Public Health Modernization: Funding Report to Legislative Fiscal Office

In fulfillment of ORS 431.139 and ORS 431.380

June 2022

Oregon Health Authority
PUBLIC HEALTH DIVISION

Acknowledgments

The Oregon Health Authority Public Health Division acknowledges the work of the Public Health Advisory Board (PHAB) and members of its subcommittees. PHAB's vision for modernizing the public health system to achieve equity are presented throughout this report.

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Executive Summary

Oregon families and communities continue to face new and increasingly complex public health threats. The **demands on Oregon's public health system have increased and will continue to do so** in the future as the effects of COVID-19 continue for years to come.

- Severe weather events and natural disasters have resulted in wildfire displacement, periods of time when air is dangerous to breathe due to wildfire smoke, and threats to access to clean drinking water.
- The COVID-19 pandemic has exacerbated social isolation, alcohol use and increased youth behavioral health needs.
- Throughout the COVID-19 pandemic, the public health system has prepared to respond to additional emerging communicable disease threats, including Ebola, Monkeypox and highly pathogenic avian influenza**.**

These issues threaten every person in Oregon; however, threats to public health do not impact all people in Oregon equally. Systemic racism, settler colonialism and historical and contemporary injustices create health inequities. The policies intended to create conditions for health for everyone - like equal access to quality care, housing, employment and education -when applied differently, often exacerbate inequities. **Communities of color, Tribal communities, people living in rural Oregon and people with lower income in particular have been and continue to be systematically more exposed to health hazards while not receiving equal resources to support resilience.**

Oregon communities have long taken care of one another, and they have the resilience to do so when it comes to health. Since 2017, Oregon has made progress with public health modernization legislative investments. However, the COVID-19 pandemic has shown significant gaps in Oregon's ability to respond to public health emergencies and emerging health threats. **It is essential that Oregon continue its focus on developing a modern public health system that is nimble and responsive to changing needs through community-centered health initiatives. Increased investments are needed to build and sustain an efficient**

system necessary to take on complex public health problems and eliminate costly health inequities.

2021-23 accomplishments

- Local public health authorities (LPHAs) are initiating and expanding interventions to **prevent communicable disease, plan for climate resilience, and engage communities to prepare for emerging health threats**. LPHAs are building on opportunities that arose through the COVID-19 pandemic to strengthen partnerships and connections to the communities they serve.
- Oregon Health Authority Public Health Division (OHA) launched a **new Public Health Equity program to fund community-based organizations** (CBOs) to focus on local priorities. This program brings together CBOs, LPHAs and OHA programs to elevate and address community priorities.
- OHA Program Design and Evaluation Services (PDES) collaborated with communities to modernize Oregon's population health data collection instruments. PDES worked with community organizations to develop and facilitate small culturally specific project teams. Results and lessons learned from initial survey modernization efforts have led to **expanded and ongoing work toward community-centered data systems**.
- Eight federally recognized Tribes and the Urban Indian Health Program, NARA, have completed **Tribal public health modernization action plans**. The Burns Paiute Tribe is completing the data collection for its public health modernization assessment.
- The Public Health Advisory Board (PHAB) has initiated a revision of public health accountability metrics using a new **metrics framework that centers community priorities, highlights actionable strategies for health improvements** and shows the accountability of the governmental public health system.

2023-25 Investments

Based on recommendations provided by the Public Health Advisory Board, **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:

- Ensuring an adequate workforce and 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.

OHA estimates an additional $276 million in state General Fund is necessary in 2023-25 to implement these priorities, build critical capacity within the governmental public health system and with community-based organizations and other partners, and continue progress toward eliminating health inequities in Oregon.

Introduction

The path toward a modern public health system

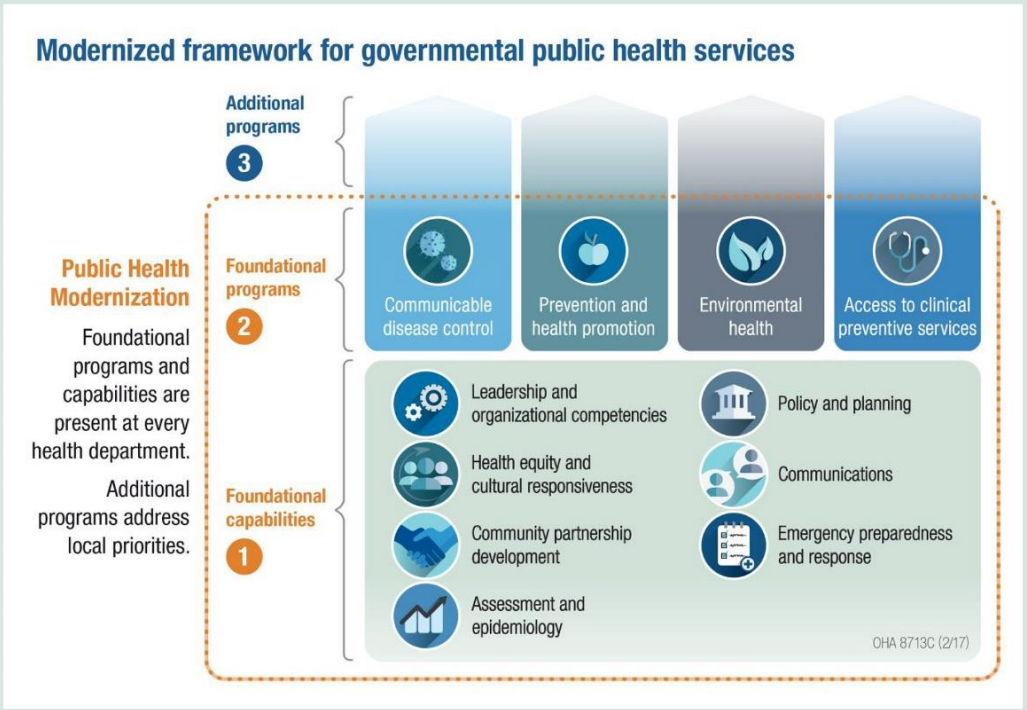
A strong public health system is critical for all 4.2 million people in Oregon to achieve optimal health. Since 2013, Oregon has been rebuilding its governmental public health system to ensure essential public health protections for all people in Oregon through equitable, community-centered, and accountable services.

Oregon established the framework for achieving a modern public health system in 2015 with the passage of House Bill 3100. Public health modernization focuses on improving population health within four foundational program areas:

- Communicable disease control
- Environmental health
- Prevention and health promotion, and
- Access to clinical preventive services.

As shown in Figure 1, the public health system uses seven capabilities to accomplish programmatic goals. These capabilities provide infrastructure to ensure a knowledgeable, skilled and resourced public health workforce.

Figure 1



Building on a 2016 public health system assessment[1], Oregon's Public Health Advisory Board (PHAB) developed a phased plan to modernize Oregon's public health system over three to five biennia, alongside increases in public health system investments by the Oregon Legislature. With investments in 2017, 2019 and 2021, Oregon has focused on priorities in the first implementation phase, including:

- Responding to emerging and ongoing communicable disease and environmental health threats;
- Increasing capacity to address health equity and cultural responsiveness; and
- Addressing systemic barriers identified in the public health system assessment, including lack of access to population health data to inform program and financial decision-making, and insufficient capacity to engage local communities and partners in public health initiatives.

Milestones

Improvements within the public health system have relied on increased investments from the Oregon Legislature, the vision and direction provided by the PHAB, and collaboration with public health and community leaders.

Notable key milestones include:

- **2015:** Governor Kate Brown appointed the Oregon Public Health Advisory Board (PHAB) as a committee of the Oregon Health Policy Board, responsible for providing policy direction on population health priorities. In 2017, PHAB membership expanded to include representation from Oregon's federally recognized Tribes.
- **2015 and 2016:** State and local public health leaders developed the Public Health Modernization Manual[2] and completed a comprehensive system-wide assessment. The manual and corresponding assessment continue to

[1] Oregon Health Authority (2016) Public Health Modernization Assessment Report. Available at: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationFullDetailedReport.pdf.
[2] Oregon Health Authority (2017). Public Health Modernization Manual. Available at: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf.

be foundational resources for defining governmental public health work and identifying strategies for improvement.

- **2017:** PHAB adopted accountability metrics[3] for state and local public health authorities. Oregon has led the nation in developing and reporting on accountability metrics for the governmental public health system. OHA released annual reports from 2018-2020. Also in 2017, PHAB adopted a public health modernization funding formula[4] that allocates funds to local public health authorities based on county population and health and demographic factors of the community served.
- **2017, 2019 and 2021**: Oregon's legislature demonstrated its commitment to strengthening the public health system through public health modernization investments. In each biennium, most funds went directly to communities through allocations to local public health authorities (beginning in 2017), federally recognized Tribes and the Urban Indian Health Program (beginning in 2019) and community-based organizations (beginning in 2021). Funding has increased for local public health authorities (LPHAs) in each biennium since 2017, and for federally recognized Tribes since 2019.

Figure 2: Distribution of legislative investments since 2017

	2017-19	2019-21	2021-23
Local public health authorities	$3.9 million	$10.3 million	$33.4 million
Federally recognized Tribes and NARA	-	$1.1 million	$4.4 million
Community-based organizations	-	-	$10 million
OHA	$1.1 million	$4.2 million	$12.8 million
Total	**$5 million**	**$15.6 million**	**$60.6 million**

[3] As required in Oregon Revised Statutes 431.123.
[4] As required in Oregon Revised Statutes 431.380.

2017 and 2019 legislative investments

Oregon's investments in public health modernization in 2017 and 2019 resulted in improvements, and the public health system was better prepared to respond to the COVID-19 pandemic as a result.

In 2017, the Oregon legislature made an initial $5 million investment to modernize Oregon's public health system. As advised by PHAB, this investment built state and regional infrastructure for preventing and controlling communicable diseases, with focus on eliminating related health inequities. Funds supported eight regional partnerships of LPHAs spanning 33 of 36 counties.

In 2019, the Oregon legislature allocated an additional $10 million to build upon progress made in 2017-19 and continue effective interventions to reduce the spread of communicable diseases and related health inequities. Beginning in 2019, legislative investments in public health modernization reached all areas of Oregon's governmental public health system.

In addition to continued funding for LPHA regional partnerships, funds were awarded to every LPHA through the public health modernization funding formula. LPHAs used funds to build the leadership and governance needed to fully implement public health modernization over upcoming years, implement community strategies to achieve health equity and expand strategies and partnerships for communicable disease prevention.

Funds were allocated to seven federally recognized Tribes that chose to receive funds and to the Urban Indian Health Program, NARA. The Northwest Portland Area Indian Health Board also received funds to provide technical assistance and to evaluate the Tribal public health modernization investment. This funding provided the resources needed for participating Tribes and NARA to conduct Tribal modernization assessments and planning.

OHA increased staffing to provide communicable disease and environmental health capacity and technical assistance to LPHAs, and to coordinate OHA Public Health Division's priority work toward achieving health equity. OHA invested in community-led survey data analytic review and community-led data collection and reports with communities of color and Tribal communities. Funds also supported reporting for public health accountability metrics and evaluation of the public health modernization investment.

The following pages include information about the 2021-23 investment.

2021-23 legislative investment in public health modernization

Oregon's governmental public health system is a network of state and local public health authorities, and government-to-government relationships with federally recognized Tribes. Oregon has a decentralized public health system, which means that many local public health functions are determined by local governing bodies. In Oregon, local and Tribal governments have authority over most public health functions to ensure the health and well-being of every person in their jurisdictions. State, local and Tribal public health authorities all have distinct yet mutually supportive functions. The core functions of state and local public health authorities are listed in Oregon's Public Health Modernization Manual.

The governmental public health system works daily with partners, including community-based organizations, to ensure that public health is delivering culturally and linguistically responsive interventions that reach those who experience a disproportionate burden of death and disease. Community-based organizations often provide hyper-local, culturally specific services.

