

Public Health Advisory Board (PHAB)
Incentives and Funding Subcommittee meeting minutes
June 13, 2017
1:00-2:00 pm

Welcome and roll call

Meeting Chair: Akiko Saito

PHAB members present: Diane Hoover, Jeff Luck, Akiko Saito

Oregon Health Authority (OHA) staff: Sara Beaudrault, Cara Biddlecom, Chris Curtis, Angela Rowland

Members of the public: Kelly McDonald and Darren Yesser

May meeting minutes

A quorum was present. The May 9th meeting minutes were approved.

PHAB funding formula discussion

Sara provided a recap of the initial recommendations the subcommittee provided on the PHAB funding formula from the prior subcommittee meeting.

Minimum funding level for using the funding formula

- If less than \$5M per year for LPHAs, direct all funds to pilot projects. Subcommittee members recommend considering that pilots from each size band are selected. Funds would not be distributed through the funding formula.
- If \$5M-\$10M per year, include floor payments at the levels set in the \$10M model (ranging from \$30,000-\$90,000, totaling \$1.8 million). All remaining funds would be used for pilots. Funds would not be distributed through the funding formula.
- If funds are equal to or above \$10M per year, funds would be distributed to all LPHAs through the funding formula.

- For annual LPHA funding above \$10M, floor payments would be proportionally increased.

The subcommittee agreed to continue with the previously proposed funding recommendations at each funding level.

Akiko recommended discussions to clarify the scope of pilot projects and consider mechanisms for awarding funds based on county size bands with the potential for regional projects. She suggested including new partners or non-public health partners in regional projects. In May the PHAB recommended additional criteria or suggestions for pilot projects. PHAB members have expressed concern that smaller, less-resourced counties might not have capacity to write competitive grants. Cara reminded the subcommittee of the Board's recommendation to allocate funds for groups of counties that identify an opportunity to work together on a specific need.

Diane suggested a separate subcommittee be formed to develop selection criteria for pilot projects. Sara stated that OHA is asking this subcommittee to make initial recommendations which will be taken to the Board on June 15th.

Selection Criteria

Cara provided an overview of the PHD and Coalition of Local Health Officials (CLHO) Joint Leadership Team (JLT) work regarding potential funding to local public health authorities (LPHAs) for the implementation of modernization. JLT walked through the 2017-2019 deliverables for local public health authorities in the Public Health Modernization Manual. They came to agreement on recommendations for the LPHA deliverables to which available funding should be tied. The OHA/PHD budget is being heard this afternoon in Ways and Means. Last week the Ways and Means subcommittee allocated a proposed \$5M for public health modernization in the 2017-2019 biennium. The actual funding amount will not be final until the end of session.

During the JLT meeting there was general consensus that targeting available funding toward public health modernization planning is not necessarily politically palatable. JLT members stated that planning can be ongoing work for LPHAs. JLT suggested directing available funds toward achieving health outcomes and making system changes in a short period of time. They suggested prioritizing

communicable disease control with a specific focus on sexually transmitted infections (STIs).

JLT discussed PHAB's recommendation to include floor payments to all counties that could be used for public health modernization planning. Some JLT members reiterated that targeting dollars to planning would not drive system change. One JLT member stated that the floor payments are not sufficient for supporting system change and improved health outcomes.

Focusing on a specific health area may provide a mechanism for public health modernization planning related to developing new service delivery models across county lines and new cross sector partnerships.

Akiko described a matrix used for Public Health Preparedness no-cost extension dollars that ties funding to foundational capabilities. Akiko proposed using a similar matrix in a RFP for public health modernization dollars, including the funding formula indicators related to health equity and social determinants of health. Jeff stated that if the available funding is small, criteria should be matched to funding and the most important components should be prioritized.

Diane recommended that additional points be awarded for personalized letters of support rather than form letters.

Sara recommended that a matrix require respondents to use modernization assessment information to inform their responses. She cautions providing funding to those who scored the lowest in the assessment since all counties had gaps. But LPHAs can target their proposal to specific gaps and needs in their local modernization assessment.

Jeff recommended that funding proposals should explicitly address public health modernization activities. Sara said that JLT reviewed deliverables for communicable disease control and the other prioritized foundational capabilities and programs, and JLT was most interested in prioritizing those deliverables related to new work and system change, for example, forming new partnerships with hospitals, schools and long-term care facilities.

Akiko stated that focusing on regional projects is the right step toward modernization. Jeff agreed and added that community partnerships and health equity are also important components.

Cara stated that this approach of focusing on deliverables for partnerships and equity would allow communities to address the communicable diseases that are of greatest importance in their area of the state. This could help weather any future funding shocks and help to plan for sustainability.

Jeff suggested the subcommittee identify criteria for public health modernization funding that remains with OHA to support the public health system. Some examples could be providing granular data for counties, providing state level expertise, and using funds for state-level communicable disease activities. Sara stated that at lower funding levels OHA will provide fiscal oversight, grant management and technical assistance. With additional funding OHA could target resources to enhancing data systems and population health surveillance.

Akiko recommended that OHA commit to coordinating a learning environment, perhaps through quarterly conference calls with pilot project recipients. This would add structure for system change. Jeff agreed. He stated it will help LPHAs learn from one another, clarify lessons and put the public health system in a better position to ask for additional resources for modernization in the future. Diane discussed her participation in a similar required learning community for OHA grants and is supportive of the concept.

Akiko asked the subcommittee to discuss mechanisms for ensuring that less-resourced counties are supported with a regional project concept. She described the Public Health Preparedness regions.

Jeff suggested that one option may be to create regions and to divide projects across these regions. This would ensure that regions that would include less-resourced counties are funded.

Sara suggested that during the proposal review process additional points could be awarded to projects that explicitly demonstrate how less-resourced counties are included or supported.

Akiko asked whether there are additional funds from the Robert Wood Johnson Funding (RWJF) grant or a different funding source that could be used to provide technical assistance to counties for developing grant proposals and work plans.

Subcommittee recommendations

- No changes to funding level suggestions that were already put forward
- Target available dollars to communicable disease first, with a focus on deliverables tied to regional approaches, expanded cross sector partnerships and health equity.
- Develop criteria for funds that remain with OHA and ensure funds are used to support the public health system. This may include:
 - Providing granular local data
 - Provide expertise and technical assistance
 - Convene a learning community
- For funding proposals for regional projects, ensure a mechanism to connect assessment results to the proposal. This could be a matrix that includes how the proposal will address cross jurisdictional sharing, cross sector partnerships and health equity. Consider also including indicators from the funding formula related to health equity and social determinants.
- Consider mechanisms to ensure that smaller or less-resourced counties are supported in a regional project model. Suggestions from the subcommittee included:
 - Forming predetermined regions that could apply for funds.
 - Provide more points in a funding proposal for regions that specifically include smaller or less-resourced counties, or address how these counties will benefit from the project.
 - Consider options to ensure funding goes to LPHAs that had the biggest gaps in the modernization assessment.
- Explore opportunities to provide technical assistance for grant applications and work plans.

Subcommittee Business

Akiko will lead this discussion at the June 15th PHAB meeting. These minutes will go out to PHAB members June 14th for review.

Public Comment

No public testimony.