AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup

May 31, 2023, 2:00-3:30 pm

Join ZoomGov Meeting

https://www.zoomgov.com/j/1610200541?pwd=ZnYvZHNJZEZ4OHBJeTdIVmlNVklvZz09

Meeting ID: 161 020 0541

Passcode: 172761 One tap mobile

+16692545252,,1610200541#

Meeting objectives:

- Approve May 18 meeting minutes
- Review group agreements
- Review current funding and requirements to LPHAs and CBOs
- Discuss strategies and benchmarks for ensuring equitable distribution of new funding for CBOs in 2023-25

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2:00-2:15 Welcome, introductions and agenda pm review

- Welcome, workgroup member introductions and icebreaker question: What is one thing that grounds you in public health work?
- Approve May 18 meeting minutes
- Review proposed group agreements and <u>PHAB Health</u> <u>Equity Review Policy and</u> <u>Procedure</u>

Cara Biddlecom, OHA
Deputy Public Health
Director

2:15-2:45 Current CBO and LPHA funding and other work to date

Cara Biddlecom

- Discuss questions on background information provided and topics raised at 5/18 meeting
- Review current funding and requirements for LPHAs and CBOs

Danna Drum, LPHA and Tribes Manager

Dolly England, Community Engagement Manager

2:45-2:50 Break pm

2:50-3:20 Strategies and benchmarks to ensure equitable funding strategies

- Review recommendations from 2022 rural set-aside funding workgroup
- Discuss ideas for strategies to ensure equitable distribution of funding

Cara Biddlecom and Sara Beaudrault, Strategic Initiatives Manager

3:20-3:25 Public comment pm

Cara Biddlecom

325-3:30 Next meeting agenda items and pm adjourn

- Continue to discuss equitable funding strategies
- Scheduling additional meetings in July

Sara Beaudrault

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.

Public Health Advisory Board Public Health Modernization Funding Workgroup

May 31, 2023



Agenda for today's meeting

- Welcome, icebreaker and group agreements
- Time for questions on background information provided
- Discuss current funding and requirements for LPHAs and CBOs
- Discuss strategies and benchmarks to ensure equitable funding



PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup Draft minutes

May 18, 2023, 3:30-5:00 pm

Workgroup members: Shellie Campbell, Jackie Leung, Meghan Chancey, Dianna Hansen, Kirt Toombs, Naomi Biggs, Kim La Croix, Michael Baker, Florence Pourtal, Betty Brown, Trish Elliott, Beth Barker-Hidalgo,

OHA staff: Cara Biddlecom, Dolly England, Sara Beaudrault, Danna Drum,

Meeting objectives:

- Review group agreements, workgroup purpose and background
- Hear about current planning for funding community-based organizations (CBOs) in the 2023-25 biennium
- Begin discussion on strategies and benchmarks to ensure new funding to CBOs reaches communities currently underserved by CBO public health equity funds

Welcome, introductions & agenda review

• Introductions & Ice breaker: What do you love about public health?

Group agreements

- Review proposed agreements
 - Explanation of what confidentiality is in a public meeting
 - Confidentiality would be not to share someone else's story outside of this meeting.
 - Suggestion to add to group agreements
 - Start fresh, put biases aside, engage authentically while working through this workgroup
 - Suggestion to speak slower so each everyone can participate at the same level
- Engagement of group (what do member need to be successful in this workgroup & by end of workgroup how will we know if we are successful)

- OHA support & guiding honest conversation
- Better understanding of CBOs work and alignment with LPHAs
- Keep in mind of outcome of all communities in Oregon & not everyone will get what they want but the work is important
- Being transparent & communicable. Continuous quality improvement
- Group consensus as much as possible
- Cognizant of the realities of our state & learn from experience of past distribution through the state
 - No one size fits all or cookie cutter solutions
- Successful is if we are doing some different than we are currently doing to ensure everyone has access to health care

Workgroup overview

- February & March OHA & LPHA discussed and agreed to a number of actions to strengthen collaborations and connections with CBOs to continue equity work in the next biennium
- PHAB asked to reconvene the public health modernization funding workgroup to make recommendation on how to implement share services and funding.
- PHAB charter updated to expand roles w/ CBOs
- OHA values related to funding the public health system
 - Equity
 - Partnership
 - Transparency
 - Inclusion
 - Accountability
- Workgroup topics & recommendations
 - Strategies & benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds
 - Strategies to improve information in sharing, coordination & other system improvements to address community health priorities
 - LPHA involvement in making funding decisions about new CBO awardees in 2023 – 2025
 - PHAB will review final recommendations

