

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup

October 16, 2023, 11:00 am-12:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1612407829?pwd=Q0JUaENUQTNEWGFBynI0TzRZb0phUT09>

Meeting ID: 161 240 7829

Passcode: 925081

One tap mobile

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Meeting objectives:

- Review workgroup recommendations to date.
- Discuss strategy for CBO, LPHA and OHA partnerships.

11:00-11:05 am **Welcome, introductions and agenda review**

- Welcome, workgroup member introductions
- Review [PHAB Health Equity Review Policy and Procedure](#)

Cara Biddlecom, OHA
Deputy Public Health
Director

11:05-11:10 am **Approve meeting minutes**

- Review and approve September 26 meeting minutes

Workgroup members

11:10-11:15 am **Group agreements and purpose**

- Review group agreements
- Workgroup member reflections

Cara Biddlecom

11:15 am- 12:10 pm (stretch break included)	Review recommendations made to date and discuss opportunities for CBO, LPHA and OHA partnership <ul style="list-style-type: none"> • Review workgroup progress • Review recommendations for partnership made to date • Discuss additional recommendations for partnership 	<p>Dolly England, OHA Community Engagement Manager</p> <p>Andrew Epstein, OHA Local and Tribal Public Health Policy Lead</p>
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12:10- 12:20 pm	Public comment	Cara Biddlecom
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12:20- 12:30 pm	Next meeting agenda items 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@odhsoha.oregon.gov at least 48 hours before the meeting.

PHAB Public Health Modernization Funding Workgroup Group agreements

- Learn from previous experiences and focus on moving forward
- **Slow down to support full participation by all group members**
- 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

Public Health Advisory Board
Public Health Modernization Funding Workgroup

October 16, 2023



Workgroup topics and deliverables

Topic 1. Key questions to build understanding of our current and future system, and lessons from first round of funding from CBOs

Deliverables: Key questions to support shared understanding; topics and issues to revisit to support Topic #3

Topic 2. Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds.

Deliverables: Recommended strategies; benchmarks for equitable funding distribution. (Complete)

Topic 3. Strategies to improve information-sharing, coordination and other system improvements to address community health priorities.

Deliverable: Recommended strategies – 10/16 agenda

Topic 4. LPHA involvement in making funding decisions about new CBO awardees in 2023-25

Deliverable: Recommended strategies (Complete on 9/26)

Request for Grant Applications (RFGA) – estimated timeline*

Activity	Date(s)	Responsible party
Post RFGA	October 2023	OHA
Host informational sessions; provide applicants with LPHA contacts	October-December 2023	OHA
Submit applications	December 2023	CBOs
Review applications using standard scoring criteria	December 2023-January 2024	OHA and reviewers
Determine applicant selections using county/regional investment estimates	January 2024	OHA and reviewers
Notify applicants	Late January 2024	OHA
Begin grant agreement	February 1, 2024	CBOs

*Please note all dates are subject to change based on legal sufficiency review and other requirements

Recap of recommendation regarding LPHA reviewers for CBO grant applications

- Each CBO grant application will be reviewed by two LPHAs:
 - One from a similar sized LPHA not located in the region.
 - One from the LPHA in which the CBO is proposing to work.
 - If a LPHA cannot contribute a reviewer, then OHA will request a neighboring county or a county also listed in the applicant's service area participate in the review.

CBO, LPHA and OHA partnership

Questions

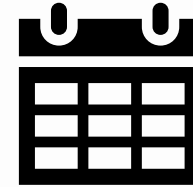
1. How do we better set the public health system up for success in working collaboratively?
2. What resources do we need to identify?

Partnership ideas generated to date

- Aligned work plans and budgets (complete)
- Aligned progress and evaluation reporting
- Shared participation in work plan development between CBOs and LPHAs (encouraged)
- Require or encourage memoranda of understanding
- Shared training and technical assistance opportunities
- Establish ongoing local or regional CBO/LPHA/OHA meetings

- What else?

Meeting review and next steps



- Next meeting is scheduled for October 30
- Discussion will include building CBO, LPHA and OHA partnerships and the status of this workgroup
- Please share today's discussion with your colleagues and bring feedback to the next meeting.

