

Welcome to the **OR Tribal** Public Health **Modernization Kick Off!**

- We will be starting at 9:00 am
- Please enter your information in the chat box
 - Name, title, Tribe/Urban Indian Health Organization, & email
- Chat amongst yourselves



 Please note this session is being recorded



Welcoming and Blessing





Opening Remarks

Julie Johnson – Paiute/Shoshone



Tribal Affairs Director
Oregon Health Authority
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Introduction

Danna Drum, OHAStrategic Partnerships Lead, OHA - Public Health



Victoria Warren-Mears, NPAIHB Director of the Northwest Tribal Epidemiology Center







Melino Gianotti, NPAIHB Oregon Tribal Public Health Improvement Program Analyst

Barbara Gladue, NPAIHB Little Shell & Turtle Mountain Bands of Chippewa Indians Oregon Tribal Public Health Improvement Manager



Today's Overview

Public Health Modernization

- History
- Framework
- Tribal Aspect

Tribal Trivia

Assigned to break out rooms

Tribal Public Health Assessment: NPAIHB

- Purpose and objectives
- •Introduction to the Assessment Tool

Panel

- Lessons learned
- Question & Answers

Regional Updates

• Washington Tribal Public Health Modernization Updates

Next Steps

- •Budgets
- •Timelines



Public Health Modernization

- How did we get here (100,000 feet)?
 - Changing landscape
 - Changes in healthcare system and safety net
 - Rise in chronic conditions
 - New emerging threats
 - Funding challenges
 - Limited state and local funding
 - Siloed federal funding that changes with administration and congressional priorities
 - Decreasing safety net revenue support for basic public health services (ex: communicable disease investigation)



Public Health Modernization

- In 2013 Oregon legislature recognized the need for significant changes to the government public health system
- House Bill 2348 created a task force
- Task force developed recommendation to modernize Oregon's public health system

https://www.oregon.gov/oha/action-plan/rpt-2010.pdf



Task Force Recommendation

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



Public Health Modernization

June

Oregon legislature passes House Bill 2348

2013

2014



September

Task Force on the Future of Public Health Services submits Modernizing Oregon's Public Health System report to Oregon legislature

July

Oregon legislature passes House Bill 3100

2015

0

December

OHA publishes the Public Health Modernization Manual

2016

January

Governor appoints the Public Health Advisory Board (PHAB)

June

OHA submits the Public Health Modernization Assessment Report and Public Health Modernization Funding Report to Legislative Fiscal Office

December

PHAB adopts the Statewide Public Health Modernization Plan

disk

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

2017



February

Local public health authorities hold modernization meetings across Oregon between October 2016 and February 2017

June

PHAB adopts public health accountability metrics

November

OHA awards funds to LPHA partnerships to implement strategies for communicable disease control in 2017–19

2018

January

Oregon administrative rules pertaining to House Bill 3100 (2015) and House Bill 2310 (2017) in effect

April

OHA releases the Public Health Accountability Metrics Baseline Report

June

OHA submits Public Health Modernization Report to Legislative Fiscal Office

September

OHA publishes Public Health Modernization Interim Evaluation Report

2019



March

OHA publishes the 2019 Public Health Accountability Metrics Report

Timeline



Tribes and PH Modernization

- Task Force and 2015 Legislature focus was on state and county government
- OHA recognized need to include Tribes/NARA
- Changed statute to include Tribal representative on Public Health Advisory Board (Kelle Little)
- OHA consulted, formally and informally, with Tribes/NARA individually and collectively
- Piloted an assessment (will discuss more later) with three
 Tribes and NPAIHB
- 2019-2021 \$1.2+ million allocated to Tribes/NARA of \$15
 million from legislature for public health modernization

