

AGENDA

PUBLIC HEALTH ADVISORY BOARD Incentives and Funding Subcommittee

May 14, 2018

1:00-3:00 pm

Portland State Office Building, 800 NE Oregon St., Conference Room 918, Portland, OR 97232

Webinar: <https://attendee.gotowebinar.com/register/1017967828287751171>

Conference line: (877) 873-8017

Access code: 767068

Subcommittee Members: Carrie Brogoitti, Bob Dannenhoffer, Jeff Luck, Alejandro Queral, Akiko Saito

Meeting Objectives

- Approve March and April meeting minutes
- Finalize funding formula indicators and data sources
- Discuss LPHA expenditures eligible for matching funds
- Review funding formula in whole; recommend it go to PHAB for review
- Provide feedback on report to Legislative Fiscal Office

1:00-1:05 pm

Welcome and introductions

- Review March 12 and April 9 meeting minutes
- Subcommittee updates

Bob Dannenhoffer,
Meeting Chair

1:05-1:20 pm

Funding formula indicators

- Review potential measures and data sources for population density, rurality, and access to services
- Make recommendation for whether to include one of these as a funding formula indicator
- Make recommendation for allocations across indicators

Sara Beaudrault,
Oregon Health Authority

1:20-1:30 pm

LPHA expenditures and matching funds

- Review list of LPHA expenditure exclusions
- Understand next steps and timeline for collecting and reporting on LPHA expenditures eligible for matching funds

Danna Drum,
Oregon Health Authority

1:30-2:15 pm

Funding formula review

- Review funding formula with all three components incorporated
- Make recommendation for floor payments for matching and incentive fund components
- Understand allocations at differing funding levels

All

2:15-2:20 pm

Report to Legislative Fiscal Office

- Receive update on report (due to Legislative Fiscal Office by June 30, 2018)

Sara Beaudrault,
Oregon Health Authority

2:20-2:25 pm

Subcommittee business

- Confirm that Akiko will provide subcommittee update at May 17 PHAB meeting
- The next PHAB Incentives and Funding subcommittee meeting is scheduled for June 11th. Determine whether there is a need to hold this meeting.

All

2:25-2:30 pm

Public comment

2:30 pm

Adjourn

Bob Dannenhoffer,
Meeting Chair

Public Health Advisory Board (PHAB)
Incentives and Funding Subcommittee meeting minutes
March 12, 2018
1-2:00 pm

Welcome and Introductions

PHAB members present: Alejandro Qeral, Bob Dannenhoffer, Jeff Luck, Carrie Brogoitti

Oregon Health Authority (OHA) staff: Cara Biddlecom, Julia Hakes, Chris Curtis

The February 12 meeting minutes were approved.

There will be a PHAB joint subcommittee meeting on March 29 from 1-3pm.

2019-21 modernization funding formula

Alejandro walked subcommittee members through a review of [funding formula indicators, measures and data sources](#). Subcommittee members had no changes to the county population, burden of disease, health status, and racial and ethnic diversity measures or data sources.

Alejandro proposed changing the poverty measure to either 133 or 185 percent of federal poverty level as 100 percent of federal poverty level is only representative of extreme poverty. Staff will look for additional county-level indicators and Chris will input these measure scenarios into the funding formula for review at the subcommittee at the next meeting.

Jeff recommended looking at percent of population that has a bachelor's degree as a measure for the education indicator.

Alejandro asked subcommittee members if English not being the primary language spoken at home would be a better measure for the limited English proficiency measure. Subcommittee members were unsure whether "speaks English less than 'very well'" is the right indicator. Jeff sent out <https://www.lep.gov/> for subcommittee members to review.

Subcommittee members agreed that the geographic complexity and community complexity indicators would likely be correlated. Cara proposed using a point

system from 1-3 based on county rurality for the geographic complexity indicator. A similar point system is used for the Maternal and Child Health Title V and reproductive health funding formulas already.

Subcommittee business

Alejandro will provide a subcommittee update at the March 15 PHAB meeting.

Akiko will chair the subcommittee meeting April 9. If Akiko is no longer available, Alejandro is willing to chair.

Public Comment

No public testimony.

DRAFT

Public Health Advisory Board (PHAB)
Incentives and Funding Subcommittee meeting minutes
April 9, 2018
1-2:30 pm

Welcome and Introductions

PHAB members present: Bob Dannenhoffer, Jeff Luck, Akiko Saito

Oregon Health Authority (OHA) staff: Sara Beaudrault, Cara Biddlecom, Julia Hakes, Chris Curtis

Members of the public: Morgan Cowling

Due to lack of a quorum, the March 12 minutes will be approved at the next Incentives and Funding Subcommittee meeting.

Public Health Emergency Preparedness (PHEP) funding formula

Akiko provided an update on the Public Health Emergency Preparedness (PHEP) funding formula. The Conference of Local Health Officials (CLHO) PHEP committee reviewed the public health modernization funding formula and discussed whether to use it for PHEP funding. PHEP funding has decreased over time, with a one percent cut this year. Although the committee was interested, they proposed a one percent cut across the board. Akiko noted that using the public health modernization funding formula for PHEP funds would have resulted in larger funding cuts for larger counties.

