Oregon Health Authority

AGENDA

PUBLIC HEALTH ADVISORY BOARD
Incentives and Funding Subcommittee

July 11, 2017
1:00-2:00 pm
Portland State Office Building, 800 NE Oregon St., Room Yellow 2, Portland, OR 97232

Webinar: https://attendee.gotowebinar.com/register/1017967828287751171
Conference line: (877) 873-8017
Access code: 767068

Meeting Chair: Jeff Luck

Subcommittee Members: Diane Hoover, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

Meeting Objectives
- Approve June meeting minutes
- Receive update on conclusion of 2017 legislative session
- Review draft concept for scope of work and funding allocation
- Prepare for August subcommittee meeting

1:00-1:05 pm	**Welcome and introductions** • Approve June 13 meeting minutes	Jeff Luck, Meeting Chair
1:05-1:10 pm	**Legislative update** • Receive update on conclusion of 2017 legislative session	Cara Biddlecom, Oregon Health Authority
1:10-1:45 pm	**Concept for scope of work and funding allocation** • Review PHAB and JLT recommendations for scope of work and funding • Discuss whether the concept fulfills recommendations • Provide feedback on funding allocation	Jeff Luck, Meeting Chair
1:45-1:50 pm	**Subcommittee business** • Confirm that Jeff will give subcommittee update at July 20 PHAB meeting • Develop agenda for August 8 subcommittee meeting • Select Chair for August 8 subcommittee meeting	Jeff Luck, Meeting Chair
1:50-2:00 pm	**Public comment**	

2:00 pm	**Adjourn**	Jeff Luck, Meeting Chair

Public Health Advisory Board (PHAB)
Incentives and Funding Subcommittee meeting minutes DRAFT
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.

Public Health Advisory Board
Incentives and Funding subcommittee
July 11, 2017

Public health modernization funding: Concepts for scope of work and funding allocation

PHAB guidance for allocating new funding for public health modernization
(Discussed at May 18 PHAB meeting)

- Public health modernization **funding that remains with OHA should be focused on meeting the needs of the local public health system**, especially small local health departments. Examples may be assessment and epidemiology work and technical support.
- If funding is to be used for pilot sites, **an RFP should be structured so that larger, more resourced counties do not have an advantage** over smaller or less resourced counties.
- **Allocate funds for groups of counties** who self-identified as working together to improve a need or capability.
- **Identify a key capability** to focus on and identify which counties need more improvement based on the public health modernization assessment.
- Allocating funds for planning to all LPHAs will **give LPHAs resources to implement cross-jurisdictional sharing and strategic partnerships** with other organizations and to leverage additional funding.

Conference of Local Health Officials and OHA Public Health Division Joint Leadership Team (JLT) discussion, based on PHAB recommendations
(Discussed at June 8 JLT meeting)

1. Initial funds should be focused on specific health outcomes to demonstrate progress.
2. Capacity building and planning are critical; this will be emphasized in the approach to meeting the improved health outcomes.
3. Ensure all LPHAs are able to move forward with an investment in public health modernization.
4. Limit a possible have/have-not scenario by directing funds to all LPHA size bands.
5. Support/incentivize regional approaches to service provision.
6. Utilize available funding to fill gaps identified in the public health modernization assessment. Gaps are not uniform across the public health system.
7. Limit specific requirements for the delivery of foundational capabilities and programs, in lieu of common outcomes across the public health system.
8. Utilize OHA resources to increase capacity across the entire public health system, provide technical assistance, and perform state-level functions, such as assessment and epidemiology.

9. Invest in areas that can produce outcomes while also absorb any future funding shocks to the public health system.

Scope of work concept –for discussion and feedback

Public health modernization funds will be used to develop regional approaches for identifying, responding to and preventing the transmission of communicable disease. These funds will be used to support regional public health infrastructure and the development of new partnerships that are essential for meeting regional goals. These funds will also support improvements in health equity as it relates to communicable disease.

Public health modernization funds will be allocated to LPHAs along two tracks:

1. **Track 1 Regional partnership implementation:** The majority of funds will be awarded to regional partnerships that will implement a regional strategy for communicable disease control and reducing health disparities.
2. **Track 2 Regional partnership capacity building:** A small portion of available funds will be awarded to applicants for building capacity for regional partnerships and strategies. Applicants under this track will focus funding on developing a regional partnership and are not required to implement regional strategies for communicable disease control and reducing health disparities.

Track 1: Regional partnership implementation

Scope of work concept

1. Form a regional partnership of LPHAs and other stakeholders
    a. Focus on regional structure; project leadership and governance; and decision-making
2. Implement regional strategies to control communicable disease
    a. Focus on deliverables prioritized by JLT and CLHO
3. Implement regional strategies to reduce health disparities
    a. Focus on deliverables prioritized by JLT and CLHO
4. Develop and monitor a regional work plan
    a. Focus on work plan monitoring and reporting
5. Participate in learning communities and ongoing evaluation
    a. Fulfills JLT and PHAB recommendation for convening LPHAs for joint learning, sharing successes, and developing solutions to barriers
6. Develop initial public health modernization sustainability plans to ensure continuity of regional strategies after the 2017-19 biennium
    a. Focus on ongoing partnership development and leveraging additional resources

Minimum qualifications

1. Partnership includes at least three LPHAs, as demonstrated by signed memoranda of understanding or formal letter of commitment
2. Partnership includes at least one additional partner organization, as demonstrated by signed memoranda of understanding or formal letter of commitment

Track 2: Regional partnership capacity building

Scope of work concept

1. Explore formation of a regional partnership of LPHAs and other stakeholders
    a. Focus on exploring and developing a regional partnership
2. Explore regional strategies for communicable disease control and reducing health disparities
    a. Focus on a subset of deliverables prioritized by JLT and PHAB related to identification of local and regional communicable disease risks and communities experiencing disproportionate burden of communicable disease
3. Develop and monitor a work plan
    a. Focus on work plan monitoring and reporting
4. Participate in learning communities and ongoing evaluation
    a. Fulfills JLT and PHAB recommendation for convening LPHAs for joint learning, sharing successes, and developing solutions to barriers

Minimum qualifications

1. Applicant may be a single LPHA that will take the lead on exploring the development of a regional partnership, or two or more LPHAs that will explore the development of a regional partnership.

