AGENDA

PHAB INCENTIVES AND FUNDING SUBCOMMITTEE

May 10, 2024, 9:00-10:00 AM

Join ZoomGov Meeting
https://www.zoomgov.com/j/1601522023?pwd=V2k1ZUZGbjVLTEhQWktKNnowaHM3Zz09

Meeting ID: 160 152 2023
Passcode: 773581
One tap mobile
+16692545252,,1601522023#

Subcommittee members: Heather Kaisner, Jackie Leung, Bob Dannenhoffer, Veronica Irvin, Nic Powers

Meeting objectives:

- Review LPHA workforce data and feedback on the current public health modernization funding formula
- Make recommendations for funding formula changes for 2025-27

9:00-9:05 AM	**Welcome, board updates, shared agreements, agenda review** • Welcome and introductions • Share group agreements and the Health Equity Policy and Procedure • Approve April 12 meeting minutes	Sara Beaudrault, Oregon Health Authority
9:05-9:50 AM	**Funding formula feedback** • Review data on LPHA positions funded through public health modernization • Review LPHA funding formula survey results • Discuss changes for the 2025-27 funding formula	All

9:50-9:55 AM	**Public comment**	Sara Beaudrault
9:55 AM	**Next meeting agenda items and adjourn** • Review incentives and matching funds methodology • Review FY 22 matching funds data • Make recommendations for matching and incentive funds components of funding formula for 2025-27	Sara Beaudrault

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 INCENTIVES AND FUNDING SUBCOMMITTEE

April 12, 2024, 9:00 am - 10:00 am

Subcommittee members present: Heather Kaisner, Robert Dannenhoffer, Veronica Irvin
Subcommittee members absent: Jackie Leung, Nic Powers
OHA staff present: Andrew Epstein, Steven Fiala, Sara Beaudrault

Review scope of work and planned work

- Subcommittee responsibilities - ORS 431.123
  - See meeting materials for more information.

- Subcommittee timeline
  - PHAB will approve the funding formula at the June 13, 2024 meeting.
  - OHA is required to submit the funding formula to the Legislative Fiscal Office by June 30, 2024.
  - If there are conversations that need to be had following the funding formula deadline, the subcommittee can continue to meet.

- Review changes made to the public health modernization funding formula for LPHAs in 2022
  - There was an increase to the floor funding to total $400,000 for all LPHAs as long as there is at least $40 million in public health modernization funding available. Benefits counties with smaller populations.
  - Funding for most LPHA program elements (PE) has not increased over the last few years. Most funding is provided through federal funds.

- Discuss anticipated subcommittee topics in 2024
  - Review and update 2018 methodology to award incentive and matching funds.
    - Can this complicated process be simplified?
    - How will this subcommittee consider LPHAs whose counties do not provide monies from the county general fund? Should these counties receive incentive or matching funds?

- Review LPHA feedback on funding formula and discuss changes based on feedback from survey data
  - How are LPHAs using modernization funds? How much is being spent on contractors? Concern shared that small and extra small counties will not provide feedback.
- Discuss guidance for using the funding formula for other public health funding streams (e.g. PE funds), and what is needed to implement guidance.
  - CLHO committees have requested guidance for applying the funding formula, swapping out indicators, and how floor payments can be modified.
- Advise on development of the 2024 Public Health Modernization Funding Report to the Legislative Fiscal Office.
  - Concern shared over how to support small and extra small counties with modernization funds so they don't get left behind.
- Gather information on regional supports incurring through the Conference of Local Health Officials (CLHO) or other entities.
  - A suggestion was made to encourage funding regional rather than county positions in areas such as epidemiology and communicable disease.
  - Consider what other options are available to support shared resources? What are other states doing?

Public Comment

- No public comments were made.

Next meeting agenda items and adjourn

- Incentives and matching funds methodology
- Review LPHA administrator survey feedback

Questions for today's meeting

- What information and feedback could inform changes to the funding formula?
- What information and feedback would the subcommittee like to provide to the Board to support other public health system discussions?

- **Based on the information provided today, does this subcommittee recommend changes to the funding formula for 2025-27?**

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

		Base component									Matching and Incentive fund components		Total county allocation				
County Group	Population[1]	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**	**Avg 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	$ 240,981	$ 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	$ 154,085	$ 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, 2022

[2] 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 2016-2019

[4] 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,(	above 375,000

PE51-01 Modernization funded positions Program area July 1, 2023 – Dec 31, 2023	**Oregon LPHAs Current Positions**	**Oregon LPHAs New Positions**	**Total PE51-01 Oregon LPHA Positions**
Communicable Disease Control	65	3	68
Organizational Competencies	41	5	46
Access to and Linkage with Clinical Care	23	2	25
Community Partnership Development	23	2	25
Environmental Public Health	17	4	21
Emergency Preparedness and Response	17	3	20
Assessment and Surveillance	16	1	17
Communications	13	4	17
Other	12	1	13
Accountability and Performance Management	12	0	12
Equity	9	3	12
Chronic Disease and Injury Prevention	10	0	10
Maternal, Child, and Family Health	9	1	10
Policy Development and Support	2	0	2
Total	**269**	**29**	**298**

*Staff are not double counted if they categorized in multiple program areas

PE51-01 Modernization funded positions **Job classification** July 1, 2023 – Dec 31, 2023	**Oregon LPHAs Current Positions**	**Oregon LPHAs New Positions**	**Total PE51-01 Oregon LPHA Positions**
Program manager	40	3	43
Community health workers and health educators	39	1	40
Epidemiologists, statisticians, data scientists, other data analysts	31	1	32
Agency leadership and management	29	2	31
Office and administrative support staff	29	1	30
Public health physician, nurse, and other clinicians or health care providers	27	3	30
Other	18	9	27
Public information, communications, and policy staff	18	3	21
Business, improvement, and financial operations staff	17	2	19
Preparedness staff	12	3	15
Environmental health workers	4	1	5
Information technology and data system staff	2	0	2
Behavioral health and social services staff	2	0	2
Animal control and compliance/inspection staff	1	0	1
Laboratory workers	0	0	0
Total	**269**	**29**	**298**

