AGENDA

PUBLIC HEALTH ADVISORY BOARD
Incentives and Funding Subcommittee

June 17, 2019
12:00-1:00 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
Please do not put your phone on hold – it is better to drop the call and rejoin if needed.

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

Meeting Objectives
- Approve May 14 meeting minutes
- Make recommendations for distributing funds to local public health authorities

12:00-12:05 pm	**Welcome, introductions and updates** • Approve May 14 meeting minutes • Hear updates from subcommittee members	Bob Dannenhoffer, Meeting Chair
12:05-12:10	**Modernization funding for 2019-21** • Hear update on final funding amount for public health modernization in 2019-21	Sara Beaudrault, Oregon Health Authority
12:10-12:45 pm	**LPHA funding above $10 million – planning scenario** • Discuss feedback provided to OHA by local public health officials • Discuss and make recommendations for distribution of funding to LPHAs at a funding level above $10 million	Bob Dannenhoffer, Meeting Chair
12:45-12:50 pm	**Subcommittee business** • PHAB will not hold a business meeting in June. • Unless additional needs arise, this subcommittee is on hiatus through the summer.	Bob Dannenhoffer, Meeting Chair
12:50-12:55 pm	**Public comment**	
12:55 pm	**Adjourn**	Bob Dannenhoffer, Meeting Chair

Public Health Advisory Board (PHAB)
Incentives and Funding Subcommittee meeting minutes
May 14, 2019
1:00 p.m. - 2:00 p.m.

PHAB members present: Carrie Brogoitti (by phone), Dr. Jeff Luck (by phone), Alejandro Queral (by phone), Akiko Saito (chair)
PHAB members absent: Dr. Bob Dannenhoffer
Oregon Health Authority (OHA) staff: Sara Beaudrault, Krasimir Karamfilov, Danna Drum, Monty Schindler

Welcome, introductions, and updates

Ms. Beaudrault introduced the meeting and thanked everybody for joining.

A quorum was present. Ms. Saito asked the subcommittee members to review the meeting minutes from April 9, 2019, before the subcommittee approved the minutes.

Ms. Saito asked if the subcommittee would entertain a motion to approve the meeting minutes. Mr. Queral made a motion to approve the meeting minutes. Dr. Luck seconded the motion. The subcommittee approved the previous month's meeting minutes unanimously.

Mr. Queral requested a correction of his title on page 4 of the April 9, 2019, meeting minutes.

Ms. Beaudrault informed the subcommittee that OHA was on track with its planning to distribute funding to the eight LPHA partnerships, starting in July 2019, so that there is no break in funding for those partnerships. Additional planning is ongoing for the distribution of funds in the $5-10 million range to the LPHAs. OHA's plan is to bring all these recommendations at each tier of funding back to the subcommittee, so that the subcommittee can look at them comprehensively and make any adjustments.

County investments in public health

Ms. Drum and Mr. Schindler introduced themselves to the subcommittee. Mr. Schindler is a fiscal analyst in the Public Health Division.

Ms. Drum explained that because the PHAB's funding formula has a matching funds component, required by statute, OHA has collected data on local county investment in public health over the last two years. Total county public health expenditures for the state was $69.2 million. The amount for each county would become the baseline by which matching funds would be determined at some point in the future, through the public health modernization funding formula for local public health authorities. Total in-kind county support was 812K. Total

local investment was $70 million. Total local investment per capita in the state ranges from $3.54 to $69.78. This range is typical with what has been found over the years with this data.

Ms. Schindler remarked that in-kind support was defined as non-cash, such as unpaid volunteers and having access to a building without paying rent, among others.

Mr. Queral pointed out that volunteers should not be included as in-kind support from public health, unless government workers volunteered their time.

Mr. Schindler agreed with Mr. Queral and stated that the example he gave was to illustrate the model of in-kind support, not to say that any county has reported volunteer services. When counties are not paying money for services related to public health, that is in-kind investment.

