

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup

**August 28, 2023, 9:30-11:00 am**

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1611614763?pwd=c3VveXN2TzRMTGZzQm5ENWRsM0Z2QT09>

Meeting ID: 161 161 4763

Passcode: 610527

One tap mobile

+16692545252,,1611614763#

Meeting objectives:

- Revisit group agreements and how CBOs, LPHAs and OHA would like to be in community together.
- Final approval of recommendations for geographic reach of new CBO funding.
- Final approval of CBO work plan and Request for Grant Applications questions.
- Discuss next meeting agenda.

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**9:30-9:35 am**      **Welcome, introductions and agenda review**

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

Cara Biddlecom, OHA  
Deputy Public Health  
Director

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**9:35-9:40 am**      **Group agreements and purpose**

- Review group agreements
- Workgroup member reflections

Cara Biddlecom

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<b>9:40-9:50 am</b>	<b>Final approval of recommendations for equitable funding strategies and benchmarks for CBO funding</b> <ul style="list-style-type: none"> <li>Review approach for new CBO funding</li> </ul>	Sara Beaudrault, OHA Strategic Initiatives Manager  Dolly England, OHA Community Engagement Manager
<b>9:50-10:20 am</b>	<b>CBO application and work plan templates</b> <ul style="list-style-type: none"> <li>Review feedback and proposed changes to draft CBO work plan template and draft RFGA questions</li> </ul>	Cara Biddlecom  Dolly England, OHA Community Engagement Manager
<b>10:20-10:25 am</b>	<b>Break</b>	
<b>10:25-10:40 am</b>	<b>LPHA work plan</b> <ul style="list-style-type: none"> <li>Based on expectations in CBO application and work plan templates, discuss expectations for LPHAs related to public health modernization work with OHA-funded CBOs</li> <li>Discuss next steps for updates to LPHA work plans</li> </ul>	Danna Drum, OHA Local and Tribal Public Health Manager
<b>10:40-10:50 am</b>	<b>Public comment</b>	Cara Biddlecom
<b>10:50-11:00 am</b>	<b>Next meeting agenda items and adjourn</b>	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](mailto: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

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**Public Health Advisory Board  
Public Health Modernization Funding Workgroup**

August 28, 2023



# Update on work to date

# Summary of CBO/LPHA program changes made to date

- Updated LPHA and CBO contract boilerplate to better describe CBO and LPHA partnership (complete – language drafted by CBO/LPHA Workgroup)
- Agreement on equitable funding strategies and benchmarks for CBO funding
- Exploring pilot CBO funding passed through LPHAs, where CBO indicated this to be a preference and the LPHA agrees to take on the work
- After this meeting: incorporate feedback into CBO work plan, budget template and RFGA
  - New work plan and budget template will also apply to continuing CBOs, in addition to any new CBOs

# Equitable funding strategies and benchmarks for CBO funding



# 8/18/23 CBO Funding Workgroup – Equitable CBO Funding Recommendations

The Public Health Advisory Board (PHAB) Public Health Modernization Funding Workgroup agrees to the following approaches to ensure equitable distribution of public health modernization funds for CBOs through the new 2023-25 Request for Grant Applications:

1. Use LPHA PHM funding formula as a guide to inform equitable distribution of CBO regional and county funding.
2. Suggest a minimum biennial base funding level for CBOs so that CBOs can build staffing and infrastructure. Also establish a cap on CBO award amounts.
3. Expand the list of underserved priority counties for the 2023 CBO RFGA, considering both number of CBOs operating in the county and per capita investments. Ensure CBOs are funded to provide services in every county, excluding statewide CBOs.
4. Begin with prioritizing CBOs that are serving locally for selection, based on the definition of local included in the RFGA. This does not preclude funding for regional or statewide CBOs overall.

# Strengthening CBO RFGA and work plan

## Questions

- Will recommended changes in CBO RFGA questions and work plan template result in enhanced collaboration between CBOs and LPHAs?
- Does the current description of “local presence” in the “key questions” document sufficiently describe what it means for a CBO to serve a county? Are there additional suggestions for how to operationalize “local presence”?

