AGENDA

PUBLIC HEALTH ADVISORY BOARD
Incentives and Funding Subcommittee

March 3, 2022
1:00-2:30 p.m.

Register in advance for the meeting:
https://www.zoomgov.com/meeting/register/vJIsfuCgpj4rE-ITYMDyoSIIsRYnGfbKIiI

Meeting ID: 161 998 8519
Passcode: 587653
(669) 254 5252

Meeting Objectives:

- Discuss subcommittee purpose, role and deliverables
- Discuss and begin making recommendations for public health modernization funding formula
- Discuss subcommittee business

Subcommittee members: Bob Dannenhoffer, Carrie Brogoitti, Jackie Leung, Michael Baker, Veronica Irvin

OHA staff: Sara Beaudrault, Cara Biddlecom, Andrew Cohen

PHAB's Health Equity Policy and Procedure

1:00-1:05 pm	**Welcome and introductions**	Sara Beaudrault, Oregon Health Authority
1:05-1:35	**COVID-19 response** • Discuss future work of COVID-19 response and resilience	Cara Biddlecom, Oregon Health Authority
1:35-1:45 pm	**Incentives and Funding subcommittee overview** • Discuss subcommittee purpose and role • Discuss deliverables and anticipated timelines	Sara Beaudrault
1:45-2:15 pm	**Public health modernization funding formula** • Hear funding formula background	All

	• Review local public health authority survey results • Discuss changes the subcommittee would like to consider making	
2:15-2:20 pm	**Subcommittee business** • Select subcommittee member to provide update at March PHAB meeting • Discuss recurring meeting time	All
2:20-2:30 pm	**Public comment**	
2:30 pm	**Adjourn**	All

PHAB Incentives and Funding subcommittee
March 3, 2022

ORS 431.380: FUNDING OF LOCAL PUBLIC HEALTH AUTHORITIES

431.380 Distribution of funds; rules. (1) From state moneys that the Oregon Health Authority receives for the purpose of funding the foundational capabilities established under ORS 431.131 and the foundational programs established under ORS 431.141, the Oregon Health Authority shall make payments to local public health authorities under this section. The Oregon Health Authority shall each biennium submit to the Oregon Public Health Advisory Board and the Legislative Fiscal Office a formula that provides for the equitable distribution of moneys. The Oregon Health Authority shall incorporate into the formula:

(a) A method for distributing to local public health authorities a base amount of state moneys received by the Oregon Health Authority pursuant to this subsection, taking into consideration the population of each local public health authority, the burden of disease borne by communities located within the jurisdiction of each local public health authority, the overall health status of communities located within the jurisdiction of each local public health authority and the ability of each local public health authority to invest in local public health activities and services;

(b) 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 distributed in accordance with paragraph (a) of this subsection; and

(c) A method for the use of incentives as described in subsection (3) of this section.

(2) The Oregon Health Authority shall submit the formula adopted under subsection (1) of this section to the Oregon Public Health Advisory Board and the Legislative Fiscal Office no later than June 30 of each even-numbered year.

Subcommittee deliverables

- Make updates to the public health modernization funding formula for LPHAs
- Provide guidance for developing the 2022 Public Health Modernization Funding Report to Legislative Fiscal Office
- Review and update PHAB's Funding Principles; lead PHAB discussions on using funding to advance PHAB's goals for achieving racial equity.

Timeline

Begin funding formula updates	March
Continue funding formula updates	April
Finalize funding formula updates Discuss updates to Funding Principles	May
Review Funding Formula Report Finalize Funding Principles	June

