

PUBLIC HEALTH ADVISORY BOARD Incentives and Funding Subcommittee

November 8, 2016

1:00-3:00 pm

Portland State Office Building, 800 NE Oregon St., Room 1C, Portland, OR 97232

Webinar: <https://attendee.gotowebinar.com/register/4260065876750387201>

Conference line: (877) 873-8017

Access code: 767068

Meeting Chair: Silas Halloran-Steiner

Subcommittee Members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

Meeting Objectives

- Approve October meeting minutes
- Debrief Oct 20 PHAB meeting discussion and implications for the funding formula
- Make recommendation on data sources for funding formula indicators
- Come to agreement on which funding formula model to recommend to PHAB at the Nov 17 meeting
- Set agenda for December subcommittee meeting

1:00-1:05 pm	Welcome and introductions <ul style="list-style-type: none"> • Approve October meeting minutes 	Silas Halloran-Steiner, Meeting Chair
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1:05-1:25 pm	Debrief Oct 20th PHAB discussion <ul style="list-style-type: none"> • Discuss whether changes to funding formula development are needed following discussion with Representative Greenlick and Senator Monnes Anderson • Discuss how per capita need for 2017-19 priority areas as identified in the public health modernization assessment can be incorporated into funding formula model 	Subcommittee members
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1:25-1:45 pm	Review data sources for funding formula indicators <ul style="list-style-type: none"> • Review data sources currently used in funding formula model and discuss whether changes to data sources are needed • Agree on whether to use U.S. Census Bureau ACS data or Portland State University population estimates for county population 	Subcommittee members

1:45-2:30 pm	<p>Discuss funding formula models and make initial recommendations</p> <ul style="list-style-type: none"> • Review comparison of three models, including how each model impacts counties in each size band; • Discuss models using the following questions: <ul style="list-style-type: none"> ○ Does the model allocate enough funding to all counties to make meaningful improvements? ○ Does the model encourage regional models for service delivery? ○ Does the model move us toward an equitable public health system? • Make an initial recommendation for percent allocations for each indicator. • Make an initial recommendation for which model to recommend to PHAB members at the November 17 meeting; 	Subcommittee members
2:30-2:45	<p>Prepare for presentation at November 17 PHAB meeting</p> <ul style="list-style-type: none"> • Decide who will lead presentation • Decide what materials to present 	Subcommittee members
2:45-2:50 pm	<p>Subcommittee business</p> <ul style="list-style-type: none"> • Set agenda for December 13 subcommittee meeting • Confirm that Akiko can serve as Chair for December meeting 	Subcommittee members
2:50-3:00 pm	Public comment	
3:00 pm	Adjourn	Silas Halloran-Steiner Meeting Chair

Public Health Advisory Board

Incentives and Funding Subcommittee meeting minutes

DRAFT

October 18th, 2016

2:00-4:00 pm

Welcome and roll call

Meeting Chair: Alejandro Queral

PHAB members present: Silas Halloran-Steiner, Alejandro Queral, Tricia Tillman, Jeff Luck

OHA staff: Sara Beaudrault, Chris Curtis, Angela Rowland

Members of the public: Kelly McDonald, Morgan Cowling, Dr. Joseph Eusterman

The September 13th PHAB Incentives and Funding meeting minutes were approved. Tricia made a recommendation to edit a statement made on page 2 of the minutes. The group agreed to approve the edited minutes.

Funding formula purpose and goals

OHA staff provided an overview of three funding formula components from Section 28 from HB 3100: baseline, matching funds and incentive payments.

The subcommittee discussed whether state matching funds could be used for grants or other local funding mechanisms outside of county investments. Section 28(1)(B) references local investments. The intent of state matching funds is to incentivize sustainable investments over limited duration grants or one-time funding.

Tricia recommends a joint meeting for the two PHAB subcommittees to ensure alignment across each subcommittee's work. OHA will work on setting up a joint meeting.

This subcommittee has previously recommended that an initial investment in 2017-19 go toward the baseline component of the funding formula, and roll in local public health payments for matching funds and incentive payments in future biennia. The subcommittee needs to determine a formula for awarding baseline payments and think about a method or model for increasing county investments. Alejandro pointed out Section 28(3). Silas questioned whether this is the right body to make decisions around matching funds and encouraged broadening this discussion to include commissioners and AOC. Since these components of the funding formula will not be included in the 2017-19 funding formula, it gives this subcommittee time to think about process for broadening this discussion.

