

AGENDA

PUBLIC HEALTH ADVISORY BOARD

May 9, 2024, 3:00-5:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1603086166?pwd=aGgvUjFENXdadzZvLzZZZStWKzR6QT09>

Meeting ID: 160 308 6166

Passcode: 955876

One tap mobile

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Meeting objectives:

- Approve April meeting minutes
- Recruit members for the Accountability Metrics subcommittee
- Discuss opportunities for aligned work with the Oregon Health Policy Board's Health Equity Committee
- Hear about current Preventive Health and Health Services Block Grant priorities and funding
- Discuss public health modernization priorities and funding formula
- Discuss a PHAB Retreat

3:00-3:10 pm Welcome, board updates, shared agreements, agenda review

- Welcome, board member introductions and icebreaker: share one thing you want to have for a PHAB retreat this fall
- Share group agreements and the Health Equity Policy and Procedure
- OHA staff updates
- **ACTION:** Approve April meeting minutes

Veronica Irvin,
PHAB Chair

3:10-3:20 Accountability Metrics subcommittee recruitment

Veronica Irvin

-
- Identify 2-3 members to join the subcommittee
-

**3:20-3:55
pm**

Oregon Health Policy Board's Health Equity Committee

- Review OHPB committees and priorities
- Hear about the OHPB's Health Equity Committee (HEC), including committee priorities
- Discuss opportunities to align and strengthen connections between HEC and PHAB in 2024

Maria Castro
and Alex
Freedman,
OHA

**3:55-4:10
pm**

Preventive Health and Health Services Block Grant

- Discuss current year's funding and priorities

Sara
Beaudrault,
OHA

**4:10-4:20
pm**

BREAK

**4:20-4:50
pm**

Public health modernization priorities and funding formula

- Hear update on OHA budget development and recap of April priorities discussion
- Hear overview of required updates to the funding formula
- PHAB will vote to approve the 2025-27 funding formula in June.

Cara
Biddlecom,
OHA and PHAB
member

Steve Fiala and
Sara
Beaudrault,
OHA

**4:50-5:00
pm**

Retreat planning

- Discuss ideas for a Fall in-person retreat. What would members like to accomplish together?

Veronica Irvin,
PHAB Chair

5:00-5:10 pm Public comment

Veronica Irvin,
PHAB Chair

5:10 pm Next meeting agenda items and adjourn

- Vote to approve 2024-25 Preventive Health and Health Services Block Grant work plan
- Vote to approve updates to the public health modernization funding formula
- Learn about OHA budget and COVID-19 impacts
- Review first deliverable for Public Health System Workforce Plan
- Member-identified topics

Veronica Irvin,
PHAB Chair

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 Sara Beaudrault: at 971-645-5766, 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



Public Health Advisory Board meeting minutes **DRAFT**

April 11th, 2024, 3:00-5:20 pm

Attendance

Board members present: Sarah Present, Tameka Miles Brazile, Mary Engrav, Heather Kaisner, Ana Gonzalez, Jenny Withycombe, Marie Boman-Davis, Veronica Irvin, Meghan Chancey, Kelle Little, Dianna Hansen, Bob Dannenhoffer, Cara Biddlecom, Brenda Johnson

Board members excused: Mike Baker, Dean Sidelinger, Nic Powers, Jawad Khan, Jackie Leung, Kelly Gonzales, Ryan Petteway

OHA Staff for PHAB: Sara Beaudrault, Kari Christensen, Kirsten Aird, Tamby Moore, Eugene Pak, Suzanne Cross

Welcome and shared agreements; board updates

Presented by Veronica Irvin; Kirsten Aird

- PHAB members, subcommittee and workgroup members and staff introduced themselves.
- There was an announcement about Cara Biddlecom's coming departure from OHA later this summer.
- Kirsten Aird gave updates about the Public Health Director recruitment process. It was noted that a director could potentially be appointed by June of this year.

- Updates about the 2025 POP (policy option package) and LC (legislative concepts) process were shared. It was mentioned that the current landscape indicates that large new investments in public health are unlikely.
- Group agreements were shared.

March meeting minutes vote

- Kelle Little motioned to approve the March meeting minutes; Marie Boman-Davis seconded the motion.
- Vote passed unanimously.

Oregon Health Policy Board 2024 Priorities presentation

Presented by Tara Chetock; Brenda Johnson

- Tara Chetock shared a presentation on the Oregon Health Policy Board's priorities in 2024.
- The primary aim of this presentation was to foster conversation among members and strengthen the connections between the PHAB and the OHPB
- Tara Chetock provided an overview of the history of the OHPB and the role it serves as the governing body for the Oregon Health Authority in terms of policymaking.

- The board also oversee 11 subcommittees, each with unique approaches to their respective work plans and statutory requirements.
- Improving information sharing between the board and PHAB was suggested. Regular report outs, having a staff member regularly attend the board meetings, and sharing committee digests were some of the methods proposed.
- The board's priorities, guided by the Governor's directive, were discussed. The priorities include health equity, reducing healthcare costs, increasing affordability of health services for Oregonians, leading role in CCO procurement, and focusing on health policy metrics.
- Sarah Present asked a question about the alignment between the Health Policy Board and other committees. She noted that the Health Policy Board could potentially have limited capacity due to the number of members that sit on the board.
- This led to discussion about the intentionality of the work between committees and how strategic planning across OHA could potentially bridges the gaps that were previously mentioned.

PHAB bylaws change vote

Presented by Veronica Irvin; Kirsten Aird

- PHAB Members were asked to vote on changes to the language of the bylaws.