Oregon Health Authority

Public Health Modernization LPHA Funding Formula

Funding Formula update: March 2021

Public health modernization GF for Program Element 51-01

Fundinfg period 10/1/21-6/30/23

Total funds available to LPHAs **$28,502,602**

		Base component									Matching and Incentive fund components		Total county allocation				
County Group	Population[1]	Floor	Burden of Disease[2]	Health Status[3]	Race/ Ethnicity[4]	Poverty 150% FPL[4]	Rurality[5]	Education[4]	Limited English Proficiency[4]		Matching Funds	Incentives	Total Award	Award Percentage	% of Total Population	Award Per Capita	Avg Award Per Capita
Wheeler	1,440	$ 84,818	$ 1,323	$ 2,595	$ 517	$ 950	$ 7,031	$ 537	$ 16		$ -	$ -	**$ 97,787**	**0.3%**	**0.0%**	**$ 67.91**	
Wallowa	7,160	$ 84,818	$ 6,856	$ 5,756	$ 2,058	$ 3,495	$ 34,960	$ 2,526	$ 1,210		$ -	$ -	**$ 141,679**	**0.5%**	**0.2%**	**$ 19.79**	
Harney	7,280	$ 84,818	$ 9,814	$ 4,792	$ 3,852	$ 3,916	$ 15,747	$ 3,499	$ 1,710		$ -	$ -	**$ 128,147**	**0.4%**	**0.2%**	**$ 17.60**	
Grant	7,315	$ 84,818	$ 8,166	$ 6,118	$ 2,264	$ 3,929	$ 35,716	$ 3,863	$ 710		$ -	$ -	**$ 145,584**	**0.5%**	**0.2%**	**$ 19.90**	
Lake	8,075	$ 84,818	$ 10,576	$ 7,799	$ 4,207	$ 5,139	$ 24,957	$ 4,977	$ 2,237		$ -	$ -	**$ 144,710**	**0.5%**	**0.2%**	**$ 17.92**	
Morrow	12,825	$ 84,818	$ 12,019	$ 21,590	$ 8,513	$ 7,344	$ 28,742	$ 14,892	$ 30,316		$ -	$ -	**$ 208,234**	**0.7%**	**0.3%**	**$ 16.24**	
Baker	16,910	$ 84,818	$ 20,534	$ 17,244	$ 6,952	$ 8,791	$ 33,852	$ 8,262	$ 3,587		$ -	$ -	**$ 184,040**	**0.6%**	**0.4%**	**$ 10.88**	**$ 17.21**
Crook	23,440	$ 127,227	$ 27,594	$ 29,088	$ 9,846	$ 12,292	$ 54,935	$ 13,712	$ 4,663		$ -	$ -	**$ 279,359**	**1.0%**	**0.5%**	**$ 11.92**	
Curry	23,005	$ 127,227	$ 32,039	$ 25,321	$ 12,416	$ 10,811	$ 43,470	$ 11,844	$ 4,667		$ -	$ -	**$ 267,795**	**0.9%**	**0.5%**	**$ 11.64**	
Jefferson	24,105	$ 127,227	$ 29,159	$ 17,818	$ 40,587	$ 14,260	$ 74,266	$ 15,877	$ 18,463		$ -	$ -	**$ 337,658**	**1.2%**	**0.6%**	**$ 14.01**	
Hood River	25,640	$ 127,227	$ 17,141	$ 22,688	$ 20,000	$ 10,350	$ 65,349	$ 22,846	$ 61,317		$ -	$ -	**$ 346,920**	**1.2%**	**0.6%**	**$ 13.53**	
Tillamook	26,530	$ 127,227	$ 30,693	$ 24,191	$ 11,595	$ 13,154	$ 90,157	$ 12,082	$ 12,891		$ -	$ -	**$ 321,990**	**1.1%**	**0.6%**	**$ 12.14**	
Union	26,840	$ 127,227	$ 29,411	$ 15,351	$ 12,406	$ 15,937	$ 55,172	$ 9,710	$ 6,678		$ -	$ -	**$ 271,891**	**1.0%**	**0.6%**	**$ 10.13**	
Gilliam, Sherman, Wasco	31,080	$ 296,864	$ 35,716	$ 23,142	$ 21,638	$ 14,452	$ 62,977	$ 19,756	$ 26,211		$ -	$ -	**$ 500,755**	**1.8%**	**0.7%**	**$ 16.11**	
Malheur	32,105	$ 127,227	$ 34,920	$ 46,944	$ 20,417	$ 22,855	$ 75,870	$ 28,849	$ 38,895		$ -	$ -	**$ 395,978**	**1.4%**	**0.8%**	**$ 12.33**	
Clatsop	39,455	$ 127,227	$ 45,412	$ 31,932	$ 20,200	$ 17,645	$ 75,131	$ 15,657	$ 18,702		$ -	$ -	**$ 351,906**	**1.2%**	**0.9%**	**$ 8.92**	
