

## Community Policy Leadership Institutes

### Interest Form

The purpose of this form is to assist the Health Promotion & Chronic Disease Prevention Section (HPCDP) of the Oregon Health Authority-Public Health Division in coordinating with HPCDP grantees and plan for the 2021-2023 **Community Policy Leadership Institutes (CPLI)**. The intent of Community Policy Leadership Institutes is to drive sustainable, equity-centered local and statewide policy change to reduce chronic disease related disparities and promote optimal health. HPCDP plans to host 3-4 cohorts between September 2021 and June 2023.

- ❖ Team information (refer to page 3) must be submitted by **close of business on Friday, August 27<sup>th</sup>**
  - **The September 2021 – Feb 2022 cohort has room for four community teams. All additional teams will be waitlisted for a later cohort.**
- ❖ Please reach out with any questions and submit this interest form to Leah Festa, Community Programs Lead at [leah.festa2@dhsosha.state.or.us](mailto:leah.festa2@dhsosha.state.or.us)

### Overview

#### **Institutes are designed to support:**

- Improved partnerships between Regional Health Equity Coalition (RHEC), Tobacco Prevention Education Program (TPEP), Alcohol and Drug Prevention Education Program (ADPEP) grantees, community partners, community members, decision makers and local government leaders to co-create and drive policy change together.
- Shared understanding and agreement between communities and local government on priorities and policy levers to address causes of chronic disease among communities most impacted.
- Improved partnerships and community engagement processes to address health disparities in communities.
- Established community and local government relationships based on learning and collaboration to build trust and make long term changes for community health together.
- Established partnerships based on shared power for city, county and state policy change between Regional Health Equity Coalitions, Local Public Health Authorities (LPHAs), Oregon Health Authority (OHA), and Community Based Organizations (CBOs) partners.
  - Tribal participation can help provide insight regarding the impact of city, county and state policies on Tribes and native community members. However, as sovereign nations, Tribes have independent decision-making processes and structures.
- Sustainable structure to address health disparities in communities.

#### **Core Components of CPLI model:**

- Learning through doing – application of new **Equity-centered Policy Change Model**
- Developing shared value of evidence-based policy strategies with a strong focus on how systems impact health differently and unequally

- Developing shared understanding of community policy strategies and how they can support community health priorities:
  - shifting the focus from individual-based strategies to environmental/system strategies
  - using environmental/system strategies to address causes of chronic disease and improve health conditions for communities
- Using policy to improve health and wellbeing for communities
- Effective communications (Using data as an advocacy tool, ensuring accessibility, etc.)
- Strengthening government and cross-jurisdictional partnerships
- Developing strategies that drive action, result in positive change, and are meaningfully measurable.

**Session content includes:**

- Developing a grounding in social determinants of health and equity
- Understanding industry influence on health
- Building a strong foundation with community and government partners
- Establishing team values, vision, and goals that connect to community priorities
- Developing a plan for meaningful community engagement throughout policy process
- Developing shared understanding of language and concepts
- Practicing using the new Equity-centered Policy Change Model
- Mapping existing policy and systems levers
- Learning about internal government decision making processes, funding and budgets
- Assessing policy impacts on health and equity
- Creating a plan and scoping the project
- Identifying group member roles and accountability
- Identifying data sources and collecting information from communities
- Drafting policy
- Developing strategic communications and making information accessible to the community

**Examples of Regional team participants include:**

- Regional Health Equity Coalition (RHEC) representation or other engaged health equity partners
- Local Public Health Administrator/ Alcohol and Drug Prevention Education Program (ADPEP) nonprofit Director
- Tobacco Prevention Education Program (TPEP) Coordinator, and/ or ADPEP Coordinator
- Tribal Health Director, Tribal TPEP and/or Tribal ADPEP Coordinator
- Community partners (i.e. culturally specific community-based organizations or advocacy organization, etc.)
- Community member champions (including youth advocates)
- Local Board of County Commissioner or staff
- Policy partners (i.e. - CCO representative, city planning partners, etc.)

