# AGENDA

# PUBLIC HEALTH ADVISORY BOARD
# Incentives and Funding Subcommittee

**June 10, 2022**
**1:00-2:00 p.m.**

Register in advance for the meeting:
https://www.zoomgov.com/meeting/register/vJIsduCrrTkrHoOhnYZbR5cHLdJr_sJoU10

Meeting ID: 161 193 3214
Passcode: 443274
(669) 254 5252

**Meeting Objectives:**

- Approve May meeting minutes
- Hear about migrant and seasonal farmworker data and discuss potential funding formula indicator
- Continue to discuss changes to public health modernization funding formula
- Review PHAB health equity review questions
- Discuss subcommittee business

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

**OHA staff:** Sara Beaudrault, Andrew Cohen

**PHAB's Health Equity Policy and Procedure**

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|---|---|---|
| 1:00-1:05 pm | **Welcome and introductions**<br>• Approve May minutes<br>• Subcommittee member updates | Sara Beaudrault, Oregon Health Authority |
| 1:05-1:20 pm | **Migrant and seasonal farmworker data**<br>• Hear about OHA's work during the COVID-19 pandemic and future work.<br>• Hear about data available through the MSFW enumeration studies.<br>• Continue discussion on including a seasonal worker indicator in the funding formula | Maria Castro, Oliver Vera, Jorge Martinez Zapata, Monica Juarez, Oregon Health Authority |

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|---|---|---|
| 1:20-1:35 pm | **Public health modernization funding formula**<br>• Continue discussion on changes to indicator weighting.<br>• Continue discussion on Oregon data sources for existing indicators. | All |
| 1:35-1:50 pm | **Public health modernization funding report and PHAB health equity review questions**<br>• Review funding formula section of Public Health Modernization Funding Report<br>• Discuss draft responses to PHAB health equity review questions | All |
| 1:50-1:55 pm | **Subcommittee business**<br>• Select subcommittee member to provide update at June 16 PHAB meeting<br>• Determine need for future meetings | All |
| 1:55-2:00 pm | **Public comment** | |
| 2:00 pm | **Adjourn** | All |

minutes

# PUBLIC HEALTH ADVISORY BOARD
# Incentives and Funding Subcommittee

**May 13, 2022**
**1:00-2:00 p.m.**

**Subcommittee members:** Bob Dannenhoffer, Carrie Brogoitti, Michael Baker, Nic Powers, Veronica Irvin

**OHA staff:** Sara Beaudrault, Andrew Cohen

**PHAB's Health Equity Policy and Procedure**

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**Welcome and introductions**
April minutes were unanimously approved.

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**Public health modernization funding formula**
Sara provided a review of the subcommittee's discussion last month. The subcommittee recommended changes to the funding formula that would add enough funding for one FTE for each county (estimated at $200,000 for one FTE) when $20 million or more is allocated through the funding formula, and enough funding for two FTE for each county when $40 million or more is allocated through the funding formula. This makes the per capita increases for extra small counties last dramatic than what the subcommittee originally looked at last month.

Sara continued that since the April meeting, the Conference of Local Health Officials (CLHO) Systems and Innovation committee discussed this proposal and were generally supportive. OHA staff shared concerns expressed by this subcommittee related to shifts in per capita investments, whether these changes to the funding formula might discourage some counties from exploring alternate service delivery models and cross jurisdictional sharing, and that funding increases alone will not solve all the challenges with maintaining a public health workforce, especially in rural counties. CLHO Systems and Innovation wanted to emphasize that LPHAs should have discretion in how to use these additional funds added to the base component of the funding formula; they should not be required to use the funds for FTE. The committee voiced agreement that as the body of work for public health modernization expands, it cannot be a single person who fulfills all the roles and functions and holds all the subject matter expertise. Finally, the committee noted that drastic increases in funding can have unintended consequences, especially for extra small LPHAs. They would like an opportunity to hear from these counties before final decisions are made.

Bob agreed that the intention of this funding is to make sure every LPHA has enough funds to bring on additional staff, but that PHAB should not tell LPHAs how they must spend these funds.

Veronica asked how consistent the legislative funding is and how likely it is that we will continue to allocate more than $20 million to LPHAs.

Sara responded that we work on two-year budget cycles. Hopefully we are still in a place where funding will increase through legislative sessions.

Nic asked whether this funding formula is just public health modernization funding.

Bob responded that sometimes this funding formula is used for other public health program funding. Unless there is a reason to do otherwise, CLHO supports using this funding formula for other pots of public health funding. However, there are no other programs that are close to distributing $20 million or more.

Sara said that we will have three versions of the funding formula, one that is used for up to $20 million, one for $20-40 million, and one for above $40 million.

Veronica asked if CLHO has already reached out to extra small and extra large LPHAs for feedback.

Sara responded that OHA has scheduled an informational/input webinar with LPHAs in early June so LPHAs can hear about proposed changes and provide feedback on how the changes will work in their county. This will happen before PHAB votes on the funding formula in June.

Laura Daily, Program Manager with CLHO, said there is also time on CLHO's monthly agenda to talk through funding formula changes, hear input, whether LPHAs have the capacity to absorb additional funds, and what supports are needed.

Sara shifted the discussion to the indicators in the funding formula. The indicators are built into the funding formula to allocate funds based on a set of health and demographic indicators, in addition to population size. The indicators are intended to direct funds to areas of the state where there may be greater need for the community to access public health services or the complexity of providing public health services to the community.

Sara continued to say that there are two indicators that are statutorily required to be included: health status and burden of disease. Other indicators were added by PHAB. All indicators are currently weighted equally, with two measures - for poverty and education – combined into one indicator for socioeconomic status.

Bob said that there is no scientific basis for the how indicators were originally weighted, and dividing funds equally seems like a reasonable approach. The only proposal he's heard for adding an indicator is for seasonal workers. Seasonal workers do not count as part of the county's population. However, public health provides care to this group, and there are complexities due to their seasonality.

Veronica asked whether there is a data source for seasonal workers.

Bob said there is a source by county, but it is a few years old. Douglas County has the highest number of seasonal workers. He has not seen any other measures for seasonal workers, but that doesn't mean we shouldn't try. https://www.oregon.gov/oha/HPA/HP-PCO/Documents/2018%20Updates%20to%20MSFW%20Enumberation%20Studies%20Report.pdf. Bob doesn't know what types of seasonal workers are included, for example farm factory workers or seasonal fishery workers. He thinks we should be sensitive to this but may not recommend its addition until there is a solid data source. Getting a solid data source could be the work over the next two years.