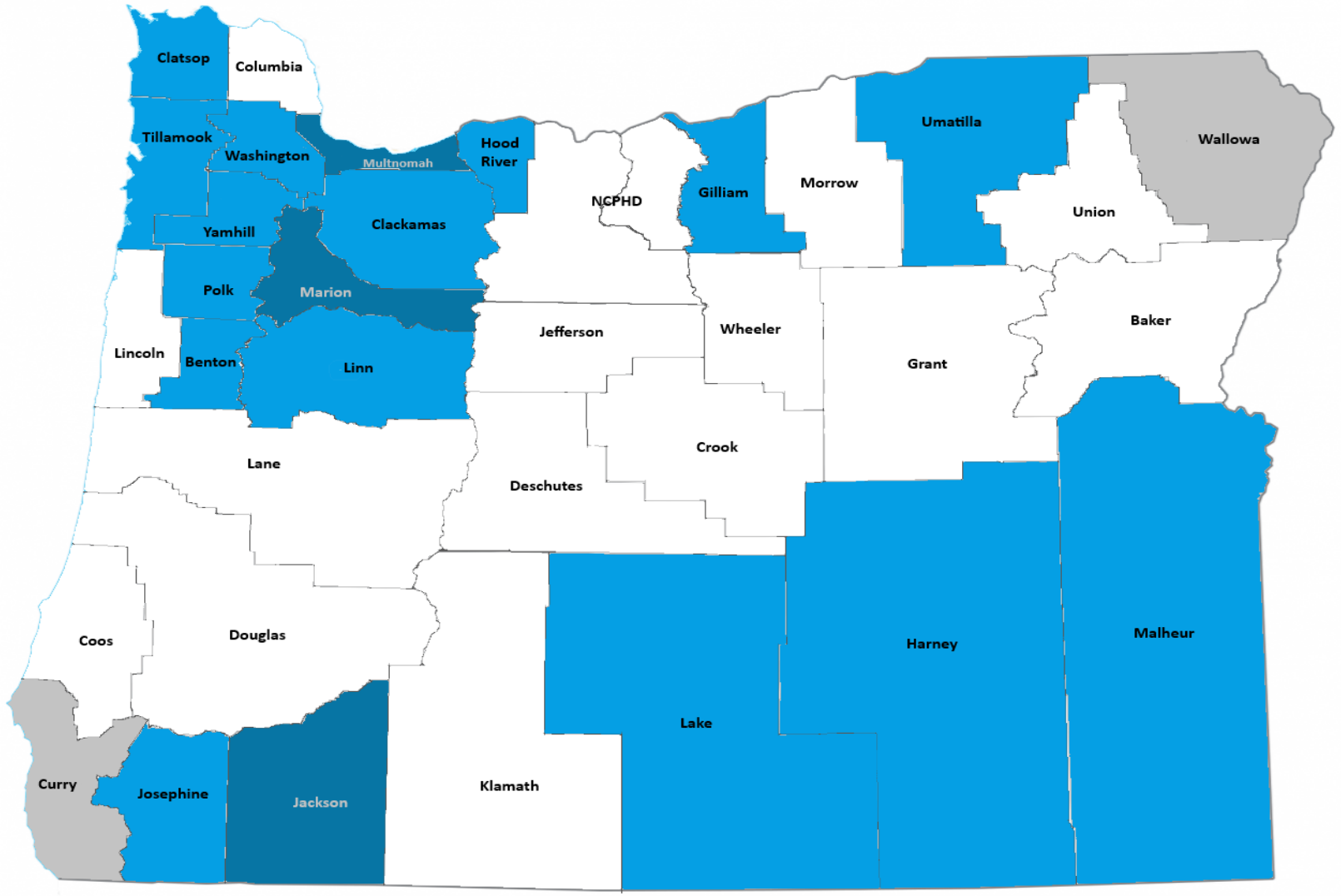
*Staff are not double counted if they categorized in multiple job classifications

LPHA Public Health Modernization PE51-01 Funded Positions
Program Area: Communicable Disease Control

July 1- December 31, 2023

68 LPHA Modernization-Funded PE51-01 Positions for Program Area: Communicable Disease Control

- No Funded Positions (n=15)
- 1-5 (n=15)
- 6-20 (n=3)
- State-Administered (n=2)

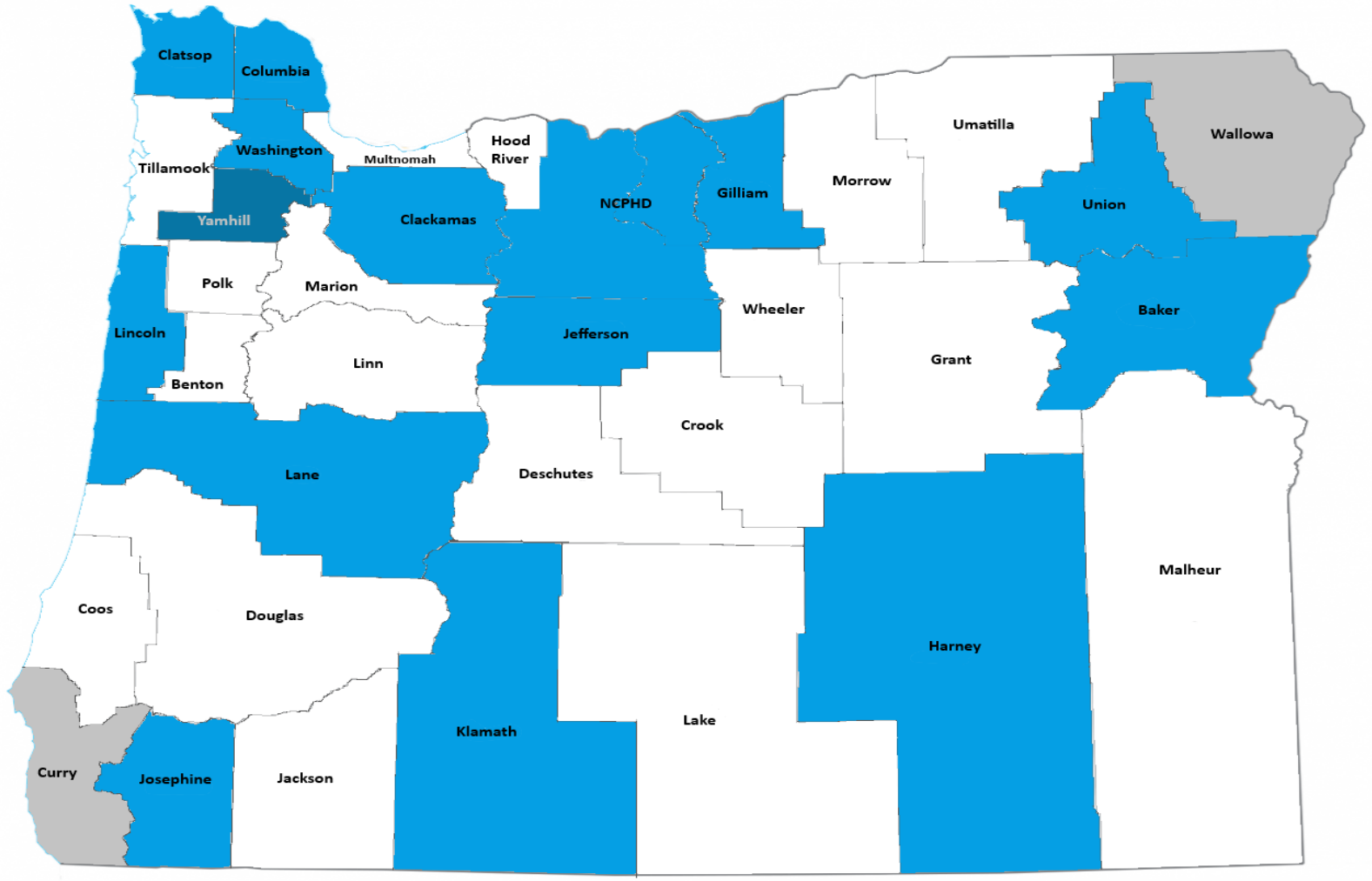


LPHA Public Health Modernization PE51-01 Funded Positions
Program Area: Organizational Competencies

July 1- December 31, 2023

46 LPHA Modernization-Funded PE51-01 Positions for Program Area: Organizational Competencies

- No Funded Positions (n=18)
- 1-5 (n=14)
- 6-20 (n=1)
- State-Administered (n=2)