Lincoln	48,305	$ 127,227	$ 66,488	$ 55,515	$ 33,218	$ 26,454	$ 88,682	$ 21,390	$ 14,777		$ -	$ -	**$ 433,750**	**1.5%**	**1.1%**	**$ 8.98**	
Columbia	53,280	$ 127,227	$ 53,910	$ 58,932	$ 22,217	$ 21,855	$ 113,424	$ 24,025	$ 11,116		$ -	$ -	**$ 432,706**	**1.5%**	**1.2%**	**$ 8.12**	
Coos	63,315	$ 127,227	$ 87,680	$ 73,106	$ 43,058	$ 36,888	$ 118,711	$ 33,212	$ 14,508		$ -	$ -	**$ 534,391**	**1.9%**	**1.5%**	**$ 8.44**	
Klamath	68,075	$ 127,227	$ 92,749	$ 63,911	$ 47,569	$ 44,051	$ 124,977	$ 40,331	$ 35,214		$ -	$ -	**$ 576,029**	**2.0%**	**1.6%**	**$ 8.46**	**$ 10.41**
Umatilla	81,495	$ 169,636	$ 81,259	$ 80,907	$ 68,851	$ 46,817	$ 115,792	$ 68,311	$ 132,657		$ -	$ -	**$ 764,229**	**2.7%**	**1.9%**	**$ 9.38**	
Polk	83,805	$ 169,636	$ 70,846	$ 82,748	$ 58,628	$ 38,329	$ 81,429	$ 37,704	$ 66,338		$ -	$ -	**$ 605,657**	**2.1%**	**2.0%**	**$ 7.23**	
Josephine	86,560	$ 169,636	$ 120,838	$ 101,814	$ 40,049	$ 56,557	$ 190,188	$ 39,866	$ 17,567		$ -	$ -	**$ 736,517**	**2.6%**	**2.0%**	**$ 8.51**	
Benton	94,665	$ 169,636	$ 54,173	$ 57,717	$ 79,132	$ 51,444	$ 86,896	$ 20,302	$ 69,830		$ -	$ -	**$ 589,130**	**2.1%**	**2.2%**	**$ 6.22**	
Yamhill	108,605	$ 169,636	$ 96,041	$ 107,821	$ 73,874	$ 45,657	$ 119,843	$ 60,014	$ 88,793		$ -	$ -	**$ 761,678**	**2.7%**	**2.5%**	**$ 7.01**	
Douglas	112,530	$ 169,636	$ 159,823	$ 134,790	$ 49,012	$ 60,899	$ 226,370	$ 57,646	$ 20,654		$ -	$ -	**$ 878,832**	**3.1%**	**2.6%**	**$ 7.81**	
Linn	127,320	$ 169,636	$ 133,792	$ 124,340	$ 71,053	$ 63,480	$ 196,443	$ 60,416	$ 47,519		$ -	$ -	**$ 866,679**	**3.0%**	**3.0%**	**$ 6.81**	**$ 7.49**
Deschutes	197,015	$ 212,046	$ 149,010	$ 145,631	$ 74,634	$ 72,073	$ 265,498	$ 59,959	$ 64,348		$ -	$ -	**$ 1,043,199**	**3.7%**	**4.6%**	**$ 5.30**	
Jackson	223,240	$ 212,046	$ 239,562	$ 221,628	$ 112,174	$ 116,724	$ 219,089	$ 108,919	$ 121,449		$ -	$ -	**$ 1,351,591**	**4.7%**	**5.2%**	**$ 6.05**	
Marion	349,120	$ 212,046	$ 312,471	$ 361,669	$ 384,926	$ 186,579	$ 223,306	$ 242,048	$ 562,580		$ -	$ -	**$ 2,485,625**	**8.7%**	**8.2%**	**$ 7.12**	**$ 6.34**
Lane	381,365	$ 254,455	$ 365,663	$ 341,574	$ 288,604	$ 213,574	$ 325,861	$ 154,563	$ 152,283		$ -	$ -	**$ 2,096,577**	**7.4%**	**8.9%**	**$ 5.50**	
Clackamas	426,515	$ 254,455	$ 339,869	$ 333,686	$ 297,002	$ 114,827	$ 376,935	$ 134,917	$ 269,913		$ -	$ -	**$ 2,121,602**	**7.4%**	**10.0%**	**$ 4.97**	
Washington	620,080	$ 254,455	$ 372,138	$ 505,196	$ 861,167	$ 197,379	$ 169,547	$ 244,824	$ 870,035		$ -	$ -	**$ 3,474,742**	**12.2%**	**14.5%**	**$ 5.60**	
Multnomah	829,560	$ 254,455	$ 726,295	$ 720,625	$ 1,071,343	$ 378,083	$ 52,656	$ 339,653	$ 1,082,126		$ -	$ -	**$ 4,625,234**	**16.2%**	**19.4%**	**$ 5.58**	**$ 5.46**
Total	**4,268,055**	**$ 5,258,730**	**$ 3,873,979**	**$ 3,873,979**	**$ 3,873,979**	**$ 1,936,989**	**$ 3,873,979**	**$ 1,936,989**	**$ 3,873,979**		$ -	$ -	**$ 28,502,602**	**100.0%**	**100.0%**	**$ 6.68**	**$ 6.68**

