

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

December 5, 2022, 8:30-9:30 am

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1604359165?pwd=VnViSnhsNjNtUXo3VlNkUktjZ2JlUT09>

Meeting ID: 160 435 9165

Passcode: 997716

One tap mobile

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Meeting objectives:

- Hear overview of process to develop 2023-25 public health modernization Policy Option Package (POP)
- Learn about what is included in the 2023-25 POP

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<b>8:30-8:40 am</b>	<b>Welcome and introductions</b> <ul style="list-style-type: none"><li>• Review agenda</li><li>• Review purpose of workgroup</li></ul>	Cara Biddlecom, OHA
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<b>8:40-8:55 am</b>	<b>2023-25 public health modernization POP development</b> <ul style="list-style-type: none"><li>• Review process, groups that were involved, and PHAB's role</li><li>• Review priorities included in the 2023-25 POP</li></ul>	Cara Biddlecom and Sara Beaudrault, OHA
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<b>8:55-9:20 am</b>	<b>Review 2023-25 public health modernization POP</b> <ul style="list-style-type: none"><li>• Review 2023-25 POP</li><li>• Hear questions from workgroup members</li></ul>	Cara Biddlecom, Sara Beaudrault and Workgroup members
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**9:20-9:25 am Public comment**

Cara  
Biddlecom

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**9:25-9:30 am Upcoming meeting schedule and adjourn**

Cara  
Biddlecom

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## PHAB Public Health Modernization Funding Workgroup Roster

December 2022

PHAB Public Health Modernization Funding Workgroup purpose: Collaborate to develop public health modernization funding scenarios for the 2023-25 biennium.

### **Beth Barker Hidalgo**

Executive Director

The Curry County Homeless Coalition

[curryhomelesscoalition@gmail.com](mailto:curryhomelesscoalition@gmail.com)

CBO Advisory Group member

### **Kusuma Madamala**

Research Scientist

OHA Program Design and Evaluation Services

[kusuma.madamalad@state.or.us](mailto:kusuma.madamalad@state.or.us)

### **Betty Brown**

Executive Director

Portland Open Bible Community Pantry

[pantrypobc@outlook.com](mailto:pantrypobc@outlook.com)

CBO Advisory Group member

### **Kim La Croix**

Deputy Public Health Director

Clackamas County Health, Housing and Human Services, Public Health Division

[klacroix@clackamas.us](mailto:klacroix@clackamas.us)

Conference of Local Health Officials

### **Bob Dannenhoffer**

Health Administrator

Douglas County Public Health

[rldannen@co.douglas.or.us](mailto:rldannen@co.douglas.or.us)

PHAB member

### **Mike Baker**

Health Administrator

Jefferson County Public Health

[michael.baker@publichealth.jeffco.net](mailto:michael.baker@publichealth.jeffco.net)

PHAB member

### **Jackie Leung**

Executive Director

Micronesian Islander Community

[jleung@micoregon.org](mailto:jleung@micoregon.org)

PHAB member

### **Rachael Banks**

Public Health Director

Oregon Health Authority

[Rachael.banks@state.or.us](mailto:Rachael.banks@state.or.us)

PHAB member

### **Jameela Norton**

Vaccine Engagement Coordination Lead

[Jameela.norton@state.or.us](mailto:Jameela.norton@state.or.us)

Oregon Health Authority

### **Sho Dozono**

[shodozono@gmail.com](mailto:shodozono@gmail.com)

CBO Advisory Group member

### **Jessica Guernsey**

Health Administrator

[Jessica.guernsey@multco.us](mailto:Jessica.guernsey@multco.us)

Conference of Local Health Officials

### **Trish Elliott**

Health Administrator

Hood River County Health Department

[Trish.elliott@hoodrivercounty.gov](mailto:Trish.elliott@hoodrivercounty.gov)

Conference of Local Health Officials

**Ujuonu Nwizu**

Co-Director

Oregon Health Equity Alliance

[ujuonu@oregonhealthequity.org](mailto:ujuonu@oregonhealthequity.org)

CBO Advisory Group member

**OHA staff**

**Cara Biddlecom**

Deputy Public Health Director

[Cara.m.biddlecom@state.or.us](mailto:Cara.m.biddlecom@state.or.us)

**Charina Walker**

Legislative Policy Lead

[Charina.walker@state.or.us](mailto:Charina.walker@state.or.us)

**Ilana Kurtzig**

COVID Policy Lead

[Ilana.s.kurtzig@state.or.us](mailto:Ilana.s.kurtzig@state.or.us)

**Sara Beaudrault**

Public Health Modernization Lead

[Sara.beaudrault@state.or.us](mailto:Sara.beaudrault@state.or.us)

**Victoria Demchak**

Health Equity Coordinator

[Victoria.m.demchak@state.or.us](mailto:Victoria.m.demchak@state.or.us)

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# Public Health Modernization Policy Option Package (POP)

December 5, 2022



# Agenda for today's informational meeting

1. Learn about the process to develop the 2023-25 public health modernization Policy Option Package (POP)
2. Learn what is included in the POP
3. Time for questions
4. Public comment

# PHAB public health modernization funding workgroup

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

# Workgroup meeting schedule

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## **Workgroup optional meeting**

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

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

## **Workgroup meeting #1**

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

- Review planning and budgeting process to date.
- Begin discussion on prioritization of public health modernization funding at a range of funding levels.