## CBO RFGA Draft Application Questions

### Applicant Information Part 1

**Counties served.** Please indicate with an X if your organization is proposing to perform work within one or more Oregon county as noted below. Applicants proposing to work in more than one county must provide specific details about the work being proposed in each county, including how their specific population(s) of focus in each county will benefit from the proposed work and the existing relationships the Applicant has with the population(s) of focus in each county; if the Applicant does not have existing relationships in the county, Applicant must describe how they intend to build those relationships. Please propose activities that meet the needs of your organization’s structure and/or service area.

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

- 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...)

For counties selected, also indicate whether your organization has a staff person or an office physically located within the county. If you do not have staff person or an office physically located within the county, please define your current working relationship and knowledge of that county.

- Baker  
(Y/N) Staff or office within county  
Description of work:
- (Repeat for all other counties listed in alphabetical order)

**Primary populations to be served.** Please indicate with an X the top three or fewer populations served by your organization. You may also specify the populations served by your organization within each option.

- American Indian/Alaska Native/Indigenous communities:
- Asian communities:
- Black/African American/African communities:
- Latino/a/x communities:
- Pacific Islander communities:
- Slavic/Eastern European communities:
- People with disabilities:

**Commented [BCM1]:** Definitions added from Mike Baker email 7/31

**Commented [CM2]:** Betty Brown: I have volunteers and staff members that live in Clackamas and Washington Counties. They drive to Multnomah County and work /volunteers with the work we are doing here. I want to clarify that because I have volunteers and staff that live in other counties it qualifies us. ? It seems like that is what is being communicated. If so, how does that solve the whole “county identity

**Commented [CM3]:** La Croix, Kim: Our E. European liaison says Slavic is not a preferred term and E. European is sufficient

- LGBTQ2SIA+ communities:
- Immigrant and refugee communities:
- Rural communities:
- Faith communities:
- Houseless communities:
- People with behavioral health conditions:
- Other communities not listed above (please describe):

**Language access provided by your organization.** Please indicate your organization’s capacity to speak and/or write in languages other than English. Also indicate whether the language capacity comes from a native or non-native speaker.

- Language 1: \_\_\_\_\_
- Spoken fluently by native speaker(s)
  - Spoken fluently by nonnative speaker(s)
  - Written by native speaker(s)
  - Written by nonnative speaker(s) or access to translation service
- Language 2: \_\_\_\_\_
- Spoken fluently by native speaker(s)
  - Spoken fluently by nonnative speaker(s)
  - Written by native speaker(s)
  - Written by nonnative speakers or access to translation service
- Language 3: \_\_\_\_\_
- Spoken fluently by native speaker(s)
  - Spoken fluently by nonnative speaker(s)
  - Written by native speaker(s)
  - Written by nonnative speakers or access to translation service
- Language 4: \_\_\_\_\_
- Spoken fluently by native speaker(s)
  - Spoken fluently by nonnative speaker(s)
  - Written by native speaker(s)
  - Written by nonnative speakers or access to translation service

Other language access offered by your organization not already listed above:

**Which activity category or categories will your CBO or collaborative intend on working in** (check all that apply):

- 1) Health Equity, Environmental Public Health and Climate Change, Communicable Disease Prevention and/or Emergency Preparedness
- 2) Children’s Environmental Exposure Prevention
- 3) Domestic Wells
- 4) Commercial Tobacco Prevention

Would your organization like to be notified by OHA when funding becomes available in the future to support specific Emerging Priorities?  
 OHA must respond quickly to emerging public health issues (e.g., response to wildfires or epidemics) and other time-sensitive opportunities. Essential to this response is an

**Commented [CM4]:** La Croix, Kim : It might be easier to not include EH since there are specific LPHA statutes and responsibilities related to EH.

**Commented [CM5]:** Trish Elloitt: Added tobacco as another category

**Commented [DDK6R5]:** Commercial Tobacco Prevention will not be included in the RFGA as there are not additional BM 108 dollars to support additional tobacco prevention CBOs.

understanding of community needs and priorities and culturally-specific ways to effectively respond. This Program Element would go beyond what is outlined under Emergency Preparedness above and allows community-based organizations to access topic- and/or community-specific grant funding for future funds.