[1] Source: Portland State University Certified Population estimate July 1, 2020

[2] Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon death certificate data, 2014-2018

[3] Source: Quality of life: Good or excellent health, 2014-2017

[4] Source: American Community Survey population 5-year estimate, 2014-2018

[5] Source: U.S. Census Bureau, Population estimates, 2010

County Size Bands

Extra Small	Small	Medium	Large	Extra Large
up to 20,000	20,000-75,000	75,000-150,000	150,000-375,0	above 375,000

Discussion questions

- What are your reactions to the funding formula survey results?
- What changes would the subcommittee like to explore for this funding formula?

LPHA funding formula survey preliminary results
March 3, 2022

1. How many LPHAs have completed the survey?

Extra small/small	16 of 18
Medium	6 of 7
Large/extra large	7 of 7
Total	29 of 32

Base funding

2. Compared to other county size bands. LPHA jurisdictions in my size band receive sufficient base funds to fulfill PE51 requirements.

	All	Extra small/small	Medium	Large/extra large
Strongly agree	**2**	1	1	
Agree	**21 (72%)**	11 (69%)	5 (83%)	5 (71%)
Disagree	**6**	4		2
Strongly disagree	**0**			
Total	**29**	16	6	7

3. What changes are needed so that LPHA jurisdictions in each size band receive sufficient funding to fulfill PE51 requirements?

Responses in rank order
Increase floor funding to provide a minimum FTE to every LPHA. Increase the minimum FTE with funding and requirements. (20 responses)
Specify core positions that should be funded through PE 51 in every county and factor the costs of those positions into the floor funding for each LPHA. (15 responses)
Explore ways to use the funding formula to support regional partnerships and other shared service delivery models, while also providing funding for each LPHA. (10 responses)
Explore ways to factor in funding to CBOs that supports PE 51 requirements. (4 responses)
No changes needed (1)
Other (3) - Smaller counties should be incentivized to band together for some of this work. - In Washington State Seattle/King has their own metrics and funding, separate from the rest of the state. It's something Oregon should seriously explore. - The rurality component should not have the same pot of funding as the other components, while poverty has a smaller pot of funding. Rural populations may drive further, but urban staff spend a lot of time in traffic and have much higher costs. - Think about making the number of available non-governmental health/community services an indicator, since smaller counties have less access. - Rurality ignores the issues in the urban counties and continues the urban/rural divide.

