

PHAB Group agreements

Developed by the PHAB Accountability Metrics subcommittee

- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

PHAB public health modernization funding workgroup

- In November, PHAB requested a workgroup that brings together all groups that developed the public health modernization Policy Option Package (POP) to plan for new investments.
- This workgroup will respond to a request to provide information at a range of funding levels by mid-January.
- This workgroup brings together PHAB members, members of the Conference of Local Health Officials, members of the CBO Advisory Board and OHA staff.

Workgroup meeting schedule

Workgroup optional meeting

Monday, December 5 from 8:30-9:30

- Educational meeting
- Learn about public health modernization POP and process to develop it.

Workgroup meeting #1

Tuesday, December 6 from 3:00-5:00

- Review planning and budgeting process to date.
- Begin discussion on prioritization of public health modernization funding at a range of funding levels.
- **Output:** Recommendations for priorities and focus areas

Workgroup meeting #2

Friday, December 15 from 1:00-3:00

- Continue discussion on prioritization of funding at a range of funding levels.
- **Output:** Core roles for each org. type at a range of funding levels

Workgroup meeting #3

Monday, January 9 from 11:00-1:00

- Finalize recommendations for prioritization of funding, including funding across types of organizations.
- **Output:** Recommendations for funding allocations

PHAB meeting

Thursday, January 12 from 3:00-5:30

- Vote to approve workgroup recommendations.

PHAB Public Health Modernization Funding Workgroup

Table 1: Public health system priorities

This table was compiled based on 12/16 PHAB Workgroup discussion. Tribal information which is based on each individual Tribe and NARA's determinations about public health needs identified in Tribal PH Modernization Assessments, was added by OHA staff.

	\$50 million	\$100 million	\$150 million	\$200 million
Public health workforce development and retention	<p>Develop statewide public health workforce plan</p> <p>Retain and slightly increase LPHA and tribal workforce and related training to support new staff</p> <p>Increase minimally the number of funded CBOs, with focus on filling known gaps in rural communities and for disability communities</p> <p>Ensure state capacity to administer grants and contracts, and monitor and evaluate the impact of funds</p> <p>Support culturally-responsive training and technical assistance for tribal public health staff.</p>	<p>Everything at \$50 million, plus</p> <p>Limited implementation of strategies from statewide public health workforce plan</p> <p>Increase state, tribal and local workforce capacity for climate and environmental health initiatives</p> <p>Expansion in number of funded CBOs and program areas</p> <p>Expand efforts to recruit and hire bilingual and bicultural staff into the governmental and community-based public health workforce</p> <p>Increase tribal public health staff capacity to support basic public health infrastructure.</p>	<p>Everything at \$100 million, plus</p> <p>Implement strategies to develop a pipeline for a future public health workforce</p> <ul style="list-style-type: none"> - Increase engagement in high schools and career ready programs to promote careers in public health - Increase partnerships with colleges and universities <p>Increase system-wide recruitment efforts</p> <p>Significantly increase tribal PH workforce and infrastructure.</p>	<p>Everything at \$150 million, plus</p> <p>Expand public health training, including Certified Health Interpreter and Community Health Worker training and certification</p>
Equity initiatives	<p>Develop public health system equity plan to eliminate health inequities by ensuring state investments are directed upstream</p>	<p>Everything at \$50 million, plus</p> <p>Increase culturally-specific services</p>	<p>Everything at \$100 million, plus</p> <p>Broad expansion in culturally specific services across programs and populations</p>	<p>Everything at \$150 million</p>

