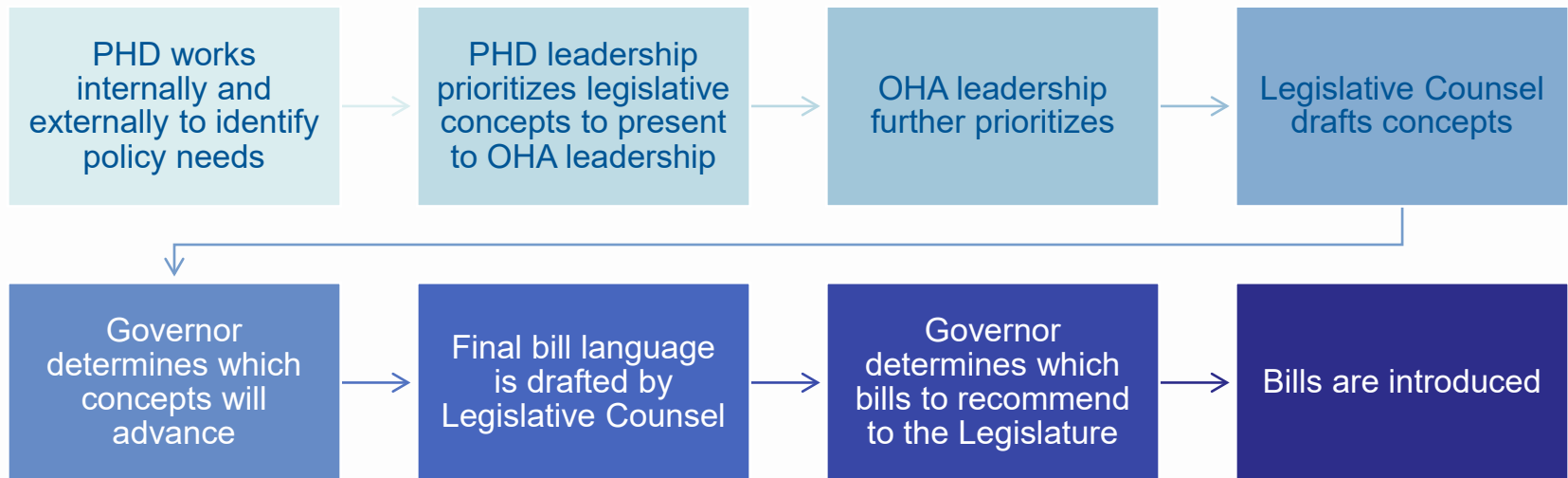
Budget Request Process



Budget Cycle



Legislative Concept Process



OHA's Role During Legislative Session

- Support the Governor's policy and budget positions
- Evaluate proposed legislation for policy and fiscal impacts on OHA programs and operations
- Provide objective and fact-based information
- Identify and address health equity and anti-racism issues in proposed legislation
- Advance the 10-year strategic goal of eliminating health inequities
- Identify policy that supports the Triple Aim
 - Better Health
 - Better Care
 - Lower Costs

OHA's Role Post Legislative Session

- Develop and adopt new or revised Oregon Administrative Rules in response to statutory changes
- Implement PHD budget
 - Ensure spending aligns with legislative intent
- Implement new or changed programs, statutes, or rules
- Start planning for the next legislative session

Contracts and Fiscal Stuff, Oh My!



PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Michelle Adams

Lead LPHA Fiscal and Contracts Analyst, OHA-PHD
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Tammy Hurst

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Danna Drum

Local and Tribal Public Health Manager, OHA-PHD
Office of the State Public Health Director

DANNA.K.DRUM@oha.oregon.gov



Grant Agreements



Two Primary Agreements with LPHAs

- Intergovernmental Agreement for the Financing of Public Health Services
 - Program Elements for each work component inserted into the contract
 - Not all entities are funded through all program elements
 - Two-year agreement; funds awarded by fiscal year
- Intergovernmental Agreement for Environmental Health Services
 - Food, Pool, Tourist Accommodations regulatory work
 - Remittance factor

“Boilerplate Language”

OHA - 2021-2023 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES
In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice), or 503-378-3523 (TTY) to arrange for the alternative format.

AGREEMENT #169501

2021-2023 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF PUBLIC HEALTH SERVICES

This 2021-23 Intergovernmental Agreement for the Financing of Public Health Services (the “Agreement”) is between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and Baker County, the Local Public Health Authority for Baker County (“LPHA”).

RECITALS

WHEREAS, ORS 431.110, 431.115 and 431.413 authorizes OHA and LPHA to collaborate and cooperate in providing for basic public health services in the state, and in maintaining and improving public health services through county or district administered public health programs.

WHEREAS, ORS 431.250 and 431.380 authorize OHA to receive and disburse funds made available for public health purposes.

WHEREAS, LPHA has established and proposes, during the term of this Agreement, to operate or contract for the operation of public health programs in accordance with the policies, procedures, and administrative rules of OHA.

WHEREAS, LPHA has requested financial assistance from OHA to operate or contract for the operation of LPHA’s public health programs.

WHEREAS, OHA is acquiring services under this Agreement for the purpose of responding to the state of emergency declared by the Governor on Saturday, March 7, 2020 and pursuant to the Major Disaster Declaration number DR4499OR as a direct result of the COVID-19. OHA intends to request reimbursement from FEMA for all allowable costs.

WHEREAS, OHA is willing, upon the terms and conditions of this Agreement, to provide financial assistance to LPHA to operate or contract for the operation of LPHA’s public health programs.

WHEREAS, nothing in this Agreement shall limit the authority of OHA to enforce public health laws and rules in accordance with ORS 431.170 whenever LPHA administrator fails to administer or enforce ORS 431.001 to 431.550 and 431.990 and any other public health law or rule of this state.

NOW, THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

- 1. Effective Date and Duration.** This Agreement shall become effective on July 1, 2021 regardless of the date of signature. Unless terminated earlier in accordance with its terms, this Agreement shall expire on June 30, 2023.
- 2. Agreement Documents, Order of Precedence.** This Agreement consists of the following documents:
This Agreement without Exhibits
[Exhibit A Definitions](#)
[Exhibit B Program Element Descriptions](#)
[Exhibit C Financial Assistance Award and Revenue and Expenditure Reporting Forms](#)
[Exhibit D Special Terms and Conditions](#)

169501-0 TLIH

CONTRACT DOCUMENT

PAGE 1 OF 133 PAGES

Boilerplate Development

- Potential changes identified
 - Housekeeping
 - Recurring issues
 - Federal changes
- Common template is used across LPHAs
- Terms and Conditions
- Financial Award Pages
- ODHS-OHA County Contracts Group Reviews (sent to county counsels)
- Shared with CLHO for review and feedback

Program Element

Program Element #01: State Support for Public Health (SSPH)

OHA Program Responsible for Program Element:

Public Health Division/Office of the State Public Health Director

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to operate a Communicable Disease control program in LPHA's service area that includes the following components: (a) epidemiological investigations that report, monitor and control Communicable Disease, (b) diagnostic and consultative Communicable Disease services, (c) early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases, (d) appropriate immunizations for human and animal target populations to control and reduce the incidence of Communicable Diseases, and (e) collection and analysis of Communicable Disease and other health hazard data for program planning and management.

Communicable Diseases affect the health of individuals and communities throughout Oregon. Inequities exist for populations that are at greatest risk, while emerging Communicable Diseases pose new threats to everyone. The vision of the foundational Communicable Disease Control program is to ensure that everyone in Oregon is protected from Communicable Disease threats through Communicable Disease and Outbreak reporting, investigation, and application of public health control measures such as isolation, post-exposure prophylaxis, education, or other measures as warranted by investigative findings. The work in this Program Element is also in furtherance of the Oregon Health Authority's strategic goal of eliminating health inequities by 2030.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to State Support for Public Health**

- a. **Case:** A person who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a particular disease, infection, or condition as described in OAR 333-018-0015 and 333-018-0900, or whose illness meets defining criteria published in the OHA's Investigative Guidelines.
- b. **Communicable Disease:** A disease or condition, the infectious agent of which may be transmitted to and cause illness in a human being.
- c. **Outbreak:** A significant or notable increase in the number of Cases of a disease or other condition of public health importance (ORS 431A.005).
- d. **Reportable Disease:** Any of the diseases or conditions specified in OAR 333-018-0015 and OAR 333-018-0900.