Veronica asked about the other data sources that were selected. Generally, national data sources are used, and they are not updated on a frequent basis. She asked whether OHA has more sensitive or timely data sources that would pick up on changes. Have there been shifts between counties on these indicators? Is there anything we could add that would be more sensitive to population characteristics at the county level?

Sara responded that there may be better data sources now than there were a few years ago. She asked whether county population characteristics, like educational attainment, change significantly between years. To some degree, it is good if indicators are relatively steady so LPHAs don't experience swings in funding.

Veronica suggested that, if we want more sensitive and timely data, for example for poverty, could we substitute the percent of the population eligible for SNAP or Medicaid? Anything that would be more sensitive to what's happening in a county.

Sara said that OHA can look into this. Similarly, we may have educational attainment data that is timely and routinely provided.

Veronica asked whether county demographics change rapidly or whether five year estimates are reaonsable.

Bob's sense is that things change, but not that much.

Nic raised the issue of access to care. He doesn't see an indicator based on access to care. If there is not good access through other providers, then LPHAs need additional funding to serve people without access.

Bob said that when PHAB looked at this a few years ago, there were no good measures of access. Robert Wood Johnson uses physicians per 1,000, but this is very misleading. Education, access, poverty, rurality are all intended to be proxies of access.

Sara asked whether the subcommittee is interested in reducing the total number of indicators, which has been suggested by members before. She also asked whether the subcommittee would like to discuss weighting some indicators more heavily.

Nic asked whether Bob can share the why behind each indicator. He also encouraged OHA staff to look for Oregon data sources where possible.

Bob said that the racial and ethnic diversity indicator may be the most important, especially because of PHAB's policy for leading with race. Poverty and education were a priority for PHAB, along with English language proficiency. There was a strong move to include an indicator of rurality, given the additional burden this adds for community members and LPHA staff. Overall, PHAB wanted an indicator set that was small enough that each makes a difference. This set seemed like a reasonable and logical place to start, and they still make sense.

Nic might suggest emphasizing poverty but is not sure what could be de-emphasized.

Sara suggested that the subcommittee could weight the two required indicators lower. The indicators are intended to demonstrate that the LPHA needs to do more and have more resources to serve the community, and measures like self-reported quality of life may not demonstrate that.

Bob noted that weighting changes won't make a significant difference in funding to any LPHA.

Drew posted link to OSU rural indicators: https://ruralstudies.oregonstate.edu/.

Sara said keeping things weighted equally seems like a reasonable way to go. It sounds like there is interest in looking for Oregon data sources. It also sounds like there is interest in exploring seasonal worker measures.

Nic suggests weighting health status and burden of disease lower, and education and poverty higher. He also suggests rounding to whole numbers. It may not make a huge difference in dollars, but it speaks to priorities.

Drew described how indicator allocations work. All tabs need to be unhidden. He showed first how floor payments are entered, and that as floor payments are increased, there is less funding to be allocated across indicators. The way the indicator formula works is, it takes the county population times the county rank within the raw data. To get the weighted average, take the weight divided by the total amount. Weighted average times indicator pool gives the weighted payout amount. Depending on what a county's rank is, it will impact the rest of the calculations.

Bob asked whether the two indicators in statute need to be weighted at a specific level.

Sara said they do not.

Sara suggested weighting all indicators but health status and burden of disease at 18% and health status and burden of disease at 5%. This totals 100% of the funding, and this could be a starting place for considering whether changes are worthwhile.

Sara summarized follow ups: Generally, it sounds like the subcommittee is interested in tweaks but not an overhaul of indicators. OHA will model some changes in indicator weights. OHA will

also look for Oregon data sources and encourages subcommittee members to send potential data sources that they are aware of.

**Subcommittee business**
Bob will provide the subcommittee update at the May 19 PHAB meeting.

Next subcommittee meeting is scheduled for June 10.

