

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup

**June 12, 2023, 10:30 AM – 12:00 PM**

Join ZoomGov Meeting

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

Meeting ID: 161 020 0541

Passcode: 172761

One tap mobile

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Meeting objectives:

- Approve May 18 and May 31 meeting minutes
- Revisit foundational questions and responses from 5/31 meeting and discuss other questions raised by workgroup members
- Discuss findings and recommendations from process evaluation of first funding to CBOs
- Discuss strategies and benchmarks for ensuring equitable distribution of new funding for CBOs in 2023-25

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**10:30-10:40 am**      **Welcome, introductions and agenda review**

- Welcome, workgroup member introductions and icebreaker question  
Cara Biddlecom, OHA  
Deputy Public Health  
Director
- Approve May 18 and 31 meeting minutes  
Sara Beaudrault, OHA  
Strategic Initiatives  
Manager
- Review group agreements and [PHAB Health Equity Review Policy and Procedure](#)

<b>10:40-10:55 am</b>	<b>Foundational questions for LPHA and CBO collaborations</b>	<ul style="list-style-type: none"> <li>• Review draft responses to foundational questions discussed at 5/31 meeting</li> <li>• How can these shared responses be incorporated into workgroup deliverables?</li> </ul>	Cara Biddlecom and Sara Beaudrault
<b>10:55-11:25 am</b>	<b>Findings and recommendations from first funding to CBOs</b>	<ul style="list-style-type: none"> <li>• Hear about process evaluation findings and recommendations</li> <li>• Discuss opportunities to incorporate recommendations into workgroup deliverables</li> </ul>	Cara Biddlecom  Steve Fiala, HPCDP Policy and Partnerships Lead  Dolly England, Community Engagement Manager
<b>11:25-11:30 am</b>	<b>Break</b>		
<b>11:30-11:50 am</b>	<b>Strategies and benchmarks to ensure equitable funding strategies</b>	<ul style="list-style-type: none"> <li>• Review recommendations from 2022 rural set-aside funding workgroup</li> <li>• Discuss ideas for strategies to ensure equitable distribution of funding</li> </ul>	Cara Biddlecom and Sara Beaudrault
<b>11:50-11:55 am</b>	<b>Public comment</b>		Cara Biddlecom
<b>11:55 am–12:00 pm</b>	<b>Next meeting agenda items and adjourn</b>		Sara Beaudrault

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- Continue to discuss equitable funding strategies
  - Scheduling additional meetings in July
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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@odhsosha.oregon.gov](mailto:publichealth.policy@odhsosha.oregon.gov) at least 48 hours before the meeting.

# **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**

# **PUBLIC HEALTH ADVISORY BOARD**

Public Health Modernization Funding Workgroup  
Draft minutes

**May 31, 2023, 3:00-4:30 pm**

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

**OHA staff:** Cara Biddlecom, Lianne Miranda, Sara Beaudrault, Danna Drum, Mina Craig, Tamby Moore

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

## **Welcome, introductions & agenda review**

- Introductions & Ice breaker: What is one thing that grounds you in public health work?

## **Group agreements**

- Two new agreements added to group agreements
  - Learn from previous experiences and focus on moving forward
  - Slow down to support full participation by all group members
- Questions submitted in the morning and were answered
  - Wanted to know if questions would be further discussed
    - There will be time on agendas to discuss questions and reflect on written responses.
    - Discussion of preference for future questions and how to submit. Decided that questions will be submitted to publichealth.policy inbox to OHA & OHA staff will compile, answer and send out to everyone on committee.



## Current CBO and LPHA funding and other work to date

- Public Health Modernization, relationship between CBO priorities and LPHA work
  - Both include work w/ communities
  - Different goals and ways to provide services
  - Rural communities tend to work together with LPHA and CBOs
  - CBOs need a better relationship with LPHAs. Needs to be less transactional and more relationship/collaboration
  - A lot of CBOs in larger counties are not aware of LPHAs but doing a lot of work together.
  - In an ideal state similar goals across both groups of partners with different & complementary approaches to that work
- Current funding similarities
  - Program area address – communicable disease control & prevention, environmental health, and emergency preparedness
  - Funding requirements
    - Submission of program period budget & OHA approval
    - Submission of a program work plan
    - Submission of a quarterly revenue & expenditure reports
    - Submission of progress reports every 6 months
    - Participation in program evaluation activities
- Current funding differences
  - All LPHAs must address all program area & deliverables. CBOs may address on or two program areas based on organization priorities & community served.
  - LPHA work plan requirements are aligned with foundational capabilities for governmental public health authorities
  - Work of CBOs often align with foundational capabilities such as communications & policy but not required to align with roles in 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?
  - Working & living in the counties they serve; being present in the community

- Regional county might not ideally be able to be in the community they serve due to costs of having a location in that county

### **Public Comment**

- No public comment

### **Next Meeting agenda**

- Continue to discuss intention of public health modernization funding
- Discuss strategies and benchmarks for equitable distribution of funding

**Next meeting June 12, 2023 at 10:30 am**

DRAFT

# 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

# Key questions for LPHA and CBO collaboration

- Do the responses on the next pages reflect what the workgroup Discussed?
- What changes or clarifications are needed?
- How can these responses be used to support workgroup deliverables?

## **Public Health Advisory Board funding workgroup**

**DRAFT: Key questions and summary responses from May 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.
- 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.

### **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.

# 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

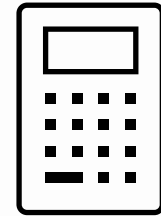


# Public Health Modernization Funding Formula

- Designed for local public health authorities
- Calculation based on county population and rank of specific county on certain indicators that are weighted.

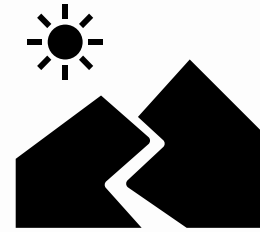
# Public Health Modernization Funding Formula

- Indicators (weight):



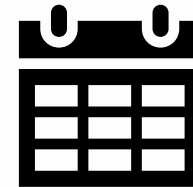
- **Burden of disease:** premature death (5%)
- **Health status:** quality of life (5%)
- **Racial and ethnic diversity:** % of population not categorized as “white alone” (18%)
- **Poverty:** % of population below 150% FPL (18%)
- **Education:** % of population age 25 years+ with less than high school 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 20 from 2:00-3:30.
- Additional meetings in July