Amount of funds received and description of how funds were allocated

In 2021, the Oregon Legislature allocated an additional $45 million in funding, an important and notable investment in Oregon's public health system. The additional investment brought the total investment in public health modernization to $60.6 million.

The Public Health Advisory Board (PHAB) provided recommendations to OHA to:

1. Continue to focus on communicable disease control, health equity and cultural responsiveness and public health data and epidemiology, and
2. Expand focus to include environmental health, leadership and organizational governance and emergency preparedness.

Based on PHAB's recommendations, funds were allocated for the following areas:

- Strengthening and expanding **communicable disease** and **environmental health emergency preparedness**

- Protecting communities from acute and **communicable diseases** through prevention initiatives that address **health inequities.**

- Co-creating **public health interventions that ensure equitable distribution or redistribution of resources and power** and that recognize, reconcile, and rectify historical and contemporary injustices.
- Protecting communities from **environmental health** threats through public health interventions that support equitable climate adaptation.

2021-23 funds were allocated as follows.

Investments in local public health authorities ($33.5 million)

All 32 LPHAs are receiving funds through the public health modernization funding formula. On July 1, 2022, Gilliam County will establish its own LPHA and will receive a portion of the funding previously awarded to North Central Public Health District.

Eight LPHAs are funded as Fiscal Agents for regional projects, reaching 28 of 36 counties. Continued investments in regional projects expand public health capacity through alternate staffing and service delivery models. Examples include regional epidemiologists and regional climate resilience planning.

See **Appendix A** for a summary of funding to LPHAs and **Appendix B** for a map of LPHA regional partnerships.

Local public health authority investments support:

- New or updated all hazards preparedness plans, developed with community partners, to equip communities for wildfires, extreme heat and other emergencies and center communities most at risk.
- Initial work to collect data and convene partners for developing climate and health plans that will support local actions for climate adaptation.
- Ongoing implementation of local or regional health equity plans, which address COVID-19 health inequities and support recovery from COVID-19.
- Improvements to local public health data collection, analysis and reporting to allow better quality information to inform the plans listed above.
- New and expanded partnerships with community organizations to ensure connections with communities of color, Tribal communities and other

groups experiencing health inequities so that public health programs are created with and for communities who are most affected by health inequities.

- Sustained partnerships for infection prevention and control in congregate settings such as in long-term care facilities, jails, shelters or childcare facilities, to build on lessons from COVID-19 to prevent disease transmission in these settings.

Because of public health modernization funding, Clatsop County Department of Public Health is able to build a stable leadership and program infrastructure providing stability in the pandemic response and capacity to strategically manage daily operations and plan for the future.

The capacity to consistently and thoughtfully integrate equity into all our work is an extension of the regional health equity assessment and a year-long training initiative with all staff.

Margo Lalich, Interim Public Health Director
Clatsop County Department of Public Health

Because of the 2019 legislative investment in public health modernization, Lane County entered into the COVID pandemic with a dedicated communicable disease epidemiologist. Following the 2021 investment, we created two regular positions for communication. Those additional positions meant we were able to make data visualizations updated daily available on our website, use data to make decisions about where to focus messaging and vaccination efforts, and create communications that were responsive to community needs.

Jocelyn Warren, Public Health Administrator
Lane County Health & Human Services

Investments in federally recognized Tribes and the Urban Indian Health Program, NARA ($4.4 million)

In the current biennium all nine federally recognized Tribes and NARA have chosen to receive funding.

Work in this biennium builds upon foundational assessments from the previous biennium as participating Tribes and NARA develop and implement action plans that include strategies to:

- Build and sustain public health infrastructure, including through strategies to develop and enhance partnerships among Tribal communities and with the broader community and LPHAs.
- Enhance population-level data collection and improve Tribal access to data to support health improvement planning, emergency response and planning, and climate resilience planning.
- Build Tribal public health capacities and provide quality public health services, including establishing a public health department, if needed.

> The Cow Creek Band of Umpqua Tribe of Indians has worked so hard during the pandemic to stand up a solid Public Health Department, and thanks to the help of the OHA funding and the technical assistance of the Northwest Portland Area Indian Health Board with our public health assessment, report and three-year work plan ,our tribe is up and working on not only infection control but also environmental health and data infrastructure aspects of our department objectives. We have been able to hire staff and our tribe is now fully functioning our Public Health Department and working closely with our county public health and other Oregon Tribes. We are grateful and proud of our newest department and all it will bring to our tribal and local community!
>
> Sharon Stanphill, Chief Health Officer
> Cow Creek Band of Umpqua Tribe of Indians

Investments in community-based organizations ($10 million)

OHA worked with the CBO Advisory Committee to develop a new program for CBOs working to implement public health modernization priorities for

communicable disease prevention and control and climate adaptation, as well as federally-funded and other-funded public health programs, including tobacco control through M108 revenues and HIV/STD, overdose prevention and school health programming through CDC categorical grants.

In April 2022, OHA awarded these Public Health Equity funds to 147 CBOs, including to 69 CBOs that will use funding to advance public health modernization priorities. A portion of the CBO investment is being used for state-level programming for training, technical assistance and capacity-building. OHA has worked to ensure that the public health modernization investment is distributed statewide and across population groups.

Funded CBOs are working in one or more of the following areas:

- Provide health education and communications to community members;
- Identify and assess community priorities;
- Support prevention activities;
- Develop policy priorities.

A list of funded CBOs is available in **Appendix C** and at: oregon.gov/oha/PH/ABOUT/Pages/CBO.aspx.

> Public health modernization funding has enabled us to increase our reach and educate even more underserved communities about immunizations. By working with our community partners, we have created and disseminated culturally-specific materials to marginalized populations via peer and youth advocacy, a podcast, videos, and print and digital media. The funding has given us the opportunity to deepen and broaden our partnerships with other CBOs and to reach people where they are, provide evidence-based information without judgment, and build a positive culture of immunizations.
>
> Nadine Gartner, Founding Executive Director
> Boost Oregon

> Our middle school kids are going to make such great PSAs about tobacco prevention, y'all (OHA Public Health Division) are going to want to give us way more money next time!
>
> Herman Greene
> Community Violence Prevention Alliance

OHA Public Health Division ($12.8 million)

OHA is utilizing funds to support local and Tribal public health authorities and community-based organizations, and to carry out core functions for the state public health authority, including public health data collection and reporting. OHA's investment is being used for:

- Technology infrastructure: Supports needed maintenance and upgrades to software and hardware for data systems, laboratory electronic data exchange and data visualization.
- Data collection, evaluation and reporting: Supports statewide data collection through the Behavioral Risk Factor Surveillance System (BRFSS) and Oregon Student Health Survey; improvements toward community-centered data systems; annual reporting on public health accountability metrics; and evaluation of the public health modernization investment.
- Personal services, employee travel and supplies: Adds the Community Engagement Team to support CBO investments and several positions that are critical to statewide environmental health capacity.
- Public health system change: Investments supports workforce development, health equity capacity building and partnerships across OHA, LPHAs and CBOs.

Accomplishments to date for 2021-23

- LPHAs are initiating and expanding work to prevent communicable disease, plan for climate resilience, and engage communities to prepare for emerging health threats. As a result, partners and community members can rely on accessible communicable disease data that is culturally and linguistically relevant, new opportunities for co-creating public health interventions that address health inequities, and enhanced communications about communicable disease risks and outbreaks.
- Eight federally recognized Tribes and NARA have completed public health modernization action plans based on assessment results. The Burns Paiute Tribe is completing the data collection for its public health modernization assessment. Priorities and themes from action plans include:
    - Strengthening public health emergency preparedness;

    - Expanding data collection and management infrastructure;
    - Conducting community health assessments and improvement plans;
    - Establishing or expanding health promotion programs;
    - Workforce development, including health equity and cultural responsiveness training for staff and community members;
    - Communicable disease control;
    - Conducting an environmental health assessment.
- Community-based organizations work in partnership with LPHAs and others to implement community-led and culturally and linguistically responsive programs. OHA's new CBO Public Health Equity program reflects coordination of eight OHA public health programs to center health equity and community priorities through a centralized program. These enhanced relationships between state and local public health programs and CBOs have created new opportunities for early engagement with communities during emerging public health events and new ways to make sure communities rapidly receive culturally and linguistically appropriate messaging about health risks.
- Beginning in the spring of 2020, OHA Program Design and Evaluation Services (PDES) began collaborating with communities to modernize Oregon's population health data collecting instruments. PDES worked with community organizations to develop and facilitate small culturally specific project teams. The Coalition for Communities of Color (CCC) provided key leadership and facilitation of the African American, African Immigrant and Refugee, and Latino/a/x project teams. The Northwest Portland Area Indian Health Board recruited, developed, and led the American Indian/Alaska Native project team. The Oregon Pacific Islander Coalition (OPIC) recruited, developed, and facilitated conversations and community-based data collection for the Pacific Islander project team.

  Working with community-based individuals, leaders, and researchers on data modernization revealed several lessons that are important for OHA to consider as it moves forward in further engaging communities in modernization efforts. Reports and lessons learned are available at

https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Pages/Community-Reports.aspx.

The results and lessons learned from initial survey modernization efforts have led to the following ongoing work:

- Statewide data collection. Facilitating discussions with the Oregon BRFSS leadership about developing the infrastructure and processes to engage communities in designing statewide, locally funded adult surveys (e.g., state BRFSS). Creating and implementing Race, Ethnicity, Language and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data collection guidance.
- Disseminating the survey modernization results to the Oregon Public Health Advisory Board, OHA Public Health Division and survey leadership, state and Tribal health programs, Tribal leaders, community partners, and federal government.
- Establishing and engaging a youth-led, diverse, statewide Youth Data Council to improve the 2022 Student Health Survey, with support from community partners. The Youth Data Council will receive training; make recommendations to improve the survey process, content, messaging, and reporting; and explore other data sources to provide context and actionable data.

- OHA conducted an evaluation of public health modernization investments through two case studies that demonstrated successful approaches for improving public health programs and services. The Central Oregon Tri-County Outbreak Prevention, Surveillance and Response Team provided regional infrastructure that improved responsiveness and reach into their communities, and this better prepared the three counties to respond to the COVID-19 pandemic. A case study in Jackson County demonstrated the work necessary to strengthen staff collaborations between the LPHA, CBOs and OHA to serve communities most affected by the COVID-19 pandemic.

- PHAB has initiated a revision of the set of public health accountability metrics to develop a new metrics framework that centers community

priorities, highlights actionable strategies for health improvements and shows the accountability of the governmental public health system.

Public Health Advisory Board

Oregon's Public Health Advisory Board (PHAB) recognizes that systemic racism and oppression have led to unjust health outcomes among communities of color, Tribal communities and other groups excluded from power and decision-making. PHAB commits to leading with race in its decisions, recommendations and deliverables, as described in its Health Equity Review Policy and Procedure[5].

Public health accountability metrics

One way the public health system advances antiracist policies is by collecting and reporting data that show where health inequities exist and establishing metrics that bring attention to the public health system's accountability to begin to rectify historical and contemporary injustices.

PHAB is responsible for establishing, updating and tracking a set of accountability metrics to evaluate the progress of Oregon's public health system toward achieving statewide public health goals.[6] First established in 2017, Oregon's initial set of accountability metrics was among the first in the nation in establishing a framework for holding the public health system accountable for effectively using public dollars to improve health outcomes. OHA, in collaboration with PHAB, published annual accountability metrics reports from 2018-2020. During this time improvements were seen in some areas, including in childhood immunization rates, which increased from 66% in 2016 to 71% in 2019.[7]

Currently, PHAB is making important revisions to the framework for public health accountability metrics to center the role of governmental public health in addressing systemic racism and oppression. In April 2021, PHAB convened its Accountability Metrics subcommittee to assess the ways in which public health accountability metrics were being reported and used, to make recommendations for a redesigned framework, and to identify new metrics for 2022 and moving forward.