**Public comment**
No public comment was provided.

**Adjourn**

**Public Health Modernization LPHA Funding Formula**

**Updated June 2022**

**Total biennial funds available to LPHAs through the funding formula = $10,000,000**

**Funding formula for LPHA allocations up to $19,999,999**

| | | 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 | 1,456 | $ 29,758 | $ 351 | $ 920 | $ 243 | $ 310 | $ 2,468 | $ 175 | $ 124 | | $ - | $ - | $ 34,348 | 0.3% | 0.0% | $ 23.59 | |
| Gilliam | 2,039 | $ 29,758 | $ 719 | $ 575 | $ 412 | $ 442 | $ 3,457 | $ 236 | $ 19 | | $ - | $ - | $ 35,618 | 0.4% | 0.0% | $ 17.47 | |
| Wallowa | 7,433 | $ 29,758 | $ 2,141 | $ 2,095 | $ 853 | $ 1,025 | $ 12,601 | $ 764 | $ 360 | | $ - | $ - | $ 49,597 | 0.5% | 0.2% | $ 6.67 | |
| Harney | 7,537 | $ 29,758 | $ 3,277 | $ 1,740 | $ 1,284 | $ 1,257 | $ 5,660 | $ 1,139 | $ 404 | | $ - | $ - | $ 44,519 | 0.4% | 0.2% | $ 5.91 | |
| Grant | 7,226 | $ 29,758 | $ 3,080 | $ 2,119 | $ 852 | $ 1,371 | $ 12,250 | $ 1,404 | $ 561 | | $ - | $ - | $ 51,396 | 0.5% | 0.2% | $ 7.11 | |
| Lake | 8,177 | $ 29,758 | $ 3,779 | $ 2,769 | $ 1,223 | $ 1,871 | $ 8,775 | $ 1,769 | $ 1,296 | | $ - | $ - | $ 51,240 | 0.5% | 0.2% | $ 6.27 | |
| Morrow | 12,635 | $ 29,758 | $ 4,114 | $ 7,459 | $ 3,807 | $ 3,145 | $ 9,832 | $ 4,950 | $ 9,692 | | $ - | $ - | $ 72,757 | 0.7% | 0.3% | $ 5.76 | |
| Baker | 16,860 | $ 29,758 | $ 7,286 | $ 6,029 | $ 2,398 | $ 3,288 | $ 11,719 | $ 2,650 | $ 959 | | $ - | $ - | $ 64,086 | 0.6% | 0.4% | $ 3.80 | $ 6.37 |
| Crook | 25,482 | $ 44,637 | $ 9,799 | $ 11,089 | $ 3,249 | $ 4,032 | $ 20,735 | $ 4,887 | $ 824 | | $ - | $ - | $ 99,252 | 1.0% | 0.6% | $ 3.89 | |
| Curry | 23,662 | $ 44,637 | $ 11,597 | $ 9,133 | $ 4,518 | $ 3,983 | $ 15,524 | $ 3,363 | $ 1,817 | | $ - | $ - | $ 94,572 | 0.9% | 0.6% | $ 4.00 | |
| Jefferson | 24,889 | $ 44,637 | $ 12,031 | $ 6,451 | $ 13,996 | $ 4,767 | $ 26,624 | $ 5,212 | $ 7,312 | | $ - | $ - | $ 121,030 | 1.2% | 0.6% | $ 4.86 | |
| Hood River | 23,888 | $ 44,637 | $ 5,352 | $ 7,412 | $ 6,682 | $ 2,731 | $ 21,139 | $ 7,488 | $ 20,747 | | $ - | $ - | $ 116,187 | 1.2% | 0.6% | $ 4.86 | |
| Tillamook | 27,628 | $ 44,637 | $ 11,203 | $ 8,834 | $ 4,486 | $ 4,148 | $ 32,598 | $ 4,798 | $ 6,545 | | $ - | $ - | $ 117,249 | 1.2% | 0.6% | $ 4.24 | |
| Union | 26,295 | $ 44,637 | $ 10,386 | $ 5,274 | $ 3,983 | $ 5,121 | $ 18,767 | $ 3,362 | $ 1,844 | | $ - | $ - | $ 93,374 | 0.9% | 0.6% | $ 3.55 | |
| Sherman, Wasco | 28,489 | $ 74,395 | $ 11,314 | $ 7,438 | $ 6,230 | $ 4,787 | $ 20,043 | $ 6,250 | $ 9,639 | | $ - | $ - | $ 140,097 | 1.4% | 0.7% | $ 4.92 | |
| Malheur | 31,995 | $ 44,637 | $ 12,400 | $ 16,405 | $ 7,861 | $ 8,547 | $ 26,252 | $ 10,728 | $ 13,251 | | $ - | $ - | $ 140,082 | 1.4% | 0.7% | $ 4.38 | |
| Clatsop | 41,428 | $ 44,637 | $ 16,389 | $ 11,757 | $ 8,256 | $ 6,731 | $ 27,390 | $ 5,668 | $ 5,977 | | $ - | $ - | $ 126,805 | 1.3% | 1.0% | $ 3.06 | |
| Lincoln | 50,903 | $ 44,637 | $ 23,970 | $ 20,514 | $ 12,023 | $ 9,865 | $ 32,447 | $ 7,062 | $ 5,993 | | $ - | $ - | $ 156,512 | 1.6% | 1.2% | $ 3.07 | |
| Columbia | 53,014 | $ 44,637 | $ 18,631 | $ 20,562 | $ 8,212 | $ 6,944 | $ 39,184 | $ 8,769 | $ 2,074 | | $ - | $ - | $ 149,014 | 1.5% | 1.2% | $ 2.81 | |
| Coos | 65,154 | $ 44,637 | $ 30,286 | $ 26,380 | $ 13,588 | $ 13,666 | $ 42,414 | $ 11,714 | $ 5,210 | | $ - | $ - | $ 187,895 | 1.9% | 1.5% | $ 2.88 | |
| Klamath | 69,822 | $ 44,637 | $ 35,241 | $ 22,986 | $ 19,749 | $ 16,731 | $ 44,506 | $ 15,402 | $ 13,657 | | $ - | $ - | $ 212,910 | 2.1% | 1.6% | $ 3.05 | $ 3.56 |
| Umatilla | 80,463 | $ 59,516 | $ 30,545 | $ 28,012 | $ 25,775 | $ 15,719 | $ 39,694 | $ 24,488 | $ 40,846 | | $ - | $ - | $ 264,594 | 2.6% | 1.9% | $ 3.29 | |
| Polk | 88,916 | $ 59,516 | $ 26,045 | $ 30,786 | $ 22,055 | $ 13,096 | $ 29,996 | $ 13,453 | $ 20,855 | | $ - | $ - | $ 215,804 | 2.2% | 2.1% | $ 2.43 | |
| Josephine | 88,728 | $ 59,516 | $ 42,736 | $ 36,597 | $ 14,149 | $ 21,197 | $ 67,688 | $ 14,590 | $ 7,226 | | $ - | $ - | $ 263,697 | 2.6% | 2.1% | $ 2.97 | |
| Benton | 93,976 | $ 59,516 | $ 17,791 | $ 20,092 | $ 28,574 | $ 18,338 | $ 29,951 | $ 6,435 | $ 25,714 | | $ - | $ - | $ 206,411 | 2.1% | 2.2% | $ 2.20 | |
| Yamhill | 108,261 | $ 59,516 | $ 32,530 | $ 37,689 | $ 27,315 | $ 15,512 | $ 41,478 | $ 20,083 | $ 33,976 | | $ - | $ - | $ 268,099 | 2.7% | 2.5% | $ 2.48 | |
| Douglas | 111,694 | $ 59,516 | $ 54,087 | $ 46,914 | $ 17,316 | $ 20,807 | $ 78,012 | $ 18,926 | $ 7,463 | | $ - | $ - | $ 303,042 | 3.0% | 2.6% | $ 2.71 | |
| Linn | 130,440 | $ 59,516 | $ 48,811 | $ 44,670 | $ 26,773 | $ 22,577 | $ 69,877 | $ 23,700 | $ 21,164 | | $ - | $ - | $ 317,088 | 3.2% | 3.1% | $ 2.43 | $ 2.62 |
| Deschutes | 203,390 | $ 74,395 | $ 52,179 | $ 52,720 | $ 29,634 | $ 26,443 | $ 95,165 | $ 22,610 | $ 24,216 | | $ - | $ - | $ 377,362 | 3.8% | 4.8% | $ 1.86 | |
| Jackson | 223,827 | $ 74,395 | $ 81,574 | $ 77,921 | $ 40,210 | $ 41,029 | $ 76,269 | $ 38,354 | $ 40,109 | | $ - | $ - | $ 469,860 | 4.7% | 5.2% | $ 2.10 | |
| Marion | 347,182 | $ 74,395 | $ 109,290 | $ 126,120 | $ 137,965 | $ 66,030 | $ 77,102 | $ 91,805 | $ 200,476 | | $ - | $ - | $ 883,183 | 8.8% | 8.1% | $ 2.54 | $ 2.23 |
| Lane | 382,647 | $ 89,274 | $ 130,346 | $ 120,180 | $ 100,293 | $ 77,785 | $ 113,520 | $ 51,487 | $ 48,766 | | $ - | $ - | $ 731,651 | 7.3% | 9.0% | $ 1.91 | |
| Clackamas | 425,316 | $ 89,274 | $ 117,159 | $ 116,682 | $ 111,146 | $ 41,028 | $ 130,505 | $ 47,949 | $ 103,559 | | $ - | $ - | $ 757,302 | 7.6% | 10.0% | $ 1.78 | |
| Washington | 605,036 | $ 89,274 | $ 127,502 | $ 172,855 | $ 293,600 | $ 65,116 | $ 57,439 | $ 80,012 | $ 303,636 | | $ - | $ - | $ 1,189,435 | 11.9% | 14.2% | $ 1.97 | |
| Multnomah | 820,672 | $ 89,274 | $ 255,224 | $ 249,988 | $ 360,457 | $ 130,145 | $ 18,086 | $ 117,903 | $ 372,854 | | $ - | $ - | $ 1,593,932 | 15.9% | 19.2% | $ 1.94 | $ 1.91 |
| **Total** | **4,266,560** | **$ 1,845,000** | **$ 1,359,167** | **$ 1,359,167** | **$ 1,359,167** | **$ 679,583** | **$ 1,359,167** | **$ 679,583** | **$ 1,359,167** | | $ - | $ - | **$ 10,000,000** | **100.0%** | **100.0%** | **$ 2.34** | **$ 2.34** |