07/22/2022 (SFY23)

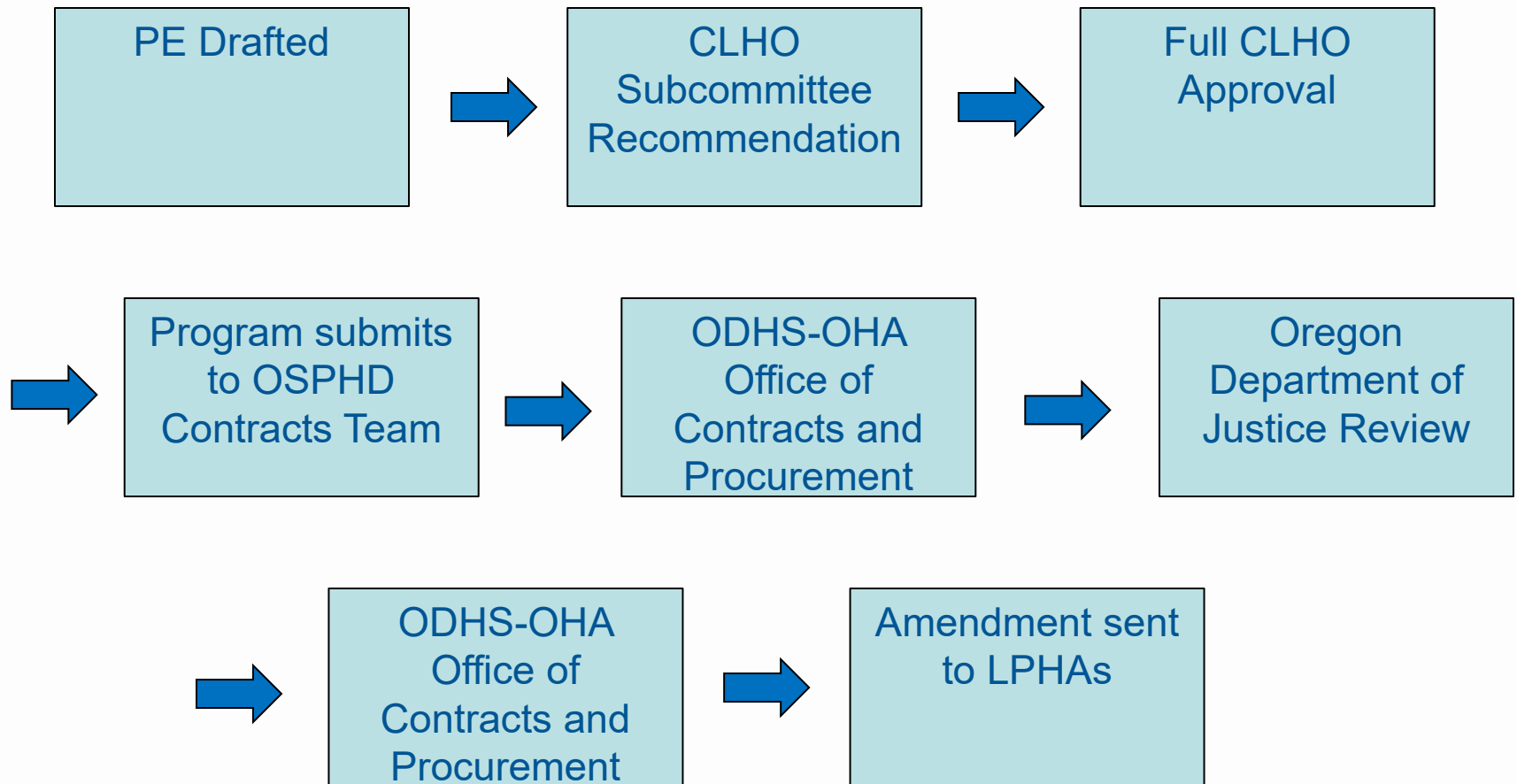
What is a Program Element?

- Part of the PH IGA
- Common template is used
- Describes work to be done
- Data collection and/or reporting requirements
- Other requirements

Program Element Development

- Drafting of Program Element
- CLHO Subcommittee – input and recommendations
- CLHO approval
- Office of Contracts review
- Department of Justice review
- Inclusion in contract amendment (monthly amendment summary)

Program Element Development



Funding Formula Development

- Often part of Program Element process
- Change may be negotiated if PHD funding increases or decreases
- More likely to occur with new grant cycles
- CLHO Subcommittee – input and recommendations
- CLHO approval

Types of Funding Mechanisms

- Base funding
- Base plus per-capita or other criteria
- Public health modernization funding formula

- Competitive Request for Proposals
 - More stringent process
 - Technical assistance driven by contracting rules – usually more limited or standardized
 - Competitive funding (usually based on budget submission and negotiation if award made)

Program Element and Funding Formula Considerations

- Funder requirements and eligibility parameters
- Evidence-based and promising practices
- Health equity
- Data and epidemiology
- What can be achieved with funding available
- Work needed in the state, local and tribal jurisdictions
- Overall funding amount
- Long-term funding sustainability

Agreement Accountability

- Triennial review
 - Most programs funded through the Financial Assistance Agreement
 - Occurs every three years
 - Coordinated by PH Systems Consultants
 - Compliance only v. Quality assurance
 - Triennial review tools
 - Report issued to LPHA and Board of Commissioners
 - Compliance findings
 - Action plans
 - Exit interview (optional)

Agreement Accountability (cont)

- Program element reporting
- Quarterly fiscal reports

Payments

- Based on executed award – cannot make payments on amendments that have not been signed
 - Important to return signed amendments ASAP
- Equal payment installments of 1/12 of executed award (or equal payments of state budget or scope of work – i.e., 1/10th, 1/7th)
- Supports LPHA cash flow v. reimbursement model

Quarterly Fiscal Reporting

- Following each quarter, revenue/expenditure report submitted for each PE and sub-elements
- Due dates: October 30, January 30, April 30, August 20
- Quarterly reporting and reconciliation are required in order to “advance” federal funds
- Required for FY closeout
- Required before carryover for eligible funds can occur into a new FY

Reconciliation

- Review quarterly fiscal reports for accuracy and alignment with PE/approved budgets/approved work plans
- Payments must be reconciled to the penny each quarter
- Payments cannot exceed cumulative maximum award
- Timeline
 - Fiscal reports submitted by LPHA by deadline
 - Fiscal analysts review the reports and completes reconciliation by end of following month

Reconciliation Payment Adjustments

- Example #1
 - Total FY award is \$12,000
 - Q1 payments = \$3000; Q1 reported expenditures = \$3000
 - No reconciliation adjustment needed
 - Q2 payments = \$3000; Q2 reported expenditures = \$2000
 - Reconciliation adjustment of \$1000 reduction
 - Overall payment reduced by \$1000
 - Q3 payments = \$3000; Q3 reported expenditures = \$4500
 - Reconciliation payment \$1000
 - Q4 payments total \$3000; Q4 expenditures = \$2500
 - No adjustment needed
 - Year end closeout with \$0 balance

Reconciliation Payment Adjustments

- Example #2
 - Total FY 2022 award is \$12,000
 - Q1 payments = \$3000; Q1 reported expenditures = \$3000
 - No reconciliation adjustment needed
 - Q2 payments = \$3000; Q2 reported expenditures = \$2000
 - Reconciliation adjustment of \$1000 reduction
 - Overall payment reduced by \$1000
 - Q3 payments = \$3000; Q3 reported expenditures = \$4000
 - Reconciliation payment \$1000
 - Q4 payments total \$3000; Q4 expenditures = \$2500
 - Adjustment needed; \$500 underspent
 - FY22 Award amended and reduced by \$500
 - If funds are eligible for carryover to FY2023, FY agreement amended to add the \$500.
 - If funds are not eligible for carryover, LPHA no longer has access to the \$500