### Timeline:

- CPLI Cohort 1: September 2021 - Feb 2022 (Remote)
  - Session 1: Wed, September 29<sup>th</sup> 9:30 – 11:30 AM
  - Session 2: Wed, October 13<sup>th</sup> 9:00 – 12:00 PM
  - Sessions 3-5 will be completed Oct – Nov. Dates will be determined based on full cohort availability.
  - Sessions 6 and 7 are follow-up sessions scheduled in Jan-Feb 2022 (dates TBD)
- CPLI Cohort 2: February – April 2022 (In-person TBD, location TBD based on community interest forms received)
  - Note that in-person CPLI cohorts will be structured as 2 days for first half of cohort, followed by 1 day for the follow up session
- CPLI Cohort 3: September 2022 – November 2022 (in-person TBD)
- CPLI Cohort 4: February – April 2023 (in-person TBD)

### Commitment

Teams can plan for an estimated time commitment of 20 hours over the course of four months including in-session and prework hours. Through CPLIs, participating teams will coordinate locally and with HPCDP staff over 6 months in the following ways:

- Four weeks prior to Institutes:
  - Collaborate with the OHA Health Promotion and Chronic Disease Prevention (HPCDP) team and Coraggio contractors to identify and recruit additional team members, as appropriate;
  - Complete pre-session reading;
  - Identify specific focus area; and
  - Identify and gather relevant community information, data and resources.
- Over the course of the Community Policy Leadership Institutes:
  - Attend and actively engage in co-learning and planning sessions; and
  - Co-develop and commit to a shared community action plan for chronic disease prevention and health promotion policy development and implementation. (Teams have flexibility to determine their focus areas and are encouraged to identify focus areas that resonate with community priorities.)
  - Work in coordination with team to execute shared action plan
  - Participate in regular planning/ troubleshooting calls with HPCDP staff.
  - Use the newly developed Equity-centered Policy Change Model as developed in partnership with the Regional Health Equity Coalitions and other community partners.
  - Meaningfully engage communities including honoring their lived experience, wisdom, and resiliency.
- After the Community Policy Leadership Institutes:
  - Participate in a follow-up session to address action plan challenges and barriers;
  - Identify and commit to next steps for overcoming barriers to success;

- Plan for scaling and sustainability; and
- Continue commitment to focus areas and honor community engagement process.

## Team Information

Community/ Communities Represented (region, county or city location(s):

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Team Primary Contact Person:

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Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Program(s):

- ☐ Tribal TPEP   
 ☐ Tribal ADPEP   
 ☐ County TPEP   
 ☐ County ADPEP   
 ☐ RHEC
- ☐ Other

### Focus Area(s):

- ☐ Tobacco Policy   
 ☐ Alcohol Policy   
 ☐ Policy to address social Determinants of Alcohol, Tobacco or Other Drug Use
- ☐ Nutrition Policy   
 ☐ Active Transportation Policy
- ☐ Other \_\_\_\_\_
- ☐ Clean Air Policy

### Availability (choose all that apply):

- ☐ Cohort 1 (Pilot)   
 ☐ Cohort 2   
 ☐ Cohort 3   
 ☐ Cohort 4
- Sep 2021 – Feb 2022   
 Feb 2022 –   
 Sep 2022 –   
 Feb 2022-
- (with holiday break)   
 June 2022   
 Feb 2022   
 June 2022
- ☐ Any cohort (flexible)

### Accommodations:

Please contact Ashley Thirstrup at [ashley.thirstrup@dhsosha.state.or.us](mailto:ashley.thirstrup@dhsosha.state.or.us) or 503-720-2557 with any questions about accessibility or to request an accommodation.

### Interpretation Services:

Does someone in your team need translation or interpretation services to participate in the Institutes? (yes/no)

If yes, please list language \_\_\_\_\_

## Questions

- 1) Briefly describe why your team is interested in participating in the Community Policy Leadership Institute?
  
  
  
  
  
  
  
  
  
  
- 2) Briefly describe any experience your team has identifying priority policies and initiatives to address health disparities in your community. Note, this does not have to be exhaustive list, but should reflect the team's collective experience in this area.
  
  
  
  
  
  
  
  
  
  
- 3) Briefly describe any experience your team has working with partners from or representing communities disproportionately burdened by chronic diseases.
  
  
  
  
  
  
  
  
  
  
- 4) Have you already identified your CPLI team? (yes/no) \_\_\_\_\_
  - a. If yes, please list:
    - the organizations
    - team member names and emails
  - b. If not, what support do you need from HPCDP staff to recruit team members?

*Thank you for your interest in supporting an equity-centered policy change in your community!*  
**Please submit completed form to Leah Festa, Community Programs Lead at**  
**[leah.festa2@dhsosha.state.or.us](mailto:leah.festa2@dhsosha.state.or.us).**