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[5] Public Health Advisory Board (2020). Health Equity Review Policy and Procedure. Available at: https://www.oregon.gov/oha/PH/ABOUT/Documents/phab/PHAB-health-equity.pdf.
[6] Oregon Revised Statutes 431.123. Available at: https://www.oregonlegislature.gov/bills_laws/ors/ors431.html
[7] Oregon Health Authority (2020). Public Health Accountability Metrics Report. Available at: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/2020-Accountability-Metrics-Report-FINAL.pdf

In May and December 2021, PHAB members met with community research leaders to hear the findings and recommendations from community-specific data reports. Building from this and using additional feedback provided, PHAB is making changes to the framework to ensure that metrics reflect community priorities, elevate antiracist policies and interventions, and focus attention not on individual behaviors, but rather on the economic and social injustices that result in health inequities. These shifts are represented in Figure 2.

PHAB, OHA and LPHAs are working together to identify new metrics. Initial metrics are anticipated in 2022, with the next public health accountability metrics report to be published in the first half of 2023.

Figure 3: New framework for public health accountability metrics

Past accountability metrics	New metrics framework
Minimal context provided for disease risks and root causes of health inequities	Provides context for **social determinants of health, systemic inequities and systemic racism**
Focus on disease outcome measures	Disease outcomes will be used as indicators of progress but are **secondary to** process measures of **public health system accountability.**
Focus on programmatic process measures	Focus on **data** and data systems; community **partnerships**; and **policy**.
Focus on LPHA accountability	Focus on **governmental public health system accountability**.
Minimal connection to other state and national initiatives	Direct and explicit **connections to state and national initiatives**.

Public health modernization funding formula

Between February to June 2022, PHAB reviewed and recommended updates to the public health modernization funding formula for the 2023-25 biennium. The public health modernization funding formula is required under ORS 431.380. The subcommittee considered feedback provided by local public health administrators and through PHAB discussions to recommend the following changes.

1. **Increase floor funding to LPHAs.** Changes provide funding for infrastructure that ensures the workforce needed for a sustainable, community-centered and equity-focused public health system. With $20 million allocated to LPHAs through this funding formula, each county will receive sufficient funding to hire one FTE, and with $40 million allocated, each county will receive sufficient funding to hire two FTE.[8] As funding and the breadth of work for public health modernization expands, this change ensures that improvements occur in all counties and across the entire public health system, and that funding exists to hire the specialized positions that are necessary for fulfilling core work.
2. **Increase allocations for certain indicators.** Changes allocate a larger portion of funding to demographic indicators that describe the conditions of the community. This change shifts funds to counties where the community may have a greater need to access public health services, or where there may be added complexities for serving the community.

The funding formula and methodology are available in **Appendix D**.

PHAB's funding principles are available in **Appendix E**.

[8] One FTE estimated at $200,000 per biennium. While changes would provide sufficient funding for hiring positions, each LPHA would retain discretion for determining how funds will be used, which may or may not include hiring positions.

2023-25 proposed legislative investment

Estimate of the amount of state General Fund needed for public health modernization

Oregon is on a path toward achieving a modern public health system that is accountable to all Oregonians, focused on eliminating health inequities through antiracist policies and programs, centers communities most affected in prevention and response efforts, and achieves improved health outcomes for all Oregonians.

COVID-19 accelerated investments in health equity and forced Oregon's public health system to take a deeper look into the systems that create and exacerbate inequities. COVID-19 also helped members of the public and the public health system as a whole better understand the variety of strategies and interventions that are needed to create health in all communities and prevent unfair gaps in health outcomes.

Early in 2022, PHAB provided its guidance for using additional investments in public health modernization to accelerate work toward achieving health equity.

OHA worked closely with Local and Tribal public health leaders and community leaders to develop detailed descriptions for how expanded investments will cement partnership with communities, prioritize a representative and skilled public health workforce and continue to support the growth of healthy and resilient communities.

OHA estimates an additional $276 million in state General Fund is necessary in 2023-25 to:

- Ensure adequate workforce, and 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;
- Invest in public health workforce development and retention; and

- Result in broad implementation of public health modernization across the Oregon public health system.

Funding will result in the following system changes that are critical for protecting people from communicable disease, environmental health threats and chronic diseases:

- 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.
- Actions to mitigate climate-related risks to public health.
- Emergency preparedness and response systems for environmental health-related events.
- Plans to build community resiliency through expanded access to healthy foods and opportunities for physical activity.
- Data infrastructure that supports community-led, equity focused data collection and dissemination.
- Partnerships with health systems to ensure access to preventive health services for every person, and partnerships with other sectors including housing, transportation and education to eliminate health inequities.

An investment of $276 million for 2023-25 will support the following types of changes:

Foundational Capabilities	
Oregon Health Authority-Public Health Division	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 and community-based organization 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 health care data exchange
	Implement staff training and consultation related to data justice initiatives
Local public health authorities	Increase workforce capacity, including training and retention, to support bolstering of foundational capabilities and programs
	Expand cross-sector and community partnerships (e.g. 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 (e.g. health services navigator, community liaison, communications specialists, research staff)
	Ensure consistent staffing across regions for core public health functions
	Develop and invest in community-centered data systems. Build community capacity to collect, analyze and use public health data.
	Develop comprehensive local modernization plans, as required in Oregon statute.
Tribal public health authorities and NARA	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
Community-based organizations	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

Foundational Programs	
Oregon Health Authority-Public Health Division	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.
Local public health authorities	Track cases of acute and communicable diseases to ensure individuals and their families receive treatment to curb the spread of disease
	Monitor and regulate environmental health risks within communities
	Provide subject matter expertise or lead environmental health initiatives that support climate change resilience and mitigation (e.g. 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
Tribal public health authorities and NARA	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
Community-based organizations	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

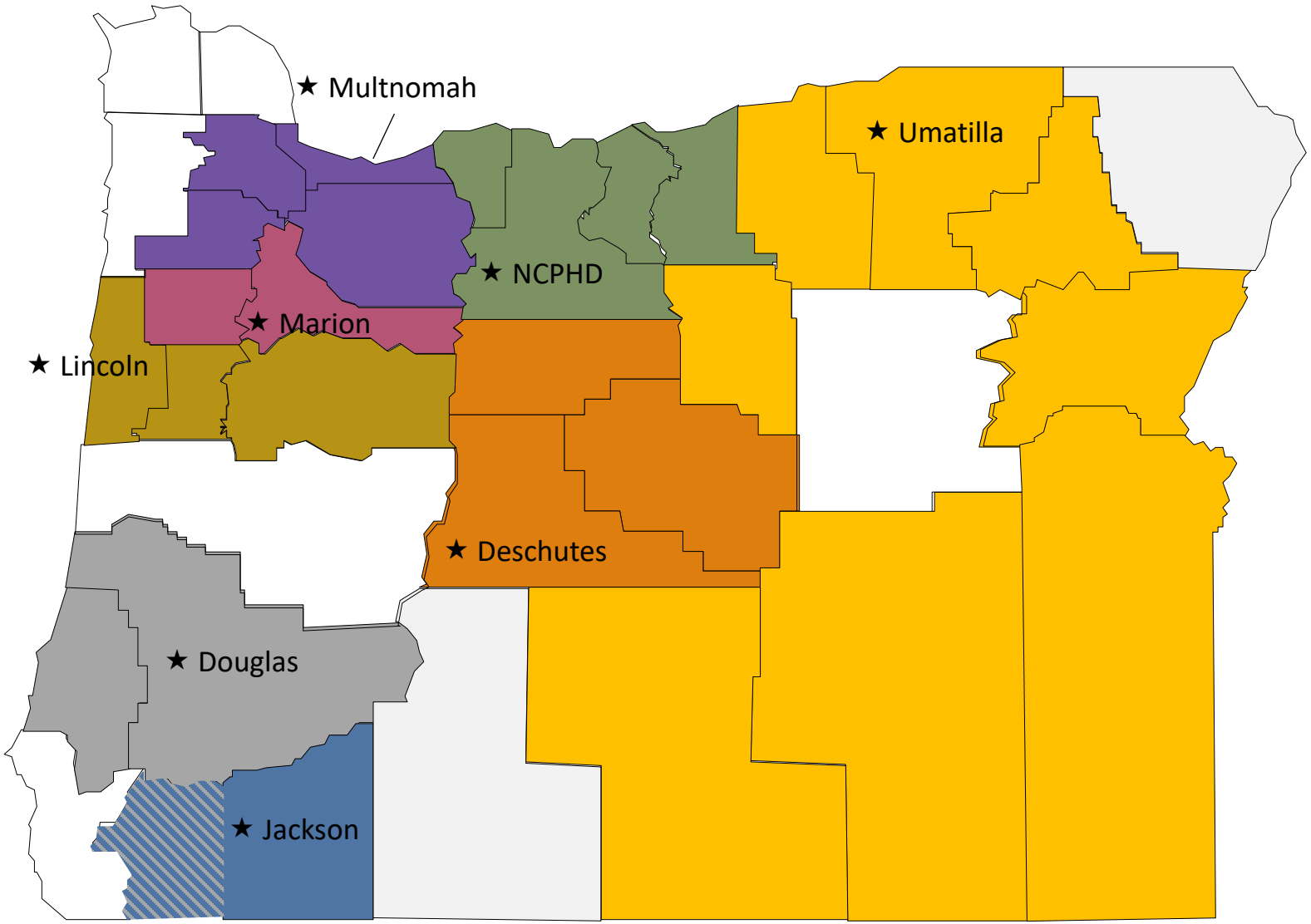
Appendix A: Current funding allocations to local public health authorities

