

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup

July 31, 2023, 3:00 – 4:30 PM

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1619853694?pwd=c3NJMDJpaEFYUC9mTE83M3ZiTmtzZz09>

Meeting ID: 161 985 3694

Passcode: 090080

One tap mobile

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Meeting objectives:

- Continue to discuss equitable strategies and benchmarks for funding to CBOs and review an equitable funding model
- Discuss additional recommendations for strengthening CBO application, grant, work plan and reporting processes, and continue to discuss ways to operationalize CBO local presence within counties.

3:00-3:10 pm Welcome, introductions and agenda review

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

Cara Biddlecom, OHA
Deputy Public Health
Director

3:10-4:00 pm Strategies and benchmarks to ensure equitable funding strategies

- Recap 7/18 discussion
- Review and discuss CBO funding allocations by county and region in 2021-23

Cara Biddlecom

Dolly England,
Community
Engagement
Manager

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- Continue to develop recommendations for equitable funding strategies and benchmarks
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3:40-3:45 pm Break

4:00-4:20 CBO application, work plan, grant and reporting processes

- Discuss recommendations to strengthen CBO application process, agreements and reporting.
- Discuss whether corresponding changes are recommended for LPHA agreements and reporting.
- Continue to discuss ways to operationalize CBO local presence within counties.

Cara Biddlecom

4:20-4:25 pm Public comment

Cara Biddlecom

4:25-4:30 pm Next meeting agenda items and adjourn

- Next meeting: August 18, 2023 from 1:00-2:30 pm

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

Strategies and benchmarks to ensure equitable funding strategies

Recap of 7/18 discussion

- Reviewed gaps in current funding for some counties and for disability-serving organizations. General agreement to expand the list of underserved counties.
- Reviewed the Public Health Modernization funding formula to allocate funds to LPHAs. This formula provides a base funding amount, with most funds allocated based on the county's ranking on a set of SDOH indicators.
- Discussed how a similar model could be used for CBO funding to determine that funds are being distributed equitably across the state. This approach would be both art and science. General agreement and interest in exploring this.

**Regional and Per Capita Distribution of CBO Public Health Modernization Funds
July, 2023**

PUBLIC HEALTH MODERNIZATION

Total Available Funding = \$8,766,818

Total CBOs Funded = 75

CBOs serving counties/regions = 71

CBOs serving statewide = 2

CBOs unclassified = 1

County	Population ¹	Total award amount	Total award amount per capita	Number of CBOs funded
Clatsop	39,455			3
Columbia	53,280			1
Tillamook	26,530			1
Clackamas	426,515			24
Washington	620,080			26
Multnomah	829,560			36
Region 1	1,995,420	\$3,775,167	\$1.89	39
Yamhill	108,605			6
Lincoln	48,305			3
Polk	83,805			5
Benton	94,665			0
Linn	127,320			0
Marion	349,120			11
Region 2	811,820	\$972,500	\$1.20	16
Lane	381,365			6
Douglas	112,530			3
Coos	63,315			5
Curry	23,005			2
Region 3	580,215	\$747,500	\$1.29	11
Josephine	86,560			7
Jackson	223,240			12
Region 5	309,800	\$925,000	\$2.99	14
Hood River	25,640			5
Gilliam	2,039			2
Sherman	1,908			3
Wasco	26,581			6
Region 6	56,168	\$606,651	\$10.80	7
Klamath	68,075			3
Wheeler	1,440			2
Crook	23,440			5
Jefferson	24,105			7
Deschutes	197,015			7
Harney	7,280			3
Grant	7,315			2
Lake	8,075			1
Region 7	336,745	\$710,333	\$2.11	10
Morrow	12,825			5
Baker	16,910			2
Union	26,840			2
Malheur	32,105			3
Umatilla	81,495			6
Wallowa	7,160			2
Region 9	177,335	\$629,667	\$3.55	9
Statewide/Unclassified		\$400,000		3
Total	4,267,503	\$ 8,766,818		75

¹ PSU Population Estimates, 2021

NOTES:

1. CBOs were assigned to a county based on the CBO's reported counties served. Statewide-serving and unclassified CBOs were not included in total award amounts or in CBO count by county. Because some funded CBOs serve multiple counties/regions, the number of CBOs funded for each region will not total to the number of applications funded overall.

2. For CBOs serving multiple regions, the total award was divided by the number of regions served, with an equal funding amount attributed to each region served.