- Last month, members voted to change the bylaws so that the chair position vote/change would happen on odd numbered years instead of even numbered years. This was due to a disruption in the voting cycle due to Covid-19.
- This vote was to change the language of the bylaws to reflect the changes that members voted for previously
- A roll call vote was established.
- Member votes:
 - Marie Boman- Davis: Yes
 - Sarah Present: Yes
 - Tameka Miles Brazile: Yes
 - Mary Engrav: Yes
 - Ana Gonzalez: Yes
 - Heather Kaisner: Yes
 - Bob Dannenhoffer: Yes
 - Veronica Irvin – Yes
 - Meghan Chancey – Yes
 - Jenny Withycombe – Yes
 - Dianna Hansen – Yes
- The bylaw changes were approved.

PHAB workgroup updates

Presented by Kari Christensen; Sara Beaudrault

- Kari Christensen gave a brief update about the Public Health Workforce Workgroup. It was noted that the workgroup is currently in the review process of the report provided by WYSAC (Wyoming Survey and Analysis Center). It was also mentioned that due to the review process, the workgroup did not meet in April.
- Sara Beaudrault provided a brief update about Health Equity Framework Workgroup. It was noted that the workgroup would have a deliverable for PHAB to review for the June PHAB meeting.

Public Health Modernization Priorities

Presented by Sara Beaudrault; Veronica Irvin

- Sara Beaudrault shared a presentation about the Public Health Modernization priorities.
- This presentation is reflected on pages 18 – 36 of the meeting materials.
- An overview of the public health modernization process was shared, highlighting the history of public health modernization efforts, the organizations that make up the modernization landscape, and the dollar figures tied to the historical funding of the process.

- An assessment was conducted in 2016 to determine the funds needed for public health modernization, which resulted in an additional 210 million needed per biennium. A new assessment is being prepared for 2024 to reflect the costs for OHA, local public health authorities, federally recognized tribes, and CCOs.
- PHAB's role in the modernization process was also noted in the presentation, focusing on how the PHAB develops priorities for the next biennium every two years.
- PHAB's work is used to develop funding requests and inform decisions about how funds are allocated.
- In 2022, PHAB asked OHA to change its approach to engagement, leading to more inclusive conversations with partners.
- Veronica noted investment priorities and planning in the context of uncertainties about funding.
- The goal is to set priority areas for public health modernization, including continuing, new, and future areas.
- For the priorities identified by in 2023, a \$286 million funding request was put forward by OHA, and the Legislature allocated \$50 million for specific priorities that included:

- Public health workforce development and retention
- Equity initiatives
- Response to public health threats
- Communicable disease control and prevention
- Reproductive health provider network
- The priority areas were discussed, with a focus on what areas should be continued, added, or removed.
- Mary Engrav voiced her concern about the lack of access to preventive health services and the dismal state of preventative healthcare services for those with behavioral needs.
- Heather Kaisner highlighted the challenges faced due to the decrease in COVID dollars and the increasing use of modernization funds to cover core mandated services. Bob Dannenhoffer agreed with Heather and suggested that access to preventive health services and chronic disease prevention are areas where Oregon has done particularly badly, and additional funding would be helpful.

- Tameka Brazile Miles supported the focus on chronic disease prevention and access to preventive services, highlighting the impact of the COVID pandemic on those living with chronic disease.
- Ana Gonzalez shared her experience in Washington County and emphasized the importance of access to preventive health services and communicable disease control.
- Marie checked her understanding of the access to preventative health services priority and suggested that clinical preventative services is a natural extension of the current priorities.
- Cara provided context around the mix of increased state general fund investment in public health and decreased federal investment.

Public Comment

- No public comment

Upcoming meeting topics and PHAB business

Presented by Veronica Irvin

- The board members expressed interest in having an in-person retreat in late fall 2024.
- They also discussed potential topics for future meetings, including youth engagement and the OHA budget and Covid impacts.

