

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup

July 18, 2023, 2:00 – 3:30 PM

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1604660605?pwd=QnlMTXRJbDZJczg0UHBWbzFXczNRQT09>

Meeting ID: 160 466 0605

Passcode: 642864

One tap mobile

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Meeting objectives:

- Hear update on 2023-25 public health modernization funding and current planning for funding to CBOs
- Revisit workgroup work plan to support 2023-25 funding
- Begin discussion on equitable strategies and benchmarks for funding to CBOs
- Discuss feedback provided on CBO Request for Grant Application (RFGA) checklist and foundational questions for collaborations

2:00-2:10 pm **Welcome, introductions and agenda review**

- Welcome, workgroup member introductions and icebreaker question
- Review group agreements and [PHAB Health Equity Review Policy and Procedure](#)

Cara Biddlecom, OHA
Deputy Public Health
Director

2:10-2:25 pm **Public health modernization funding for 2023-25**

- Hear update on Legislative investments for 2023-25

Cara Biddlecom

Dolly England, OHA
Community

-
-
- Hear update on current planning for funding to CBOs
 - Review updated work plan and timeline for this workgroup
- Engagement Manager
-
-

2:25-3:10 pm

Strategies and benchmarks to ensure equitable funding strategies

- Review recommendations from 2022 rural set-aside funding workgroup
- Discuss ideas for strategies to ensure equitable distribution of funding

Cara Biddlecom
Sara Beaudrault,
Strategic Initiatives
Manager

2:40-2:45 pm

Break

3:10-3:15

CBO RFGA checklist

- Discuss feedback provided by group members and any additional changes needed

Cara Biddlecom

3:15-3:20 pm

Foundational questions for LPHA and CBO collaborations

- Review draft responses to foundational questions and discuss CBO physical presence when serving a community
- Are there aspects of these responses or discussion the group should revisit when working on deliverables?

Cara Biddlecom

3:20-3:25 pm

Public comment

Cara Biddlecom

3:25-3:30 pm Next meeting agenda items and adjourn

- Next meeting: July 31, 2023 from 3:00-4:30 pm

Cara Biddlecom

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Cara Biddlecom: at 971-673-2284, 711 TTY, or publichealth.policy@odhsoha.oregon.gov at least 48 hours before the meeting.

PHAB Public Health Modernization Funding Workgroup Group agreements

- Learn from previous experiences and focus on moving forward
- **Slow down to support full participation by all group members**
- 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

Workgroup topics and deliverables

Topic 1. Key questions to build understanding of our current and future system, and lessons from first round of funding from CBOs

Deliverables: Key questions to support shared understanding; topics and issues to revisit to support Topic #3

Topic 2. Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds.

Deliverables: Recommended strategies; benchmarks for equitable funding distribution.

Topic 3. Strategies to improve information-sharing, coordination and other system improvements to address community health priorities.

Deliverable: Recommended strategies

Topic 4. LPHA involvement in making funding decisions about new CBO awardees in 2023-25

