AGENDA

PUBLIC HEALTH ADVISORY BOARD

June 13, 2024, 3:00-5:30 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1603086166?pwd=aGgvUlFENXdadzZvLzZZZStWKzR6QT09

Meeting ID: 160 308 6166
Passcode: 955876
One tap mobile
+16692545252,,1603086166#

Meeting objectives:

- Approve April and May meeting minutes.
- Approve the public health modernization funding formula for the 2025-27 biennium.
- Approve the Preventive Health and Health Services Block Grant work plan for 2024-25.
- Discuss progress toward the Public Health System Workforce assessment and report.
- Discuss progress toward the Public Health Equity Framework
- Discuss OHA's budget and the impacts of COVID-19 funding
- Discuss retreat planning

3:00-3:10 pm	**Welcome, board updates, shared agreements, agenda review** • Welcome, board member introductions and icebreaker: ○ For a summer break, which month should PHAB cancel, July or August? • Share group agreements and the Health Equity Policy and Procedure • OHA staff updates • Summer meeting schedule • ACTION: Approve April and May meeting minutes	Veronica Irvin, PHAB Chair

3:10-3:30 pm	**Public health modernization funding formula** • Review changes and recommendations from the Incentives and Funding subcommittee • Review health equity policy and procedure questions • ACTION: Vote to approve funding formula for 2025-27	Incentives and Funding Subcommittee member Steven Fiala, OHA
3:30-3:45 pm	**Preventive Health and Health Services Block Grant** • Review work plan and budget for 2024-25 • Health equity policy and procedure • ACTION: Vote to approve work plan and budget	Sara Beaudrault, OHA
3:45-4:05 pm	**Public Health System Workforce Report** • Review and discuss first deliverable for the assessment and report • Provide input on upcoming work. Initial reaction. Initial recommendations	Veronica Irvin, Workforce Workgroup member Wendy Polulech, OHA
4:05-4:15	**BREAK**	
4:15-4:30	**Public Health Equity Framework** • Provide input on anticipated deliverables • Identify workgroup member to meet with HEC	Health Equity Framework Workgroup members Larry Hill, OHA

4:30-5:00 pm	**OHA budget and impacts of COVID-19 funding** • Learn about OHA PHD's budget and the impacts of short-term COVID-19 funding • Discuss local impacts to influx and loss of COVID-19 funding	Nadia Davidson, OHA
10 minutes	**Public comment**	Veronica Irvin, PHAB Chair
	Next meeting agenda items and adjourn • 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.

Public Health Advisory Board
2024 Workplan Priorities and Calendar

This document provides a framework for PHAB priorities and meeting agendas in 2024.

2024 PHAB Priorities

Oregon's public health system demonstrates and acts on its commitment to health equity

- Public health system improvements and funding
- Statewide population health priorities
- OHPB and health system alignment
- PHAB structure, business and member support

Go to the last page of the work plan for a list of topics related to each priority.

Meeting calendar

Meeting date	Agenda items	Priority	Action
January 11	Cancelled		
February 8	New member orientation and member connections	■	Discuss
	Legislative update	■	Discuss
	Evaluation of public health modernization investments for 2023-25	■	Inform
	2024 work plan and subcommittee/workgroup assignments	■	Discuss
March 14	Discussion with OHA Director, Dr. Sejal Hathi	■■■	Discuss
	Public health modernization funding for community-based organizations	■	Discuss
	CCO incentive metrics	■ ■	Discuss
	Public Health Director recruitment	■	Inform
	PHAB Chair appointment	■	Decide
April 11	Workgroup and subcommittee updates	■	Discuss
	Oregon Health Policy Board 2024 priorities	■■■	Discuss
	Public health modernization implementation (placeholder)	■■■	Discuss
	PHAB public health modernization priorities for 2023-25	■■■	Discuss
May 9	Preventive Health and Health Services Block Grant, 2023-24 work plan	■	Discuss
	Public health modernization funding formula	■	Approve
	OHPB Health Equity Committee overview and connections	■ ■	Discuss
	Public health modernization implementation	■■■	Discuss
June 13	Preventive Health and Health Services Block Grant, 2024-25 work plan	■	Approve
	Public health modernization implementation: OHA budget and COVID-19 impacts	■■■	Discuss
	Public health modernization funding formula	■	Approve
	Public Health System Workforce Report, Milestone #1	■■■	Inform
July 11	Health Equity Framework workgroup, Milestone #1	■■	Inform

August 8	Public health accountability metrics, process measure data	■■■	Discuss
September 12	Public health accountability metrics report	■■■	Approve
	Public health modernization cost and capacity assessment results	■	Discuss
October 10	Health Equity Framework workgroup, Milestone #2	■■	Inform
	PHAB Strategic Data Plan annual update	■■	Discuss
	Public Heath Modernization Funding Report, 2024	■	Approve
November 14	Health Equity Framework workgroup, Milestone #3 and role map deliverable	■■	Approve
December 12	Public Health System Workforce Report, Milestone #2, findings and recommendations	■■■	Approve

■■■■

Priorities and topics (★ Indicates decision or deliverable)

■ **Public health system improvements and funding** - Make recommendations related to future public health modernization investments ★ - Hear about implementation of current investments - Update public health modernization funding formula for LPHAs ★ - Approve the 2024 Public Health Modernization Funding Report ★ - Approve Public Health Equity Framework ★ - Approve Public Health System Workforce recommendations ★ - Approve Public Health Accountability Metrics Report, and use of accountability metrics ★ - Inform Public Health Modernization Evaluation - Discuss community-led data initiatives, including PHAB Strategic Data Plan - Member-initiated topics	■ **Statewide population health priorities** - State Health Assessment - Healthier Together Oregon - Legislative policy impacts - Public health and education - Preventive Health and Health Services Block Grant ★ - Member-initiated topics
■ **OHPB and health system alignment** - Opportunities for health system and public health alignment - CCO metrics program - Opportunities for aligned work with OHPB - Member-initiated topics	■ **PHAB structure, business and member support** - Update Charter and Bylaws ★ - Elect a Chair for a two-year term or postpone election until 2025 ★ - Ensure use of PHAB HE P&P throughout development of deliverables - Trainings - Annual retreat

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

Public Health Advisory Board meeting minutes
May 9th, 2024, 3:00-5:00 pm

Attendance

Board members present: Sarah Present, Veronica Irvin, Kelle Little, Nic Powers, Mike Baker, Dianna Hansen, Jackie Leung, Heather Kaisner, Mary Engrav, Bob Dannenhoffer, Jenny Withycombe, Marie Boman-Davis, Brenda Johnson, Jawad Khan

Board members excused: Cara Biddlecom, Dean Sidelinger, Ryan Petteway, Meghan Chancey, Tameka Miles Brazile, Kelly Gonzales, Ana Gonzales

OHA Staff for PHAB: Sara Beaudrault, Kirsten Aird, Tamby Moore, Steven Fiala, Alex Freedman, Maria Elana Castro

Welcome and shared agreements; board updates

Presented by Veronica Irvin; Kirsten Aird

- The meeting began with an icebreaker where attendees shared their anticipations for the upcoming fall retreat.

- Kirsten Aird provided updates, noting that Cara Biddlecom was absent and that Kirsten would fill in on updates that Cara would have provided.

April meeting minutes vote

- There wasn't a quorum present, so April minutes were not approved.

Accountability Metrics Subcommittee recruitment updates

Presented by Veronica Irvin

- Veronica Irvin provided updates on the Accountability Metrics Subcommittee recruitment efforts.

- The committee currently has two members, Sarah Present and Mary Engrav.

- Two to three additional members are needed to continue the subcommittee's work.

- The subcommittee is currently focusing on accountability metrics discussions with the CCO metrics and developing a committee engagement strategy.

- Kelle Little and Mike Baker volunteered to join the subcommittee.

Public Health Director interview process updates

Presented by Kirsten Aird

- Kirsten Aird provided updates on the Public Health Director interview process.

- The recruitment process for the Public Health Director is currently ongoing.

- A community panel, including the PHAB chair and two local public health administrators, is involved in the process.

- The process is currently in the third phase, with a mix of OHA and PHD leadership involved.

- The community panel will be involved in the next phase.