2019-21 funding formula allocations for incentives and matching funds

Sara shared [draft allocations to funding formula components at a range of funding levels for 2019-21 biennium](#) and [the base funding formula model](#). The committee discussed funding thresholds for allocating funds to the incentives and matching fund components of the funding formula.

Akiko suggested listing Sherman, Gilliam, and Wasco in the funding formula model instead of North Central.

Bob stated that allocating funds to matching funds should not be postponed because of a concern that counties will begin cutting county investments in public health as modernization funds come into the system.

Bob described the CCO model for incentives which began at 1 percent of the total budget for the first year and has increased each year thereafter. Akiko recommended following this model. Jeff recommended starting at something higher than 1 percent, to ensure that the dollar amount awarded to counties is sufficient to incentivize change. Bob disagreed with anything above 1 percent.

Sara reviewed [the timeline for awarding incentive funds](#) and the [timeline for awarding matching funds](#).

The subcommittee made recommendations for thresholds at which to allocate a portion of public health modernization funding to funding formula components:

- Up to \$5 million: funds to LPHAs distributed through competitive grants
- Between \$5-\$10 million: LPHAs receive floor funding through base component, with the remainder of available funds being distributed through competitive grants.
- Between \$10-\$15 million: All funds distributed to LPHAs through the base component of the funding formula (floor + indicators).
- \$15 million and above: Incentives and matching funding is also rolled in. One percent of total funds would be allocated to incentives and 5 percent would be allocated to matching funds.
- PHAB will revisit the percent of total funds allocated to incentives and matching funds in subsequent biennia and consider increasing the proportion of funding allocated to these components of the funding formula.

Funding formula indicators

Sara reviewed [indicators used in the funding formula](#) and asked for recommendations on the following indicators:

- Poverty: OHA provided a table comparing county data at 100% FPL and 150% FPL. Subcommittee members recommended using 150% of federal poverty level.

- Limited English proficiency: OHA staff explored other potential measures for limited English proficiency, but none were reportable at the county level. Subcommittee members recommended to keep this indicator and continue using American Community Survey data as the data source.
- Population density: subcommittee members are interested in this indicator and asked OHA staff to research data sources.

Subcommittee business

Bob will provide the subcommittee update at the April PHAB meeting.

Public Comment

No public testimony.

DRAFT

Funding formula indicator – Geographic complexity

Subcommittee recommendation: Which measure, if any, does the subcommittee recommend including as a 2019-21 funding formula indicator?

Three options for consideration:

1. Rurality: Percentage of population living in a rural area. U.S. Census Bureau Population Estimates
2. Health care access: Population-to-provider ratio by provider type. OHA Health Care Workforce Reporting Program.
3. Population density: Population per square mile. U.S. Census Bureau Population Estimates

Funding formula indicator allocations

Subcommittee recommendation: What allocation of total indicator pool funds should be allocated to each indicator?

	Option 1: Split evenly across indicators (Used for 2017-19 funding formula)	Option 2: Larger allocations for required indicators	Option 3: Larger allocation for required indicators
Burden of disease	16.67%	30%	20%
Health status	16.67%	30%	20%
Racial and ethnic diversity	16.67%	10%	12%
Poverty	8.33%	5%	12%
Education	8.33%	5%	12%
Limited English proficiency	16.67%	10%	12%
Geographic complexity	16.67%	10%	12%
Total	100%	100%	100%

PHAB Incentives and Funding Subcommittee
County general fund exclusions for state matching funds
 May 14, 2018

[ORS 431.380\(1\)\(b\)](#) The Oregon Health Authority shall incorporate into the formula 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.

Recommendation from March 29 PHAB Joint Subcommittee meeting: Match on all local county general fund investment with some exclusions.

Rationale:

- Supports each local authority to determine how county general funds for local public health are used.
- Will include county in-kind and administrative investments.

Exclusions: The following table lists categories, programs and services that would not be eligible for state matching funds.

Category	Program or Activity (including but not limited to)
Client case management	<ul style="list-style-type: none"> • Ryan White case management • Home visits and targeted case management • Healthy homes visits and case management • Maternity case management • Babies First!
Clinical services	<ul style="list-style-type: none"> • Reproductive health client services • Immunization clinics, including costs associated with providing immunizations at targeted community events • Clinical support • Corrections health, including jail nurse • Individual dental services • Primary care services • Occupational health services
Client assessment and referrals	<ul style="list-style-type: none"> • WIC client services, including development of educational materials to be used when providing WIC services to clients • Oregon MothersCare • Individual developmental screenings
Other	<ul style="list-style-type: none"> • Medical examiner

	<ul style="list-style-type: none">• Mental health• Emergency Medical Services (including ambulance inspections)• Refugee Resettlement Screening• Animal control/animal shelter
Any infrastructure, staff, supplies or other costs related to any of the above excluded items.	

