

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup

August 18, 2023, 3:00 – 4:30 PM

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1613031752?pwd=d0RKdzdaeUczWkZSakhEVmp3ZUh4UT09>

Meeting ID: 161 303 1752

Passcode: 641770

One tap mobile

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Meeting objectives:

- Approve 6/12, 6/20, 7/18 and 7/31 minutes.
- Revisit group agreements and how CBOs, LPHAs and OHA would like to be in community together.
- Finalize recommendations for geographic reach of new CBO funding.
- Review and finalize CBO work plan and Request for Grant Applications questions.
- Discuss next meeting agenda.

3:00-3:05 pm Welcome, introductions and agenda review

- Welcome, workgroup member introductions and icebreaker question in chat
- Review [PHAB Health Equity Review Policy and Procedure](#)
- Approve June 12, June 20, July 18 and July 31 meeting minutes

Cara Biddlecom, OHA
Deputy Public Health
Director

3:05-3:20 pm Check in on July 31 meeting and discussion

- Group agreements

Cara Biddlecom

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- How we want to be in community
 - Workgroup member reflections
-
-

**3:20-3:40
pm**

Finalize recommendations for equitable funding strategies and benchmarks for CBO funding

- Review application of public health modernization funding formula to estimate funds to counties and regions
- Confirm county priorities for new CBO Request for Grant Applications

Sara Beaudrault,
OHA Strategic
Initiatives Manager

Dolly England, OHA
Community
Engagement
Manager

**3:40-3:45
pm**

BREAK

3:45-4:00

CBO application and work plan templates

- Review feedback and proposed changes to draft CBO work plan template and draft RFGA questions

Cara Biddlecom

Dolly England, OHA
Community
Engagement
Manager

**4:00-4:20
pm**

LPHA work plan

- Based on expectations in CBO application and work plan templates, discuss expectations for LPHAs related to public health modernization work with OHA-funded CBOs
- Discuss next steps for updates to LPHA work plans

Danna Drum, OHA
Local and Tribal
Public Health
Manager

**4:20-4:25
pm**

Public comment

Cara Biddlecom

4:25-4:30 pm **Next meeting agenda items and adjourn**

- Next meeting: August 28, 2023
from 9:30-11:00 am

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.

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup
Draft minutes

June 12, 2023, 10:30 am – 12:00 pm

Workgroup members: Shellie Campbell, Meghan Chancey, Kirt Toombs, Naomi Biggs, Kim La Croix, Michael Baker, Florence Pourtal, Betty Brown, Trish Elliott, Beth Barker-Hidalgo

OHA staff: Cara Biddlecom, Dolly England, Sara Beaudrault, Danna Drum, Tamby Moore, Larry Hill, Mina Craig

Meeting objectives:

- Approve May 18 and May 31 meeting minutes
- Revisit foundational questions and responses from 5/31 meeting and discuss other questions raised by workgroup members
- Discuss findings and recommendations from process evaluation of first funding to CBOs
- Discuss strategies and benchmarks for ensuring equitable distribution of new funding for CBOs in 2023-25

Welcome, introductions & agenda review

May 18th and May 31st meeting minutes: Motion to approve minutes set forth by Betty Brown. Kim La Croix second the motion. All that were attendance of the meetings approved meeting minutes. Michael Baker abstained.

Group agreements

Reviewed agreed upon group agreements.

Foundational questions for LPHA & CBO collaborations

Review of first question in the foundation questions: Within public health modernization, what is the relationship between CBO priorities and LPHA work?

- Question about second item in list – CBOs may focus more heavily on programs and activities that support health equity and cultural responsiveness, community partnership development and communications. Clarify CBOs are focusing on activities that support health equity and cultural responsiveness, etc. within prioritized programs of modernization.
- CBOs do not work under a foundational capabilities model as LPHAs and OHA do. This is a disconnect and OHA is working to familiarize CBOs with foundational capabilities. State laws require OHA and LPHA to use the foundational capabilities and program framework for public health modernization.
- CBOs & LPHAs can share workplans and work together on shared efforts.
- Recognition that every community is different and there is no one size fits all for every situation.
- Interest in exploring use of MOUs to support LPHA and CBO working relationships.
- Two ideas brought to the table
 - OHA has a contract with Brink Communication. This could be used to support strategic communications for CBOs and LPHAs
 - Leverage the contract to support CBOs in relaying messages to community in partnership with LPHA communications efforts.
- Dolly requested anyone to share training & learning topics that would benefit CBOs or LPHAs. Workgroup members can email her with ideas. Her team is creating a training plan to benefit all with the collaboration
- Power sharing discussion, clarification on terms like authority and what they mean in this situation, shared power and coming together as equals, discussion of one size does not fit all, acknowledge the requirements for each partner to be discuss in more detail in future meeting
 - Shared leadership looks different in many ways. Needs to be defined and understood. Need to define areas where LPHAs & CBOs share leadership

Public Comment

- No public comment

Next Meeting agenda

- Continue to discuss equitable funding strategies
- Scheduling additional meetings in July

Next meeting June 20, 2023 at 2:00 pm

DRAFT

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup
Draft minutes

June 20, 2023, 2:00 – 3:30 pm

Workgroup members: Shellie Campbell, Meghan Chancey, Kirt Toombs, Naomi Biggs, Betty Brown, Sumiko Taylor-Hill, Jackson Baures, Diana Hansen

OHA staff: Cara Biddlecom, Dolly England, Danna Drum, Tamby Moore, Larry Hill, Mina Craig, Steven Fiala

Meeting objectives:

- Discuss findings and recommendations from process evaluation of first funding to CBOs
- Revisit foundational questions and responses from 5/31 and 6/12 meetings and discuss how this information can be used to support workgroup deliverables
- Revisit workgroup work plan

Welcome, introductions & agenda review

Cara shared that the Legislature passed SB 5506, which included an additional \$20mil be added to public health modernization funding for the 2023-25 biennium. This \$20 million is in addition to the \$30 million included in OHA's budget, bringing the total new funds to \$50 million for 2023-25.