Oregon Health Policy Board priorities

Presented by Brenda Johnson

- Brenda Johnson, the liaison to the Oregon Health Policy board, discussed the board's priorities.

- This presentation is reflected on pages 14 – 16 of the meeting packet.

- Health equity is a major priority for the board. The board's focus this year is on health equity within the structure of metrics and CCO procurement.

- Other areas of priority include policy and affordability, and policy related to behavioral health.

- Marie Boman-Davis asked about the possible connection between the metrics priority and the CCO procurement priority and the discussion on accountability metrics.

- Brenda Johnson acknowledged the potential for overlap and contribution between these areas and suggested that there are opportunities for staff and community members to engage in finding places of natural connection.

Health Equity Committee (HEC) presentation

Presented by Alex Freedman; Maria Elana Castro

- Alex Freedman and Maria Elena Castro from the Equity and Inclusion Division lead a presentation about the Health Equity Committee.

- This presentation is reflected on pages 17 - 31 in the meeting materials.

- The committee was formed in response to the board's realization of the importance of health equity during their community engagement activities in 2015-2017.

- The committee is currently in the process of learning and exploring ways to engage the community equitably.

- The committee created a definition for health equity in collaboration with community members and this definition was adopted by the policy board in October 2019 and by the Oregon Health Authority.

- The committee has a strategic plan centered on equity, with 10 strategic goals and 25 SMART objectives.

- The committee has three focus areas: policy, feedback, and collaboration.

- The policy focus involves using an equity-focused approach and framework to policy development.

- The feedback focus involves providing feedback, accountability, and oversight on the Oregon Health Authority's progress towards eliminating health inequities.

- The collaboration focus involves coordinating and collaborating with other subcommittees and community-based organizations.

- PHAB members discussed ways to increase public engagement, such as hosting community conversation events on specific topics.

- It was suggested that holding rotating and occasional in-person meetings in different locations, including rural areas would be a good approach to increasing community engagement.

- There was a discussion between members about potential collaboration between the PHAB and HEC

- PHAB members expressed interest in collaborating on specific goals, particularly around the antiracist framework and public health equity framework.

- The conversation highlighted the importance of rural representation in the committees' work.

- The HEC representatives acknowledged the challenges faced by rural communities and expressed a commitment to ensuring representation from all areas of the state.

Preventative Health and Health Services Block Grant updates

Presented by Sara Beaudrault

- Sara Beaudrault provided an update on the state's Preventive Health and Health Services Block Grant.

- This presentation is reflected on pages 41 – 47 of the meeting packet.

- The block grant is a non-competitive grant awarded to all states and territories through the CDC.

- The main requirement of the block grant is that work plans are tied to Healthy People 2030 objectives.

- The funds are used to support and implement the state health improvement plan, support public health modernization work, and allocate funds for rape prevention and victim services.

- The PHAB serves as the advisory board for the Preventive Health and Health Services Block Grant and meets twice a year to discuss the work completed with the current funding and to review and approve the proposed work plan and budget for the next year.

PHAB Incentive and Funding Subcommittee updates

Presented by Steven Fiala

- Steven Fiala, the public health modernization lead, provided an overview of the incentives and funding subcommittee's work related to the funding formula for local public health.

- This presentation is reflected on pages 34 – 40 of the meeting packet.

- The subcommittee will be bringing recommended changes to the funding formula to the meeting in June for discussion and adoption.

- The subcommittee provides recommended updates to the public health modernization funding formula for local public health authorities every 2 years.

- The funding formula aims to provide sufficient funding to all local public health authorities for modernization work and advancing health equity.

- The subcommittee developed this methodology for the funding in 2018.

- The PHAB made two significant changes to the funding formula in 2022.

- The first change was to increase the floor funding amount so that with a minimum of 40 million dollars allocated each county would receive sufficient funding to hire 2 FTE.

- The second change was to allocate a larger portion of funding to social and demographic indicators in the funding formula that describe the conditions of its community.

- A question was raised about who makes the decisions around the funding percentages between OHA, Tribe, CBOs, and LPHAs. It was clarified that the priorities determined by PHAB inform decisions about funding allocations.

- There was a discussion about the process of how the funding percentages were decided in the past and how it will be done in the future.

Fall In-Person retreat discussion

Presented by Veronica Irvin

- The retreat is suggested to be held sometime from September-November.

- There was a discussion about holding the retreat in a rural area.

- Suggestions for the retreat included having a neutral facilitator or convener, spending time on getting to know each other, reviewing what PHAB has accomplished in the last 5 years, following up on some of the projects that are underway, discussing PHAB's role in advocating for public health, and how PHAB can better work together.

- There was also a suggestion to add a community conversation to the end part of the meeting to get more public comment or community conversation.

Public Comment

- No public comment

Meeting adjourned at 5:00PM

Public health modernization funding formula

ACTION: Vote to approve funding formula for 2025-27

Oregon Health Authority

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.
- Met four times between April-June to develop recommendations for 2025-27 funding formula.

ORS 431.380 Distribution of (public health modernization funds)

ORS 431.380

(1) From state moneys that the Oregon Health Authority receives for the purpose of funding the foundational capabilities… and the foundational programs… the Oregon Health Authority shall make payments to local public health authorities under this section.

(a) A method for awarding base funds…

(b) A method for awarding matching funds to a local public health authority that invests in local public health activities and services above the base amount distributed in accordance with paragraph (a) of this subsection; **and**

(c) A method for the use of incentives as described in subsection (3) of this section.

(3) The Oregon Health Authority shall adopt by rule incentives and a process for identifying, updating and applying accountability metrics, for the purpose of encouraging the effective and equitable provision of public health services by local public health authorities.

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

Base component (floor + indicator funding)

- Recommendation: No changes to base component of funding formula for 2025-27
- Rationale:
  - Increasing floor funding to $400,000 for all LPHAs in 2023-25 appears to have been effective in ensuring that extra small/small LPHAs receive enough funding to hire staff and fulfill requirements.
  - Since there was a significant increase in funds to LPHAs in 2023-25, this shift did not result in any LPHAs receiving less funds than in the previous biennium

Matching funds

Recommendations

- Implement matching if funding increases by 5% ($2.5M)
- County receives matching funds if able to maintain local investment (increase not required)
- May include a buffer for small decreases in funding to account for standard budget fluctuations over time (e.g., 3% window)
- Counties that qualify for matching funds, receive matching funds proportional to county population (or similar method to be determined)

Rationale

- Given current state budget projections that indicate relatively stable funding, want to avoid reductions in base funding to LPHAs.
- Those who would not qualify for matching funds due to lack of county investments would be hardest hit by a reduction of base funding.
- Given the current national, state and local funding landscape, sufficient to incentivize maintenance of funds

Incentive funds

Recommendations

- Maintain at 1% of total funds (about $500K at current funding level)
- Proportion of total incentive funds available to each county will be based on population size
- Allocation of available incentive funds to each county is proportional to the number of incentive metrics met (e.g., if County A meets 4 of 6 process measures, they receive 2/3 of their available incentive funding)
- Incentive funding “left on the table” (e.g., from a county not meeting all process measures) is redistributed through a method to be determined

Rationale

- Focus on demonstrating improvements with current investments
- Previous recommendation from PHAB to start with small amount of incentive funding as proof of concept given limited to no evidence base for pay-for-performance for public health outcomes
- Do not want “all or nothing” approach to incentives

Public Health Modernization LPHA Funding Formula
Updated May, 2024
ESTIMATES/FOR PLANNING PURPOSES ONLY

Total biennial funds available to LPHAs through the funding formula = $46,976,092
Assuming 5% of total ($2,348,804) for matching funds = $44,627,288 With current methodology, each LPHA eligible to receive a minimum of $71,176
Assuming 1% of total $469,761) for matching funds = $46,506,331 With current methodology, each LPHA eligible to receive a minimum of $14,235