Next steps:

1. OHA will convene workgroup to develop reporting mechanism for FY 18 reporting.
2. FY 18 expenditures data will be available in late 2018/early 2019.

PHAB Funding and Incentives Subcommittee

Local public health funding formula model - \$10 million example

Subcommittee Members: Carrie Brogoitti, Bob Dannenhoffer, Jeff Luck, Alejandro Queral, Akiko Saito
May, 2018

Total available funds for LPHAs: \$10 million

Base component: \$10 million

Matching funds component: \$0

Incentive funds component: \$0

Local public health funding formula model: At the \$10 million level, all funds are allocated to the base component of the funding formula. This is an example of how the funding formula model will allocate funds to LPHAs at the \$10 million level.

County Group	Population ⁶	Floor	Burden of Disease ²	Health Status ³	Race/Ethnicity ¹	Poverty 150% FPL ¹	Rurality	Education ¹	Limited English Proficiency ¹	Matching Funds ⁴	Incentives ⁵	Total Award	Award Percentage	% of Total Population	Award Per Capita	Avg Award Per Capita
Wheeler	1,480	\$ 30,000	\$ 575	\$ 1,068	144	\$ 374	-	\$ 243	10	\$ -	\$ -	\$ 32,414	0.3%	0.0%	\$ 21.90	
Wallowa	7,195	\$ 30,000	\$ 3,385	\$ 2,080	775	\$ 1,443	-	\$ 958	380	\$ -	\$ -	\$ 39,021	0.4%	0.2%	\$ 5.42	
Harney	7,360	\$ 30,000	\$ 4,789	\$ 4,602	1,611	\$ 1,647	-	\$ 1,499	825	\$ -	\$ -	\$ 44,974	0.4%	0.2%	\$ 6.11	
Grant	7,415	\$ 30,000	\$ 2,949	\$ 3,207	1,014	\$ 1,660	-	\$ 1,510	391	\$ -	\$ -	\$ 40,731	0.4%	0.2%	\$ 5.49	
Lake	8,120	\$ 30,000	\$ 4,189	\$ 2,539	1,999	\$ 2,107	-	\$ 2,560	1,339	\$ -	\$ -	\$ 44,733	0.4%	0.2%	\$ 5.51	
Morrow	11,890	\$ 30,000	\$ 4,721	\$ 6,959	7,889	\$ 2,459	-	\$ 5,798	12,547	\$ -	\$ -	\$ 70,373	0.7%	0.3%	\$ 5.92	
Baker	16,750	\$ 30,000	\$ 8,295	\$ 5,237	2,463	\$ 3,580	-	\$ 3,149	1,105	\$ -	\$ -	\$ 53,828	0.5%	0.4%	\$ 3.21	\$ 5.42
Crook	22,105	\$ 45,000	\$ 10,714	\$ 12,367	4,309	\$ 5,238	-	\$ 5,368	1,021	\$ -	\$ -	\$ 84,016	0.8%	0.5%	\$ 3.80	
Curry	22,805	\$ 45,000	\$ 15,199	\$ 12,705	4,953	\$ 4,892	-	\$ 4,600	1,805	\$ -	\$ -	\$ 89,154	0.9%	0.6%	\$ 3.91	
Jefferson	23,190	\$ 45,000	\$ 12,965	\$ 10,302	15,822	\$ 5,747	-	\$ 7,493	7,036	\$ -	\$ -	\$ 104,366	1.0%	0.6%	\$ 4.50	
Hood River	25,145	\$ 45,000	\$ 7,835	\$ 11,703	15,264	\$ 4,810	-	\$ 9,701	24,047	\$ -	\$ -	\$ 118,361	1.2%	0.6%	\$ 4.71	
Tillamook	26,175	\$ 45,000	\$ 12,924	\$ 11,936	11,936	\$ 6,669	-	\$ 5,229	4,143	\$ -	\$ -	\$ 91,455	0.9%	0.6%	\$ 3.49	
Union	26,900	\$ 45,000	\$ 11,983	\$ 9,105	4,738	\$ 6,896	-	\$ 3,898	2,484	\$ -	\$ -	\$ 84,104	0.8%	0.6%	\$ 3.13	
Gilliam, Sherman, Wasco	30,895	\$ 105,000	\$ 15,515	\$ 11,402	11,936	\$ 6,221	-	\$ 8,138	11,312	\$ -	\$ -	\$ 169,523	1.7%	0.7%	\$ 5.49	
Malheur	31,845	\$ 45,000	\$ 14,137	\$ 21,483	20,693	\$ 9,520	-	\$ 12,411	19,323	\$ -	\$ -	\$ 142,566	1.4%	0.8%	\$ 4.48	
Clatsop	38,820	\$ 45,000	\$ 20,086	\$ 14,144	9,161	\$ 7,787	-	\$ 6,158	7,425	\$ -	\$ -	\$ 109,760	1.1%	0.9%	\$ 2.83	