Group agreements

Reviewed agreed upon group agreements

Findings and recommendations from first funding to CBOs

- Public Health Equity funding process
 - Online survey completed in fall of 2022 to provide feedback on strengths and weaknesses of funding opportunity

- 16 OHA staff, 21 LPHA staff, 90 CBOs completed
 - Of the 90- 26% CBO did not apply for funding, 26% CBO applied but did not get funding, 47% CBOs were funded.
 - Focus groups and interviews
 - Focused on what improvements could be made for future funding opportunities
 - Focus group consisted of 6 LPHA staff and 12 OHA CET staff
 - Interviews were with 8 OHA program staff, 6 CBO staff funded, 5 CBO staff that applied but were not funded
- Survey findings summary
 - Positive findings
 - CBOs reported funding opportunity easy to apply
 - CBOs reported OHA's FAQ, info sessions & budget webinars easy to access and answered most questions
 - OHA, LPHA & CBOs shared funding opportunity was overall a success in that it reached more CBOs & allowed smaller CBOs to access funding
 - Area of improvement
 - CBOs that applied but weren't funded did not feel supported by OHA in applying, scoring system unclear & reported not receiving feedback on why they weren't funded
 - LPHA respondents reported lack of coordination and communication with LPHA during funding process creation, review process and final funding decisions
- Qualitative findings
 - RFGA Development and Accessibility
 - State Staff
 - Positive
 - Reaching and connecting with more CBOs and creating new innovative funding opportunities
 - Recommendations
 - Provide more clarity to CBOs on available funding
 - Clearer expectations for OHA staff roles

- Re-examine insurance policy requirement that creates barrier
- CBOs
 - Positive
 - Clear straightforward application language
 - Recommendations
 - More info on how many CBOs would be funded
 - Simplify application, not separated by programs
 - Create multi-phased application process including letter of intent
- Support needed by CBOs
 - Positive
 - Most CBO staff utilized various forms of support that OHA provided such as info sessions, FAQs and reaching out to OHA staff
 - Recommendations
 - Increase outreach to certain populations underrepresented in funding opportunities
 - Offer specific info sessions on grant writing, getting financially “set up”, and funding for specific programs
 - Support CBOs through transitions to new Oregon Buys system
- Application Review process & Funding
 - State Staff
 - Recommendations
 - More time to review applications
 - Include more external partners in review process in a manner that is not burdensome
 - CBOs
 - Recommendations
 - Include reviewers from rural communities
 - Inform all applicants of funding decisions
 - Provide feedback on apps for those not funded
 - Increase transparency of review process
- Onboarding

- State staff
 - Recommendation
 - Ensure OHA staff roles are decided and clearly communicated
 - Ensure clear communication throughout the process between OHA staff and CBOs
 - Streamline onboarding process for CBOs who are funded through multiple programs
- CBOs
 - Recommendation
 - Utilize a grant portal to convey messages rather than email
 - Differentiate onboarding activities more clearly
 - Mitigate issues stemming from OHA staff assignment
 - Provide implementation guidance to CBOs that were partially funded
- LPHA Collaboration
 - State
 - Recommendation
 - LPHA staff noted need for involvement at beginning of RFGA development and during application review process
 - Requested more transparency during phases of the funding
 - Described process to ensure equitable funding decisions
 - CBOs
 - Recommendation
 - Recurring meetings that include LPHAs, CBOs and OHA staff that OHA facilitates
 - Consider ways for OHA to build LPHA staff capacity to become a more formal partner in process
- Next Steps
 - Further review and discuss findings with OHA Public Health Equity funding workgroup to develop program improvement plan
 - Continue to discuss at PHAB workgroup

- Convene OHA, LPHA & CBO staff for a discussion of findings and to develop strategies to improve future funding opportunities

Foundational questions for LPHA and CBO collaborations

- Changes to draft key questions from last meeting
 - Added specific public health modernization priority program areas first item
 - Added language to clarify what is meant by power sharing and opportunity for LPHAs and CBOs to show up to the table as equals
 - Suggestions added for further discussion
- Second question of document suggest changes
 - Discussion of what does it mean to serve a community

Public Comment

- No public comment

Next Meeting agenda

- Revisit workgroup work plan
- July meeting schedule

Next meeting July 18, 2023 at 2:00 pm

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup
Draft minutes

July 18, 2023, 2:00 – 3:30 pm

Workgroup members: Shellie Campbell, Meghan Chancey, Kirt Toombs, Betty Brown, Sumiko Taylor-Hill, Jackson Baures, Michael Baker, Beth Barker-Hidalgo, Sarah Mahnke, Trish Elliott

OHA staff: Cara Biddlecom, Dolly England, Tamby Moore, Mina Craig, Sara Beaudrault

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

Welcome, introductions & agenda review

Group agreements

- Reviewed agreed upon group agreements
- Reviewed work group objectives & topics
- Reviewed timeline and feedback process review

Public health modernization funding for 2023 – 25

- New legislative investments for the 2023-25 biennium are \$50 million, bringing the total available funding for public health modernization to slightly more than \$110 million.
 - OHA provides bridge funding to LPHA, Tribes and CBOs while the new budget is implemented. Provides funding at the level

received during previous biennium to provide ongoing services while new agency budgets are implemented.