		Total county allocation 2023-25 (estimate)		Total county allocation with 5% reduction in base funds			Total county allocation with 1% reduction in base funds		
County Group	Population[1]	Total Award	Award Percentage	Total Award	Award Percentage	Actual amt. reduction	Total Award	Award Percentage	Actual amt. reduction
Wheeler	1,533	$ 417,918	0.9%	$ 416,626	0.9%	$ 1,292	$ 417,660	0.9%	$ 258
Gilliam	2,062	$ 425,950	0.9%	$ 424,078	1.0%	$ 1,871	$ 425,575	0.9%	$ 374
Wallowa	7,631	$ 480,795	1.0%	$ 474,969	1.1%	$ 5,825	$ 479,630	1.0%	$ 1,165
Harney	7,600	$ 462,346	1.0%	$ 457,851	1.0%	$ 4,495	$ 461,447	1.0%	$ 899
Grant	7,418	$ 488,491	1.0%	$ 482,110	1.1%	$ 6,380	$ 487,215	1.0%	$ 1,276
Lake	8,562	$ 515,019	1.1%	$ 506,726	1.1%	$ 8,293	$ 513,361	1.1%	$ 1,659
Morrow	13,010	$ 652,956	1.4%	$ 634,718	1.4%	$ 18,239	$ 649,308	1.4%	$ 3,648
Baker	16,927	$ 526,891	1.1%	$ 517,742	1.2%	$ 9,149	$ 525,061	1.1%	$ 1,830
Crook	26,583	$ 603,877	1.3%	$ 589,177	1.3%	$ 14,700	$ 600,937	1.3%	$ 2,940
Curry	24,439	$ 615,159	1.3%	$ 599,646	1.3%	$ 15,513	$ 612,057	1.3%	$ 3,103
Jefferson	25,878	$ 729,490	1.6%	$ 705,733	1.6%	$ 23,757	$ 724,739	1.6%	$ 4,751
Hood River	24,406	$ 701,919	1.5%	$ 680,150	1.5%	$ 21,769	$ 697,565	1.5%	$ 4,354
Tillamook	28,000	$ 676,862	1.4%	$ 656,899	1.5%	$ 19,962	$ 672,869	1.4%	$ 3,992
Union	26,335	$ 601,550	1.3%	$ 587,018	1.3%	$ 14,532	$ 598,644	1.3%	$ 2,906
Sherman, Wasco	28,969	$ 1,206,346	2.6%	$ 1,177,047	2.6%	$ 29,298	$ 1,200,486	2.6%	$ 5,860
Malheur	32,981	$ 852,901	1.8%	$ 820,246	1.8%	$ 32,655	$ 846,370	1.8%	$ 6,531
Clatsop	42,095	$ 718,401	1.5%	$ 695,444	1.6%	$ 22,957	$ 713,810	1.5%	$ 4,591
Lincoln	51,930	$ 824,946	1.8%	$ 794,306	1.8%	$ 30,639	$ 818,818	1.8%	$ 6,128
Columbia	53,143	$ 787,248	1.7%	$ 759,326	1.7%	$ 27,921	$ 781,664	1.7%	$ 5,584
Coos	66,945	$ 959,903	2.0%	$ 919,533	2.1%	$ 40,370	$ 951,829	2.0%	$ 8,074
Klamath	71,919	$ 1,050,865	2.2%	$ 1,003,936	2.2%	$ 46,929	$ 1,041,479	2.2%	$ 9,386
Umatilla	81,842	$ 1,257,228	2.7%	$ 1,195,420	2.7%	$ 61,808	$ 1,244,866	2.7%	$ 12,362
Polk	90,553	$ 1,029,374	2.2%	$ 983,995	2.2%	$ 45,379	$ 1,020,298	2.2%	$ 9,076
Josephine	88,814	$ 1,155,479	2.5%	$ 1,101,008	2.5%	$ 54,472	$ 1,144,585	2.5%	$ 10,894
Benton	99,355	$ 1,037,992	2.2%	$ 991,991	2.2%	$ 46,001	$ 1,028,792	2.2%	$ 9,200
Yamhill	109,743	$ 1,286,532	2.7%	$ 1,222,611	2.7%	$ 63,921	$ 1,273,748	2.7%	$ 12,784
Douglas	113,748	$ 1,291,121	2.7%	$ 1,226,870	2.7%	$ 64,252	$ 1,278,271	2.7%	$ 12,850
Linn	131,984	$ 1,426,892	3.0%	$ 1,352,851	3.0%	$ 74,041	$ 1,412,084	3.0%	$ 14,808
Deschutes	212,141	$ 1,640,750	3.5%	$ 1,551,289	3.5%	$ 89,461	$ 1,622,857	3.5%	$ 17,892
Jackson	222,762	$ 1,923,195	4.1%	$ 1,813,370	4.1%	$ 109,826	$ 1,901,230	4.1%	$ 21,965
Marion	352,249	$ 4,000,705	8.5%	$ 3,741,087	8.4%	$ 259,618	$ 3,948,782	8.5%	$ 51,924
Lane	384,374	$ 2,916,239	6.2%	$ 2,734,813	6.1%	$ 181,426	$ 2,879,954	6.2%	$ 36,285
Clackamas	424,043	$ 2,822,032	6.0%	$ 2,647,399	5.9%	$ 174,634	$ 2,787,105	6.0%	$ 34,927
Washington	610,245	$ 4,813,212	10.2%	$ 4,495,010	10.1%	$ 318,202	$ 4,749,571	10.2%	$ 63,640
Multnomah	801,306	$ 6,075,508	12.9%	$ 5,666,292	12.7%	$ 409,216	$ 5,993,665	12.9%	$ 81,843
Total	**4,291,525**	**$ 46,976,092**	100.0%	**$ 44,627,288**	100.0%	$ 2,348,804	**$ 46,506,331**	100.0%	**$ 469,761**

