

Local Public Health Authority Tobacco Prevention Education Program Funding Formula Scenarios Narrative

In the scenarios below, the same \$3,705,000 per biennium base amount will continue to be committed to local public health authorities. This funding will be available to local public health authorities through the program element.

Scenario C – Status Quo

The local TPEP funding formula has historically been distributed through a base plus per capita funding model. It is made of five tiers totaling \$3,705,000 per biennium for all LPHAs¹:

<u>County Population:</u>	<u>Base/biennium:</u>
0-2,999	\$32,500
3,000-14,999	\$65,000
15,000-59,999	\$97,500
60,000-599,999	\$130,000
600,000 and over	\$162,500

Any additional allocation to local public health authorities is applied per capita.

Scenario A – Modernization Formula

Funds distributed through public health modernization formula based on the Public Health Advisory Board (PHAB) funding principles and in accordance with the CLHO Funding Formula Checklist.

Total modernization base funding/biennium: \$3,705,000

PHAB Funding and Incentives Subcommittee – Indicator Allocations

Floor funding:	18.45%
Burden of Disease:	13.59%
Health Status:	13.59%
Racial/Ethnic Diversity:	13.59%
Rurality:	13.59%
Poverty:	6.80%
Education:	6.80%
Limited English Proficiency:	13.59%
Matching Funds:	0%
Incentives:	0%

¹ North Central Public Health receives three base amounts, one for each of its three counties.

Scenario B – Tracked Funding

Funds distributed to all LPHAs who choose to submit applications. Funds distributed based on the PHAB funding principles and in accordance with the CLHO Funding Formula Checklist. LPHAs would indicate in applications the specific track for which they will address all tier accountability metrics and expectations. This scenario allows for nimble expansion of resources upon expanded community readiness.

Track 1: Basic

Anticipated award - \$35,000/biennium

Estimated number of LPHAs: 25% or ~ 7-10

- LPHA will be required to have a staff member trained to enforce ICAA
- LPHA will designate a staff member to coordinate and communicate with OHA-PHD, HPCDP

Track 2: Capacity Building

Anticipated Award Range: \$75,000 - \$250,000/biennium

Estimated number of LPHAs: 55% or ~ 18-23

- Award amounts will be based on proposed evidence-based policy components (tier 1 accountability metrics). Examples components: local ICAA enforcement, implementation of tobacco-free policies for government buildings, and policy advancement in the retail environment
- Funding will support capacity development including;
 - leadership development,
 - partnership development,
 - identification of program and process efficiencies.
- LPHAs will be expected to identify appropriate regional strategies for tobacco control and future policy advancement, with the expectation that these strategies will be implemented in the current or subsequent funding cycle.
- Award amounts will be based on scope and scale activities proposed.

Track 3: Implementation

Anticipated Award Range: \$300,000 - \$1,000,000/biennium

Estimated number of LPHAs: 20% or ~ 4-7

- Award amounts will be based on proposed evidence-based policy components (tier 1, 2 and tier 3 TPEP accountability metrics).
- Programs will be incentivized to partner with nonprofits and coalitions representing communities most burdened.
- Programs must demonstrate how they will align tobacco prevention work in coordination with other sectors to achieve health outcomes.
- Cross-jurisdictional sharing will be incentivized.
- Must be an accredited local public health authority.
- Must demonstrate community readiness and past success with community mobilization.
- Award amounts will be based on scope and scale activities proposed.