Lincoln	47,960	\$ 45,000	\$ 28,852	\$ 23,223	14,024	\$ 11,143	-	\$ 10,050	9,806	\$ -	\$ -	\$ 142,098	1.4%	1.2%	\$ 2.96	
Columbia	51,345	\$ 45,000	\$ 22,630	\$ 23,294	9,307	\$ 9,305	-	\$ 9,653	4,741	\$ -	\$ -	\$ 123,929	1.2%	1.2%	\$ 2.41	
Coos	63,310	\$ 45,000	\$ 37,153	\$ 32,740	15,589	\$ 15,690	-	\$ 13,762	6,263	\$ -	\$ -	\$ 166,197	1.7%	1.5%	\$ 2.63	
Klamath	67,690	\$ 45,000	\$ 38,334	\$ 34,209	23,960	\$ 17,037	-	\$ 16,438	13,393	\$ -	\$ -	\$ 188,372	1.9%	1.6%	\$ 2.78	\$ 3.38
Umatilla	80,500	\$ 60,000	\$ 33,327	\$ 41,629	44,875	\$ 18,578	-	\$ 27,431	55,217	\$ -	\$ -	\$ 281,059	2.8%	1.9%	\$ 3.49	
Polk	81,000	\$ 60,000	\$ 29,195	\$ 27,608	28,671	\$ 15,243	-	\$ 14,277	23,506	\$ -	\$ -	\$ 198,501	2.0%	2.0%	\$ 2.45	
Josephine	85,650	\$ 60,000	\$ 50,843	\$ 38,454	18,015	\$ 23,680	-	\$ 18,786	6,779	\$ -	\$ -	\$ 216,557	2.2%	2.1%	\$ 2.53	
Benton	92,575	\$ 60,000	\$ 24,709	\$ 30,900	28,811	\$ 21,723	-	\$ 9,065	23,812	\$ -	\$ -	\$ 199,021	2.0%	2.2%	\$ 2.15	
Yamhill	106,300	\$ 60,000	\$ 38,390	\$ 47,725	39,990	\$ 20,334	-	\$ 24,981	37,859	\$ -	\$ -	\$ 269,280	2.7%	2.6%	\$ 2.53	
Douglas	111,180	\$ 60,000	\$ 66,423	\$ 61,154	21,293	\$ 24,884	-	\$ 23,733	8,799	\$ -	\$ -	\$ 266,286	2.7%	2.7%	\$ 2.40	
Linn	124,010	\$ 60,000	\$ 54,918	\$ 55,093	29,476	\$ 27,467	-	\$ 25,014	17,176	\$ -	\$ -	\$ 269,145	2.7%	3.0%	\$ 2.17	\$ 2.36
Deschutes	182,930	\$ 75,000	\$ 61,838	\$ 49,020	37,850	\$ 32,159	-	\$ 25,077	24,130	\$ -	\$ -	\$ 305,074	3.1%	4.4%	\$ 1.67	
Jackson	216,900	\$ 75,000	\$ 99,315	\$ 93,812	66,020	\$ 49,217	-	\$ 47,150	50,070	\$ -	\$ -	\$ 480,583	4.8%	5.2%	\$ 2.22	
Marion	339,200	\$ 75,000	\$ 130,225	\$ 156,276	191,990	\$ 77,757	-	\$ 98,978	237,142	\$ -	\$ -	\$ 967,367	9.7%	8.2%	\$ 2.85	
Lane	370,600	\$ 75,000	\$ 153,971	\$ 140,253	107,099	\$ 87,538	-	\$ 64,594	68,440	\$ -	\$ -	\$ 696,895	7.0%	8.9%	\$ 1.88	\$ 2.21
Clackamas	413,000	\$ 90,000	\$ 142,025	\$ 142,708	118,646	\$ 48,617	-	\$ 54,190	119,853	\$ -	\$ -	\$ 716,038	7.2%	10.0%	\$ 1.73	
Washington	595,860	\$ 90,000	\$ 158,997	\$ 186,284	329,110	\$ 85,370	-	\$ 107,357	373,349	\$ -	\$ -	\$ 1,330,466	13.3%	14.4%	\$ 2.23	
Multnomah	803,000	\$ 90,000	\$ 309,593	\$ 305,781	396,833	\$ 159,823	-	\$ 146,250	455,471	\$ -	\$ -	\$ 1,863,751	18.6%	19.4%	\$ 2.32	\$ 2.16
Total	4,141,100	\$ 1,845,000	\$ 1,631,000	\$ 1,631,000	\$ 1,631,000	\$ 815,500	-	\$ 815,500	\$ 1,631,000	\$ -	\$ -	\$ 10,000,000	100.0%	100.0%	\$ 2.41	\$ 2.41

¹ Source: American Community Survey population 5-year estimate, 2012-2016.

² Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon death certificate data, 2012-2016.

³ Source: Quality of life: Good or excellent health, 2012-2015.

⁴ Matching funds will not be awarded until 2019 or thereafter.

⁵ Funds will not be awarded for achievement of accountability metrics until 2019 or thereafter.