LPHA Public Health Modernization Funding Formula Survey Results

Conference of Local Health Officials | May 16, 2024

Respondents

23 Total respondents

4 Extra small

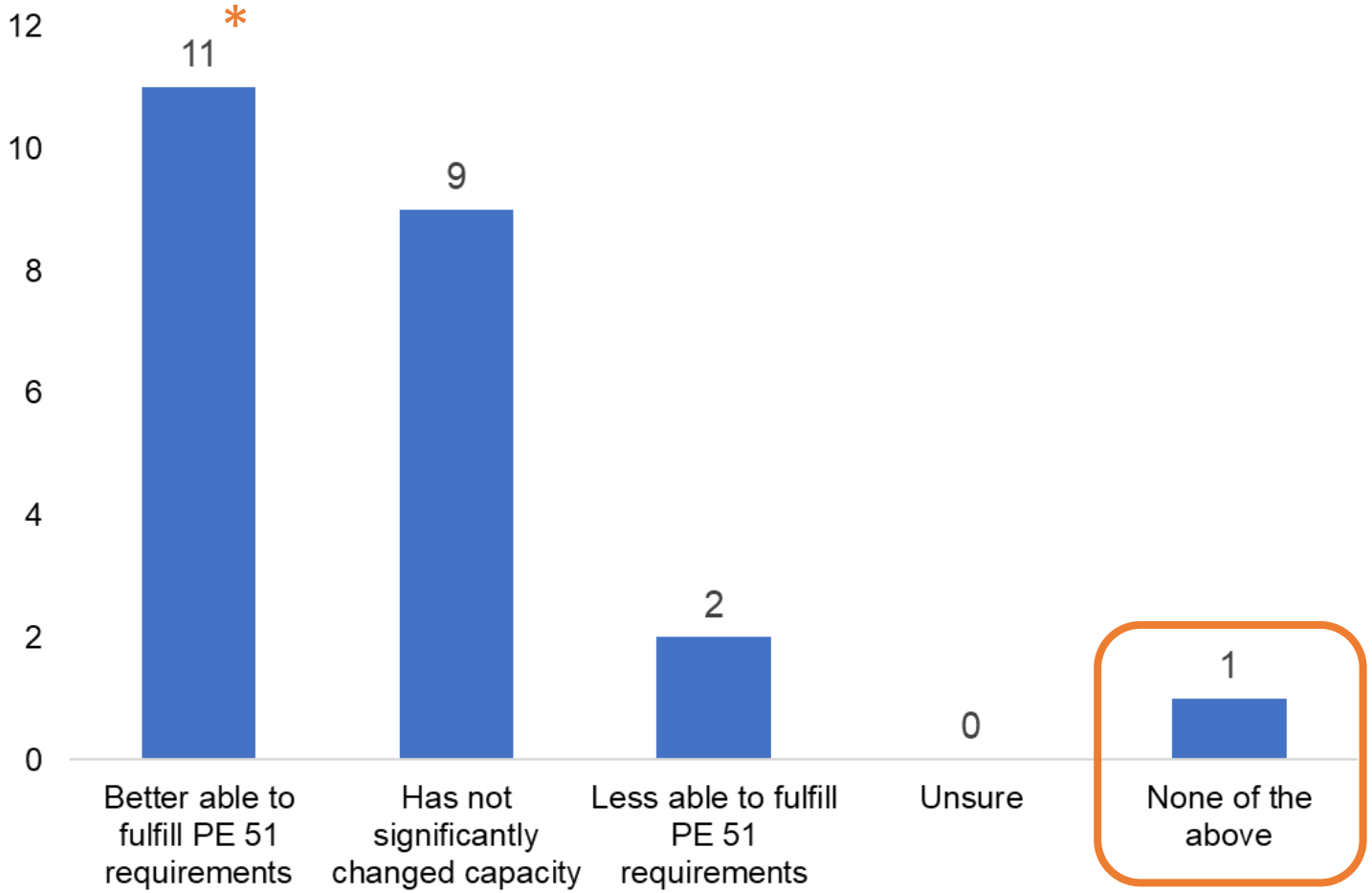
9 Small

4 Medium

2 Large

4 Extra large

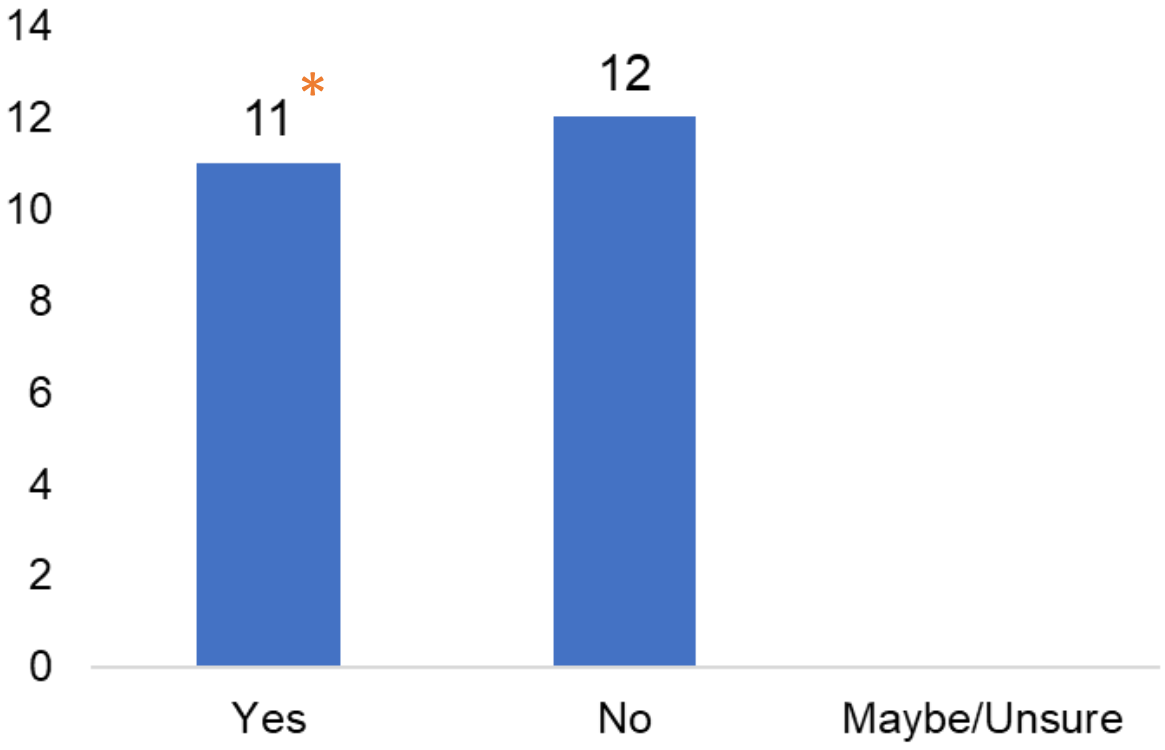
What impact has PHAB's decision to increase floor funding for each county to $400,000 had on your LPHA's capacity to fulfill PE 51 requirements?



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

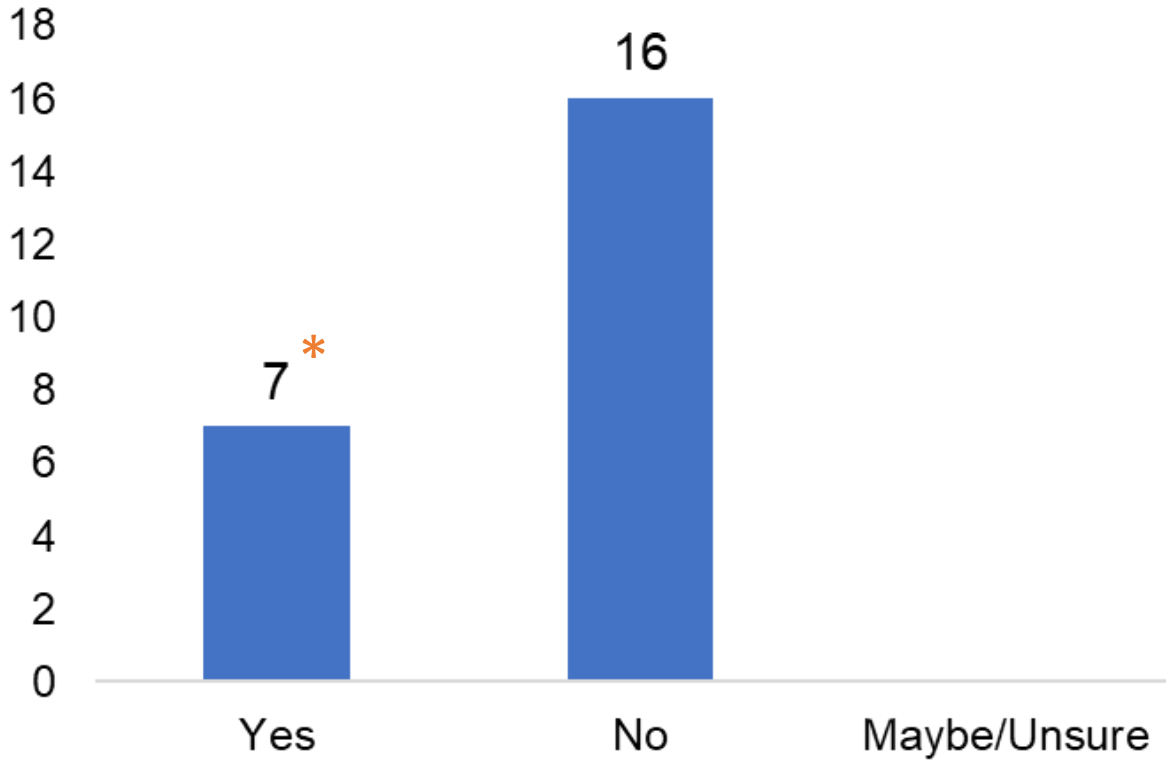
* 9 out of these 11 from extra small or small counties