Other Important Things to Know

- Monthly Amendment Summary
 - Email from Danna Drum
- Subrecipient monitoring
 - Risk Assessments
 - Fiscal triennial review
 - LPHA Subrecipient monitoring
- Carryover between fiscal years
 - Less likely with federal funds
 - Sometimes possible with state general funds, but only mid-biennium
 - Do not assume carryover is an option unless explicitly stated

Contacts

- PE Content, Boilerplate Questions, Funding Formulas
 - Danna Drum – danna.k.drum@oha.oregon.gov, 503-957-8869
- Agreement Amendment Process
 - Tammy Hurst – tammy.hurst@odhsoha.oregon.gov
- PE Awards, Payments, Specific Amendments
 - Michelle Adams – michelle.a.adams@oha.oregon.gov

Center for Health Protection



CENTER FOR HEALTH PROTECTION
Public Health Division

André Ourso

Center for Health Protection - Center Administrator

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Drinking Water Services

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Lunch and Learn: Equity Leadership

Felis Peralta

Puget Sound Educational Service District

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OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Oregon State Public Health Laboratory



CENTER FOR PUBLIC HEALTH PRACTICE
Public Health Division

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OSPHL - Client Services Coordinator

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Oregon State Public Health Laboratory (OSPHL) – Get to Know Your Lab!

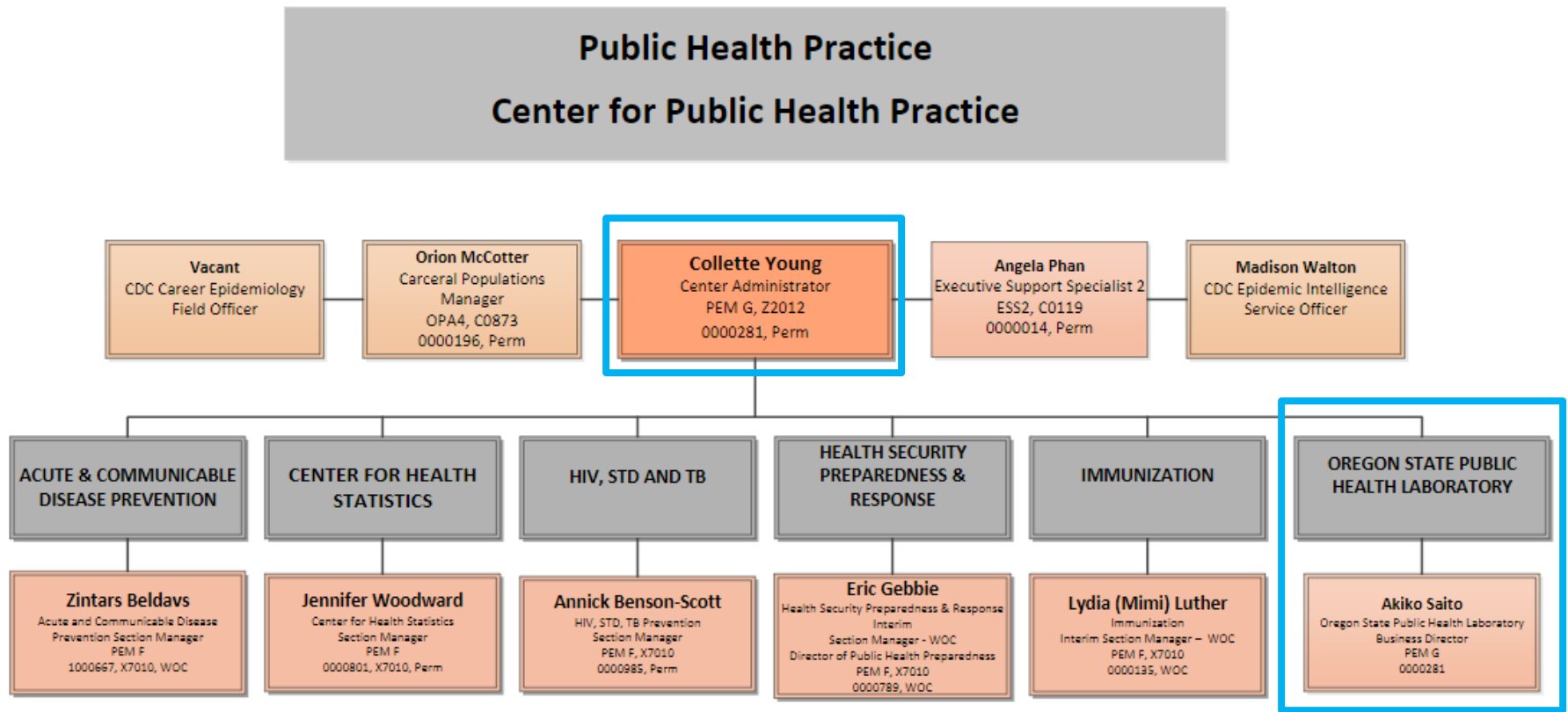


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503-693-4100

www.healthoregon.org/phl

Organizational Structure



Communicable Disease Testing

(For local public health accreditation)

ORS 433.012 Oregon Health Authority to provide laboratory examination; rules. The Oregon Health Authority shall provide the necessary laboratory examinations requested by local health departments for the diagnosis of those communicable diseases identified by rule of the authority to be a reportable disease.

431A.750 Examinations by state laboratory; rules; fees.

(1) For the better protection of the public health, the laboratory of the Oregon Health Authority shall make examinations of water, milk, blood, secretions, excretions, tissues or environmental samples required by any state or local agency in Oregon.

(2) In accordance with the rules of the authority, the authority may make examinations of water, milk, blood, secretions, excretions, tissues or environmental samples for any:

- (a) Country or territory;
- (b) Federal agency;
- (c) Agency of another state;
- (d) Tribal agency; or
- (e) Health care practitioner licensed in any country, territory or state.

...

Laboratory Operations

- Ship collection kits
- Facility management
- Coordinate daily courier services
- Mail newborn bloodspot screening results
- Accession (check in and data enter) all specimens
- ...and so much more!



General Microbiology

- Bacteriology
 - Culture (isolation and reference testing)
 - Biothreat agents
- Foodborne outbreak support (bacterial subtyping)
- Tuberculosis testing
 - QuantiFERON®
 - TB susceptibility testing
- Water microbiology
- Special projects



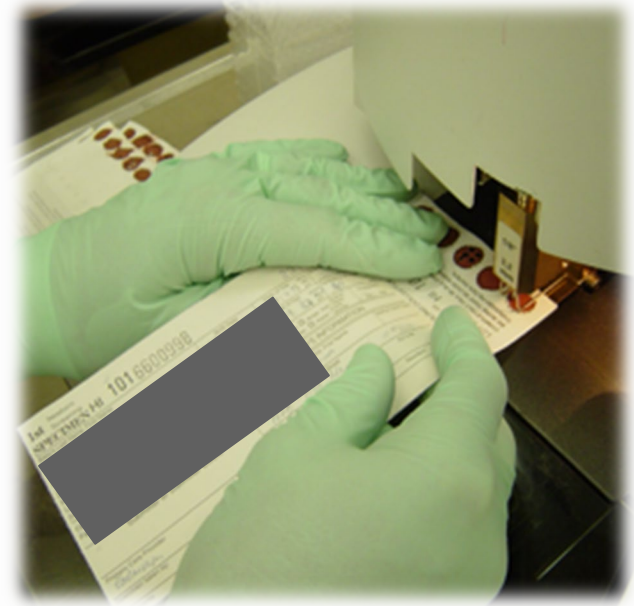
Virology and Immunology

- Sexually transmitted infections (STIs)
 - Chlamydia, gonorrhea, HIV, Hepatitis
- Norovirus and other gastrointestinal viruses
- Influenza, SARS-CoV-2, and other respiratory viruses
- Viral biothreat agents
- Special projects



