

Public Health Advisory Board (PHAB)

Incentives and Funding Subcommittee meeting minutes **DRAFT**

July 11, 2017

1:00-2:00 pm

Welcome and roll call

Meeting Chair: Jeff Luck

PHAB members present: Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

Oregon Health Authority (OHA) staff to the subcommittee: Sara Beaudrault, Cara Biddlecom, Chris Curtis, Angela Rowland

June meeting minutes

A quorum was present. The June 13<sup>th</sup> meeting minutes were unanimously approved.

Legislative update

Jeff announced that the legislature allocated \$5M for public health modernization in the OHA budget for the 2017-19 biennium.

The modernization of public health House Bill 2310 passed unanimously. It makes small changes to how public health modernization will be implemented. Of note to PHAB:

- OHA must submit a biannual report to Legislative Fiscal Office that includes an estimated cost to implement public health modernization fully, on how state funds were used, and reports on accountability metrics.
- HB 2310 adds a seat to PHAB for a member of a federally recognized tribe, or an individual who represents federally recognized tribes.

Concept for scope of work and funding allocation

Jeff reminded subcommittee members that the original funding recommendation from PHAB for 2017-19 was \$30M. Over the past few months the subcommittee has made recommendations for how smaller funding amounts would be allocated to local public health. PHAB reviewed this subcommittee's recommendations in June and did not recommend any changes.

Tricia asked whether the entire \$5M would be allocated to local public health. Approximately \$1.1M will remain with OHA. The scope of work document for review today provides additional information. Cara stated that the work should be planned based on a year and a half of implementation since funds will not be allocated until 1/1/18.

Sara provided an overview of the guidance and recommendations for how limited funds should be used in 2017-19.

PHAB recommendation: (from May 18 meeting)

- Oregon Health Authority Public Health Division funds should be focused on the local public health system.
- Request for proposals for pilot sites should not allow a disadvantage for smaller or less resourced counties.
- Funds be allocated to a group of counties that self-identify as working together.
- Funds should go to all local public health authorities to implement cross-jurisdictional sharing.
- Identify a key capability.

CLHO and JLT recommendation: (from June 8 meeting)

- Funds should address a specific health outcome to demonstrate process
- Prioritize capacity building and planning.
- Ensure all LPHAs are able to move forward with an investment.
- Limit a possible have/have not scenario by directing funds to all size bands.
- Support regional approaches.

- Limit specific requirements for the delivery of foundational capabilities and programs
- Utilize OHA resources to increase capacity across the public health system.

Sara reviewed the concept for the scope of work and funding allocation. Under this concept, local public health could receive funding under two tracks.

### **Track 1** Regional partnership implementation

The majority of funds will be awarded to regional partnerships that will implement a regional strategy for communicable disease control and reducing health disparities.

### **Track 2** Regional partnership capacity building

A small portion of available funds will be awarded to applicants for building capacity for regional partnerships and strategies. Applicants under this track will focus funding on developing a regional partnership and are not required to implement regional strategies for communicable disease control and reducing health disparities. OHA wanted to make sure that less resourced counties have an opportunity to receive funding.

Alejandro inquired how to avoid a situation where smaller counties apply for Track 2 as a default and how to determine when a small local public health authority be ready for Track 1. Sara suggested that LPHAs that qualify would likely aim for Track 1 since more funding will be available. Track 2 should help prepare health departments for Track 1 in the future.

Sara provided more details about the scope of work for Track 1. The Joint Leadership Team will determine the specific work LPHAs would be doing in the following areas.

### **Track 1 Scope of work concept:**

- Form a regional partnership of LPHAs and other stakeholders
- Implement regional strategies to control communicable disease
- Implement regional strategies to reduce health disparities
- Develop and monitor a regional work plan
- Participate in learning communities and ongoing evaluation

- Develop initial public health modernization sustainability plans to ensure continuity of regional strategies after the 2017-19 biennium

Tricia asked if the funds will be allocated for every county. Sara said that there is not an intent to fund every county necessarily as counties need to work together to develop regional partnerships. OHA will distribute all funds that are available with the broadest reach and impact.

Alejandro suggested that health equity needs a stronger focus in this scope of work. Cara said that JLT looked at the deliverables in the Public Health Modernization Manual for health equity and cultural responsiveness and prioritized some deliverables for this scope of work. She thinks it will be useful to look at data by race and ethnicity in the partnership to identify and plan regional strategies.

Tricia also suggested that the health equity language be made stronger. She appreciated the partnership focus and recommends incorporating how decisions are made and how power is distributed. She recommended combining the communicable disease and health equity pieces of the scope of work, rather than having them listed as separate sections.

Tricia and Jeff inquired about whether JLT made recommendations for health outcomes to work toward. Tricia suggested that the scope of work should focus on strategy development specifically intended to move the needle on health outcomes. Cara stated that JLT discussed concentrating on STD prevention. However, due to local context and regional differences in communicable disease a more broad focus on communicable disease tailored to local need. Also, the PHD HIV, STD, and TB program will be releasing a grant to concentrate specifically on HIV and STD prevention for the state. Cara sees this as a way to build capacity to address any communicable disease strategies. With the \$5M investments public health will need to change the way services are being delivered at the local level.

### **Track 2 Scope of work concept**

1. Explore formation of a regional partnership of LPHAs and other stakeholders
2. Explore regional strategies for communicable disease control and reducing health disparities
3. Develop and monitor a work plan

#### 4. Participate in learning communities and ongoing evaluation

Jeff would like the deliverables to be stronger, #2 instead of “explore”, say “identify” or “develop” regional strategies. Tricia recommends requiring a partnership as an outcome of funding with at least one memorandum of understanding. Track 2 LPHAs should be expected to develop and adopt a regional strategy. Alejandro clarified that if one LPHA receives funding and subsequently partners with another LPHA, the fiscal agent could share or redistribute funds. He recommended clarifying this in the RFP. Track 2 should be a building block for Track 1.

Tricia recommended two resources for informing this capacity-building track: Office of Equity and Inclusion’s Year 1 funding for RHECs, and the Kaiser Permanente Community Fund.

Alejandro asked about the concept of learning communities that has been previously discussed. He recommends tying learning communities to the scope of work under the two tracks.

#### **Concept for funding allocation**

In all, \$3.9M will be allocated to LPHAs. The majority (\$3.6M in this concept proposal) would be allocated to Track 1. PHAB members recommended using ranges to allow for flexibility in case more LPHAs apply under Track 2.

Cara clarified that these dollars cannot be used to supplant existing funding.

OHA is required to specify how proposals are scored and how decisions are made to award funding before an RFP is released. This is a formal process, and OHA will convene a panel of reviewers.

Cara asked subcommittee members whether they are in support of including Track 2 funding, which has not been discussed until this point. Subcommittee members expressed their support.

#### *Subcommittee Business*

Jeff will lead this discussion at the July 20th PHAB meeting.

Public Comment

No public testimony.

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