## **Workgroup meeting #2**

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

- Continue discussion on prioritization of funding at a range of funding levels.

## **Workgroup meeting #3**

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

- Finalize recommendations for prioritization of funding, including funding across types of organizations.

## **PHAB meeting**

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

- Vote to approve workgroup recommendations.



# What is a Policy Option Package?

- A policy option package (POP) is a detailed budgetary ask that a state agency puts forward to fund a program or reduce funding to a program based on caseload.
- OHA submits their POPs to the Governor for consideration via the Agency Request Budget. The Governor then decides what they want to include in their recommended budget and releases a Governor's Recommended Budget. The Governor's Recommended Budget is a starting place for the long legislative session.
- The budget is ultimately decided on through the legislative process and may or may not end up being what OHA has asked for.

# Public health modernization POP planning for 2023-25

- Each biennium, PHAB provides guidance for priorities for new investments in public health modernization.
  - OHA, LPHAs, Tribes and CBOs build from PHAB's priorities set by PHAB to develop goals, descriptions of work and intended outcomes.
  - OHA submits a Policy Option Package.

## Public health modernization POP timeline

January-February '22	PHAB recommends priorities for 2023-25 new investments
February-May '22	CBO and LPHA leadership groups develop goals, scopes or work and resources needed. Tribes provide goals for Tribal investments.
May-June '22	OHA-PHD finalizes POP and submits to OHA Leadership
September '22	OHA releases 2023-25 Agency Request Budget
Late December '22/early January '23	Governor's Office releases Governor's Recommended Budget
January 17, 2023	First day of 2023 Legislative Session
January-June '23	OHA supports legislative conversations and responds to requests for information about public health modernization priorities
June 25, 2023	Constitutional Sine Die

# PHAB guidance on POP priorities

(from January-February 2022)

- Investments in 2023-25 will accelerate work toward health equity for communities of color, Tribal communities, immigrant and refugee communities, LGBTQIA+ communities, people living in rural Oregon, people with low income and other groups that experience intersecting oppressions.
- This includes:
  - Building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats;
  - Investing in antiracist governmental and community public health initiatives that engage Oregonians directly;
  - Investing in the development and retention of a public health workforce that is representative of and from the community served; and
  - Broad implementation of public health modernization across the Oregon public health system.

# Public health modernization investments in this POP contribute to eliminating health inequities

- Substantial investments in local public health and communities to expand capacity to co-create, plan and lead interventions.
- Progress toward eliminating inequitable health outcomes and anticipated reductions in health care costs related to communicable and chronic diseases.
- Solidified partnerships with governmental agencies and partners to address inequities related to the social determinants of health.
- Justice in data through modernized data systems and community-led data collection and reporting.
- A public health workforce that is representative of communities served.

# POP development process

- After receiving PHAB's guidance on the framework for POP development, OHA convened existing networks of partners to further detail out each investment:
  1. LPHAs through the Conference of Local Health Officials
  2. Tribes through group and individual consultation with Tribal Health Directors and the Northwest Portland Area Indian Health Board
  3. CBOs through the CBO Advisory Committee
  4. OHA through Public Health Division Executive Leadership, OHA leadership and shared services (technology, contracts, financial services, etc.)

\*Each group above developed their own budget priorities based on guidance from PHAB. The POP reflects the total sum of all requests.

## How were funding amounts arrived at?

1. LPHAs through the Conference of Local Health Officials
  - **Used budget priorities to estimate the funds needed across all LPHAs**
2. Tribes through group and individual consultation with Tribal Health Directors and the Northwest Portland Area Indian Health Board
  - **Each Tribe, NARA and NPAIHB determined their budget priorities and an estimate of funds needed**
1. CBOs through the CBO Advisory Committee
  - **Used budget priorities and CBO requests for funding in 2021-23 to estimate funds needed**
2. OHA through Public Health Division Executive Leadership, OHA leadership and shared services
  - **Budgeted positions and other costs to support system-wide priorities. Budgeted resources needed for community-led data systems based on 2021-23 work.**

# Public health modernization cumulative investments since 2017

	2017-19	2019-21	2021-23
LPHAs	\$3.9 mil	\$10.3 mil	\$33.4 mil
Tribes	\$0	\$1.1 mil	\$4.4 mil
CBOs	\$0	\$0	\$10 mil
OHA	\$1.1 mil	\$4.2 mil	\$12.8 mil
<b>Total</b>	<b>\$5 mil</b>	<b>\$15.6 mil</b>	<b>\$60.9 mil</b>



## 2023-25 public health modernization funding request by partner type

Public health partner type	2023-25 funding request
Local public health authorities	\$100,324,854
Tribes	\$30,000,000
Community-based organizations – public health practice	\$100,000,000
Community-based organizations – community-led data collection	\$3,500,000
Reproductive health provider network	\$10,000,000
Oregon Health Authority	\$42,175,146
Total	\$286,000,000

# Public health modernization investments since 2017, including 2023-25 OHA POP #406

	2017-19	2019-21	2021-23	2023-25 POP (new funds from this POP)	2023-25 POP (total funds in this biennium )
LPHAs	\$3.9 mil	\$10.3 mil	\$33.4 mil	\$100.3 mil	\$133.7 mil
Tribes	-	\$1.1 mil	\$4.4 mil	\$30 mil	\$34.4 mil
CBOs - public health practice	-	-	\$10 mil	\$100 mil	\$110 mil
CBOs - community-led data collection	-	-	-	\$3.5 mil	\$3.5 mil
Reproductive health provider network	-	-	-	\$10 mil	\$10 mil
OHA	\$1.1. mil	\$4.2 mil	\$12.8 mil	\$42.1 mil	\$54.9 mil
<b>Total</b>	<b>\$5 mil</b>	<b>\$15.6 mil</b>	<b>\$60.6 mil</b>	<b>\$286 mil</b>	<b>\$346.6 mil</b>

Note that a POP requests additional funds on top of current funding, so total anticipated funds are larger than the POP request.