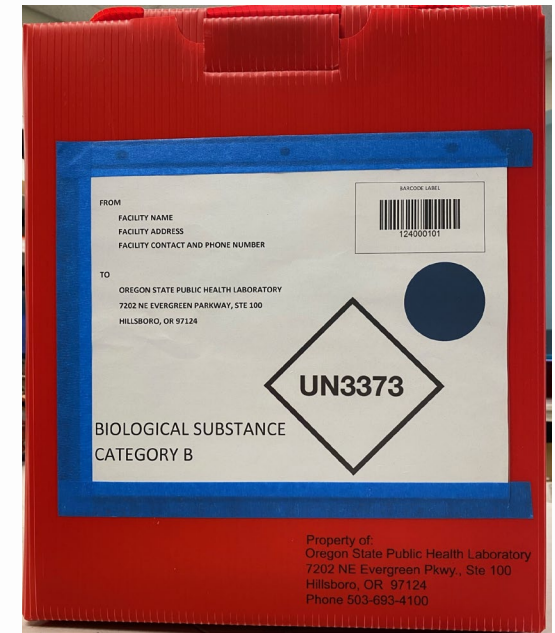
Newborn Screening

- Screening for heritable disorders
 - Hemoglobinopathy (e.g. Sickle Cell Disease)
 - Endocrine (e.g. Hypothyroidism)
 - Metabolic (e.g. PKU)
 - Severe Combined Immunodeficiency (SCID)
 - Cystic Fibrosis
 - Lysosomal Storage Disorders
 - Spinal Muscular Atrophy (SMA)
- Regional testing program
 - Oregon, New Mexico, Navajo Nation, Guam, Saipan, some military bases
- Screen for over 40 disorders per specimen



Courier Transport – New Regional Model

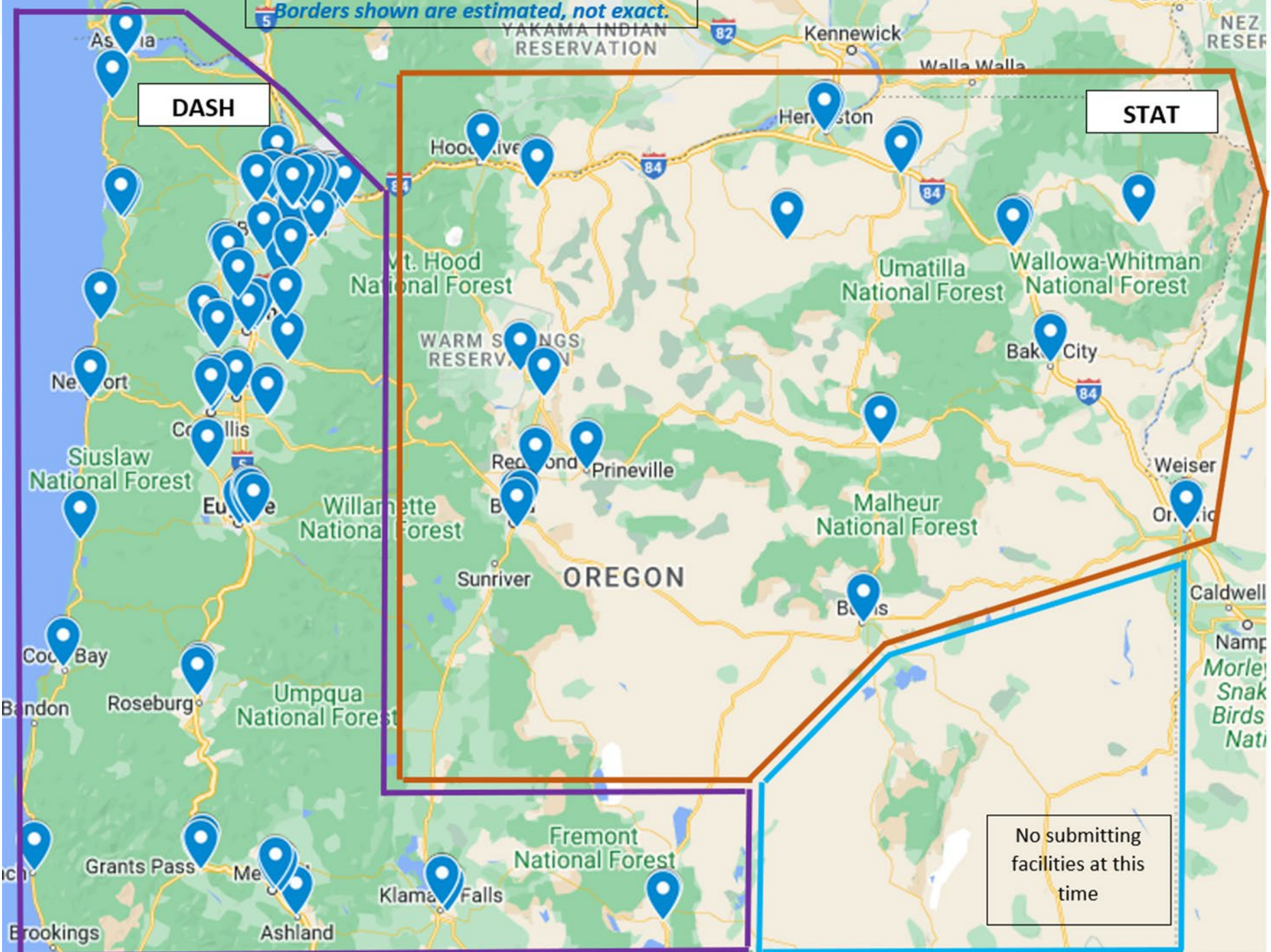
- Goals:
 - Use lessons learned from COVID-19 response,
 - Meet current courier needs, and
 - Develop resiliency in lab’s statewide courier system
- New courier services model started June 1, 2023 with two vendors
 - DASH Delivery – western and southern
 - STAT Courier – eastern and central
- Regions defined based on courier service models (e.g., highways, zip codes)



Borders shown are estimated, not exact.

DASH

STAT



No submitting facilities at this time

CLIA (Clinical Laboratory Regulation)

- Carries out Federal CLIA for state of Oregon
 - Certificate of Waiver
 - Certificate of Provider Performed Microscopy (PPM)
 - High Complexity laboratories
- Substance of Abuse (SOA) testing
- Health Screen Testing (HST) / health fair testing

CLIA: ORS 438.010-433.51, 42 CFR 493; SOA: ORS 438.435;
HST: ORS 438.150

ORELAP

(Oregon Environmental Laboratory Accreditation Program)

- Accredits qualified laboratories testing under the:
 - Clean Air Act (CAA),
 - Clean Water Act (CWA),
 - Resource Conservation and Recovery Act (RCRA), and
 - Safe Drinking Water Act (SDWA).

- Also accredits labs testing:
 - Cannabis under ORS 475C.540 to 475C.590.
 - Psilocybin under ORS 475A.590 to 475A.622.

Contact Information

- OSPHL Main & Testing Sections
 - 503-693-4100
 - www.healthoregon.org/phl
- Lab Compliance – CLIA
 - 503-693-4125
 - LC.info@odhsoha.oregon.gov
- Client Services Coordinator – Sarah King
 - 971-217-3522
 - sarah.m.king@oha.oregon.gov
- Laboratory Response Network (LRN) Coordinator – Macey Henning
 - 503-693-4123
 - macey.henning@oha.oregon.gov

Useful Links

- OSPHL Main Website – www.healthoregon.org/phl
 - Clinical Lab Regulation (CLIA) – www.healthoregon.org/ll
 - OSPHL Courier Information – www.bitly.com/phl-courier
 - Forms & Collection Kits – www.bitly.com/phl-forms
 - Stockroom Order Request Form – www.bitly.com/PHLStockOrder
 - Lab Test Menu – www.healthoregon.org/labtests
 - Specimen Acceptance Criteria – www.bitly.com/SpecimenCriteria



Center for Prevention and Health Promotion



CENTER FOR PREVENTION AND HEALTH PROMOTION
Public Health Division

Tim Noe

Center Administrator

TIMOTHY.D.NOE@oha.oregon.gov

CENTER FOR PREVENTION AND HEALTH PROMOTION
Public Health Division

Oregon
Health
Authority

Helene Rimberg

Adolescent Health, ScreenWise & Reproductive Health

HELENE.M.RIMBERG@oha.oregon.gov

Tameka Brazile Miles

Health Promotion & Chronic Disease Prevention

Tameka.B.Miles@oha.oregon.gov

Health Promotion & Chronic Disease Prevention (HPCDP) Section Overview

Tameka Brazile Miles, MBA
HPCDP Section Manager



PUBLIC HEALTH DIVISION
Health Promotion Chronic Disease Prevention

Today we will share...