Meeting adjourned at 5:20PM

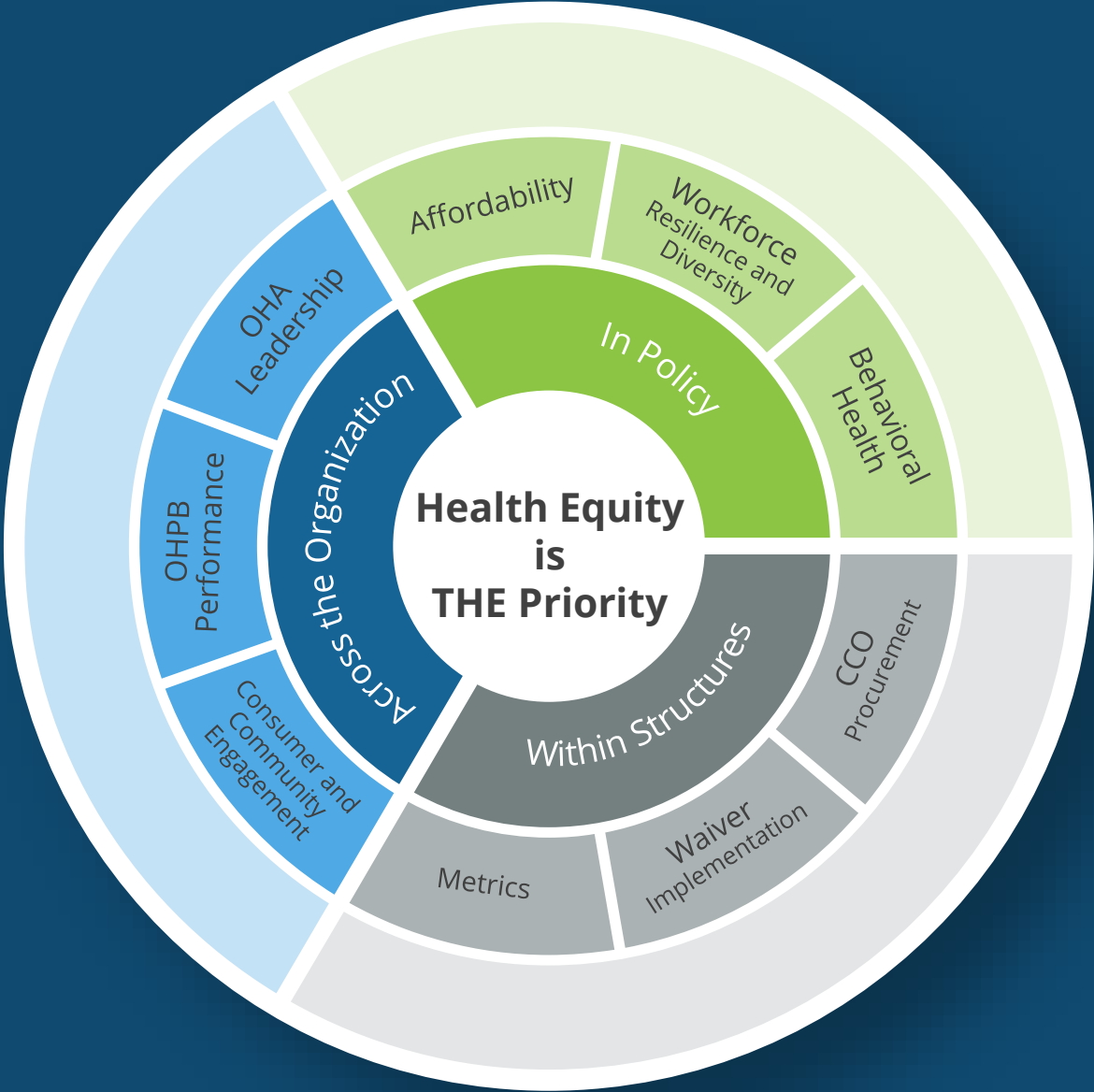
Accountability Metrics Subcommittee

- Current members (4)
 - PHAB: Sarah Present and Mary Engrav
 - Community partners: Cristy Muñoz and Kat Mastrangelo
- **Need to identify 2-3 additional PHAB members for critical work in 2024-25.**
- 2024-25 work includes: metrics alignment discussions with groups like CCO Metrics and Scoring; equity benchmarking strategy, community engagement, annual reports

Oregon Health Policy Board

2024-25 Priority Framework

OHPB Approved 12/4/23

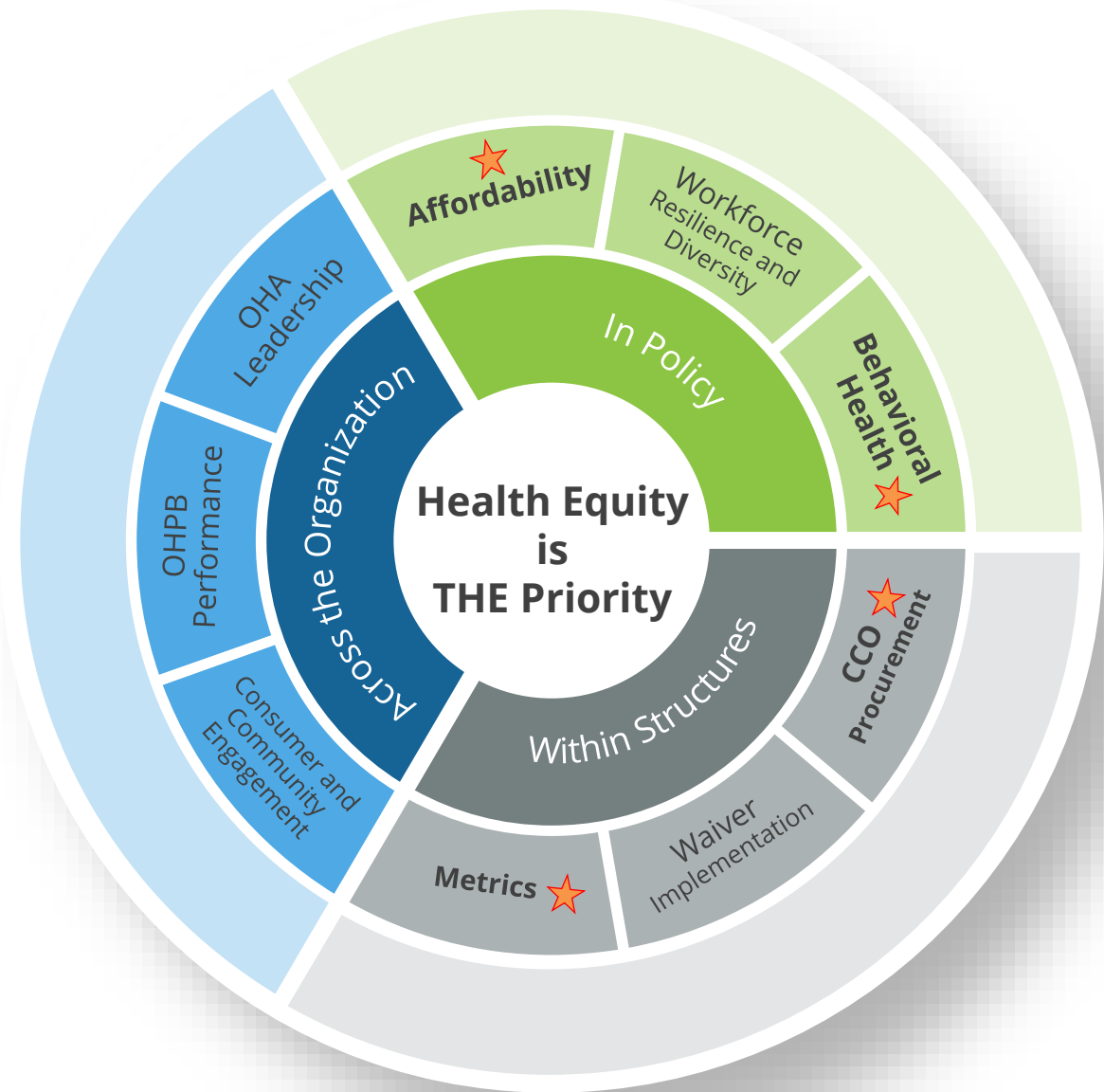


Alignment of OHPB Committee Work

Specific details to be determined

Committees and Champions*

Board Leadership
Liaison to Governor
Health Equity Committee



Committees and Champions*

Cost Growth Target Committee
Health Equity Committee
Health Insurance Marketplace
Advisory Committee
Healthcare Workforce Committee
Primary Care Payment Reform
Collaborative
Behavioral Health Committee