- Timeline
 - May 18 Introductions & Overview
 - May 31 Topic #1 strategies & benchmarks
 - June 12 Finish Topic #1 & start discussion Topic #2 strategies to improve information sharing
 - June 20 Finish Topic #2 & Start/Finish Topic #3 LPHA involvement
 - Additional meetings likely to be scheduled in July

Current planning for CBO funding in 2023 – 2025

- Bridge approach
 - Path A Standard Contract Process (current process)
 - Path B Contract Amendments, pro-actively planned using bridge approach
 - Funding for 2 yrs. vs. 1 yr.
 - Will get a portion of funds in fall
- Some lessons OHA learned through initial funding to CBOs
 - Listen to community. They know what they need
 - Trust is earned
 - Power of community can shift mountains
- What's next
 - Building & retaining relationships
 - Creating more opportunities to connect CBOs & LPHAs
 - Improve state infrastructure to support community partners
 - Staffing changes
 - Legislative budget
- Current CBO awards & known gaps
 - Counties that are disproportionately underserved by current CBO funding
 - Curry
 - Gilliam
 - Harney
 - Lake
 - Linn
 - Wallowa
 - Wheeler
 - Specific population

- Disability Community
- Questions related to CBO funding functions and requirements, defining local presence will be addressed at the next meeting.

Public Comment

• No public comment

Next Meeting agenda

- Provide detail about how CBOs are funded currently
- Intention of the funding
- Details of strategies and benchmarks for equitable distribution of funding

Next meeting May 31, 2023 at 2:00pm

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



PHAB public health modernization funding workgroup objectives

- Make recommendations for system improvements in the allocation of additional public health modernization funds to CBOs for the 2023-25 biennium.
- Bring together CBO leaders, LPHA officials and PHAB members to discuss and make recommendations for system improvements.
- Establish a transparent planning process that respects and uplifts the differing roles of partners across the public health system and confirms the value that each partner provides.



Timeline and feedback process

Meeting dates	Topics							
May 18	Introductions and overview of workgroup tasks.							
	Topic #1: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds							
May 31	Topic #1: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds							
June 12	Topic #1: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds (recommendations and proposed benchmarks finalized) Topic #2: Strategies to improve information-sharing, coordination and other system improvements to address community health priorities.							
June 20	Topics #2: Strategies to improve information-sharing, coordination and other system improvements to address community health priorities. (recommendations finalized) Topic #3: LPHA involvement in making funding decisions about new CBO awardees in 2023-25. (recommendations finalized at this meeting or a future meeting)							
Additional meetings likely to be scheduled in July								

Current CBO and LPHA funding and requirements



Definitions from PHAB's charter

Governmental public health system: A network of state and local public health authorities and government-to-government relationships with federally recognized Tribes. In Oregon's decentralized public health system, local and Tribal governments have authority over many public health functions to ensure the health and well-being of every person in their jurisdictions.

Public health system: A broad array of governmental public health authorities and partners working collectively to improve health through interventions that reach every person in Oregon with a focus on those experiencing health inequities. Partners include but are not limited to community-based organizations, regional health equity coalitions, health care and behavioral health providers, public safety agencies, faith-based institutions, schools, environmental agencies, and the business sector.

Community-based organizations (CBO): Non-governmental organizations that provide community-informed, culturally and linguistically responsive services to improve the community's health and well-being. CBOs often provide services intended to reach those experiencing a disproportionate impact of health risks and disease. Within this charter, CBOs is used to refer to community-based organizations that currently are or in the future may be funded by OHA.

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

LPHAs Community CBOs



Foundational capabilities for cross-cutting public health work

Community partnership development

Health equity and cultural responsiveness

Communications



Current funding to LPHAs and CBOs: Similarities

- Program areas addressed: communicable disease control and prevention; environmental health; emergency preparedness.
- Funding requirements
 - Submission of a program period budget and OHA approval
 - Submission of a program work plan
 - Submission of quarterly revenue and expenditure reports
 - Submission of progress reports every six months
 - Participation in program evaluation activities



Current funding to LPHAs and CBOs: Differences

- All LPHAs must address all program areas and related deliverables. CBOs may address only one or two program areas based on their organization's priorities and community served.
- LPHA work plan requirements are aligned with the foundational capabilities for governmental public health authorities, as described in the Public Health Modernization Manual.
- The work of CBOs often aligns with the foundational capabilities such as communications and policy. But CBOs are not required to align with roles in the Public Health Modernization Manual.



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?



Current CBO eligible activities

2021-23 CBO Contract Template:

https://www.oregon.gov/oha/PH/ABOUT/MODCET%20CBO%20Documents/OHA%20CBO%20Community%20Funding%20Grant%20Form%20Template%20FINAL%204-12-22.pdf

Eligible activities for public health modernization funding are on pages 7-9.