- HPCDP's Commitment to Equity
- Our Mission, Values and Purpose
- Where our funding streams come from
- What we do – *communication, surveillance & evaluation, health systems/community-clinical linkages, Commercial Tobacco Compliance and Enforcement – Tobacco Retail License (TRL) and Indoor Clean Air Act (ICAA)*
- Overlaps with LPHAs and program elements, and State commercial tobacco licensure
- Next steps towards HPCDP's culture change and strategic refresh

HPCDP Commitment to Equity

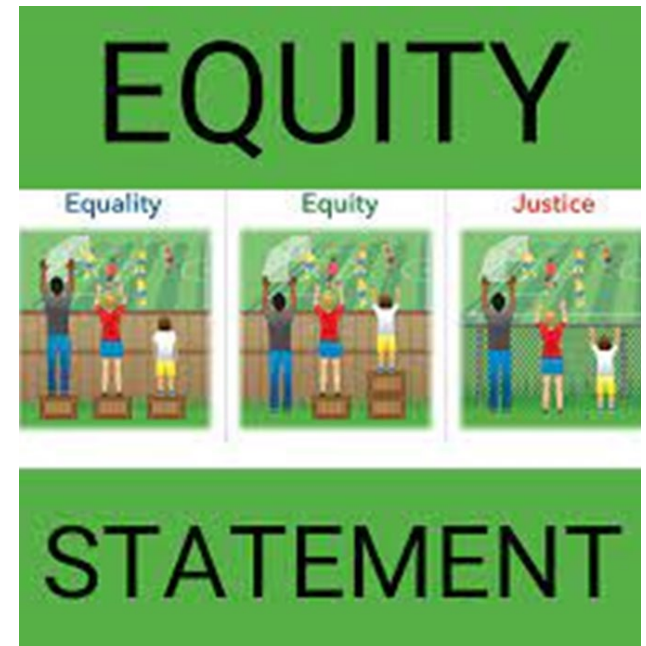
The Oregon Health Authority (OHA) Health Promotion Chronic Disease Prevention (HPCDP) Section acknowledges past and present systemic racism and other oppression. This oppression sustains inequities experienced by many groups with higher rates of chronic disease in Oregon.

HPCDP will advance health equity through:

- Learning and transforming, both individually and together
- Promoting community-led initiatives, and
- Sharing information and data.

HPCDP will champion fair and just policy and systems changes. The goal is reducing differences in health outcomes for all people in Oregon.

PUBLIC HEALTH DIVISION
Health Promotion Chronic Disease Prevention



Mission and Vision

Healthy places, healthy people: a framework for Oregon

Mission: To advance policies, environments and systems that promote health and prevent and manage chronic diseases, including addiction.

Vision: All people in Oregon live, work, play and learn in communities that support health and optimal quality of life.



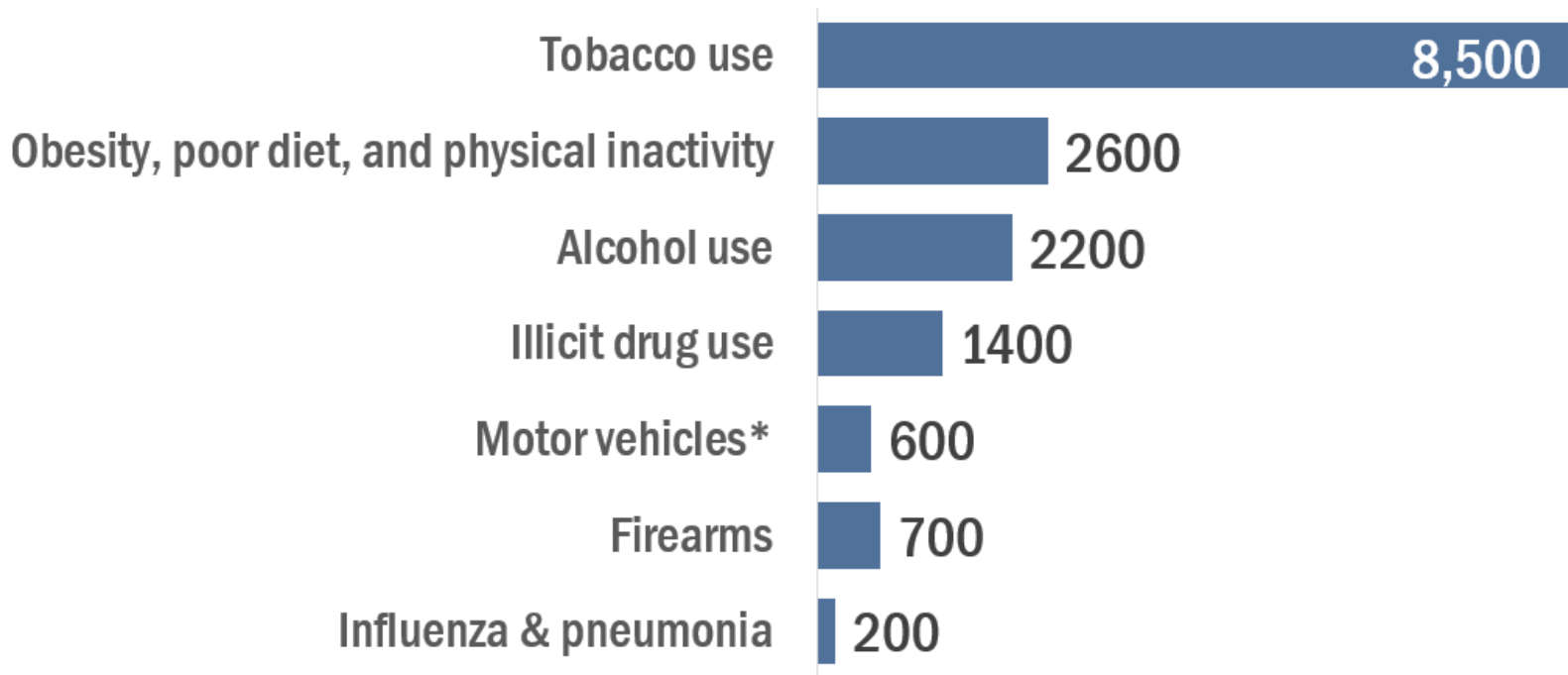
Oregon Health Authority

PUBLIC HEALTH DIVISION
Health Promotion and Chronic Disease Prevention

(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)

Oregon Health Authority

Leading Causes of Preventable Disease and Death in Oregon



HPCDP Funding (21-23 Biennium)

State

Tobacco Taxes
(\$57M)

Tobacco Retail Licensing Fees
(\$4.2M)

Marijuana Taxes (\$1.7M)

General Fund
(\$1.2M)

Other fines and fees (\$0.1M)

Federal

CDC Grants

Tobacco Control, Diabetes, Cardiovascular
Health, Arthritis
Cancer (Registry, CRC, Comp Cancer)
(\$11.6M)

SAMHSA One Time

SAPT
(\$6M 2021-2025)

SAMHSA Block Grant

Substance Abuse Prevention & Treatment (SAPT)
(\$4.1M)

NACDD grants (\$0.6M) – Diabetes and Nutrition Insecurity

Surveillance & Evaluation

Primary role:

- Use data to identify strategic priorities and best practices for population level prevention
- Measure progress towards health outcome goals and targets
- Provide internal and external data-related technical assistance



Surveillance & Evaluation in HPCDP



What can we help you with?

We can provide data from:

- Adult behavior risk factor surveys
- Youth behavior risk factor surveys
- Hospitals & emergency departments
- Oregon State Cancer Registry
- Vital records (birth & death data)
- Retail assessments
-and more!

We can also help with:

- Finding other data sources
- Interpretation of data
- Custom analyses of our data
- Mapping of data
- Local survey support
- Local evaluation projects
-and more!