Program Element 51: Public health modernization funding by LPHA

August, 2021

		PE51-01 State GF; Individual LPHA funding			PE51-02 State GF; Regional funding				PE51-03 Federal ARPA		
County	**Population**	**Total allocation (7/1/21-6/30/23**	**Bridge funding 7/1/21-9/30/21**	**Remaining allocation (10/1/21-6/30/23)**	**Total allocation (7/1/21-6/30/23)**	**Bridge funding (7/1/21-9/30/21)**	**Bridge funding (10/1/21-12/31/21)**	**Remaining funds (1/1/22-6/30/23)**	**Total (7/1/21-6/30/23)**	**Total**	**Avg. award per capita**
Wheeler	1,440	**$ 102,484**	$ 4,697	$ 97,787					$ 35,225	$ 137,709	
Wallowa	7,160	**$ 141,679**		$ 141,679					$ 51,036	$ 192,715	
Harney	7,280	**$ 134,084**	$ 5,937	$ 128,147					$ 46,161	$ 180,244	
Grant	7,315	**$ 151,825**	$ 6,241	$ 145,584					$ 52,442	$ 204,268	
Lake	8,075	**$ 150,879**	$ 6,169	$ 144,710					$ 52,127	$ 203,006	
Morrow	12,825	**$ 216,378**	$ 8,144	$ 208,234					$ 75,010	$ 291,388	
Baker	16,910	**$ 191,217**	$ 7,177	$ 184,040					$ 66,295	$ 257,512	$24.04
Crook	23,440	**$ 290,529**	$ 11,170	$ 279,359					$ 100,630	$ 391,159	
Curry	23,005	**$ 267,795**		$ 267,795					$ 96,465	$ 364,260	
Jefferson	24,105	**$ 344,530**	$ 6,872	$ 337,658					$ 121,631	$ 466,161	
Hood River	25,640	**$ 361,105**	$ 14,185	$ 346,920					$ 124,967	$ 486,071	
Tillamook	26,530	**$ 334,835**	$ 12,845	$ 321,990					$ 115,987	$ 450,822	
Union	26,840	**$ 283,044**	$ 11,153	$ 271,891					$ 97,940	$ 380,985	
Gilliam, Sherman, Wasco	31,080	**$ 521,829**	$ 21,074	$ 500,755	**$ 466,924**	$ -	$ 68,562	$ 398,362	$ 180,381	$ 1,169,135	
Malheur	32,105	**$ 411,940**	$ 15,962	$ 395,978					$ 142,639	$ 554,578	
Clatsop	39,455	**$ 365,563**	$ 13,657	$ 351,906	**$ 52,705**	$ 52,705	$ -	$ -	$ 126,763	$ 545,031	
Lincoln	48,305	**$ 450,148**	$ 16,398	$ 433,750	**$ 317,328**	$ -	$ -	$ 317,328	$ 156,245	$ 923,721	
Columbia	53,280	**$ 448,597**	$ 15,891	$ 432,706					$ 155,869	$ 604,465	
Coos	63,315	**$ 553,569**	$ 19,178	$ 534,391					$ 192,498	$ 746,067	
Klamath	68,075	**$ 597,333**	$ 21,304	$ 576,029					$ 207,496	$ 804,829	$16.26
Umatilla	81,495	**$ 793,147**	$ 28,918	$ 764,229	**$ 480,269**	$ 68,562	$ -	$ 411,707	$ 275,290	$ 1,548,706	
Polk	83,805	**$ 627,586**	$ 21,929	$ 605,657					$ 218,169	$ 845,755	
Josephine	86,560	**$ 762,939**	$ 26,422	$ 736,517					$ 265,307	$ 1,028,246	
Benton	94,665	**$ 611,017**	$ 21,887	$ 589,130					$ 212,215	$ 823,232	
Yamhill	108,605	**$ 789,639**	$ 27,961	$ 761,678					$ 274,371	$ 1,064,010	
Douglas	112,530	**$ 909,989**	$ 31,157	$ 878,832	**$ 383,159**	$ 55,919	$ 55,919	$ 271,321	$ 316,572	$ 1,609,720	
Linn	127,320	**$ 897,130**	$ 30,451	$ 866,679					$ 312,194	$ 1,209,324	$11.70
Deschutes	197,015	**$ 1,085,770**	$ 42,571	$ 1,043,199	**$ 691,795**	$ 73,267	$ 73,267	$ 545,261	$ 375,780	$ 2,153,344	
Jackson	223,240	**$ 1,399,314**	$ 47,723	$ 1,351,591	**$ 237,500**	$ -	$ -	$ 237,500	$ 486,868	$ 2,123,683	
Marion	349,120	**$ 2,571,186**	$ 85,561	$ 2,485,625	**$ 694,163**	$ 49,490	$ 49,490	$ 595,183	$ 895,368	$ 4,160,717	$10.97
Lane	381,365	**$ 2,165,975**	$ 69,398	$ 2,096,577	**$ 62,347**	$ 62,347	$ -	$ -	$ 755,226	$ 2,983,548	
Clackamas	426,515	**$ 2,193,435**	$ 71,833	$ 2,121,602					$ 764,241	$ 2,957,676	
Washington	620,080	**$ 3,585,154**	$ 110,412	$ 3,474,742					$ 1,251,667	$ 4,836,820	
Multnomah	829,560	**$ 4,772,878**	$ 147,644	$ 4,625,234	**$ 573,649**	$ 61,062	$ 61,062	$ 451,525	$ 1,666,095	$ 7,012,623	$7.88
Total	**4,268,055**	**$ 29,484,623**	**$ 982,021**	**$ 28,502,602**	**$ 3,959,839**	**$ 423,352**	**$ 308,300**	**$ 3,228,187**	**$ 10,267,167**	**$ 43,711,529**	

Appendix B: 2021-23 LPHA regional partnerships for public health modernization



★ Fiscal agent for regional partnership

Appendix C: Public Health Equity funding to community-based organizations

Community-Based Organization (Awardee)	Capacity Building	Adolescent and School Health	Commercial Tobacco Prevention	HIV	Modernization	Overdose Prevention	ScreenWise and Genetics	Total
Accion Politica PCUNista					$260,000.00			$260,000.00
According To His Word Outreach			$150,000.00	$0.00	$0.00	$0.00	$0.00	$150,000.00
Adelante Mujeres		$154,000.00			$0.00			$154,000.00
African Community Development Center	X		$0.00	$0.00	$25,000.00	$0.00		$25,000.00
African Family Holistic Health Organization			$272,000.00	$0.00	$0.00		$0.00	$272,000.00
African Women's Coalition		$0.00	$380,000.00		$100,000.00		$0.00	$480,000.00
African Youth and Community Organization		$130,000.00	$211,000.00		$100,000.00			$441,000.00
Afrovillage Pdx			$346,500.00					$346,500.00
AGE + US					$220,000.00			$220,000.00
Antfarm		$110,000.00	$200,000.00	$50,000.00	$0.00	$0.00		$360,000.00
APANO Communities United Fund		$106,000.00			$210,000.00			$316,000.00
Asian Health and Service Center			$281,000.00		$61,000.00		$25,000.00	$367,000.00
Bay Area First Step Inc.			$189,000.00					$189,000.00
Beyond Toxics					$180,000.00			$180,000.00
Bienestar, Inc.					$106,000.00			$106,000.00
Black Educational Achievement Movement			$390,000.00					$390,000.00
Boost Oregon					$88,000.00			$88,000.00
Boys & Girls Clubs of Portland Metropolitan Area		$0.00	$500,000.00	$0.00	$0.00	$0.00		$500,000.00
Bridge-Pamoja		$0.00	$0.00		$100,000.00	$0.00		$100,000.00
Bridging Cultures					$225,000.00			$225,000.00
Butte Falls Community School Partnership					$100,000.00			$100,000.00
Camp Fire Columbia		$110,000.00			$0.00			$110,000.00
Cascade AIDS Project			$30,000.00					$30,000.00
Cascade Peer and Self Help Center						$24,000.00	$0.00	$6,000.00
Cascadia Mobility					$90,000.00			$90,000.00
Catholic Charities			$458,000.00		$0.00			$458,000.00
Catholic Community Services of the Mid-Willamette Valley & Central Coast, Inc.			$160,000.00		$0.00			$160,000.00
Center for African Immigrants & Refugees Organization (CAIRO)		$0.00	$500,000.00		$0.00		$0.00	$500,000.00
Center for Intercultural Organizing			$0.00	$0.00	$500,000.00			$500,000.00
Central Oregon Disability Support Network Inc.	X	$0.00			$25,000.00			$25,000.00
Centro De Ayuda, Inc.					$20,000.00		$25,000.00	$45,000.00
Chess for Success		$114,000.00						$114,000.00
Chinese Friendship Association of Portland		$0.00	$225,000.00	$0.00	$0.00	$0.00	$0.00	$225,000.00
Clackamas Women's Services		$110,000.00						$110,000.00
Clatsop Community Action	X		$0.00		$25,000.00			$25,000.00
Coalition of Communities of Color					$100,000.00			$100,000.00
Coalition of Community Health Clinics			$500,000.00		$0.00		$0.00	$500,000.00
Columbia Health Services		$0.00	$70,000.00					$70,000.00
Columbia River Health	X				$25,000.00		$0.00	$25,000.00
Community Development Corporation of Oregon		$0.00	$473,000.00		$0.00			$473,000.00
Community Violence Prevention Alliance			$450,000.00					$450,000.00
Comunidad Y Herencia Cultural		$125,000.00						$125,000.00
Creating Opportunities					$100,000.00			$100,000.00
De Rose Community Bridge and Holistic Wellness			$367,000.00					$367,000.00
Doulas Latinas International			$150,000.00	$0.00	$100,000.00		$0.00	$250,000.00
Eastern Oregon Center for Independent Living		$0.00	$500,000.00	$0.00	$500,000.00	$0.00	$25,000.00	$1,025,000.00
El Programa Hispano Catolico		$140,000.00			$0.00			$140,000.00
Familias En Accion					$100,000.00			$100,000.00
Family and Community Together		$91,000.00			$0.00			$91,000.00
Family Tree Relief Nursery			$256,000.00					$256,000.00
Filipino Bayanihan Center		$0.00	$462,000.00		$0.00			$462,000.00
Friends of the Children - Portland		$100,000.00	$0.00					$100,000.00
Friends of Zenger Farm			$145,000.00		$0.00			$145,000.00
Full Gospel Pentecostal Church			$100,000.00		$0.00			$100,000.00
Gresham United Methodist Ministries		$13,000.00			$0.00			$13,000.00
Growing Gardens	X				$25,000.00			$25,000.00
H.O.R.S.E.S. on the Ranch						$31,000.00		$31,000.00
Haymarket Pole Collective			$478,000.00	$75,000.00	$200,000.00	$0.00		$753,000.00
Health and Welfare Committee of the Columbia River Inter-Tribal Fish Commission					$500,000.00			$500,000.00
High Desert Food & Farm Alliance					$70,000.00			$70,000.00
HIV Alliance				$0.00	$100,000.00			$100,000.00
HOLLA		$85,000.00						$85,000.00
Hollywood Senior Center					$185,000.00			$185,000.00
Ikoi No Kai	X				$25,000.00			$25,000.00
Illinois Valley Wellness Resources					$65,000.00			$65,000.00
Immigrant And Refugee Community Organization			$275,000.00					$275,000.00
Ka Aha Lahui O Olekona		$0.00	$100,000.00	$0.00	$0.00	$0.00	$0.00	$100,000.00
Klamath Works, Inc.		$100,000.00						$100,000.00
Korean Society of Oregon	X		$0.00		$25,000.00			$25,000.00
Lao Senior Association of Oregon Inc.	X				$25,000.00		$0.00	$25,000.00
Latino Network		$110,000.00	$500,000.00		$250,000.00			$860,000.00
Living Islands Non-Profit		$0.00	$340,000.00		$0.00	$20,000.00	$0.00	$360,000.00
Medicine Wheel Recovery Services		$0.00	$75,000.00	$0.00	$45,000.00	$7,000.00		$127,000.00
Mercy Connections	X				$25,000.00		$0.00	$25,000.00
Micronesian Islander Community			$230,000.00	$0.00	$0.00	$0.00	$0.00	$230,000.00