⁶ Source: Portland State University Certified Population estimate July 1, 2017

County Size Bands

Extra Small	Small	Medium	Large	Extra Large
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PHAB Funding and Incentives Subcommittee

Local public health funding formula model - \$15 million example

Subcommittee Members: Carrie Brogoitti, Bob Dannenhoffer, Jeff Luck, Alejandro Queral, Akiko Saito
May, 2018

Total available funds for LPHAs: \$15 million

Base component: \$14.1 million

Matching funds component: \$750,000

Incentive funds component: \$150,000

Local public health funding formula model: At the \$15 million level, the majority of funds are allocated to the base component of the funding formula, with 5% allocated to matching funds and 1% allocated to incentive funds. The data are matching and incentive funds are not based on actual LPHA data. This is an example of how the funding formula model will allocate funds to LPHAs at the \$15 million level.

County Group	Population ⁶	Floor	Burden of Disease ²	Health Status ³	Race/Ethnicity ¹	Poverty 150% FPL ¹	Rurality	Education ¹	Limited English Proficiency ¹	Matching Funds ⁴	Incentives ⁵	Total Award	Award Percentage	% of Total Population	Award Per Capita	Avg Award Per Capita
Wheeler	1,480	\$ 45,000	\$ 799	\$ 1,484	\$ 200	\$ 519	-	\$ 338	14	\$ 2,858	\$ 498	\$ 51,710	0.3%	0.0%	\$ 34.94	
Wallowa	7,195	\$ 45,000	\$ 4,703	\$ 2,891	\$ 1,077	\$ 2,006	-	\$ 1,331	528	\$ -	\$ 684	\$ 58,220	0.4%	0.2%	\$ 8.09	
Harney	7,360	\$ 45,000	\$ 6,656	\$ 6,395	\$ 2,239	\$ 2,289	-	\$ 2,083	1,147	\$ 3,761	\$ 689	\$ 70,258	0.5%	0.2%	\$ 9.55	
Grant	7,415	\$ 45,000	\$ 4,098	\$ 4,457	\$ 1,410	\$ 2,306	-	\$ 2,099	544	\$ -	\$ 691	\$ 60,604	0.4%	0.2%	\$ 8.17	
Lake	8,120	\$ 45,000	\$ 5,821	\$ 3,528	\$ 2,779	\$ 2,927	-	\$ 3,558	1,861	\$ 5,583	\$ 714	\$ 71,770	0.5%	0.2%	\$ 8.84	
Morrow	11,890	\$ 45,000	\$ 6,561	\$ 9,671	\$ 10,963	\$ 3,417	-	\$ 8,057	17,436	\$ 12,012	\$ 837	\$ 113,953	0.8%	0.3%	\$ 9.58	
Baker	16,750	\$ 45,000	\$ 11,527	\$ 7,277	\$ 3,423	\$ 4,975	-	\$ 4,376	1,535	\$ -	\$ 995	\$ 79,108	0.5%	0.4%	\$ 4.72	\$ 8.40
Crook	22,105	\$ 67,500	\$ 14,888	\$ 17,185	\$ 5,988	\$ 7,280	-	\$ 7,460	1,418	\$ 11,324	\$ 1,169	\$ 134,212	0.9%	0.5%	\$ 6.07	
Curry	22,805	\$ 67,500	\$ 21,122	\$ 17,655	\$ 6,882	\$ 6,798	-	\$ 6,392	2,508	\$ 2,250	\$ 1,192	\$ 132,299	0.9%	0.6%	\$ 5.80	
Jefferson	23,190	\$ 67,500	\$ 18,017	\$ 14,317	\$ 21,987	\$ 7,986	-	\$ 10,413	9,777	\$ 7,010	\$ 1,204	\$ 158,212	1.1%	0.6%	\$ 6.82	
Hood River	25,145	\$ 67,500	\$ 10,888	\$ 16,263	\$ 21,212	\$ 6,684	-	\$ 13,481	33,417	\$ -	\$ 1,268	\$ 170,713	1.1%	0.6%	\$ 6.79	
Tillamook	26,175	\$ 67,500	\$ 17,960	\$ 16,587	\$ 9,268	\$ 7,718	-	\$ 7,266	5,758	\$ 12,995	\$ 1,301	\$ 146,353	1.0%	0.6%	\$ 5.59	
Union	26,900	\$ 67,500	\$ 16,653	\$ 12,653	\$ 6,584	\$ 9,582	-	\$ 5,417	3,452	\$ 24,336	\$ 1,325	\$ 147,501	1.0%	0.6%	\$ 5.48	
Gilliam, Sherman, Wasco	30,895	\$ 157,500	\$ 21,560	\$ 15,844	\$ 16,586	\$ 8,645	-	\$ 11,309	15,719	\$ -	\$ 1,455	\$ 248,619	1.7%	0.7%	\$ 8.05	