- Some OHA programs that participated in the CBO Public Health Equity program in 2021-23 will not continue in the 2023-25 biennium.
 - Screenwise was funding one CBO and does not have funding for 2023-25.
 - Overdose prevention does not have funds for 2023-25 but working with commercial tobacco prevention to continue work for the funded project
 - HIV funding slowly transitioning out at the end of the year. No funding for next biennium
 - Adolescent and School Health funding to CBOs through June 2024.
 - Commercial tobacco prevention is assessing funding amount for 2023-25 biennium.
- Next steps for CBO 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

Strategies and benchmarks to ensure equitable funding strategies

- Recommendation from the 2022 set aside funding workgroup
 - Recognized gaps in CBO coverage with initial funding to CBOs. OHA & LPHAs developed an initial approach to begin to close gaps
 - Developed process for prioritizing and allocating up to \$25k to CBOs to cover population and geographical gaps
 - Developed methodology for identifying underserved regions & counties

- Developed CBO application re-review strategy & outreach strategy
- Public Health Modernization funding formula
 - Designed for LPHAs
 - Calculates allocations based on county population and rank of specific county on certain indicators that are weighted
- 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 graduation 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%)

Public Comment

- No public comment

Next Meeting agenda

Next meeting July 31, 2023 at 2:30 pm

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup
Draft minutes

July 31, 2023, 2:30 – 4:00 pm

Workgroup members: Shellie Campbell, Meghan Chancey, Kirt Toombs, Betty Brown, Jackson Baures, Michael Baker, Beth Barker-Hidalgo, Sarah Mahnke, Trish Elliott, Kim La Croix, Florence Pourtal, Naomi Biggs, Jackie Leung, Dianna Hansen

OHA staff: Cara Biddlecom, Dolly England, Tamby Moore, Mina Craig, Danna Drum

Meeting objectives:

- Continue to discuss equitable strategies and benchmarks for funding to CBOs and review an equitable funding model
- Discuss additional recommendations for strengthening CBO application, grant, work plan and reporting processes, and continue to discuss ways to operationalize CBO local presence within counties.

Welcome, introductions & agenda review

Group agreements

Reviewed agreed upon group agreements

Strategies and benchmarks to ensure equitable funding strategies

- Recap of 7/18 meeting
 - Reviewed gaps in current funding for some counties and for disability-serving organizations. General agreement to expand the list of underserved counties
 - Reviewed the Public Health Modernization funding formula to allocate funds to LPHAs. This formula provides a base funding amount with most funds allocated based on the county's ranking on a set of SDOH indicators

- Discussed how a similar model could be used for CBO funding to determine that funds are being distributed equitably across the state. This approach would be both art & science. General agreement and interest in exploring this
- Reviewed methodology for regional and county per capita data tables
- Regional biennium breakdown for 2021-23 biennium
 - Shows how \$8.8 million in funding to CBOs was distributed across Oregon regions.
 - Regional/county number of CBOs funded
 - CBOs counted as "1" for every county in which they serve
 - Therefore, number of CBOs funded by county in a region does not equal the number of CBOs funded with in a region
- Recommendations
 - Expand the list of underserved counties for 2023 CBO RFGA
 - Ensure at least one (or two ?) CBO is funded to provide services in every county. Excluding statewide CBOs
 - Use the regional per capita table to estimate how new funding should be allocated across regions and ensure that funding decisions maintain or improve equitable funding across regions
 - Use the county per capita table to ensure every county receives a minimum per capita investment through funding to CBOs
- Comment/Suggestions for above recommendations
 - Suggestion to use increased funding in 2023-25 to support viable, established organizations. Outcomes need to be realistic and obtainable.
 - Cannot expand the number of CBOs funded unless there is additional funding. Clarified that with new legislative investments, there is additional funding for CBOs in 2023-25.
 - Clarified that the public health modernization funds received by CBOs is likely only a portion of the organization's budget. OHA does not collect information on CBOs' total budgets. Suggestion made that getting more complete budget information from CBOs is a way to verify that the organization is solvent and viable. Comment made that other funds a CBO receives are likely categorical and cannot be used to support public health modernization activities.
- Other options for consideration

- Establish a minimum biennial base funding level for CBOs so that CBOs can build staffing and infrastructure
 - Consistent approach with funding to LPHA
 - There was general support for this. OHA staff clarified that this would be a minimum amount and that in most cases CBOs would receive more than the minimum.
 - There was also interest in Dolly's suggestion to apply a cap to the amount of funding each CBO could apply for and receive.
- Recommendation to use LPHA PHM funding formula as a guide for CBO regional and county funding
- CBO RFGA draft application questions were presented and discussed
 - The new RFGA will be released later this year and is for CBOs not currently receiving public health modernization funding.
 - All CBOs will be filling out this new form once approved

Public Comment

- No public comment

Next Meeting agenda

- Review use of public health modernization funding formula as a guide for estimating CBO funding by region.
- Finalize recommendations for strategies and benchmarks to ensure equitable funding to CBOs.
- Continue to discuss CBO RFGA and related documents.

Next meeting August 18, 2023 at 1:00 pm

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

Recap of 7/31 meeting- Group Agreement check in

- In consideration of group agreements:
 - Slow down to support full participation by all group members
 - Move up, move back
 - Remember our interdependence and interconnectedness
 - Share responsibility of the success of our work together

Recap of 7/31 discussion- shared definitions check in

From meeting materials:

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.

Equitable funding strategies and benchmarks for CBO funding

Goal for today...

1. Finalize recommendations for use of public health modernization funding formula as a mechanism to estimate equitable funding to CBOs across counties.
2. Finalize next steps and approach for identifying list of currently underserved counties that should be prioritized during CBO RFGA process.

Recap of 7/31 meeting- Equitable funding strategies for new funding to CBOs

1. Reviewed tables of regional and county per capita investments for 2021-23 CBO funding to understand current distribution of funds.
2. Agreed to apply the public health modernization funding formula to 2023-25 funding to CBOs to estimate funds that will be awarded to CBOs in each county and region.
 - Note that funding to CBOs will not be allocated through a funding formula, as they are to LPHAs.
 - The funding formula estimates equitable funding across counties, regions and populations.
3. OHA should determine both a base amount and a cap on funding awards to CBOs.
 - A base amount provides a minimum amount for CBOs to operate and complete planned work.
 - A cap provides a maximum amount that each CBO could apply for.