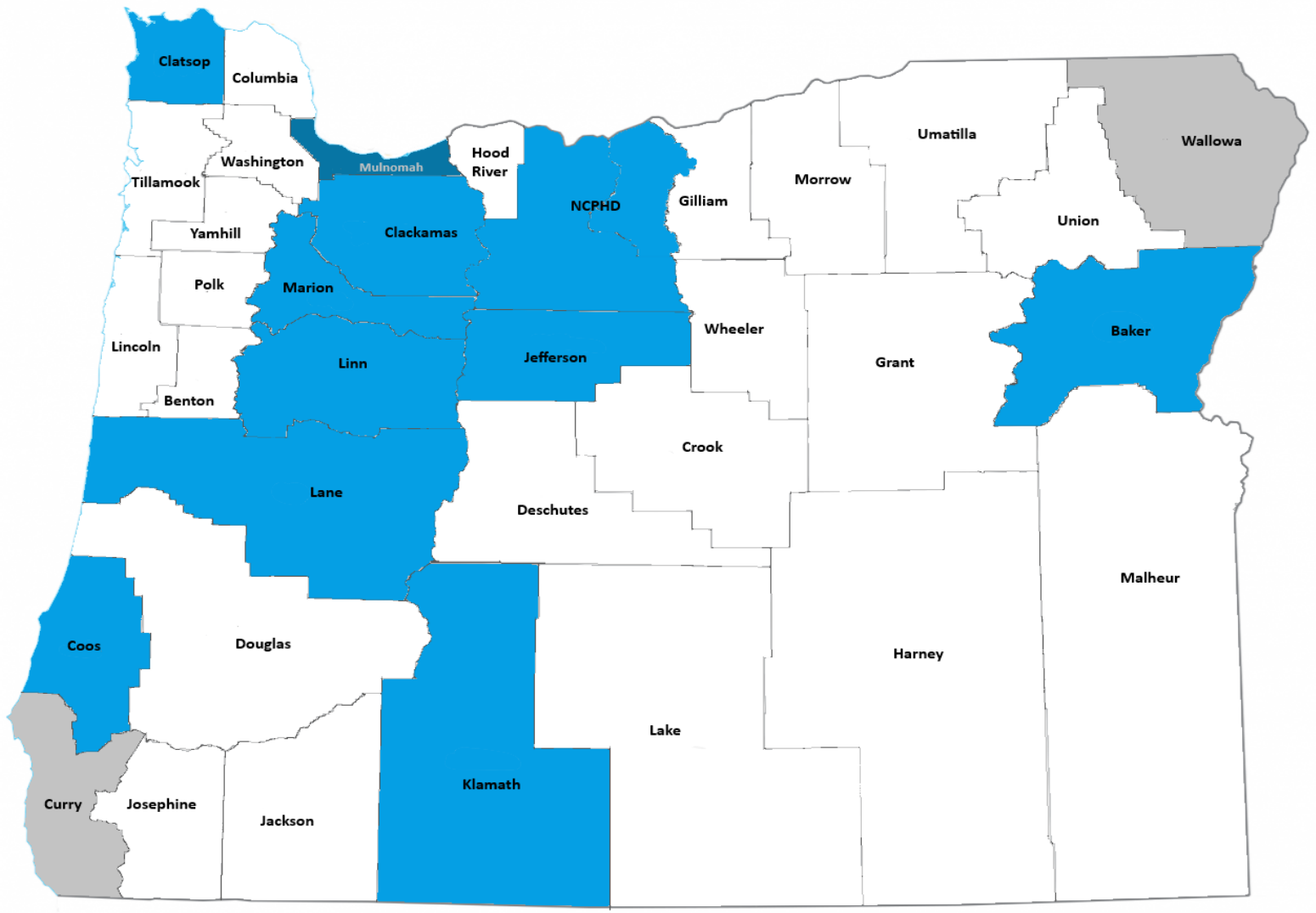


Organizational Competencies include Leadership & Governance; Information Technology Services; Workforce Development & Human Resources; Financial Management, Contract, & Procurement Services, including Facilities and Operations; Legal Services & Analysis

LPHA Public Health Modernization PE51-01 Funded Positions
Program Area: Community Partnership Development
July 1- December 31, 2023

25 LPHA Modernization-Funded PE51-01 Positions for Program Area: Community Partnership Development

- **No Funded Positions (n=22)**
- **1-5 (n=10)**
- **6-20 (n=1)**
- **State-Administered** (n=2)