# Review Policy Option Package #406: Public Health Modernization

- <https://www.oregon.gov/oha/Budget/2023-25-OHA-Agency-Request-Budget.pdf>

# Oregon Health Authority 2023-25 Policy Package

<b>Division:</b>	Public Health Division
<b>Program:</b>	Office of the State Public Health Director
<b>Policy package title:</b>	Public Health Modernization
<b>Policy package #:</b>	406
<b>Related legislation:</b>	House Bill 2348 (2013); House Bill 3100 (2015); House Bill 2310 (2017); Senate Bill 253 (2019) House Bill 2965 (2021), Senate Bill 1554 (2022)

**Summary statement:**

Since 2013, Oregon has been on a path to fundamentally shift its practice to ensure essential public health protections are in place for all Oregonians through equitable, outcomes-driven and accountable services. The groundwork laid through initial investments in public health modernization have been critical to Oregon’s management of the COVID-19 pandemic. However, the COVID-19 response has highlighted continued inequities in health outcomes and gaps in the public health system, specifically in health equity and cultural responsiveness and apply equity principles across all areas of public health practice. This policy package supports continued implementation of the key public health priorities selected by the Oregon Public Health Advisory Board (PHAB) for the 2023-25 biennium and builds on this work by making comprehensive investments across the public health system and elevating work that directly mitigates health inequities. Not funding this policy package puts at risk OHA’s ability to ensure basic public health protections included in statute are available to every person in Oregon and challenges OHA in continuing to meet the deliverables and timelines prescribed in House Bill 3100 (2015).

	<b>General Fund</b>	<b>Other Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Pos.</b>	<b>FTE</b>
<b>Policy package pricing:</b>	<b>\$285,999,330</b>	<b>\$86,986</b>	<b>\$(733,308)</b>	<b>\$285,353,008</b>	<b>98</b>	<b>73.50</b>

# Oregon Health Authority: 2023-25 Policy Package

## Purpose

### 1. Why does OHA propose this policy package and what problem is OHA trying to fix or solve?

Oregon families and communities continue to face new and increasingly complex public health threats. These public health threats do not impact all Oregonians equally. Systemic racism and historical and contemporary injustices have led to health inequities in the state and these inequities have been laid bare, and exacerbated by simultaneous public health emergencies along with long-standing and emerging public health threats. Most recently, people in Oregon have experienced COVID-19, a communicable disease that severely strained the health system and produced disparate impacts on people in Oregon. The demands on Oregon's public health system continue to increase as the impacts of COVID-19, continue to come to the fore (such as increased social isolation, alcohol use and youth behavioral health needs) and other communicable disease threats like hMPXV and highly pathogenic avian influenza emerge. People in Oregon also experienced extreme wildfires which displaced many people and produced wildfire smoke and dangerous air for weeks across entire regions of the state. These wildfires are consequences of a changing climate and, again, the burden of the fires is disparate. While Oregon has seen health improvements for some, some groups like communities of color and households living on low-incomes continue to experience an unjust burden of disease, are more exposed to hazards and have fewer resources (for example, access to care, culturally-responsive interventions and others) to support resilience and recovery. These compounding health needs require a public health system that is equity-centered, community-led and nimble.

In 2013, recognizing the need for a public health system that can support Oregon's health system transformation and achieve the Triple Aim, the legislature set a goal to have a public health system for the future. In 2016, all state and local public health authorities completed an assessment of capacity to implement foundational public health programs. Those assessments found significant gaps in the state's ability to manage new communicable disease outbreaks, center equity and be culturally and linguistically

# Oregon Health Authority: 2023-25 Policy Package

responsive to community health needs, proactively measure and mitigate environmental impacts to human health, and collect and report public health data that is needed to solve emerging public health problems. Additionally, the COVID-19 pandemic highlighted inability of the public health system to ensure equitable health outcomes for all people in this country.<sup>i</sup> Now, public health system partners have a real understanding of the resources needed to respond to a pandemic and how pandemic response further complicates already-complex public health risks. Comprehensive efforts toward health equity require a shift in resources, moving from a chronically underfunded public health system to one that has the necessary resources to address these risks.<sup>ii iii</sup>

This policy package supports continued implementation of the key public health priorities selected by the Oregon PHAB for the 2023-25 biennium. These priorities aim to accelerate work toward health equity for communities of color, Tribal communities, immigrant and refugee communities, LGBTQIA2S+ communities, people living in rural Oregon, people with low income and other groups that experience intersecting oppressions.