[1] Source: Portland State University Certified Population estimate July 1, 2021

[2] Source: Premature death: Leading causes of years of potential life lost before age 75. OHA, Center for Health Statistics. Oregon death certificate data, 2016-2020

[3] Source: Quality of life: Good or excellent health. OHA Oregon Behavioral Risk Factor Surveillance System (BRFSS), county file 2014-17

[4] Source: American Community Survey population 5-year estimate, 2016-2020

[5] Source: U.S. Census Bureau, Decennial Census, 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,( | above 375,000 |

**Public Health Modernization LPHA Funding Formula**

**Updated June 2022**

**Total biennial funds available to LPHAs through the funding formula = $20,000,000**

**Funding formula for LPHA allocations between $20,000,000-39,999,999**

| | | 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 | 1,456 | $ 200,000 | $ 499 | $ 1,309 | $ 346 | $ 440 | $ 3,511 | $ 248 | $ 176 | | | | $ 206,529 | 1.1% | 0.0% | $ 141.85 | |
| Gilliam | 2,039 | $ 200,000 | $ 1,023 | $ 818 | $ 586 | $ 629 | $ 4,917 | $ 336 | $ 27 | | | | $ 208,336 | 1.1% | 0.0% | $ 102.18 | |
| Wallowa | 7,433 | $ 200,000 | $ 3,046 | $ 2,981 | $ 1,213 | $ 1,457 | $ 17,924 | $ 1,086 | $ 512 | | | | $ 228,219 | 1.2% | 0.2% | $ 30.70 | |
| Harney | 7,537 | $ 200,000 | $ 4,661 | $ 2,475 | $ 1,826 | $ 1,788 | $ 8,051 | $ 1,620 | $ 575 | | | | $ 220,997 | 1.2% | 0.2% | $ 29.32 | |
| Grant | 7,226 | $ 200,000 | $ 4,382 | $ 3,014 | $ 1,211 | $ 1,951 | $ 17,425 | $ 1,997 | $ 798 | | | | $ 230,779 | 1.2% | 0.2% | $ 31.94 | |
| Lake | 8,177 | $ 200,000 | $ 5,375 | $ 3,939 | $ 1,740 | $ 2,661 | $ 12,482 | $ 2,517 | $ 1,843 | | | | $ 230,556 | 1.2% | 0.2% | $ 28.20 | |
| Morrow | 12,635 | $ 200,000 | $ 5,852 | $ 10,609 | $ 5,415 | $ 4,474 | $ 13,985 | $ 7,041 | $ 13,787 | | | | $ 261,163 | 1.4% | 0.3% | $ 20.67 | |
| Baker | 16,860 | $ 200,000 | $ 10,364 | $ 8,576 | $ 3,411 | $ 4,676 | $ 16,669 | $ 3,769 | $ 1,364 | | | | $ 248,830 | 1.3% | 0.4% | $ 14.76 | $ 28.97 |
| Crook | 25,482 | $ 200,000 | $ 13,939 | $ 15,773 | $ 4,622 | $ 5,735 | $ 29,495 | $ 6,951 | $ 1,172 | | | | $ 277,687 | 1.5% | 0.6% | $ 10.90 | |
| Curry | 23,662 | $ 200,000 | $ 16,497 | $ 12,991 | $ 6,426 | $ 5,665 | $ 22,082 | $ 4,783 | $ 2,585 | | | | $ 271,029 | 1.4% | 0.6% | $ 11.45 | |
| Jefferson | 24,889 | $ 200,000 | $ 17,113 | $ 9,177 | $ 19,909 | $ 6,781 | $ 37,871 | $ 7,413 | $ 10,401 | | | | $ 308,665 | 1.6% | 0.6% | $ 12.40 | |
| Hood River | 23,888 | $ 200,000 | $ 7,612 | $ 10,543 | $ 9,504 | $ 3,885 | $ 30,069 | $ 10,651 | $ 29,512 | | | | $ 301,776 | 1.6% | 0.6% | $ 12.63 | |
| Tillamook | 27,628 | $ 200,000 | $ 15,936 | $ 12,566 | $ 6,381 | $ 5,900 | $ 46,369 | $ 6,825 | $ 9,310 | | | | $ 303,286 | 1.6% | 0.6% | $ 10.98 | |
| Union | 26,295 | $ 200,000 | $ 14,774 | $ 7,501 | $ 5,666 | $ 7,285 | $ 26,695 | $ 4,782 | $ 2,623 | | | | $ 269,325 | 1.4% | 0.6% | $ 10.24 | |
| Sherman, Wasco | 28,489 | $ 400,000 | $ 16,094 | $ 10,581 | $ 8,862 | $ 6,809 | $ 28,510 | $ 8,890 | $ 13,711 | | | | $ 493,456 | 2.6% | 0.7% | $ 17.32 | |
| Malheur | 31,995 | $ 200,000 | $ 17,638 | $ 23,335 | $ 11,182 | $ 12,158 | $ 37,342 | $ 15,260 | $ 18,849 | | | | $ 335,764 | 1.8% | 0.7% | $ 10.49 | |
| Clatsop | 41,428 | $ 200,000 | $ 23,312 | $ 16,724 | $ 11,743 | $ 9,574 | $ 38,961 | $ 8,062 | $ 8,502 | | | | $ 316,878 | 1.7% | 1.0% | $ 7.65 | |
| Lincoln | 50,903 | $ 200,000 | $ 34,097 | $ 29,180 | $ 17,102 | $ 14,033 | $ 46,153 | $ 10,045 | $ 8,525 | | | | $ 359,135 | 1.9% | 1.2% | $ 7.06 | |