Ms. Drum added that local government support (i.e., revenue the county generated) is part of in-kind support, items such as insurance reimbursement and license fees. Local government public health investment by category includes: prevention and health promotion (32%), environmental health (26%), administrative (15%), access to clinical prevention (10%), communicable diseases (10%), cross-cutting and leadership (5%), emergency preparedness (2%). Although prevention and health promotion received the biggest portion of the funds, local public health officials reported that those efforts were underfunded. The categorical information is based on what the LPHAs reported to OHA. These data, however, have not been validated by the OHA. Only the $70 million investment has been validated.

Ms. Drum explained that the category *cross-cutting and leadership* was created because when OHA asked the LPHAs to report their investment categories, there were some investments that cut across multiple categories or were such core infrastructure that couldn't be assigned to a single programmatic area. Counties did a great job indicating in which category their local investments had gone.

Ms. Saito expressed a surprise that the category *emergency preparedness* received so little support. She asked Ms. Drum if tribes in Oregon did similar reporting of local public health investments.

Ms. Drum answered that there are no immediate plans to collect public health expenditures from tribes.

Ms. Beaudrault noted that OHA got solid data this year. If we get a level of funding that triggers us to turn on the matching funds component of the funding formula, OHA is well prepared to do that, using these data as baseline and collecting data annually.

Ms. Drum confirmed that OHA is required by rule to collect the data annually.

Ms. Beaudrault stated that the wide range of per capita investment suggested that public health looked very different depending on where a person lived.

Ms. Drum remarked that we are hearing anecdotally that some county governments are really struggling with their budgets moving in to the next biennium.

LPHA funding above $10 million – planning scenario

Ms. Beaudrault remarked that once we reached $10 million in funding, funds would be distributed to all LPHAS through the base funding component of the funding formula. There will be no incentives for meeting accountability metrics for matching funds for local investments, but every LPHA will be receiving funding through the funding formula.

Dr. Luck asked that in the event that we received more than $10 million for LPHAs, would OHA distribute all $11 million through the base component and not continue with funding the cross-jurisdictional partnerships?

Ms. Beaudrault answered that the funding formula was built before the LPHA Partnerships existed. We have always worked under the premise that when we hit $10 million, then all funds to LPHAs would go out on a county-by-county basis through the funding formula. But PHAB can talk about how not to unravel the gains that we have made.

Ms. Saito noted that the subcommittee has not looked at the incentives piece, because the subcommittee first needed the information that Ms. Drum presented. We could think about how to use the funding formula to incentivize regional efforts. Perhaps we could have an incentive and a certain percentage of it goes to the LPHA Partnerships that are funded now. We have an opportunity with funding over $10 million to continue encouraging the good work that has already been done.

Mr. Queral recommended to not rehash the funding formula. He agreed with Ms. Saito that there is an opportunity here to both build on what has already been started, namely, the cross-jurisdictional collaborations and the local projects we have been funding up until now. One idea is, if we get anything above $10 million of funding, to have the first $5 million go out as PHAB has already decided in that category and use the rest of the other $5 million to continue to support the existing LPHA Partnerships, or additional new proposal, but these would go through an RFP. The question is: Do we want to open it for all LPHAs, or do we want to use the additional dollars to bring in new LPHAs and new partnerships within LPHAs for that purpose? If we get that much money, it's an opportunity to bring all LPHAs to a healthier level of funding and begin to use the incentives as we had originally thought.

Ms. Saito asked if the first $5 million would be used as we have it in the pyramid graph and the other $5 million, instead of using it through the funding formula, would be money for which we would do an RFP process.

Mr. Queral confirmed that that was the idea. Unless it is a significant amount of money above $10 million, we won't change the approach we have already defined. There is no need to overcomplicate the process, when we are not talking about a lot of money, and we could help by bringing more base funding to local health departments and continue to incentivize the other pieces of work.

Dr. Luck suggested to stay with the subcommittee's recommendation for how to spend the first $7 million and allocating anything over $7 million according to the indicators in the rest of the funding formula.

Ms. Saito clarified that above $7 million, we would put out the money through the funding formula.

Dr. Luck confirmed that that was correct.

