

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup

September 13, 2023, 9:00-10:30 am

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1617212036?pwd=OWJmeVZRM0JBMUlmMUFJQlpVK2ZvUT09>

Meeting ID: 161 721 2036

Passcode: 875467

One tap mobile

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Meeting objectives:

- Final approval of CBO work plan template.
- Discuss expectations for LPHA work with CBOs and any changes needed to LPHA work plan templates.
- Discuss next meeting agenda.

9:00-9:05 am **Welcome, introductions and agenda review**

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

Cara Biddlecom, OHA
Deputy Public Health
Director

9:05-9:10 am **Approve meeting minutes**

- Review and approve August 18 and August 28 meeting minutes

Workgroup members

9:10-9:15 am **Group agreements and purpose**

- Review group agreements
- Workgroup member reflections

Cara Biddlecom

9:15-9:40 am	CBO work plan template	Cara Biddlecom
	<ul style="list-style-type: none"> Review feedback and proposed changes to draft CBO work plan template 	Dolly England, OHA Community Engagement Manager
9:40-9:50 am	Break	
9:50-10:15 am	LPHA work plan	
	<ul style="list-style-type: none"> 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
10:15-10:25 am	Public comment	Cara Biddlecom
10:25-10:30 am	Next meeting agenda items and adjourn	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

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup
Draft minutes

August 18, 2023, 1:00 – 2:30 pm

Workgroup members: Meghan Chancey, Kirt Toombs, Betty Brown, Jackson Baures, Michael Baker, Beth Barker-Hidalgo, Kim La Croix, Florence Pourtal, Naomi Biggs, Dianna Hansen

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

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.

Welcome, introductions & agenda review

Group agreements

- Reviewed agreed upon group agreements
- Purpose of workgroup is to come together to make collaborative recommendation to build relations to serve community
- Not here to debate CBO funding
- Chat removed to allow everyone an opportunity to participate but also to slow down and be accommodating to everyone in the group as well as follow group agreements
- All approved June 12, June 20, July 18 and July 30 meeting minutes

Check in on July 31 meeting and discussion

- Goals for today

- Finalize recommendations for use of Public Health Modernization funding formula as a mechanism to estimate equitable funding to CBOs across counties
- Finalize next steps and approach for identifying list of currently underserved counties that should be prioritized during CBO RFGA process
- Recap 7/31 meeting
 - Reviewed tables of regional and county per capita investments for 2021 – 2023 CBO funding to understand current distribution of funds
 - Agreed to apply the Public Health Modernization funding formula to 2023 – 2025 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
 - 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

Finalize recommendations for equitable funding strategies and benchmarks for CBO funding

- 2023 – 2025 Public Health Modernization and Public Health Infrastructure funds to CBOs
 - 2021 – 2023 biennium a total of \$10mil went to CBOs
 - \$8.8mil to 74 CBOs with remainder retained for technical assistance support
 - 2023 – 2025 biennium a total of \$25.96mil to CBOs
 - How funds will be allocated
 - Provide funding to CBOs that received Public Health Modernization funds in 2021 – 2023 biennium

- OHA will retain some funds for technical and support CBO development in counties who continue to be underserved following RFGA fund decision
 - Allocate the remainder through RFGA process. This area of focus for this PHAB workgroup
- Public Health Infrastructure
 - 2021 – 2023 – there was no funding
 - 2023 – 2025 - \$4mil
 - Directed towards rural/frontier counties
 - How funds will be allocated
 - Increase funding for 26 rural capacity CBOs that were originally funded at \$25k in 2021 – 2023 biennium
 - Address remaining population gaps including in rural and frontier communities
 - Slide presented showing what an estimate of funding for CBOs when put in the funding formula
 - Slide presented comparison of 2021 – 2023 to 2023 – 2025 biennium funding with funding formula for CBOs
 - Slide presented showing CBOs funded by Public Health Modernization in 2021 – 2023 in each county totaling 74 CBOs
- Approach to identifying underserved counties and addressing through the RFGA process
 - Reassess 2021 – 2023 modernization funding CBO service areas based on updated work plans for 2023 – 2025 and update information on counties served
 - Use both the number of CBOs operating within a county and current per capita funding amounts to determine county priority areas of RFGA
 - For example, counties with 2 or fewer CBOs operating in the jurisdiction and CBOs receiving less than the median amount of per capita funding in 2021 – 2023
 - With increased funding in 2023 – 2025, open up the RFGA to CBOs operating in all counties. RFGA funding decisions will prioritize counties that are currently underserved
 - Suggestion of prioritizing local CBOs first over statewide CBOs in underserved counties
- Work group recommendations

- Use LPHA PHM funding formula as a guide to inform equitable distributions of CBO regional and county funding
- 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
- Expand the list of underserved counties for the 2023 CBO RFGA. Considering both number of CBOs operating in the county, excluding statewide CBOs
 - Add addendum to put prioritize local CBOs in underserved counties
 - Suggestion of adding in RFGA about a disclaimer of smaller minimum request for funding amounts to be considered on a per case basis.
 - Might put just a maximum cap of amount to request rather than a minimum to hopefully help people that might not apply because they don't want the minimum base amount but a smaller amount.