Community-Based Organization (Awardee)	Capacity Building	Adolescent and School Health	Commercial Tobacco Prevention	HIV	Modernization	Overdose Prevention	ScreenWise and Genetics	Total
Miracle Theatre Group			$0.00		$0.00			$0.00
Native American Youth and Family Center			$265,000.00					$265,000.00
Natives of One Wind Indigenous Alliance					$100,000.00			$100,000.00
NE Steam Coalition					$100,000.00			$100,000.00
Necanicum Watershed Council					$50,000.00			$50,000.00
North by Northeast Community Health Center			$113,000.00				$0.00	$113,000.00
Northeast Oregon Network			$148,000.00		$100,000.00			$248,000.00
Northwest Center for Alternatives to Pesticides					$50,000.00			$50,000.00
Northwest Disability Support			$0.00		$0.00			$0.00
Northwest Family Services		$0.00	$0.00		$400,000.00		$0.00	$400,000.00
Northwest Portland Area Indian Health Board			$0.00		$400,000.00			$400,000.00
Nurturely					$225,000.00			$225,000.00
Oasis Center of the Rogue Valley			$35,000.00	$45,000.00	$0.00	$10,000.00		$90,000.00
Olalla Center		$72,000.00	$350,000.00					$422,000.00
Opal					$115,000.00			$115,000.00
Open Bible Church of Portland	X		$0.00		$25,000.00			$25,000.00
Ophelia's Place		$90,000.00						$90,000.00
Oregon Chinese Coalition	X	$0.00	$25,000.00	$0.00	$80,000.00	$0.00	$0.00	$105,000.00
Oregon Community Health Workers Association*			$500,000.00		**$165,000.00**			$665,000.00
Oregon Health Equity Alliance			$450,000.00		$0.00			$450,000.00
Oregon Latino Health Coalition			$300,000.00					$300,000.00
Oregon Marshallese Community Association		$0.00	$400,000.00	$0.00	$0.00			$400,000.00
Oregon Public Health Institute			$300,000.00		$0.00			$300,000.00
Oregon Spinal Cord Injury Connection			$75,000.00		$25,000.00			$100,000.00
Outside In					$75,000.00			$75,000.00
Outsource Local, LLC		$0.00	$60,000.00		$0.00			$60,000.00
Phoenix Rising Transitions			$51,000.00		$0.00	$31,000.00		$82,000.00
Portland African-American Leadership Forum					$190,000.00			$190,000.00
Portland Black Community Development Consortium Incorporated		$0.00	$50,000.00		$0.00			$50,000.00
Portland Opportunities Industrialization Center Inc		$70,000.00	$425,000.00					$495,000.00
Portland Refugee Support Group			$250,000.00					$250,000.00
Portland Street Medicine				$45,000.00	$140,000.00	$0.00		$185,000.00
Project Access Now							$25,000.00	$25,000.00
Raices De Bienestar			$110,000.00		$0.00	$0.00		$110,000.00
Red Lodge Transition Services					$70,000.00			$70,000.00
Rogue Action Center			$165,000.00					$165,000.00
Rogue Climate					$130,000.00			$130,000.00
Rogue Valley Mentoring		$70,000.00	$138,000.00					$208,000.00
Salem for Refugees Association	X	$0.00			$25,000.00			$25,000.00
Samoa Pacific Development Corporation			$420,000.00		$0.00			$420,000.00
Seed of Faith Ministries	X				$25,000.00			$25,000.00
Self Enhancement, Inc.		$100,000.00	$290,000.00		$0.00	$0.00		$390,000.00
Sky Lakes Medical Center Foundation Inc			$200,000.00					$200,000.00
Slavic Community Center of NW, Inc.			$325,000.00	$15,000.00	$0.00	$17,000.00		$357,000.00
Somali American Council of Oregon			$500,000.00					$500,000.00
Southern Oregon Center For Community Partnerships					$80,000.00			$80,000.00
Southern Oregon Climate Action Now					$38,000.00			$38,000.00
Southwest Somali Community	X		$0.00	$0.00	$25,000.00	$0.00		$25,000.00
The 4th Dimension Recovery Center			$250,000.00	$0.00	$0.00			$250,000.00
The African American AIDS Awareness Action Alliance				$69,000.00				$69,000.00
The Arc of Benton County, Inc.		$0.00	$55,000.00		$0.00			$55,000.00
The Arc Of Lane County	X	$0.00			$25,000.00			$25,000.00
The Blueprint Foundation					$305,000.00			$305,000.00
The Family Nurturing Center			$500,000.00		$0.00			$500,000.00
The Insight Alliance			$233,000.00					$233,000.00
The Latino Community Association	X	$0.00			$25,000.00			$25,000.00
The Marie Equi Institute			$213,000.00	$100,000.00	$0.00			$313,000.00
The Next Door, Inc.			$188,000.00					$188,000.00
The Uprise Collective					$50,000.00			$50,000.00
The Urban League Of Portland, Inc.			$440,000.00					$440,000.00
Thrive Central Oregon					$205,000.00			$205,000.00
Tillamook County Family YMCA	X	$0.00			$25,000.00			$25,000.00
Todos Juntos			$190,000.00					$190,000.00
Tualatin Together		$0.00	$165,000.00					$165,000.00
United Way of the Columbia-Willamette					$415,000.00			$415,000.00
Upstream Public Health			$280,000.00					$280,000.00
Utopia PDX (United Territories of Pacific Islanders Alliance Portland)	X		$25,000.00	$0.00	$0.00			$25,000.00
Verde					$100,000.00			$100,000.00
Volunteers in Medicine Clinic of the Cascades					$86,000.00			$86,000.00
Voz Workers' Rights Education Project					$100,000.00			$100,000.00
We Care			$300,000.00					$300,000.00
Willamette Partnership					$42,000.00			$42,000.00
TOTALS	**18**	**$2,000,000.00**	**$18,547,500.00**	**$399,000.00**	**$8,911,000.00**	**$140,000.00**	**$100,000.00**	**$30,079,500.00**
* includes BRACE Funding								

Appendix D: Public health modernization funding formulas and methodology

Background

ORS 431.380 requires that, from state moneys Oregon Health Authority (OHA) receives for funding foundational capabilities and programs, OHA shall distribute funds to local public health authorities (LPHAs) through a funding formula described in this section of statute.

The Public Health Advisory Board (PHAB) is responsible for making recommendations to OHA on the development of and modification of plans for the distribution of funds to LPHAs under ORS 431.380. In addition to making recommendations for the public health modernization funding formula, PHAB has also established a set of Funding Principles to be used as a resource in discussions about allocations for all public health funding. These Funding Principles are included as **Appendix E**. PHAB's recommendations on the public health modernization funding formula should be considered in the context of these Funding Principles.

The funding formula is intended to leverage public health funding to eliminate health inequities. The indicators in the funding formula address areas where inequities exist, including socioeconomic status and educational attainment, English language proficiency, and rurality. The base funding is intended to ensure that local public health authorities can establish the workforce and infrastructure needed for working directly with communities to address community priorities. The matching and incentive fund components are intended to maximize opportunities to increase public health funding.

The funding formula described in this appendix is a model for how funds will be allocated through the funding formula in 2023-25. PHAB will convene in 2023 to review and make final recommendations for use of the funding formula, and the Conference of Local Health Officials will be consulted, when final funding levels for 2023-25 are known.

Four components to the local public health funding formula

1. Floor funding: provides base funding to establish county infrastructure needed to fulfill requirements.
2. Indicator Allocations: provides base funding to provide public health services needed, accounting for the differences in community conditions across counties.

   Floor funding and indicator allocations together comprise base funding allocations to counties.

3. Matching funds: for county investment in local public health services and activities.
4. Incentive funds: for achieving accountability metrics.

Description and methodology for funding formula components

The base component of the public health modernization funding formula **i**ncludes a "base floor" payment for each county and additional allocations through the indicator pool.

Floor funding

Floor funding is dependent on the total amount of funds allocated through the funding formula. These payments provide funding for a basic level of staffing and operations infrastructure needed to fulfill requirements. At all funding levels, remaining base component funding is distributed through the indicator pool.

Funding up to $19,999,999

- Floor payments are based on five tiers of county size bands. At the $10 million level, floor payments range from $30,000-90,000 and total $1.845 million. Floor payments proportionately increase at funding levels between $10,000,000-$19,999,999 (remaining at 18.45% of total base component funds.

Funding between $20,000,000-$39,999,999

- A floor payment of $200,000 is allocated to each county. Floor funds are allocated equally to each county, regardless of county size band.

Funding at or above $40,000,000

- When biennial funding increases to $40 million or greater, the floor payment allocated to each county increases to $400,000.

Total funds	Range of floor payments	Floor payment total	Indicator pool total
$10 million	$30,000-90,000	$1,845,000	$8,155,000
$15 million	$45,000-$130,000	$2,767,500	$9,465,000
$20 million	$200,000	$7,200,000	$11,600,000
$40 million	$400,000	$14,400,000	$32,200,000

Indicator allocations

Health and demographic indicators[1] are used to allocate funds based on community conditions that may indicate a greater need for the community to access public health services or additional complexities in serving communities.

- Health and demographic indicators funding levels are determined through an equation based on the county population and rank of a specific county on each indicator Indicator ranks are updated annually to reflect the most current data for each indicator.
- For the 2023-25 award cycle, the allocation percentages have been updated for each indicator. Burden of disease and health status now account for 5% of indicator funds; racial and ethnic diversity, rurality, poverty, education, and limited English proficiency each account for 18% of the total indicator allocations.
- An individual county payout is determined through an equation that multiplies the county population by its health or demographic indicator rank. The solution results in the health or demographic indicator per capita. After the indicator has been determined for all counties, it is then turned into a percentage per capita. The county payout is determined by multiplying the percent of health or demographic indicator per capita by the total indicator pool. The "indicator pool payment" is the total amount of funding allocated per health indicator.
- An example of indicator allocations can be found in Benton County and the indicator for burden of disease, assuming that a total of $20 million is allocated through the funding formula. According to the latest Portland State University census, Benton County's population is 93,976. The most up-to-date ranking of the county's burden of disease is 3.88% of the population. The equation multiplies the population by the county's burden rank (93,976 x 3.88% = 3,644) to determine the burden per capita, which is 3,644 people. After the burden has been determined for all counties (278,410 is Oregon's total of burdened people), it is then turned into a percentage per capita. Benton County's percent of burden per capita is 1.31%, (3,644/278,410 = 1.31%). The county payout is determined by multiplying the percent of burden per capita by the total indicator pool, (1.31% x $580,000 = $7,592). The "indicator pool" is the total amount of funding allocated per health indicator, in this case the total pool for burden of health is $580,000 for all counties, and $7,592 for Benton County.

[1]Indicators include health status, burden of disease, racial and ethnic diversity, poverty, educational attainment, population density, limited English proficiency and rurality.

Funding formula indicators

	Measure	Indicator required by statute?	Data source	Percent allocation	Total allocation at $20 million funding level
Burden of disease	Premature death: Leading causes of years of potential life lost before age 75.	Yes	Oregon death certificate data	5%	$580,000
Health status	Quality of life: Good or excellent health.	Yes	Behavioral Risk Factor Surveillance System	5%	$580,000
Racial and ethnic diversity	Percent of population not categorized as "White alone".	No	U.S. Census Bureau, American Community Survey population five-year estimate	18%	$2,088,000
Poverty	Percent of population living below 150% of the federal poverty level in the past 12 months.	No	U.S. Census Bureau, American Community Survey population five-year estimate	18%	$2,088,000
Education	Percent of population age 25 years and over with less than a high school graduate education level.	No	U.S. Census Bureau, American Community Survey population five-year estimate	18%	$2,088,000
Limited English proficiency	Percent of population age 5 years and over that speaks English less than "very well".	No	U.S. Census Bureau, American Community Survey population five-year estimate	18%	$2,088,000
Rurality	Percent of population living in a rural area	No	U.S. Census Bureau Population estimates	18%	$2,088,000
Total				100%	$7,200,000

The matching funds component

- Matching funds will be awarded for sustained or increased county general fund investments over time.
- Five percent of funds will be allocated to matching funds at or above the $15 million level.[2]
- Of the total funds allocated to matching funds, 50% will be awarded for sustained county general fund investments, and 50% will be awarded for increased county investment.
    - Maintenance payment: Awarded to counties that demonstrate sustained county general fund investment. Available funds awarded equally to all qualifying counties.
    - Additional allocation: Awarded to counties that demonstrate increased county general fund investment. Allocations for increased investment are determined based on the available pool, percent funding increase, and county population.

Total funds	Total matching funds	Maintenance payments	Additional allocation
$10 million	$0	$0	$0
$15 million	$750,000	$375,000	$375,000
$20 million	$1,000,000	$500,000	$500,000
$40 million	$2,000,000	$1,000,000	$1,000,000

Methodology

Compares county general fund investment over two years.

Matching funds = maintenance payment for sustained investment + additional allocation for increased investment

Maintenance payment = All counties eligible to receive the same floor payment.

[2] With sustained and increased investments, OHA anticipates awarding matching fund payments in the 2023-25 biennium.

Additional allocation = Based on percent county funding increase, county population and total funds available to counties with funding increases

Additional allocation = (LPHA weight/sum of all LPHA weights) * total available pool for counties with funding increases

LPHA weight = LPHA population * percent county funding increase

The incentive funds component

Structure for public health accountability metrics

- Public health accountability metrics are comprised of the set of indicators and accountability metrics that have been adopted by PHAB. In 2022, PHAB is revising the set of accountability metrics.
- Public health accountability metrics will become incentivized when there is base funding going out to LPHAs through the public health modernization funding formula for a foundational program. For example, if 2023-25 public health modernization funds are used for communicable disease control, the public health accountability metrics for communicable disease control will be incentivized.
- Incentive funds will be awarded to LPHAs based on performance on the accountability metrics.
- Performance includes meeting a benchmark or improvement target.
- PHAB is responsible for establishing benchmarks and improvement targets.
- Public health accountability metrics will be collected and reported on annually.