Ms. Beaudrault shared with the subcommittee that she has been looking at the funding formula, trying to translate how much the LPHA partnerships are receiving now through the partnership and then how that translates to the funding each LPHA would receive if funds were to go out to each LPHA at the $10 million level. The big winners for just using the funding formula would be extra-large counties. Right now, the tri-county LPHA partnership has a maximum award of 700K. If funds were to get out through the funding formula, they would be getting more like $3.5 million. It is a big difference and a real incentive for that group to not stay together. In other areas, the individual counties would receive only a very small increase in funding over what they receive now through the partnership. This brings up an equity issue.

Dr. Luck clarified that if we switched to full-on funding formula, once we reached $10 million, the proportion going to the largest counties would grow dramatically.

Mr. Queral noted that Ms. Beaudrault's point could create a disincentive, which is why Mr. Queral suggested to not tinker with the funding formula, but instead, because of the limitations of the funding, to change the framework for the funding so that, in the spirit of achieving some degree of equity, we continue to create incentives. Let's say that we get $10 million and have above $10 million in funding. Could we divide the $10 million in half, so that $5 million goes to fund the base funding across the board, so it's prorated and follows the funding formula, and the other $5 million goes towards the incentives, regardless of whether it goes through a RFP process, and the money is allocated specifically to create and continue investing in those counties and partnerships that are moving in that direction?

Ms. Saito remarked that the point Ms. Beaudrault had brought up was about the larger counties receiving enough money that they would not necessarily need to stay together. We sort of take off the incentive of working together. The question is: How do we build an incentive, so that when we put the funds out, there is an incentive for people to work together? Maybe we say to the partnerships that if they continue with their original project, they will get 5% more funding, or if they stay together with at least two other counties.

Dr. Luck pointed out that the funding formula doesn't take into account LPHAs working together. Every LPHA is a separate line item. None of the subcommittee's discussions about the funding formula included an aspect of incentivizing partnerships.

Ms. Saito agreed that that was one of the missing pieces in the conversation. The way the funding formula is set up, it is giving more money for several things that are population-based, such as language access.

Dr. Luck stated that his idea of allocating the first $7 million to the partnerships plus the floor portion of the base component would mean that, in the next biennium, the counties would start out continuing what they are doing now and that any dollars over $7 million would go out according to the other base component columns (i.e., burden of disease, health status, etc.), which are population-based and the larger portion would go to the largest counties, which was built into the formula originally.

Ms. Beaudrault agreed with the comments about the funding formula. When the formula was built in the county by county traditional funding methodology, the partnerships and the cross-jurisdictional sharing could not be built into it. In terms of the eight partnerships, a lot of those eight partnerships represent work that the counties have wanted to do for a long time. It is the right fit for their area of the state. There are some areas where counties are working in partnership and doing a really great job, but structurally, it might not make sense for their area of the state to be lined up like they are. It is worth thinking about how we allow flexibility for a group to step out of their partnership, if it's not the right long-term model, while also supporting the ones that want to keep going with that model, and perhaps even incentivizing them.

Dr. Luck admitted that he felt reluctant to make a recommendation about this without hearing from the LPHA members of the subcommittee and from CLHO.

Ms. Beaudrault agreed that the discussion today was a first pass recommendations and a formal process will be done to get feedback from CLHO.

Ms. Saito remarked that the points Mr. Queral and Dr. Luck brought up were important for the discussion. Her recommendation is to pose the questions discussed during this meeting to the LPHA members of the subcommittee.

Ms. Brogoitti stated that it was difficult for her to comment while driving and not having the materials in front of her. She requested a little bit of time to think about the funding and look at the materials. She proposed to continue the discussion during the next subcommittee meeting.

Mr. Queral remarked that instead of the subcommittee proving a report to the PHAB, it would be better to invite 15 minutes of discussion and input from the local health department representatives who will be at the meeting. This would be in addition to the continued discussion of the subcommittee.

Dr. Luck commented that this suggestion is very much in the spirit of how the PHAB is constituted.

Ms. Saito added that the subcommittee would not do a report out, but just talk about the highlights of the subcommittee's discussion, and then open the conversation to others, especially those who represent LPHAs. The goal today was not to make a decision, but to talk through and get thoughts and creative ideas about how to present the suggestions to the larger group. In the end, we don't know if we are going to get more than $5 million.

