AGENDA

PUBLIC HEALTH ADVISORY BOARD
Public Health Modernization Funding Workgroup

June 20, 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
+16692545252,,1604660605#

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

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
2:10-2:40 pm	**Findings and recommendations from first funding to CBOs** - Hear about process evaluation findings and recommendations	Steve Fiala, OHA HPCDP Policy and Partnerships Lead

	• Discuss opportunities to incorporate recommendations into workgroup deliverables	Dolly England, OHA Community Engagement Manager
2:40-2:45 pm	**Break**	
2:45-3:20 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** • Revisit workgroup work plan • July meeting schedule	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

Data Collection: Surveys

Staff from OHA, LPHAs, and CBOs completed a survey in fall 2022 to provide feedback on the strengths and weaknesses of the funding opportunity

OHA Staff: 16

LPHA Staff: 21

CBO Staff: 90

26% — CBO that did not apply — NA

26% — CBO that applied but was not funded — $⊘

47% — Funded CBO — $
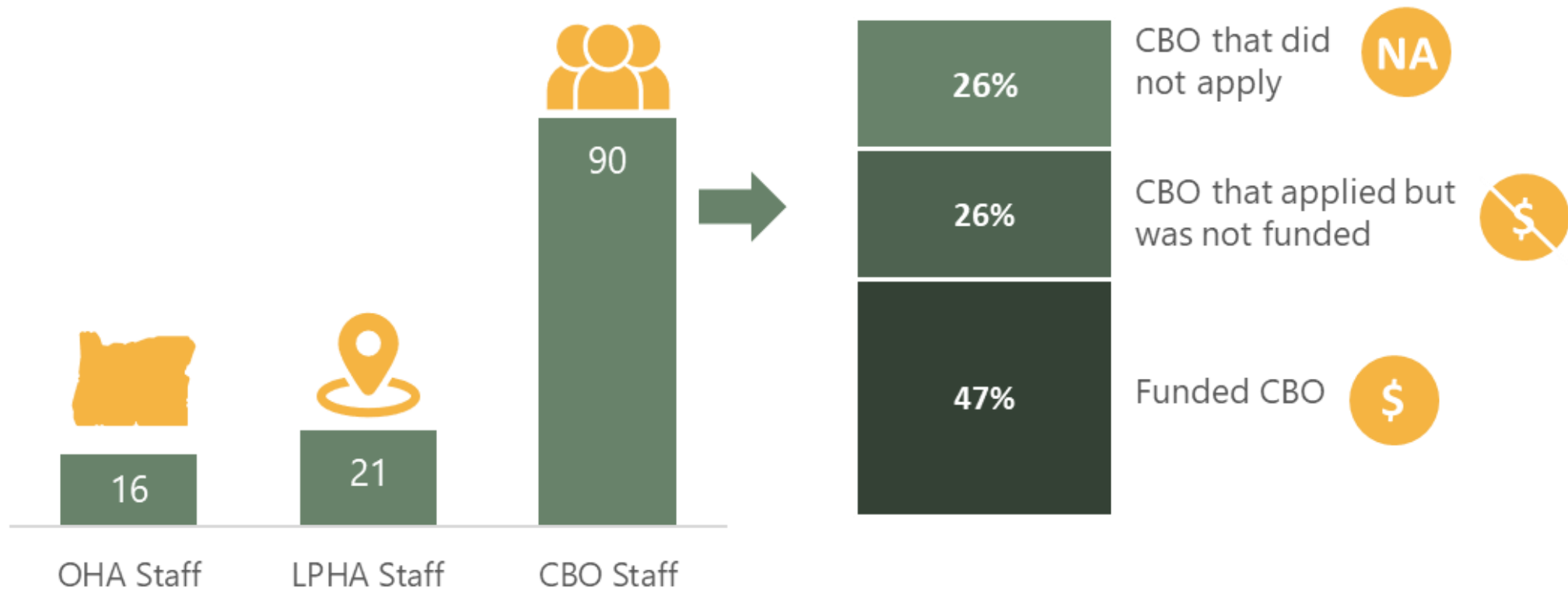
Data Collection: Focus Groups and Interviews

Focus groups and interviews focused on what improvements could be made for future funding opportunities

Focus Groups

LPHA Staff ($n = 6$)

OHA Community Engagement Team ($n = 12$)

Interviews

OHA Program Staff ($n = 8$)

CBO Staff from funded CBOs ($n = 6$) and from CBOs who applied but were not funded ($n = 5$)

Survey Findings

Positive Findings

- CBO respondents reported the **funding opportunity was easy to apply to**

- CBO respondents reported OHA's **FAQ, information sessions, and budget webinars** were easy to access and answered most questions

- OHA, LPHA, and CBO respondents shared **the funding opportunity was an overall success in that it reached more CBOs and allowed for smaller CBOs to access funding**

Survey Findings

Areas for Improvement

- CBOs that applied for funding but were not funded did not feel supported by OHA in applying for funding, felt OHA's scoring system was unclear, and **reported not receiving feedback** on why they were not funded