Committees and Champions*

Medicaid Advisory Committee
Metrics and Scoring Committee
Health Equity Committee
Health IT Oversight Committee
Public Health Advisory Board
Behavioral Health Committee

★ Indicates OHPB priority areas

* Committees and Champions dedicating extra time and focus

OHPB Committee Appointment

Appointed by Governor	
Oregon Health Policy Board (OHPB)	Medicaid Advisory Committee (MAC)
Health Insurance Marketplace Advisory Committee (HI-MAC)	Public Health Advisory Board (PHAB)

Appointed by OHPB	
Health Information Technology Oversight Council (HITOC)	Health Plan Quality Metrics Committee (HPQMC) – paused
Health Care Workforce Committee (HCWF)	Health Equity Committee (HEC)
Cost Growth Target Advisory Committee (CGTAC)	

Appointed by OHA	
Primary Care Payment Reform (PCPRC)	Behavioral Health (BH) – newest
Metrics and Scoring Committee (M&SC)	

Eleven subcommittees!!

Health Equity Committee (HEC) Workplan, Goals, and Collaboration Opportunities

Maria Castro, *Equity & Inclusion Division*
Alex Freedman, *Equity & Inclusion Division*



Equity and Inclusion Division - Health Equity Committee

Presentation Outline

HEC Structure

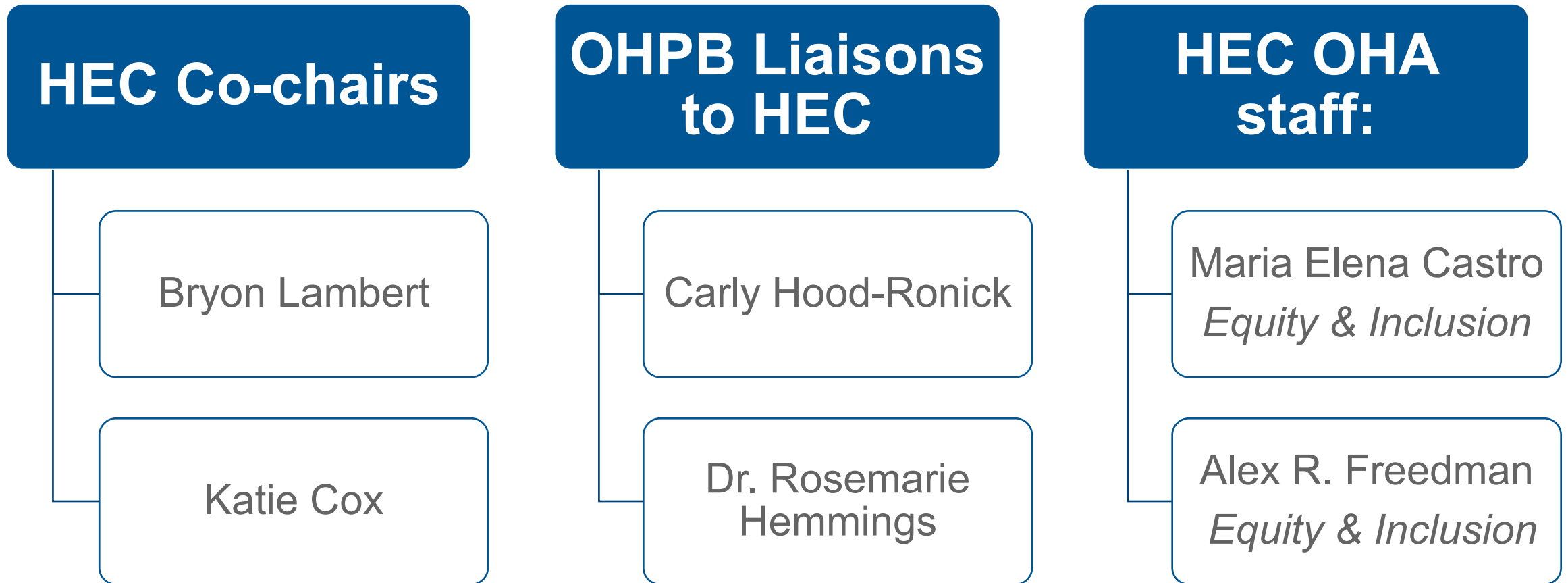
A large blue downward-pointing arrow connects the 'HEC Structure' box to the 'HEC Strategic Plan' box.

HEC Strategic Plan

A large blue downward-pointing arrow connects the 'HEC Strategic Plan' box to the 'HEC & PHAB Collaboration' box.

HEC & PHAB Collaboration

Health Equity Committee Structure



About the Health Equity Committee

HEC History:

HEC was established by the Oregon Health Policy Board (OHPB) in 2017.