	\$50 million	\$100 million	\$150 million	\$200 million
	<p>and address inequities in BIPOC and rural communities.</p> <p>Increase language access and culturally relevant communications</p>	<ul style="list-style-type: none"> - Hire and retain bilingual and bicultural staff - Increase language access and culturally relevant communications - Implement culturally specific strategies across the state 		
Responding to public health threats	<p>Sustain current capacity to respond to emerging threats, including minimal increase in number of emergency response coordinators</p> <p>Ensure consistency in public health messaging during public health emergencies</p> <p>Some Tribes will review and implement processes to support increased community preparedness before, during and after emergencies</p>	<p>Everything at \$50 million, plus</p> <p>Incorporate equity specialists into public health emergency response structures</p> <ul style="list-style-type: none"> - Hire and retain bilingual and bicultural staff for emergency response efforts - Co-create public health materials with communities <p>More Tribes will use funds for increased overall tribal community preparedness.</p>	<p>Everything at \$100 million, plus</p> <p>Unified command structures that ensure coordination across branches of government</p> <p>System-wide capacity to respond to multiple simultaneous events</p>	Everything at \$150 million
Communicable disease control and prevention	<p>Sustain current communicable disease interventions within local and tribal jurisdictions</p> <ul style="list-style-type: none"> - Ensure culturally relevant interventions - Sustain limited number of regional all hazard epidemiologists 	<p>Everything at \$50 million, plus</p> <p>Increase local and tribal disease-specific prevention initiatives</p> <p>Expand laboratory services, including rapid testing and other critical services</p>	<p>Everything at \$100 million, plus</p> <p>Increase local, tribal and statewide prevention initiatives, including those that address risk factors across multiple disease areas.</p>	Everything at \$150 million

	\$50 million	\$100 million	\$150 million	\$200 million
	- Sustain local and tribal emerging communicable disease positions and expertise			
Climate adaptation	<p>No additional investment for LPHAs, CBOs and OHA</p> <p>Northwest Portland Area Indian Health Board (NPAIHB) will collaborate with all Oregon Tribes to complete community environmental health (EH) assessments</p> <p>NPAIHB will continue to support or provide technical assistance to Oregon Tribes for EH regulatory work.</p>	<p>Everything at \$50 million, plus</p> <p>Implement local tribal and community-driven climate adaptation strategies</p>	<p>Everything at \$100 million, plus</p> <p>Expand local and statewide climate adaptation strategies, including through expanded partnerships</p> <p>Expand use of GIS and other technologies that are necessary for enhanced public health interventions for climate threats</p>	Everything at \$150 million
Community-led data initiatives	<p>No additional investment for LPHAs, CBOs and OHA</p> <p>Limited support for tribal-specific data hub developed and implemented by NPAIHB</p>	<p>No additional investment for LPHAs, CBOs and OHA</p> <p>Full support for tribal-specific data hub</p>	<p>Minimal interventions to engage historically marginalized communities in relevant and timely data collection</p> <p>Increased tribal epidemiology capacity within Tribes.</p>	<p>Everything at \$150 million, plus</p> <p>Increased investment and interventions for community-led culturally and linguistically relevant data collection and use</p>
Reproductive health provider network	Minimal investments to enhance access to care in medically underserved regions of the state	Increased investments at approximately one-third of estimated need	Increased investments at approximately one-half of estimated need	Increased investments at approximately two-thirds of estimated need
Chronic disease prevention	Not included at this funding level	Not included at this funding level	Not included at this funding level	Minimal implementation of strategies to reduce chronic disease

	\$50 million	\$100 million	\$150 million	\$200 million
				Minimal implementation of cross sector policy initiatives that support health
Access to preventive health services	Not included at this funding level	Not included at this funding level	Not included at this funding level	Not included at this funding level
Broad implementation across public health programs	Not included at this funding level	Not included at this funding level	Not included at this funding level	Not included at this funding level

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Table 2: Level of implementation of public health system priorities

\$50 million	No addl. implementation	Minimal implementation	Moderate implementation	Significant implementation
Public health workforce development and retention		✓		
Equity initiatives		✓		
Responding to public health threats			✓	
Communicable disease control and prevention		✓		
Climate adaptation	✓			
Community-led data initiatives	✓			
Reproductive health provider network		✓		
Chronic disease prevention	✓			
Access to preventive health services	✓			
Broad implementation across public health programs	✓			

\$200 million	No addl. implementation	Minimal implementation	Moderate implementation	Significant implementation
Public health workforce development and retention				✓
Equity initiatives				✓
Responding to public health threats				✓
Communicable disease control and prevention				✓
Climate adaptation			✓	
Community-led data initiatives			✓	
Reproductive health provider network			✓	
Chronic disease prevention		✓		
Access to preventive health services	✓			
Broad implementation across public health programs	✓			

Tables 3-6: Organization type and core roles for system-wide strategies and priorities

These tables are for discussion purposes only to show ways in which each organization type contributes to public health system priorities