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



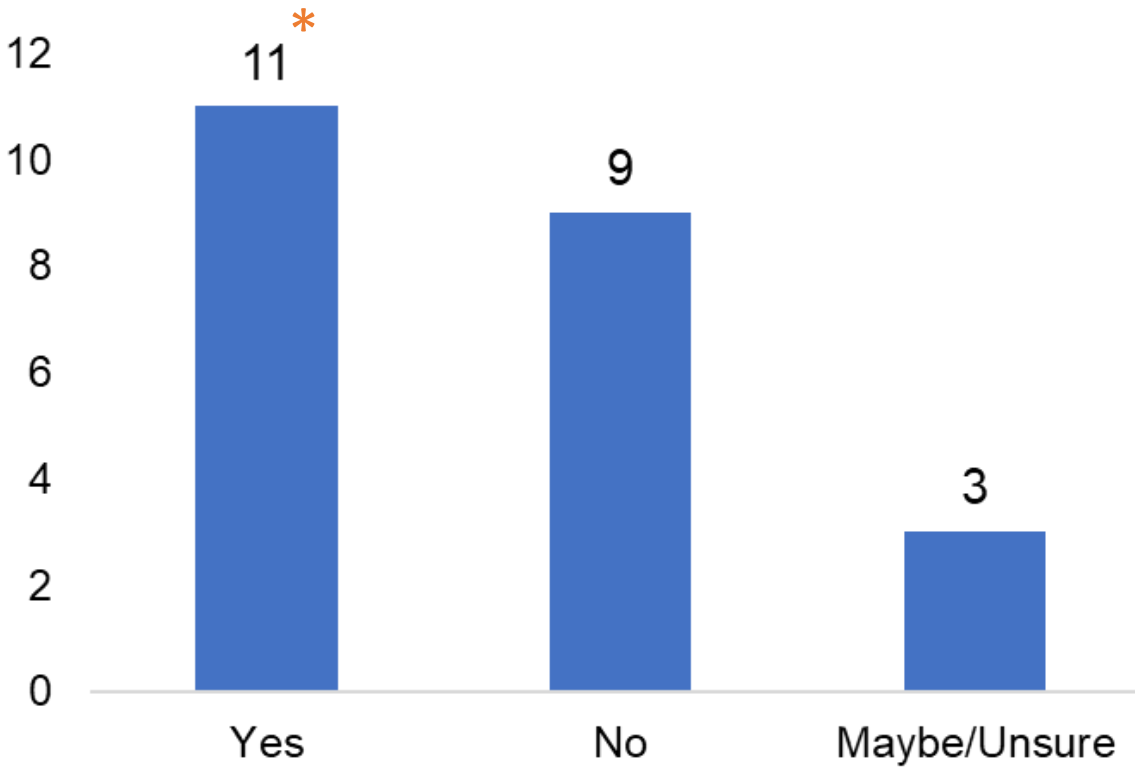
* 9 out of these 11 from extra small or small counties

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

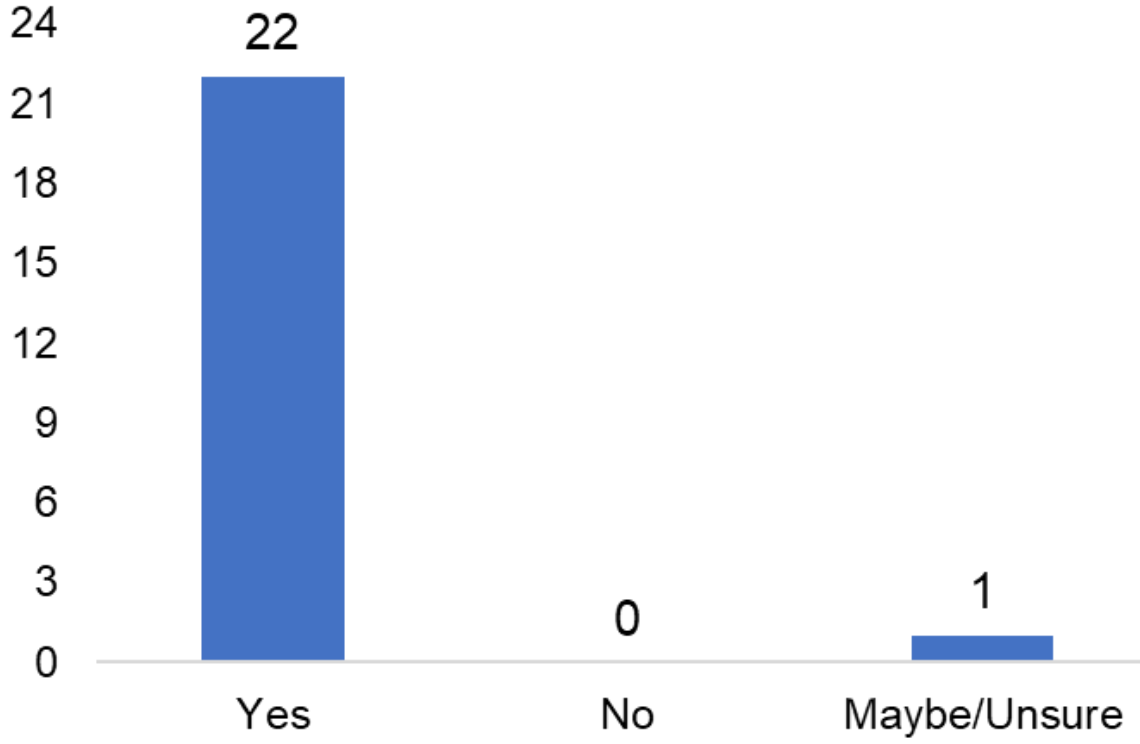


* All responses from extra small or small counties

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

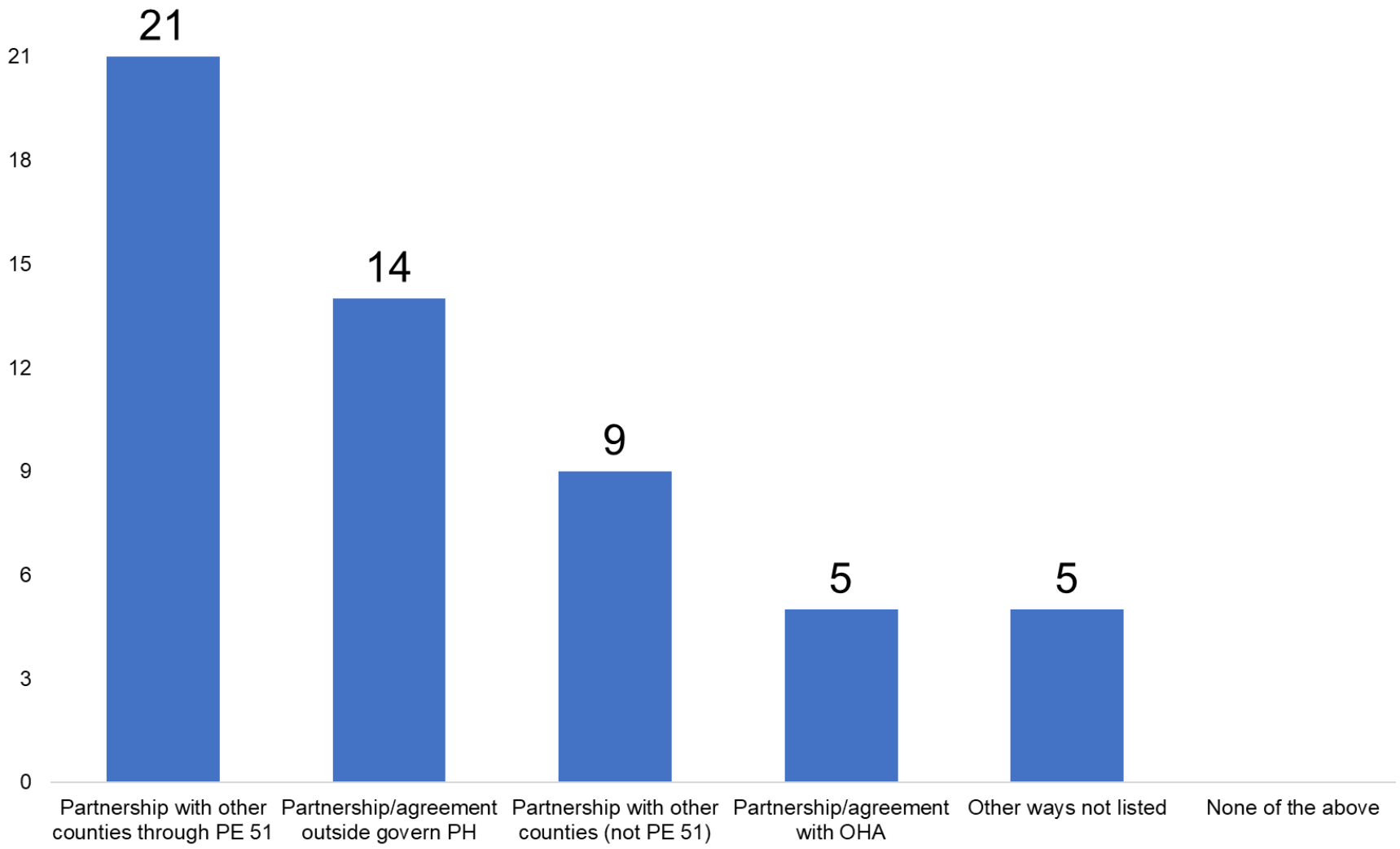


Does your LPHA anticipate being able to fully spend the increased investment during 23-25 biennium?