Eligible activities: Funding may become available during emergency response in the future for one or more of the following activities. These activities would not be performed until funds are available, but are provided as examples:

(a) Engage community on emerging health priorities (e.g., communicable disease or overdose outbreak response, support distribution of time-sensitive goods and services during an emerging event)

(b) Create and lead culturally specific education and awareness campaigns for emerging health priorities

(c) Support planning and implementation of clinical and prevention activities for emerging health priorities

(d) Support policy development and advocacy for emerging health priorities

(e) Support implementation and linkages to programs to help community members manage chronic diseases such as diabetes, heart disease, arthritis, and cancer

- Yes
- No

Considering all of the activities you are proposing in this application, which do you think best describes the work (check all that apply)

- Health Education and Communications
- Identifying and Assessing Community Priorities
- Supporting Prevention Activities
- Policy Development and Advocacy
- Something Else: \_\_\_\_\_

Is your organization being funded by any Local Public Health Authority for any of the above work? If so, please list which categories and the counties you will be working in:

**What gap are you filling in this/these communities? How do you know this is a gap? What will you do to ensure the public health system is aligned and is not duplicating work?**

**How does your work contribute to a modernized public health system?**

**A Proposed Work Plan using the template provided in Attachment #1 must be attached to this Application Form**

**Proposed Budget using provided format - see Attachment #2 (please attach to this Application Form).**

**Letter of support.** -Please submit a "letter of support" form to at least two local organizations who you will work with to deliver these services. Letters of support can include: a brief

**Commented [DDK7]:** La Croix, Kim: (f) Support distribution of time sensitive goods and services (e.g. air conditioners, water, foodboxes)

**Commented [CM8]:** Trish Elliott: Remove " Or overdose"

**Commented [BCM9]:** Addition from Mike Baker email 7/31

**Commented [BCM10]:** Addition from Mike Baker email 7/31. At 7/31 workgroup meeting, concern raised that CBOs may not have the full context of a modernized public health system and we may need to adjust a question.

**Commented [BCM11]:** Addition from Mike Baker email 7/31. When this was discussed at previous meetings, I believe it was offered as an option versus a requirement.

**Commented [BCM12R11]:** From Jackie in response to Mike: Two letters is a lot to ask for, even from local partners, who may need to go through their ED or other management/board.

Is 1 letter ok or can it be optional?

Or are there other ways to showcase that they work with partners? Such as flyers/events where partners have been co-partners at?

**Commented [BCM13R11]:** From Mike in response to Jackie: Maybe OHA can help with a template that can be filled out by potential partners? Or, if limited partners are available, then that's an indicator that more help is needed!

description of the partner's relationship with the applicant, attestation to the gap they are filling, and their support of this organizations work.

### Applicant Information Part 2

You may propose multiple different projects in different program areas. If you do so, be sure to address each project and program area you are applying for under each of the six questions. Please see the FAQs for examples of what this might look like. Our intention is to make this application as easy as possible to complete.

Clear and concise answers are welcome. There are no maximum or minimum word or page counts; use the amount of space you need to describe your project and answer the questions.

1. Describe your organization or collaborative's experience related to your proposed activity area(s).
2. Describe the population(s) you intend to serve, how long you have worked with or have lived experience with that population and your relationship with this community/communities.
3. Describe the composition of your project staff and decision-making body (staff, board of directors, volunteers) and how these reflect the communities you are proposing to work with. Also indicate your staff who are community health workers (CHWs), Traditional Health Workers (THWs), and health care interpreters (HCIs) and your anticipated hires with this expertise.
4. Describe your partners for proposed activities and the specific role each will play. Include the collaborative and decision-making structure for partners. Partners could include other community-based organizations, local public health authorities, schools and school districts, or partners in other sectors.

Please specifically address how you plan to collaborate with the LPHA to deliver this service.

5. Please describe how you anticipate collaborating with and the LPHAs for in the counties in which you will be working will collaboratedoing the proposed work (e.g., regular meetings, memorandum of understanding, etc.) on the proposed work. Please indicate if these collaborative practices are already in place between you and the LPHA(s). If a county does not have an LPHA (Wallowa and Curry only), please disregard this question for that county.