Public Comment

- Dr. Jim Gaudino – Advocate for increasing Public Health funding. Talks to and encourages legislators to put funding into Public Health. Appalled at the last session discussion of cutting funding to Public Health. Statistically proven that Oregon time and time again chronically underfunded. Encourages us to work together so we can show legislators things we can do while being underfunded to help see that we need more to accomplish more.

Next Meeting agenda

Next meeting August 28, 2023 at 9:00 am

PUBLIC HEALTH ADVISORY BOARD

Public Health Modernization Funding Workgroup
Draft minutes

August 28, 2023, 3:00-4:30 PM

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

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

Meeting objectives:

- Final approval of CBO work plan template.
- Discuss expectations for LPHA work with CBOs and any changes needed to LPHA work plan templates.
- Discuss next meeting agenda.

Welcome, introductions & agenda review

- Ice breaker: What is your favorite fruit?

Group agreements

- Reviewed group agreements

Update on work to date

- Summary of CBO/LPHA program changes made to date
 - Updated LPHA & CBO contract boilerplate to better describe CBO & LPHA partnership (complete – language drafted by CBO/LPHA workgroup)
 - Agreement on equitable funding strategies & benchmarks for CBO funding

- Exploring pilot CBO funding passed through LPHAs, where CBO indicated this to be a preference and the LPHA agrees to take on the work
- After this meeting: incorporate feedback into CBO workplan and budget template, & RFGA
 - New work plan & budget template will also apply to continuing CBOs in addition to any new CBOs

8/18/23 CBO Funding Workgroup – Equitable CBO Funding recommendations

- PHAB Public Health Modernization funding workgroup agrees to the following approaches to ensure equitable distribution of public health modernization funds for CBOs through the new 2023 – 2025 request for grant application
 - Use LPHA Public Health Modernization fund formula as a guide to inform equitable distribution of CBO regional & county funding
 - Suggest a minimum biennial base funding level for CBOs so that CBOs can build staffing and infrastructure. Also establish a cap on CBO award amount
 - Expand the list of underserved priority 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
 - Begin with prioritizing CBOs that are serving locally for selection, based on the definition of local included in the RFGA. This does not preclude funding for regional or statewide CBOs overall

Strengthening CBO RFGA and Work plan

- RFGA Draft application (changes made)
 - Added definition of “Local”
 - Added definition of “Regional”
 - Added if CBO does not have staff person local to define the current working relationship and knowledge of the county

- Discussion of adding an open dialogue box on RFGA form to explain situation if staff not local
- Suggestion to add definition of LPHA
- Suggestion to add acronym list
- Suggestion to add a list of LPHAs & contact info
- Suggestion of tools to help CBOs
 - Suggestion of Unite Us community information exchange platform as a way to connect LPHA & CBOs
- Removed Environmental Public Health
 - Change climate change to climate adaptation
 - Removed tobacco as an option to request funding as that is no longer available
- Removed overdose and added support distribution of sensitive goods and services during an emerging event
- Discussed questions added to RFGA and provided input on whether to include
 - 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 working?
 - How does your work contribute to a modernization public health system?
- Add a section for a letter of support for CBOs to submit from 2 local organizations who they will work with to deliver services.
 - Suggestion of a template to help CBOs that have never done this.
 - Form will be included with RFGA
 - Suggestion to require LPHA be one of the letter of support. Agreed to include as a recommendation but not a requirement

Public Comment

- Sarah Lochner – Want to flag the cultural piece that one Latino community is different than another one from another county.
- Dr. Jim Gaudino – Congratulations on hard work. Really encourage continued use of data and evaluation to collaborate with partners. Needs to be standardized. Doesn't agree with requiring letters of

support but agrees that relationships with partners are needed for collaboration.

Next Meeting agenda

Next meeting September 13 at 9:00 am

DRAFT

**Public Health Advisory Board
Public Health Modernization Funding Workgroup**

September 13, 2023



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

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”?

**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)

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

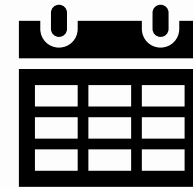
- Consider impact of public health modernization investments on community members in evaluation process.

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 scheduled for September 26
- Discussion will include role of LPHAs in CBO application process
- Please share today's discussion with your colleagues and bring feedback to the next meeting.