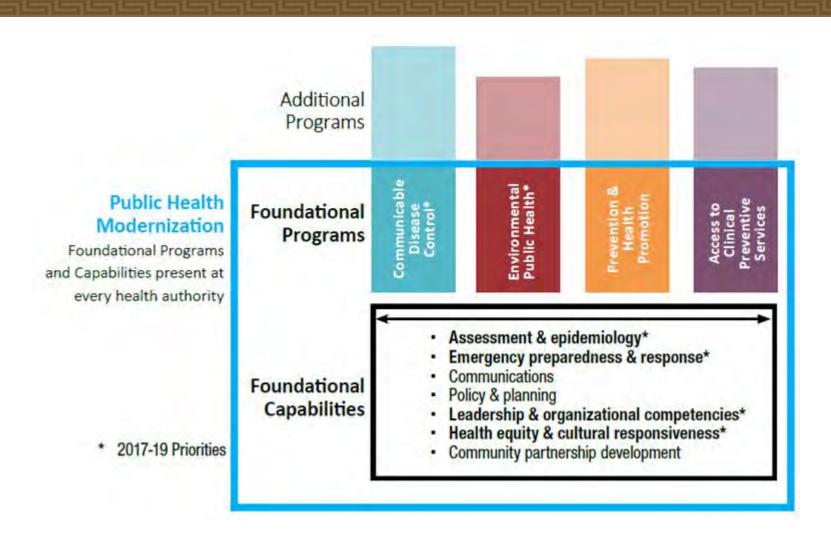


Tribal Aspect to Public Health Modernization

- Sovereignty
 - Not legislatively directed
 - Define own service populations
 - Own unique blend of public health and health care services
 - Relationships with OHA, NPAIHB, and Local Public Health Authorities varies by Tribe/NARA
- Important for tribes to be integrated within this process
 - Better collaboration between the state, Tribes/NARA, and local public health
 - Strengthens entire public health system



Public Health Modernization Framework





Trivia Time

- 4 Break Out Rooms
 - Victoria
 - Bridget
 - Barbara
 - Melino



The Legendary Love Story







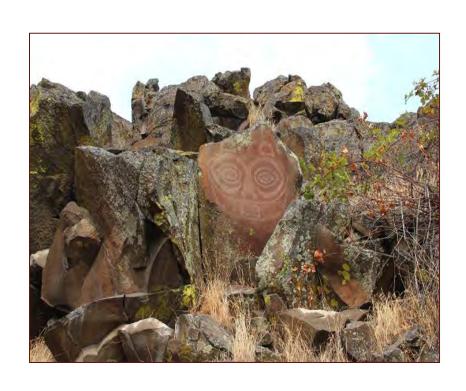


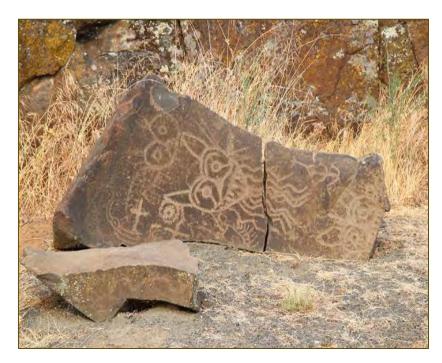
Trivia Questions

- 1. When were American Indians granted citizenship?
- 2. How many federally recognized tribes reside in Oregon?
- 3. What year was the Western Oregon Indian Termination Act?
- 4. How many federally recognized tribes in Oregon had their status terminated?
- 5. Who was the first tribe in Oregon to become restored as a federally recognized tribe?



Petroglyphs of the Tanami Pesh-Wa



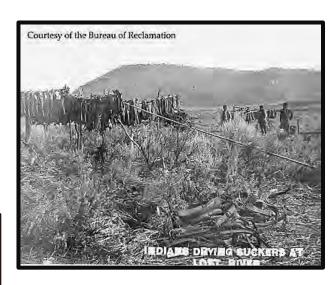




"Harvesting C'waam is our heritage and legal right."













Break

• 15 minute break



Tribal Public Health Assessment

- Tribes are leaders in public health for their communities.
 - Specific health needs, roles, and outcomes
 - Often the best provider for its tribal members & residents

This assessment is a key step to understanding how governmental public health can best integrate with tribal public health to serve all Oregonians.

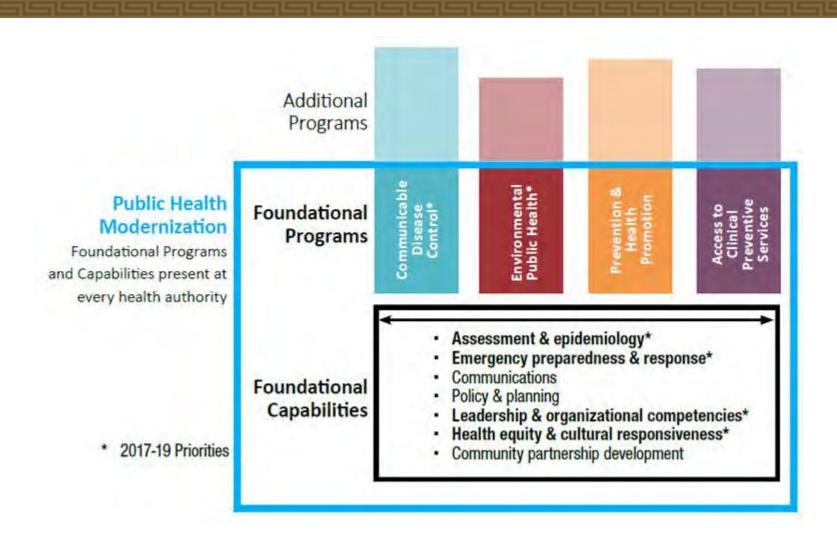


Purpose - to identify where we are and where we want to go

- Based on the Public Health Modernization Manual
- Adapted for Tribes through the pilot process and can still be customized
- Does not include financial assessment
- Foundational capabilities and programs Capacity and expertise