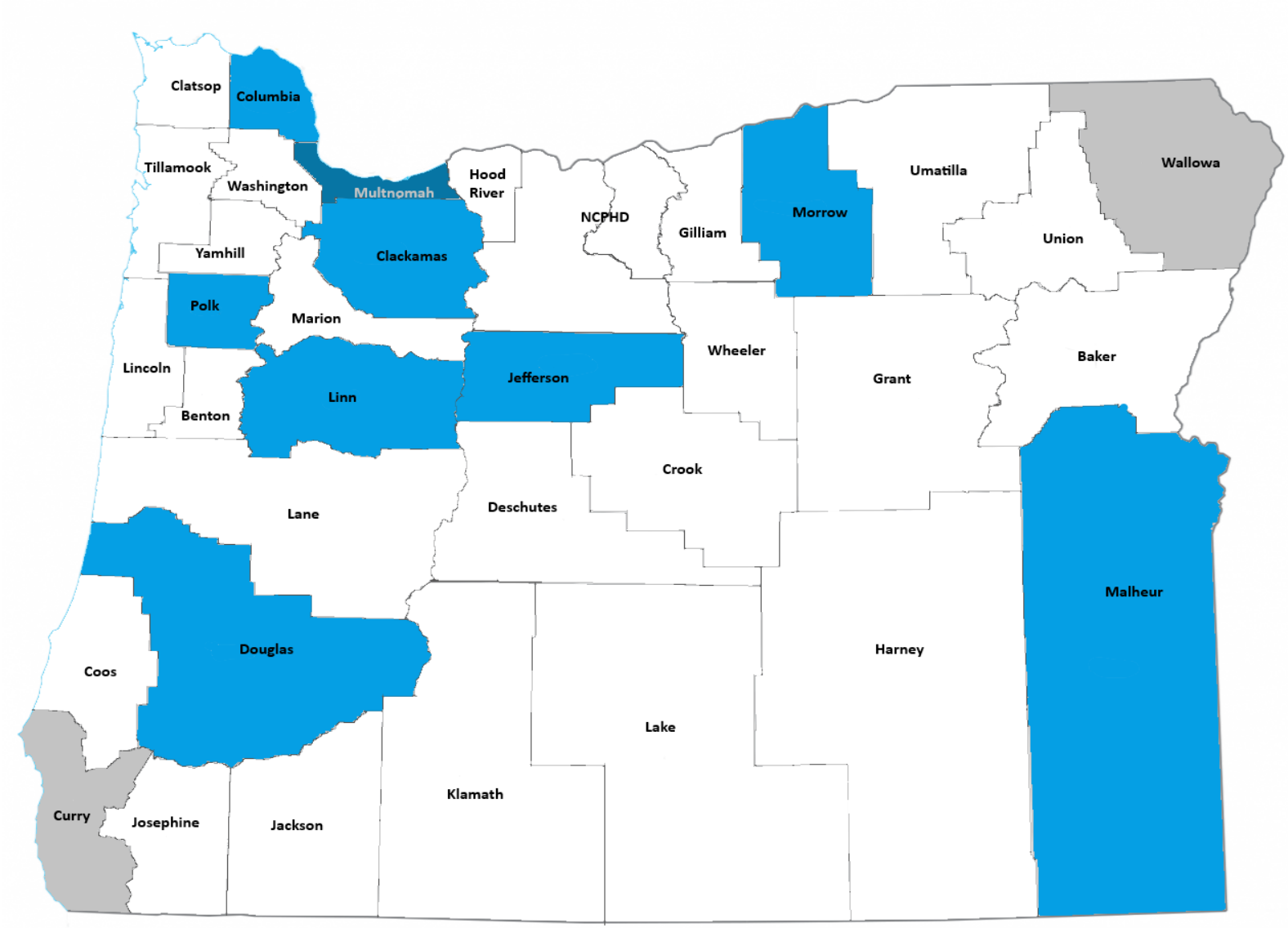


LPHA Public Health Modernization PE51-01 Funded Positions
Program Area: Access to and Linkage with Clinical Care

July 1- December 31, 2023

25 LPHA Modernization-Funded PE51-01 Positions for Program Area: Access to and Linkage with Clinical Care

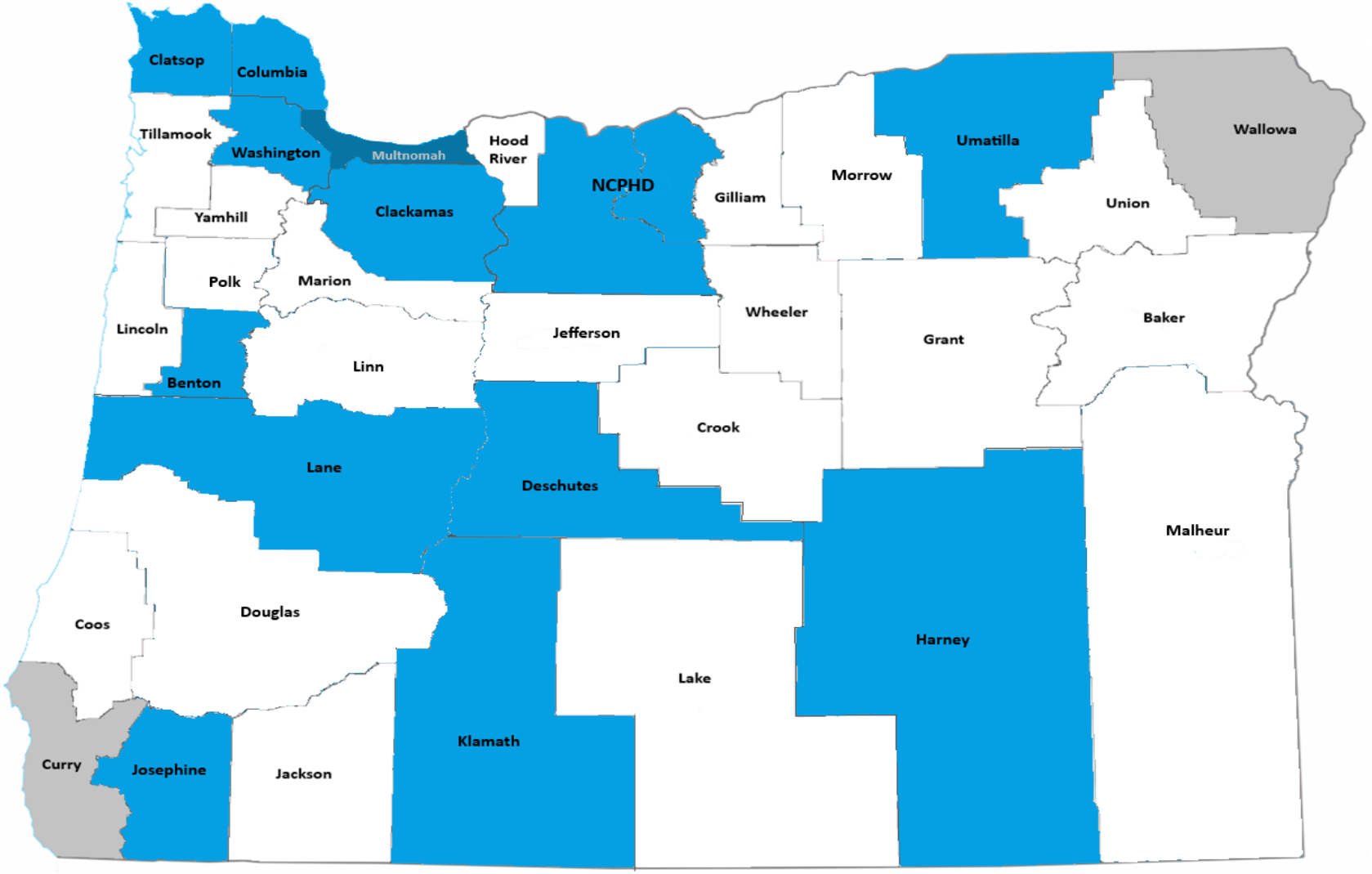
- No Funded Positions (n=24)
- 1-5 (n=8)
- 6-20 (n=1)
- State-Administered (n=2)



LPHA Public Health Modernization PE51-01 Funded Positions
Program Area: Environmental Public Health
July 1- December 31, 2023

21 LPHA Modernization-Funded PE51-01 Positions for Program Area: Environmental Public Heath

- **No Funded Positions (n=20)**
- **1-5 (n=12)**
- **6-20 (n=1)**
- **State-Administered** (n=2)



PE51-02 Regional Program Area July 1, 2023 - Dec 31, 2023	**Oregon LPHAs Current Positions**	**Oregon LPHA New Positions**	**Total PE51-02 Oregon LPHA Positions**
Communicable Disease Control	6	1	7
Assessment & Surveillance	3	1	4
Organizational Competencies	3	1	4
Equity	2	0	2
Other	2	0	2
Community Partnership Development	1	0	1
Emergency Preparedness/Response	1	0	1
Environmental Public Health	1	0	1
Access to and Linkage with Clinical Care	0	0	0
Accountability and Performance Management	0	0	0
Chronic Disease and Injury Prevention	0	0	0
Communications	0	0	0
Maternal, Child, and Family Health	0	0	0
Policy Development and Support	0	0	0
Total	**19**	**3**	**22**

*Staff are not double counted if they categorized in multiple program areas

PE51-02 Regional Job classification July 1, 2023 - Dec 31, 2023	**Oregon LPHAs Current Positions**	**Oregon LPHA New Positions**	**Total PE51-02 Oregon LPHA Positions**
Epidemiologists, statisticians, data analysts	5	1	6
Agency leadership & management	4	1	5
Community health workers and health educators	3	0	3
Program manager	2	1	3
Other	2	0	2
Pub health physicians, nurses, clinicians, providers	2	0	2
Office & administrative support staff	1	0	1
Animal control and compliance/inspection staff	0	0	0
Behavioral health and social services staff	0	0	0
Business, improvement, and financial operations staff	0	0	0
Environmental health workers	0	0	0
Information technology and data system staff	0	0	0
Laboratory workers	0	0	0
Preparedness staff	0	0	0
Public information, communications, and policy staff	0	0	0
Total	**19**	**3**	**22**