Subcommittee members asked what needs to be submitted to the legislature in January. OHA staff stated that the funding formula will be included in the statewide modernization plan. The plan will state why matching fund and incentive payments will be deferred until a later date, as articulated by subcommittee members.

Subcommittee members asked the purpose of including matching funds in the funding formula. Sara stated the goal is to encourage additional funding for public health from different sources, and not just from state general funds. Subcommittee members discussed that matching funds do not have to be 1:1; there are other ways to incentivize local investments. This group also needs to focus on how to use matching funds and incentives to encourage the equitable provision of public health.

Alejandro asked if the subcommittee should define equity as it's used in the funding formula. The baseline component must take into account the equitable provision of public health services by local public health authorities. Tricia questioned whether equity is being conflated with equality. Equity recognizes the cost of doing business as a county health department as well as other factors such as burden of disease, complexity of the systems that public health is expected to work across and other factors that have been discussed. An equitable approach may not be an equal approach. She feels that the subcommittee is working toward an equitable approach.

Silas requested that OHA staff draft a statement regarding an equal or equitable funding formula. Jeff has been thinking about equity across counties and for individuals within a county. The base payment per county gets at equity across counties. The additional indicators for burden of disease, health status and others gets at equity across individuals within each county. He feels that the subcommittee is concretely aiming to be equitable. A good next step would be for OHA staff to try to write this up.

Funding formula methodology

OHA staff Chris Curtis walked through the methodology for the funding formula models.

Each funding formula starts with a floor or base payment. The total amount for base payments is pulled out of the total amount available. The next step is to establish percent allocations for each indicator. Percentages are used to ensure that 100% of available funds are spent. The same allocations are used in all three models provided to the subcommittee. The thing that is different among these models is whether the indicators are tied to county population, whereby a large county would receive more funding than a small county with the same ranking on an indicator.

Subcommittee members asked for clarification on the data source for indicators and additional information on how years of potential life lost is being ranked. Subcommittee members requested to see county-level indicators for YPLL.

Funding formula models, discussion and initial recommendation

Subcommittee members questioned whether the models that don't link the indicators to county population are inequitable because small or extra small counties receive proportionally larger payments per capita. Model 3, which does not link indicators to county population is the "equal" model whereas Model 1, which does link indicators to county population is the "equitable" approach. Some subcommittees stated that they cannot support Model 3 as it appears to disadvantage larger counties.

Tricia proposed that the subcommittee look at tiered base payments. This may narrow the difference in average per capita award while also providing enough of a base to implement modernization and incentivize more regional coordination.

Alejandro requested that OHA staff update the three models as discussed by the subcommittee to look at different weighting across the indicators and a tiered base payment. This can be shared at the Oct 20, 2016 PHAB meeting. This is an opportunity to gather reactions to inform upcoming subcommittee decisions. PHAB can do a deeper dive on the details at the November meeting.

Subcommittee members also requested a geographic look at award per capita. Can these models be mapped? The funding formula should also be tied to findings from the BERK report (i.e., magnitude of gaps in communicable disease and environmental health).

Subcommittee business

Jeff will present at the November PHAB meeting.

Tricia asked that the subcommittee look at data sources for indicators at the next meeting. Specifically, is ACS the best data source for county population or should the committee look at other data sources?

Tricia requested that meeting minutes be captured at a higher level and that formative thoughts or areas of discussion are not presented as facts.

Sara will ask whether Silas can Chair the November 8th meeting.

Public Comment

Morgan Cowling, Executive Director of CLHO

CLHO members have met with many legislators and are being asked, what are we buying and what will this look like on the ground and with the accountability structure. Morgan questions whether these questions can be answered with just one funding formula and wonders how it can be connected to the assessment results or to improving health outcomes. The CLHO legislative committee is putting together a group to consider these questions in order to inform and support LPHA administrators that serve on this subcommittee.

Alejandro agrees that the connection to the public health modernization assessment report is critical. And emphasizes the need for a joint meeting between PHAB subcommittees.