Table 3 System-wide core activities and priorities: \$50 million additional investment	LPHAs	Tribes/ NARA	CBOs Public health programs and community-led data systems	OHA Includes funding to RH providers
Public health workforce development and retention				
• Develop a statewide public health workforce plan ready for implementation	X		X	X
• Retain a local and tribal workforce to meet geographic and culturally specific priorities	X	X		
• Ensure state capacity to administer grants and contracts, and monitor and evaluate use of funds				X
• Increase minimally the number of funded CBOs, with focus on filling known gaps in rural communities and for disability communities			X	X
• Provide culturally-responsive training and technical assistance for tribal public health staff.		X		
Equity initiatives				
• Develop public health system equity plan that will eliminate health inequities by ensuring state investments are directed upstream and addressing inequities in BIPOC and rural communities.	X		X	X
• Increase language access and culturally relevant communication	X		X	X
• Limited funding to increase culturally-specific services.	X		X	X
Respond to public health threats				
• Sustain current capacity to respond to emerging threats	X	X	X	X
• Ensure consistency in public health messaging during public health emergencies	X	X	X	X
• Increase capacity for preparedness coordinators	X	X		
Communicable disease control and prevention				
• Sustain current localized communicable disease interventions	X	X	X	X
• Ensure culturally relevant interventions	X	X	X	X
• Sustain limited number of regional all hazard epidemiologists				X
• Sustain local, emerging communicable disease positions and expertise	X			
Climate adaptation				

<ul style="list-style-type: none"> Northwest Portland Area Indian Health Board (NPAIHB) will collaborate with all Oregon Tribes to complete community environmental health (EH) assessment 		X		
<ul style="list-style-type: none"> NPAIHB will continue to support or provide technical assistance to Oregon Tribes for EH regulatory work. 		X		
Community led data systems				
<ul style="list-style-type: none"> Limited support for tribal-specific data hub developed and implemented by NPAIHB 				
Reproductive health provider network				
<ul style="list-style-type: none"> Enhance access to reproductive health care in medically underserved regions of the state. 				X

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Table 4 System-wide core activities and priorities: \$100 million	LPHAs	Tribes/ NARA	CBOs Public health programs and community-led data systems	OHA Includes funding to RH providers
Public health workforce development and retention				
• Fund the implementation of strategies from statewide public health workforce plan	X	X	X	X
• Increase state and local public health workforce for climate and environmental health initiatives	X			X
• Expansion in number of funded CBOs and program areas			X	
• Expand efforts to recruit and hire bilingual and bicultural staff into the governmental and community-based public health workforce	X		X	X
• Increase tribal public health staff capacity to support basic public health infrastructure.		X		
Equity initiatives				
• Implement culturally-specific strategies across the state	X	X	X	X
• Increase language access and culturally relevant communications	X		X	X
• Expand community input on implementing public health programs and services, including emergency preparedness and response	X		X	X
Respond to public health threats				
• Incorporate equity specialists into public health emergency response structures	X			X
• Hire and retain state and local bilingual and bicultural staff to support regional emergency response efforts.	X			X
• Co-create public health materials with community	X		X	X
• More Tribes will use funds for increased overall tribal community preparedness.		X		
Communicable disease control and prevention				
• Expand laboratory services, including rapid testing and other critical services				X
• Sustain current localized communicable disease interventions	X	X	X	
• Expand partnerships for CD prevention and ensure culturally relevant interventions	X	X	X	X
Climate adaptation				
• Implement local and community-led climate adaptation strategies	X	X	X	X
• Co-create climate resilience communications	X		X	X
Community led data systems				

• Full support for tribal-specific data hub for Oregon Tribes		X		
Reproductive health provider network				
• Build up the reproductive health care workforce				X
• Ensure the sustainability of care through adequate reimbursement rates.				X