Health Equity Definition:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

HEC Strategic Workplan

Our goals:

- Make charter actionable
- Represent member & community voice
- Set SMARTIE goals
- Anchor health equity as a priority for OHA and OHPB through member and leadership transitions

Our Process:

HEC member-driven: work was done by HEC members with staff support via weekly meetings

Engaged a consultant: former HEC member, Michael Anderson-Nathe provided facilitation and strategy support

Multiple HEC engagement formats: HEC strategic workgroup, HEC annual retreat, surveys, one-on-one meetings, and mostly HEC meetings

Utilized Community Input: Incorporated feedback from prior and new OHA, OHPB, and HEC community engagement efforts

Making time for critical conversations: prioritizing meaningful and sometimes difficult conversations

HEC Strategic Workplan

Our goals:

- Make charter actionable
- Represent member & community voice
- Set SMARTIE goals
- Anchor health equity as a priority for OHA and OHPB through member and leadership transitions

Our Progress:

- **10 Strategic Goals**
- **25 SMARTIE objectives**
 - 5 Completed, 8 In Process
- **Shareable documents:**
 - HEC workplan Smartsheet dashboard
 - Condensed workplan

HEC Strategic Priorities: Focus Areas

Policy Focus

Using an equity-focused approach and framework, work with OHA, OHPB, Tribal Nations, and Community Partners to steer Health Equity components of health care, health delivery, and legislative policy development, review, adoption, and/or implementation.

Feedback Focus

Provide feedback on OHA's progress towards eliminating health inequities by 2030, advancing health equity and becoming a more culturally and linguistically responsive organization committed to anti-racism and decolonization.

Collaboration Focus

Collaborate with OHA and other OHPB committees to support, guide, and lead their efforts to advance health equity and social justice.

HEC Workplan Goals:

HEC Strategic Goal	Description	HEC's Role
Policy Goal 1: Anti-Racism Approach	Work with E&I division to develop, adopt, and implement an anti-racism approach and practices within OHA	Lead
Policy Goal 2: Equity Toolkit	Compile and/or create an equity toolkit for widespread use at OHA composed of existing or newly developed tools	Advise
Policy Goal 3: HEC relationship building	Create opportunities for relationship building and training among HEC members in and outside of regular HEC meetings	Lead
Policy Goal 4: Community Participation	Create and implement better systems for community participation and voice in HEC meeting (public comment, presentations, reports, etc)	Lead

Task	Description	Assigned To	HEC's Role	Status	Start Date	End Date
- Policy Goal 4: Community Participation	Create and implement better systems for community participation and voice in HEC meeting (public comment, presentations, reports, etc)		Lead	In Progress	01/01/24	04/01/24
+ Develop Committee Compensation Advocacy Strategy	By March 31, 2024, E&I has created a plan for internal advocacy for committee member compensation that includes HEC perspectives.	E&I staff		In Progress	01/15/24	03/14/24
+ Improved Public Engagement	By January 31, 2024, E&I and HEC has created a plan for multiple public engagement strategies to HEC meetings.	E&I staff, HEC Co-chairs		Complete	01/15/24	03/14/24
+ HEC Guest Presenter guidelines	By March 31, 2024, E&I has created a process and guidance document to support presenters in meaningfully engaging with HEC.	E&I staff, HEC Co-chairs		In Progress	01/15/24	03/14/24
+ Community-based Policy Advocacy	By June 30, 2024, HEC has advocated for one community-based policy strategy to OHPB, OHA, Director's Office, and/or Governor's Office, with an accountability plan in place to receive updates on policy development	E&I staff, HEC Co-chairs, HEC Strategic Workgroup, HEC		In Progress	01/01/24	06/30/24
+ Tribal Health Equity	By December 31, 2024, HEC will have organized a listening session with representatives of Oregon's Nine Federally Recognized Tribes on Tribal health equity and integrated their feedback into the 2025 HEC workplan.	E&I staff, HEC Co-chairs, HEC		In Progress	02/01/24	12/15/24

HEC Workplan Goals:

HEC Strategic Goal	Description	HEC's Role
Feedback Goal 1: Community Engagement Framework	Review and provide input into OHA's efforts to promote standards, tools, processes, and vision for community engagement across OHA	Monitor
Feedback Goal 2: Policy Consultation	Develop and pilot a specific process with clear expectations for HEC to provide policy consultation to OHA	Lead
Feedback Goal 3: Ombuds Recommendation Tracking	Develop and pilot a specific process with clear expectations for HEC to provide policy consultation to OHA	Lead

HEC Workplan Goals:

Task	Description	Assigned To	HEC's Role	Status	Start Date	End Date
- Feedback Goal 3: Ombuds Recommendation Tracking	Develop and pilot a specific process with clear expectations for HEC to provide policy consultation to OHA		Lead	Not Started	09/01/24	12/31/24
+ Ombuds recommendation tracking process	By December 31, 2024, HEC will be tasked with tracking 1-3 equity-related recommendations from OHA's Ombuds Program's recommendations from their 2024 6-month reports	E&I staff, HEC Co-chairs, I		Not Started	03/01/24	12/31/24

HEC Workplan Goals:

HEC Strategic Goal	Description	HEC's Role
Collaboration Goal 1: Power Mapping	Clarify and document relationships between OHPB, OHPB committees, and OHA related to communication flows, decision-making, and accountability	Lead
Collaboration Goal 2: OHPB Subcommittee Collaboration	HEC and the other OHPB subcommittees are more aware of each others work, have a process and understanding for how to collaborate, and equity is embedded in their efforts.	Lead
Collaboration Goal 3: relationship building w/ OHA Director's Office and Governor's Office	Develop relationships with new OHA Director and Deputy Directors, and Governor's office to support health equity efforts in Oregon	Advise

HEC Workplan Goals:

Task	Description	Assigned To	HEC's Role	Status	Start Date	End Date
<div> <div></div> Collaboration Goal 2: OHPB Subcommittee Collaboration </div>	HEC and the other OHPB subcommittees are more aware of each others work, have a process and understanding for how to collaborate, and equity is embedded in their efforts.		Lead	In Progress	01/01/24	12/31/24
<div> <div></div> Develop Cross-Committee Collaboration Process </div>	By March 31, 2024, HEC will have developed a pilot collaboration process for HEC and at least 1 other committee. This process will be co-created with the other committee and likely include a liaison role between the two committees.	E&I staff, HEC Co-chairs		In Progress	01/01/24	04/01/24
<div> <div></div> OHPB Committees List & Workplan </div>	By January 31, 2024, HEC will have access to a list of OHPB committees and their focus, as well as the strategic workplan for 3 specific committees that HEC is focused on collaborations with	E&I staff		In Progress	12/01/23	01/31/24
<div> <div></div> Implement Cross-Committee Collaboration plan </div>	By December 31, 2024, HEC will have implemented the collaboration plan with at least 1 other committee	E&I Staff, HEC Co-chairs, HEC		Not Started	04/01/24	12/13/24

Shareable HEC Workplan Docs



[Condensed Workplan](#)



[Smartsheet Dashboard](#)

PHAB & HEC Potential Collaboration Notes

- Anti-Racist Framework contributions to Health Equity Framework
- Public Engagement: “Community Conversations”
- **Next Steps:**

Discussion

Thank you!

Recap of April discussion on public health modernization priorities and funding

At lower levels of additional investment in 2025-27:

- Stay the course on current priorities, with focus on making progress toward accountability metrics priorities (congenital syphilis, immunizations, extreme heat and wildfire smoke)
- Funding to address access to preventive health services and chronic disease prevention needs to be prioritized.
- Loss of COVID funding is having a significant effect on public health budgets, with modernization funds being used to bridge losses. This context needs to be considered in discussions about public health modernization priorities and funding.

Next steps for discussions on public health modernization priorities and funding

- Additional opportunities for PHAB to discuss and provide direction for 2025-27 funding this summer and fall.
- Upcoming PHAB discussions on issues like impacts of loss of COVID funding and opportunities for health system alignment.
- September Capacity and Cost Assessment Report will provide information on progress made since 2017 and funding estimates needed to fully modernize the public health system.

PHAB Incentives and Funding Subcommittee

- Current members: Bob Dannenhoffer, Jackie Leung, Veronica Irvin, Nic Powers, Heather Kaisner
- The subcommittee recommends updates to the public health modernization funding formula for LPHAs every two years.
- The funding formula provides sufficient funding to all LPHAs and advances health equity through use of social and demographic indicators.

Public Health Modernization LPHA Funding Formula

Funding Formula Update: May 2023

July 17, 2023

Public Health Modernization GF for Program Element 51-01

Funding period 10/1/2023-6/30/2025

Total funds available to LPHAs through the funding formula = \$42,393,933

(2021-23 LPHA PHM investment \$33,484,623 + 2023-25 additional investment \$16,950,000) - (FY24 Q1 bridge funding \$3,640,690 + PE 51-02 regional funding \$4,400,000) = Total 21-month PE 51-01 awards