Tribal Public Health Assessment Intro to Assessment Tool





Tribal Public Health Assessment Introduction to Assessment Tool

- Assessment originally developed to answer two key questions
 - To what extent are the activities of public health modernization being provided today?
 - What resources are needed to fully implement the necessary roles & responsibilities?
- This <u>self-assessment</u> helps tribes determine current implementation of public health modernization.
 - A detailed assessment (1-5) for roles & deliverables, key functional areas & foundational capability or program
 - Each assessment identifies the degree to which tribes are conducting the
 activities of public health modernization through two dimensions: capacity and
 expertise.

	Capacity	Expertise			
			Detailed	Capacity	Expertise
Assessment & Epidemiology			1	Not currently provided	Not currently provided
(Foundational Capability or Program)			2	Able to provide the basics at a lower level of service	There is a meaningful gap in skills or knowledge
Data Collection & Electronic Information Systems (Functional Area)					
			3		
Access statewide information & surveillance systems & report			4		
into these systems in a timely manner (Role or Deliverable)			5	Fully meets requirements	Fully meets requirements



Tribal Public Health Assessment Assessment Process w/ Tribes & NARA

- Bi-Wkly & Monthly Meetings Individual & All Grantee
 - Who
 - Tribal PH Collaboration between programs within Tribe/NARA – Who is the best person to answer which sections?
 - When
 - What
 - What you need to make Assessment happen?
 - What you want out of the Assessment reports?
 - How
 - Virtual set up?
 - Face to face?

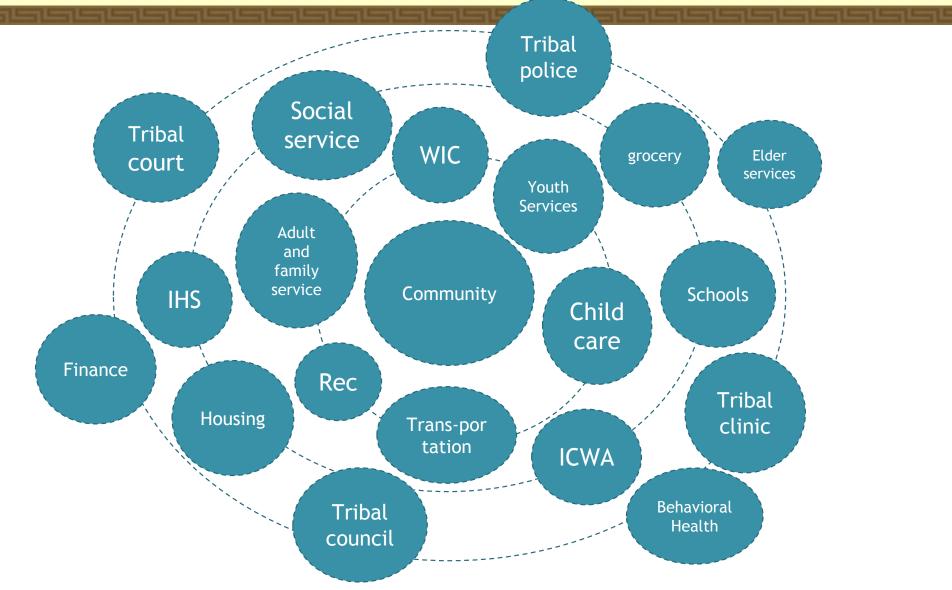


Assessment Report & Action Plan

- We will work with each tribe & NARA to ensure that reports are <u>useful</u> to you.
 - Meant to be used to develop Action Plan.
- Could look a little different from tribe to tribe/NARA
- Past Reports
 - Ratings of capacity & expertise
 - Summary of findings



Tribal Public Health Collaboration





Panel: Lessons Learned, Q & A



Courtney Stover, Confederated Tribes of the Umatilla Indian Reservation

Courtney has been working as the Public Health Accreditation
Coordinator for Yellowhawk Tribal Health Center for nearly three years. In this role, they took part in completing Yellowhawk's initial public health modernization assessment w/support from the Oregon Health Authority in December 2017.