For content areas including:

- Tobacco Alcohol & other drugs
- Cancers related to risk behaviors
- Physical activity & nutrition
- Heart disease & stroke
- Diabetes and asthma
- Liver disease & cirrhosis
-and more!

Contact us:



hpcdp.surveillance@oha.oregon.gov



Search "Oregon Chronic Disease Data"
to find our most current data

Communications Work is Community Work

Our Values:

- Be authentic: bring your full self and lived experience to the work
- Lead with community
- Collaboration is key (internal and external)
- Listen.



Introducing **new frames and narratives** and spark movement toward new solutions

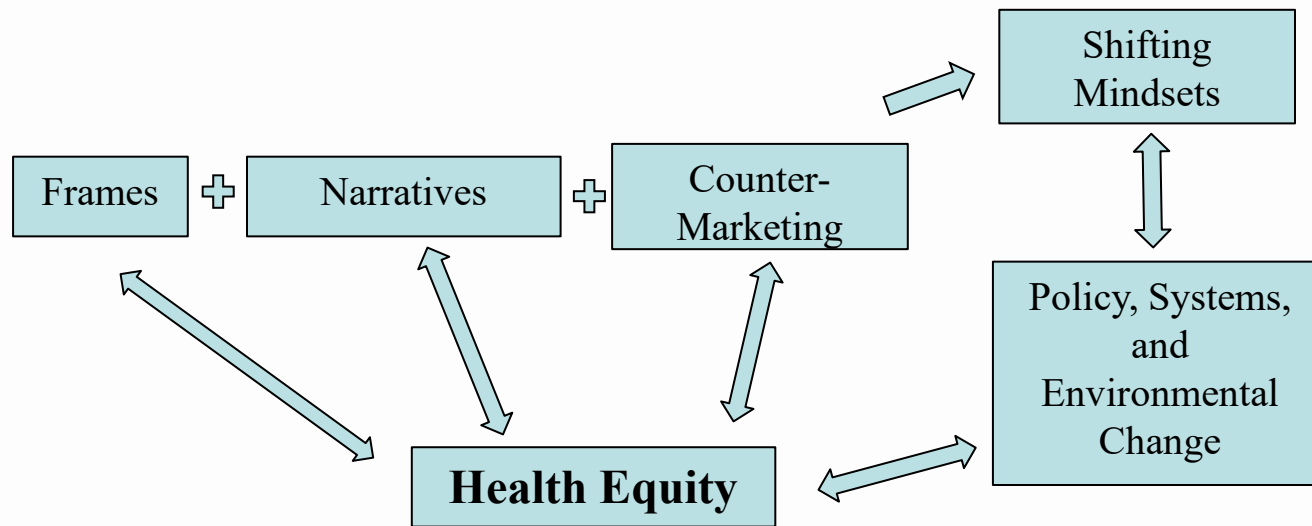
How do we live into these values?

- 1:1 Conversations with Partners
- Moving in when we are asked, and moving back when appropriate
- Meeting community where they are



Shifting mindsets of the public and decision makers to drive policy and system change

Strategic Communications Summary



SMOKEFREE
oregon

www.smokefreeoregon.com

Reth!nk
the drink

www.rethinkthedrink.com

Place Matters Oregon



Health Systems and Community-Clinical Linkages

Primary focus: Working with health systems and community partners to increase participation in community-based chronic disease prevention and management programs

Primary Programs:

- National Diabetes Prevention Program
- Walk With Ease
- Healthy Heart Ambassadors

Primary Partners:

- OHA Health Systems Division (Oregon Health Plan) and CCOs
- OHSU
- Oregon Wellness Network
- Community Integrated Networks of Oregon
- Comagine Health

ADPEP (PE36)

HPCDP's Alcohol and other Drug Prevention and Education Program (ADPEP) provides funding to every county to support local coalitions working to prevent and reduce alcohol and other drug use.

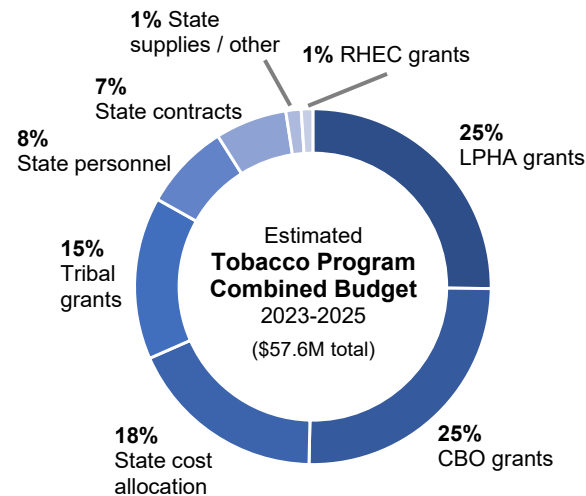
ADPEP funding sources:

- 94% SAMHSA Substance Abuse Prevention & Treatment (SAPT) Block Grant
- 3.6% State Marijuana Tax
- 2.2% General Fund – Prevention
- 0.2% State Criminal Fines Account

TPEP (PE13)

HPCDP’s Tobacco Prevention and Education Program (TPEP) allocates funds to LPHAs towards tobacco controls. The coordinated movement involves state and local programs working together to achieve sustainable policy, systems and environmental change in local communities that mobilize statewide. Funds provided this Agreement are to be used to reduce exposure to secondhand smoke, prevent youth from using tobacco, promote evidence-based practices for tobacco cessation, educate decision-makers about the harms of tobacco, and limit the tobacco industry’s influence in the retail environment.

Estimated Tobacco Tax Revenues and Allocations for 2023-2025 Biennium		
	Allocation	Proportion
LPHA grants	\$14,500,000	25%
CBO grants	\$14,500,000	25%
State cost allocation	\$10,402,560	18%
Tribe grants	\$8,500,000	15%
State personnel	\$4,549,352	8%
State contracts	\$3,744,553	7%
RHEC grants	\$800,000	1%
State supplies/other	\$603,535	1%
Total	\$57,600,000	



Senate Bill 587: Statewide Tobacco Retail Licensing

- Passed during the 2021 legislative session, signed by Governor Kate Brown on July 17, 2021.
- As of January 1, 2022, a license is required for each premises from which tobacco products and/or inhalant delivery systems are sold.
- SB 587 also allowed for existing local licenses to continue and for localities to adopt stricter standards for tobacco retail sales.
 - Benton, Clatsop, Klamath, and Multnomah Counties kept pre-existing local tobacco retail license programs.

Program Mission

The mission of the Oregon Tobacco Retail License Program is to reduce commercial tobacco use in Oregon through fair and equitable enforcement of commercial tobacco retail sales laws.

Oregon Tobacco Retail License Program – State Agency and Local Roles

Component	Responsible Entity
Licensing Program Applications and Renewals	Department of Revenue
Retailer Education <ul style="list-style-type: none"> • <i>Outreach and education materials</i> • <i>Training</i> • <i>Marketing and communication</i> 	Oregon Health Authority
Compliance Checks and Inspections <ul style="list-style-type: none"> • <i>Educational visits if needed</i> • <i>Statewide database</i> • <i>Inspections of every retailer for minimum legal sales age and other sales laws</i> • <i>Reinspection and complaint visits</i> 	Oregon Health Authority; Local Public Health Authorities with Program Element (<i>as of 7/1/23 Clackamas, Coos, Curry, Douglas, Hood River, and Josephine Counties</i>)
Enforcement and Penalties <ul style="list-style-type: none"> • <i>Civil penalties</i> • <i>Legal proceedings</i> 	Oregon Health Authority and Department of Revenue
Data Collection and Evaluation	Oregon Health Authority

Culture Change & Strategic Refresh

The culture change project has two distinct phases

1

Culture change 1.0:
Healing

Focusing on:

- Increasing psychological safety of staff
- Identifying and eliminating toxic workplace tools and practices
- building staff and manager communication skills

2

Culture change 2.0:
Sustainability

Focusing on:

- Sustainability by integrating culture changes and Health Equity Action Plan into strategic plan
- Providing further coaching/training/mentors to staff and managers