County Group	Population ¹	Base component								Matching and Incentive fund components		Total county allocation				Avg Award Per Capita
		Floor	Burden of Disease ²	Health Status ³	Race/Ethnicity ⁴	Poverty 150% FPL ⁴	Rurality ⁵	Education ⁴	Limited English Proficiency ⁴	Matching Funds	Incentives	Total Award	Award Percentage	% of Total Population	Award Per Capita	
Wheeler	1,436	\$ 400,000	\$ 355	\$ 720	\$ 1,048	\$ 2,256	\$ 8,677	\$ 2,039	\$ 577	\$ -	\$ -	\$ 415,671	1.0%	0.0%	\$ 289.46	
Gilliam	2,071	\$ 400,000	\$ 750	\$ 575	\$ 1,349	\$ 2,636	\$ 12,514	\$ 1,856	\$ 24	\$ -	\$ -	\$ 419,704	1.0%	0.0%	\$ 202.66	
Wallowa	7,541	\$ 400,000	\$ 2,231	\$ 1,756	\$ 3,439	\$ 6,478	\$ 45,567	\$ 6,168	\$ 1,254	\$ -	\$ -	\$ 466,892	1.1%	0.2%	\$ 61.91	
Harney	7,640	\$ 400,000	\$ 3,411	\$ 2,106	\$ 4,712	\$ 12,388	\$ 20,470	\$ 9,724	\$ 1,745	\$ -	\$ -	\$ 454,557	1.1%	0.2%	\$ 59.50	
Grant	7,337	\$ 400,000	\$ 3,212	\$ 1,859	\$ 3,234	\$ 9,768	\$ 44,334	\$ 9,481	\$ 1,906	\$ -	\$ -	\$ 473,793	1.1%	0.2%	\$ 64.58	
Lake	8,246	\$ 400,000	\$ 3,913	\$ 3,379	\$ 5,900	\$ 14,105	\$ 31,556	\$ 15,703	\$ 6,217	\$ -	\$ -	\$ 480,773	1.1%	0.2%	\$ 58.30	
Morrow	12,315	\$ 400,000	\$ 4,118	\$ 7,754	\$ 18,333	\$ 20,397	\$ 34,133	\$ 37,915	\$ 40,089	\$ -	\$ -	\$ 562,739	1.3%	0.3%	\$ 45.70	
Baker	17,148	\$ 400,000	\$ 7,610	\$ 5,814	\$ 8,946	\$ 25,085	\$ 42,490	\$ 21,583	\$ 3,163	\$ -	\$ -	\$ 514,691	1.2%	0.4%	\$ 30.01	\$ 59.45
Crook	26,162	\$ 400,000	\$ 10,332	\$ 11,745	\$ 12,836	\$ 28,723	\$ 75,908	\$ 32,723	\$ 2,705	\$ -	\$ -	\$ 574,971	1.4%	0.6%	\$ 21.98	
Curry	23,897	\$ 400,000	\$ 12,029	\$ 7,879	\$ 15,306	\$ 30,850	\$ 55,928	\$ 26,396	\$ 15,947	\$ -	\$ -	\$ 564,336	1.3%	0.6%	\$ 23.62	
Jefferson	25,404	\$ 400,000	\$ 12,611	\$ 13,061	\$ 50,538	\$ 34,815	\$ 96,895	\$ 42,170	\$ 29,504	\$ -	\$ -	\$ 679,593	1.6%	0.6%	\$ 26.75	
Hood River	23,894	\$ 400,000	\$ 5,497	\$ 6,187	\$ 26,823	\$ 21,023	\$ 75,330	\$ 54,663	\$ 72,955	\$ -	\$ -	\$ 662,479	1.6%	0.6%	\$ 27.73	
Tillamook	27,868	\$ 400,000	\$ 11,606	\$ 9,708	\$ 17,007	\$ 32,584	\$ 117,209	\$ 35,516	\$ 28,266	\$ -	\$ -	\$ 651,895	1.5%	0.7%	\$ 23.39	
Union	26,673	\$ 400,000	\$ 10,820	\$ 8,695	\$ 14,685	\$ 37,739	\$ 67,848	\$ 26,421	\$ 7,105	\$ -	\$ -	\$ 573,313	1.4%	0.6%	\$ 21.49	
Sherman, Wasco	28,733	\$ 800,000	\$ 11,719	\$ 10,223	\$ 50,048	\$ 74,058	\$ 231,030	\$ 100,687	\$ 40,916	\$ -	\$ -	\$ 1,318,680	3.1%	0.7%	\$ 45.89	
Malheur	32,095	\$ 400,000	\$ 12,774	\$ 13,990	\$ 39,668	\$ 61,210	\$ 93,899	\$ 81,131	\$ 56,615	\$ -	\$ -	\$ 759,288	1.8%	0.8%	\$ 23.66	
Clatsop	41,971	\$ 400,000	\$ 17,052	\$ 14,620	\$ 29,993	\$ 47,614	\$ 98,839	\$ 45,092	\$ 20,379	\$ -	\$ -	\$ 673,589	1.6%	1.0%	\$ 16.05	
Lincoln	51,090	\$ 400,000	\$ 24,708	\$ 17,892	\$ 43,806	\$ 66,132	\$ 116,044	\$ 50,644	\$ 27,068	\$ -	\$ -	\$ 746,295	1.8%	1.2%	\$ 14.61	
Columbia	53,156	\$ 400,000	\$ 19,185	\$ 18,418	\$ 33,571	\$ 52,266	\$ 140,081	\$ 69,287	\$ 5,875	\$ -	\$ -	\$ 738,683	1.7%	1.2%	\$ 13.90	
Coos	65,112	\$ 400,000	\$ 31,083	\$ 25,471	\$ 48,776	\$ 100,399	\$ 150,898	\$ 89,293	\$ 18,740	\$ -	\$ -	\$ 864,661	2.0%	1.5%	\$ 13.28	
Klamath	70,848	\$ 400,000	\$ 36,724	\$ 24,020	\$ 71,766	\$ 123,846	\$ 160,883	\$ 112,543	\$ 44,516	\$ -	\$ -	\$ 974,298	2.3%	1.7%	\$ 13.75	\$ 19.69
Umatilla	80,302	\$ 400,000	\$ 31,306	\$ 28,122	\$ 100,277	\$ 111,484	\$ 141,037	\$ 183,820	\$ 146,671	\$ -	\$ -	\$ 1,142,718	2.7%	1.9%	\$ 14.23	
Polk	90,593	\$ 400,000	\$ 27,252	\$ 33,414	\$ 87,591	\$ 106,402	\$ 109,079	\$ 104,252	\$ 84,168	\$ -	\$ -	\$ 952,157	2.2%	2.1%	\$ 10.51	
Josephine	88,695	\$ 400,000	\$ 43,872	\$ 30,566	\$ 55,542	\$ 151,968	\$ 240,961	\$ 111,336	\$ 31,331	\$ -	\$ -	\$ 1,065,596	2.5%	2.1%	\$ 12.01	
Benton	95,594	\$ 400,000	\$ 18,586	\$ 21,725	\$ 102,300	\$ 137,691	\$ 108,386	\$ 48,388	\$ 95,399	\$ -	\$ -	\$ 932,475	2.2%	2.2%	\$ 9.75	
Yamhill	108,993	\$ 400,000	\$ 33,634	\$ 33,704	\$ 111,252	\$ 110,742	\$ 148,865	\$ 147,127	\$ 118,545	\$ -	\$ -	\$ 1,103,869	2.6%	2.5%	\$ 10.13	
Douglas	111,716	\$ 400,000	\$ 55,557	\$ 47,240	\$ 66,481	\$ 134,085	\$ 277,971	\$ 144,252	\$ 25,490	\$ -	\$ -	\$ 1,171,076	2.8%	2.6%	\$ 10.48	
Linn	131,194	\$ 400,000	\$ 50,418	\$ 45,945	\$ 97,160	\$ 169,229	\$ 250,811	\$ 175,898	\$ 76,841	\$ -	\$ -	\$ 1,266,301	3.0%	3.1%	\$ 9.65	\$ 10.80
Deschutes	207,561	\$ 400,000	\$ 54,686	\$ 60,317	\$ 113,552	\$ 205,932	\$ 346,705	\$ 160,713	\$ 98,377	\$ -	\$ -	\$ 1,440,282	3.4%	4.9%	\$ 6.94	
Jackson	224,013	\$ 400,000	\$ 83,844	\$ 78,034	\$ 166,102	\$ 299,960	\$ 271,433	\$ 279,320	\$ 155,847	\$ -	\$ -	\$ 1,734,540	4.1%	5.2%	\$ 7.74	
Marion	348,616	\$ 400,000	\$ 112,702	\$ 142,869	\$ 529,113	\$ 482,207	\$ 275,823	\$ 682,122	\$ 763,577	\$ -	\$ -	\$ 3,388,413	8.0%	8.1%	\$ 9.72	\$ 8.41
Lane	383,958	\$ 400,000	\$ 134,322	\$ 123,021	\$ 363,410	\$ 567,841	\$ 406,548	\$ 372,984	\$ 194,352	\$ -	\$ -	\$ 2,562,479	6.0%	9.0%	\$ 6.67	
Clackamas	430,421	\$ 400,000	\$ 121,764	\$ 119,467	\$ 422,978	\$ 318,926	\$ 470,195	\$ 332,908	\$ 383,311	\$ -	\$ -	\$ 2,569,550	6.1%	10.1%	\$ 5.97	
Washington	606,378	\$ 400,000	\$ 131,233	\$ 177,342	\$ 1,053,383	\$ 471,368	\$ 204,823	\$ 580,158	\$ 1,085,038	\$ -	\$ -	\$ 4,103,345	9.7%	14.2%	\$ 6.77	
Multnomah	810,242	\$ 400,000	\$ 258,779	\$ 252,058	\$ 1,267,988	\$ 946,702	\$ 65,715	\$ 844,593	\$ 1,354,394	\$ -	\$ -	\$ 5,390,229	12.7%	18.9%	\$ 6.65	\$ 6.56
Total	4,278,913	\$ 14,400,000	\$ 1,399,697	\$ 1,399,697	\$ 5,038,908	\$ 5,038,908	\$ 5,038,908	\$ 5,038,908	\$ 5,038,908	\$ -	\$ -	\$ 42,393,933	100.0%	100.0%	\$ 9.91	\$ 9.91