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Table 5 System-wide core activities and priorities: \$150 million	LPHAs	Tribes/ NARA	CBOs Public health programs and community-led data systems	OHA Includes funding to RH providers
Public health workforce development and retention				
• Implement strategies to develop a pipeline for a future public health workforce	X		X	X
• Increase partnerships, such as with colleges and universities	X		X	X
• Increase outreach to high school students and others through career ready programs to promote careers in public health	X		X	X
• Increase system-wide recruitment efforts	X		X	X
• Significantly increase tribal PH workforce and infrastructure.		X		
Equity initiatives				
• Broad expansion in culturally specific services across programs and populations	X		X	X
Respond to public health threats				
• Implement unified command structures that ensure coordination across branches of government	X		X	X
• Ensure System-wide capacity to respond to multiple simultaneous events	X		X	X
Communicable disease control and prevention				
• Increase local and statewide prevention initiatives, including those that address risk factors across multiple disease areas.	X	X	X	X
Climate adaptation				
• Expand local and statewide climate adaptation strategies, including through expanded partnerships	X		X	X
• Expand work with CCOs and health system partners to support response to climate emergencies	X			X
• Expand cross-sector partnerships to support response to climate emergencies	X			X
• Expand use of GIS and other technologies to support better public health interventions for climate threats	X			X
Reproductive health provider network				
•				
Community led data systems				

<ul style="list-style-type: none"> Minimal interventions and expanded partnerships to engage historically marginalized communities in relevant and timely data collection 			X	
<ul style="list-style-type: none"> Increased tribal epidemiology capacity within Tribes. 		X		

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Table 6 System-wide core activities and priorities: \$200 million	LPHAs	Tribes/ NARA	CBOs Public health programs and community-led data systems	OHA Includes funding to RH providers
Public health workforce development and retention				
<ul style="list-style-type: none"> Expand and implement public health training, e.g. Certified Health Interpreter and Community Health Worker training and certification, training and certification for other registered staff 				X
Equity initiatives				
<ul style="list-style-type: none"> 				
Respond to public health threats				
<ul style="list-style-type: none"> 				
Communicable disease control and prevention				
<ul style="list-style-type: none"> 				
Climate adaptation				
<ul style="list-style-type: none"> 				
Reproductive health provider network				
<ul style="list-style-type: none"> 				
Community led data systems				
<ul style="list-style-type: none"> Increased investment and interventions for community-led culturally and linguistically relevant data collection and use 			X	
<ul style="list-style-type: none"> Expanded funding to reach a broad range of communities 			X	
Chronic disease prevention				
<ul style="list-style-type: none"> Begin implementation of strategies to reduce chronic disease 	X		X	X
<ul style="list-style-type: none"> Expand partnerships with health systems to conduct community health assessments and develop and implement community health improvement plans. Some tribes develop and implement Tribal health assessments and improvement plans 	X	X		X
<ul style="list-style-type: none"> Expand health-supportive policies through Health in All Policies approaches 	X			X
<ul style="list-style-type: none"> Expand state level staff capacity to provide data, resources, communications support for chronic disease prevention 				X

PHAB Public Health Modernization Funding Workgroup

January 9 discussion and activity: Based on system-wide priorities and core work, make recommendations for allocations across organization type at each funding level.

Goal/intended outcome: Recommendations for funding allocations across organization type at each funding level

Two options for funding allocation recommendations:

Option 1: Recommend allocations that are proportional to what was included in the original POP at \$286 million.

- Describe rationale for proportional allocations

Option 2: Make adjustments to proportional allocations.

- Describe rationale for adjustments to proportional allocations

Table 1: Allocations that are proportional to original \$286 million POP

	\$60.6 million (current base budget)	Investments in addition to the current base budget				
		\$50 million*	\$100 million*	\$150 million	\$200 million	\$286 million
Local public health authorities (Approximately \$10.2 million addl. investment will keep LPHAs funded at current AY23 levels as ARPA COVID-19 public health workforce funds expire; includes a limited pass-through to Multnomah County-Program Design & Evaluation Services for data and evaluation)	\$33.4M	\$17.8M	\$35.6M	\$52.6M	\$70.2M	\$100.3M
Community-based organizations (Approximately \$6.2 million addl. investment will keep the current network of CBOs funded at AY23 funding levels for a full 24-month funding cycle)	\$10M	\$17.8M	\$35.6M	\$52.4M	\$70M	\$100M
Federally recognized Tribes (A portion of these funds will keep Tribes funded at current levels as federal Tribal Public Health Equity funds expire)	\$4.4M	\$5.3M	\$10.6M	\$15.7M	\$21M	\$30M
Oregon Health Authority (Includes staff to manage grants and contracts, and contract payments for professional services)	\$12.8M	\$7.4M	\$14.7M	\$22.1M	\$29.5M	\$42.1M
Reproductive health provider network	-	\$1.7M	\$3.5M	\$5.2M	\$7M	\$10M
Community-based organizations Community-led data initiatives	-	-	-	\$1.8M	\$2.4M	\$3.5M
Total investment	\$60.6 million	\$50 million	\$100 million	\$150 million	\$200 million	\$286 million