2023-25 Public Health Modernization and Public Health Infrastructure Funds to CBOs

Program	2021-23 Total Available CBO Funds	2023-25 Total Available CBO Funds
<p>PE 5002-01: Environmental Public Health and Climate Change, Communicable Disease Prevention, and Emergency Preparedness</p> <p>Public health modernization General Funds</p>	<p>\$10,000,000</p> <p>*awarded \$8.8M to 74 CBOs with remainder retained for technical assistance support</p>	<p>\$25,960,000</p> <p>How funds will be allocated</p> <ol style="list-style-type: none"> 1. Provide funding to CBOs that received PH modernization funds in 2021-23. 2. OHA will retain some funds for technical assistance and supports for new grantees, and to support CBO development in counties that continue to be underserved following RFGA funding decisions. 3. Allocate the remainder through a RFGA process. <u>This is area of focus for the PHAB Workgroup</u>
<p>PE 5007: Public Health Infrastructure</p> <p>Federal Funds</p>	<p>No funding in 2021-23</p>	<p>\$4,000,000</p> <p>*Directed toward rural/frontier counties</p> <p>How funds will be allocated</p> <ol style="list-style-type: none"> 1. Increase funding for 26 rural capacity CBOs that were originally funded at \$25,000 in 2021-23 biennium. 2. Address remaining population gaps, including in rural and frontier communities.

Expanded CBO funding table included in PHAB Workgroup FAQ

Public Health Modernization CBO Funding Comparison

August 10, 2023

2021-23 CBO Funding					
County	Population	Number of CBOs funded	Total award amount		Total award amount per capita
Clatsop	39,455	3	\$ 82,000	\$ 2.08	
Columbia	53,280	1	\$ 3,750	\$ 0.07	
Tillamook	26,530	1	\$ 25,000	\$ 0.94	
Clackamas	426,515	24	\$ 1,045,528	\$ 2.45	
Washington	620,080	26	\$ 1,015,694	\$ 1.64	
Multnomah	829,560	36	\$ 1,943,195	\$ 2.34	
Region 1	1,995,420	39	\$3,775,167		\$1.89
Yamhill	108,605	6	\$ 238,750	\$ 2.20	
Lincoln	48,305	3	\$ 47,083	\$ 0.97	
Polk	83,805	5	\$ 139,083	\$ 1.66	
Benton	94,665	0	\$ -	\$ -	
Linn	127,320	0	\$ -	\$ -	
Marion	349,120	11	\$ 398,278	\$ 1.14	
Region 2	811,820	16	\$972,500		\$1.20
Lane	381,365	6	\$ 419,583	\$ 1.10	
Douglas	112,530	3	\$ 144,750	\$ 1.29	
Coos	63,315	5	\$ 150,361	\$ 2.37	
Curry	23,005	2	\$ 32,667	\$ 1.42	
Region 3	580,215	11	\$747,500		\$1.29
Josephine	86,560	7	\$ 174,833	2.02	
Jackson	223,240	12	\$ 566,194	2.54	
Region 5	309,800	14	\$925,000		\$2.99
Hood River	25,640	5	\$ 218,413	8.52	
Gilliam	2,039	2	\$ 142,308	69.79	
Sherman	1,908	3	\$ 162,302	85.06	
Wasco	26,581	6	\$ 186,052	7.00	
Region 6	56,168	7	\$606,651		\$10.80
Klamath	68,075	3	\$ 52,986	0.78	
Wheeler	1,440	2	\$ 45,433	31.55	
Crook	23,440	5	\$ 131,792	5.62	
Jefferson	24,105	7	\$ 143,875	5.97	
Deschutes	197,015	7	\$ 192,569	0.98	
Harney	7,280	3	\$ 49,183	6.76	
Grant	7,315	2	\$ 45,433	6.21	
Lake	8,075	1	\$ 3,125	0.39	
Region 7	336,745	10	\$710,333		\$2.11
Morrow	12,825	5	\$ 185,641	14.47	
Baker	16,910	2	\$ 75,641	4.47	
Union	26,840	2	\$ 75,641	2.82	
Malheur	32,105	3	\$ 59,308	1.85	
Umatilla	81,495	6	\$ 94,724	1.16	
Wallowa	7,160	2	\$ 75,641	10.56	
Region 9	177,335	9	\$629,667		\$3.55
Statewide/Unclassified		3	\$400,000		
Total	4,267,503	75	\$8,766,818		