Malheur	31,845	\$ 67,500	\$ 19,645	\$ 29,854	\$ 28,756	\$ 13,229	-	\$ 17,246	26,852	\$ 15,323	\$ 1,486	\$ 219,890	1.5%	0.8%	\$ 6.91	
Clatsop	38,820	\$ 67,500	\$ 27,912	\$ 19,655	\$ 12,730	\$ 10,821	-	\$ 8,557	10,318	\$ 2,250	\$ 1,713	\$ 161,456	1.1%	0.9%	\$ 4.16	
Lincoln	47,960	\$ 67,500	\$ 40,095	\$ 32,272	\$ 19,488	\$ 15,484	-	\$ 13,966	13,627	\$ 12,094	\$ 2,010	\$ 216,536	1.4%	1.2%	\$ 4.51	
Columbia	51,345	\$ 67,500	\$ 31,447	\$ 32,370	\$ 12,933	\$ 12,930	-	\$ 13,414	6,588	\$ -	\$ 2,120	\$ 179,303	1.2%	1.2%	\$ 3.49	
Coos	63,310	\$ 67,500	\$ 51,629	\$ 45,496	\$ 21,664	\$ 21,803	-	\$ 19,125	8,704	\$ 28,241	\$ 2,509	\$ 266,670	1.8%	1.5%	\$ 4.21	
Klamath	67,690	\$ 67,500	\$ 53,270	\$ 47,538	\$ 33,296	\$ 23,676	-	\$ 22,843	18,612	\$ 57,825	\$ 2,652	\$ 327,212	2.2%	1.6%	\$ 4.83	\$ 5.25
Umatilla	80,500	\$ 90,000	\$ 46,313	\$ 57,850	\$ 62,361	\$ 25,817	-	\$ 38,119	76,732	\$ -	\$ 3,068	\$ 400,260	2.7%	1.9%	\$ 4.97	
Polk	81,000	\$ 90,000	\$ 40,570	\$ 38,365	\$ 39,843	\$ 21,183	-	\$ 19,839	32,665	\$ 35,502	\$ 3,085	\$ 321,052	2.1%	2.0%	\$ 3.96	
Josephine	85,650	\$ 90,000	\$ 70,653	\$ 53,437	\$ 25,034	\$ 32,907	-	\$ 26,106	9,420	\$ 2,250	\$ 3,236	\$ 313,043	2.1%	2.1%	\$ 3.65	
Benton	92,575	\$ 90,000	\$ 34,337	\$ 42,940	\$ 40,037	\$ 30,188	-	\$ 12,597	33,091	\$ 21,252	\$ 3,461	\$ 307,902	2.1%	2.2%	\$ 3.33	
Yamhill	106,300	\$ 90,000	\$ 53,349	\$ 66,321	\$ 55,571	\$ 28,257	-	\$ 34,715	52,611	\$ -	\$ 3,908	\$ 384,731	2.6%	2.6%	\$ 3.62	
Douglas	111,180	\$ 90,000	\$ 92,304	\$ 84,981	\$ 29,590	\$ 34,579	-	\$ 32,980	12,228	\$ 47,891	\$ 4,066	\$ 428,620	2.9%	2.7%	\$ 3.86	
Linn	124,010	\$ 90,000	\$ 76,317	\$ 76,560	\$ 40,961	\$ 38,169	-	\$ 34,761	23,868	\$ 104,065	\$ 4,484	\$ 489,185	3.3%	3.0%	\$ 3.94	\$ 3.74
Deschutes	182,930	\$ 112,500	\$ 85,933	\$ 68,119	\$ 52,598	\$ 44,689	-	\$ 34,848	33,532	\$ -	\$ 6,400	\$ 438,620	2.9%	4.4%	\$ 2.40	
Jackson	216,900	\$ 112,500	\$ 138,012	\$ 130,364	\$ 91,744	\$ 68,394	-	\$ 65,521	69,579	\$ 91,291	\$ 7,505	\$ 774,910	5.2%	5.2%	\$ 3.57	
Marion	339,200	\$ 112,500	\$ 180,966	\$ 217,167	\$ 266,796	\$ 108,054	-	\$ 137,544	329,541	\$ 2,250	\$ 11,483	\$ 1,366,301	9.1%	8.2%	\$ 4.03	
Lane	370,600	\$ 112,500	\$ 213,964	\$ 194,900	\$ 148,829	\$ 121,646	-	\$ 89,762	95,107	\$ 78,318	\$ 12,505	\$ 1,067,532	7.1%	8.9%	\$ 2.88	\$ 3.29
Clackamas	413,000	\$ 135,000	\$ 197,363	\$ 198,312	\$ 164,875	\$ 67,560	-	\$ 75,305	166,552	\$ -	\$ 13,884	\$ 1,018,851	6.8%	10.0%	\$ 2.47	
Washington	595,860	\$ 135,000	\$ 220,948	\$ 258,867	\$ 457,344	\$ 118,634	-	\$ 149,187	518,819	\$ 2,250	\$ 19,832	\$ 1,880,881	12.5%	14.4%	\$ 3.16	
Multnomah	803,000	\$ 135,000	\$ 430,223	\$ 424,925	\$ 551,454	\$ 222,097	-	\$ 203,234	632,940	\$ 167,071	\$ 26,570	\$ 2,793,513	18.6%	19.4%	\$ 3.48	\$ 3.14
Total	4,141,100	\$ 2,767,500	\$ 2,266,500	\$ 2,266,500	\$ 2,266,500	\$ 1,133,250	\$ -	\$ 1,133,250	\$ 2,266,500	\$ 750,000	\$ 150,000	\$ 15,000,000	100.0%	100.0%	\$ 3.62	\$ 3.62

¹ Source: American Community Survey population 5-year estimate, 2012-2016.

² Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon death certificate data, 2012-2016.

³ Source: Quality of life: Good or excellent health, 2012-2015.

⁴ Matching funds will not be awarded until 2019 or thereafter.

⁵ Funds will not be awarded for achievement of accountability metrics until 2019 or thereafter.

⁶ Source: Portland State University Certified Population estimate July 1, 2017

County Size Bands

Extra Small	Small	Medium	Large	Extra Large
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PHAB Incentives and Funding subcommittee

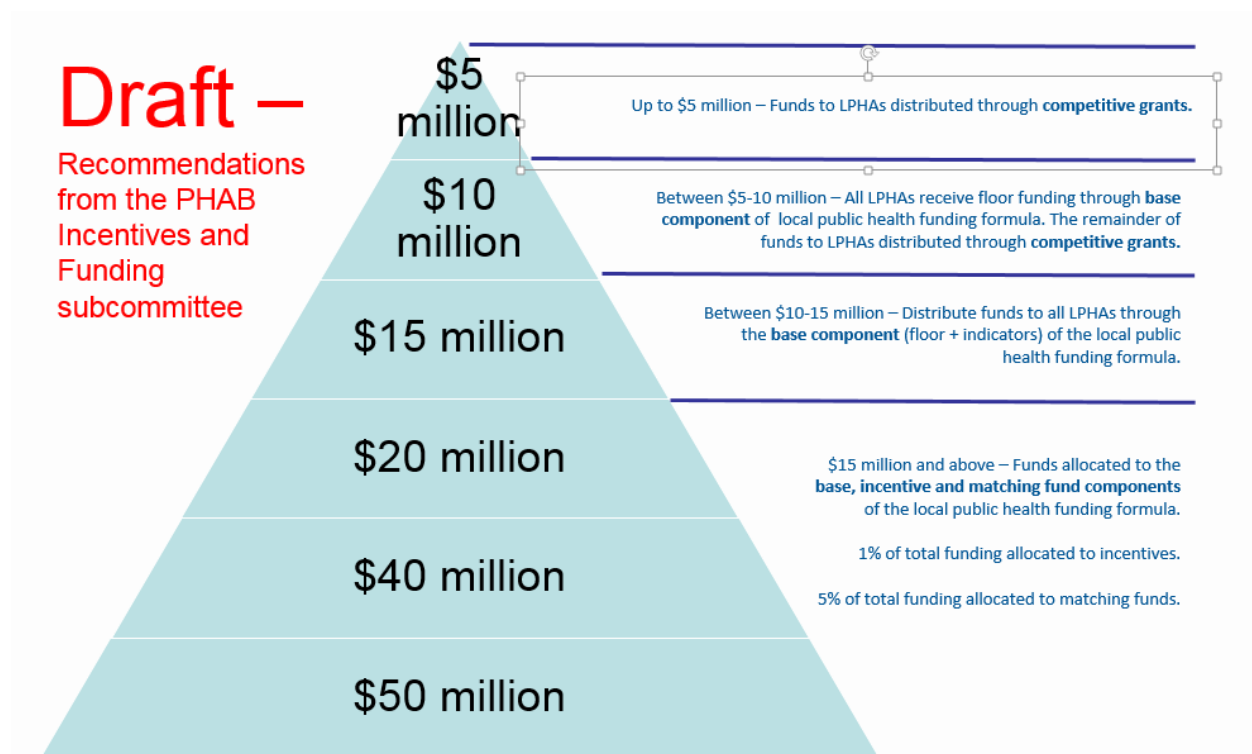
Local public health funding formula description and methodology

May 14, 2018

Three components to the local public health funding formula

1. Base funds awarded for population, health status, burden of disease, and ability of LPHA to invest in local public health. Includes floor payments (based on five tiers of county size bands);
2. Matching funds for county investment in local public health services and activities above the base funding amount;
3. Incentive funds for achieving accountability metrics.

Allocations to funding formula components at a range of funding level for the 2019-21 biennium*. Based on recommendations from the PHAB Incentives and Funding subcommittee.



* Funding levels reflect total allocations to LPHAs (two years)

A 30,000 foot view of the local public health funding formula

This is a model for how funds would be allocated through the funding formula in 2019-21. This subcommittee will convene in 2019 to review the funding formula model when actual funding levels for 2019-21 are known.

- Each component includes a floor payment, plus an additional method for allocating funds to LPHAs.
- Floor payments favor extra-small and small counties. Additional methods are tied to county population and favor large and extra-large counties.
- In all components, extra-small and small counties receive a proportionally larger per capita allocation, and large and extra-large counties receive a proportionally larger dollar amount.
 - This is consistent with the resource gaps identified in the 2016 public health modernization assessment.
- The funding formula advances health equity by directing funds to a set of indicators that measure health outcomes and county demographics.

