

March 4, 2019

To: CLHO Committee Prevention and Health Promotion and Oregon Health Authority  
Fr: CLHO Prevention and Health Promotion Funding Formula Workgroup

Re: Modified B Funding Scenario

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About this proposed model:

1. At its core this is a re-vamping of Scenario B that will allow communities the ability to determine their level of implementation AND align with external forces like CCO 2.0 while building the capacity within local public health authorities.
2. This proposal is a major restructuring of local public health tobacco prevention work to try and better tie the work required with how much is allocated. Because it is a major restructuring the assumption is that all \$7 million currently allocated for the biennium, at a minimum, would continue into 19-21.
3. This proposed model aligns local tobacco prevention work with Public Health Modernization, Health System Transformation (CCO 2.0) and the work outlined in Program Element 13.
4. This proposal model will give communities the programmatic focus across the state to engage with CCOs to address Medicaid clients smoking rates and use it to catapult them to more tobacco policy work. The proposal will give communities the ability to work with other public health system partners to catapult tobacco policy. [It will also allow the flexibility to engage with CCOs and leverage additional resources by meeting CCO tobacco metrics.]
5. This proposed framework aligns with the major components of Program Element 13 to make sure core public health work does not get lost in the financial restructuring.

These steps operate like a staircase and local public health authorities would start at step one and move up the staircase as they are ready to take on that body of work. Each step builds on the next.

Step	Proposed activities/ outcomes	Funding distribution method	Funding <sup>1</sup>
1	<p><b>Enforce Oregon’s Indoor Clean Air Act -</b></p> <p>The very most basic local public health authority responsibility is enforcing public health law. Each local public health authority would receive the same amount for completing this required activity in the <i>Program Element (Section 1 (e)) and the Intergovernmental Agreement.</i></p> <p>Outcomes under this step: timely response to complaints of the Indoor Clean Air Act.</p> <p>Essential Public Health Services Activities Completed:<sup>2</sup></p> <ul style="list-style-type: none"> <li>• #6. Enforce laws and regulations that protect health and ensure safety</li> </ul> <p>Estimated number of LPHAs in this step -&gt; -&gt; 33</p>	<p>Distribution - Every local public health authority receives funding for enforcement of \$35,000.</p> <p>Assumption – every LPHA does this work so everyone will get funding.</p> <p>\$35,000 * 33 = \$1.155m</p>	\$1,155,000
2	<p><b>Tobacco Prevention Capacity and Sector Partnership Development &amp; System Change</b></p>	<p>Distribution - \$3 million would be allocated by</p>	\$3,00,000

<sup>1</sup> If the currently funding allocated for that step is not spent through the distribution method it would roll up to the next step and allow for more who were in the next step.

<sup>2</sup> [10 Essential Public Health Services](#) identified by CDC that describe the public health activities that all communities should undertake. [National Public Health Accreditation](#) supports and assess department’s capacity to carry out the 10 Essentials of Public Health Services.

	<p>LPHAs in step two would be required to meet the deliverables in step one.</p> <p>Building a local tobacco movement takes staff. Step two is aligned with the concept of foundational capabilities that are needed to do programmatic work. According to the Program Element the foundational capabilities needed to do tobacco policy, system and environmental change are: assessment and epidemiology, communications, health equity, and leadership development. This step aligns with <i>Program Element Section 1 (a and f)</i>.</p> <p>Step two is about building basic capacity in tobacco systems, policy and environmental change AND cross-sector partnership development including CCOs, schools and other partners.</p> <p>This is about the system change work with cross-sector public health system<sup>3</sup> partners that includes Coordinated Care Organizations. The CCO 2.0 process may allow for greater coordination and attention to the tobacco metric. If LPHAs had some flexibility in this Program Element to truly engage with CCOs and public health systems, this could contribute to CCO in meeting their metrics and leverage additional resources into tobacco control at the local level.</p>	<p>base (15K) + per capita.</p> <p>Assumptions – \$450K- \$500K in base (\$15K*30) And the rest would be put into the per capita</p> <p>\$2.5m / \$4.14 million people = .62 per capita (adjusted for the # of LPHAs in step 24</p>	
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<sup>3</sup> Public health system includes public health agencies at state and local levels, healthcare providers, public safety agencies, human service and charity organizations, education and youth development organizations, recreation and arts-related organizations, economic and philanthropic organizations and environmental agencies and organizations. Examples provided by [Centers for Disease Control](#).