PHAB Funding and Incentives Subcommittee

Subcommittee Members: Silas Halloran-Steiner, Jeff Luck, Alejandro Qural, Akiko Saito, Tricia Tillman

November 8, 2016

Per capita analysis based on current spending and resources needed analysis in public health modernization report

[Public Health Modernization Assessment Report](#) (information in this table is copied directly from the report)

	total estimated cost of full implementation	current spending	additional increment of cost
foundational programs	\$ 184,714,000	\$ 129,616,000	\$ 55,098,000
environmental public health	\$ 59,647,000	\$ 45,214,000	\$ 14,433,000
prevention and health promotion	\$ 58,351,000	\$ 40,908,000	\$ 17,443,000
communicable disease control	\$ 38,322,000	\$ 25,404,000	\$ 12,918,000
access to clinical preventive services	\$ 28,394,000	\$ 18,090,000	\$ 10,304,000
foundational capabilities	\$ 129,068,000	\$ 79,602,000	\$ 49,464,000
leadership and org. competencies	\$ 47,860,000	\$ 34,959,000	\$ 12,901,000
assessment and epidemiology	\$ 31,984,000	\$ 17,504,000	\$ 14,479,000
emergency preparedness and response	\$ 12,214,000	\$ 8,966,000	\$ 3,247,000
community partnership development	\$ 9,941,000	\$ 5,974,000	\$ 3,967,000
policy and planning	\$ 9,617,000	\$ 4,415,000	\$ 5,202,000
health equity and cultural responsiveness	\$ 9,396,000	\$ 4,411,000	\$ 4,985,000
communications	\$ 8,056,000	\$ 3,373,000	\$ 4,683,000
total	\$ 313,782,000	\$ 209,218,000	\$ 104,562,000

per capita ¹ annual additional increment of cost
\$ 13.73
\$ 3.60
\$ 4.35
\$ 3.22
\$ 2.57
\$ 12.32
\$ 3.21
\$ 3.61
\$ 0.81
\$ 0.99
\$ 1.30
\$ 1.24
\$ 1.17
\$ 26.05

2017-19 priority areas			
per capita annual additional increment	total annual additional increment	PHD annual additional increment	LPHA annual additional increment
\$ 3.60	\$ 14,433,000	\$ 3,150,000	\$ 10,500,000
\$ 3.22	\$ 12,918,000	\$ 2,100,000	\$ 10,500,000
\$ 3.21	\$ 12,901,000	\$ 2,100,000	\$ 10,500,000
\$ 3.61	\$ 14,479,000	\$ 7,350,000	\$ 7,350,000
\$ 0.81	\$ 3,247,000	\$ 1,050,000	\$ 2,100,000
\$ 1.24	\$ 4,985,000	\$ 1,050,000	\$ 4,200,000
\$ 15.69	\$ 62,963,000	\$ 16,800,000	\$ 45,150,000

Average gap per capita for 2017-19 priorities by county size band	
extra small	\$44.27
small	\$17.94
medium	\$11.47
large	\$12.19
extra large	\$9.27

¹[Oregon's population based on PSU population estimates, 2015](#). Oregon's estimated population as of 7/1/2015 was 4,013,845.

County size bands:

Extra small: Baker, Grant, Harney, Lake, Morrow, Wallowa, Wheeler

Small: Clatsop, Columbia, Coos, Crook, Curry, Hood River, Josephine, Klamath, Lincoln, Malheur, NCPHD, Tillamook, Union

Medium: Benton, Douglas, Josephine, Linn, Polk, Umatilla, Yamhill

Large: Deschutes, Jackson, Lane, Marion

Extra large: Clackamas, Multnomah, Washington

PHAB Incentives and Funding Subcommittee

Funding formula indicators

November 8, 2016

Subcommittee members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

The PHAB Incentives and Funding subcommittee will make recommendations on the following:

1. The inclusion of additional indicators. Those that are required by House Bill 3100 are county population, burden of disease and health status.
2. A data source for each indicator.
3. Percent of available funding to be allocated to each indicator.