- Consider using housing status in the components, since that is a big issue around the State.
- Please consider granting part of the regional funding to individual LPHA if the LPHA chooses not to join a region
- I'm not opposed to increases at the base funding level, but I do wonder at what level will that negate the additional factors that are taken into account. While I do not believe they are perfect, I do think it is the best attempt I have seen thus far to equitably distribute funds. That being said, I do believe that each LPHA should be able to hire at least 1.0 FTE staffing given the funding investment.

Indicators

4. The indictors in the funding formula are an effective mechanism for using funds to eliminate health inequities.

	All	Extra small/small	Medium	Large/extra large
Strongly agree	**0**	0		
Agree	**24 (83%)**	13 (81%)	6 (100%)	5 (71%)
Disagree	**4**	3		1
Strongly disagree	**1**	0		1
Total	**29**	16	6	7

5. What changes are needed to make the funding formula a more effective mechanism for eliminating health inequities.

Responses in rank order
Discuss weighting certain indicators more heavily in funding formula allocations. (14 responses)
Review and make updates to the current set of indicators. (7 responses)
No changes needed. (6 responses)
Modify the funding formula to display each LPHA's rank on each indicator, in addition to each LPHA's allocation. (6 responses)
Proportionally increase allocations to the LPHAs that rank lowest on one or more health status indicators. (5 responses)
Other (1 response) - The formula needs to be more transparent in order to appropriately answer this question. The document handed out currently as "the formula" is really just something that shows allocation; it does NOT show HOW these factors determine the monetary amount. - One of the biggest factors to addressing inequities and ensuring that any progress toward eliminating inequities is maintainable is ensuring consistency in funding and ensuring that programs and positions can stay in place. Ensuring that the work is aimed at eliminating inequities through evidence-based and innovative strategies is also key. I don't think that adjusting funding based on health status or demographic factors actually does anything to ensure an effective mechanism for eliminating health inequities.

Floor payments and indicators

6. For the 2023-25 funding formula, I would like PHAB to:

Keep the proportion of funds allocated to floor funding and indicators the same as in 2021-23.	3
Increase the proportion of funds allocated to floor funding, so that the minimum amount received by each LPHA is increased.	18 (62%)
Increase the proportion of funds allocated to demographic and health status indicators so that more funding is directed to eliminating health inequities.	7
Other	1
Total	29

PHAB Funding Principles

The public health modernization funding formula advances the following Funding Principles:

	Strongly agree	Agree	Disagree	Strongly disagree
Funding Principle #1: Ensure that public health services are available to every person in Oregon, whether they are provided by an individual LPHA, a Tribal public health authority, through cross-jurisdictional sharing arrangements and/or by OHA.	0	20 (69%)	7	2
Funding Principle #2: Align funding with burden of disease, risk, and state and community health assessment and plan priorities, while minimizing the impact to public health infrastructure when resources are redirected.	1	16 (55%)	11	1
Funding Principle #3: Use funding to advance health equity in Oregon, which includes directing funds to areas of the state experiencing a disproportionate burden of disease or where health disparities exist.	1	18 (62%)	9	1
Funding Principle #4: Use funding to incentivize changes to the public health system intended to increase efficiency and improve health outcomes, which may include cross-jurisdictional sharing.	2	20 (69%)	5	2
Funding Principle #5: Align public health work and funding to leverage resources with health care, education and other sectors to achieve health outcomes.	0	18 (62%)	8	3

Comments

Infrastructure

- All public health departments should receive enough funding to maintain an infrastructure that includes program leadership, staff support, and content experts. Without a sustainable infrastructure, it is not feasible to accomplish the goals and objectives.
- If we truly want to modernize all LPHAs, we need to ensure that the small counties are able to support adequate staffing. Raising the floor could help that.
- Counties need basic infrastructure to function. As a large county I have relied on my medium and smaller neighbors from time to time. It is critical that we have infrastructure in place. Enable us to better share services across counties.
- More emphasis on regionalization is needed.

Workforce

- I think the biggest challenge is hiring for positions using funding that has an end date and is not guaranteed to be renewed.
- We have had problems recruiting people to fill our positions. Pay inequities between public and private employers makes it difficult. It is also hard for us to afford multiple positions, and often we need to cobble funding streams to be able to hire a FTE. Sometimes funding rules precludes us from doing this.
- Community challenges regarding hiring, welcoming, support and including diversity in the workforce, policies, and organizational culture.
- Ways to support a remote workforce and workforce report findings from CLHO.