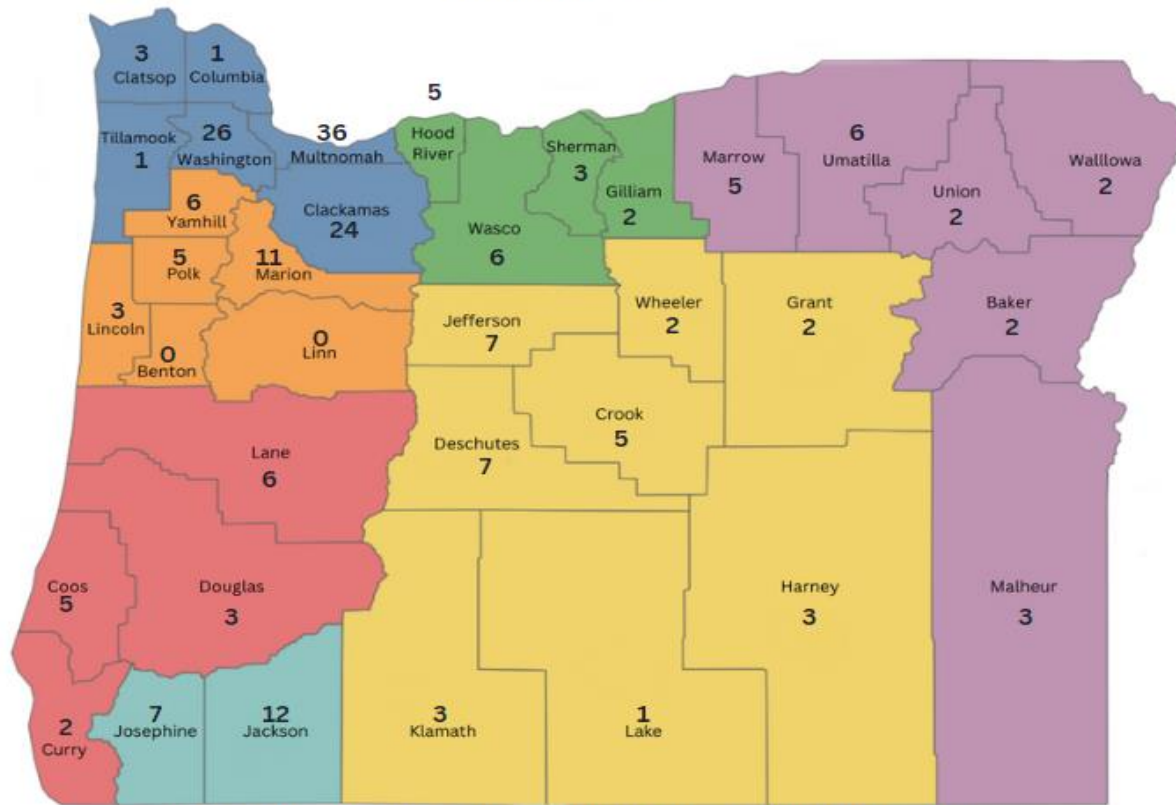
2023-25 Projected CBO Funding Estimates					
County	Population	Number of CBOs funded	Total Projected Estimate	Award Per Capita	Avg Award Per Capita
Clatsop	41,971		\$383,179	\$9.13	
Columbia	53,156		\$426,762	\$8.03	
Tillamook	27,868		\$368,655	\$13.23	
Clackamas	430,421		\$1,652,605	\$3.84	
Washington	606,378		\$2,679,546	\$4.42	
Multnomah	810,242		\$3,541,169	\$4.37	
Region 1	1,970,036		\$9,051,916		\$4.59
Yamhill	108,993		\$671,270	\$6.16	
Lincoln	51,090		\$431,859	\$8.45	
Polk	90,593		\$569,693	\$6.29	
Benton	95,594		\$556,514	\$5.82	
Linn	131,194		\$780,025	\$5.95	
Marion	348,616		\$2,200,869	\$6.31	
Region 2	826,080		\$5,210,230		\$6.31
Lane	383,958		\$1,647,871	\$4.29	
Douglas	111,716		\$716,268	\$6.41	
Coos	65,112		\$511,110	\$7.85	
Curry	23,897		\$310,030	\$12.97	
Region 3	584,683		\$3,185,279		\$5.45
Josephine	88,695		\$645,645	\$7.28	
Jackson	224,013		\$1,093,531	\$4.88	
Region 5	312,708		\$1,739,176		\$5.56
Hood River	23,894		\$375,741	\$15.73	
Gilliam	2,071		\$213,193	\$102.94	
Sherman, Wasco	28,733		\$747,278	\$26.01	
Region 6	54,698		\$1,336,212		\$17.56
Klamath	70,848		\$584,517	\$8.25	
Wheeler	1,436		\$210,493	\$146.58	
Crook	26,162		\$317,151	\$12.12	
Jefferson	25,404		\$387,199	\$15.24	
Deschutes	207,561		\$896,512	\$4.32	
Harney	7,640		\$236,528	\$30.96	
Grant	7,337		\$249,408	\$33.99	
Lake	8,246		\$254,081	\$30.81	
Region 7	354,634		\$3,135,889		\$8.84
Morrow	12,315		\$308,961	\$25.09	
Baker	17,148		\$276,790	\$16.14	
Union	26,673		\$316,040	\$11.85	
Malheur	32,095		\$440,559	\$13.73	
Umatilla	80,302		\$697,281	\$8.68	
Wallowa	7,541		\$244,787	\$32.46	
Region 9	176,074		\$2,284,418		\$12.97
Total	4,278,913		\$25,943,120	\$6.06	\$6.06

*Note: For 2021-23, County Total Award Amounts do not total up to equal the Regional Total Award Amounts due to the way award amounts by region are calculated. Also, for 2021-23, the total number of CBOs by county does not total the number of CBOs funded by region

CBOs funded for PH Modernization in 2021 – 2023

74 CBOs

Number of CBOs offering support in each County for the Mod grant



(with 2 CBOs offering Statewide Support not included on the map)

Approach to identifying underserved counties and addressing through the RFGA process

1. Reassess 2021-23 modernization-funded CBO service areas based on updated work plans for 2023-25 and update information on counties served.
2. Use both the number of CBOs operating within a county and current per capita funding amounts to determine county priority areas for the RFGA.
 - For example, counties with two or fewer CBOs operating in the jurisdiction, and CBOs receiving less than the median amount of per capita funding in 2021-23.
3. With increased funding in 2023-25, open up the RFGA to CBOs operating in all counties. RFGA funding decisions will prioritize counties that are currently underserved

Workgroup Recommendations

Do workgroup members support the three recommendations below? If not, what changes are still needed?

1. Use LPHA PHM funding formula as a guide to inform equitable distribution of CBO regional and county funding.
2. Establish a minimum biennial base funding level for CBOs so that CBOs can build staffing and infrastructure. Also establish a cap on CBO award amounts.
3. Expand the list of underserved counties for the 2023 CBO RFGA, considering both number of CBOs operating in the county and per capita investments. Ensure CBOs are funded to provide services in every county, excluding statewide CBOs.

Strengthening CBO RFGA and work plan

Questions

- Will recommended changes in CBO RFGA questions and work plan template result in enhanced collaboration between CBOs and LPHAs?
- Does the current description of “local presence” in the “key questions” document sufficiently describe what it means for a CBO to serve a county? Are there additional suggestions for how to operationalize “local presence”?