Current list of funded CBOs

- List of funded CBOs, counties and project descriptions: https://app.smartsheet.com/b/publish?EQBCT=7032be71415e498
 https://app.smartsheet.com/b/publish?EQBCT=7032be71415e498
- List of funded CBOs with current biennium funding amounts: <u>https://www.oregon.gov/oha/PH/ABOUT/Pages/Public-Health-Funding-CBO.aspx</u>



Appendix A

Program Element 51: Public Health Modernization

The table below lists the goals and requirements that LPHAs will work toward with 2021-23 funding. Efforts toward the following goals and requirements will be demonstrated in the LPHA and/or regional work plan.

Programmatic goals and work plan requirements

Goal 1: Protect communities from acute and communicable diseases through prevention initiatives that address health inequities.

- LPHA will demonstrate strategies toward local or regional improvements of communicable disease prevention and response infrastructure.
- LPHA will demonstrate strategies toward local or regional reductions in inequities across populations.

Goal 2: Strengthen and expand communicable disease and environmental health emergency preparedness, and the public health system and communities' ability to respond.

• LPHA will demonstrate strategies toward developing, maintaining and/or updating a local or regional all-hazards preparedness plan with community partners. (deliverable)

Goal 3: Protect communities from environmental health threats from climate change through public health interventions that support equitable climate adaptation.

 LPHA will demonstrate strategies toward developing a local or regional climate adaptation plan or incorporate into community health assessment and plan. (deliverable)

Goal 4: Plan for full implementation of public health modernization and submission of local modernization plans by 2025.

• LPHA will demonstrate strategies to build and sustain infrastructure for public health foundational capabilities.

LPHA Requirements for increasing Capacity for Foundational Capabilities

Leadership and Organizational Competencies

- LPHA will participate in public health modernization learning collaboratives.
- LPHA will demonstrate workforce or leadership initiatives necessary for local and/or regional public health infrastructure.

Health Equity and Cultural Responsiveness

• LPHA will develop, update and/or continue to implement local or regional health equity plan. (deliverable)

Assessment and Epidemiology

• LPHA will demonstrate strategies for public health data collection, analysis, reporting and dissemination that are necessary for 2021-23 goals and deliverables. This includes strategies to collect and report data that reveals health inequities in the distribution of disease, disease risks and social conditions that influence health.

Community Partnership Development

- LPHA will demonstrate strategies for sustaining or expanding partnerships with community organizations to ensure connections with BIPOC communities or other groups experiencing health inequities.
- LPHA will demonstrate co-creation of culturally and linguistically responsive public health interventions with community partners.
- LPHA will demonstrate involvement of community-based organizations in public health emergency planning or other priorities identified communities.

• LPHA will demonstrate sustained partnerships for infection prevention and control in congregate settings which may include LTCFs, prisons, shelters or child care facilities.

Communications

- LPHA will demonstrate the ability to provide routine public health education through a variety of communication platforms, with consideration of linguistic and culturally responsive and functional needs of the community.
- LPHA will demonstrate the ability to provide timely and accurate risk communication for areas of public health significance.