- LPHA respondents reported a **lack of coordination and communication with LPHAs** during the funding process creation, review process, and final funding decisions

Qualitative Findings

RFGA Development and Accessibility

+ Reaching, connecting with more CBOs and creating a new, innovative funding opportunity

▲ Provide more clarity to CBOs on available funding

Clearer expectations for OHA staff roles

Re-examine insurance policy requirements that create a barrier

+ Clear and straightforward application language

▲ More information on how many CBOs would get funded

Simplify application, not separated by programs

Create multi-phase application process including letter of intent

Qualitative Findings

Support Needed by CBOs

+ Most CBO staff utilized various forms of support that OHA provided such as informational sessions, FAQs, and reaching out to OHA staff

▲ Increase outreach to certain populations underrepresented in funding opportunity (e.g., rural and frontier communities)

Offer specific information sessions on grant writing, getting financially "set up" and funding for specific programs

Support CBOs through transition to new Oregon Buys system

Qualitative Findings

Application Review Process and Funding Decisions

▲ More time to review applications

Include more external partners in review process in a manner that is not burdensome

Streamline approach to collecting and cleaning applications (i.e., other technology options).

▲ Include reviewers from rural communities

Informing all applicants of funding decisions

Provide feedback on applications for those not funded

Increase transparency of review process (e.g., who is on review team, scoring rubric)

Qualitative Findings

Onboarding

- Ensure OHA staff roles are decided and clearly communicated
- Ensure clearer communication throughout the process between OHA staff and CBOs.
- Streamline onboarding process for CBOs who are funded through multiple programs

- Utilize a grant portal to convey messages rather than email
- Differentiate onboarding activities more clearly
- Mitigate issues stemming from OHA staff assignments
- Provide implementation guidance to CBOs that were partially funded

Qualitative Findings

LPHA Collaboration

- 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

- Have 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

June 2023

- 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, and CBO staff for a discussion of findings and co-develop strategies to improve future funding opportunities

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

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.

PHAB, CBO and LPHA Public Health Modernization Funding Workgroup
Responses to workgroup member questions – preliminary/for discussion
May 2023
Updated June 5, 2023

Definitions included in PHAB Charter

Governmental public health system: A network of state and local public health authorities and government-to-government relationships with federally recognized Tribes. In Oregon's decentralized public health system, local and Tribal governments have authority over many public health functions to ensure the health and well-being of every person in their jurisdictions.

Public health system: A broad array of governmental public health authorities and partners working collectively to improve health through interventions that reach every person in Oregon with a focus on those experiencing health inequities. Partners include but are not limited to community-based organizations, regional health equity coalitions, health care and behavioral health providers, public safety agencies, faith-based institutions, schools, environmental agencies, and the business sector.

Community-based organizations (CBO): Non-governmental organizations that provide community-informed, culturally and linguistically responsive services to improve the community's health and well-being. CBOs often provide services intended to reach those experiencing a disproportionate impact of health risks and disease. Within this charter, CBOs is used to refer to community-based organizations that currently are or in the future may be funded by OHA.

1. **It has been my experience that CBOs are supported in several ways through community support, grants, fundraisers, donations, etc. For the purpose of this funding, will the CBOs be funded only with**

Modernization Equity funding, or continue to receive other funding? Is there a requirement that they match modernization funding? I am concerned that this might move to expand them from a CBO to a government agency if all funding support is from OHA. If this is the case, which I think is one of the concerns I hear from other public health administrators, will they be held to the same requirements as public health funding (work plans, reporting, budgeting, etc)?

OHA-PHD's funding to CBOs is not the only funding source that CBOs receive. CBOs run multiple programs and OHA-PHD funds are used for the public health modernization work plan and scope of work for which they are funded. A current example of the Public Health Equity Grant Agreement and allowable activities for public health modernization funding can be found here.

CBOs are held to the same standards as LPHAs for their funding (see link to grant agreement boilerplate above). This includes:
1. Submission of a program period budget and OHA approval
2. Submission of a program work plan
3. Submission of quarterly revenue and expenditure reports
4. Submission of progress reports every six months
5. Participation in program evaluation activities

OHA does not intend for CBOs to become government agencies, nor are they considered part of the governmental public health system. CBOs do not hold the statutory authority of governmental agencies. Like other non-governmental partners (such as health systems and education sectors), CBOs are an important part of the overall public health system and provide services to communities that cannot be provided by governmental agencies.

2. **Current CBO funding and new CBO funding. As explained, there is some additional (unspent?) funding that can support new CBO applications. With an unknown funding amount, I have questions about**

funding additional applicants at this time. Has there been an evaluation of current CBOs and the work they have done to support ongoing or additional funding needs? Is this part of the ongoing process?