*Sector partnership development and system changes aligns with Program Element Section 1(b) and the SRCH grants.*

Process measures for this step:

- Staff hired
- Coalitions developed
- Partners engaged
- Readiness assessments
- Data/ One-pagers developed addressing community needs

Outcomes for this step:

- Shared outcomes as collaboratively developed with the CCO
- CCO tobacco metric
- Cessation referral training
- Supporting referral and screening process creating system change
- Policy development for public health systems
- Partnership with public health systems

Essential Public Health Services Activities Completed:

- #1. Monitor health status to identify and solve community health problems
- #2. Diagnose and investigate health problems and health hazards in the community
- #3. Inform, educate and empower people about health issues
- #4. Mobilize community partnerships and action to identify and solve health problems

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	<ul style="list-style-type: none"> <li>• #7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable</li> <li>• #8. Assure competent public and personal health care workforce</li> <li>• #9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services</li> <li>• #10. Research for new insights and innovative solutions to health problems</li> </ul>		
	<p>Estimated number of LPHAS in this step -&gt; 25 - 28</p>		
3	<p><b>Policy Development &amp; Implementation –</b></p> <p>LPHAS in step three would be required to meet all of the outcomes in step 2.</p> <p>All of the steps build community readiness and LPHA capacity to do the policy work. Step three would be the culmination of all of that and give LPHAs a menu of policy options to develop and implement in their community. Each community would choose from a menu of options for policy development and implementation.</p> <p>This step would have a menu of policies to choose from. <u>LPHA would choose which policy is best</u> to develop based on political and community readiness and community building in step two. There would not be a requirement of having completed other policies to choose which one is best for your community. Menu of options will include:</p> <ul style="list-style-type: none"> <li>• tobacco retail licensure or package of policies</li> </ul>	<p>Distribution: Block grant of 100,000 per policy per LPHA.</p> <p>Assumption – 15-20 grants at \$100,000</p> <p>*If there was unspent \$ in this step it could be rolled-up to step 4</p>	\$2,000,000

- tobacco – free campuses (includes steps, LHD, businesses, county or city wide)
- Expansion of the indoor clean air act
- Local ordinances developed and enacted
- Evaluations on current public health system policies to strengthen current implemented policies
- Evaluation on current tobacco ordinances to strengthen current ordinances or community-wide policies.

Counties do not have to be in the implementation phase to qualify for this step.

This step four would align with *Program Element Section 1(c) and SPaRC grants*.

Outcomes for this step:

- One policy identified for each block grant
- Workplan for policy development and implementation

Essential Public Health Services Activities Completed:

- #4. Mobilize community partnerships and action to identify and solve health problems
- #5. Develop policies and plans that support individual and community health efforts
- #6. Enforce laws and regulations that protect health and ensure safety
- #9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services

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	Estimated number of LPHAs in this step -> 15-20		
4	<p><b>Advanced Policy –</b></p> <p>LPHA would be required to be meeting all of the other steps and be actively working on one policy area prior to be in step four.</p> <p>For those LPHAs that have already made lots of progress in policy development &amp; implementation, engage with community partners, are developing bodies of work with CCOS and are implementing policy work in their community there are resources to take them to the next level and either choose an additional policy that is innovative and not outlined in step 4.</p> <p>This “advanced policy” area could identify an area that was not identified by the PHD. This advanced policy step would require an evaluation of the policy work so that it may become a future “policy” area on the menu of options in step three.</p> <p>Outcomes for this step:</p> <ul style="list-style-type: none"> <li>• One innovative policy identified for each block grant</li> <li>• Workplan for policy development and implementation</li> <li>• White paper w/ recommendations on engaging with community partners, businesses or retailers</li> <li>• Evaluation of innovative policy to identify strengths or weakness of the policy or health impacts</li> </ul>	<p>Distribution: Block grant of 100,000 minimum per policy per LPHA. Grants could be higher depending on how many LPHAs identifying this area of work and meeting all of the requirements of the previous steps.</p> <p>Assumption – Five- Eight grants at \$100,000 minimum (total grant would be dependent on the number of LPHAs in this category divided by the total pie)</p>	\$845,000

	<p>Essential Public Health Services Activities Completed:</p> <ul style="list-style-type: none"> <li>• #4. Mobilize community partnerships and action to identify and solve health problems</li> <li>• #5. Develop policies and plans that support individual and community health efforts</li> <li>• #10. Research for new insights and innovative solutions to health problems</li> </ul>		
	<p>Estimated number of LPHAs in this step - &gt; 3-5</p>		<p>\$7,000,000</p>

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