## **2. What would this policy package buy and how and when would it be implemented?**

Oregon is on a path toward achieving a public health system that is accountable for eliminating health inequities, prioritizes disproportionately impacted communities in prevention and response efforts, and achieves improved health outcomes. COVID-19 accelerated investments in health equity and forced Oregon to take a deeper look into the systems that create and exacerbate inequities so that the root causes of poor health can be addressed holistically.

The 2023-25 public health modernization efforts focus on expanding investment in and cementing partnership with community, prioritizing a public health workforce that is adequately trained, responsive and valued, and continuing to support the growth of healthy and resilient communities.

# Oregon Health Authority: 2023-25 Policy Package

The 2023-25 policy package for public health modernization would:

- Invest in public health workforce development and retention;
- Build on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats;
- Invest in governmental and community public health initiatives that engage Oregonians directly;
- and
- Result in broad implementation of public health modernization across the Oregon public health system.

Specifically, funding this policy package would result in the following system changes that are critical for protecting people from communicable disease, environmental health threats, and chronic disease, as well as bolstering access to reproductive health services:

- Coordinated, statewide systems for responding to communicable disease and environmental health threats, including access to culturally and linguistically responsive services.
- Prevention initiatives that include local expertise to protect people from acute and communicable diseases.
- Healthy and resilient built environments.
- Plans and action to mitigate climate risks to public health.
- Emergency preparedness and response systems for environmental health-related events.
- Plans for expanded access to healthy foods and opportunities for physical activity and community resiliency from exploitation that undermines health.
- Data infrastructure that supports community-led, equity focused data collection and dissemination.
- Cross-sector coordination, including with health systems partners, to ensure access to preventive health services for every person, and cross sector partnerships to eliminate health inequities.
- Critical infrastructure supports for reproductive health clinical providers.

# Oregon Health Authority: 2023-25 Policy Package

## Foundational Capabilities

A public health system that is inclusive, nimble and representative is equipped with a set of skills and tools – foundational capabilities – that are the pillars for how the public health system protects people from health threats and achieves health for all.

Under ORS 431.131 and 431.141, the governmental public health system is required to provide foundational public health programs and capabilities. These **seven foundational capabilities** describe the framework in which this policy package would achieve the goals listed above and make progress toward an equitable Oregon.

- **Health equity and cultural responsiveness:** Ensure public health programs are co-created with communities and public health programs are culturally and linguistically competent.
- **Assessment and epidemiology:** Analyze data to understand emerging trends for communicable disease and environmental health threats; make data readily available to communities and partners who rely on the information and use data to implement culturally and linguistically responsive interventions.
- **Community partnership development:** Leverage coordinated care organizations, government agencies and other cross-sector partners and invest in community partners to increase the impact of public health modernization work in communities.
- **Emergency preparedness and response:** Work with communities and partners to prepare for, respond to and recover from public health threats and emergencies; ensure that populations most at risk are at the center of planning efforts.
- **Leadership and organizational competencies:** Develop the public health workforce to be better equipped to nimbly respond to new public health threats; use performance management and quality improvement to ensure that public health interventions are resulting in improved outcomes; spread



# Oregon Health Authority: 2023-25 Policy Package

capacity from public health modernization across public health program areas; build clinical program infrastructure

- **Communications:** Ensure timely risk communications and proactive communications that are culturally and linguistically responsive.
- **Policy and planning:** Engage with partners, decision-makers and communities to develop and implement policy solutions that are responsive to community needs.

**Foundational programs** are the “nuts and bolts” work of public health modernization which cannot be successful without comprehensive foundational capabilities. In Oregon, foundational programs include topic-specific work and generally sit in one of the following categories:

- Environmental Health
- Prevention and Health Promotion
- Access to Clinical and Preventative Services
- Communicable Disease Control

This policy package would be managed by the Oregon Health Authority, Public Health Division (OHA-PHD). Throughout 2022, OHA-PHD will continue to convene local public health authorities (LPHA) and Tribal public health (TPH) authorities, community-based organizations, state agencies and representatives from other sectors to develop plans for the implementation of funded work to achieve equitable health outcomes and mitigate the highest risk impacts to health across the state. OHA-PHD will continue to evaluate efforts and outcomes from the current investment and adapt work to incorporate lessons learned into subsequent investments. This package is a continuation of investments over the past three biennia and, therefore, implementation is ongoing.

The specific work in this policy package includes:

# Oregon Health Authority: 2023-25 Policy Package

<b>Foundational Capabilities</b>	
<b>Oregon Health Authority-Public Health Division</b>	Provide leadership and partnership for a community-based and equity-centered approach to public health in Oregon
	Build centralized support for public health programs to structurally include community voice and co-creation into practice
	Manage local and Tribal public health authority contracts and grants to community-based organizations
	Provide technical assistance to local, Tribal, community-based organization and clinical partner grantees to support program implementation
	Provide comprehensive translations, interpretation and accessible communications
	Maintain and annually report on public health accountability measures
	Implement data decolonization and survey modernization
	Implement transformation of statewide data systems to diversify data collection and analysis
	Fund community partners and Tribal public health agencies to collaborate in developing state systems for data linkage to be responsive to local needs
	Expand public health and healthcare data exchange
Implement staff training and consultation related to data justice initiatives	
<b>Local public health authorities</b>	Increase workforce capacity, including training and retention, to support bolstering of foundational capabilities and programs
	Expand cross-sector and community partnerships (for example, with CCOs to reduce access barriers for preventive care, with CBOs to expand use of community health workers)
	Co-create health-related interventions with the community
	Hire, train and retain staff for culturally and linguistically responsive activities (for example, health services navigator, community liaison, communications specialists, research staff)
	Ensure consistent staffing across regions (for example, minimum FTE for foundational programs, epidemiologist)
	Develop and invest in community-centered data systems