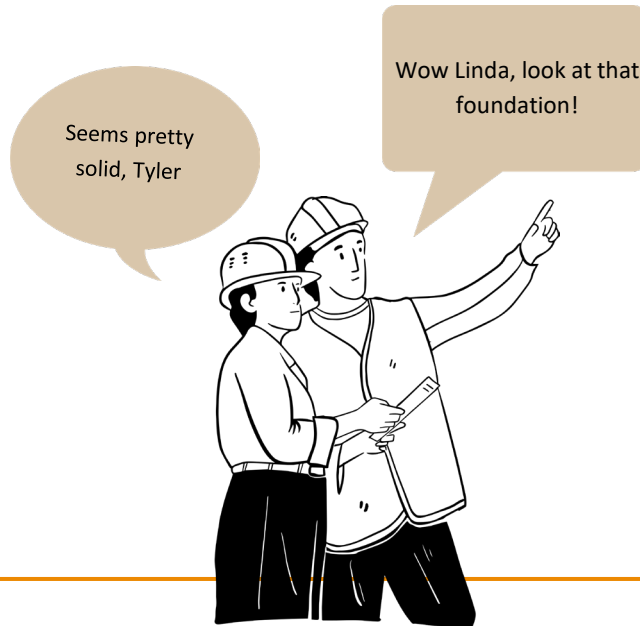


Strategic refresh

Helping by:

- Aligning our section values, mission statement, and strategic plan with changes in the section and the field
- Integrating public health modernization into section strategy
- Providing role clarity
- Documenting shift in section priorities

Our work be like...



Contact Us

- **Tameka Brazile Miles**, HPCDP Section Manager – Tameka.b.miles@oha.Oregon.gov
- **Rebecca Garza**, Communication Team Lead – Rebecca.garza@oha.Oregon.gov
- **Sari Hargand**, Surveillance and Evaluation Manager – Sari.hargand@oha.Oregon.gov
- **Stephen White**, Community Policy, Systems and Environment Change Manager – Stephen.c.white@oha.Oregon.gov
- **Sarah Wylie**, Tobacco Retail License Program Manager – Sarah.a.wylie@oha.Oregon.gov

Laura Chisholm

Injury & Violence Prevention Programs

LAURA.F.CHISHOLM@oha.oregon.gov

Nurit Fischler

Maternal & Child Health

nurit.r.fischler@oha.oregon.gov

Maternal and Child Health

Nurit Fischler, MHS

Title V Coordinator and Policy Lead

Maternal and Child Health

Who are we?

- MCH Section
 - About 60 staff, mixture of federal and state funding
 - Programs include: Title V, Early Hearing Detection and Intervention (EHDI), oral health, sexual and domestic violence prevention, nurse home visiting, maternal mortality prevention, assessment, evaluation, informatics, and surveillance.
 - Staff include: program and policy analysts, nurse consultants, dental hygienists, registered dietitians, research analysts, informaticists, epidemiologists, fiscal analysts, administrative support and managers.
- Today's focus:
 - Title V Maternal and Child Health Block Grant

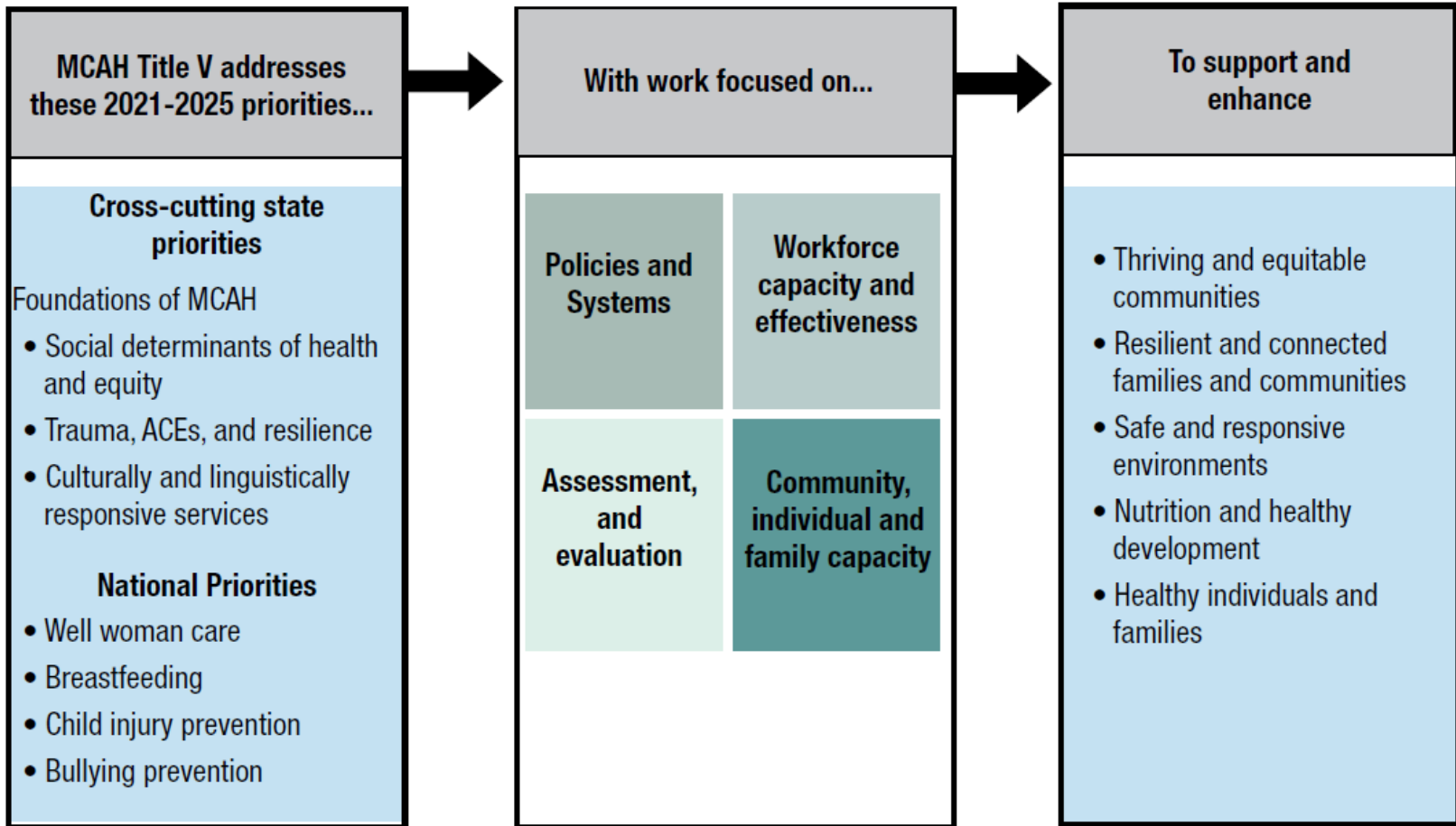
MCH Title V Block Grant

MCH Title V Block Grant provides federal funds to improve the health of Oregon's women, infants, children, adolescents, and children and youth with special health care needs.

States are required to:

- Conduct a 5-year needs assessment
- Choose among 15 national priority areas/performance measures; plus state-specific priorities
- Develop strategies and measures to “move the needle” on the selected national priorities
- Align use of funds with these priorities and strategies

Oregon Title V Framework for Maternal, Child and Adolescent Health



Revised 2/4/2021

Overview of Title V Implementation Guidance: priority selection

Title V [Implementation Guidance](#) provides the basic implementation requirements for grantees. Please continue to use the updated 2020-2022 Implementation Guidelines (Feb 2021 version).

- ❑ Grantees are no longer required to work on at least one National Priority Area. All grantees are welcome to work on strategies within the state cross-cutting “Foundations of MCAH priority”, or the national priorities.

Title V Funding level	Minimum # of priorities
Less than \$25,000 per year	1
\$25,000 - \$99,999 per year	2
\$100,000 or more per year	3

Note: A joint state/local Title V committee will be formed next summer to consider further implementation guidance changes.

Overview of Title V Implementation

Guidance: strategies, activities and measures

- Strategies are selected from drop down list for each priority.
- Title V strategies include the option to choose activities from a drop-down list. Activities can also be locally developed.
- Measures can also be chosen from a drop-down list for each activity – or measures can be locally determined.
- At least one measure per strategy is required.