CBO RFGA Draft Application Questions

Applicant Information Part 1

Counties served. Please indicate with an X if your organization is proposing to perform work within one or more Oregon county as noted below. Applicants proposing to work in more than one county must provide specific details about the work being proposed in each county, including how their specific population(s) of focus in each county will benefit from the proposed work and the existing relationships the Applicant has with the population(s) of focus in each county; if the Applicant does not have existing relationships in the county, Applicant must describe how they intend to build those relationships. Please propose activities that meet the needs of your organization’s structure and/or service area.

“Local” means an organization knows the community. This can include any of the following:

- Currently having an office/unit in that county
- Currently having staff who live in that county
- Currently conducting on-the-ground activities in that county (i.e. holding events, providing services, being part of a CHA/CHIP, being part of the local all-hazards plan...)

“Regional” means an organization knows the region. This includes:

- Currently having an office/unit in this region AND
- Currently conducting on-the-ground activities throughout that region (i.e. holding events, providing services, being part of a regional CHA/CHIP, being part of the regional all-hazards plan...)

For counties selected, also indicate whether your organization has a staff person or an office physically located within the county. If you do not have staff person or an office physically located within the county, please define your current working relationship and knowledge of that county.

- Baker
(Y/N) Staff or office within county
Description of work:
- (Repeat for all other counties listed in alphabetical order)

Primary populations to be served. Please indicate with an X the top three or fewer populations served by your organization. You may also specify the populations served by your organization within each option.

- American Indian/Alaska Native/Indigenous communities:
- Asian communities:
- Black/African American/African communities:
- Latino/a/x communities:
- Pacific Islander communities:
- Slavic/Eastern European communities:
- People with disabilities:

Commented [BCM1]: Definitions added from Mike Baker email 7/31

Commented [CM2]: Betty Brown: I have volunteers and staff members that live in Clackamas and Washington Counties. They drive to Multnomah County and work /volunteers with the work we are doing here. I want to clarify that because I have volunteers and staff that live in other counties it qualifies us. ? It seems like that is what is being communicated. If so, how does that solve the whole “county identity

Commented [CM3]: La Croix, Kim: Our E. European liaison says Slavic is not a preferred term and E. European is sufficient

- LGBTQ2SIA+ communities:
- Immigrant and refugee communities:
- Rural communities:
- Faith communities:
- Houseless communities:
- People with behavioral health conditions:
- Other communities not listed above (please describe):

Language access provided by your organization. Please indicate your organization’s capacity to speak and/or write in languages other than English. Also indicate whether the language capacity comes from a native or non-native speaker.

- Language 1: _____
- Spoken fluently by native speaker(s)
 - Spoken fluently by nonnative speaker(s)
 - Written by native speaker(s)
 - Written by nonnative speaker(s) or access to translation service
- Language 2: _____
- Spoken fluently by native speaker(s)
 - Spoken fluently by nonnative speaker(s)
 - Written by native speaker(s)
 - Written by nonnative speakers or access to translation service
- Language 3: _____
- Spoken fluently by native speaker(s)
 - Spoken fluently by nonnative speaker(s)
 - Written by native speaker(s)
 - Written by nonnative speakers or access to translation service
- Language 4: _____
- Spoken fluently by native speaker(s)
 - Spoken fluently by nonnative speaker(s)
 - Written by native speaker(s)
 - Written by nonnative speakers or access to translation service

Other language access offered by your organization not already listed above:

Which activity category or categories will your CBO or collaborative intend on working in (check all that apply):

- 1) Health Equity, Environmental Public Health and Climate Change, Communicable Disease Prevention and/or Emergency Preparedness
- 2) Children’s Environmental Exposure Prevention _____
- 3) Domestic Wells
- 4) Commercial Tobacco Prevention

Would your organization like to be notified by OHA when funding becomes available in the future to support specific Emerging Priorities?
 OHA must respond quickly to emerging public health issues (e.g., response to wildfires or epidemics) and other time-sensitive opportunities. Essential to this response is an

Commented [CM4]: La Croix, Kim : It might be easier to not include EH since there are specific LPHA statutes and responsibilities related to EH.

Commented [CM5]: Trish Elloitt: Added tobacco as another category

Commented [DDK6R5]: Commercial Tobacco Prevention will not be included in the RFGA as there are not additional BM 108 dollars to support additional tobacco prevention CBOs.

understanding of community needs and priorities and culturally-specific ways to effectively respond. This Program Element would go beyond what is outlined under Emergency Preparedness above and allows community-based organizations to access topic- and/or community-specific grant funding for future funds.

Eligible activities: Funding may become available during emergency response in the future for one or more of the following activities. These activities would not be performed until funds are available, but are provided as examples:

(a) Engage community on emerging health priorities (e.g., communicable disease or overdose outbreak response, support distribution of time-sensitive goods and services during an emerging event)

(b) Create and lead culturally specific education and awareness campaigns for emerging health priorities

(c) Support planning and implementation of clinical and prevention activities for emerging health priorities

(d) Support policy development and advocacy for emerging health priorities

(e) Support implementation and linkages to programs to help community members manage chronic diseases such as diabetes, heart disease, arthritis, and cancer

- Yes
- No

Considering all of the activities you are proposing in this application, which do you think best describes the work (check all that apply)

- Health Education and Communications
- Identifying and Assessing Community Priorities
- Supporting Prevention Activities
- Policy Development and Advocacy
- Something Else: _____

Is your organization being funded by any Local Public Health Authority for any of the above work? If so, please list which categories and the counties you will be working in:

What gap are you filling in this/these communities? How do you know this is a gap? What will you do to ensure the public health system is aligned and is not duplicating work?

How does your work contribute to a modernized public health system?

A Proposed Work Plan using the template provided in Attachment #1 must be attached to this Application Form

Proposed Budget using provided format - see Attachment #2 (please attach to this Application Form).