# Oregon Health Authority: 2023-25 Policy Package

	Build community capacity to collect, analyze and use public health data
	Develop comprehensive local modernization plans, as required in Oregon statute
<b>Tribal public health authorities and NARA</b>	Develop and implement Tribal health assessments and improvement plans
	Strengthen partnerships with local and federal public health agencies
	Improve data collection, management and reporting infrastructure so Tribes can easily access their unique data to inform health improvement assessment, planning and programs implementation
	Modify or build physical infrastructure (including facilities) to expand public health programs in Tribal communities
	Expand capacity for Tribal emergency preparedness and all hazards readiness
	Ensure opportunities for Tribal collaborations for public health modernization
	Train Tribal public health staff in core public health functions, including health equity
<b>Community-based organizations</b>	Ensure alignment with goals to eliminate health inequities and support community resilience and recovery
	Collaborate on data justice initiatives, including implementation of culturally specific data collection
	Build capacity for advocacy for community-centered policy development
	Develop workforce by increasing opportunities for training, mentorship and development of technical skills
	Support opportunities for continuing education
Reproductive health clinical delivery system partners	Build operational infrastructure to support patient access to comprehensive reproductive health services

# Oregon Health Authority: 2023-25 Policy Package

<b>Foundational Programs</b>	
<b>Oregon Health Authority- Public Health Division</b>	Provide epidemiology support by region
	Implement statutorily required environmental health regulations
	Provide subject matter expertise on environmental health risk mitigation
	Collect and report population health data for the public health system and its partners
	Provide technical updates to the Oregon State Public Health Laboratory (OSPHL)
	Convene partners to develop and implement a framework for using data to identify leading environmental risks to human health and corresponding plans to mitigate risks
	Invest in state public health workforce development, retention and wellness initiatives
	Expand staff capacity to provide data, resources, communications support for chronic disease prevention
	Implement a statewide plan to manage threats to the environment and human health as a result of changes to Oregon’s climate
	Coordinate acute and communicable disease outbreak investigations, including communicable disease testing at the OSPHL.
<b>Local public health authorities</b>	Monitor and regulate environmental health risks within communities
	Provide subject matter expertise or lead environmental health initiatives that support climate change resilience and mitigation (for example, land use, natural resource, transportation, local food supply chain, farm worker communities)
	Convene local partners to develop, exercise and implement emergency preparedness plans
	Increase local investments in community health improvement plans (CHIP)
	Implement chronic disease and injury reduction policy strategies
	Track cases of acute and communicable diseases to ensure individuals and their families receive treatment to curb the spread of disease

# Oregon Health Authority: 2023-25 Policy Package

<b>Tribal public health authorities and NARA</b>	Establish and expand Tribal environmental health programs to ensure safe environments for Tribal members, their families and children
	Complete environmental public health assessments with each federally-recognized Tribe in Oregon
	Establish and expand Tribal maternal and infant health programs
<b>Community-based organizations</b>	Co-create culturally and linguistically responsive public health interventions; partner with local public health authorities and other public health system entities on issues such as access to services broadly, mental health services, emergency response and supports for long COVID-19
	Collaborate on or lead environmental justice initiatives
<u>Reproductive health clinical delivery system partners</u>	Support equitable access to reproductive health services

**3. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity<sup>1</sup> or equitable health outcomes? How does this policy package further OHA’s mission and align with its strategic plan?**

This policy package seeks to directly change systems and environments with the goal of eliminating health inequities. Investments in public health modernization ensure that governmental public health and community public health partners have the resources necessary not only to solidify a foundation upon which to identify health inequities, but also to build and redesign systems that eliminate those inequities.

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<sup>1</sup> Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability**, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

# Oregon Health Authority: 2023-25 Policy Package

By funding a breadth of local agencies and organizations, investments in public health modernization would further shift resources and power to communities. In addition, continued investments provide meaningful, centralized systems (for example, data, technical assistance, training, fiscal oversight, and contracting) that support statewide collaboration. These efforts, driven by lessons learned during the COVID-19 pandemic, aim to achieve health equity and equitable health outcomes for all people in Oregon.

More specifically related to health equity, this policy package means:

- Substantial investment in local public health and communities to expand and sustain capacity to co-create, plan and lead interventions to address public health threats.
- Progress toward eliminating inequitable health outcomes and anticipated reductions in healthcare costs related to communicable diseases and chronic diseases.
- Solidified partnerships with other governmental agencies and partners to address and respond to inequities related to the social determinants of health<sup>iv</sup>.
- Justice in data through modernized data systems and infrastructure that include community-led data collection and reporting and a decolonized approach to public health data.
- Investing in antiracist governmental and community public health initiatives that engage Oregonians directly
- A public health workforce representative of the communities served, skilled in the foundational capabilities, cared for and valued and prepared to respond to future public health emergencies and ongoing public health threats.