**Commented [BCM14]:** Added from Mike Baker email 7/31

**Commented [DDK15R14]:** See question #5 that is added

**Commented [CM16]:** Betty Brown: Shared two experiences that LPHA reached out to her to collaborate on work. How would the CBO partnering the LPHA happen? If it's going to be a condition for participation, I believe we should establish a process that will provide CBO's the opportunity to learn and engage. I may be missing something and maybe all LPHA always reach out to CBOs. If that's what's normal, then I believe it's important to say that in the RFGA so that CBOs re not wondering how in the world will that happen. As I have mentioned before I have had CBO's ask, "what's an LPHA?"

**Commented [CM17]:** La Croix, Kim: Consider making a separate question for how they specifically plan to collaborate with LPHA; list examples such as regular meetings, MOU, etc.

**Commented [DDK18R17]:** See question #5

**Commented [CM19]:** Beth Barker-Hidalgo: The language proposed for the CBO contract requiring CBOs to partner with LPHAs is problematic for counties that do not have LPHA: I suggest we include "in counties where LPHAs are present.....", or something like this.

**Commented [DDK20R19]:** See question #5

**Commented [DDK21]:**

4-6. Describe how communities you serve will continuously guide and shape this work over the project's life cycle. Include how you will address challenges, conflicts and/or power dynamics.

5-7. Describe [the health](#) outcomes you are expecting and how you plan to measure your outcomes. Describe the type of results you are expecting.

6-8. What kind of support would your organization need to carry out proposed activities?

**Commented [CM22]:** La Croix, Kim: add health



## CBO Contract Requirements

The following language is included in the CBO contract.

### 2. Program Element Descriptions

For the time frame of **July 1, 2023** through June 30, 2025

**Commented [CM23]:** La Croix, Kim: Adjust, now that it the month of August

All funded work must be performed in partnership and collaboration with LPHAs. Funded work should include partnership with community members and partners, schools, school districts, clinics and other community-based organizations based on the OHA approved work plans. Recipients must submit an updated work plan and budget within 90 days of execution of this Amendment.

#### c. Program Elements

**(2) Program Element #5002-01:** **Environmental Public Health and** Climate Change, Communicable Disease Prevention, and Emergency Preparedness:

**Commented [CM24]:** Kim: Leave out environmental public health

**Eligible Activities:**

- (a) Collaborate and partner with LPHAs through meetings and alignment of planned activities.
- (b) Provide community expertise to LPHAs as they conduct community health needs assessments and develop plans to advance health equity.

**(5) Program Element #5003:** Commercial Tobacco Prevention

**Eligible Activities:**

- (a) Collaborate and partner with LPHAs through regular meetings and alignment of planned activities.

CBO 2023-25 Contract Boilerplate will be posted at:

<https://www.oregon.gov/oha/PH/ABOUT/Pages/CBO.aspx>

From Mike Baker/Jackie Leung emails on 7/31:

The following under CBO Contract:

“All funded work must be performed in partnership and collaboration with LPHAs. Funded work should include partnership with community members and partners, schools, school districts, clinics **and** other community-based organizations based on the OHA approved work plans. Recipients must submit an updated work plan and budget within 90 days of execution of this Amendment.

- should it be OR instead of and? I bolded the and that I am referring to. Some CBOs have partnerships with some of the above-mentioned but not ALL the entities – Totally agree! Plus, some communities may not have all to being with. Worth more discussion with the group for sure.

“CBOs will share work plans with the local governmental public health authority/authorities in the service area or will allow OHA to share these work plans...”

- I think OHA should share the workplan, to avoid unnecessary work from CBOs, who are already overworked and asked to do more for not enough compensation. If there are required LPHA-CBO meetings, they not be needlessly repetitive or repeat the same information that they learn if they are funded in multiple regions. One example was covid-19 related meetings: most meetings contained the same COVID information, only different was the rate in the county, specific programs available. Make the meetings meaningful and not a meeting to 'check off' a box. I hope this makes sense. – It does. I think the concern here is just sharing formation as a part of the process versus an after the fact. Totally agree about meetings just to have meetings. Waaaay to many of those! We’ve all got a ton of work to do!