* 9 out of these 11 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 mean stable funding is a decrease
- Funding increases used to maintain capacity, offset other funding losses
- Not allowed to hire new staff given funding is not stable
- 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 for smaller counties, but resulted in less funding overall for larger
- Formula does not reflect complexity of working in a large, geographically spread-out jurisdiction
- Should state-required indicators be given more or equal weight
- Need time to see effects of change in base 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
- Recommend increase to regional funding which has remained flat

How can **matching funds** be used to encourage sustained and increased local investments in public health?

- Agree that matching should be a component/incentive for counties to invest in public health
- Linking incentive funds to county's ability to match funding could do harm
- County may not have enough revenue generated to be able to invest or match
- May not lead to increase in funding, because county would recoup match with charges elsewhere
- Matching funds support internal budget requests and planning with county leadership (extra large)
- Match fund doable if local takes a reasonable portion (not at current more than one third)
- Recommend leaning into incentive funding and more equitable distribution of funding through indicators (rather than matching)
- Recommend expanding incentive funds to reward counties that identify other funding sources outside of county GF
- Recommend state law to define state and local government shared responsibility to invest in public health

How can **incentive funds** be used to encourage improved performance on LPHA process measures for accountability metrics?

- Successful incentive program will take years of data collection/implementation to meaningfully move the needle
- Will be difficult to achieve metrics and receive incentive funds if funding focus changes every 2 years
- Concern with completely withholding incentive funds when improvement is not made since progress is difficult without adequate initial investment
- Improved performance on a process measure may be difficult to measure and could be outside of the LPHA primary scope and span of control
- Collect static set of modernization data with matrix of benchmarks across many areas; incentivize meeting/exceeding benchmark
- Consider percentage incentives rather than all-or-nothing approach so we do not widen performance gaps
- Tie incentive payments to both process and *movement* on a process measure
- Specify incentive funding is to be used for county goals related to specific accountability metrics
- Allocate incentive payments to LPHAs that demonstrate implementation of evidence-based practices

How can **incentive funds** be used to encourage improved performance on LPHA process measures for accountability metrics? (continued)

- Incentives to counties when they deliver required work on schedule or contribute to improving health outcomes
- Accountability metrics need to tie clearly to workplans and the manual
- Recommend accountability metrics development for CBOs
- Align incentive measures with CCOs

PHAB Incentives and Funding
Health equity review for public health modernization funding formula

What are the primary changes to the public health modernization funding formula for 2025-27?
The Incentives and Funding subcommittee recommends the following changes.

1. Base component: No changes to floor funding or indicators.
2. Matching funds component: PLACEHOLDER
3. Incentives component: PLACEHOLDER

Which health inequit(ies) does the work product, report or deliverable aim to eliminate, and for which groups?
All of them. The funding formula is intended to leverage public health funding to eliminate health inequities, but it does not direct funds to address specific health inequities. The indicators in the funding formula address known factors that contribute to inequities, including socioeconomic status and educational attainment, English language proficiency, and rurality. The floor funding is intended to ensure that local public health authorities can establish the workforce and infrastructure needed for working directly with communities to address community priorities.

What data sources have been used to identify health inequities?
The funding formula is not used to identify health inequities. In 2025-27 OHA will publish county indicator data to increase visibility on each county's status on these indicators.

How was the community engaged in the work product, report or deliverable policy or decision?
Local public health administrators provided input on the current funding formula and recommendations for changes. Community partners or members were not engaged in the development of the public health modernization funding formulas.

How does the work product, report or deliverable advance health equity, lead with race and impact the community?

The funding formula is intended to leverage public health funding to eliminate health inequities. The indicators in the funding formula address known factors that contribute to inequities, and the funding formula directs more funds to areas of the state with lower ranks on the indicators.

Will any groups or communities benefit from the direction or redirection of resources with this decision? Are they the people who are facing inequities?
Communities are unlikely to directly benefit from the direction and redirection of resources that will occur with the recommended changes. Over time, communities could benefit from increased funding if the funding formula successfully incentivizes increased county investments and improved performance on accountability metrics. The funding formula directs more funds to areas of the state with lower ranks on indicators that are known to contribute to inequities, including but not limited to socioeconomic status and educational attainment. Consequently, communities experiencing inequities in these social determinants of health are receiving a larger proportion of overall funding.

What are short and long-term strategies tied to this work product, report or deliverable that will impact racial equity?
One indicator in the funding formula is the percent of a county population that is non-white or communities of color. Through this indicator, the funding formula directs more funds to areas of the state with higher proportions of communities of color to account for health inequities based on systemic barriers to health, including racism. Short- and long-term strategies for the funding formula will continue to center indicators that equitably allocate funding, including those that promote racial equity.

What data will be used to monitor the impact of this work product, report or deliverable over time?
County revenue and expenditure data are reported annually by LPHAs. Data on accountability metrics are collected and reported annually.

Preventive Health and Health Services Block Grant

ACTION: Vote to approve the Block Grant work plan for 2024-25

Preventive Health & Health Services Block Grant
October 2024 – September 2025 Work Plan

Background

- Non-competitive grant issued to all states and territories to address state/territory determined public health priorities.
- The Public Health Advisory Board (PHAB) is designated as the Block Grant Advisory Committee which makes recommendations regarding the development and implementation of the work plan.
- Federal code states that a portion of the allocation (pre-determined) be used for rape prevention and victim services. This funding currently goes to the Oregon Coalition Against Domestic and Sexual Violence.
- Work plan must be tied to Healthy People 2030 objectives. Oregon uses the block grant to support infrastructure, including public health modernization, the state health assessment (SHA) and the state health improvement plan (SHIP). Healthy People 2030 objectives in the 2023-24 work plan:
    - Healthier Together Oregon development and implementation (PHI-R04 Increase the proportion of state and territorial that have developed a health improvement plan)
    - Public Health Modernization support (PHI-R08 Explore financing of public health infrastructure, including the core/foundational capabilities in health departments)
    - Sexual Violence primary prevention (PHI-D05 Reduce contact sexual violence by anyone across the lifespan)
- Oregon's allocation increased from $1,111,279 in 2023-24 to $1,273,695 for 2024-25

Proposed October 2024-September 2025 Work Plan

- Support SHIP development and implementation

- Engage communities to conduct the state health assessment and develop the 2025-29 state health improvement plan
- Identify and implement strategies to increase training of community health workers, especially among BIPOC and underserved communities
- Implement a communications plan to increase awareness and impact of the state health assessment and state health improvement plan
- Convene and support a new SHIP steering committee

- Support Public Health Modernization
  - Provide training and shared learning opportunities for Public Health Advisory Board
  - Provide training and technical assistance for the public health system to achieve improved health outcomes.
  - Provide funds to the Conference of Local Health Officials for ongoing meetings to support state/local governmental public health system work
  - Fulfill legislative requirements, including accountability metrics development and reporting, annual Legislative Fiscal Office report. Provide communications in support of legislative deliverables.
- Sexual Violence Primary Prevention:
  - Oregon Coalition Against Domestic and Sexual Violence
  - Fund one to three local, culturally specific organizations and/or Tribal sexual/domestic violence programs to continue to build capacity for and implementation of sexual violence primary prevention and programs.
  - Fund 0.8 FTE position to provide to funded and non-funded organizations online and in person (as able) sexual violence primary prevention technical assistance and training.