| Columbia | 53,014 | $ 200,000 | $ 26,502 | $ 29,248 | $ 11,681 | $ 9,877 | $ 55,738 | $ 12,474 | $ 2,951 | | | | $ 348,470 | 1.9% | 1.2% | $ 6.57 | |
| Coos | 65,154 | $ 200,000 | $ 43,080 | $ 37,524 | $ 19,329 | $ 19,439 | $ 60,331 | $ 16,663 | $ 7,411 | | | | $ 403,776 | 2.1% | 1.5% | $ 6.20 | |
| Klamath | 69,822 | $ 200,000 | $ 50,129 | $ 32,696 | $ 28,092 | $ 23,799 | $ 63,307 | $ 21,909 | $ 19,426 | | | | $ 439,358 | 2.3% | 1.6% | $ 6.29 | $ 8.99 |
| Umatilla | 80,463 | $ 200,000 | $ 43,448 | $ 39,845 | $ 36,663 | $ 22,360 | $ 56,462 | $ 34,832 | $ 58,101 | | | | $ 491,712 | 2.6% | 1.9% | $ 6.11 | |
| Polk | 88,916 | $ 200,000 | $ 37,048 | $ 43,791 | $ 31,372 | $ 18,628 | $ 42,668 | $ 19,136 | $ 29,666 | | | | $ 422,310 | 2.2% | 2.1% | $ 4.75 | |
| Josephine | 88,728 | $ 200,000 | $ 60,789 | $ 52,057 | $ 20,125 | $ 30,151 | $ 96,282 | $ 20,754 | $ 10,278 | | | | $ 490,435 | 2.6% | 2.1% | $ 5.53 | |
| Benton | 93,976 | $ 200,000 | $ 25,307 | $ 28,579 | $ 40,645 | $ 26,084 | $ 42,604 | $ 9,153 | $ 36,577 | | | | $ 408,950 | 2.2% | 2.2% | $ 4.35 | |
| Yamhill | 108,261 | $ 200,000 | $ 46,273 | $ 53,610 | $ 38,854 | $ 22,065 | $ 59,000 | $ 28,566 | $ 48,329 | | | | $ 496,697 | 2.6% | 2.5% | $ 4.59 | |
| Douglas | 111,694 | $ 200,000 | $ 76,935 | $ 66,733 | $ 24,631 | $ 29,597 | $ 110,968 | $ 26,921 | $ 10,615 | | | | $ 546,400 | 2.9% | 2.6% | $ 4.89 | |
| Linn | 130,440 | $ 200,000 | $ 69,431 | $ 63,540 | $ 38,084 | $ 32,114 | $ 99,396 | $ 33,712 | $ 30,104 | | | | $ 566,380 | 3.0% | 3.1% | $ 4.34 | $ 4.87 |
| Deschutes | 203,390 | $ 200,000 | $ 74,221 | $ 74,991 | $ 42,153 | $ 37,614 | $ 135,366 | $ 32,162 | $ 34,445 | | | | $ 630,953 | 3.4% | 4.8% | $ 3.10 | |
| Jackson | 223,827 | $ 200,000 | $ 116,034 | $ 110,838 | $ 57,196 | $ 58,361 | $ 108,487 | $ 54,556 | $ 57,053 | | | | $ 762,526 | 4.1% | 5.2% | $ 3.41 | |
| Marion | 347,182 | $ 200,000 | $ 155,459 | $ 179,398 | $ 196,246 | $ 93,924 | $ 109,673 | $ 130,587 | $ 285,165 | | | | $ 1,350,452 | 7.2% | 8.1% | $ 3.89 | $ 3.54 |
| Lane | 382,647 | $ 200,000 | $ 185,409 | $ 170,948 | $ 142,661 | $ 110,645 | $ 161,476 | $ 73,237 | $ 69,367 | | | | $ 1,113,743 | 5.9% | 9.0% | $ 2.91 | |
| Clackamas | 425,316 | $ 200,000 | $ 166,652 | $ 165,973 | $ 158,099 | $ 58,360 | $ 185,635 | $ 68,204 | $ 147,307 | | | | $ 1,150,229 | 6.1% | 10.0% | $ 2.70 | |
| Washington | 605,036 | $ 200,000 | $ 181,364 | $ 245,876 | $ 417,628 | $ 92,624 | $ 81,703 | $ 113,812 | $ 431,904 | | | | $ 1,764,912 | 9.4% | 14.2% | $ 2.92 | |
| Multnomah | 820,672 | $ 200,000 | $ 363,041 | $ 355,593 | $ 512,728 | $ 185,124 | $ 25,727 | $ 167,710 | $ 530,363 | | | | $ 2,340,286 | 12.4% | 19.2% | $ 2.85 | $ 2.85 |
| **Total** | **4,266,560** | **$ 7,200,000** | **$ 1,933,333** | **$ 1,933,333** | **$ 1,933,333** | **$ 966,667** | **$ 1,933,333** | **$ 966,667** | **$ 1,933,333** | | $ 1,000,000 | $ 200,000 | **$ 18,800,000** | **100.0%** | **100.0%** | **$ 4.41** | **$ 4.41** |

[1] Source: Portland State University Certified Population estimate July 1, 2021

[2] Source: Premature death: Leading causes of years of potential life lost before age 75. OHA, Center for Health Statistics. Oregon death certificate data, 2016-2020

[3] Source: Quality of life: Good or excellent health. OHA Oregon Behavioral Risk Factor Surveillance System (BRFSS), county file 2014-17

[4] Source: American Community Survey population 5-year estimate, 2016-2020

[5] Source: U.S. Census Bureau, Decennial Census, 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,( | above 375,000 |