Concept for funding ranges/not to exceed – for discussion and feedback

Approximately $3.9 million will be allocated to LPHA regional partnerships

Track 1: Regional Partnership Implementation

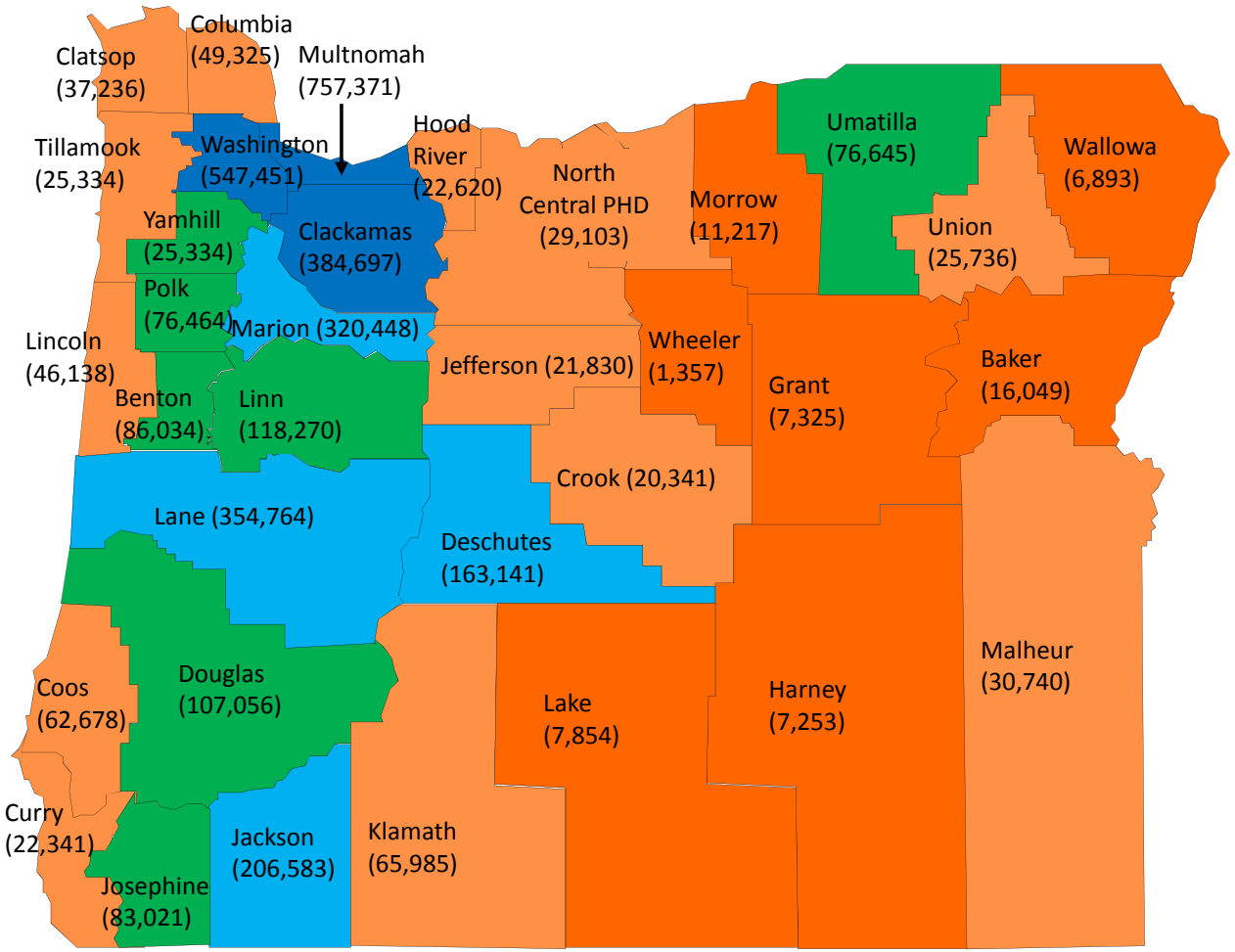
- Available funding: $3.6 million
- Each regional partnership will be categorized as small, medium or large, based on the population size served in the region. This may incentivize including more counties in the partnership.
    - Large: not to exceed $700,000
    - Medium: not to exceed $500,000
    - Small: not to exceed $350,000
- JLT and PHAB have expressed concern about a competitive process that will favor counties with greater capacity. Rather than capping the number of projects that will be funded, OHA can include overarching language that proposals will be scored, ranked and funded in such a way that all funds are distributed and we have the greatest statewide reach.

Regional partnership size (based on total population served in the region)	Not to exceed
Large (>500,000 people served)	$700,000
Medium (100,000-499,000 people served)	$500,000
Small (<100,000 people served)	$350,000

Track 2: Regional Partnership Capacity-Building

- Available funding: $300,000

County size bands



Size Band	Population range
Extra large	>375,000
Large	150,000-375,000
Medium	75,000-150,000
Small	20,000-75,000
Extra small	<20,000

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