Kelle Little, Coquille Indian Tribe

I've been interested in improving access to public health services for tribal/rural communities for years, of the reasons that drew me to work with an Indian Tribe. The application of public health modernization framework to tribes has been of interest to me since I first learned about modernization work. I am excited to continue to push this work & advocate tribal public health access & capacity.



Pamela Gutman, Cow Creek Band of Umpqua Tribe of Indians

I am a member of the Cherokee Tribe's wolf clan. I have spent the majority of my career working in tribal research, with about ten years focusing solely on Health & Social research projects. I joined the Cow Creek Public Health Modernization efforts earlier this year as their Public Health Improvement Manager.



Victoria Warren-Mears, NPAIHB

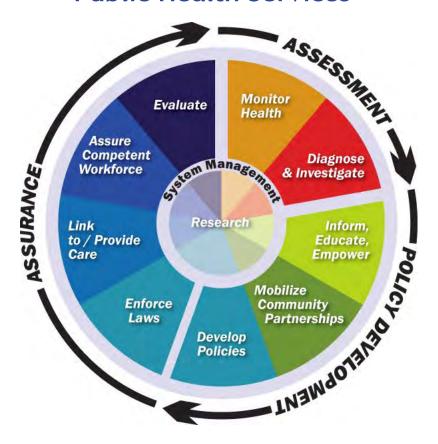
Victoria Warren-Mears has been the <u>Director of the Northwest Tribal</u> <u>Epidemiology Center</u> for 14 years. She has worked w/ the Public Health Assessment tool & "filled" it out w/ Burke Consulting. Has believed in modernizing public health for many years. Went back for her PhD after 10 years in Public Health & wanting dietitians to be prepared to have a seat at the table & speak w/ authority. Her co-worker has been a fan of the Board for 7 years.

- 30 minutes
- We'll be playing some videos that you are more than welcome to watch.



Public Health Improvement & Training Updates

CDC: 10 Essential Public Health Services

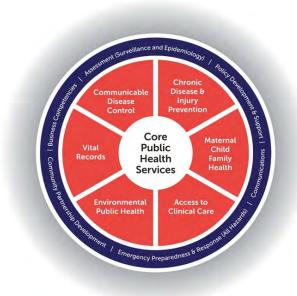


- Established in 2010 under the CDC National Public Health Improvement Initiative
- Expanded in 2018 under the CDC Public Health Capacity-Building & Quality Improvement Initiative



Public Health Improvement & Training Updates

- Washington Tribal Public Health Improvement under WA Foundational Public Health Services contract (2019-2023)
 - Collaboration with DOH, American Indian Health Commission for WA, Tribal & Urban health programs
 - Focus on communicable disease
 - Project Manager: Nancy Bennett
 - Communicable Disease Epi: Ashley Hoover



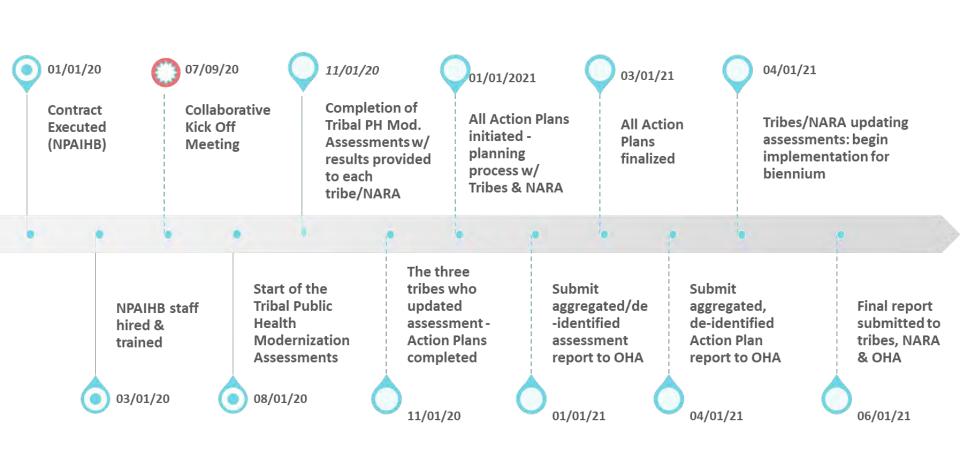
PROGRAMS | CAPABILITIES

- Subaward funding from CDC for public health projects
- Support for public health accreditation readiness
- Opportunities for regional collaboration, training, webinars

- In case you haven't heard, there's a pandemic!
- Some budgets received, not yet reviewed
- Funds could be used for COVID
- So propose a reset on budgets
- Next steps



Next Steps: Public Health Modernization Timeline



Closing

Final thoughts