**Public Health Modernization LPHA Funding Formula**

**Updated June 2022**

**Total biennial funds available to LPHAs through the funding formula = $40,000,000**

**Funding formula for LPHA allocations at or above $40,000,000**

| | | 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 | 1,456 | $ 400,000 | $ 998 | $ 2,618 | $ 692 | $ 881 | $ 7,022 | $ 497 | $ 352 | | | | $ 413,059 | 1.1% | 0.0% | $ 283.69 | |
| Gilliam | 2,039 | $ 400,000 | $ 2,047 | $ 1,635 | $ 1,173 | $ 1,257 | $ 9,834 | $ 672 | $ 55 | | | | $ 416,672 | 1.1% | 0.0% | $ 204.35 | |
| Wallowa | 7,433 | $ 400,000 | $ 6,092 | $ 5,961 | $ 2,426 | $ 2,915 | $ 35,848 | $ 2,172 | $ 1,024 | | | | $ 456,439 | 1.2% | 0.2% | $ 61.41 | |
| Harney | 7,537 | $ 400,000 | $ 9,323 | $ 4,949 | $ 3,653 | $ 3,576 | $ 16,103 | $ 3,241 | $ 1,149 | | | | $ 441,993 | 1.2% | 0.2% | $ 58.64 | |
| Grant | 7,226 | $ 400,000 | $ 8,763 | $ 6,029 | $ 2,423 | $ 3,901 | $ 34,850 | $ 3,994 | $ 1,597 | | | | $ 461,557 | 1.2% | 0.2% | $ 63.87 | |
| Lake | 8,177 | $ 400,000 | $ 10,750 | $ 7,878 | $ 3,480 | $ 5,322 | $ 24,963 | $ 5,033 | $ 3,687 | | | | $ 461,112 | 1.2% | 0.2% | $ 56.39 | |
| Morrow | 12,635 | $ 400,000 | $ 11,704 | $ 21,219 | $ 10,830 | $ 8,948 | $ 27,970 | $ 14,082 | $ 27,573 | | | | $ 522,326 | 1.4% | 0.3% | $ 41.34 | |
| Baker | 16,860 | $ 400,000 | $ 20,727 | $ 17,152 | $ 6,823 | $ 9,353 | $ 33,338 | $ 7,539 | $ 2,728 | | | | $ 497,660 | 1.3% | 0.4% | $ 29.52 | $ 57.93 |
| Crook | 25,482 | $ 400,000 | $ 27,877 | $ 31,546 | $ 9,243 | $ 11,470 | $ 58,990 | $ 13,903 | $ 2,345 | | | | $ 555,374 | 1.5% | 0.6% | $ 21.79 | |
| Curry | 23,662 | $ 400,000 | $ 32,993 | $ 25,982 | $ 12,853 | $ 11,331 | $ 44,163 | $ 9,567 | $ 5,170 | | | | $ 542,058 | 1.4% | 0.6% | $ 22.91 | |
| Jefferson | 24,889 | $ 400,000 | $ 34,226 | $ 18,353 | $ 39,818 | $ 13,562 | $ 75,742 | $ 14,827 | $ 20,801 | | | | $ 617,330 | 1.6% | 0.6% | $ 24.80 | |
| Hood River | 23,888 | $ 400,000 | $ 15,225 | $ 21,087 | $ 19,008 | $ 7,769 | $ 60,138 | $ 21,301 | $ 59,023 | | | | $ 603,552 | 1.6% | 0.6% | $ 25.27 | |
| Tillamook | 27,628 | $ 400,000 | $ 31,872 | $ 25,132 | $ 12,761 | $ 11,799 | $ 92,738 | $ 13,650 | $ 18,619 | | | | $ 606,572 | 1.6% | 0.6% | $ 21.95 | |
| Union | 26,295 | $ 400,000 | $ 29,547 | $ 15,003 | $ 11,332 | $ 14,570 | $ 53,390 | $ 9,563 | $ 5,246 | | | | $ 538,650 | 1.4% | 0.6% | $ 20.48 | |
| Sherman, Wasco | 28,489 | $ 800,000 | $ 32,187 | $ 21,161 | $ 17,724 | $ 13,617 | $ 57,020 | $ 17,780 | $ 27,423 | | | | $ 986,913 | 2.6% | 0.7% | $ 34.64 | |
| Malheur | 31,995 | $ 400,000 | $ 35,277 | $ 46,670 | $ 22,365 | $ 24,315 | $ 74,684 | $ 30,520 | $ 37,697 | | | | $ 671,528 | 1.8% | 0.7% | $ 20.99 | |
| Clatsop | 41,428 | $ 400,000 | $ 46,624 | $ 33,448 | $ 23,486 | $ 19,149 | $ 77,922 | $ 16,124 | $ 17,003 | | | | $ 633,757 | 1.7% | 1.0% | $ 15.30 | |
| Lincoln | 50,903 | $ 400,000 | $ 68,193 | $ 58,359 | $ 34,204 | $ 28,066 | $ 92,306 | $ 20,090 | $ 17,050 | | | | $ 718,270 | 1.9% | 1.2% | $ 14.11 | |
| Columbia | 53,014 | $ 400,000 | $ 53,003 | $ 58,497 | $ 23,362 | $ 19,754 | $ 111,475 | $ 24,948 | $ 5,901 | | | | $ 696,940 | 1.9% | 1.2% | $ 13.15 | |
| Coos | 65,154 | $ 400,000 | $ 86,159 | $ 75,049 | $ 38,657 | $ 38,878 | $ 120,663 | $ 33,326 | $ 14,822 | | | | $ 807,553 | 2.1% | 1.5% | $ 12.39 | |
| Klamath | 69,822 | $ 400,000 | $ 100,257 | $ 65,393 | $ 56,184 | $ 47,597 | $ 126,614 | $ 43,818 | $ 38,852 | | | | $ 878,716 | 2.3% | 1.6% | $ 12.59 | $ 17.98 |
| Umatilla | 80,463 | $ 400,000 | $ 86,896 | $ 79,690 | $ 73,325 | $ 44,720 | $ 112,925 | $ 69,664 | $ 116,203 | | | | $ 983,423 | 2.6% | 1.9% | $ 12.22 | |
| Polk | 88,916 | $ 400,000 | $ 74,095 | $ 87,583 | $ 62,745 | $ 37,257 | $ 85,336 | $ 38,273 | $ 59,331 | | | | $ 844,620 | 2.2% | 2.1% | $ 9.50 | |
| Josephine | 88,728 | $ 400,000 | $ 121,578 | $ 104,113 | $ 40,251 | $ 60,302 | $ 192,563 | $ 41,507 | $ 20,556 | | | | $ 980,870 | 2.6% | 2.1% | $ 11.05 | |
| Benton | 93,976 | $ 400,000 | $ 50,614 | $ 57,159 | $ 81,290 | $ 52,169 | $ 85,207 | $ 18,307 | $ 73,155 | | | | $ 817,900 | 2.2% | 2.2% | $ 8.70 | |
| Yamhill | 108,261 | $ 400,000 | $ 92,545 | $ 107,221 | $ 77,708 | $ 44,130 | $ 118,000 | $ 57,132 | $ 96,658 | | | | $ 993,394 | 2.6% | 2.5% | $ 9.18 | |
| Douglas | 111,694 | $ 400,000 | $ 153,871 | $ 133,466 | $ 49,262 | $ 59,194 | $ 221,936 | $ 53,842 | $ 21,230 | | | | $ 1,092,801 | 2.9% | 2.6% | $ 9.78 | |
| Linn | 130,440 | $ 400,000 | $ 138,861 | $ 127,080 | $ 76,167 | $ 64,228 | $ 198,792 | $ 67,424 | $ 60,208 | | | | $ 1,132,761 | 3.0% | 3.1% | $ 8.68 | $ 9.75 |
| Deschutes | 203,390 | $ 400,000 | $ 148,442 | $ 149,982 | $ 84,306 | $ 75,228 | $ 270,732 | $ 64,324 | $ 68,891 | | | | $ 1,261,905 | 3.4% | 4.8% | $ 6.20 | |
| Jackson | 223,827 | $ 400,000 | $ 232,068 | $ 221,676 | $ 114,392 | $ 116,723 | $ 216,975 | $ 109,112 | $ 114,106 | | | | $ 1,525,051 | 4.1% | 5.2% | $ 6.81 | |
| Marion | 347,182 | $ 400,000 | $ 310,917 | $ 358,795 | $ 392,493 | $ 187,849 | $ 219,346 | $ 261,174 | $ 570,331 | | | | $ 2,700,905 | 7.2% | 8.1% | $ 7.78 | $ 7.09 |
| Lane | 382,647 | $ 400,000 | $ 370,819 | $ 341,896 | $ 285,321 | $ 221,289 | $ 322,951 | $ 146,475 | $ 138,734 | | | | $ 2,227,486 | 5.9% | 9.0% | $ 5.82 | |
| Clackamas | 425,316 | $ 400,000 | $ 333,304 | $ 331,946 | $ 316,198 | $ 116,719 | $ 371,271 | $ 136,408 | $ 294,613 | | | | $ 2,300,459 | 6.1% | 10.0% | $ 5.41 | |
| Washington | 605,036 | $ 400,000 | $ 362,729 | $ 491,752 | $ 835,257 | $ 185,247 | $ 163,407 | $ 227,624 | $ 863,809 | | | | $ 3,529,825 | 9.4% | 14.2% | $ 5.83 | |
| Multnomah | 820,672 | $ 400,000 | $ 726,082 | $ 711,187 | $ 1,025,456 | $ 370,248 | $ 51,453 | $ 335,420 | $ 1,060,725 | | | | $ 4,680,571 | 12.4% | 19.2% | $ 5.70 | $ 5.70 |
| **Total** | **4,266,560** | **$ 14,400,000** | **$ 3,866,667** | **$ 3,866,667** | **$ 3,866,667** | **$ 1,933,333** | **$ 3,866,667** | **$ 1,933,333** | **$ 3,866,667** | | $ 2,000,000 | $ 400,000 | **$ 37,600,000** | **100.0%** | **100.0%** | **$ 8.81** | **$ 8.81** |