## Quantifying results

### 4. What are the long-term desired outcomes?

The long-term outcomes are to eliminate health inequities and to establish a structure of continued support to ensure sustained equity. OHA recognizes the need to work with communities to equitably distribute or

# Oregon Health Authority: 2023-25 Policy Package

redistribute resources and power. To achieve long-term outcomes, this policy package includes adjustments to public health modernization efforts based on feedback from community organizations, LPHA, Tribal governments and other partners. In addition to ongoing engagement to co-create public health programs with communities, this policy package increases direct investments in community, centers community priorities, increases investments in local public health workforce infrastructure and expands program initiatives to include efforts to reduce chronic disease.

## **5. How will OHA measure the impacts on health inequities of this policy package?**

OHA would measure the success of this policy package through achievement of established public health accountability metrics, which are collected and reported annually. At the proposed funding level, OHA-PHD would provide incentive payments to local public health authorities based on their achievement of process measures established within the funded areas.

Public health accountability metrics continue to shift to reflect community priorities and focus attention on the economic and social injustices that result in health inequities. OHA-PHD expects new metrics that reflect this shift to be in place in 2022. This policy package also includes resources for a comprehensive evaluation by OHA-PHD and LPHA and TPH to identify successes and areas for improvement.

Finally, OHA-PHD would identify the public health system's progress toward eliminating health inequities through annual reporting of key population health measures.

- Workforce development opportunities provided and participation in learning or training opportunities
  - Anti-racism training for PHD employees with affinity spaces and conversations to support staff of color.
  - percent of management reviews completed each year.
  - percent of staff reviews and performance goal setting completed each year.

# Oregon Health Authority: 2023-25 Policy Package

- Employee retention by REALD.
- Public health system workforce recruitment and retention (State, local, community, Tribal)
- Total funding allocation and distribution to local health authorities, tribes and CBOs
- Number of multi-drug resistant organisms investigated in long term care facilities with evidence of transmission
- Number of birth or death records processed each year by the vital records modern informatics systems meeting national timeliness and quality performance measures allowing more timely assessment of excess deaths, out of hospital births, births, and deaths associated with emerging infections, suicide, and opioid addiction by race, ethnicity and location.
- Number of laboratory records processed each year by OSPHL (to measure Modernized informatics capacity for Oregon State Public Health Laboratory to efficiently process increasingly complex laboratory information system data)
- Within each region:
  - Number of communicable diseases investigated by regional epidemiologists categorized by race.
  - Number of outbreaks investigated by regional epidemiologists categorized by race
  - Vaccine preventable disease (such as acute hepatitis A and B, pertussis, measles, mumps) rates categorized by race
  - Foodborne disease (such as shiga toxin-producing E. Coli, salmonella and shigella) rates categorized by race.
  - Vaccine preventable diseases and foodborne bacteria rates among houseless populations



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## How achieved

### 6. What actions have occurred to resolve the issue prior to requesting a policy package?

In the 2017-19, 2019-21 and 2021-23 biennia, OHA-PHD leveraged federal grants and restructured existing positions to expand the reach and impact of the 2017-2023 legislative investments in public health modernization. OHA-PHD also quickly adjusted positions and funding to respond to the COVID-19 pandemic, demonstrating the benefit of a modernizing public health agency. Through this process, OHA-PHD identified gaps and areas for improvement which this policy package seeks to address.

Distribution of legislative investments since 2017:

	2017-19	2019-21	2021-23
LPHAs	\$3.9 million	\$10.3 million	\$33.4 million
Tribes and NARA	-	\$1.1 million	\$4.4 million
CBOs	-	-	\$10 million
OHA	\$1.1 million	\$4.2 million	\$12.8 million
Total	\$5 million	\$15.6 million	\$60.6 million

- In 2017-19 most funds were allocated to eight regional partnerships of LPHA and their key partners, reaching 33 counties.
- In 2019-21, in addition to funding regional models, funds were allocated to each LPHA. For the first time, funds were distributed to most Tribes, the Native American Rehabilitation Association (NARA), and the Northwest Portland Area Indian Health Board. Using innovative service delivery models, funding reached communities most likely to experience health inequities or gaps in access to public health services.
- In 2021-2023, funds were distributed to LPHAs, tribes and tribe-serving organizations. OHA-PHD distributed funds to 147 community-based organizations and established a community engagement program at OHA-PHD.

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- Funds to LPHAs support efforts to plan for local and regional public health interventions that support equitable climate adaptation, building capacity for cross-sector engagement in climate and community health improvement plans and continuing to track cases of acute and communicable diseases.
- Funds to CBOs support communities with information and messengers that are trusted and culturally and linguistically responsive to community needs. This includes support for wraparound services during the COVID-19 pandemic.
- OHA-PHD continues to work closely with Tribal governments and organizations serving Tribes to support building of public health infrastructure carrying out community health assessments and improvement plans.

## **7. What alternatives were considered and what were the reasons for rejecting them?**

OHA-PHD has explored whether additional federal funding might be available for this policy package. OHA-PHD has requested permission from the Legislature to apply for a new grant from the Centers for Disease Control and Prevention. The funding opportunity, called Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems, is an important yet insufficient investment to fill the gaps in public health infrastructure across the entire state over the five-year grant period. If funding is allocated to OHA-PHD for this purpose, it would support public health modernization at OHA-PHD and could alter the General Fund request for this policy package.