Funding formula performance

- It seems to make things unnecessarily complicated. The goal is for everyone to have access to the same capabilities and programs then that's what the funding should be aimed at. Closing gaps in inequities, stimulating innovation, increasing efficiency, etc should be built into what is requested from the work itself. The funding formula doesn't affect how we use the money and the actions taken with the money are what is going to make the differences.
- The funding formula is definitely one of the better things I have seen when it comes to funding public health.

Funding Principles

- Rural and frontier issues are not taken into consideration when apply blanket funding principles.
- Funding Principle #4 I have some very real concerns about being able to "change" public health systems.
- Funding Principle #5 A challenge occurs when our health care, education and public health sectors all follow different metrics and rules.

- Principle #1 : does "delivered by OHA" mean delivered by CBOs?
- Principle #2: I'm not sure that alignment with CHA/CHP is happening or what adjusting for redirected resources means
- Funding Principle #5: Align public health work and funding to leverage resources with health care, education and other sectors to achieve health outcomes - our cross-sector partnerships and collaborations are not supported by modernization funding.
- I don't think the current formula is transparent enough to determine how will it advance principles #2-5.
- The funding principles do not prioritize population, however the distribution of funds always has a population element to them and not a burden of disease element.
- For Funding Principles #1 & #5, I marked Disagree mostly because I don't think it adequately advances the principle. The funding formula can slightly advance a principle, but that's not acceptable to me in these cases. I think the funding formula should CLEARLY advance these principles.

Indicators

- A metric (e.g., interaction term) that serves as proxy measure of intersectionality and cumulative impact of systematic racism, exclusion, social determinants of health and health equity, and COVID-19.
- Some of the funding formula needs to be updated. At least in the most recent I received for PE51, rurality was determined by population estimates from 2010.
- Basing funding on health status and inequities ends up taking away funding from those that are successful in closing gaps. We need to know that systems put in place, especially successful systems can be maintained because these efforts are not "one and done."

Other

- Wait to review / evaluate / revise the formula until outcome from the AAR / Evaluation of COVID response is completed (Steiner-Haywards bill).
- This was challenging. Without having the requirements for the required assessments it is hard to say if this is enough funding for us to do the work.
- Create and implement a budget equity tool by learning from ARPA (e.g., https://home.treasury.gov/system/files/136/SLFRF-Equity-Webinar.pdf) and others (e.g., https://www.transformgov.org/programs-and-projects/racial-equity-budgeting-tools)
- Health equity in rural Oregon - how does that apply in counties that are solely rural? How does it apply in counties that are a combination of urban and rural?
- Racial justice and equity capacity building at the LPHA level as well as community and systems levels. What additional funds may be needed - not necessarily at a local level, but possibly the state or regional levels to support that capacity building?
- Health equity appears different in rural areas. In Oregon urban areas will have more racial inequities. In rural areas, it's less about race, yet inequities are evident.

- I appreciate having this communication and overall feel good about the funding coming to my county.
- A targeted universalism approach to equity investments.
- Thank you for taking such thoughtful approaches to the funding formula and for seeking input from LPHAs.
- I am afraid that funding will fall as we move further away from pandemic support dollars. We have worked for 2 years to build capacity and systems that support the needs of our communities and I don't want to see us go backwards again.
- Overall focus on equitable resource distribution with an emphasis on outcomes. Also follow the principle of spending twice as much time getting new resources as you spend making a distribution plan. :-)
- There is no clear analysis or evidence apparent to me as to why counties receive what funds and how each county is expected to meet measurable targets. The goals are so broad with little guidance or clear expectations that it seems like a waste. Dumping money where there isn't infrastructure and not bringing LPHAs to the table with all the CBOs receiving funding has divided our work and made public health extremely fractured. Without help with hiring and the training of a workforce to do this work, and leveraging community support at the actual community level WITH LPHAs, the funding principles are disingenuous.