*Staff are not double counted if they categorized in multiple job classifications

LPHA Public Health Modernization Funding Formula Survey Results

PHAB Incentives & Funding Subcommittee | May 9, 2024

Respondents

18 Total respondents

4 Extra small

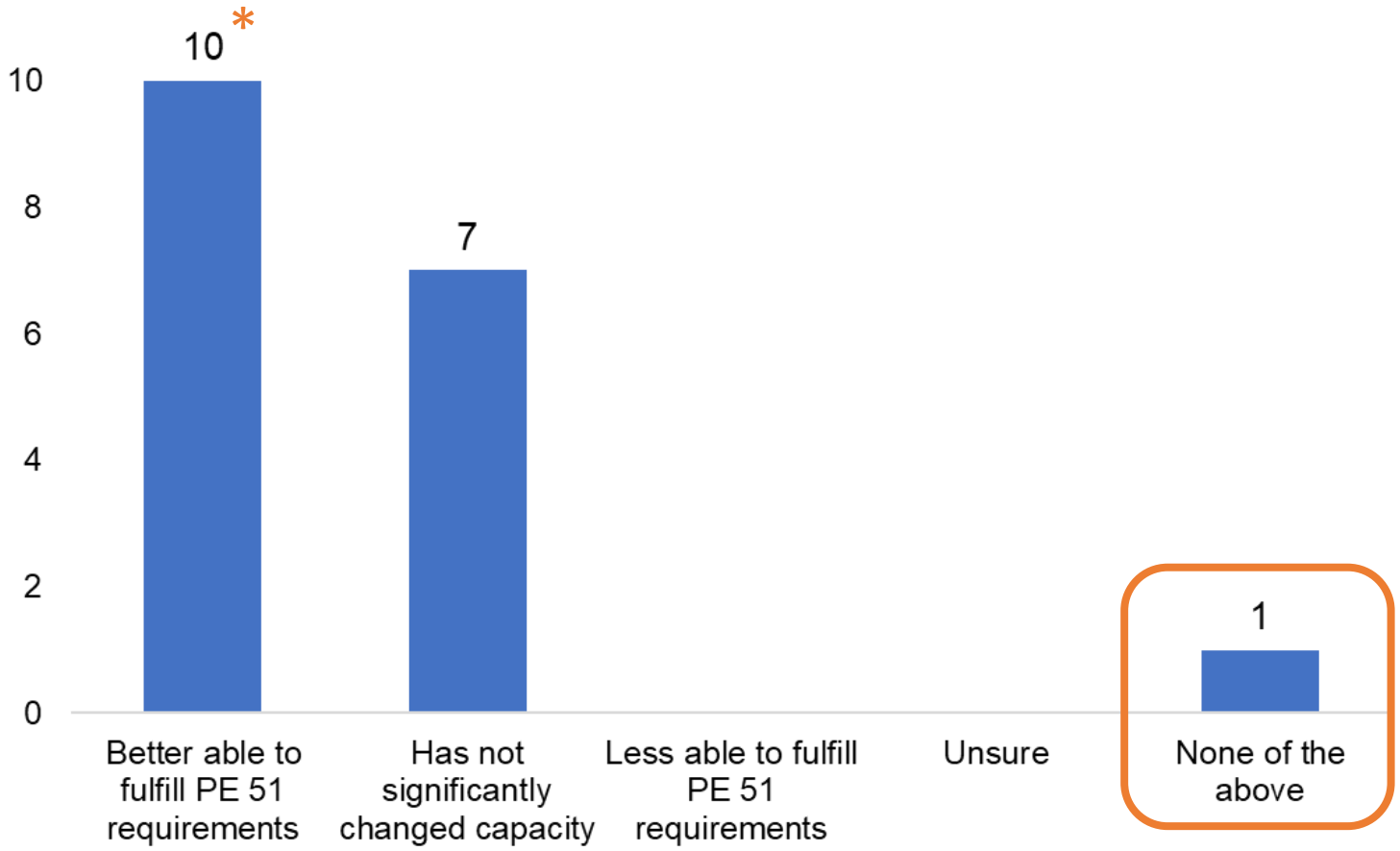
9 Small

3 Medium

1 Large

1 Extra large

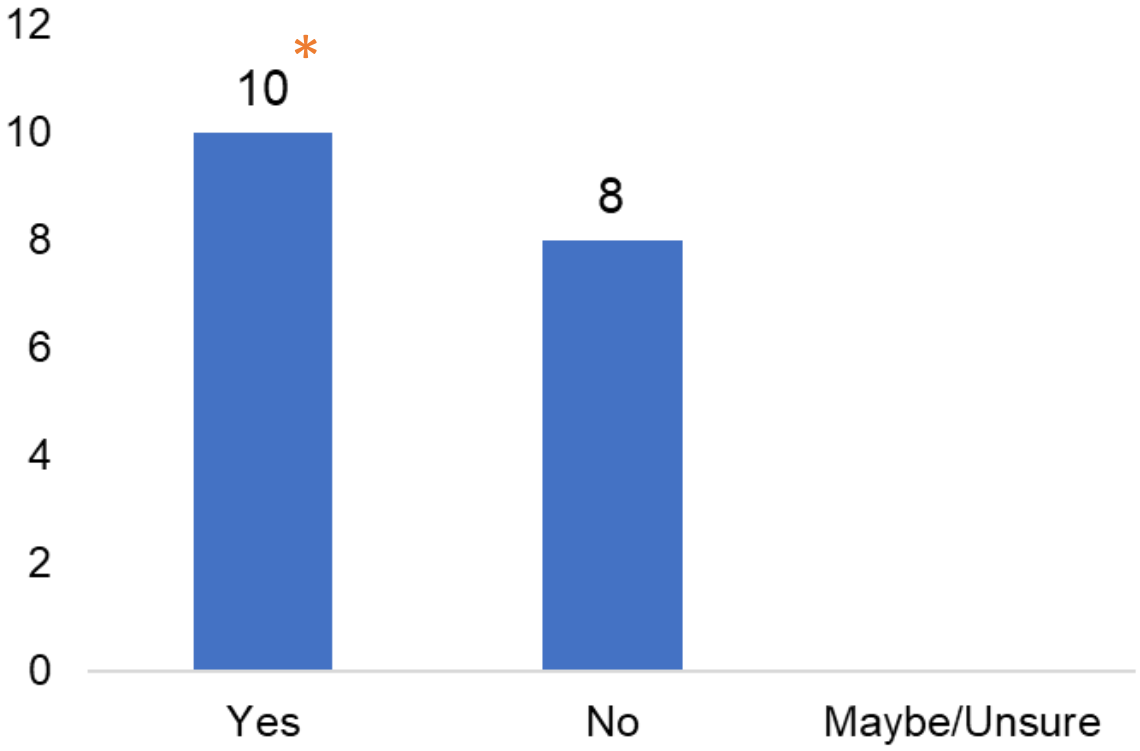
What impact has PHAB's decision to increase floor funding for each county to $400,000 had on your LPHA's capacity to fulfill PE 51 requirements?