Subcommittee considerations:

- The subcommittee identified achieving equity (both in terms of health equity and building an equitable system) as a guiding principle for all decisions made about the funding formula.
- The subcommittee considers how the funding formula can be used to drive system change when making funding formula decisions.
- The subcommittee will consider the funding formula as it relates to findings from the public health modernization assessment and priorities for the 2017 legislative session.
- House Bill 3100 requires that the funding formula include mechanisms for awarding matching funds for county contributions to support public health and for awarding incentives to counties. These components of the funding formula will not be in place for the 2017-19 biennium.

Indicator	Data source	Percent allocation	Notes
County population (required)	American Community Survey population 5-year estimate, 2009-14 PSU Population Estimates		PSU Population Estimates do not provide data on racial and ethnic diversity, poverty or limited English proficiency. The data source for these indicators is currently ACS.
Burden of disease (required)	Premature death: Leading causes of years of potential life lost before age 75, Oregon. Oregon death certificate data.		<i>This is a State Health Profile indicator. The data source is Oregon death certificate data. County-level rates would be based on at least a three year average.</i>
Health status (required)	Quality of life: Good or excellent health, Oregon. Behavioral Risk Factor Surveillance System		<i>This is a State Health Profile indicator. The data source is BRFSS. County-level rates would be based on a four year average.</i>
	Quality of Life: Physical or Mental health issues limiting activities, Oregon.		<i>This is a State Health Profile indicator. The data source is BRFSS. County-level rates would be based on a multi-year average.</i>
Race/ethnicity	American Community Survey population 5-year estimate, 2009-14		
Limited English proficiency	American Community Survey population 5-year estimate, 2009-14		
Poverty or SES indicators	Poverty: Percent of population living below the federal poverty level: American Community Survey population 5-year estimate, 2009-14		Poverty, using ACS as a data source, is a State Health Profile indicator. County level rates would be based on a four year average.
	Children in poverty: The percentage of children under age 18 living in poverty. U.S. Census Bureau, Small Area Income and Poverty Estimates.		This is a County Health Rankings indicator.

<p>Educational attainment: Four-year high school graduation rate by school year. Oregon Department of Education</p>		<p>Educational attainment is a State Health Profile indicator. Data are not currently reported at the county level.</p>
<p>Educational attainment: Percent of population with post-secondary degree. American Community Survey population 5-year estimate.</p>		<p>Educational attainment is a State Health Profile indicator. Data are not currently reported at the county level.</p>
<p>Educational attainment: Percentage of population aged 25 and older who graduated from high school (includes equivalency). American Community Survey, 5 year estimate, Educational Attainment, Table S1501.</p>		<p>This indicator is included in The State of our Health 2015: Key Health Indicators for Oregonians.</p>
<p>High school graduation: The percentage of the ninth grade cohort in public schools that graduates from high school in four years. U.S. Department of Education, EDFacts</p>		<p>This is a County Health Rankings indicator</p>
<p>Unemployment: The percentage of the civilian labor force, age 16 and older, that is unemployed but seeking work. Bureau of Labor Statistics, Local Area Unemployment Statistics.</p>		<p>This is a County Health Rankings indicator and is included in The State of our Health 2015: Key Health Indicators for Oregonians.</p>
<p>Income inequality: Ratio of household income at the 80th percentile to that at the 20th percentile. American Community Survey population 5-year estimate.</p>		<p>This is a County Health Rankings indicator</p>
<p>Income inequality: A measure of income inequality wherein the value of “0” would reflect perfectly equal distribution of income and “1” would indicate the most extreme income inequality (one person has all the income and everyone else has none) – Gini</p>		<p>This indicator is included in The State of our Health 2015: Key Health Indicators for Oregonians.</p>

	Coefficient. American Community Survey 5 year estimate, Gini Index of Income, Table B19083.		
	Cost of housing: Percent of households where 30% or more of income is spent on housing costs. American Community Survey 5 year estimate, Selected Housing Characteristics, Table DP04.		This indicator is included in The State of our Health 2015: Key Health Indicators for Oregonians.
	New jobs:		
	Median household income:		
Other indicators that have been proposed during subcommittee meetings			
<i>Cultural competency</i>			
<i>Community complexity</i>			<i>Ex: lead and air toxics; jurisdictions with multiple cities, school districts and health care systems.</i>
<i>Geographic complexity</i>			<i>Ex. population per square mile, density of health care providers</i>

PHAB Funding and Incentives Subcommittee

Subcommittee Members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman
November 8, 2016

At the July subcommittee meeting, members requested that OHA develop different funding formula models and provide a synopsis of how each model affects counties of different size bands. OHA developed three models, which are summarized below.