Incentive funds

- Each county that achieves an accountability metric will receive an incentive fund floor payment and an additional allocation.
  - All qualifying counties receive the same floor payment. Twenty percent of incentive funds will go to floor payments, with a minimum threshold of $1,000
  - Additional allocations are proportionally distributed to qualifying counties based on county population.
- One percent of funds will be allocated to incentive funds at or above the $15 million level.[3] (At the $15 million, $150,000 would be allocated to incentive funds.
  - Available funds will be split across incentivized accountability metrics

[3] With sustained and increased investments, OHA anticipates awarding incentive payments in the 2023-25 biennium.

Total funds	Total incentive funds	Incentive floor payment (20%)	Additional Allocation (80%)
$10 million	$0	$0	$0
$15 million	$150,000	$30,000 (minimum payment to qualifying counties is $1,000)	$120,000
$20 million	$200,000	$40,000	$160,000
$40 million	$400,000	$80,000	$320,000

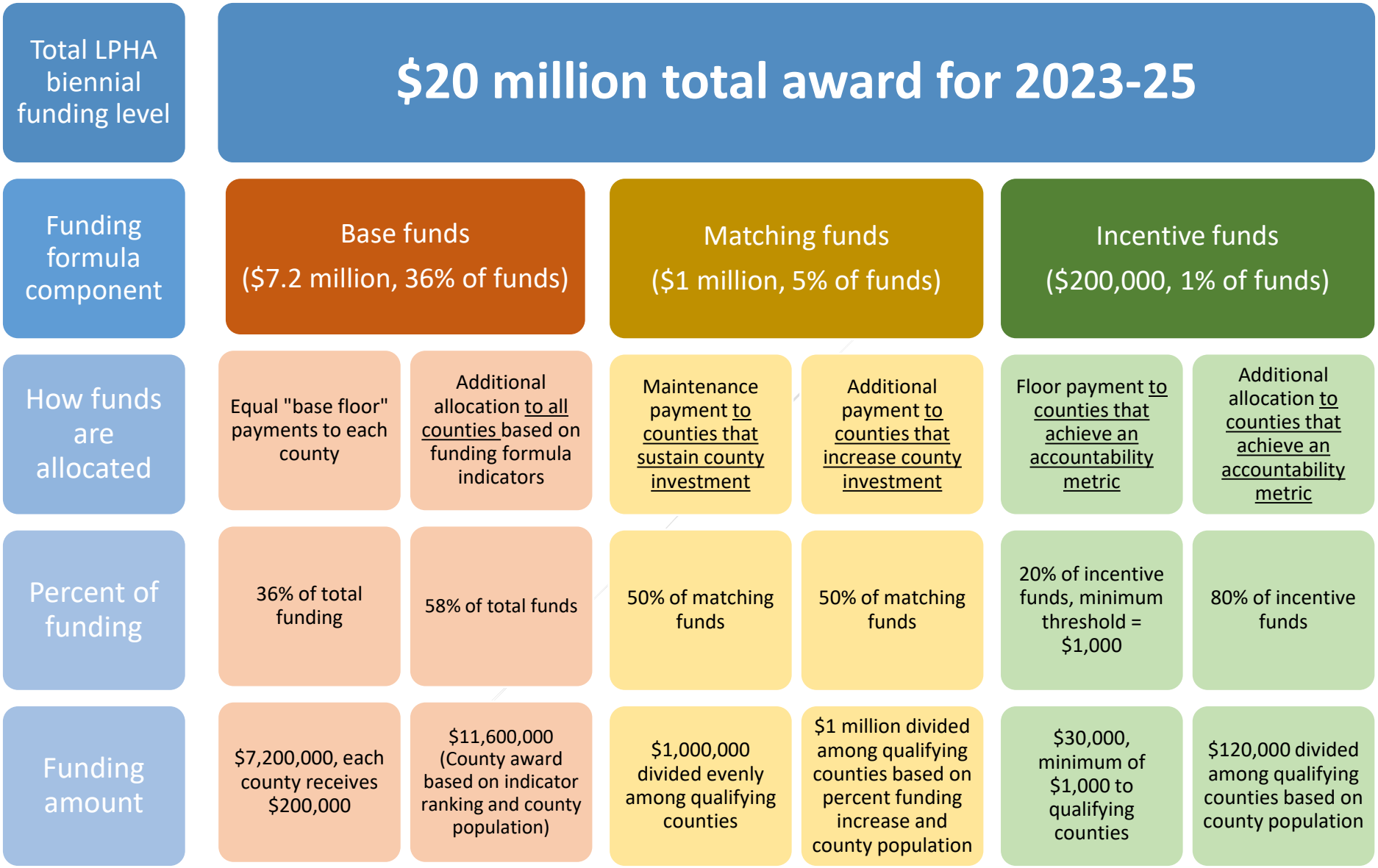
Methodology

Incentive funds = floor payment plus additional allocation based on county population

Incentive floor payment = All qualifying counties receive the same floor payment.

Additional allocation = All qualifying counties receive proportion of remaining incentive funds based on county population

Figure 2: Description of funding formula components at the $20 million biennial funding level for LPHAs in 2023-25.



Public Health Modernization LPHA Funding Formula

Updated June, 2022

Total biennial funds available to LPHAs through the funding formula = $10,000,000

Funding formula for LPHA allocations up to $19,999,999

		Base component									Matching and Incentive fund components		Total county allocation				
County Group	Population[1]	Floor	Burden of Disease[2]	Health Status[3]	Race/ Ethnicity[4]	Poverty 150% FPL[4]	Rurality[5]	Education[4]	Limited English Proficiency[4]		Matching Funds	Incentives	Total Award	Award Percentage	% of Total Population	Award Per Capita	Avg Award Per Capita
Wheeler	1,456	$ 29,758	$ 105	$ 276	$ 263	$ 669	$ 2,666	$ 377	$ 134		$ -	$ -	$ 34,247	0.3%	0.0%	$ 23.52	
Gilliam	2,039	$ 29,758	$ 216	$ 172	$ 445	$ 955	$ 3,733	$ 510	$ 21		$ -	$ -	$ 35,810	0.4%	0.0%	$ 17.56	
Wallowa	7,433	$ 29,758	$ 642	$ 629	$ 921	$ 2,213	$ 13,609	$ 1,649	$ 389		$ -	$ -	$ 49,810	0.5%	0.2%	$ 6.70	
Harney	7,537	$ 29,758	$ 983	$ 522	$ 1,387	$ 2,715	$ 6,113	$ 2,460	$ 436		$ -	$ -	$ 44,375	0.4%	0.2%	$ 5.89	
Grant	7,226	$ 29,758	$ 924	$ 636	$ 920	$ 2,962	$ 13,230	$ 3,033	$ 606		$ -	$ -	$ 52,069	0.5%	0.2%	$ 7.21	
Lake	8,177	$ 29,758	$ 1,134	$ 831	$ 1,321	$ 4,040	$ 9,477	$ 3,821	$ 1,400		$ -	$ -	$ 51,782	0.5%	0.2%	$ 6.33	
Morrow	12,635	$ 29,758	$ 1,234	$ 2,238	$ 4,111	$ 6,794	$ 10,618	$ 10,692	$ 10,468		$ -	$ -	$ 75,913	0.8%	0.3%	$ 6.01	
Baker	16,860	$ 29,758	$ 2,186	$ 1,809	$ 2,590	$ 7,101	$ 12,656	$ 5,724	$ 1,036		$ -	$ -	$ 62,859	0.6%	0.4%	$ 3.73	$ 6.42
Crook	25,482	$ 44,637	$ 2,940	$ 3,327	$ 3,509	$ 8,709	$ 22,394	$ 10,556	$ 890		$ -	$ -	$ 96,961	1.0%	0.6%	$ 3.81	
Curry	23,662	$ 44,637	$ 3,479	$ 2,740	$ 4,879	$ 8,603	$ 16,766	$ 7,264	$ 1,963		$ -	$ -	$ 90,330	0.9%	0.6%	$ 3.82	
Jefferson	24,889	$ 44,637	$ 3,609	$ 1,935	$ 15,116	$ 10,297	$ 28,754	$ 11,257	$ 7,897		$ -	$ -	$ 123,503	1.2%	0.6%	$ 4.96	
Hood River	23,888	$ 44,637	$ 1,605	$ 2,224	$ 7,216	$ 5,899	$ 22,830	$ 16,173	$ 22,407		$ -	$ -	$ 122,992	1.2%	0.6%	$ 5.15	
Tillamook	27,628	$ 44,637	$ 3,361	$ 2,650	$ 4,844	$ 8,959	$ 35,206	$ 10,364	$ 7,068		$ -	$ -	$ 117,090	1.2%	0.6%	$ 4.24	
Union	26,295	$ 44,637	$ 3,116	$ 1,582	$ 4,302	$ 11,062	$ 20,268	$ 7,261	$ 1,991		$ -	$ -	$ 94,220	0.9%	0.6%	$ 3.58	
Sherman, Wasco	28,489	$ 74,395	$ 3,394	$ 2,232	$ 6,728	$ 10,339	$ 21,646	$ 13,500	$ 10,410		$ -	$ -	$ 142,645	1.4%	0.7%	$ 5.01	
Malheur	31,995	$ 44,637	$ 3,720	$ 4,921	$ 8,490	$ 18,461	$ 28,352	$ 23,173	$ 14,311		$ -	$ -	$ 146,066	1.5%	0.7%	$ 4.57	
Clatsop	41,428	$ 44,637	$ 4,917	$ 3,527	$ 8,916	$ 14,539	$ 29,581	$ 12,242	$ 6,455		$ -	$ -	$ 124,815	1.2%	1.0%	$ 3.01	
Lincoln	50,903	$ 44,637	$ 7,191	$ 6,154	$ 12,985	$ 21,309	$ 35,042	$ 15,254	$ 6,473		$ -	$ -	$ 149,045	1.5%	1.2%	$ 2.93	
Columbia	53,014	$ 44,637	$ 5,589	$ 6,169	$ 8,869	$ 14,998	$ 42,319	$ 18,942	$ 2,240		$ -	$ -	$ 143,764	1.4%	1.2%	$ 2.71	
Coos	65,154	$ 44,637	$ 9,086	$ 7,914	$ 14,675	$ 29,518	$ 45,807	$ 25,303	$ 5,627		$ -	$ -	$ 182,567	1.8%	1.5%	$ 2.80	
Klamath	69,822	$ 44,637	$ 10,572	$ 6,896	$ 21,329	$ 36,139	$ 48,066	$ 33,269	$ 14,749		$ -	$ -	$ 215,658	2.2%	1.6%	$ 3.09	$ 3.55
Umatilla	80,463	$ 59,516	$ 9,163	$ 8,403	$ 27,836	$ 33,954	$ 42,870	$ 52,893	$ 44,114		$ -	$ -	$ 278,750	2.8%	1.9%	$ 3.46	
Polk	88,916	$ 59,516	$ 7,814	$ 9,236	$ 23,820	$ 28,288	$ 32,396	$ 29,059	$ 22,524		$ -	$ -	$ 212,652	2.1%	2.1%	$ 2.39	
Josephine	88,728	$ 59,516	$ 12,821	$ 10,979	$ 15,280	$ 45,785	$ 73,103	$ 31,515	$ 7,804		$ -	$ -	$ 256,802	2.6%	2.1%	$ 2.89	
Benton	93,976	$ 59,516	$ 5,337	$ 6,028	$ 30,860	$ 39,609	$ 32,347	$ 13,900	$ 27,772		$ -	$ -	$ 215,369	2.2%	2.2%	$ 2.29	
Yamhill	108,261	$ 59,516	$ 9,759	$ 11,307	$ 29,500	$ 33,506	$ 44,796	$ 43,378	$ 36,694		$ -	$ -	$ 268,457	2.7%	2.5%	$ 2.48	
Douglas	111,694	$ 59,516	$ 16,226	$ 14,074	$ 18,701	$ 44,944	$ 84,253	$ 40,880	$ 8,060		$ -	$ -	$ 286,654	2.9%	2.6%	$ 2.57	
Linn	130,440	$ 59,516	$ 14,643	$ 13,401	$ 28,915	$ 48,766	$ 75,467	$ 51,192	$ 22,857		$ -	$ -	$ 314,758	3.1%	3.1%	$ 2.41	$ 2.61
Deschutes	203,390	$ 74,395	$ 15,654	$ 15,816	$ 32,005	$ 57,118	$ 102,778	$ 48,838	$ 26,153		$ -	$ -	$ 372,757	3.7%	4.8%	$ 1.83	
Jackson	223,827	$ 74,395	$ 24,472	$ 23,376	$ 43,427	$ 88,623	$ 82,370	$ 82,844	$ 43,318		$ -	$ -	$ 462,825	4.6%	5.2%	$ 2.07	
Marion	347,182	$ 74,395	$ 32,787	$ 37,836	$ 149,002	$ 142,626	$ 83,270	$ 198,299	$ 216,514		$ -	$ -	$ 934,729	9.3%	8.1%	$ 2.69	$ 2.29
Lane	382,647	$ 89,274	$ 39,104	$ 36,054	$ 108,316	$ 168,016	$ 122,602	$ 111,212	$ 52,667		$ -	$ -	$ 727,246	7.3%	9.0%	$ 1.90	
Clackamas	425,316	$ 89,274	$ 35,148	$ 35,005	$ 120,038	$ 88,620	$ 140,945	$ 103,569	$ 111,844		$ -	$ -	$ 724,443	7.2%	10.0%	$ 1.70	
Washington	605,036	$ 89,274	$ 38,251	$ 51,857	$ 317,088	$ 140,651	$ 62,034	$ 172,826	$ 327,927		$ -	$ -	$ 1,199,907	12.0%	14.2%	$ 1.98	
Multnomah	820,672	$ 89,274	$ 76,567	$ 74,996	$ 389,293	$ 281,114	$ 19,533	$ 254,671	$ 402,682		$ -	$ -	$ 1,588,131	15.9%	19.2%	$ 1.94	$ 1.90
Total	**4,266,560**	**$ 1,845,000**	**$ 407,750**	**$ 407,750**	**$ 1,467,900**	**$ 1,467,900**	**$ 1,467,900**	**$ 1,467,900**	**$ 1,467,900**		$ -	$ -	**$ 10,000,000**	**100.0%**	**100.0%**	**$ 2.34**	**$ 2.34**