*Since community-led data initiatives are not prioritized at funding levels of \$50 million or \$100 million, the proportional funding for community-led data initiatives at these levels are equally reallocated to LPHAs, Tribes and CBOs.

\$50 million

Snapshot of what the public health system will accomplish

- OHA leads development of a **statewide public health workforce plan** and **statewide public health equity plan**, with involvement of all parts of the system.
- LPHAs and Tribes/NARA use funds as needed in their jurisdiction to **maintain workforce needed to respond to emerging public health threats**, including for emergency response and communicable disease control.
- CBOs use funds to ensure **culturally relevant communicable disease and emergency response interventions**.
- OHA funds additional CBOs to **fill known gaps in statewide CBO presence**.
- OHA, LPHAs, Tribes/NARA and CBOs implement strategies for **culturally and linguistically relevant routine and risk communications**, which includes through funding to **CBOs as trusted messengers**.
- OHA enhances grants and contracting processes to ensure **timely funding to partners** and comprehensive monitoring of funds and outcomes.
- All Tribes complete **tribal community environmental health assessments**
- Limited investments in **tribal-specific data hub**

Does PHAB WG recommend **proportional allocations** or proportional allocations with **modifications**?

If proportional with modifications, list modification here.

\$100 million

Snapshot of what the public health system will accomplish, in addition to \$50 million level

- LPHAs, CBO and OHA expand **recruitment and hiring of bilingual and bicultural staff** into the governmental and community-based public health workforce.
- LPHAs, CBOs, Tribes/NARA and OHA use funds to **increase the workforce needed to implement climate and health** initiatives.
- LPHAs, CBOs, Tribes/NARA and OHA use funds for **local, culturally specific communicable disease prevention** initiatives.
- LPHAs, CBOs and OHA use funds to **incorporate equity focus into public health emergency response** structures.
- OHA funds **expanded laboratory services, including rapid testing** and other critical services.
- OHA provides limited funds to **enhance access to reproductive health care** in underserved areas of the state.
- Some Tribes use funds for increased **tribal community preparedness**
- Full investment in **tribal-specific data hub**

Does PHAB WG recommend **proportional allocations** or proportional allocations with **modifications**?

If proportional with modifications, list modification here.

\$150 million

Snapshot of what the public health system will accomplish, in addition to \$100 million level

- LPHAs and OHA increase **partnerships to develop future public health workforce** with colleges and universities.
- LPHAs, CBOs and OHA increase **engagement with high schools and career ready programs** to develop public health workforce.
- LPHAs, CBOs, Tribes/NARA and OHA implement **broad expansions in culturally specific services** across programs and populations
- LPHAs and OHA implement **unified command structures** to ensure coordination across branches of government.
- LPHAs and OHA expand use of **GIS and other technologies** necessary for climate interventions.
- OHA funds CBOs to **engage communities in relevant and timely data collection.**
- Tribes use funds for increased **tribal epidemiology capacity**

Does PHAB WG recommend **proportional allocations** or proportional allocations with **modifications**?

If proportional with modifications, list modification here.

\$200 million

Snapshot of what the public health system will accomplish, in addition to \$150 million level

- LPHAs, CBOs and OHA **expand public health training**, including **Certified Health Interpreter and Community Health Worker** training and certification.
- OHA funds CBOs **to lead interventions for community-led culturally and linguistically relevant data collection and use.**
- LPHAs, CBOs and OHA funds minimal implementation of **strategies to reduce chronic disease**, including through **culturally relevant interventions, CHIP implementation and cross sector policy initiatives.** Some Tribes develop and implement **tribal health assessments and improvement plans**

Does PHAB WG recommend **proportional allocations** or proportional allocations with **modifications**?

If proportional with modifications, list modification here.