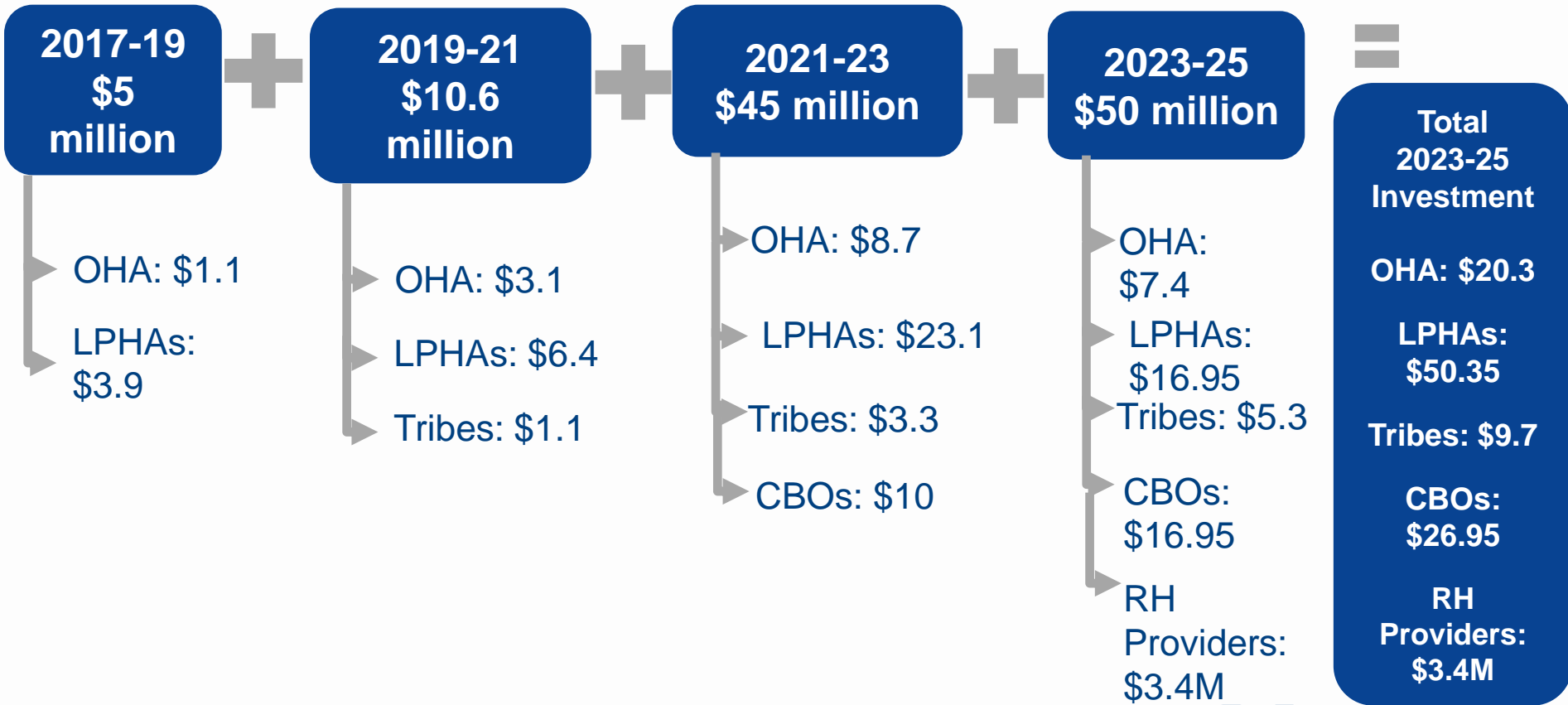
Deliverable: Recommended strategies

PHAB will vote to approve recommendations and other deliverables.

Timeline and feedback process

Meeting dates	Topics
May 18, 31 June 12, 20	Topic #1: Key questions to build understanding of our current and future system, and lessons from first round of funding from CBOs
July 18	Topic #2: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds
July 31	Topic #2: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds
August 18	<p>Topic #2: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds (Topic 2 deliverables finalized)</p> <p>Topic #3: Strategies to improve information-sharing, coordination and other system improvements to address community health priorities.</p>
August 28	<p>Topics #3: Strategies to improve information-sharing, coordination and other system improvements to address community health priorities. (Topic 3 deliverables finalized)</p> <p>Topic #4: LPHA involvement in making funding decisions about new CBO awardees in 2023-25. (Topic 4 deliverables finalized at this meeting or a future meeting)</p>
Assess need for additional meetings in August	

Legislative investment in public health modernization, 2017-2025



Bridge funding

- A regular part of the process each biennium.
- Provides funding at the level received during the previous biennium to provide ongoing services while new agency budgets are implemented.
- Provided to LPHAs, federally-recognized Tribes and NARA and CBOs, typically for the first quarter of each biennium.