[1] Source: Portland State University Certified Population estimate July 1, 2021

[2] Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon Death Certificate data, 2016-2020.

[3] Source: Quality of life: OHA, Oregon Behavioral Risk Factor Surveillance System (BRFSS), county file 2014-2017

[4] Source: U.S. Census Bureau, American Community Survey (ACS), 5-year estimates, Table B02001, B15002, C16001, C17002, 2016-2020.

[5] Source: U.S. Census Bureau, Decennial Census, SF1 Table P2, 2010

County Size Bands

Extra Small	Small	Medium	Large	Extra Large
up to 20,000	20,000-75,000	75,000-150,000	150,000-375,(	above 375,000

Public Health Modernization LPHA Funding Formula
Updated June, 2022
Total biennial funds available to LPHAs through the funding formula = $20,000,000

Funding formula for LPHA allocations between $20,000,000-39,999,999

		Base component								Matching and Incentive fund components		Total county allocation				
County Group	Population[1]	Floor	Burden of Disease[2]	Health Status[3]	Race/ Ethnicity[4]	Poverty 150% FPL[4]	Rurality[5]	Education[4]	Limited English Proficiency[4]	Matching Funds	Incentives	Total Award	Award Percentage	% of Total Population	Award Per Capita	Avg Award Per Capita
Wheeler	1,456	$ 200,000	$ 150	$ 393	$ 373	$ 951	$ 3,792	$ 536	$ 190			$ 206,385	1.1%	0.0%	$ 141.75	
Gilliam	2,039	$ 200,000	$ 307	$ 245	$ 633	$ 1,358	$ 5,310	$ 726	$ 30			$ 208,609	1.1%	0.0%	$ 102.31	
Wallowa	7,433	$ 200,000	$ 914	$ 894	$ 1,310	$ 3,148	$ 19,358	$ 2,346	$ 553			$ 228,523	1.2%	0.2%	$ 30.74	
Harney	7,537	$ 200,000	$ 1,398	$ 742	$ 1,972	$ 3,862	$ 8,696	$ 3,500	$ 620			$ 220,791	1.2%	0.2%	$ 29.29	
Grant	7,226	$ 200,000	$ 1,315	$ 904	$ 1,308	$ 4,214	$ 18,819	$ 4,314	$ 862			$ 231,736	1.2%	0.2%	$ 32.07	
Lake	8,177	$ 200,000	$ 1,612	$ 1,182	$ 1,879	$ 5,747	$ 13,480	$ 5,436	$ 1,991			$ 231,327	1.2%	0.2%	$ 28.29	
Morrow	12,635	$ 200,000	$ 1,756	$ 3,183	$ 5,848	$ 9,664	$ 15,104	$ 15,209	$ 14,890			$ 265,653	1.4%	0.3%	$ 21.03	
Baker	16,860	$ 200,000	$ 3,109	$ 2,573	$ 3,684	$ 10,101	$ 18,003	$ 8,142	$ 1,473			$ 247,085	1.3%	0.4%	$ 14.66	$ 29.04
Crook	25,482	$ 200,000	$ 4,182	$ 4,732	$ 4,991	$ 12,388	$ 31,854	$ 15,015	$ 1,266			$ 274,428	1.5%	0.6%	$ 10.77	
Curry	23,662	$ 200,000	$ 4,949	$ 3,897	$ 6,941	$ 12,237	$ 23,848	$ 10,332	$ 2,792			$ 264,996	1.4%	0.6%	$ 11.20	
Jefferson	24,889	$ 200,000	$ 5,134	$ 2,753	$ 21,502	$ 14,647	$ 40,901	$ 16,013	$ 11,233			$ 312,182	1.7%	0.6%	$ 12.54	
Hood River	23,888	$ 200,000	$ 2,284	$ 3,163	$ 10,264	$ 8,391	$ 32,475	$ 23,005	$ 31,873			$ 311,455	1.7%	0.6%	$ 13.04	
Tillamook	27,628	$ 200,000	$ 4,781	$ 3,770	$ 6,891	$ 12,743	$ 50,079	$ 14,742	$ 10,054			$ 303,060	1.6%	0.6%	$ 10.97	
Union	26,295	$ 200,000	$ 4,432	$ 2,250	$ 6,119	$ 15,736	$ 28,830	$ 10,328	$ 2,833			$ 270,528	1.4%	0.6%	$ 10.29	
Sherman, Wasco	28,489	$ 400,000	$ 4,828	$ 3,174	$ 9,571	$ 14,707	$ 30,791	$ 19,203	$ 14,808			$ 497,082	2.6%	0.7%	$ 17.45	
Malheur	31,995	$ 200,000	$ 5,292	$ 7,001	$ 12,077	$ 26,260	$ 40,329	$ 32,962	$ 20,357			$ 344,277	1.8%	0.7%	$ 10.76	
Clatsop	41,428	$ 200,000	$ 6,994	$ 5,017	$ 12,683	$ 20,680	$ 42,078	$ 17,414	$ 9,182			$ 314,048	1.7%	1.0%	$ 7.58	
Lincoln	50,903	$ 200,000	$ 10,229	$ 8,754	$ 18,470	$ 30,311	$ 49,845	$ 21,698	$ 9,207			$ 348,515	1.9%	1.2%	$ 6.85	
Columbia	53,014	$ 200,000	$ 7,950	$ 8,775	$ 12,616	$ 21,334	$ 60,197	$ 26,944	$ 3,187			$ 341,002	1.8%	1.2%	$ 6.43	
Coos	65,154	$ 200,000	$ 12,924	$ 11,257	$ 20,875	$ 41,988	$ 65,158	$ 35,992	$ 8,004			$ 396,197	2.1%	1.5%	$ 6.08	
Klamath	69,822	$ 200,000	$ 15,039	$ 9,809	$ 30,340	$ 51,405	$ 68,371	$ 47,323	$ 20,980			$ 443,267	2.4%	1.6%	$ 6.35	$ 8.97
Umatilla	80,463	$ 200,000	$ 13,034	$ 11,953	$ 39,596	$ 48,297	$ 60,979	$ 75,238	$ 62,750			$ 511,848	2.7%	1.9%	$ 6.36	
Polk	88,916	$ 200,000	$ 11,114	$ 13,137	$ 33,882	$ 40,237	$ 46,082	$ 41,334	$ 32,039			$ 417,826	2.2%	2.1%	$ 4.70	
Josephine	88,728	$ 200,000	$ 18,237	$ 15,617	$ 21,735	$ 65,126	$ 103,984	$ 44,828	$ 11,100			$ 480,627	2.6%	2.1%	$ 5.42	
Benton	93,976	$ 200,000	$ 7,592	$ 8,574	$ 43,897	$ 56,342	$ 46,012	$ 19,771	$ 39,503			$ 421,691	2.2%	2.2%	$ 4.49	
Yamhill	108,261	$ 200,000	$ 13,882	$ 16,083	$ 41,962	$ 47,660	$ 63,720	$ 61,703	$ 52,195			$ 497,206	2.6%	2.5%	$ 4.59	
Douglas	111,694	$ 200,000	$ 23,081	$ 20,020	$ 26,601	$ 63,930	$ 119,845	$ 58,149	$ 11,464			$ 523,091	2.8%	2.6%	$ 4.68	
Linn	130,440	$ 200,000	$ 20,829	$ 19,062	$ 41,130	$ 69,366	$ 107,348	$ 72,818	$ 32,513			$ 563,066	3.0%	3.1%	$ 4.32	$ 4.86
Deschutes	203,390	$ 200,000	$ 22,266	$ 22,497	$ 45,525	$ 81,247	$ 146,195	$ 69,470	$ 37,201			$ 624,402	3.3%	4.8%	$ 3.07	
Jackson	223,827	$ 200,000	$ 34,810	$ 33,251	$ 61,772	$ 126,061	$ 117,166	$ 117,841	$ 61,617			$ 752,519	4.0%	5.2%	$ 3.36	
Marion	347,182	$ 200,000	$ 46,638	$ 53,819	$ 211,946	$ 202,876	$ 118,447	$ 282,068	$ 307,979			$ 1,423,773	7.6%	8.1%	$ 4.10	$ 3.62
Lane	382,647	$ 200,000	$ 55,623	$ 51,284	$ 154,074	$ 238,993	$ 174,394	$ 158,193	$ 74,916			$ 1,107,476	5.9%	9.0%	$ 2.89	
Clackamas	425,316	$ 200,000	$ 49,996	$ 49,792	$ 170,747	$ 126,057	$ 200,486	$ 147,321	$ 159,091			$ 1,103,489	5.9%	10.0%	$ 2.59	
Washington	605,036	$ 200,000	$ 54,409	$ 73,763	$ 451,039	$ 200,067	$ 88,240	$ 245,834	$ 466,457			$ 1,779,808	9.5%	14.2%	$ 2.94	
Multnomah	820,672	$ 200,000	$ 108,912	$ 106,678	$ 553,746	$ 399,867	$ 27,785	$ 362,254	$ 572,792			$ 2,332,034	12.4%	19.2%	$ 2.84	$ 2.83
Total	**4,266,560**	**$ 7,200,000**	**$ 580,000**	**$ 580,000**	**$ 2,088,000**	**$ 2,088,000**	**$ 2,088,000**	**$ 2,088,000**	**$ 2,088,000**	$ 1,000,000	$ 200,000	**$ 18,800,000**	**100.0%**	**100.0%**	**$ 4.41**	**$ 4.41**