Letter of support. -Please submit a "letter of support" form to at least two local organizations who you will work with to deliver these services. Letters of support can include: a brief

Commented [DDK7]: La Croix, Kim: (f) Support distribution of time sensitive goods and services (e.g. air conditioners, water, foodboxes)

Commented [CM8]: Trish Elliott: Remove " Or overdose"

Commented [BCM9]: Addition from Mike Baker email 7/31

Commented [BCM10]: Addition from Mike Baker email 7/31. At 7/31 workgroup meeting, concern raised that CBOs may not have the full context of a modernized public health system and we may need to adjust a question.

Commented [BCM11]: Addition from Mike Baker email 7/31. When this was discussed at previous meetings, I believe it was offered as an option versus a requirement.

Commented [BCM12R11]: From Jackie in response to Mike: Two letters is a lot to ask for, even from local partners, who may need to go through their ED or other management/board.

Is 1 letter ok or can it be optional?

Or are there other ways to showcase that they work with partners? Such as flyers/events where partners have been co-partners at?

Commented [BCM13R11]: From Mike in response to Jackie: Maybe OHA can help with a template that can be filled out by potential partners? Or, if limited partners are available, then that's an indicator that more help is needed!

description of the partner's relationship with the applicant, attestation to the gap they are filling, and their support of this organizations work.

Applicant Information Part 2

You may propose multiple different projects in different program areas. If you do so, be sure to address each project and program area you are applying for under each of the six questions. Please see the FAQs for examples of what this might look like. Our intention is to make this application as easy as possible to complete.

Clear and concise answers are welcome. There are no maximum or minimum word or page counts; use the amount of space you need to describe your project and answer the questions.

1. Describe your organization or collaborative's experience related to your proposed activity area(s).
2. Describe the population(s) you intend to serve, how long you have worked with or have lived experience with that population and your relationship with this community/communities.
3. Describe the composition of your project staff and decision-making body (staff, board of directors, volunteers) and how these reflect the communities you are proposing to work with. Also indicate your staff who are community health workers (CHWs), Traditional Health Workers (THWs), and health care interpreters (HCIs) and your anticipated hires with this expertise.
4. Describe your partners for proposed activities and the specific role each will play. Include the collaborative and decision-making structure for partners. Partners could include other community-based organizations, local public health authorities, schools and school districts, or partners in other sectors.

Please specifically address how you plan to collaborate with the LPHA to deliver this service.

5. Please describe how you anticipate collaborating with and the LPHAs for in the counties in which you will be working will collaboratedoing the proposed work (e.g., regular meetings, memorandum of understanding, etc.) on the proposed work. Please indicate if these collaborative practices are already in place between you and the LPHA(s). If a county does not have an LPHA (Wallowa and Curry only), please disregard this question for that county.

Commented [BCM14]: Added from Mike Baker email 7/31

Commented [DDK15R14]: See question #5 that is added

Commented [CM16]: Betty Brown: Shared two experiences that LPHA reached out to her to collaborate on work. How would the CBO partnering the LPHA happen? If it's going to be a condition for participation, I believe we should establish a process that will provide CBO's the opportunity to learn and engage. I may be missing something and maybe all LPHA always reach out to CBOs. If that's what's normal, then I believe it's important to say that in the RFGA so that CBOs re not wondering how in the world will that happen. As I have mentioned before I have had CBO's ask, "what's an LPHA?"

Commented [CM17]: La Croix, Kim: Consider making a separate question for how they specifically plan to collaborate with LPHA; list examples such as regular meetings, MOU, etc.

Commented [DDK18R17]: See question #5

Commented [CM19]: Beth Barker-Hidalgo: The language proposed for the CBO contract requiring CBOs to partner with LPHAs is problematic for counties that do not have LPHA: I suggest we include "in counties where LPHAs are present.....", or something like this.

Commented [DDK20R19]: See question #5

Commented [DDK21]:

4-6. Describe how communities you serve will continuously guide and shape this work over the project's life cycle. Include how you will address challenges, conflicts and/or power dynamics.

5-7. Describe the health outcomes you are expecting and how you plan to measure your outcomes. Describe the type of results you are expecting.

6-8. What kind of support would your organization need to carry out proposed activities?

Commented [CM22]: La Croix, Kim: add health

CBO Contract Requirements

The following language is included in the CBO contract.

2. Program Element Descriptions

For the time frame of **July 1, 2023** through June 30, 2025

Commented [CM23]: La Croix, Kim: Adjust, now that it the month of August

All funded work must be performed in partnership and collaboration with LPHAs. Funded work should include partnership with community members and partners, schools, school districts, clinics and other community-based organizations based on the OHA approved work plans. Recipients must submit an updated work plan and budget within 90 days of execution of this Amendment.

c. Program Elements

(2) Program Element #5002-01: **Environmental Public Health and** Climate Change, Communicable Disease Prevention, and Emergency Preparedness:

Commented [CM24]: Kim: Leave out environmental public health

Eligible Activities:

- (a) Collaborate and partner with LPHAs through meetings and alignment of planned activities.
- (b) Provide community expertise to LPHAs as they conduct community health needs assessments and develop plans to advance health equity.

(5) Program Element #5003: Commercial Tobacco Prevention

Eligible Activities:

- (a) Collaborate and partner with LPHAs through regular meetings and alignment of planned activities.

CBO 2023-25 Contract Boilerplate will be posted at:

<https://www.oregon.gov/oha/PH/ABOUT/Pages/CBO.aspx>

From Mike Baker/Jackie Leung emails on 7/31:

The following under CBO Contract:

“All funded work must be performed in partnership and collaboration with LPHAs. Funded work should include partnership with community members and partners, schools, school districts, clinics **and** other community-based organizations based on the OHA approved work plans. Recipients must submit an updated work plan and budget within 90 days of execution of this Amendment.

- should it be OR instead of and? I bolded the and that I am referring to. Some CBOs have partnerships with some of the above-mentioned but not ALL the entities – Totally agree! Plus, some communities may not have all to being with. Worth more discussion with the group for sure.