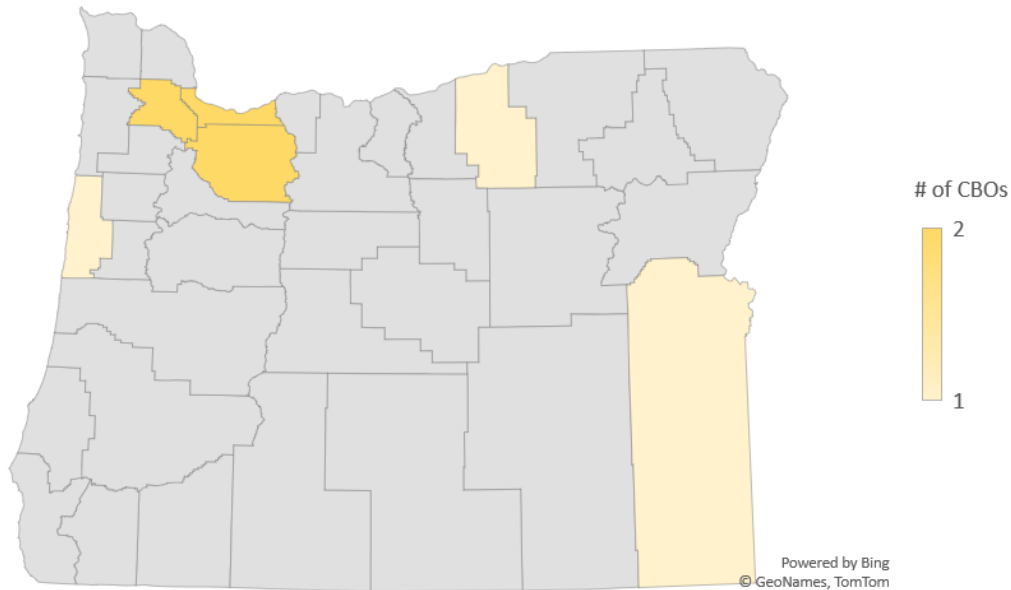
Public Health Equity Grant

Updates

Screenwise: Breast & Cervical Cancer



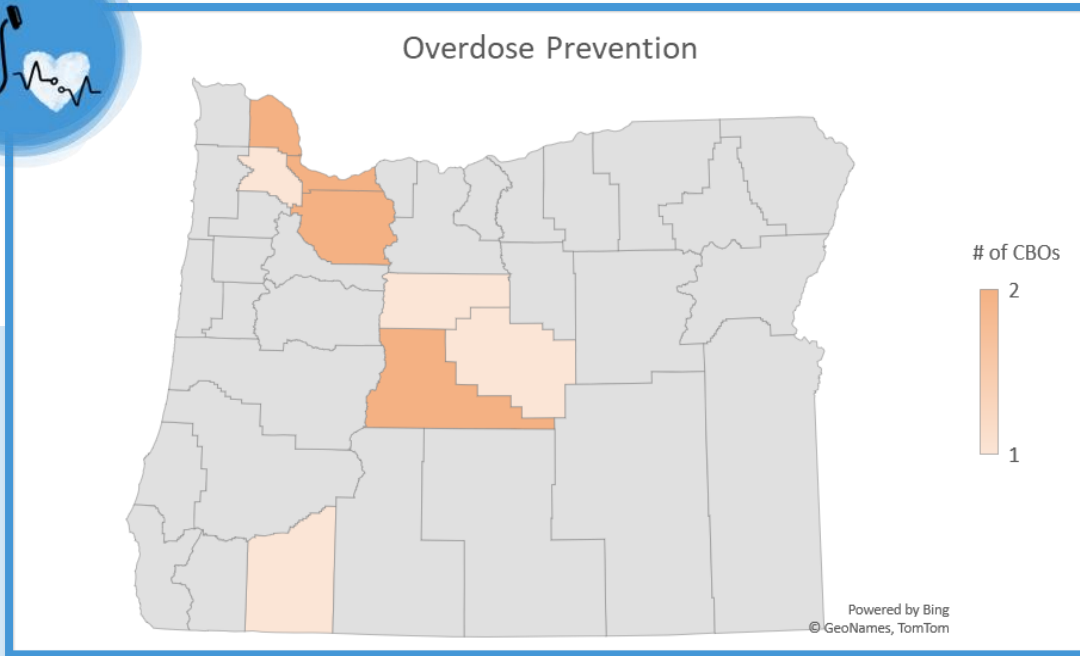
ScreenWise Breast and Cervical Cancer Prevention



Populations Served:

- Latino/a/x communities
- Black/African American/African communities
- Asian Communities
- People with disabilities
- LGBTQIA2S+ communities
- Immigrant and refugee communities
- Rural communities
- Faith communities
- People with behavioral health conditions
- Houseless communities

Overdose Prevention



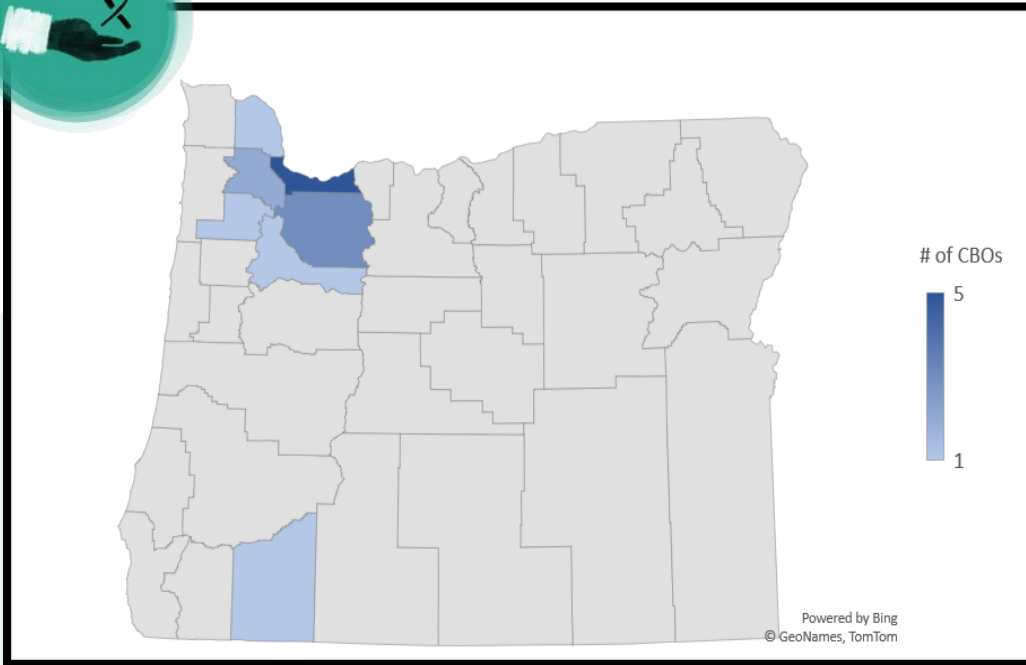
Populations served:

- Black/African communities
- American Indian/Alaska native/indigenous communities
- Latino/a/x communities
- Asian communities
- Slavic/Eastern European communities
- Immigrant and refugee communities
- Faith communities
- Rural communities
- People with disabilities
- LGBTQIA2S+ communities
- Houseless communities
- People with behavioral health conditions

Project types:

- Community engagement and education
- Harm reduction
- Social determinants of health

HIV and STI Prevention Project Highlights



Community Needs Assessments:

4 focus groups engaging 51 Black/African-American community members in Portland

Community Engagement:

41 new partners engaged by grantees

System Coordination:

Developed policies & procedures for serving people newly diagnosed with HIV across public-private systems