**Public Health Equity Funding  
Workplan for OHA  
2024-2025**

**Purpose:** The purpose of the workplan is to document the goals, objectives, and activities a CBO will advance with the funding they receive through the Public Health Equity Grant between January 1, 2024, and June 30, 2025. This workplan is meant to help CBOs describe and organize their funded work and help OHA understand the local projects funded through the Public Health Equity Grant.

**Instructions:** For each funded project, please describe the overall goal, objectives and related activities, and outcomes you expect from your funded work.

Please note:

- Workplans are due, per your grant agreement, 90 days after the agreement is executed.
- You may want to meet with staff from the OHA Program(s) funding your project or OHA Fiscal Staff before filling this out. Please contact your Community Engagement Coordinator (CEC) if you would like to meet with OHA staff to support workplan development.
- Please refer to the list of eligible activities in your grant agreement when describing your project goals.

<b>Workplan Template – Submit to OHA</b>		<i>Template updated 7/27/2023</i>
<b>Name of CBO:</b>		<b>Date:</b>
<b>Name of OHA Program Funding Source:</b>		
<b>Goal</b>		
What is the overall goal of your funded work? (Please refer to the list of eligible activities in your grant agreement when describing your goal)		
[INSERT TEXT]		
<b>Community Conditions</b>		
Please refer to the guiding questions below to support your description of the community conditions in which you are working, considering:		
<ul style="list-style-type: none"> <li>• What health equity problem in your community will your work address?</li> <li>• What stories or data help you understand and define this problem?</li> <li>• What staff/FTE, partnerships, resources, and community assets will support your work?</li> <li>• <u>Please provide a brief description of what services you are providing in the counties you are funded to serve.</u></li> <li>• <u>What community partners will you work with?</u></li> <li>• </li> </ul>		
[INSERT TEXT]		
<b>Objective(s)</b>		
What will you achieve or what will be different in your community as a result of your funded work in the next two years (between January 1, 2024, and June 30, 2025)?		
<ol style="list-style-type: none"> <li>1. [INSERT TEXT]</li> <li>2. ...</li> <li>3. ...</li> </ol>		

**Commented [BCM1]:** Need to add the CBO counties served question into the work plan from the RFGA draft.

**Commented [BCM2]:** Added from Mike Baker email 7/31

<b>Related Objective</b>	<b>Planned activities: What you will do to achieve the objective described above</b>	<b>Timeline for activity</b>	<b>Result: Product, partnership, process, and/or service that will be developed as a result of the activity</b>	<b>Method to track progress on activity for reporting</b>	<b>Population(s) served by activity</b>	<b>County/ counties served by activity</b>	<b>Additional notes about the activity</b>
<i>Example: 1</i>	<i>Example: Peer-to-peer support for people newly released from prison: Hire/train 25 peer mentors</i>	<i>Example: May-April 2023 June-July</i>	<i>Example: Cadre of peer mentors prepared to provide peer-to-peer support</i>	<i>Example: Spreadsheet with # of peer mentor events; stories collected from mentors</i>	<i>Example: People newly released from prison</i>	<i>Example: Lincoln County</i>	
<b>Sustainability</b>							
What would your next steps be for this work after the 2 years of funding? How could you build on this work in the future?							
[INSERT TEXT]							
<b>Training and technical assistance</b>							
What training or technical assistance from OHA would help you accomplish the work described above?							
[INSERT TEXT]							

*(Copy the table above if you are receiving funding from more than one program area and need to describe additional goals)*

## 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:

- 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'.

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

- 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

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



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

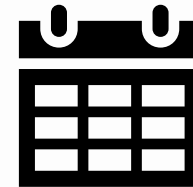
- Consider impact of public health modernization investments on community members in evaluation process.

# LPHA Work Plan

## Questions

1. What are the expectations for LPHAs related to PH modernization work with OHA-funded CBOs to support enhanced collaboration between OHA-funded CBOs and LPHAs?
2. Are there work plan questions or expectations that should be mirrored in the LPHA work plan template to support mutual collaboration between OHA-funded CBOs and LPHAs?

## Meeting review and next steps



- Next meeting to be scheduled
- Please share today's discussion with your colleagues and bring feedback to the next meeting.