Assumptions for models

1. All models assume a \$10M investment.
2. All models include a base payment to counties
3. All models include six indicators (county population; burden of disease; health status; racial/ethnic diversity; poverty; and limited English proficiency). The weight of each indicator is listed in the table below.
4. In all models, burden of disease, health status, racial/ethnic diversity, poverty, and limited English proficiency are weighted by counties' percentage of identified population (0-100%). Each county percentage is divided by the total sum of all county percentages to provide a proportional weight and payout to all counties.

	Model description	Percent allocation across indicators	Breakdown of \$10M	Award per capita			Total award			Impact of changes to indicator allocations	Winners
				Average and range, all counties	Average and range, extra small counties	Average and range, extra large counties	Range, all counties	Average and range, extra small counties	Average and range, extra large counties		
Model 1:	Each county receives a base payment of \$50,000. In addition to allocating 50% of remaining funds for county population, all other five indicators are tied to county population. The formula for these five indicators is (ranking on indicator X county population X indicator allocation).	County population: 50%; Burden of disease: 10%; Health status: 10%; Racial/ethnic diversity: 10%; Poverty: 10%; Limited English proficiency: 10%	\$1.8M: base payment; \$8.2M tied to county population.	\$2.56 (\$1.96 - \$38.42)	\$12.17 (\$4.97 - \$38.42)	\$2.14 (\$1.96 - 2.27)	(\$52,130 - \$1,716,259)	(\$52,130 - \$82,173)	(\$752,242 - \$1,716,259)	Because all indicators are tied to county population, adjusting the allocations for each indicator does not significantly change the awards per capita.	This is the best model for extra small counties.
Model 1, variation 1: equal base payment, 20% weight for 5 indicators.	Each county receives a base payment of \$50,000. Funds are not awarded for county population directly; however, awards for each of the other five indicators are tied to county population.	County population: 0%; Burden of disease: 20%; Health status: 20%; Racial/ethnic diversity: 20%; Poverty: 20%; Limited English proficiency: 20%	\$1.8M base payment; \$8.2M tied to county population	\$2.56 (\$1.68 - \$37.88)	\$11.99 (\$4.72 - \$37.88)	\$2.09 (\$1.68 - \$2.36)	(\$51,407 - \$1,790,238)	(\$51,407 - \$90,764)	(\$645,706 - \$1,790,238)	Because all indicators are tied to county population, adjusting the allocations for each indicator does not significantly change the awards per capita.	This is the best model for small counties.
Model 1, variation 2: tiered base payments, 20% weight for 5 indicators.	Each county receives a tiered payment ranging from \$30,000 to \$90,000 based on county size band. Funds are not awarded for county population directly, however, awards for each of the other indicators is tied to county population.	County population: 0%; Burden of disease: 20%; Health status: 20%; Racial/ethnic diversity: 20%; Poverty: 20%; Limited English proficiency: 20%	\$1.845M base payment; \$8.155M tied to county population	\$2.56 (\$1.77 - \$23.14)	\$7.88 (\$3.46 - \$23.14)	\$2.15 (\$1.77 - \$2.40)	(\$31,399 - \$1,820,688)	(\$31,399 - \$70,540)	(\$682,437 - \$1,820,688)	Because all indicators are tied to county population, adjusting the allocations for each indicator does not significantly change the awards per capita.	This is the best model for medium, large and extra large counties

PHAB Funding and Incentives Subcommittee

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November 8, 2016

This table shows the average award per capita for three variations of a funding formula model for each county size band.