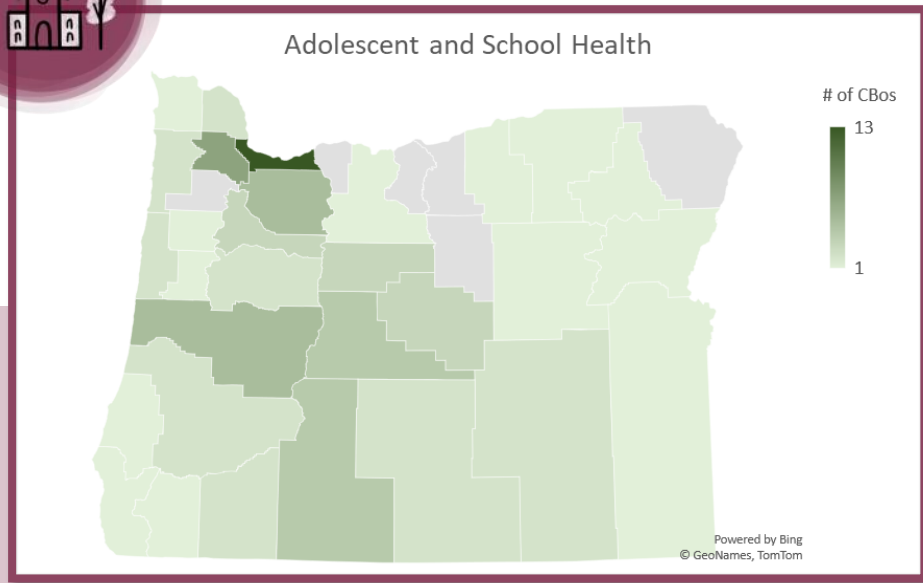
HIV Testing:

Planning for outreach testing in community and clinic settings

Populations Served:

- Black/African American,
- Latino/a/x,
- Slavic/Eastern European,
- Youth
- Rural
- Houseless
- LGBTQIA2S+
- People experiencing substance use disorder

Adolescent & School Health Project Highlights



School-based, culturally and linguistically specific staff supported (including youth positions):

29.43 positions, plus 11 temporary staff for events and training

School-based social, emotional and mental health support:

16 FTE hired/positions extended, plus 11 staff positions supported through hazard pay

Culturally specific sexual health education:

2 culturally specific CBOs working to build relevant sexual health education

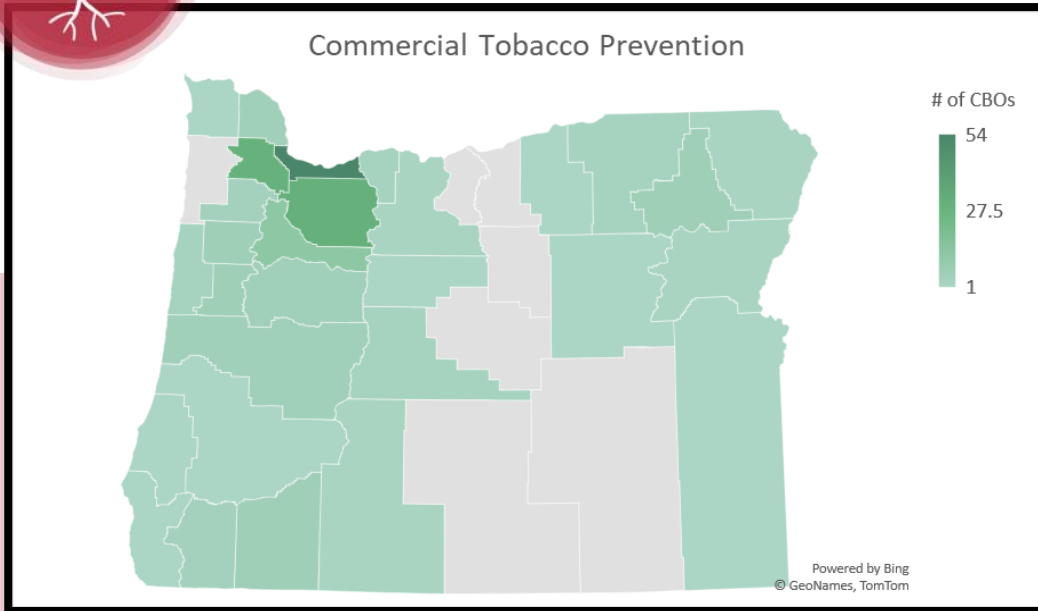
Community Engagement:

20 new partners engaged

Populations served:

- Schools/students
- Black/African American
- Latino/a/x
- Youth
- Rural
- Urban
- Houseless
- LGBTQIA2S+
- AAPI
- Individuals with disabilities

Commercial Tobacco Prevention



Populations served: Everyone!

Program Implementation & Community Assessments

For example, community-led tobacco retail assessments, health needs assessments and youth specific work

Culturally-specific Social Determinants/Risk Factor Support

CBOs providing Tobacco Cessation, transportation, rent/utility support, food insecurity, workplace safety, childcare, NRT support, and alternative education options.

