

AGENDA

PUBLIC HEALTH ADVISORY BOARD Incentives and Funding Subcommittee

February 12, 2019

1:00-2:00 pm

Portland State Office Building, 800 NE Oregon St., Conference Room 915, Portland, OR 97232

Webinar: <https://attendee.gotowebinar.com/register/3531740595390230274>

Conference line: (877) 873-8017

Access code: 767068

Subcommittee Members: Carrie Brogoitti, Bob Dannenhoffer, Jeff Luck, Alejandro Queral, Akiko Saito

Meeting Objectives

- Approve January 8 meeting minutes
- Make recommendations for use of a continued \$5 million investment for 2019-21
- Begin discussion on use of additional funding for 2019-21

| | | |
|---------------------|---|--|
| 1:00-1:05 pm | Welcome and introductions <ul style="list-style-type: none">• Approve January 8 meeting minutes | Alejandro Queral, Meeting Chair |
| 1:05-1:40 pm | Sustaining 2017-19 investment in LPHA partnerships <ul style="list-style-type: none">• Continue January discussion and make recommendations on use of a \$5 million investment in 2019-21.• Consider how recommended approach prepares the system for additional funding.• Review recommendations to ensure they align with PHAB Funding Principles. | Alejandro Queral, Meeting Chair |
| 1:40-1:50 pm | Begin discussion on use of additional funding 2019-21 <ul style="list-style-type: none">• Review PHAB's recommendations for how funds are distributed to LPHAs at different funding levels.• Begin discussion on use of funds at the \$5-10 million level to LPHAs by reviewing how Washington State has used its 2017-19 investment | Sara Beaudrault, Oregon Health Authority |
| 1:50-1:55 pm | Subcommittee business <ul style="list-style-type: none">• Confirm that Alejandro will provide subcommittee update at February 21 PHAB meeting.• Confirm that Akiko will chair the March 12 subcommittee meeting. | Alejandro Queral, Meeting Chair |

1:55-2:00 pm

Public comment

2:00 pm

Adjourn

Public Health Advisory Board (PHAB)
Incentives and Funding Subcommittee meeting minutes
January 8, 2019
1:00-2:00 pm

Welcome and Introductions

PHAB members present: Carrie Brogoitti, Jeff Luck, Alejandro Queral, Akiko Saito
Oregon Health Authority (OHA) staff: Sara Beaudrault, Kati Moseley

Public health modernization funding in the Governor's Budget

Kati provided an overview of funding for public health modernization in the Governor's Budget. The Governor's Budget is a starting place for the Legislature. The final OHA budget will be released in June or July.

Overall the Governor's Budget represents an increase of almost 19% in public health funding. This includes funding for issues of public health importance like universal home visiting and suicide prevention, in addition to funding for public health modernization.

For public health modernization, the Governor's Budget builds on the existing \$5 million budget with an additional \$13.6 million in the 2019-21 biennium. The Governor's Budget would fund this increase through new revenue generated by increasing the price of tobacco products. In this scenario, additional funding from new tobacco tax revenue would be allocated for the final six months of the biennium (January-June 2019).

Akiko asked about implications of receiving a large funding increase in a short amount of time. Kati stated that OHA would look to PHAB to provide recommendations for using funds for "shovel-ready" work that could be accomplished with a short turnaround time.

Jeff clarified that the Governor's Budget includes \$5 million for the entire biennium, with an additional investment that would be linked to an increase in the price of tobacco for the final six months. Alejandro asked whether funds could be rolled into the next fiscal year. OHA staff cannot definitively answer that question but assume it would not be allowed.

The Legislature could decide to increase funding for public health modernization through other means, including through General Funds. We may get a sense of the direction over the coming months, but the final budget will not be known until June or July. This subcommittee will be charged with developing recommendations for different funding scenarios so we're ready to implement as soon as funding decisions are known. Today's meeting will focus on discussing how to sustain and build from the work accomplished with the initial \$5 million, with continuation of those funds in 2019-21.