Open text response indicated increased floor funding did not enhance local capacity due to structural changes in department from staff turn-around and shortage

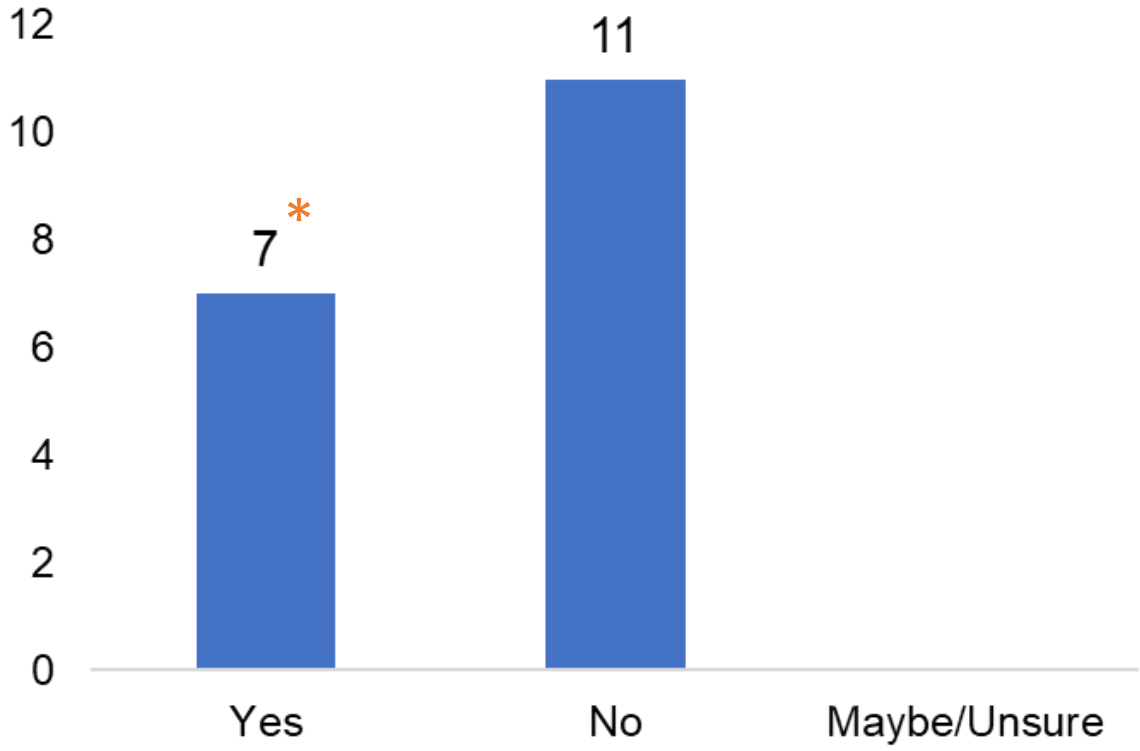
* 9 out of these 10 from extra small or small counties

Has your LPHA hired additional staff that you would not have been able to hire without increased floor payment?



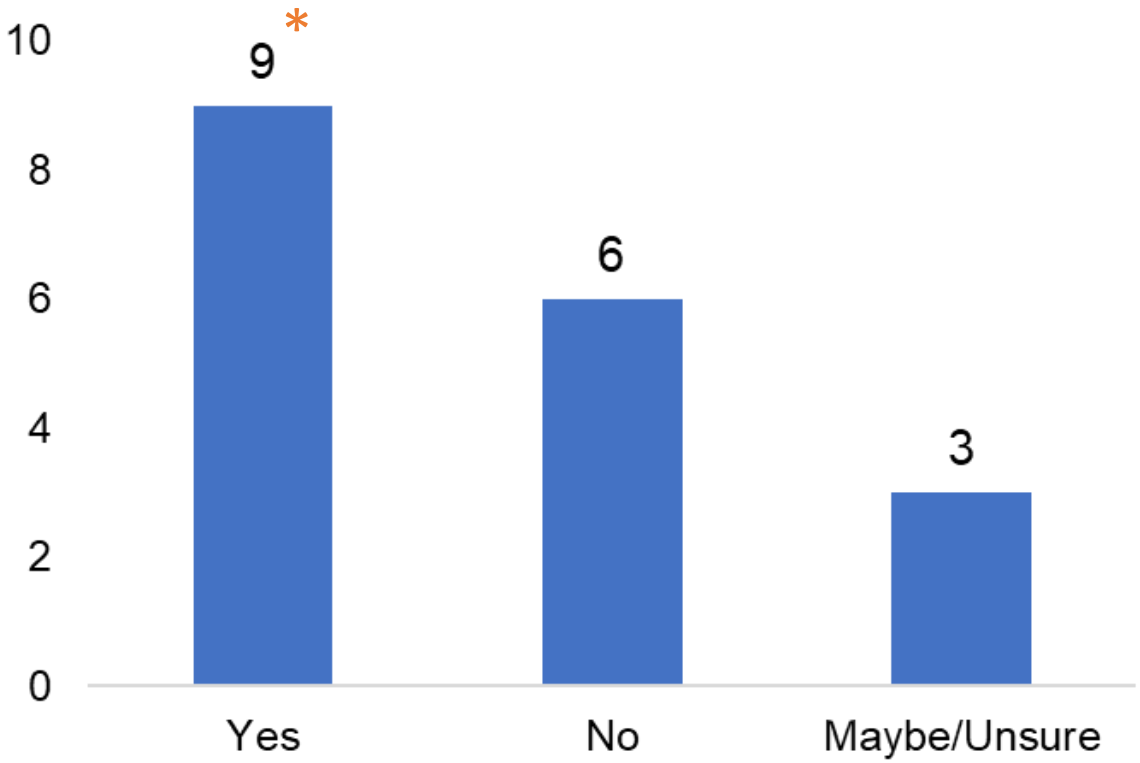
* 9 out of these 10 from extra small or small counties

Has your LPHA used the increased floor payment to increase staff capacity through contracted staff?