Ms. Beaudrault stated that the subcommittee would have 15 minutes during the PHAB meeting on May 16, 2019, to get the feedback of the PHAB.

The subcommittee members agreed that that was a good plan.

Ms. Beaudrault remarked that the meeting minutes of this meeting would include a couple of questions that the subcommittee would like to get PHAB's feedback on.

Question 1: If OHA receives a funding amount that results in $10 million or more allocated to LPHAs, how can we use the funding formula to encourage LPHAs to continue the partnership work, while also allowing flexibility for areas of the state that do not wish to continue the LPHA Partnership or wish to use a different model?

Question 2: How can we use the funding formula to incentivize cross jurisdictional sharing and new service delivery models that strengthen the public health system?

Question 3: If OHA receives a funding amount that results in $10 million or more allocated to LPHAs, would PHAB consider directing some of those funds to partnerships, cross jurisdictional sharing, and new service delivery models, with the remainder going to all every LPHA through the funding formula?

Subcommittee business

Ms. Saito confirmed that she would provide a subcommittee update at the May 16 PHAB meeting.

Ms. Beaudrault noted that the subcommittee's June 11 meeting would most likely be rescheduled. Dr. Dannenhoffer might chair the next subcommittee meeting.

Public comment

Ms. Saito invited members of the public to ask questions and provide comments.

There was no public comment.

Closing

Ms. Saito adjourned the meeting at 1:54 p.m.

The next Public Health Advisory Board Incentives and Funding subcommittee meeting will be held on June 11, 2019, at 1:00 p.m.

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

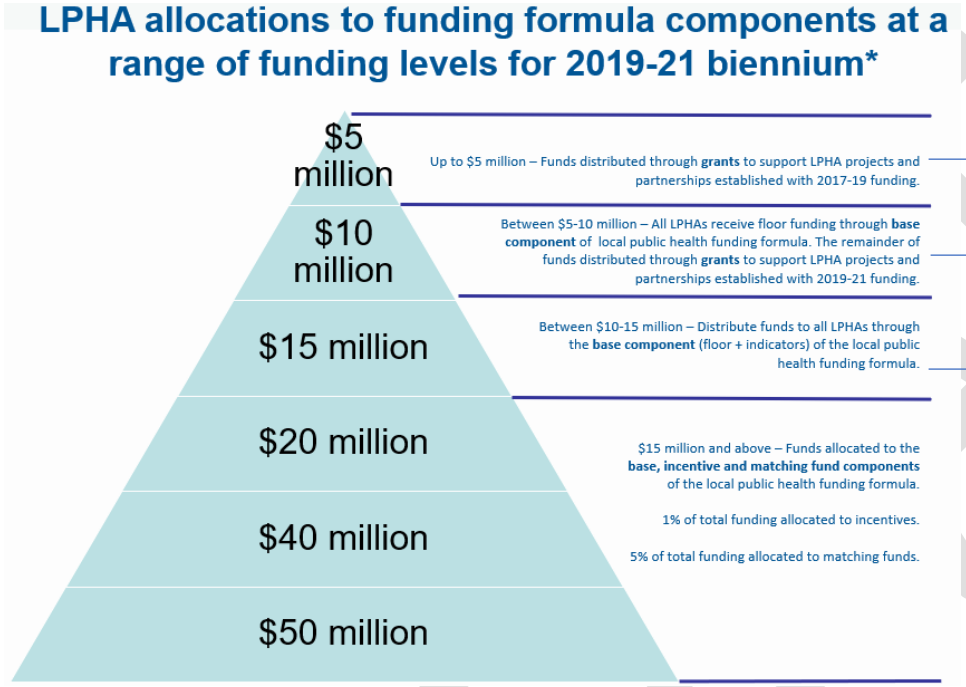
6. Acknowledge how the public health system works to achieve outcomes, and direct funding to close the identified gaps across the system in all governmental public health authorities.

7. Improve transparency about funded work across the public health system and scale work to available funding.

PHAB Incentives and Funding subcommittee

Planning for public health modernization funding to LPHAs, 2019-21 – DRAFT

May 14, 2019



PHAB recommendations for use of funding

Up to $5 million in funding to LPHAs:

1. Continue LPHA Partnerships that are currently funded.
2. Avoid an RFP process.
3. Allow LPHAs that were not involved in 2017-19 to join an existing group.