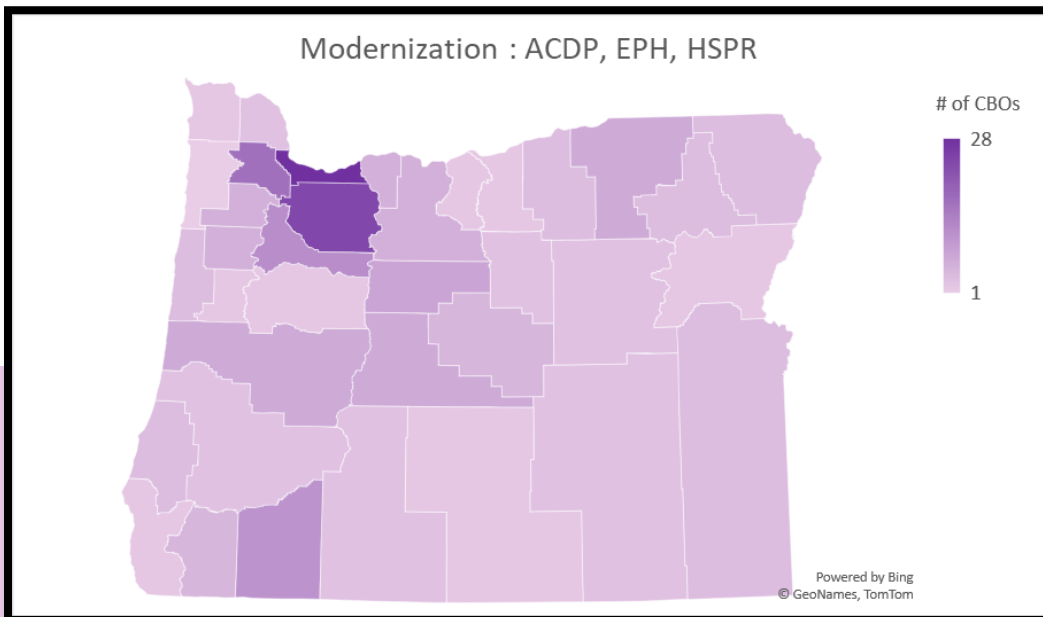
Community Partnership/Relationship building

29 CBOs share local partnerships established with LPHA's, School Districts, Universities and other CBO's. Work includes: VapeEducate Program, trauma informed tobacco education training with a racial justice lens, community cafes and providing produce boxes, healthy recipes and food resources.

Culturally-Specific Tobacco Prevention Awareness Campaigns

8 CBOs conducting community and culturally specific tobacco prevention and education campaigns. Examples include: flavored tobacco, tobacco cessation and maternal health, anti-vaping, quit-line, Intellectual/developmental disability, and LGBTQ+ centered tobacco prevention campaigns

Public Health Modernization



Acute & Communicable Disease Prevention

Health Security Preparedness Response

Environmental Public Health & Climate Health

Emergency Preparedness Project Highlights

- Emergency kits
- Knowledge sharing
- Risk communication
- Hazard-specific resources

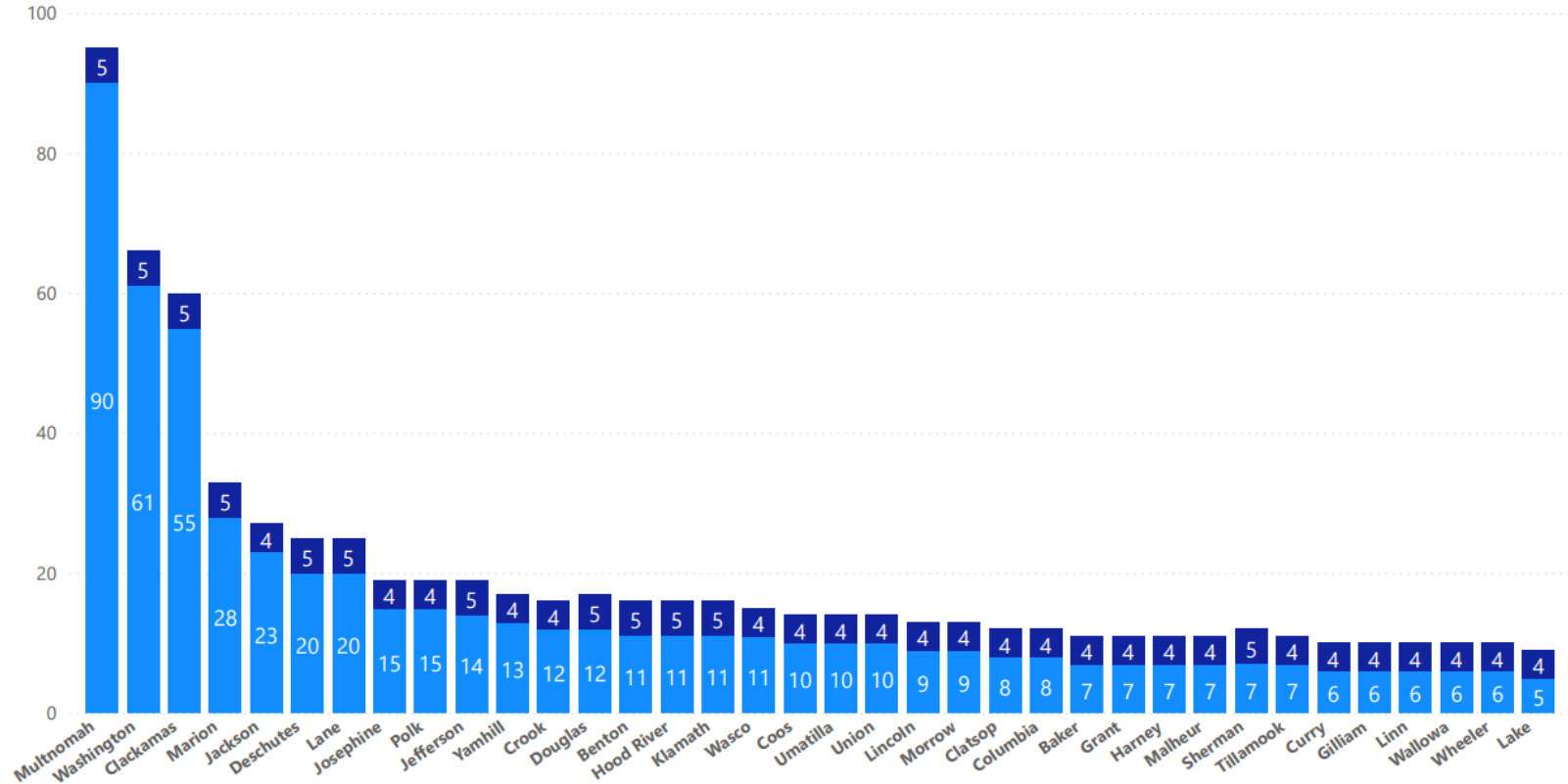
Climate & Health Project Highlights

92% of Grantees engaged in Culturally Responsive Outreach including:

- cultural events,
- newsletters,
- community meetings,
- youth leadership trainings.