OHA-PHD has two tracks for funding CBOs in the 2023-25 biennium:

1. Extending agreements for CBOs that began their work on 4/1/22 to 6/30/25 with six months of "bridge funding" at current service level. If OHA receives additional General Funds, the first priority is to increase awards where needed, because CBOs received 15 months of funding in the 2021-23 biennium and will be working in a 24-month period in the 2023-25 biennium.

2. If the legislature allocates a significantly larger sum of money for public health modernization, then in Fall 2023 a new Request for Grant Applications will be released which will allow OHA-PHD to fill gaps in the current CBO network, specifically geographic gaps and population gaps. This is the main reason why this group is meeting- to advise on the key details for both the content and process for a future Request for Grant Applications.

Prior to current CBO grantees being offered bridge funding, an analysis of spending, submission of required reporting and alignment with scope of work and activities took place. Bridge funding is allocated based on reasonable spend.

3. **CBO in all counties. I know this has been a contentious subject with CBOs and public health in some areas. I support having CBOs having the ability to support the work, I too have a concern about a CBO having the capacity to serve all counties. We have several CBOs funded to do work in *(my jurisdiction)* that we have not heard from, we have reached out with no response. Our community outreach liaison was not clear on who was serving our region, which is concerning. One concern is having public health and several CBOs doing what is perceived as the same work (tobacco) may "water down" funding by spreading it out over so many organizations and the end result is we lose connectivity, focus, and outcomes.**

This is important feedback that we'd like to continue discussing when we get to the CBO-LPHA partnerships item on our work plan.

OHA recognizes that as originally asked, some questions in the CBO RFGA (such as jurisdictions served by the CBO) did not get the data we intended, which has contributed to some ongoing confusion. We believe we have improved the questions for the 2023-2025 funding period so that should result in clearer information about which CBOs are working in which communities.

OHA has also committed to sharing finalized CBO and LPHA workplans among CBOs and LPHAs working in the same jurisdictions when we kick off this fall. The PHAB Workgroup can provide recommendations on the most effective ways to do this.

The OHA Public Health Systems Consultants (Danna Drum's team) want to be made aware when LPHAs are having trouble connecting with CBOs and Community Engagement Coordinators (Dolly England's Team) want to be aware when CBOs are having difficulty connection with LPHAs. PHSCs and CECs work together to support LPHAs and CBOs and better understand and mitigate barriers to making these important relationship connections.

4. **There was a comment at the meeting regarding CBO funding needed to support infrastructure, hiring and onboarding staff, training, etc. This, of course, is a challenge faced in public health. I am hoping one of our conversations can be around ongoing funding. Are we using funding from public health to support CBOs and how will this be sustained if funding is pulled back in the future? Public health has, as you know, been underfunded and we are just now in a position to support the work that we are required to do and feel that funding is being directed to support CBOs without a comprehensive, long-term plan.**

This is an important consideration. Public health modernization funding comes from the Oregon General Fund. These funds are carried into each future biennium and so far have only grown from biennium to biennium ($5M in 2017-19; $15.5M in 2019-21; $60.6M in 2021-23). The primary risk to these funds is a significant recession which is the time when state agencies may need to make reductions to their General Funds.

OHA and state leadership, in recognition of the unique role of CBOs in supporting overall efforts to achieve health equity, have prioritized funding CBOs along with the governmental public health system. There is a recognition that sustainable funding for the governmental public health system as well as CBOs is needed in order for health equity goals to be realized.

5. **What is the definition of "local"? For CBOs serving in a region, to what degree do they need to be present in a county? There are concerns that in reality, CBOs serving in a region but primarily housed in only one county may not be sufficiently serving another county.**

The PHAB workgroup will have time to talk about this at the May 31st meeting. Please see additional attachment for the June 12 meeting that summarizes a response to this question.

6. **There was an evaluation in process of the RFGA process by RMC Research. Are the results of this available? If they are, could we use this as a starting point for discussions?**

RMC is in the process of finalizing the results of the evaluation and OHA staff will share an overview at our June 12 meeting. The timing for this will fit well within the scope of this workgroup.

7. **What were the criteria for evaluating and selecting CBO applications in 2022, and who was involved in making the final decisions? How can we improve this process to be transparent and collaborative?**

The criteria for evaluating CBO applications were based on the Request for Grant Applications and the application form itself. A copy of the scoring rubric is included. Generally, PHD program staff, Community Engagement Coordinators, and Policy & Partnerships Team leadership were involved in the programmatic and budget reviews and final decisions. Process improvements are a part of the task of this workgroup and we look forward to working through that together.

📄
Scoring
Guide-Final.pdf

8. **How can we identify and align our priorities and areas of focus for the upcoming biennium? We want to be working together as a system and to support each other's work, and that happens best when we have a shared understanding of our priorities from the beginning.**
The Policy Option Package information that was shared in the workgroup materials is a good start to have some baseline shared understanding. This was developed through a PHAB+ workgroup (a previous iteration of this group) that included LPHAs, PHAB members, CBOs. We can plan to have further discussion about this at a future meeting.