Each row represents a county size band. Each row has a green, yellow and red cell to show which model awards the largest, middle and

largest award for county size band

middle award for county size band

smallest award for county size band

Model 1 - Equal
base; county
population; five
indicators tied to
county pop

Model 1, Variation
1 -Equal base; five
indicators tied to
county pop

Model 1, Variation
2 - Tiered base;
five indicators tied
to county pop

County Group	Award Per Capita	Award Per Capita	Award Per Capita
Extra Small	\$ 12.17	\$ 11.99	\$ 7.88
Small	\$ 4.09	\$ 4.16	\$ 3.88
Medium	\$ 2.62	\$ 2.59	\$ 2.69
Large	\$ 2.31	\$ 2.30	\$ 2.39
Extra Large	\$ 2.14	\$ 2.09	\$ 2.15

PHAB Funding and Incentives Subcommittee

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November 8, 2016

Model 1: equal base payment; county population; all indicators per capita. The model includes a base payment for each county. Awards for each indicator are tied to county population.

County Group	Population ¹	Floor	County Population ¹	Burden of Disease ²	Health Status ³	Race/Ethnicity ⁴	Poverty ⁵	Limited English Proficiency ⁶	Matching Funds ⁷	Incentives ⁸	Total Award ⁹	Award Percentage	% of Total Population	Award Per Capita
County 33	1,357	\$ 50,000	\$ 1,426	\$ 276	\$ -	\$ 83	\$ 312	\$ 33	\$ -	\$ -	\$ 52,130	0.5%	0.0%	\$ 38.42
County 31	6,893	\$ 50,000	\$ 7,246	\$ 1,681	\$ 536	\$ 298	\$ 1,201	\$ 118	\$ -	\$ -	\$ 61,080	0.6%	0.2%	\$ 8.86
County 12	7,253	\$ 50,000	\$ 7,624	\$ 2,389	\$ 2,272	\$ 556	\$ 1,924	\$ 139	\$ -	\$ -	\$ 64,904	0.6%	0.2%	\$ 8.95
County 11	7,325	\$ 50,000	\$ 7,700	\$ 1,419	\$ 844	\$ 412	\$ 1,420	\$ 146	\$ -	\$ -	\$ 61,942	0.6%	0.2%	\$ 8.46
County 18	7,854	\$ 50,000	\$ 8,256	\$ 2,022	\$ 1,033	\$ 1,013	\$ 1,756	\$ 525	\$ -	\$ -	\$ 64,606	0.6%	0.2%	\$ 8.23
County 24	11,217	\$ 50,000	\$ 11,791	\$ 2,261	\$ 3,809	\$ 6,443	\$ 2,721	\$ 5,148	\$ -	\$ -	\$ 82,173	0.8%	0.3%	\$ 7.33
County 1	16,049	\$ 50,000	\$ 16,871	\$ 4,377	\$ 3,238	\$ 1,016	\$ 3,696	\$ 526	\$ -	\$ -	\$ 79,723	0.8%	0.4%	\$ 4.97
County 7	20,798	\$ 50,000	\$ 21,863	\$ 4,946	\$ 4,014	\$ 2,619	\$ 5,432	\$ 1,388	\$ -	\$ -	\$ 90,261	0.9%	0.5%	\$ 4.34
County 15	21,830	\$ 50,000	\$ 22,947	\$ 6,964	\$ 5,663	\$ 7,357	\$ 5,719	\$ 4,834	\$ -	\$ -	\$ 103,484	1.0%	0.6%	\$ 4.74
County 8	22,341	\$ 50,000	\$ 23,485	\$ 7,847	\$ 7,083	\$ 2,328	\$ 4,314	\$ 800	\$ -	\$ -	\$ 95,857	1.0%	0.6%	\$ 4.29
County 13	22,620	\$ 50,000	\$ 23,778	\$ 3,690	\$ 4,082	\$ 11,850	\$ 4,451	\$ 13,206	\$ -	\$ -	\$ 111,057	1.1%	0.6%	\$ 4.91
County 28	25,334	\$ 50,000	\$ 26,631	\$ 6,448	\$ 5,778	\$ 4,229	\$ 5,611	\$ 2,890	\$ -	\$ -	\$ 101,586	1.0%	0.6%	\$ 4.01
County 30	25,736	\$ 50,000	\$ 27,053	\$ 5,764	\$ 5,386	\$ 1,883	\$ 6,080	\$ 1,971	\$ -	\$ -	\$ 98,137	1.0%	0.7%	\$ 3.81