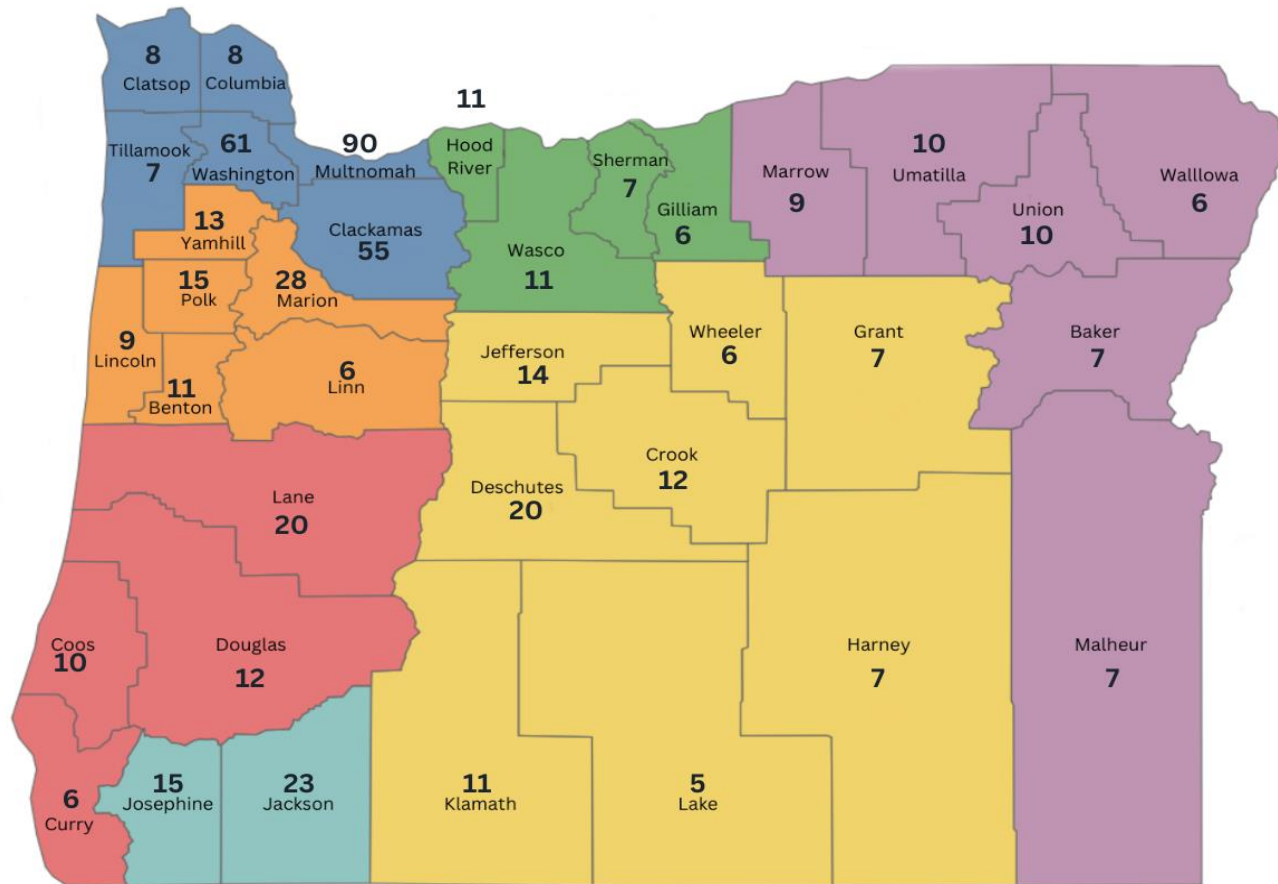
Number of CBOs by County

Number of CBOs by County • Sum of CBOs Support • Sum of Statewide CBOs



Number of CBOs by County

*Number of CBOs offering support in each County
(statewide CBOs included)*



Current distribution of CBO awardees and known gaps

- Counties that are disproportionately underserved by CBO funding:
 - Curry
 - Gilliam
 - Harney
 - Lake
 - Linn
 - Wallowa
 - Wheeler
- Specific populations
 - Disability community

Next Steps for PH Equity Grant

- Finalize RFGA
- Launch RFGA
- Review Bridge Period Budgets/Workplans
- Corrective Action follow up
- Review Activity/Expense reports
- Finalize next biennium award amounts for CBOs
- Select new CBOs for next biennium awards
- Send CBO Award emails
- Review budget/workplans