**Regional and Per Capita Distribution of CBO Public Health Modernization Funds
April 25, 2022**

PUBLIC HEALTH MODERNIZATION

Total Available Funding = \$8,766,818

Total CBOs Funded = 75

CBOs serving counties/regions = 71

CBOs serving statewide = 2

CBOs unclassified = 1

County	Population	Total award amount	Total award amount per capita	Number of applications funded
Baker	16,910	\$75,641	\$4.47	2
Benton	94,665	\$0	\$0.00	0
Clackamas	426,515	\$1,045,528	\$2.45	24
Clatsop	39,455	\$82,000	\$2.08	3
Columbia	53,280	\$3,750	\$0.07	1
Coos	63,315	\$150,361	\$2.37	5
Crook	23,440	\$131,792	\$5.62	5
Curry	23,005	\$32,667	\$1.42	2
Deschutes	197,015	\$192,569	\$0.98	7
Douglas	112,530	\$144,750	\$1.29	3
Gilliam	2,039	\$142,308	\$69.79	2
Grant	7,315	\$45,433	\$6.21	2
Harney	7,280	\$49,183	\$6.76	3
Hood River	25,640	\$218,413	\$8.52	5
Jackson	223,240	\$566,194	\$2.54	12
Jefferson	24,105	\$143,875	\$5.97	7
Josephine	86,560	\$174,833	\$2.02	7
Klamath	68,075	\$52,986	\$0.78	3
Lake	8,075	\$3,125	\$0.39	1
Lane	381,365	\$419,583	\$1.10	6
Lincoln	48,305	\$47,083	\$0.97	3
Linn	127,320	\$0	\$0.00	0
Malheur	32,105	\$59,308	\$1.85	3
Marion	349,120	\$398,278	\$1.14	11
Morrow	12,825	\$185,641	\$14.47	5
Multnomah	829,560	\$1,943,195	\$2.34	36
Polk	83,805	\$139,083	\$1.66	5
Sherman	1,908	\$162,302	\$85.06	3
Tillamook	26,530	\$25,000	\$0.94	1
Umatilla	81,495	\$94,724	\$1.16	6
Union	26,840	\$75,641	\$2.82	2
Wallowa	7,160	\$75,641	\$10.56	2
Wasco	26,581	\$186,052	\$7.00	6
Washington	620,080	\$1,015,694	\$1.64	26
Wheeler	1,440	\$45,433	\$31.55	2
Yamhill	108,605	\$238,750	\$2.20	6
Statewide/Unclassified		\$400,000		3
Total	4,267,503	\$8,766,818		75

Mean	\$7.90
Median	\$2.05
Range	\$0 - \$85.06

NOTES:

1. CBOs were assigned to a county based on the CBO's reported counties served. Statewide-serving and unclassified CBOs were not included in total award amounts or in CBO count by county.
2. For CBOs serving multiple counties, the total award was divided by the number of counties served, with an equal funding amount attributed to each county served.

Methodology for regional and county per capita data

Regional per capita

1. Each CBO assigned one or more regions based on reported counties served.
2. For CBOs serving a single region, total award amount attributed to that region.
3. For CBOs serving two or more regions, total award amount divided by the number of regions served. Funds attributed equally across regions.
4. Regional per capita investments = total regional award amount/total regional population

Regional number of CBOs funded

1. CBOs counted as “1” for every county in which they serve.
2. Therefore, number of CBOs funded by county in a region does not equal the number of CBOs funded within a region.

Same methodology used for county per capita calculations

Recommendations

1. Expand the list of underserved counties for the 2023 CBO RFGA.
2. Ensure at least one (or two?) CBO is funded to provide services in every county, excluding statewide CBOs.
3. Use the regional per capita table to estimate how new funding should be allocated across regions. And ensure that funding decisions maintain or improve equitable funding across regions.
4. Use the county per capita table to ensure every county receives a minimum per capita investment through funding to CBOs.

Other options for consideration

1. Establish a minimum biennial base funding level for CBOs so that CBOs can build staffing and infrastructure.
 - Consistent approach with funding to LPHAs
2. Use LPHA PHM funding formula as a guide for CBO regional and county funding.

Current distribution of CBO awardees and known gaps

- Counties that are disproportionately underserved by CBO funding:
 - Curry
 - Gilliam
 - Harney
 - Lake
 - Linn
 - Wallowa
 - Wheeler
- Specific populations
 - Disability community

Strengthening CBO application, grant and reporting processes

Questions for discussion

- Will recommended changes in application questions, review criteria, grant requirements, and reporting requirements result in enhanced collaboration between CBOs and LPHAs?
- Are corresponding changes needed to LPHA requirements?
- 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.

For counties selected, also indicate whether your organization has a staff person or an office physically located within the 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:
- 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

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 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)
- (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:

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):

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.

5. 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.

6. Describe the outcomes you are expecting and how you plan to measure your outcomes. Describe the type of results you are expecting.

7. What kind of support would your organization need to carry out proposed activities?

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

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:

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>

CBO 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.

Workplan Template – Submit to OHA				<i>Template updated 7/27/2023</i>			
Name of CBO:				Date:			
Name of OHA Program Funding Source:							
Goal							
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]							
Community Conditions							
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"> • What health equity problem in your community will your work address? • What stories or data help you understand and define this problem? • What staff/FTE, partnerships, resources, and community assets will support your work? 							
[INSERT TEXT]							
Objective(s)							
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"> 1. [INSERT TEXT] 2. ... 3. ... 							
Related Objective	Planned activities: What you will do to achieve the objective described above	Timeline for activity	Result: Product, partnership, process, and/or service that will be developed as a result of the activity	Method to track progress on activity for reporting	Population(s) served by activity	County/ counties served by activity	Additional notes about the activity

<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>	

Sustainability

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]

Training and technical assistance

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 (updated July 2023)

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?

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

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.

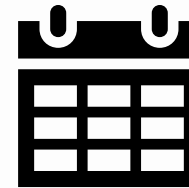
4. Grantee reporting

- 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.

Meeting review and next steps



- Next meeting is August from 1:00-2:30.
- Please share today's discussion on equitable strategies and benchmarks for funding to CBOs with your colleagues and bring feedback to the next meeting.