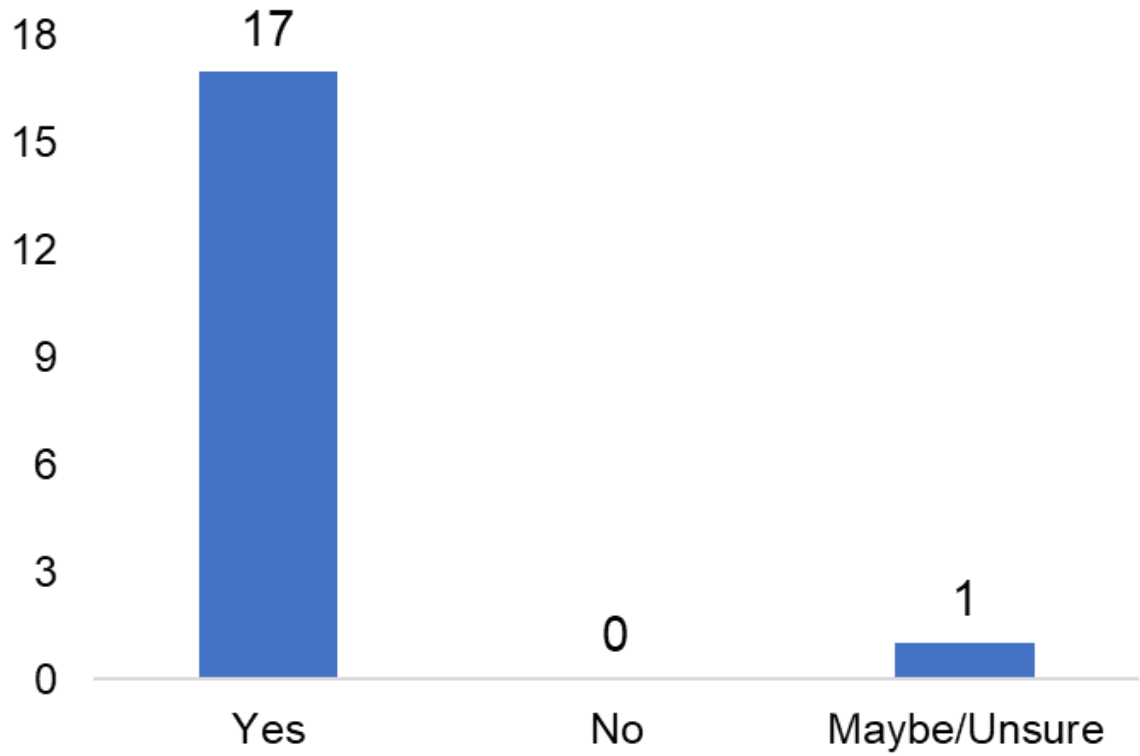


* All responses from extra small or small counties

Has your LPHA used the increased floor payment to retain staff originally hired with other funding?

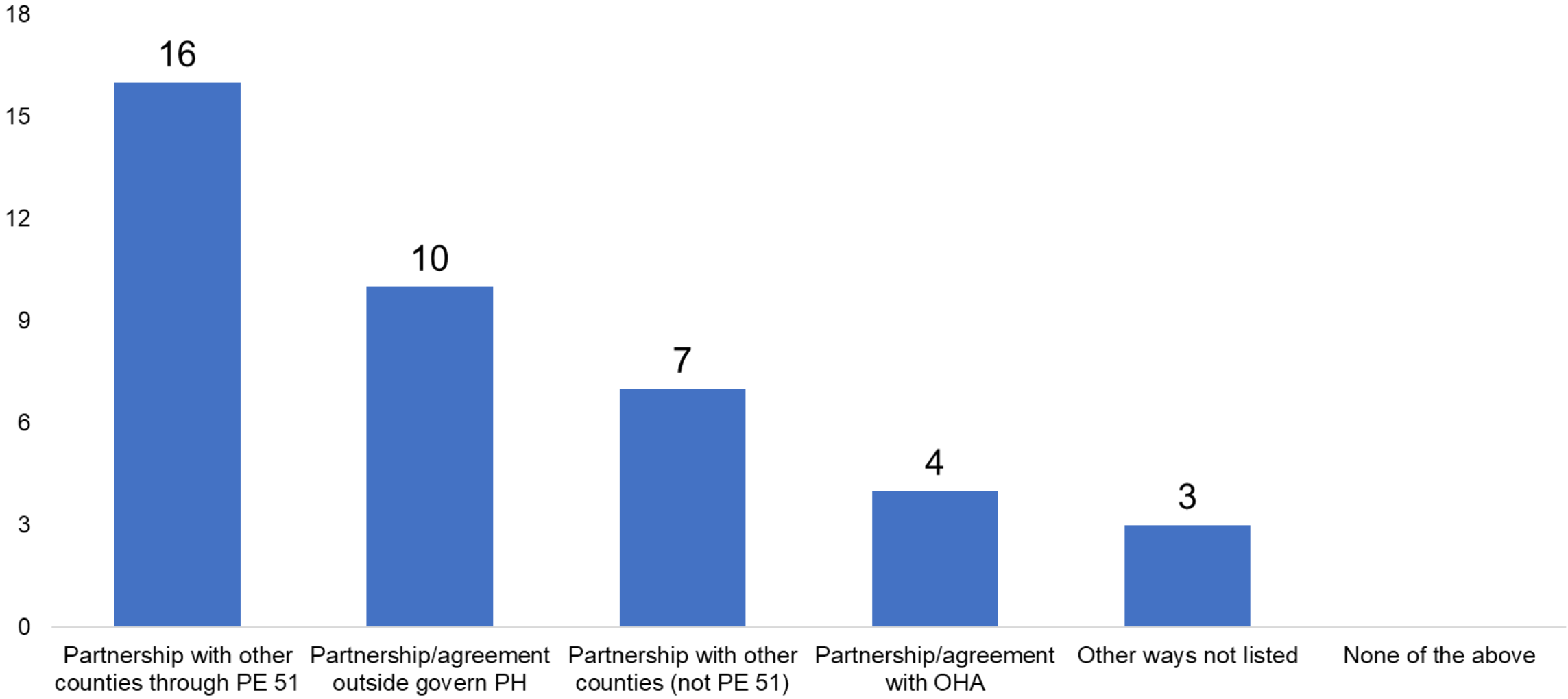


Does your LPHA anticipate being able to fully spend the increased investment during 23-25 biennium?



* All responses from extra small or small counties

In what ways is your LPHA increasing capacity to fulfill PE 51 requirements through regional or other partnerships?



Note: participants could select multiple responses; responses are not mutually exclusive

Please describe opportunities or challenges related to spending the increased investment.

Opportunities

- Hired positions with specific skills
- Retained existing staff (some required to pivot to modernization)
- Ability to contract (capacity for capabilities, specific projects)
- Increased regional support for foundational capabilities/programs
- Invest in performance management
- Reinstate programs/services

Challenges

- Increased staffing wages/expenses
  - Requires hiring “lower level” staff
  - Stable funding is a decrease
- Not allowed to hire new staff given funding is not stable
- Sustaining positions after biennium
- Staff turnover
- Difficult to quickly receive approval for, recruit, and hire qualified staff

Please use this space for anything else you'd like PHAB to know about the **base component** (floor + indicators) of the public health modernization funding formula.

- Funding formula works well, especially for smaller counties
- Should state-required indicators be given more or equal weight
- Need time to see effects of change in base component before more modifications
- Consider raising floor with additional legislative investment

What else would you like the PHAB Incentives and Funding subcommittee to know about the public health modernization funding formula to inform work on the 2024 update?

- Give equal weight to all indicators
- Consider funding formula without counties matching funding
- Consider raising minimum floor with additional legislative investment
- Need long-term, sustainable funding
- Consider formula in context of no increases to county general fund

LPHA Public Health Modernization Funding Formula Survey Open Text Responses (de-identified)

PHAB Incentives & Funding Subcommittee | May 9, 2024

Survey Question: Please describe opportunities or challenges related to spending the increased investment.