[1] Source: Portland State University Certified Population estimate July 1, 2021

[2] Source: Premature death: Leading causes of years of potential life lost before age 75. OHA, Center for Health Statistics. Oregon death certificate data, 2016-2020

[3] Source: Quality of life: Good or excellent health. OHA Oregon Behavioral Risk Factor Surveillance System (BRFSS), county file 2014-17

[4] Source: American Community Survey population 5-year estimate, 2016-2020

[5] Source: U.S. Census Bureau, Decennial Census, 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,( | above 375,000 |

## Proposed changes to indicator weights

| | Measure | Indicator required by statute? | Data source | Percent allocation (current) | Percent allocation (proposed) |
|---|---|---|---|---|---|
| **Burden of disease** | Premature death: Leading causes of years of potential life lost before age 75. | Yes | Oregon death certificate data | 16.67% | 5% |
| **Health status** | Quality of life: Good or excellent health. | Yes | Behavioral Risk Factor Surveillance System | 16.67% | 5% |
| **Racial and ethnic diversity** | Percent of population not categorized as "White alone". | No | U.S. Census Bureau, American Community Survey population five-year estimate | 16.67% | 18% |
| **Poverty**** | Percent of population living below 150% of the federal poverty level in the past 12 months. | No | U.S. Census Bureau, American Community Survey population five-year estimate | 8.33% | 18% |
| **Education**** | Percent of population age 25 years and over with less than a high school graduate education level. | No | U.S. Census Bureau, American Community Survey population five-year estimate | 8.33% | 18% |
| **Limited English proficiency** | Percent of population age 5 years and over that speaks English less than "very well". | No | U.S. Census Bureau, American Community Survey population five-year estimate | 16.67% | 18% |
| **Rurality** | Percent of population living in a rural area | No | U.S. Census Bureau Population estimates | 16.67% | 18% |
| Total | | | | 100% | 100% |

*PHAB recommended including two measures of socioeconomic status for a single indicator

# Indicator weights

- Refer to Excel file called “PHM Funding Formula 20M V2 CHANGES TO INDICATOR WEIGHTS” to see how county payments change.