Overview of Title V Implementation

Guidance: Use of funds

- No more than 10% may be for indirect costs (or Federally-approved indirect rates for tribes)
- Local grantees can continue to use 20% of funding (more with approval) to address locally defined MCAH needs including COVID support for MCAH population.
 - If more than 20% locally-identified is needed for COVID-19 or other reasons, please talk with state Title V staff.
- Funding may be used to contract/partner with other programs or agencies

Additional Title V support

- Check the [MCAH Title V Website](http://healthoregon.org/titlev) (healthoregon.org/titlev) for:
 - Summary list of Title V MCAH priorities and strategies
 - Priority-specific tables detailing the strategies, activities, measures, and resources for each priority
 - Title V implementation guidance
 - Contact list with names of state Title V Leads for each priority
 - Annual plan development worksheet
- **State Title V staff are available** to provide help and answer your questions at any point in the grant year. Use this [contact sheet](#) to reach out to us.

Questions, comments, TA needs?

- For general MCH Title V questions:
Nurit Fischler (MCAH Title V Coordinator)
nurit.r.fischler@state.or.us

Cate Wilcox (MCH Title V Director)
Cate.s.wilcox@state.or.us
- For priority-specific questions:
[Contact individual state Title V Leads](#)
- For measures or data questions: Maria Ness
(Title V Research Analyst)
maria.n.ness@state.or.us
- For materials and other information check the
[MCH Title V website \(healthoregon.org/titlev\)](http://healthoregon.org/titlev)



Tiare Sanna

Nutrition & Health Screening (WIC)

TIARE.T.SANNA@oha.oregon.gov

Oregon Public Health Orientation for Local Public Health Administrators

June 2023

Day Two



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Agenda – Day 2

- **9:00-10:25 AM Center for Public Health Practice**
 - Collette Young, Center Administrator
 - Zintars Beldavs, Acute & Communicable Disease Prevention
 - Annick Benson-Scott, HIV/Sexually Transmitted Infections/Tuberculosis
 - Eric Gebbie, Health Security, Preparedness & Response
 - Mimi Luther, Oregon Immunization Program
- **10:25-10:40 AM Break**
- **10:40-11:10 AM LPHA Statutory and Governance Responsibilities**
 - Danna Drum, Local & Tribal PH Manager
- **11:10 AM-12:00 PM PH Legal Q&A**
 - Shannon O’Fallon, Oregon Department of Justice
 - Danna Drum, Local and Tribal PH Manager
- **12:00 PM-1:00 PM Lunch and Learn: Day Two Wrap Up**
- **1:00-3:30 PM Networking/Free Time**
- **1:30-3:30 PM Oregon State Public Health Laboratory Tour**

Center for Public Health Practice



CENTER FOR PUBLIC HEALTH PRACTICE
Public Health Division

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Center Administrator

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Acute & Communicable Disease Prevention

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Eric Gebbie

Health Security, Preparedness & Response

eric.n.gebbie@oha.oregon.gov

Mimi Luther

Oregon Immunization Program

LYDIA.M.LUTHER@oha.oregon.gov

WHO WE ARE



How We Serve You

Vaccine Supply
and Access
Programs

ALERT IIS

School Law

Quality
Improvement
Services

Model Protocols

Metrics – local,
statewide,
national

Learning
Management
System for your
staff

IPAT:
Immunization
Policy Advisory
Team

HelpDesk
800-980-9431

What's Next in the Immunization Pipeline?

- COVID vaccine and therapeutics commercialization – Bridge Access Project.
- Create a modern immunization finance structure to assure access to all people in Oregon.
- Measure and address eroding access gaps across the state
- Embed achieving equity in every aspect of our work
- Vaccine Access Project (VAP): finance gaps may result in the inability to add COVID and other vaccines; LPHAs will need to purchase those vaccines for continued service.
- State program capacity will likely revert to pre-COVID staffing and funding levels.

New or Seasoned – We are here to support you and your staff

Please contact us for time with any of our subject matter experts, including

- Access to clinical immunization services
- Perinatal Hepatitis B
- Immunization communications
- School law
- Program element requirements
- Quality improvement for better prevention outcomes
- Epidemiology of vaccine preventable diseases
- Data ALERT Immunization Information System (IIS)
- Vaccine management, inventory control, additional back-of-the-house training

Mimi (Lydia) Luther
Oregon Public Health Division
Immunization Program

Lydia.m.luther@oha.Oregon.gov

503-309-1462

LPHA Statutory & Governance Responsibilities

Danna Drum
Local and Tribal Public Health Manager

June 2023



Local Public Health Authority

- LPHA = Local Public Health Authority
 - A county government
 - A health district formed under ORS 431.443 by two or more contiguous counties
 - Intergovernmental entity that provides public health services pursuant to an agreement under ORS 190.010

Governing Body of the LPHA

- Governing body of a county (Board of County Commissioners)
- A district board of health
- Board of intergovernmental entity formed under ORS 190.010

Governing Body Statutory Responsibilities

- Collaborate with LPH administrator to develop public health policies and goals for the LPHA
- Adopt ordinances and rules necessary for the LPHA to administer its responsibilities and any other PH law of the state
- Adopt civil penalties for violations of ordinances and rules adopted by the governing body
- Review and make recommendations on the LPH modernization plan
- Monitor the progress of the LPHA in meeting statewide and local PH goals, including public health modernization
- Adopt schedules of fees for PH services

See ORS 431.415

Local public health advisory boards do not take place of governing body.

LPHA Statutory Requirements

- Accept reports of communicable disease, disease outbreak or epidemics and investigate them
- Issue or petition for isolation and quarantine orders as necessary to protect the public's health
- Review immunization records and issue exclusion orders
- Make immunizations available
- Ensuring access to family planning and birth control services
- Duties and activities related to enforcing the Indoor Clean Air Act
- Licensing of tourist accommodations, recreational parks and organizational camps, pools, spas, restaurants, bed and breakfasts, vending machines, mobile units, if delegated
- Regulation of public water systems, if delegated
- Enforcement of public health laws

See OAR 333-014-0550

LPHA Governance Functions

- Exercise of any public health police power
- Any duty of the LPHA governing body under ORS 431.415
- Enforcement of public health laws, including but not limited to taking action on a license or permit (ORS 431.150)
- Ensuring due process for persons with due process rights
- Issuing any order authorized under ORS 431A.010 or ORS 433
- Imposing civil penalties
- Compelling production of records during disease outbreak investigation
- Petitioning the court for isolation or quarantine order
- Taking any action authorized during a declared PH emergency

See OAR 333-014-0580

LPHA Governance & Subcontracting

- Governance functions cannot be subcontracted or delegated beyond the LPHA. ORS 431.413

A local public health authority may contract with a person to perform a public health service or activity, or to perform all public health services and activities, that the local public health authority is required to perform under ORS 431.001 to 431.550 and 431.990 or under any other public health law of this state, except that the person with whom the local public health authority contracts may not perform any function, duty or power of the local public health authority related to governance.

LPH Administrator Statutory Responsibilities

- Appointed by the LPHA
- Acts as administrator for the local health department and supervises officers and employees
- Employs a local public health officer
- Appoint necessary medical officers and staff to carry out the duties LPH administrator
- Provide the LPHA at appropriate intervals information about the activities of the local health department and submit annual budget for approval by governing body
- Act as the agent of the OHA in enforcing state PH laws and rules
- Perform any other duty required by law

Local PH Officers and Enforcement

- Local public health administrators hold LPHA's enforcement authority, generally. ORS 431.150(2)
- A local public health officer only has enforcement authority if they are also the local public health administrator.
- This enforcement authority is the reason that an LPHA must have at least a part-time local public health administrator employed directly by the LPHA. Enforcement is a government function and must be performed by a government employee or official.

PH Legal Q&A

Danna Drum, Local & Tribal PH Manager

DANNA.K.DRUM@oha.oregon.gov

Shannon O'Fallon, Oregon Department of Justice

shannon.ofallon@doj.state.or.us



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