<u>Funding</u>

- Total PHHS Block Grant funding for October 2023 through September 2024 is $1,111,737 with $88,458 designated for sexual assault prevention and services.
- Funding by Health Objective:
    - State Health Improvement Plan – *Approximately $858,500*
    - Financing Public Health Infrastructure – *Approximately $326,700*
    - Reduce sexual violence -- $88,458
    - Indirect costs (capped at 10%)
- Funding for OHA-PHD Staff:
    - 1.0 FTE Strategic Initiatives Manager (Block Grant Coordinator)
    - 1.0 FTE Healthier Together Oregon Strategist
    - 1.0 FTE Strategic Initiatives Coordinator
    - 1.0 FTE Strategic Initiatives Partnerships Coordinator

CDC Preventive Health and Health Services Block Grant
Health equity review

What are the primary focus areas for the Preventive Health and Health Services Block Grant (Block Grant) in the 2024-25 work plan and budget?

- State health improvement plan development and implementation
- Public health modernization support
- Sexual violence primary prevention

Which health inequit(ies) does the work product, report or deliverable aim to eliminate, and for which groups?
All three of the focus areas listed above aim to eliminate health inequities.

The vision for the current state health improvement plan, Healthier Together Oregon, is "Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations". Oregon achieves this vision by addressing five priority areas. The Block Grant is the primary source of funding to implement Healthier Together Oregon.

Oregon's work to modernize its public health system ensures that the system is equitable, community-centered and accountable for improving health outcomes. The Block Grant provides funding for training, technical assistance and other system-wide supports so that the public health system can collectively work to eliminate root causes of health inequities. This includes funding to support shared learning among PHAB members.

Funds allocated to the Oregon Coalition Against Domestic and Sexual Violence are used to support primary prevention across the state to eliminate root causes of domestic and sexual violence.

What data sources have been used to identify health inequities?
Not applicable

How was the community engaged in the work product, report or deliverable policy or decision?
OHA held a public hearing on the Block Grant on June 11, 2024.

How does the work product, report or deliverable advance health equity, lead with race and impact the community?
While Healthier Together Oregon does not explicitly lead with race, Oregon's efforts to modernize its public health system are guided by PHAB. Under PHAB's guidance, Oregon's public health system leads with race, as described in PHAB's Health Equity Review Policy and Procedure.

Will any groups or communities benefit from the direction or redirection of resources with this decision? Are they the people who are facing inequities?
Groups or communities that experience health inequities are likely to benefit from ongoing investments and commitments to Healthier Together Oregon and public health modernization.

What are short and long-term strategies tied to this work product, report or deliverable that will impact racial equity?
All planned work described in the work plan can contribute to racial equity.

What data will be used to monitor the impact of this work product, report or deliverable over time?
Oregon reports to CDC twice annually on progress toward achieving the annual work plan. Oregon reports to PHAB annually.

Public Health System Workforce Report

Oregon Health Authority

PHAB Update

Public Health System Workforce Meeting

June 13th 2024

Introductions

PHAB Workforce Workgroup Members: Wendy Polulech, OHA-PHD; Veronica Irving, OSU/PHAB-Chair

PHAB PHS Workforce Workgroup

- 1 Tribal Partner
- 7 Community-based Organization Partners
- 7 Local Public Health Partners
- 3 Academic Partners
- 3 OHA-Public Health Division Partners
- 3 supporting staff provided by OHA-PHD, including external meeting facilitator

Refresh from Jan-Apr

The Workgroup focused on

- Orienting to Public Health Modernization and the Public Health Foundational Capabilities
- Understanding what is currently known about the public health workforce
- OHA provided a contractor to summarize existing public heath workforce data and reports

March Meeting Recap

Workgroup Members used Jamboard to identify needs and gaps by foundational capabilities from their perspectives within the public health workforce and its pipeline

- The information was cross-walked with findings from the workforce lit review and reoccurring themes were identified
- The results of the March activity used to inform the May and June needs/gaps prioritization activity

May Meeting Recap

- OHA's contractor, WYSAC provided the final summaries that synthesize what is currently known about workforce from existing reports.

- The focus of May's meeting was workgroup discussion to review and prioritize workforce needs for the foundational capability of Leadership and Organizational Competencies.

Workforce Synthesis Summaries

The summaries are found on the PHAB webpage under “Reference Materials”, by category “PHAB Workforce Workgroup”.

- Workforce Recommendations summarized from existing reports by Foundational Capability
- Oregon Public Health Workforce Briefing Summary: Staffing
- Oregon Public Health Workforce Briefing Summary: Background
- Oregon Public Health Workforce Briefing Summary: Capacity
- Oregon Public Health Workforce Briefing Summary: Demographics
- Oregon Public Health Workforce Briefing Summary: Knowledge and Skills
- Oregon Public Health Workforce Briefing Summary: Needs, Gaps, and Recommendations
- Oregon Public Health Workforce Briefing Summary: Recommendations

Project Phases & Timeline

Phase 1: 	Analysis: workforce synthesis summaries; workgroup prioritization of needs/gaps; OHA gathers direct feedback from the public health workforce
Phase 2:	Review: workgroup reviews all information (workforce synthesis materials, workgroup input, workforce feedback, Costing and Capacity Assessment)
Phase 3:	Recommendations: workgroup takes all data and information into consideration and drafts recommendations for a statewide workforce plan, deliver to PHAB
Beyond this project:	Develop a Statewide Public Health System Workforce Plan based on recommendations

PHAB Workforce Workgroup Timeline and Deliverables

Workgroup Prioritizes

Workforce needs by Foundational Capability

Workgroup Prioritizes

Workforce needs by Foundational Capability

OHA conducts Community Engagement

"Community" defined as: the workforce of the public health system

OHA conducts Community Engagement

"Community" defined as: the workforce of the public health system

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OHA conducts and provides summaries of Community Engagement Costing and Capacity Assessment

Workgroup Drafts Recommendations

Workgroup will draft recommendations for PHAB

June Workgroup Meeting

- June 12th 9:00-11:00AM (virtual, Zoom meeting)
- Continuation of the Needs/Gaps prioritization activity with a focus on the foundational capabilities of:
  - Policy and Planning
  - Communications
  - Health Equity and Cultural Responsiveness;
  - Community Partnership Development
  - Assessment and Epidemiology
  - Emergency Preparedness and Response

Workgroup Discussion Questions

- Is there a top priority that is missing from your perspective?
- Who in the public health workforce needs to be engaged to understand the priority needs further?
- Are there parts of the public health system's workforce that aren't being addressed in the prioritized needs?

July/August Workgroup Meetings

- Cancelled
  - To allow for OHA engagement/collecting direct feedback from the workforce of the public health system
  - The Workgroup will review workforce synthesis materials during these months
  - The Workgroup's prioritization of Needs/Gaps by Foundational Capability from May/June meetings will be utilized in engagement activities with the public health workforce
  - Feedback from the workforce will be compiled and shared back with the workgroup to use as another source of data to support the recommendations that this workgroup creates for PHAB

Phase 1 Timeline: Analysis

January 2024	WYSAC reviews preliminary findings from lit review/workforce analysis - Workgroup is oriented to the workforce analysis process
February 2024	WYSAC presents preliminary findings, images and takeaways - Workgroup advises on workforce analysis materials
March 2024	WYSAC provides draft workforce synthesis materials
May 2024	WYSAC provides final materials to the workgroup Workgroup prioritizes Needs and Gaps by Foundational Capability
June 2024	Workgroup prioritizes Needs and Gaps by Foundational Capability (sets up areas of focus for workforce feedback)

Workgroup Milestones and Deliverables

Milestones:

- ✓ Workgroup members recruited and convened
- ✓ WYSAC produces draft analysis of public health workforce report
- ✓ WYSAC products are complete and shared with workgroup
- Workgroup prioritizes Needs/Gaps by Foundational Capability
- OHA-PHD Project Team engages directly with public health workforce
- Workgroup receives feedback from the public health workforce
- Workgroup reviews Costing and Capacity Assessment
- Workgroup produces recommendations for a workforce plan
- Recommendations delivered to PHAB

Deliverables

- Lit Review/Workforce Synthesis Summaries/ Reference Materials
- Summarized feedback from the workforce of the public health system
- Costing and Capacity Assessment
- Workgroup recommendations for PHAB
- Statewide Public Health System Workforce Plan

Public Health Equity Framework

PHAB Health Equity Framework

1. Discuss and provide feedback on intended outcomes and deliverables.
2. Are changes recommended to fulfill PHAB's expectations of the Health Equity Framework Workgroup?