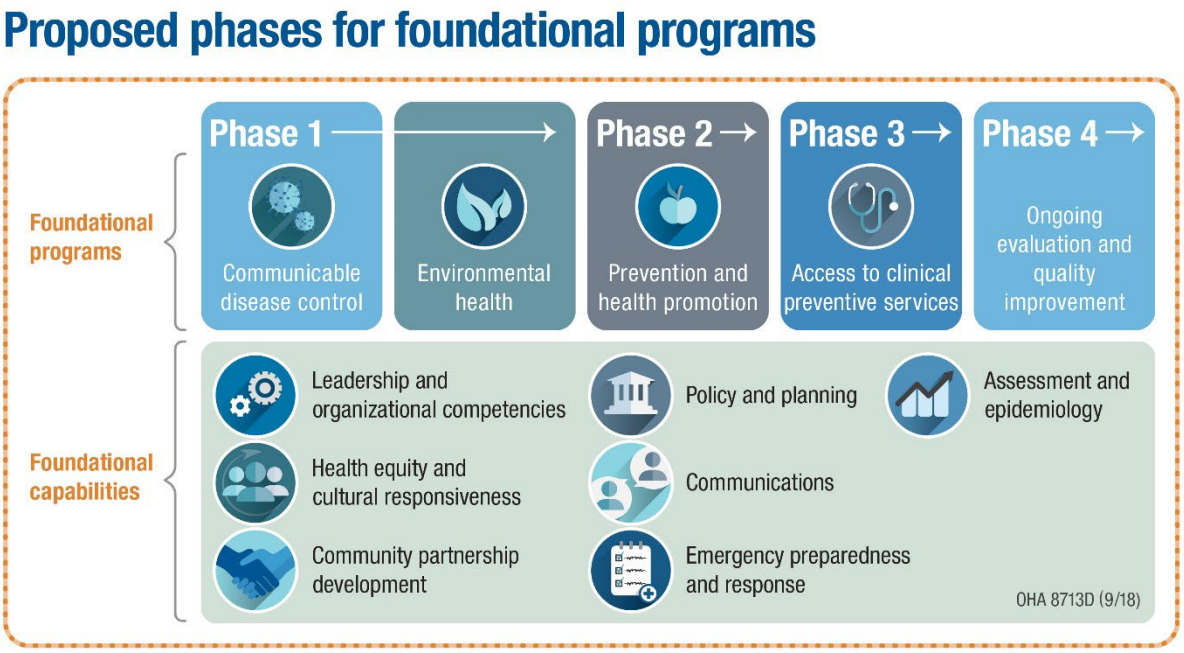
## Proposed changes to data sources

| | Measure | Data source (current) | Other potential data sources | Notes |
|---|---|---|---|---|
| **Burden of disease** | Premature death: Leading causes of years of potential life lost before age 75. | Oregon death certificate data | | |
| **Health status** | Quality of life: Good or excellent health. | Behavioral Risk Factor Surveillance System | | |
| **Racial and ethnic diversity** | Percent of population not categorized as "White alone". | U.S. Census Bureau, American Community Survey population five-year estimate | PSU population estimates | Data not available by race, ethnicity and county. |
| **Poverty**** | Percent of population living below 150% of the federal poverty level in the past 12 months. | U.S. Census Bureau, American Community Survey population five-year estimate | Oregon Medicaid enrollment<br><br>Oregon SNAP enrollment | Data are available; measure enrollment, not need. |
| **Education**** | Percent of population age 25 years and over with less than a high school graduate education level. | U.S. Census Bureau, American Community Survey population five-year estimate | Oregon Department of Education, Oregon cohort graduation rates by county. | |
| **Limited English proficiency** | Percent of population age 5 years and over that speaks English less than "very well". | U.S. Census Bureau, American Community Survey population five-year estimate | | |
| **Rurality** | Percent of population living in a rural area | U.S. Census Bureau Population estimates | https://ruralstudies.oregonstate.edu/ Rural-Urban Commuting Areas<br>ORH def.: all places 10 miles or more from a centroid of 40,000 people or more | |
| **Seasonal workers** | | | Estimates of MSFW in Agriculture | |

**PHAB Incentives and Funding**
DRAFT Public Health Modernization Funding Report to Legislative Fiscal Office

## Public Health Advisory Board recommendations for funding priorities and the funding formula

In 2016, PHAB originally recommended to OHA a phased approach to implementing public health modernization across the system over time. PHAB recommended that OHA scale up foundational programs in phases based on available funding. Based on PHAB's recommendations, funding in the 2017-19, 2019-21 and 2021-23 biennia have focused on work in Phase 1.




In 2022, PHAB discussed wide-reaching funding priorities for the 2023-25 biennium. Building upon lessons from the COVID-19 pandemic and recognizing the ongoing need to relentlessly pursue strategies toward racial equity, PHAB discussed that legislative investments be used to:

- Accelerate work toward racial equity;
- Strengthen community resilience, and bridge from the COVID-19 pandemic response to culturally-specific interventions that support community health priorities;

- Achieve a sustainable public health system through investments in foundational capabilities and the public health workforce;
- Continue and expand strategies that protect people from communicable diseases and eliminate the disparate impact of environmental health risks. Expand the reach of public health modernization across all public health program areas, including those that assure access to preventive health services and that prevent and reduce harm from chronic diseases.

Between February to June 2022, the PHAB Incentives and Funding subcommittee reviewed and recommended changes to the public health modernization funding formula for the 2023-25 biennium. The public health modernization funding formula is required under ORS 431.380. The subcommittee considered feedback provided by local public health administrators and through PHAB discussions to recommend the following changes.

1. **Increase floor funding to LPHAs.** Changes provide funding for staffing infrastructure that is essential for a sustainable, community-centered and equity-focused public health system. With $20 million allocated to LPHAs through this funding formula, each county will receive sufficient funding to hire one FTE, and with $40 million allocated, each county will receive sufficient funding to hire two FTE.[1] As funding and the breadth of work for public health modernization expands, this change is necessary for ensuring that improvements occur in all counties and across the entire public health system, and that funding exists to hire the specialized positions that are necessary for fulfilling core work.
2. **Increase allocations for certain indicators.** Changes allocate a larger portion of funding to demographic indicators that describe the community and conditions of the community. This change shifts funds to counties where the community may have a greater need to access public health services, or where there may be added complexities for serving the community.

The funding formula and methodology are available in Appendix XXX.

[1] One FTE estimated at $200,000 per biennium. While changes would provide sufficient funding for hiring positions, each LPHA would retain discretion for determining how funds will be used, which may or may not include hiring positions.

PHAB's funding principles are available in Appendix XXX.

**PHAB Incentives and Funding**
**Health equity review for public health modernization funding formula**

**What are the primary changes to the public health modernization funding formula for 2023-25?**

1. Provides staffing infrastructure funding to LPHAs, starting when $20 million or more is allocated through the funding formula. Staffing infrastructure funding ensures that every LPHA has funding to hire one or more positions, including specialized positions, that are necessary for fulfilling core work for public health modernization.
2. Allocates a larger portion of funding to certain health and demographic indicators. This means that additional funds are allocated to LPHAs where there is greater need for the community to access public health services, or where there may be added complexities for serving the community.
3. Discussions about adding an indicator related to migrant and seasonal farmworkers and for updating data sources for existing indicators are ongoing.

**What health inequities exist among which groups? Which health inequities does the work product, report or deliverable aim to eliminate?**
The funding formula is intended to leverage public health funding to eliminate health inequities, but it does not direct funds to address specific health inequities. The indicators in the funding formula address areas where inequities exist, including socioeconomic status and educational attainment, English language proficiency, and rurality. The base funding is intended to ensure that local public health authorities can establish the workforce and infrastructure needed for working directly with communities to address community priorities.

**How does the work product, report or deliverable engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?**
The funding formula s not used as a mechanism for engaging other sectors.

**How was the community engaged in the work product, report or deliverable policy or decision? How does the work product, report or deliverable impact the community?**

The community has not been engaged in the development of the public health modernization funding formula for local public health authorities. As recommended by the PHAB Chair, OHA will recruit community partners to join the Incentives and Funding subcommittee in the future.