Separate from this request, OHA will continue to align its funding streams to further support public health modernization to the extent possible based on federal funding restrictions.

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## **8. What other agencies, programs, community partners or stakeholders are collaborating on this policy package?**

The PHAB, a committee of the Oregon Health Policy Board, guides this policy package by setting overarching priorities.

OHA-PHD partnered with community-based organizations to understand community priorities and ensure they are included in this policy package. This has been done through a series of meetings with the CBO Advisory Board, and with a joint LPHA/CBO workgroup structure. OHA-PHD partnered with a workgroup of local public health leaders to develop priorities and anticipated outcomes for an increased investment. All LPHA have been engaged also through the Conference of Local Health Officials and federally-recognized Tribes will be engaged through the Senate Bill 770 Health Cluster meeting and, if requested, formal consultation. OHA met with the Tribal Health Director of each federally-recognized Tribe and Urban Indian Program to identify each Tribe and NARA's unique 2023-25 public health needs.

## **9. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.**

No.

## **10. What other state, Tribal, and/or local government agencies would be affected by this policy package? How would they be affected?**

This policy package invests in Oregon's public health system, with targeted investments in LPHA, TPH and in CBOs. LPHA and TPH efforts include public health responsibilities related to the seven foundational capabilities listed above. CBO efforts include the co-creation of public health interventions grounded in equity and partnership with other public health system partners to inform actions and solutions that work for communities. For OHA-PHD's work funded in this policy package to be successful, OHA-PHD would

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collaborate with several state and local agencies and the sectors they support, and with coordinated care organizations and other health systems partners.

**11. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.**

No.

## Staffing and fiscal impact

Implementation date(s): July 1, 2023

End date (if applicable): Not applicable

**12. What assumptions affect the pricing of this policy package?**

- Public health will be fully funded to address the needs of people in Oregon through this policy package
- OHA-PHD will have sufficient revenue to address outbreaks, prevention and disparate health outcomes for state, local, Tribal and community work.

**13. Will there be new responsibilities for OHA and/or Shared Services? Specify which programs and describe their new responsibilities.**

Yes.

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## Public Health

OHA-PHD would be responsible for overseeing all contracts and grants included in this policy package in addition to implementing the state-level public health functions needed to improve health outcomes related to the foundational capabilities and programs. Other new responsibilities include:

- Support community outreach and listening sessions, systemic integration of community feedback and technical assistance, guided by the new PHD Equity Office.
- Technical assistance and subject matter expertise, including data analysis, on population strategies addressing physical activity and nutrition
- Support regional collaboration for emergency response with regional all-hazards epidemiologists.
- Infrastructure for survey modernization and inclusive data collection systems.

## Office of Information Services

The Office of Information Services would be responsible for implementing public health data system upgrades that are essential for the public health system. For example:

- Collect and report data to LPHA, TPH community-based organizations and other partners so that data can be used for program and policy decision-making.
- Support the OSPHL's whole genome sequencing efforts.

OHA-PHD has consulted OIS on development of this proposal and has included six OIS positions to support the work.

## Program Design and Evaluation Services

PDES would be responsible for supporting modernization efforts for the Student Health Survey and Oregon's Behavioral Risk Factor Surveillance Survey input, including coordinating participation of community organizations and TPH.

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OHA-PHD has consulted PDES on development of this part of the proposal and has included one PDES position to support this work.

## Office of Equity and Inclusion

OHA-PHD would continue partnership with the OEI on REAL-D and SOGI data efforts and coordination on public health equity work overall.

## Human Resources

OHA-PHD has proposed two positions in Human Resources to support hiring of staff under this policy package.

## Office of Contracts and Procurement

OHA-PHD has proposed two positions in OC&P to support an increase in contracts under this policy package.

## Office of Financial Services

OHA-PHD has proposed one position in OFS to support payroll needs as a result of this policy package.

## Health Policy and Analytics

Staff within HPA would provide consultation to OHA-PHD on opportunities to align public health accountability metrics with CCO incentive metrics.

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## **14. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

Yes. OHA-PHD anticipates an additional level of service to residents of Oregon and visitors through increased investments subsequent improvements in state, LPHA and TPH. In addition, OHA-PHD anticipates additional levels of service to people in Oregon through increased investments in community-based organizations. For example, in the 2021-23 biennium, OHA-PHD provided funds to 147 community-based organizations to work on tobacco prevention, maternal and child health, climate resilience and other public health modernization capabilities. With an increased investment through this policy package, OHA-PHD expects both broader (geographically and focus area) and more in-depth services throughout the state.