Akiko asked about CCO 2.0 funding, whether any CCO 2.0 funding would be available to support public health modernization, and how PHAB engages in that conversation. Kati stated that we can bring CCO 2.0 and how that funding might connect with public health modernization to a future meeting.

Jeff clarified the timing for a tobacco tax increase. If a tobacco tax were referred to the ballot, the outcome of the vote would be known in November 2019.

PHAB Funding Principles

PHAB developed Funding Principles a year ago. These principles are intended to provide direction for state and federal public health funding, for both increases and decreases in funding. These principles will be important as PHAB discusses different funding scenarios in the coming months.

Sara shared that after the Funding Principles were adopted by PHAB, the Conference of Local Health Officials developed a companion document which is a Funding Principles Checklist. The checklist is intended to make each funding principle actionable in a funding formula and can be used when state and local staff are discussing changes to a funding formula. The checklist is being pilot-tested now as state and local staff discuss changes to the Tobacco Prevention and Education Program (TPEP) funding formula. Jeff asked whether OHA can share the checklist with this subcommittee. Sara will check with CLHO leadership.

Akiko said that the subcommittee that reviews the Public Health Emergency Preparedness funding formula will be working on the budget formula in the coming months, and the checklist would be useful for that discussion.

Sara gave the subcommittee time to consider whether to make changes to the Funding Principles. Akiko questioned whether there are implications for counties transferring public health authority to OHA. Sara stated that the Funding Principles are intended to ensure foundational public health programs are in place for every person in the state but does not specify how that is achieved in each area of the state.

Alejandro would like to hear from CLHO about how they are putting Funding Principles into action, especially in terms of gaps.

Sustaining 2017-19 investments in LPHA partnerships

Of the \$5 million investment for 2017-19, \$3.9 million was distributed to eight partnerships of LPHAs covering 33 of 36 counties. In 2018 PHAB heard from all eight partnerships. Overall LPHAs have been successful in using funds to build and strengthen partnerships and to implement interventions for communicable disease control.

The Governor's Budget assumes the \$5 million General Fund investment would be continued for 2019-21. OHA asked for the subcommittee's recommendations on how to move forward with the \$5 million. Many LPHA partnerships, particularly those that have hired regional positions, have expressed a desire to continue funding for regional partnerships. LPHAs looking to OHA to minimize the disruption to the work. For example, would a competitive grant process be required or could funding be allocated for continuation of current partnerships? If so, to what extent could we allow for shifts in partnerships or for LPHAs to apply that did not apply for the first round of funding?

Jeff suggested that OHA compile a document to compare the eight LPHA partnerships with a description of how funding was used and how they would use a comparable amount of funding in the next biennium. Alejandro agrees that it would be useful to know where these partnerships are headed in the next biennium. Carrie stated that there is a need to continue the foundational work that's been started, and in her area of the state there are natural progressions that build upon the initial work. Akiko voiced support for continuing the work with the eight groups that are currently funded.

Subcommittee work plan

The meeting packet includes a subcommittee work plan for the next six months. The goal is that by June PHAB will have recommendations for how funding in the next biennium will be used. OHA will also work with the Conference of Local Health Officials to solicit feedback from local public health officials.

Jeff recommended that the subcommittee present to PHAB in May on the recommendations coming from the subcommittee. Sara stated that the subcommittee will give updates at each PHAB meeting. OHA staff will hold time for a longer discussion at the May PHAB meeting about funding recommendations.

Subcommittee business

The May 2018 minutes were approved.

Akiko will provide the subcommittee update at the January 17 PHAB meeting.

Alejandro will chair the February 12 subcommittee meeting.

Public Comment

Morgan Cowling from the Coalition of Local Health Officials (CLHO) provided public comment.