Public Health Advisory Board funding workgroup

DRAFT: Key questions and summary responses from May-July 31, 2023 meeting

1. Within public health modernization, what is the relationship between CBO priorities and LPHA work?

- CBOs and LPHAs should have overall alignment with their goals for public health modernization (communicable disease control, environmental health, emergency preparedness, health equity and cultural responsiveness, community partnership development).
- CBOs may focus more heavily on programs and activities that support health equity and cultural responsiveness, community partnership development and communications.
- LPHAs may focus more heavily on programmatic work in service to their unique statutory requirements as well as other agency and community priorities.
- CBOs and LPHAs will have unique and complementary strategies for achieving shared goals.
 - Example provided: LPHAs have statutory requirements for identifying and responding to communicable diseases. CBOs can support the communities they serve by sharing information about health risks in ways that are culturally and linguistically responsive.
- This work needs to be done in a transformational, rather than a transactional partnership together, through sharing information and responding to one another's priorities and needs.
- Intentional efforts to create systems and practices through the use of concrete tools to support collaborative work are necessary. For example, the workgroup recommended using a MOU between LPHAs and CBOs to outline shared work and responsibilities, and to have CBOs and LPHAs show up together at the table as equals.- Work plans can be shared with each other in the spirit of collaboration versus power. Goal is to build trusting relationships at the local level, and

this is the beginning. MOUs can be a tool to support role clarity and set a foundation for new partnerships.

Suggested follow up items include: defining what power sharing and shared leadership means; acknowledge different requirements across partners; creating shared trainings and learnings; making sure that any approaches are not one-size-fits-all. The truth of how things work and do not work in this meeting may not be applicable to all.

- 2. What does it mean for a CBO to serve a community? For CBOs serving in a county or region, to what degree will they be present in a county? What is the expectation for a CBO to have a physical presence in a county or region? Which types of services are typically not considered local? Statewide policy or trainings? What else?**

Serving a community means being able to be physically present with community members within a specific jurisdiction.

- CBOs that have a physical presence in a community are more likely to be aware of other local organizations and resources with which they can connect. These CBOs are also more likely to have an ongoing presence with community members.
- This does not necessarily mean that a CBO must have a physical office within every county they serve but should mean staff being located within every county they serve or in close enough proximity to be physically present in a timely manner.
- As a part of an application for funding or a work plan, CBOs should be able to estimate how much time or percentage of financial resources will be shared if serving across multiple counties.

The key question is: what is the problem we are trying to solve? What does it mean “to serve”?

- Needing to ensure there is equitable coverage across the state. What data do we have to support this?

- Need for communication and a work plan to coordinate efforts between CBOs and LPHAs. Relationships are at the base of the work.
- If the group of individuals are coming from one county to another to receive services, does that count?

“Local” means an organization knows the community. This can include any of the following:

Commented [BCM1]: This section adds feedback from Mike Baker sent via email 7/31

- Currently having an office/unit in that county
- Currently having staff who live in that county
- Currently conducting on-the-ground activities in that county (i.e. holding events, providing services, being part of a CHA/CHIP, being part of the local all-hazards plan...)

“Regional” means an organization knows the region. This includes:

- Currently having an office/unit in this region AND
- Currently conducting on-the-ground activities throughout that region (i.e. holding events, providing services, being part of a regional CHA/CHIP, being part of the regional all-hazards plan...)

“Statewide” means an organization can provide support to all areas of the state...

Public Health Equity Funding Allocations Principles:

The majority (at least half + 1) of organizations that serve each county will meet the criteria for 'local'.

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Local organizations will be prioritized for funding that will support direct service in communities.

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- Regional and Statewide organizations will be considered to provide direct service if they can demonstrate that they are filling a clear gap with the support of other local organizations. Regional and Statewide organizations can be considered for advocacy/policy and communications work but still

must list local partners for each of the counties in which they will be working.

Opportunities to further define 'local' in a CBO grants process

Commented [BCM2]: This section restarts suggestions from OHA staff.

1. Grant application questions:

- Describe in narrative form how you will serve each county identified in your application. Please include whether you have or will hire staff that live in that county, whether you have an office space in that county and how you plan to engage with community members in that county.
- Describe existing relationships with the local public health authority in each county you plan to work with. If you do not have established relationships, please describe how you would build those relationships (e.g., regular meetings, shared strategies and work plans, alignment of activities where that makes sense for each partner).
- Estimate the amount of staff time and percent of proposed budget that will apply to each county served.
- Include in work plan how each county will be served.
- Consider option to submit a letter of support from LPHAs the CBO is proposing to serve. OHA will need to collect and share LPHA contacts to foster new partnerships, especially in areas of the state where we will need to fulfill geographic gaps.

2. Grant application evaluation:

- How well did the applicant describe how they will serve each county identified in the application?
- How well did the applicant describe their relationships with local public health authorities and their plans to maintain or build those relationships?

- How well did the applicant state how much staff time and budget would apply to each county served?
- How well did the work plan identify which proposed work will take place in each county?

3. Grant agreements:

- Grantees must establish a MOU with each local public health authority in the counties served.
- Already included in current grant agreement: partnership with LPHAs for coordination of grant activities.

4. Grantee reporting

- Provide a summary of work plan activities over the reporting period for each county served.

5. Evaluation

- Consider impact of public health modernization investments on community members in evaluation process.