County 26	29,103	\$ 150,000	\$ 30,593	\$ 7,726	\$ 8,023	\$ 7,462	\$ 6,003	\$ 7,442	\$ -	\$ -	\$ 217,250	2.2%	0.7%	\$ 7.46
County 22	30,740	\$ 50,000	\$ 32,314	\$ 6,983	\$ 10,208	\$ 11,258	\$ 10,964	\$ 10,731	\$ -	\$ -	\$ 138,462	1.4%	0.8%	\$ 4.50
County 4	37,236	\$ 50,000	\$ 39,142	\$ 10,413	\$ 8,119	\$ 5,099	\$ 7,378	\$ 3,792	\$ -	\$ -	\$ 123,943	1.2%	1.0%	\$ 3.33
County 20	46,138	\$ 50,000	\$ 48,500	\$ 14,589	\$ 11,043	\$ 6,591	\$ 9,917	\$ 4,809	\$ -	\$ -	\$ 145,449	1.5%	1.2%	\$ 3.15
County 5	49,325	\$ 50,000	\$ 51,850	\$ 11,808	\$ 12,980	\$ 3,756	\$ 8,148	\$ 1,869	\$ -	\$ -	\$ 140,412	1.4%	1.3%	\$ 2.85
County 6	62,678	\$ 50,000	\$ 65,886	\$ 19,707	\$ 14,138	\$ 6,207	\$ 14,176	\$ 2,795	\$ -	\$ -	\$ 172,910	1.7%	1.6%	\$ 2.76
County 17	65,985	\$ 50,000	\$ 69,363	\$ 19,892	\$ 19,349	\$ 12,800	\$ 15,409	\$ 7,792	\$ -	\$ -	\$ 194,605	1.9%	1.7%	\$ 2.95
County 27	76,464	\$ 50,000	\$ 80,378	\$ 14,211	\$ 14,660	\$ 16,679	\$ 16,364	\$ 11,608	\$ -	\$ -	\$ 203,902	2.0%	2.0%	\$ 2.67
County 29	76,645	\$ 50,000	\$ 80,568	\$ 17,682	\$ 21,034	\$ 32,988	\$ 16,449	\$ 20,819	\$ -	\$ -	\$ 239,540	2.4%	2.0%	\$ 3.13
County 16	83,021	\$ 50,000	\$ 87,271	\$ 24,935	\$ 18,102	\$ 9,605	\$ 20,523	\$ 3,274	\$ -	\$ -	\$ 213,710	2.1%	2.1%	\$ 2.57
County 2	86,034	\$ 50,000	\$ 90,438	\$ 12,314	\$ 16,172	\$ 10,019	\$ 24,494	\$ 9,632	\$ -	\$ -	\$ 213,068	2.1%	2.2%	\$ 2.48
County 34	100,486	\$ 50,000	\$ 105,630	\$ 19,410	\$ 18,385	\$ 26,458	\$ 21,089	\$ 22,218	\$ -	\$ -	\$ 263,189	2.6%	2.6%	\$ 2.62
County 10	107,156	\$ 50,000	\$ 112,641	\$ 32,191	\$ 32,630	\$ 9,216	\$ 26,483	\$ 3,642	\$ -	\$ -	\$ 266,803	2.7%	2.7%	\$ 2.49
County 21	118,270	\$ 50,000	\$ 124,324	\$ 27,255	\$ 27,715	\$ 16,600	\$ 28,961	\$ 9,987	\$ -	\$ -	\$ 284,842	2.8%	3.0%	\$ 2.41
County 9	163,141	\$ 50,000	\$ 171,492	\$ 30,526	\$ 20,035	\$ 21,493	\$ 30,771	\$ 14,551	\$ -	\$ -	\$ 338,868	3.4%	4.2%	\$ 2.08
County 14	206,583	\$ 50,000	\$ 217,158	\$ 48,735	\$ 48,669	\$ 40,861	\$ 46,186	\$ 25,543	\$ -	\$ -	\$ 477,151	4.8%	5.3%	\$ 2.31
County 23	320,448	\$ 50,000	\$ 336,852	\$ 66,316	\$ 85,534	\$ 138,829	\$ 76,768	\$ 119,960	\$ -	\$ -	\$ 874,258	8.7%	8.2%	\$ 2.73
County 19	354,764	\$ 50,000	\$ 372,924	\$ 77,796	\$ 73,354	\$ 48,257	\$ 90,776	\$ 36,350	\$ -	\$ -	\$ 749,458	7.5%	9.1%	\$ 2.11
County 3	384,697	\$ 50,000	\$ 404,389	\$ 68,956	\$ 69,902	\$ 53,545	\$ 47,115	\$ 58,336	\$ -	\$ -	\$ 752,242	7.5%	9.9%	\$ 1.96
County 32	547,451	\$ 50,000	\$ 575,475	\$ 79,928	\$ 90,556	\$ 151,718	\$ 81,322	\$ 177,740	\$ -	\$ -	\$ 1,206,740	12.1%	14.0%	\$ 2.20
County 25	757,371	\$ 50,000	\$ 796,141	\$ 158,543	\$ 155,651	\$ 144,474	\$ 176,070	\$ 235,380	\$ -	\$ -	\$ 1,716,259	17.2%	19.4%	\$ 2.27
Total	3,900,343	\$ 1,800,000	\$ 4,100,000	\$ 820,000	\$ 820,000	\$ 820,000	\$ 820,000	\$ 820,000	\$ -	\$ -	\$ 10,000,000	100.0%	100.0%	\$ 2.56