Morgan noted some challenges in these discussions as background for the board. At least one county did not apply for 2017-19 funding because they did not have a partner county with which to apply. Morgan suggested reviewing and considering changes to application requirements for 2019-21. Morgan noted that changes to partnerships may change funding amounts for all LPHA partnerships. Morgan recommends talking to currently funded partnerships about opportunities to make improvements for use of the \$3.9 million in 2019-21.

No other members of the public provided comment.

Closing

The meeting was adjourned.

The next Public Health Advisory Board Incentives and Funding subcommittee meeting will be held on February 12 from 1:00-2:00.

Public Health Advisory Board
Funding principles for state and local public health authorities
February 15, 2018

The Public Health Advisory Board recognizes that funding for foundational capabilities and programs is limited, but innovations can maximize the benefit of available resources. These funding principles are designed to apply to the public health system, which means state and local public health authorities in Oregon. These funding principles can be applied to increases or decreases in public health funding.

Public health system approach to foundational programs

1. Ensure that public health services are available to every person in Oregon, whether they are provided by an individual local public health authority, through cross-jurisdictional sharing arrangements, and/or by the Oregon Health Authority.
2. Align funding with burden of disease, risk, and state and community health assessment and plan priorities, while minimizing the impact to public health infrastructure when resources are redirected.
3. Use funding to advance health equity in Oregon, which may include directing funds to areas of the state experiencing a disproportionate burden of disease or where health disparities exist.
4. Use funding to incentivize changes to the public health system intended to increase efficiency and improve health outcomes, which may include cross-jurisdictional sharing.
5. Align public health work and funding to coordinate resources with health care, education and other sectors to achieve health outcomes.

Transparency across the public health system

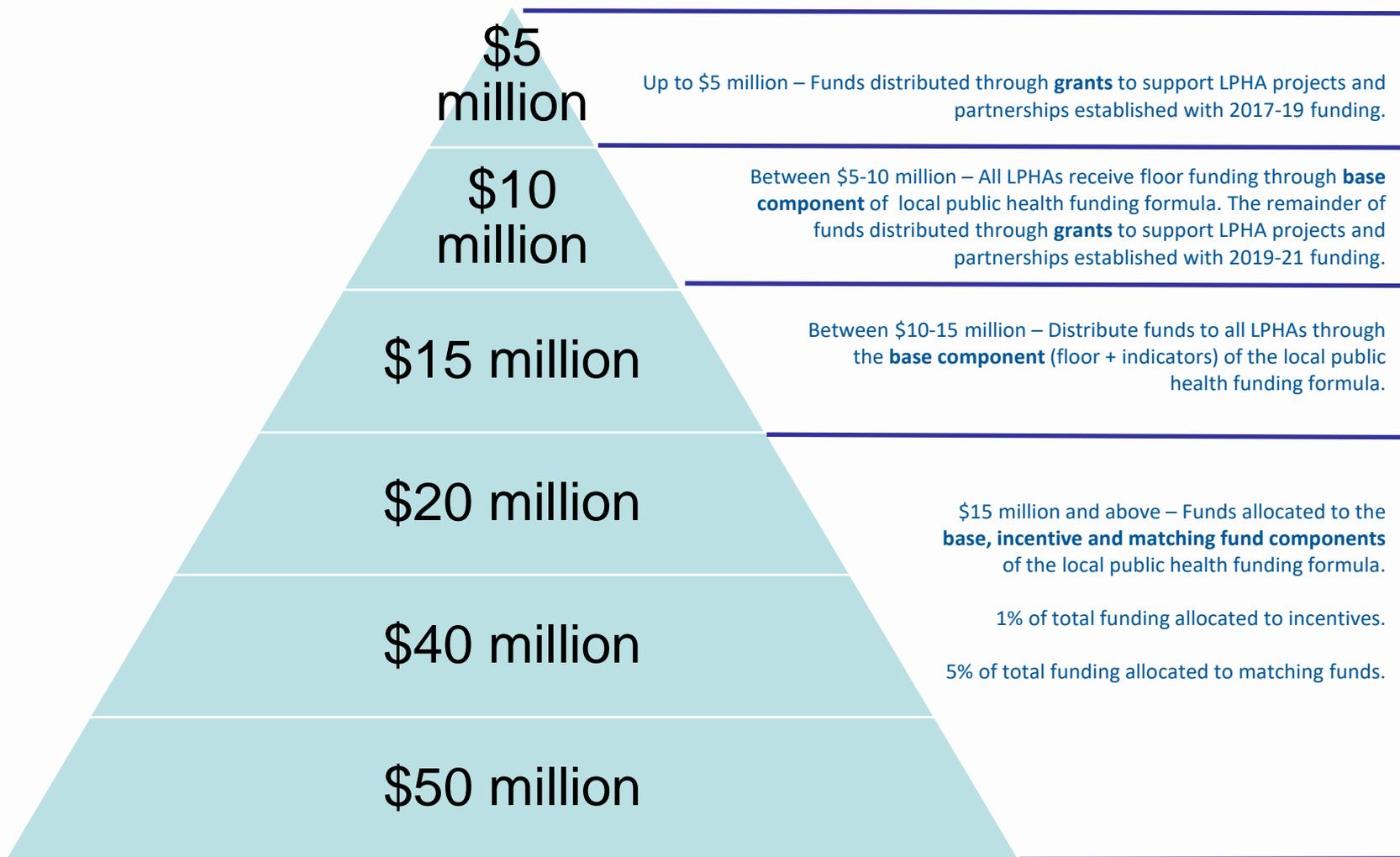
6. Acknowledge how the public health system works to achieve outcomes, and direct funding to close the identified gaps across the system in all governmental public health authorities.
7. Improve transparency about funded work across the public health system and scale work to available funding.