THE ROAD AHEAD

Area	July 2021 - March 2022	April 2022 - June 2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	July 2024 - June 2025
Fiscal Period	AY23 - Current State Biennium (7/1/2021 - 6/30/2023)		AY25 - Current State Biennium (7/1/2023 - 6/30/2025)												
Grant Agreement	PH Equity project development, planning, application process, award decisions	Current Agreements	Bridge Period Amendments						Full-Biennium Amendments						
Project Scope		Current Workplan	Continuation / Planning / Break-in-service						New Workplan for ~18 months						
Award Amounts		Current Agreements	Based on pro-rated current awards + CBO circumstances						Based on Legislative funding, CBO performance, and OHA decision-making						
Exp Reporting	Various reports completed		Exp Rpt Due			Exp Rpt Due			Exp Rpt Due	TBD					
Activity Reporting			Act Sum Due			Act Rpt Due			Act Rpt Due	TBD					

Strategies and benchmarks to ensure equitable funding strategies

Recommendations from the 2022 set-aside funding workgroup

- Recognizing gaps in CBO coverage with initial funding to CBOs, OHA and LPHAs developed an initial approach to begin to close gaps.

Rural set-aside funding:

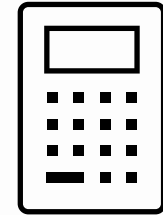
- Process for prioritizing and allocating up to \$25,000 to CBOs to cover population and geographic gaps.
- Developed methodology for identifying underserved regions and counties.
- Developed CBO application re-review strategy and outreach strategy

Public Health Modernization Funding Formula

- Designed for local public health authorities
- Calculation based on county population and rank of specific county on certain indicators that are weighted.

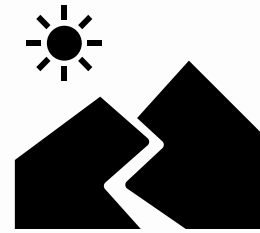
Public Health Modernization Funding Formula

- Indicators (weight):



- **Burden of disease:** premature death (5%)
- **Health status:** quality of life (5%)
- **Racial and ethnic diversity:** % of population not categorized as “white alone” (18%)
- **Poverty:** % of population below 150% FPL (18%)
- **Education:** % of population age 25 years+ with less than high school graduate education level (18%)
- **Limited English Proficiency:** % of population age 5 years+ that speaks English less than “very well” (18%)
- **Rurality:** % of population living in rural area (18%)

Group brainstorm



- What would equitable distribution of funding look like?
- What benchmarks could we use?
- What questions do we have?

RFGA IMPLEMENTATION CHECKLIST - DRAFT

June 2023



Use this checklist to ensure suggestions for improvement are incorporated into processes for future Request for Grant Applications related to Public Health Funding Opportunities.

To expand a section click the triangle ▶ next to the heading icon.

To collapse a section mouse over the heading until a triangle appears ▲ and then click it.



OVERARCHING INTERNAL PROCESSES

- Set clear expectations for what roles OHA staff need to fill via a Roles and Process Document that visualizes the grant process from start to finish (i.e., from RFGA development to onboarding funded CBOs) with role delineation at each stage.
- Ensure a formative feedback process is in place, is clearly communicated, and includes:
 - At what points will feedback be collected.
 - How will feedback be used to improve processes.
 - Who will be responsible for these processes.
- Establish a central location where all pertinent information such as the Roles and Process Document and updates can be found by OHA staff (e.g., TEAMS/Sharepoint, Basecamp, Dashboards).

- Create processes to increase coordination and collaboration between OHA, LPHA, and CBOs including:
 - Hosting workshops and trainings to increase CBO and LPHA staff capacity, such as a Public Health 101 workshop.
 - Establishing space for sharing and learning such as a biannual convening of funded LPHAs and CBOs to share highlights of their work.
 - Hosting recurring meetings between CBOs, LPHAs, and OHA staff to determine how best LPHAs and CBOs can work together.

Notes



RFGA DEVELOPMENT

- Incorporate processes that the Public Health Advisory Board (PHAB) workgroup created so that LPHA and CBO representatives can provide input on RFGA content.
- Look for and reduce redundancies in the application process for CBOs by consolidating program areas where possible.
- Re-examine insurance policy requirements where possible to decrease barriers for smaller CBOs.
- Ensure RFGA language is clear around:
 - The purpose of the funding.
 - The types of projects that are eligible.
 - Funding ranges per CBO or number of CBOs to be funded per program.
 - Information regarding the review process (rubric, selection process, review team composition).
- Implement enhanced outreach to CBOs serving priority populations (e.g., rural, frontier, communities supporting people with disabilities, and smaller/less

experienced CBOs) via targeted information sessions and other methods as decided by the PHAB workgroup to:

- Assess current CBO needs.
- Increase CBO's understanding of eligibility requirements.
- Increase capacity for grant writing and other topics needed by smaller/less experienced CBOs.

Notes



APPLICATION REVIEW PROCESS AND FUNDING DECISIONS

- Incorporate processes that the PHAB workgroup created so that LPHA and CBO representatives are included in the application review process and have an opportunity to provide input.
- Create a more streamlined approach to collecting and cleaning applications.
- Develop decision-making processes for review teams to use as a guide during the application review process that include
 - Clear and consistent criteria (i.e., scoring rubric to be used across programs).
 - Description of funding priorities.
 - How the overarching equity goals play into the selection process.
 - A mechanism for collecting feedback on applications.
- Ensure sufficient time is built in to include external partners on the review teams such as representatives from rural communities.
- Build out a timeline for the review process to include time for the following application review process phases:

- **Phase I**—Training sessions for reviewers (both internal and external) before application review begins that includes review criteria, program priorities, and identifying how equity plays into selection process.
- **Phase II**—Initial review of applications and first round of funding decisions.
- **Phase III**—Application discussions and decision making with both internal and external partners, cross-walking funding decisions to assess funding holistically.
- **Phase IV**—Final funding decisions.
- **Phase V**—Informing all applicants of funding decisions and related feedback on their applications.