[1] Source: Portland State University Certified Population estimate July 1, 2021
[2] Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon Death Certificate data, 2016-2020.
[3] Source: Quality of life: OHA, Oregon Behavioral Risk Factor Surveillance System (BRFSS), county file 2014-2017
[4] Source: U.S. Census Bureau, American Community Survey (ACS), 5-year estimates, Table B02001, B15002, C16001, C17002, 2016-2020.
[5] Source: U.S. Census Bureau, Decennial Census, SF1 Table P2, 2010

County Size Bands

Extra Small	Small	Medium	Large	Extra Large
up to 20,000	20,000-75,000	75,000-150,000	150,000-375,(	above 375,000

Public Health Modernization LPHA Funding Formula

Updated June, 2022

Total biennial funds available to LPHAs through the funding formula = $40,000,000

Funding formula for LPHA allocations at or above $40,000,000

		Base component								Matching and Incentive fund components		Total county allocation				
County Group	Population[1]	Floor	Burden of Disease[2]	Health Status[3]	Race/ Ethnicity[4]	Poverty 150% FPL[4]	Rurality[5]	Education[4]	Limited English Proficiency[4]	Matching Funds	Incentives	Total Award	Award Percentage	% of Total Population	Award Per Capita	Avg Award Per Capita
Wheeler	1,456	$ 400,000	$ 300	$ 785	$ 747	$ 1,903	$ 7,584	$ 1,073	$ 380			$ 412,771	1.1%	0.0%	$ 283.50	
Gilliam	2,039	$ 400,000	$ 614	$ 491	$ 1,266	$ 2,716	$ 10,620	$ 1,451	$ 59			$ 417,217	1.1%	0.0%	$ 204.62	
Wallowa	7,433	$ 400,000	$ 1,828	$ 1,788	$ 2,620	$ 6,296	$ 38,716	$ 4,692	$ 1,106			$ 457,047	1.2%	0.2%	$ 61.49	
Harney	7,537	$ 400,000	$ 2,797	$ 1,485	$ 3,945	$ 7,724	$ 17,391	$ 7,000	$ 1,241			$ 441,582	1.2%	0.2%	$ 58.59	
Grant	7,226	$ 400,000	$ 2,629	$ 1,809	$ 2,616	$ 8,427	$ 37,638	$ 8,628	$ 1,725			$ 463,471	1.2%	0.2%	$ 64.14	
Lake	8,177	$ 400,000	$ 3,225	$ 2,364	$ 3,758	$ 11,495	$ 26,960	$ 10,872	$ 3,982			$ 462,654	1.2%	0.2%	$ 56.58	
Morrow	12,635	$ 400,000	$ 3,511	$ 6,366	$ 11,697	$ 19,328	$ 30,207	$ 30,418	$ 29,779			$ 531,306	1.4%	0.3%	$ 42.05	
Baker	16,860	$ 400,000	$ 6,218	$ 5,146	$ 7,369	$ 20,202	$ 36,005	$ 16,284	$ 2,946			$ 494,169	1.3%	0.4%	$ 29.31	$ 58.08
Crook	25,482	$ 400,000	$ 8,363	$ 9,464	$ 9,982	$ 24,775	$ 63,709	$ 30,029	$ 2,533			$ 548,856	1.5%	0.6%	$ 21.54	
Curry	23,662	$ 400,000	$ 9,898	$ 7,795	$ 13,881	$ 24,474	$ 47,697	$ 20,664	$ 5,583			$ 529,992	1.4%	0.6%	$ 22.40	
Jefferson	24,889	$ 400,000	$ 10,268	$ 5,506	$ 43,004	$ 29,294	$ 81,802	$ 32,026	$ 22,465			$ 624,364	1.7%	0.6%	$ 25.09	
Hood River	23,888	$ 400,000	$ 4,567	$ 6,326	$ 20,529	$ 16,782	$ 64,949	$ 46,011	$ 63,745			$ 622,909	1.7%	0.6%	$ 26.08	
Tillamook	27,628	$ 400,000	$ 9,562	$ 7,540	$ 13,782	$ 25,487	$ 100,157	$ 29,484	$ 20,109			$ 606,120	1.6%	0.6%	$ 21.94	
Union	26,295	$ 400,000	$ 8,864	$ 4,501	$ 12,238	$ 31,471	$ 57,661	$ 20,656	$ 5,665			$ 541,057	1.4%	0.6%	$ 20.58	
Sherman, Wasco	28,489	$ 800,000	$ 9,656	$ 6,348	$ 19,142	$ 29,414	$ 61,581	$ 38,405	$ 29,617			$ 994,163	2.6%	0.7%	$ 34.90	
Malheur	31,995	$ 400,000	$ 10,583	$ 14,001	$ 24,154	$ 52,521	$ 80,659	$ 65,924	$ 40,713			$ 688,554	1.8%	0.7%	$ 21.52	
Clatsop	41,428	$ 400,000	$ 13,987	$ 10,034	$ 25,365	$ 41,361	$ 84,156	$ 34,828	$ 18,364			$ 628,095	1.7%	1.0%	$ 15.16	
Lincoln	50,903	$ 400,000	$ 20,458	$ 17,508	$ 36,940	$ 60,623	$ 99,691	$ 43,395	$ 18,414			$ 697,029	1.9%	1.2%	$ 13.69	
Columbia	53,014	$ 400,000	$ 15,901	$ 17,549	$ 25,231	$ 42,669	$ 120,393	$ 53,888	$ 6,373			$ 682,004	1.8%	1.2%	$ 12.86	
Coos	65,154	$ 400,000	$ 25,848	$ 22,515	$ 41,750	$ 83,976	$ 130,316	$ 71,983	$ 16,007			$ 792,394	2.1%	1.5%	$ 12.16	
Klamath	69,822	$ 400,000	$ 30,077	$ 19,618	$ 60,679	$ 102,810	$ 136,743	$ 94,647	$ 41,960			$ 886,534	2.4%	1.6%	$ 12.70	$ 17.95
Umatilla	80,463	$ 400,000	$ 26,069	$ 23,907	$ 79,191	$ 96,595	$ 121,959	$ 150,475	$ 125,499			$ 1,023,695	2.7%	1.9%	$ 12.72	
Polk	88,916	$ 400,000	$ 22,229	$ 26,275	$ 67,764	$ 80,475	$ 92,163	$ 82,669	$ 64,077			$ 835,652	2.2%	2.1%	$ 9.40	
Josephine	88,728	$ 400,000	$ 36,473	$ 31,234	$ 43,471	$ 130,253	$ 207,969	$ 89,655	$ 22,200			$ 961,255	2.6%	2.1%	$ 10.83	
Benton	93,976	$ 400,000	$ 15,184	$ 17,148	$ 87,794	$ 112,684	$ 92,024	$ 39,542	$ 79,007			$ 843,382	2.2%	2.2%	$ 8.97	
Yamhill	108,261	$ 400,000	$ 27,764	$ 32,166	$ 83,924	$ 95,321	$ 127,440	$ 123,406	$ 104,390			$ 994,411	2.6%	2.5%	$ 9.19	
Douglas	111,694	$ 400,000	$ 46,161	$ 40,040	$ 53,203	$ 127,859	$ 239,691	$ 116,299	$ 22,929			$ 1,046,181	2.8%	2.6%	$ 9.37	
Linn	130,440	$ 400,000	$ 41,658	$ 38,124	$ 82,261	$ 138,733	$ 214,695	$ 145,636	$ 65,025			$ 1,126,132	3.0%	3.1%	$ 8.63	$ 9.72
Deschutes	203,390	$ 400,000	$ 44,533	$ 44,995	$ 91,051	$ 162,493	$ 292,390	$ 138,939	$ 74,402			$ 1,248,803	3.3%	4.8%	$ 6.14	
Jackson	223,827	$ 400,000	$ 69,620	$ 66,503	$ 123,543	$ 252,121	$ 234,333	$ 235,682	$ 123,234			$ 1,505,037	4.0%	5.2%	$ 6.72	
Marion	347,182	$ 400,000	$ 93,275	$ 107,639	$ 423,892	$ 405,753	$ 236,893	$ 564,136	$ 615,957			$ 2,847,546	7.6%	8.1%	$ 8.20	$ 7.23
Lane	382,647	$ 400,000	$ 111,246	$ 102,569	$ 308,147	$ 477,985	$ 348,787	$ 316,386	$ 149,832			$ 2,214,952	5.9%	9.0%	$ 5.79	
Clackamas	425,316	$ 400,000	$ 99,991	$ 99,584	$ 341,493	$ 252,114	$ 400,973	$ 294,641	$ 318,182			$ 2,206,978	5.9%	10.0%	$ 5.19	
Washington	605,036	$ 400,000	$ 108,819	$ 147,526	$ 902,078	$ 400,134	$ 176,479	$ 491,668	$ 932,913			$ 3,559,617	9.5%	14.2%	$ 5.88	
Multnomah	820,672	$ 400,000	$ 217,825	$ 213,356	$ 1,107,493	$ 799,735	$ 55,570	$ 724,507	$ 1,145,583			$ 4,664,068	12.4%	19.2%	$ 5.68	$ 5.66
Total	**4,266,560**	**$ 14,400,000**	**$ 1,160,000**	**$ 1,160,000**	**$ 4,176,000**	**$ 4,176,000**	**$ 4,176,000**	**$ 4,176,000**	**$ 4,176,000**	$ 2,000,000	$ 400,000	**$ 37,600,000**	**100.0%**	**100.0%**	**$ 8.81**	**$ 8.81**

[1] Source: Portland State University Certified Population estimate July 1, 2021

[2] Source: Premature death: Leading causes of years of potential life lost before age 75. Oregon Death Certificate data, 2016-2020.

[3] Source: Quality of life: OHA, Oregon Behavioral Risk Factor Surveillance System (BRFSS), county file 2014-2017

[4] Source: U.S. Census Bureau, American Community Survey (ACS), 5-year estimates, Table B02001, B15002, C16001, C17002, 2016-2020.

[5] Source: U.S. Census Bureau, Decennial Census, SF1 Table P2, 2010

County Size Bands

Extra Small	Small	Medium	Large	Extra Large
up to 20,000	20,000-75,000	75,000-150,000	150,000-375,(	above 375,000

Appendix E: Public Health Advisory Board funding principles

Public Health Advisory Board
Funding principles for state and local public health authorities
July 2020

The Public Health Advisory Board recognizes that funding for foundational capabilities and programs is limited, but innovations can maximize the benefit of available resources. These funding principles are designed to apply to the public health system, which means state and local public health authorities in Oregon. These funding principles can be applied to increases or decreases in public health funding.

Public health system approach to foundational programs

1. Ensure that public health services are available to every person in Oregon, whether they are provided by an individual local public health authority, a tribal health authority, through cross-jurisdictional sharing arrangements, and/or by the Oregon Health Authority.

2. Align funding with burden of disease, risk, and state and community health assessment and plan priorities, while minimizing the impact to public health infrastructure when resources are redirected.

3. Use funding to advance health equity in Oregon, which includes directing funds to areas of the state experiencing a disproportionate burden of disease or where health disparities exist.

4. Use funding to incentivize changes to the public health system intended to increase efficiency and improve health outcomes, which may include cross-jurisdictional sharing.

5. Align public health work and funding to leverage resources with health care, education and other sectors to achieve health outcomes.

Transparency across the public health system

6. Acknowledge how the public health system works to achieve outcomes, and direct funding to close the identified gaps across the system in all governmental public health authorities.

7. Improve transparency about funded work across the public health system and scale work to available funding.