

**PUBLIC HEALTH ADVISORY BOARD**  
**Incentives and Funding Subcommittee Meeting Minutes**

**July 12, 2016**  
**1:00-2:00 pm**

Portland State Office Building, 800 NE Oregon St., Room 1C, Portland, OR 97232  
Conference line: (877) 873-8017  
Access code: 767068

**Meeting chair:** Akiko Saito

**PHAB subcommittee members present:** Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

**PHAB subcommittee members absent:** none

**OHA staff:** Sara Beaudrault, Cara Biddlecom, Chris Curtis, Angela Rowland

**Members of the public:** none

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**Welcome and introductions –** Akiko Saito

**Approval of minutes –** Akiko Saito

Subcommittee members voted to approve the June 15th, 2016 subcommittee meeting minutes. All in favor.

**Continue work to develop funding formula –** Subcommittee members

The funding formula now contains six indicators (population, health status, burden of disease, racial/ethnic diversity, poverty and limited English proficiency). Members discussed whether other indicators should be added.

Alejandro questioned whether additional indicators make the formula too confusing. Silas stated that with too many indicators, it becomes difficult to understand the meaning and adds administrative burden. The allocation or weight assigned to each indicator is more important than the number of indicators.

Tricia questioned the difference between the poverty indicators versus other indicators of economic well-being. Members proposed possible indicators including new jobs, education, cost of housing, unemployment, and income inequality. Data sources may include the Oregon Community Foundation and American Community Survey.

[http://www.oregoncf.org/Templates/media/files/reports/top\\_indicators\\_2015.pdf](http://www.oregoncf.org/Templates/media/files/reports/top_indicators_2015.pdf) Akiko asked whether a poverty or SES indicator could be pulled from multiple data sources. Chris stated this possible with a ranking system. Members discussed what would be gained by including a poverty measure. LHDs in areas of the state with higher poverty

levels may have a greater demand for services to community members, and an inherent level of risk may exist in those communities. Silas voiced concern of unintended consequences if these indicators were to become performance-based metrics. Cara clarified that these are included in the base components of the funding formula, not the incentives component that will be developed by the Accountability Metrics subcommittee. She will bring these concerns forward to that group.

Alejandro stated that this funding formula may work in opposing directions. For the base component, poorer health outcomes or greater need results in more funding. But for the incentives components, improved health or less need results in more funding. This will be important to keep in mind over time as this formula is modified each biennium. Akiko stated that funding for the first years should focus on where the needs are, with movement toward an incentives-based approach. The public health system is underfunded, and this needs to be addressed before incentives kick in.

Tricia stated that base funding should be based on stable characteristics of the population. Public health interventions could be tied to burden of disease or health poverty to allow change in the system.

Subcommittee members approve the six indicators that are currently included in the model, with the understanding that more work will happen to develop the poverty indicator. PHD will bring a list of potential data sources to the next meeting for review.

#### *Data sources*

Subcommittee members reviewed options for data sources listed on the indicators matrix.

Members agreed to look at a premature death measure for burden of disease. Another option is disability due to disease.

Quality of life is a generally accepted measure of health status. Other suggestions include tobacco use or obesity. Tricia appreciates that the health status metric is an aggregate of many health factors and would like to see it across the life span.

#### *Allocations across indicators*

Silas proposes 50 - 75% of the base funding be tied to population with 5-10% for the indicators. This will keep funding levels stable; it is a cautious approach. Akiko supports a 50% allocation to population as a starting place. Jeff suggested a larger allocation for health equity. Tricia proposed tying racial/ethnic diversity and limited English proficiency to per capita as well.

The group was not prepared to come to a consensus on the percentages. PHD staff will develop alternative models for the next meeting to see which counties benefit or don't under different models. Alejandro pointed out that funding per capita is pretty equitable under the existing model. The group will consider modernization assessment gaps as well.

**Discuss subcommittee update for July 21st PHAB – Subcommittee members**

Akiko will provide a subcommittee update at the July 21st PHAB meeting.

**Set agenda for August meeting – Subcommittee members**

Tricia will chair next month's meeting.

Possible agenda topics:

- Members to bring recommended data sources.
- Look at alternative funding models created by the PHD.
- Look at the gaps in the modernization assessment

**Public comment – No public testimony.**

**Adjournment – Akiko Saito**

The meeting was adjourned.