## **15. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.**

The following full-time, permanent positions require **position authority and General Fund** and are priced at 18 months for the 2023-25 biennium (except for the Manager 2 position, which is priced at 24 months):

Accounting Technician: (1) position (OFS)

Administrative Specialist 2: (2) positions

Epidemiologist 2: (5) positions

Fiscal Analyst 1: (2) positions

Fiscal Analyst 2: (3) positions

Fiscal Analyst 3: (2) positions

Human Resource Analyst 2: (1) position (OHR)

Human Resource Analyst 3: (1) position (OHR)

Information Systems Specialist 7: (2) positions (OIS)

Information Systems Specialist 8: (2) positions (OIS)

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Manager 1: (2) positions  
Manager 2: (6) positions  
Manager 3: (1) position  
Microbiologist 3: (1) position  
Operations and Policy Analyst 1: (1) position  
Operations and Policy Analyst 2: (21) positions  
Operations and Policy Analyst 3: (26) positions (2 in OIS)  
Operations and Policy Analyst 4: (9) positions  
Policy Analyst 2: (1) position  
Procurement and Contracts Specialist 2: (1) position (OC&P)  
Procurement and Contracts Specialist 3: (1) position (OC&P)  
Program Analyst 3: (2) positions  
Project Manager 2: (2) positions  
Public Health Physician 2: (1) position  
Research Analyst 3: (1) positions  
Research Analyst 4: (3) positions (1 in PDES)  
Manager 2: (1) 24 months, Manager 1 to Manager 2 reclassification

The following full-time, permanent positions require **position authority only** and are priced at 18 months for the 2023-25 biennium:

Environmental Health Specialist 3: (1)  
Manager 2: (1)

Existing permanent positions with changes to classification and/or funding source:

Administrator 1: (1) position, 1.0 FTE GF, 9 months  
Executive Support Specialist 2: (1) position, 1.0FTE GF 24 months,



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Compliance and Regulatory Manager 1: (1) position, 0.6 FTE GF, 24 months

Compliance and Regulatory Manager 1: (1) position, 0.5 FTE GF, 24 months

Compliance and Regulatory Manager 3: (1) position, 1.0 FTE GF, 24 months

Manager 2: (1) positions, 1.0FTE GF, 24 months

Natural Resources Specialist 4: (1) position 1.0FTE GF, 24 months

Natural Resources Specialist 4: (1) position, 0.45FTE GF, 24 months

Operations and Policy Analyst 3: (1) position, 1.0FTE GF, 24 months

Program Analyst 2: (1) position, 1.0FTE GF, 24 months

## 16. What are the start-up and one-time costs?

New positions require a computer, phone and routine software packages that are included in the Services and Supplies line for each newly established position.

## 17. What are the ongoing costs?

Ongoing costs are associated with personal services and contracts for workforce development, program evaluation, grants management, legal fees, data system upgrades, translations, interpretation and ADA accessibility tools at \$23,889,298. Ongoing costs include special payments to local public health authorities (\$100,000,000), community-based organizations (\$103,500,000), federally recognized Tribes (\$30,000,000), and Multnomah County for Program Design and Evaluation Services staffing (\$324,854). The community-based organization costs are for public health program delivery and data modernization projects.

Software license, phone services, in office rental costs, IT maintenance and operations.

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## 18. What are the potential savings?

An investment in the prevention of disease and disability is proven to yield significant savings to Medicaid and other payers by decreasing the need for costly health care. Indeed, just a 10 percent increase in per capita public health spending in Oregon would:

- Lower infant mortality rates from 5.0/1,000 to 4.6/1,000.
- Lower diabetes death rates from 24.1/100,000 to 23.8/100,000.
- Lower heart disease death rates from 132.9/100,000 to 128.6/100,000.
- Lower cancer death rates from 167.3/100,000 to 165.4/100,000.

## 19. What are the sources of funding and the funding split for each one?

This policy package includes General Fund that would continue environmental public health and health equity work that are essential to meeting the intent of this policy package due to declining Federal Funds revenue. The decline of Federal Funds revenue represents grants that will end during the course of the biennium (the CDC National Initiative to Address COVID-19 Health Disparities grant) and reductions to core CDC environmental public health grants (Environmental Public Health Tracking and ASTDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE)). Existing permanent positions are still needed to support the work in this policy package.

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## Total for this policy package

	<b>General Fund</b>	<b>Other Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Pos.</b>	<b>FTE</b>
Personal Services	\$17,539,149	\$86,986	(\$730,483)	\$16,895,652	98	73.50
Services & Supplies	\$24,635,327		(\$2,825)	\$24,632,502		
Capital Outlay						
Special Payments	\$243,824,854			\$243,824,854		
Other						
<b>Total</b>	<b>\$285,999,330</b>	<b>\$86,986</b>	<b>(\$733,308)</b>	<b>\$285,353,008</b>	<b>98</b>	<b>73.50</b>

## Fiscal impact by program

	Office of the State Public Health Director	Center for Health Protection	Center for Prevention & Health Promotion	Center for Public Health Practice	<b>Total</b>
<b>General Fund</b>	\$270,741,042	\$695,876	\$11,090,932	\$3,471,480	<b>\$285,999,330</b>
<b>Other Funds</b>	\$0	\$86,986	\$0	\$0	<b>\$86,986</b>
<b>Federal Funds</b>	(\$81,999)	(\$431,639)	(\$219,670)	\$0	<b>(\$733,308)</b>
<b>Total Funds</b>	\$270,659,043	\$351,223	\$10,871,262	\$3,471,480	<b>\$285,353,008</b>
<b>Positions</b>	78	2	5	13	<b>98</b>
<b>FTE</b>	58.75	1.50	3.50	9.75	<b>73.50</b>

<sup>i</sup> Lori Tremmel Freeman, “COVID-19—The Historical Lessons of the Pandemic Reinforce Systemic Flaws and Exacerbate Inequity”, American Journal of Public Health 111, no. S3 (October 1, 2021): pp. S176-S178.  
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