Sustaining 2017-19 investment in LPHA partnerships - \$3.9 million

OHA is seeking the subcommittee's guidance on use of funds in 2019-21 if funding for public health modernization remains flat. Questions raised during January subcommittee meeting:

1. What is the balance between minimizing disruptions to LPHA partnerships that would continue in 2019-21 and allowing for new/different partnerships and models?
2. How are existing partnerships using funding, and where are these partnerships headed in the next biennium? What are the natural progressions?
3. How can we use funding to maintain and gain momentum, and prepare for increased funding?

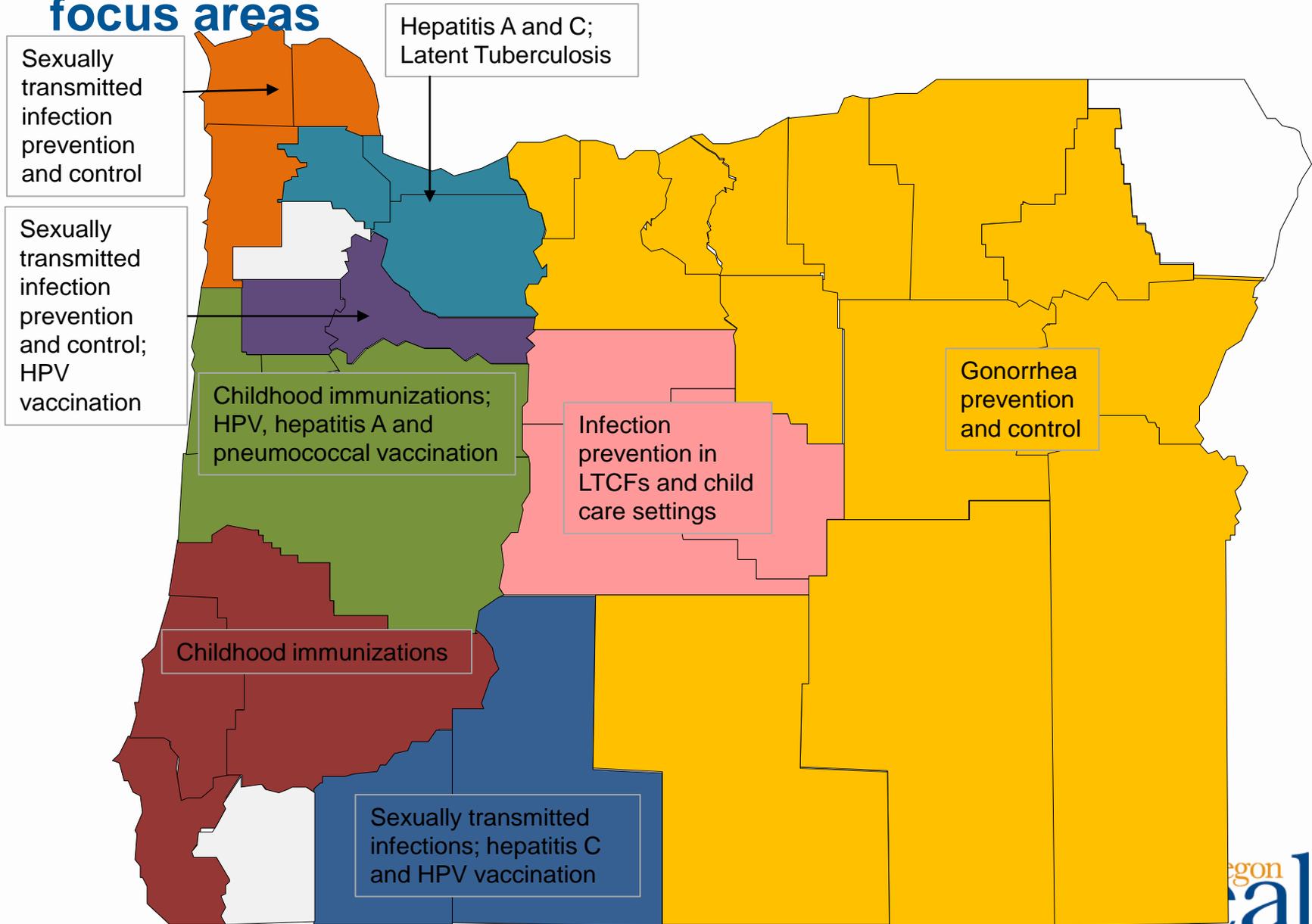
LPHA allocations to funding formula components at a range of funding levels for 2019-21 biennium*



* The funding levels in this diagram represent the public health modernization biennial allocation to LPHAs, which is a portion of total public health modernization funding for the biennium.

2017-2019 LPHA partnership communicable disease

focus areas





Public health modernization regional partnership grantees December 2017

For the 2017-19 biennium, the Oregon legislature made an initial investment of \$5 million for modernizing Oregon's public health system.

In September 2017, Oregon Health Authority issued a Request for Proposals to local public health authorities to establish regional communicable disease control programs. The primary objectives of the funding is to:

1. Develop regional systems for communicable disease (CD) control;
2. Emphasize the elimination of communicable disease-related health disparities; and
3. Build sustainable regional infrastructure for new models of public health service delivery.

In November 2017, Oregon Health Authority awarded \$3.9 million to the following regions for the period of December 1, 2017-June 30, 2019:

| Regional partners | Project description | Award amount |
|---|--|---------------------|
| Clatsop, Columbia and Tillamook counties | <ul style="list-style-type: none"> • Convene partners to assess regional data on sexually transmitted infections and develop priorities; • Identify vulnerable populations and develop regional strategies to address Population-specific needs. | \$100,000 |
| Deschutes, Crook and Jefferson counties; St. Charles Health System; Central Oregon Health Council | <ul style="list-style-type: none"> • Form the Central Oregon Outbreak Prevention, Surveillance and Response Team which will improve: • CD outbreak coordination, prevention and response in the region; • CD surveillance practices; • CD risk communication to health care providers, partners and the public. • Funds will be directed to CD prevention and control among vulnerable older adults living in institutional settings and young children receiving care in child care centers with high exemption rates. | \$500,000 |
| Douglas, Coos and Curry counties; Coquille and Cow Creek Tribes; Western Oregon Advanced Health CCO | <ul style="list-style-type: none"> • Improve and standardize mandatory CD reporting. • Implement strategies for improving two year-old immunization rates. • Focus on those living in high poverty communities. | \$468,323 |
| Jackson and Klamath counties; Southern Oregon Regional Health Equity Coalition; Klamath Regional | <ul style="list-style-type: none"> • Work with regional health equity coalitions and community partners to respond to and prevent sexually transmitted infections and Hepatitis C, focused on reducing health disparities and building community relationships and resources. | \$499,923 |

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|---|--|-----------|
| Health Equity Coalition | <ul style="list-style-type: none"> Promote HPV vaccination as an asset in cancer prevention. | |
| Lane, Benton, Lincoln and Linn counties; Oregon State University | <ul style="list-style-type: none"> Establish a learning laboratory to facilitate cross-county information exchange and continuous learning. Implement an evidence-based quality improvement program (AFIX) to increase immunization rates. Pilot three local vaccination projects: <ul style="list-style-type: none"> Hepatitis A vaccination among unhoused people in Linn and Benton counties; HPV vaccination among adolescents attending school-based health centers in Lincoln County; Pneumococcal vaccination among hospital discharge patients in Lane County. Establish an Academic Health Department model with Oregon State University to extend public health capacity and support evaluation. | \$693,517 |
| Marion and Polk counties; Willamette Valley Community Health CCO | <ul style="list-style-type: none"> Focus on system coordination and disease- and population-specific interventions to control the spread of gonorrhea and chlamydia. Increase HPV immunization rates among adolescents. | \$463,238 |
| North Central Public Health District; Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union, and Wheeler counties; Eastern Oregon CCO; Mid-Columbia Health Advocates | <ul style="list-style-type: none"> Establish a regional epidemiology team. Create regional policy for gonorrhea interventions. Engage community-based organizations to decrease gonorrhea rates through shared education and targeted interventions. | \$495,000 |
| Washington, Clackamas and Multnomah counties; Oregon Health Equity Alliance | <ul style="list-style-type: none"> Develop an interdisciplinary and cross-jurisdictional communicable disease team. This team will focus on developing and strengthening surveillance and communications systems to facilitate the timely collection of information and data, create surge capacity and communicate about outbreaks. With leadership and guidance from the Oregon Health Equity Alliance, this cross-jurisdictional team will develop culturally responsive strategies that: <ul style="list-style-type: none"> Identify and engage at-risk communities. Reduce barriers (e.g., language, stigma, access to care) to infectious disease control, prevention and response. Both qualitative and quantitative evaluation methods are included in the overall design. Evaluation results will guide implementation of best practices across the region focused on reducing and eliminating the spread of communicable diseases. | \$679,999 |

Feedback from local public health authorities

Subcommittee recommendation

What is the subcommittee's recommendation for distributing funds to LPHAs if funding remains at \$3.9 million for the 2019-21 biennium?

Subcommittee recommendations for increased funding to LPHAs (\$5 million to \$10 million) – initial discussion

- Between \$5-10 million, all LPHAs receive floor funding through the local public health funding formula. The remainder of funds are distributed through grants to support LPHA projects and partnerships.
 - Floor funding ranges from \$30,000-\$105,000, based on county population.
 - Allows all LPHAs to increase capacity to address community's need and participate in modernization projects and partnerships
- At a higher funding level, what changes does the subcommittee recommend to the current funding structure?
 - Describe Washington State's current funding model.

Subcommittee business

- Confirm that Alejandro will provide subcommittee update at February 21 PHAB meeting.
- Confirm that Akiko will chair the March 12 subcommittee meeting.

Public comment

Adjourn