“CBOs will share work plans with the local governmental public health authority/authorities in the service area or will allow OHA to share these work plans...”

- I think OHA should share the workplan, to avoid unnecessary work from CBOs, who are already overworked and asked to do more for not enough compensation. If there are required LPHA-CBO meetings, they not be needlessly repetitive or repeat the same information that they learn if they are funded in multiple regions. One example was covid-19 related meetings: most meetings contained the same COVID information, only different was the rate in the county, specific programs available. Make the meetings meaningful and not a meeting to 'check off' a box. I hope this makes sense. – It does. I think the concern here is just sharing formation as a part of the process versus an after the fact. Totally agree about meetings just to have meetings. Waaaay to many of those! We've all got a ton of work to do!

Public Health Advisory Board funding workgroup

DRAFT: Key questions and summary responses from May-July 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?

“Local” means an organization knows the community. This can include any of the following:

- Currently having an office/unit in that county
- Currently having staff who live in that county
- Currently conducting on-the-ground activities in that county (i.e. holding events, providing services, being part of a CHA/CHIP, being part of the local all-hazards plan...)

“Regional” means an organization knows the region. This includes:

- Currently having an office/unit in this region AND
- Currently conducting on-the-ground activities throughout that region (i.e. holding events, providing services, being part of a regional CHA/CHIP, being part of the regional all-hazards plan...)

“Statewide” means an organization can provide support to all areas of the state...

Public Health Equity Funding Allocations Principles:

The majority (at least half + 1) of organizations that serve each county will meet the criteria for 'local'.

— Local organizations will be prioritized for funding that will support direct service in communities.

- Regional and Statewide organizations will be considered to provide direct service if they can demonstrate that they are filling a clear gap with the support of other local organizations. Regional and Statewide organizations can be considered for advocacy/policy and communications work but still

Commented [BCM1]: This section adds feedback from Mike Baker sent via email 7/31

must list local partners for each of the counties in which they will be working.

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

Commented [BCM2]: This section restarts suggestions from OHA staff.

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.
- Consider option to submit a letter of support from LPHAs the CBO is proposing to serve. OHA will need to collect and share LPHA contacts to foster new partnerships, especially in areas of the state where we will need to fulfill geographic gaps.

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.

5. Evaluation

- Consider impact of public health modernization investments on community members in evaluation process.

**Public Health Equity Funding
Workplan for OHA
2024-2025**

Purpose: The purpose of the workplan is to document the goals, objectives, and activities a CBO will advance with the funding they receive through the Public Health Equity Grant between January 1, 2024, and June 30, 2025. This workplan is meant to help CBOs describe and organize their funded work and help OHA understand the local projects funded through the Public Health Equity Grant.

Instructions: For each funded project, please describe the overall goal, objectives and related activities, and outcomes you expect from your funded work.

Please note:

- Workplans are due, per your grant agreement, 90 days after the agreement is executed.
- You may want to meet with staff from the OHA Program(s) funding your project or OHA Fiscal Staff before filling this out. Please contact your Community Engagement Coordinator (CEC) if you would like to meet with OHA staff to support workplan development.
- Please refer to the list of eligible activities in your grant agreement when describing your project goals.

Workplan Template – Submit to OHA		<i>Template updated 7/27/2023</i>
Name of CBO:		Date:
Name of OHA Program Funding Source:		
Goal		
What is the overall goal of your funded work? (Please refer to the list of eligible activities in your grant agreement when describing your goal)		
[INSERT TEXT]		
Community Conditions		
Please refer to the guiding questions below to support your description of the community conditions in which you are working, considering:		
<ul style="list-style-type: none"> • What health equity problem in your community will your work address? • What stories or data help you understand and define this problem? • What staff/FTE, partnerships, resources, and community assets will support your work? • <u>Please provide a brief description of what services you are providing in the counties you are funded to serve.</u> • <u>What community partners will you work with?</u> • 		
[INSERT TEXT]		
Objective(s)		
What will you achieve or what will be different in your community as a result of your funded work in the next two years (between January 1, 2024, and June 30, 2025)?		
<ol style="list-style-type: none"> 1. [INSERT TEXT] 2. ... 3. ... 		

Commented [BCM1]: Need to add the CBO counties served question into the work plan from the RFGA draft.

Commented [BCM2]: Added from Mike Baker email 7/31

Related Objective	Planned activities: What you will do to achieve the objective described above	Timeline for activity	Result: Product, partnership, process, and/or service that will be developed as a result of the activity	Method to track progress on activity for reporting	Population(s) served by activity	County/ counties served by activity	Additional notes about the activity
<i>Example: 1</i>	<i>Example: Peer-to-peer support for people newly released from prison: Hire/train 25 peer mentors</i>	<i>Example: May-April 2023 June-July</i>	<i>Example: Cadre of peer mentors prepared to provide peer-to-peer support</i>	<i>Example: Spreadsheet with # of peer mentor events; stories collected from mentors</i>	<i>Example: People newly released from prison</i>	<i>Example: Lincoln County</i>	
Sustainability							
What would your next steps be for this work after the 2 years of funding? How could you build on this work in the future?							
[INSERT TEXT]							
Training and technical assistance							
What training or technical assistance from OHA would help you accomplish the work described above?							
[INSERT TEXT]							

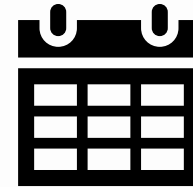
(Copy the table above if you are receiving funding from more than one program area and need to describe additional goals)

LPHA Work Plan

Questions

1. What are the expectations for LPHAs related to PH modernization work with OHA-funded CBOs to support enhanced collaboration between OHA-funded CBOs and LPHAs?
2. Are there work plan questions or expectations that should be mirrored in the LPHA work plan template to support mutual collaboration between OHA-funded CBOs and LPHAs?

Meeting review and next steps



- Next meeting is August 28 from 9:30-11:00 am
- Please share today's discussion with your colleagues and bring feedback to the next meeting.