- Modernization funding has effectively decreased as expenses have increased significantly. We have lost capacity in communications, the Community Partnership Program, Mobile Public Health, and Public Health Emergency Preparedness.
- We were able to complete a salary survey, strategic plan and adjust compensation, and hire a communications coordinator and EH Trainee (now an open position, again). We also received regional modernization funds which made it possible to hire a regional epidemiologist and support outreach and education efforts with LTCF, schools, VA, etc.
- The funding paid for our staff to do more outreach and pivot away from "access to care" services. Many were not happy to do that, but because we don't have enough funding to provide direct care, modernization helped us retain those positions as long as they were spending their time doing outreach and engagement. We were not able to increase any wages due to the funding and still have a huge lack of public health education. Without statewide requirements to have expertise and living wages, more money just meant buying out time from people who were hired to do something else or hiring more low-level staff and then spending a ton of administrative time trying to train them.
- Opportunities: 1) Recruited a PH communications coordinator; 2) invested in a performance management system for the PH division; 3) able to sustain positions such as Equity analyst, policy analyst, epidemiologist, community partnership and climate
- We have been able to continue to extend contracts to help with some aspects of PE 51. Not able to hire, as admin does not allow for new positions with funding that may not be stable. The County recently restructured Comp and Class, so all of our staff are at much higher costs than they were previously. So, no net gain in capacity, outside of the Regional Epi position!
- We do not have the capacity to employee additional public health staff, but we can support those in the community who are already doing the work to meet public health goals.
- Recruiting and hiring qualified staff quickly has been challenging, but it's great to be able to create needed positions.

- The opportunity has allowed us to fund a position to address the SDOH and engage with community partners to identify the needs and gaps within our community.
- Timelines are challenging. We have been waiting for OHA workplan and budget approval to make programmatic changes. This has caused significant (but not insurmountable) delays in spending.
- Opportunities include reinstating a domestic well safety program, bringing important equity opportunities such as Courageous Conversation, and a contract to bring a robust health communications plan to our division.
- I have budgeted another Modernization position starting July 1, 2024, but have concerns about hiring new positions and sustaining them after the 2023-25 biennium.
- Increased ability to contract and build organizational capacity
- First Priority: Making a positive impact on the houseless community will require a significant increase in spending to rehabilitate , train for jobs and enable them to gain affordable housing. Second Priority: Green energy action will also require more dollars for capital expenses targeted at government and private buildings in order to meet federal energy efficiency requirements.
- The increased investment has presented our department with a much-needed opportunity to hire positions that have specific skills to further our implementation of foundational capabilities.
- It has taken time to be able to get any new positions approve and then for individuals to apply to these positions (many may not want to work in public health, do not have the credentials, etc.).
- It has created opportunities to seek out contracting with entities for strategic planning, health assessments, etc.
- Turnover is still a challenge but now that we expect it we have been better at planning for it.
- As answers for Q5-Q8, the increased investment provided opportunities to support the department's staffing. The challenges for further impacts of the support come from the following factors:
- County is facing potential revenue reduction from the lumber industry. The Modernization funding does not commit as a stable funding. Combining the two together, LHA has been reluctant in commitment in taking the opportunity to increase its staff and capacities.
- LHA's extreme staff shortage plus HR process have added additional burden to use the opportunity and timely build the capacity.

Survey Question: Please use this space for anything else you'd like PHAB to know about the base component (floor + indicators) of the public health modernization funding formula.

- I'm unclear why the two indicators required by the state contribute the least to the allocations - seems as if they should at the least be equal to other considerations.
- This funding formula has worked well for us. We are a two-county district which is unique to the state and do not receive support for overhead such as financial support or HR support, we cover that in-house.
- Overall, the vision of modernization has not been realized in Oregon after years of funding. I worry that we will face a funding cliff soon and not be able to provide the foundational programs we should have been ensuring. Please, let's return to an emphasis on accreditation and quality of essential services.
- The funding through this formula has almost doubled from the previous biennium and has allowed us to absorb positions and costs that were previously paid for by COVID funding. This is still not enough investment and we need to think about how some of the other funding we receive such as workforce infrastructure will be sustained or covered with modernization funding. Considering raising the floor might be good for when we receive more investment from the legislature as it will ensure we can secure a few more FTE.
- I am happy that the small counties finally got some much-needed base funding.
- We have been able to move our Emergency Coordinator position to full time, keep our DIS position funded and hire a CHW/ Equity Coordinator and Communications Coordinator and partner with regional partnerships for climate and health equity all using modernization funding. It has been very helpful to have these funds to support and expand public health goals.
- I think the base floor component is critical for smaller LHDs and is aligned with Modernization principles of all LHDs having foundational programs and capabilities.
- We are satisfied with the base and the indicators formula.
- I would urge PHAB to consider that it may take more than one biennium to demonstrate built and sustained capacity under the new base component funding formula. With such a significant increase in funding there are still challenges of hiring and retaining staff. There are many factors that play into that, including the need to identify and define new areas of work in order to provide adequate support to new staff and building relationships which all take time. I would urge PHAB to consider these challenges and protect adequate funding levels to the departments who need the increased funding, even if they haven't or won't fully expend their allocation in the current biennium.

- LHA supports this funding method – floor + indicators. But we would like to see this method is consolidated and ensure the funding stable and predictable for local department's long-term planning.

What else would you like the PHAB Incentives and Funding subcommittee to know about the public health modernization funding formula to inform work on the 2024 update? Based on your experience with how PE51 funds are allocated to LPHAs, are there any changes to the funding formula that you would recommend in 2024?

- Giving equal weight to all factors.
- I don't have any additional comments at this time.
- Rural counties would benefit from more regional roles and/or more OHA staff actually at the ground level helping. We don't need more money if we don't have the ability to hire the expertise needed and don't have to when there's no accountability to the vision and manual.
- I think the current funding formula is an improvement from where we were in the past. As mentioned above, in the event of another big investment from the legislature, it might be good to consider raising the minimal floor amount for all LPHAs.
- We need modernization funding to be stable and long term to fully utilize funds for the intent of the program.
- County is not matching funds. This formula should be considered without any matching funds available to our system.
- Like many others, our County is expecting a very lean budget for 25-27. We have so many opportunities to continue to expand capacity to build toward PH modernization, but are not hopeful that our GF budget will increase.
- Retain the current funding formula, but retain a pool of funds for smaller counties that do not have the infrastructure dollars to meet federal requirements for energy efficiency and houseless communities.
- There will always be a lag between investment and deliverables. Many of us still move at the speed of government, so sharp increases that fund expansion take a while to adapt to. When that happens, we may not be able to spend all those funds that year, but that doesn't mean we don't need them.
- Sustainable funding plays a critical role in public health modernization. If every public health program can stand up steadily and be successful, we need funding and infrastructure in place first. At one end is public health funding and the other end public health infrastructure (including workforce), all the rest public health programs are between, just like a bookshelf, with two ends there all the books in between standing up straight.

- OHA and Oregon legislature were very visionary and initialized the public health modernization process in 2013, well before many in the nation and before the COVID-19 pandemic. The state must learned a lot have learned in the past 10 years and much more during the pandemic. Is it the time for us, the state legislators and public health workers, to think about the post-Modernization era when funding is sustainable, foundational programs are well defined, and responsibilities are shared in which all Oregonians are protected and have the opportunities to reach their optimal health outcomes?
- If possible, we would like to see legalization of the public health funding shared at federal, state, and local levels with an adjustment every 5-6 years. OHA and LHAs contract to carry on core programs and optional programs based on proper funding support. Under OHA direction, LHAs participate in friendly competitions for incentive funding opportunities."