Between $5-10 million in funding to LPHAs:

1. **$5-7 million:** Provide base funding to all LPHAs, ranging from $30,000 for extra-small counties to $90,000 for extra-large counties.
2. **$7-10 million:** Use funding for new partnership models or new service delivery models. New partnerships or service delivery models must demonstrate benefits to the entire public health system.

Above $10 million in funding to LPHAs:

To be determined.

Recommended budget for 2019-21

- On June 13 the Joint Ways and Means Human Services Subcommittee approved the OHA Public Health Division budget. This budget includes **an additional $10 million for public health modernization, for a total of $15 million** in 2019-21.
- The budget will be finalized by the full Ways and Means committee.

PHAB Incentives and Funding subcommittee
June 17, 2019

Feedback from local public health officials on public health modernization funding to local public health authorities (LPHAs)

Background: OHA convened two calls to hear ideas and feedback from local public health officials**.**

Funding to LPHAs between $5-10 million

1. (Between $5-7 million) If some funding went out to each LPHA in addition to funding LPHA Partnerships, what are initial ideas for how LPHAs would use this funding? What might the work look like in your county? What outcomes would be achieved?
    - Shared/regional positions. XXX counties have a list of positions that could be shared. With current funding they took the top two priorities from the list. With more funding they would move on to the next.
    - Fill existing gaps by hiring LPHA positions. OHA should not emphasize new and innovative approaches because there's not enough to do the core work.
    - Would look at community health assessment and public health accountability metrics.
2. (Between $7-10 million) If some funding were available for new partnerships or service delivery models, what are initial ideas for how you might use these funds?
    - Partnerships with schools to address STIs.
    - Convene planning in health system with multiple CCOs.
    - Implement targeted interventions with vaccine hesitant communities. Communications and outreach for wood burn policy. These interventions could be done in a way that could be replicated in other areas of the state.

Funding to LPHAs above $10 million

- Incentivize LPHA Partnerships.
- Hard to say what is the best approach without modeling.
- Establish baselines across the system, like regional epidemiologists. This would raise the bar for all counties.
- A larger county stated that the level of funding the county would receive would allow the LPHA to focus on prevention. A smaller county stated that their county would not be able to focus on prevention at the level of funding it would receive.
- Regional approach resulted in being funded at a level to bring in capacity and get to prevention. Sustainability is the next thing to address.
- Funding all LPHAs individually with no incentives for regional models would result in disparities for regional projects.

- Some counties do a lot of work regionally, without requirements from OHA.
- The ability to pool resources requires resources, and that's an inequity.
- Ability to pool funds for regional positions depends on local politics.

Attendance:

June 3: Jocelyn Warren (Lane); Jolene Cawlfield (Harney); Caitlin Hill (CLHO); Jennifer Little (Klamath); Hillary Saraceno (Deschutes); Brian Leon (Curry); Nancy Staten (Baker); Florence Pourtal-Stevens (Coos); Trish Elliott (Hood River); Charlie Fautin (Benton); Jessica Dale (Klamath); Jacqui Upstead (Polk); Mike Paul (Columbia); Tricia Mortell (Washington).

June 5: Ben Cannon (Curry); Glenna Hughes (Linn); Rachael Banks (Multnomah); Stacey Gregg (Jackson); Julie Aalbers (Clackamas); Mimi McDonell (NCPHD); Mike Paul (Columbia); Caitlin Hill (CLHO); Jackson Baures (Jackson); Muriel DeLaVergne-Brown (Crook).

2019-21 funding to LPHAs

Given PHAB subcommittee discussions and feedback from local officials, OHA intends to use funds to support regional models and distribute funds to all LPHAs through the funding formula.

1. Is this approach consistent with discussions and feedback to-date?
2. Is this approach consistent with PHAB's Funding Principles?
3. What are the subcommittee's high-level expectations for system changes PHAB would expect to see?

Subcommittee business

- No subcommittee update to PHAB in June.
- Unless additional needs arise, this subcommittee is on hiatus through the summer.

Public comment

Adjourn