¹ Source: Portland State University Certified Population estimate July 1, 2022² Source: Premature death: Leading causes of years of potential life lost before age 75. OHA, CHS, Oregon Death Certificate data, 2017-2021.³ Source: Quality of life: OHA, Oregon Behavioral Risk Factor Surveillance System (BRFSS), county file 2016-2019⁴ Source: U.S. Census Bureau, American Community Survey (ACS), 5-year estimates, Table B02001, B15002, C16001, C17002, 2017-2021.⁵ Source: U.S. Census Bureau, Decennial Census, SF1 Table P2, 2010

County Size Bands				
Extra Small	Small	Medium	Large	Extra Large
up to 20,000	20,000-75,000	75,000-150,000	150,000-375,000	above 375,000

PHAB has the following responsibilities in ORS 431.123

- Make recommendations to OHA and OHPB on the development of, and any modification to, plans developed for the distribution of funds to LPHAs under ORS 431.380.
- Make recommendations to OHPB on the use of accountability metrics by OHA to encourage the effective and equitable provision of public health services by LPHAs.

PHAB made two significant changes in 2022

- 1. Increase floor funding to LPHAs.** With a minimum of \$40 million allocated, each county will receive sufficient funding to hire two FTE. As funding and the breadth of work for public health modernization expands, this change ensures that improvements occur in all counties and across the entire public health system, and that funding exists to hire the specialized positions that are necessary for fulfilling core work.
- 2. Increase allocations for certain indicators.** Changes allocate a larger portion of funding to demographic indicators that describe the conditions of the community. This change shifts funds to counties where the community may have a greater need to access public health services, or where there may be added complexities for serving the community.

2024 subcommittee topics

Topic 1: Review LPHA feedback on funding formula and discuss changes based on feedback.

Topic 2: Review and update 2018 methodology to award incentive and matching funds.

Topic 3: Discuss guidance for using the funding formula for other public health funding streams, and what is needed to implement guidance.

Topic 4: Advise on development of the 2024 Public Health Modernization Funding Report to Legislative Fiscal Office.

PHAB vote to approve recommendations for Topics 1 and 2 at the June 13 meeting

Preventive Health & Health Services Block Grant

Overview and 2023-24 work plan update
May 9, 2024



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Background

- Non-competitive grant through Centers for Disease Control and Prevention
- Issued to all states and territories to address state determined public health priorities
- Work plan tied to Healthy People 2030 Objectives
 - Oregon uses this Block Grant for infrastructure and in the current year tied to
 - PHI-R04: Increase the proportion of states that have developed a health improvement plan, and
 - PHI-R08: Explore financing of public health infrastructure, including the core/foundational capabilities in health departments.
- Portion of funding allocation for rape prevention and victim services
 - Oregon Coalition Against Domestic Violence and Sexual Violence
 - PHI-40: Rape Prevention

Available funding for work plan implementation

- October 2019 – September 2020: \$1,033,083 available for work plan implementation
- October 2020 – September 2021: \$1,046,084 available for work plan implementation
- October 2021 – September 2022: \$1,016,267 available for work
- October 2022 – September 30, 2023: \$1,111,737
 - \$88,458 of allocation for rape prevention and victim services
- **October 2023 – September 30, 2024: \$1,111,737**
 - **\$88,458 of allocation for rape prevention and victim services**

Funding Supports

- Implementation of Healthier Together Oregon (State Health Improvement Plan)
- Support public health modernization
- Primary sexual violence prevention

Role of Public Health Advisory Board

- Acts as block grant advisory board as required by federal code
- Must meet at least two times/year to exercise its duties as the block grant advisory board
- Provide input into the work plan prior to submission to CDC

Next Steps

- May or June – Public hearing
- June PHAB meeting – Overview of draft work plan, provide input
- June – Submit work plan to CDC

Questions or Comments

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PHAB retreat

(Tentatively in Fall 2024)

- What would PHAB members like to accomplish together?
- Would members like to bring in an external facilitator?
- What would make the retreat a success?