Notes



ONBOARDING

- Incorporate processes that the PHAB workgroup created so that LPHA and CBO representatives have an opportunity to provide input on the onboarding process.
- Determine who will be part of creating a collaborative onboarding process.
- Ensure the onboarding process includes the following components:
 - Clear delineation of roles and responsibilities among OHA staff.
 - Mechanisms to ensure streamlined technical assistance to CBOs regardless of which OHA staff is providing support.
 - A grant portal for communication between OHA and CBOs to minimize email burden.
 - Strategies to reduce onboarding redundancy for CBOs funded through multiple programs.
 - Implementation guidance for CBOs that were partially funded via 1:1 technical assistance.
 - Clear communication regarding onboarding activities in terms of which activities are required for CBOs to attend.

- Clear communication regarding who CBOs should reach out to for support.

Notes

Public Health Advisory Board funding workgroup

DRAFT: Key questions and summary responses from May 31, 2023 meeting

1. Within public health modernization, what is the relationship between CBO priorities and LPHA work?

- CBOs and LPHAs should have overall alignment with their goals for public health modernization (communicable disease control, environmental health, emergency preparedness, health equity and cultural responsiveness, community partnership development).
- CBOs may focus more heavily on programs and activities that support health equity and cultural responsiveness, community partnership development and communications.
- LPHAs may focus more heavily on programmatic work in service to their unique statutory requirements as well as other agency and community priorities.
- CBOs and LPHAs will have unique and complementary strategies for achieving shared goals.
 - Example provided: LPHAs have statutory requirements for identifying and responding to communicable diseases. CBOs can support the communities they serve by sharing information about health risks in ways that are culturally and linguistically responsive.
- This work needs to be done in a transformational, rather than a transactional partnership together, through sharing information and responding to one another's priorities and needs.
- Intentional efforts to create systems and practices through the use of concrete tools to support collaborative work are necessary. For example, the workgroup recommended using a MOU between LPHAs and CBOs to outline shared work and responsibilities, and to have CBOs and LPHAs show up together at the table as equals.- Work plans can be shared with each other in the spirit of collaboration versus power. Goal is to build trusting relationships at the local level, and

this is the beginning. MOUs can be a tool to support role clarity and set a foundation for new partnerships.

Suggested follow up items include: defining what power sharing and shared leadership means; acknowledge different requirements across partners; creating shared trainings and learnings; making sure that any approaches are not one-size-fits-all. The truth of how things work and do not work in this meeting may not be applicable to all.

- 2. What does it mean for a CBO to serve a community? For CBOs serving in a county or region, to what degree will they be present in a county? What is the expectation for a CBO to have a physical presence in a county or region? Which types of services are typically not considered local? Statewide policy or trainings? What else?**

Serving a community means being able to be physically present with community members within a specific jurisdiction.

- CBOs that have a physical presence in a community are more likely to be aware of other local organizations and resources with which they can connect. These CBOs are also more likely to have an ongoing presence with community members.
- This does not necessarily mean that a CBO must have a physical office within every county they serve but should mean staff being located within every county they serve or in close enough proximity to be physically present in a timely manner.
- As a part of an application for funding or a work plan, CBOs should be able to estimate how much time or percentage of financial resources will be shared if serving across multiple counties.

The key question is: what is the problem we are trying to solve? What does it mean “to serve”?

- Needing to ensure there is equitable coverage across the state. What data do we have to support this?

- Need for communication and a work plan to coordinate efforts between CBOs and LPHAs. Relationships are at the base of the work.
- If the group of individuals are coming from one county to another to receive services, does that count?

Opportunities to further define 'local' in a CBO grants process

1. Grant application questions:

- Describe in narrative form how you will serve each county identified in your application. Please include whether you have or will hire staff that live in that county, whether you have an office space in that county and how you plan to engage with community members in that county.
- Describe existing relationships with the local public health authority in each county you plan to work with. If you do not have established relationships, please describe how you would build those relationships (e.g., regular meetings, shared strategies and work plans, alignment of activities where that makes sense for each partner).
- Estimate the amount of staff time and percent of proposed budget that will apply to each county served.
- Include in work plan how each county will be served.

2. Grant application evaluation:

- How well did the applicant describe how they will serve each county identified in the application?
- How well did the applicant describe their relationships with local public health authorities and their plans to maintain or build those relationships?
- How well did the applicant state how much staff time and budget would apply to each county served?
- How well did the work plan identify which proposed work will take place in each county?

3. Grant agreements:

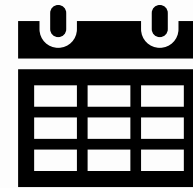
- Grantees must establish a MOU with each local public health authority in the counties served.
- Already included in current grant agreement: partnership with LPHAs for coordination of grant activities.

4. Grantee reporting

- Provide a summary of work plan activities over the reporting period for each county served.

DRAFT

Meeting review and next steps



- Next meeting is July 31 from 2:00-3:30.
- Please share today's discussion on equitable strategies and benchmarks for funding to CBOs with your colleagues and bring feedback to the next meeting.