PHAB Health Equity Framework
Intended outcomes and deliverables

Intended outcomes

Shared understanding of:

1. The role of CBOs as part of Oregon's public health system, separate and distinct but in concert with governmental public health.
2. How governmental public health and community partners work together to serve community and achieve health equity.

Deliverable

A health equity framework that includes:

1. A companion document to the Public Health Modernization Manual that describes the role of CBOs to fulfill the foundational capabilities of Community Partnership Development and Health Equity and Cultural Responsiveness.
2. A revised version of PHAB's Health Equity Policy and Procedure that is widely applicable to OHA, local public health authorities and other public health partners.

Oregon Health Authority

OHA Budget

Oregon Health Authority

Oregon Health Authority
Public Health Division (PHD)

Presented to
Public Health Advisory Board
June 13, 2024

Nadia Davidson, MPH, MSF, CFO-Director of Finance

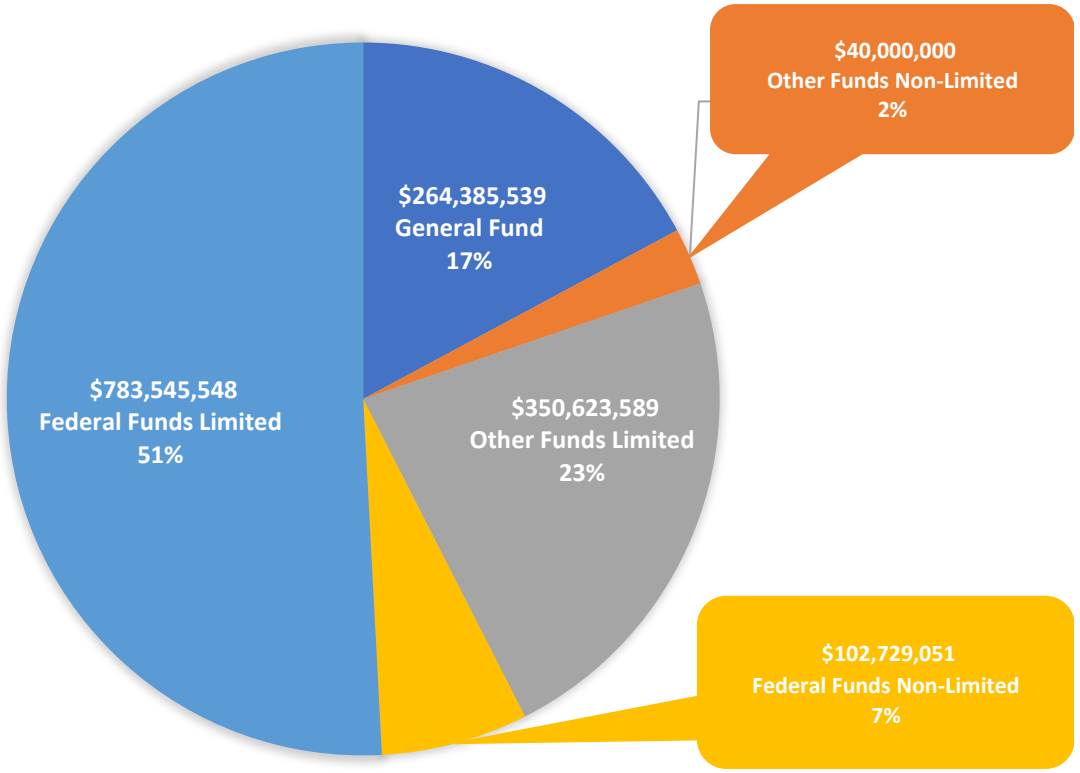
PHD Budget

New Investments & Potential Funds

Drivers, Risks, & Challenges

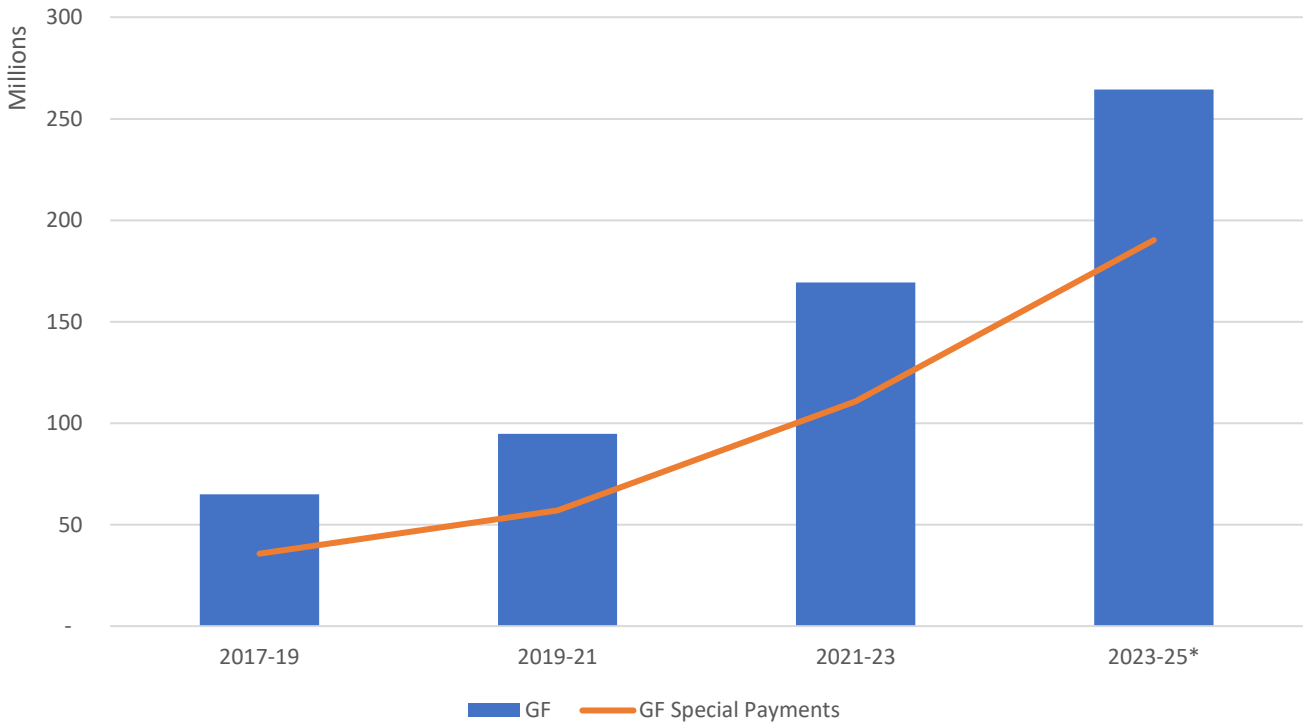
2023-25 Legislatively Approved Budget

- Public Health by fund



Majority of PHD General Funds are allocated to partners

- GF by Special Payments



New Investments and Potential Funding

23-25 Current

- POPs Investigation into the consumption of contaminated fish
- CDC, Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant (PHIG)
- JUUL Settlement Funds
- Opioid Settlement funds
- Bipartisan Infrastructure Law – Emerging Contaminants funding for Drinking Water Services (DWS)
- SB1530 – Healthy Homes Repair Funds

25-27 Potential

- Additional BIL federal funds for Lead Service Line Replacement and Emerging Contaminants for DWS

Major budget drivers and risks

Budget drivers

- Health inequities that must be addressed through community-led and collaborative upstream solutions
- Polysubstance use
- Categorical federal funding
- Climate

Risks

- Core public health infrastructure sustainability
- COVID-19 and short-term public health funding cliff
- Level funding of core public health programs
- Worsened health outcomes accompanied by increasing demands on public health system

Contributing Indeterminate Risks

- Shifting Priorities
- Public health emergencies

Budget challenges

General and Federal Funds

- Inadequate state and federal funding for sexually transmitted infections
- Reduced federal funding for tuberculosis
- Flat immunization and public health emergency preparedness funding

Other Funds

- Center for Health Statistics budget deficit
- Program sustainability – Oregon Psylocibin Services, Oregon Medical Marijuana Program, Public Health Lab – NBS, Chronic Disease Testing
- Health Licensing Office, Hospital Licensing Office needed fee increases

Thank You