The base component

- Includes a floor payment for each county and additional allocations based on a set of indicators¹.
- Floor payments are based on five tiers of county size bands. At the \$10 million level, floor payments range from \$30,000-90,000 and total \$1.845 million.
 - Intended to ensure stable funding, and maintain staffing and stability.
- Floor payments increase proportionally at funding levels above \$10 million (remaining at 18.45% of total base component funds).
- All remaining base component funding is distributed through the indicator pool.

Methodology

Base funding = floor payment + indicator pool payment

Floor payment = based on county size band

¹ Indicators include health status, burden of disease, racial and ethnic diversity, poverty, educational attainment, population density, and limited English proficiency.

Indicator pool payment = all remaining base component funds

Indicator pool payment = (LPHA weight/sum of all LPHA weights) * Total indicator pool

LPHA weight = LPHA population * LPHA indicator percentage

Floor payments

- Floor payments are based on five tiers of county size bands. At the \$10 million level, floor payments range from \$30,000-90,000 and total \$1.845 million.
- Floor payments are proportionally increased at funding levels above \$10 million.

Total funds	Range of floor payments	Floor payment total	Indicator pool total
\$10 million	\$30,000-90,000	\$1,845,000	\$8,155,000
\$15 million	\$45,000-135,000	\$2,767,500	\$11,332,500
\$20 million	\$60,000-180,000	\$3,690,000	\$15,110,000

The matching funds component

- Matching funds will be awarded for sustained or increased county general fund investments over time.
- Five percent of funds will be allocated to matching funds at or above the \$15 million level. (At the \$15 million, \$750,000 would be allocated to matching funds.)
- Matching funds include a floor payment for sustained county investments. All counties are eligible to receive the same floor payment (i.e. no tiers for matching fund floor payments).
- Counties that demonstrate increased investment will receive an additional allocation. Allocations for increased investment are determined based on the available pool, percent funding increase, and county population.

Methodology

Compares county general fund investment over two years².

² If funding for matching funds is available in 2019-21, OHA may recommend an initial matching funds award based on one year of county general fund data.

Matching funds = floor payment for sustained investment + additional allocation for increased investment

Floor payment = All counties eligible to receive the same floor payment.

Additional allocation = Based on percent county funding increase, county population and total funds available to counties with funding increases

Additional allocation = (LPHA weight/sum of all LPHA weights) * total available pool for counties with funding increases

LPHA weight = LPHA population * percent county funding increase

Floor payments

Currently the floor payment is set at 0.003% of total matching funds.

Total funds	Total matching funds	Floor payments at 0.003%	Maximum floor payout³
\$10 million	\$0	\$0	\$0
\$15 million	\$750,000	\$2,250	\$81,000
\$20 million	\$1,000,000	\$3,000	\$108,000

Subcommittee recommendation requested: At the \$15 million level, what proportion of matching funds should go to floor payments?

The incentive funds component

- Includes a floor payment for achieving an accountability metric.
 - All counties are eligible to receive the same floor payment (i.e. no tiers for incentive fund floor payments)
- Remaining pot of incentive funds are allocated to LPHAs that met the accountability metric(s) based on county population.
- One percent of funds will be allocated to incentive funds at or above the \$15 million level. (At the \$15 million, \$150,000 would be allocated to incentive funds.)

³ Maximum floor payout assumes all counties sustain investment.

- Available funds will be split across incentivized accountability metrics

Methodology

Incentive funds = floor payment plus additional payment based on county population

Floor payment = All counties eligible to receive the same floor payment.

Population allocation = Based on county population

All LPHAs that meet an accountability metric will receive both the floor payment and the population allocation.

Floor payments

Currently the floor payment is set at 0.003% of total incentive funds.

Total funds	Total incentive funds	Floor payment	Floor payment total ⁴
\$10 million	\$0	\$0	\$0
\$15 million	\$150,000	\$450	\$15,300
\$20 million	\$200,000	\$600	\$24,000

Subcommittee recommendation requested: At the \$15 million level, what proportion of matching funds should go to floor payments?

⁴ assumes all counties meet accountability metric

Report to Legislative Fiscal Office

OHA must submit a report on the application of the LPHA modernization funding formula described in ORS 431.380 by June 30th of every even-numbered year. This report must include:

1. A statement of the amount of state moneys that OHA received for funding foundational capabilities and programs;
2. A description of how these moneys were distributed to LPHAs;
3. The level of work funded for each foundational capability and program;
4. Progress toward meeting accountability metrics;
5. LPHA funding formula for next biennium;
6. Estimate of the amount of state moneys needed for public health modernization in the next biennium.

Subcommittee business

- Confirm that Akiko will provide subcommittee update at May 17 PHAB meeting.
- The next subcommittee meeting is scheduled for June 11th. Determine whether there is a need to hold this meeting.

Public comment

Adjourn