PE51 Public health modernization funding by LPHA

August 19, 2021

		State	PE51-01 GF; Individual LPH	A funding	PE51-02 State GF; Regional funding				PE51-03 Federal ARPA		
County	Population	Total allocation (7/1/21-6/30/23	Bridge funding 7/1/21-9/30/21	Remaining allocation (10/1/21-6/30/23)	Total allocation (7/1/21-6/30/23)	Bridge funding (7/1/21-9/30/21)	Bridge funding (10/1/21-12/31/21)	Remaining funds (1/1/22-6/30/23)	Total (7/1/21-6/30/23)	Total	Avg. award per capita
Wheeler	1,440	\$ 102,484	\$ 4,697	\$ 97,787					\$ 35,225	\$ 137,709	
Wallowa	7,160	\$ 141,679		\$ 141,679					\$ 51,036	\$ 192,715	
Harney	7,280	\$ 134,084	\$ 5,937	\$ 128,147					\$ 46,161	\$ 180,244	
Grant	7,315	\$ 151,825	\$ 6,241	\$ 145,584					\$ 52,442	\$ 204,268	
Lake	8,075	\$ 150,879	\$ 6,169	\$ 144,710					\$ 52,127	\$ 203,006	
Morrow	12,825	\$ 216,378	\$ 8,144	\$ 208,234					\$ 75,010	\$ 291,388	
Baker	16,910	\$ 191,217	\$ 7,177	\$ 184,040					\$ 66,295	\$ 257,512	\$24.04
Crook	23,440	\$ 290,529	\$ 11,170	\$ 279,359					\$ 100,630	\$ 391,159	
Curry	23,005	\$ 267,795		\$ 267,795					\$ 96,465	\$ 364,260	
Jefferson	24,105	\$ 344,530	\$ 6,872	\$ 337,658					\$ 121,631	\$ 466,161	
Hood River	25,640	\$ 361,105	\$ 14,185	\$ 346,920					\$ 124,967	\$ 486,071	
Tillamook	26,530	\$ 334,835		\$ 321,990					\$ 115,987	\$ 450,822	
Union	26,840	\$ 283,044	\$ 11,153	\$ 271,891					\$ 97,940	\$ 380,985	
Gilliam, Sherman, Wasco	31,080	\$ 521,829	\$ 21,074	\$ 500,755	\$ 466,924	\$ -	\$ 68,562	\$ 398,362	\$ 180,381	\$ 1,169,135	
Malheur	32,105	\$ 411,940							\$ 142,639	\$ 554,578	
Clatsop		\$ 365,563	\$ 13,657	\$ 351,906	\$ 52,705	\$ 52,705	\$ -	\$ -	\$ 126,763	\$ 545,031	
Lincoln	48,305	\$ 450,148			\$ 317,328	\$ -	\$ -	\$ 317,328		\$ 923,721	
Columbia	53,280	\$ 448,597		\$ 432,706					\$ 155,869	\$ 604,465	
Coos	63,315	\$ 553,569	\$ 19,178	\$ 534,391					\$ 192,498	\$ 746,067	
Klamath	68,075	\$ 597,333							\$ 207,496	\$ 804,829	\$16.26
Umatilla	81,495	\$ 793,147			\$ 480,269	\$ 68,562	\$ -	\$ 411,707	\$ 275,290	\$ 1,548,706	·
Polk	83,805	\$ 627,586	\$ 21,929	\$ 605,657					\$ 218,169	\$ 845,755	
Josephine	86,560	\$ 762,939							\$ 265,307	\$ 1,028,246	
Benton	94,665	\$ 611,017							\$ 212,215	\$ 823,232	
Yamhill	108,605								\$ 274,371	\$ 1,064,010	
Douglas		\$ 909,989			\$ 383,159	\$ 55,919	\$ 55,919	\$ 271,321		\$ 1,609,720	
Linn		\$ 897,130							\$ 312,194	\$ 1,209,324	\$11.70
Deschutes	197,015	\$ 1,085,770			\$ 691,795	\$ 73,267	\$ 73,267	\$ 545,261		\$ 2,153,344	·
Jackson	223,240	\$ 1,399,314			\$ 237,500		\$ -	\$ 237,500		\$ 2,123,683	
Marion	349,120	\$ 2,571,186			\$ 694,163		'			\$ 4,160,717	\$10.97
Lane	381,365							\$ -	\$ 755,226		
Clackamas	426,515				,				\$ 764,241		
Washington	620,080	\$ 3,585,154							\$ 1,251,667	\$ 4,836,820	
Multnomah	829,560	\$ 4,772,878			\$ 573,649	\$ 61,062	\$ 61,062	\$ 451,525		\$ 7,012,623	\$7.88
Total	4,268,055				\$ 3,959,839					\$ 43,711,529	

Strategies and benchmarks to ensure equitable funding strategies



Recommendations from the 2022 set-aside funding workgroup

 Recognizing gaps in CBO coverage with initial funding to CBOs, OHA and LPHAs developed an initial approach to begin to close gaps.

Rural set-aside funding:

- Process for prioritizing and allocating up to \$25,000 to CBOs to cover population and geographic gaps.
- Developed methodology for identifying underserved regions and counties.
- Developed CBO application re-review strategy and outreach strategy



Public Health Modernization Funding Formula

Designed for local public health authorities

 Calculation based on county population and rank of specific county on certain indicators that are weighted.



Public Health Modernization Funding Formula

- Indicators (weight):
 - Burden of disease: premature death (5%)
 - **Health status:** quality of life (5%)
 - Racial and ethnic diversity: % of population not categorized as "white alone" (18%)
 - Poverty: % of population below 150% FPL (18%)
 - Education: % of population age 25 years+ with less than high school graduate education level (18%)
 - Limited English Proficiency: % of population age 5
 years+ that speaks English less than "very well" (18%)
 - Rurality: % of population living in rural area (18%)



Group brainstorm



What would equitable distribution of funding look like?

What benchmarks could we use?



Meeting review and next steps



Next meeting is June 12 from 10:30-12:00.