county size bands
extra small
small
medium
large
extra large

¹ Source: American Community Survey population 5-year estimate, 2009-2014.

² Source: Oregon State Health Profile. Premature death, 2010-14. Oregon death certificates data.

³ Source: Oregon State Health Profile. Good or excellent health, 2010-2013. BRFSS

⁴ Source: American Community Survey population 5-year estimate, 2009-2014.

⁵ Source: Oregon State Health Profile. Combined (adult and children) population below FPL, 2010-2014. American Community Survey

⁶ Source: American Community Survey population 5-year estimate, 2012

⁷ Limitations exist for calculating current county contributions for public health. An updated process will be developed to address these limitations. Matching funds will be awarded based on actual, not projected

⁸ The Accountability Metrics subcommittee will define a set of accountability metrics. Following selection of accountability metrics, baseline data will be collected. Funds will not be awarded for achievement of

PHAB Funding and Incentives Subcommittee

Subcommittee Members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman
November 8, 2016

Model 1, variation 1: equal base payment; 20% weight for 5 indicators. The model includes an equal base payment for each county. Funds are not awarded for county population directly; however, awards for each of the other five indicators on the model are tied to county population.

County Group	Population ¹	Floor	County Population ¹	Burden of Disease ²	Health Status ³	Race/Ethnicity ⁴	Poverty ⁵	Limited English Proficiency ⁶	Matching Funds ⁷	Incentives ⁸	Total Award ⁹	Award Percentage	% of Total Population	Award Per Capita
County 33	1,357	\$ 50,000	\$ -	\$ 551	\$ -	\$ 166	\$ 624	\$ 66	\$ -	\$ -	\$ 51,407	0.5%	0.0%	\$ 37.88
County 31	6,893	\$ 50,000	\$ -	\$ 3,363	\$ 1,071	\$ 595	\$ 2,402	\$ 237	\$ -	\$ -	\$ 57,668	0.6%	0.2%	\$ 8.37
County 12	7,253	\$ 50,000	\$ -	\$ 4,778	\$ 4,545	\$ 1,111	\$ 3,847	\$ 273	\$ -	\$ -	\$ 64,559	0.6%	0.2%	\$ 8.90
County 11	7,325	\$ 50,000	\$ -	\$ 2,838	\$ 1,689	\$ 824	\$ 2,841	\$ 292	\$ -	\$ -	\$ 58,484	0.6%	0.2%	\$ 7.98
County 18	7,854	\$ 50,000	\$ -	\$ 4,044	\$ 2,067	\$ 2,025	\$ 3,513	\$ 1,050	\$ -	\$ -	\$ 62,699	0.6%	0.2%	\$ 7.98
County 24	11,217	\$ 50,000	\$ -	\$ 4,523	\$ 7,619	\$ 12,885	\$ 5,442	\$ 10,295	\$ -	\$ -	\$ 90,764	0.9%	0.3%	\$ 8.09
County 1	16,049	\$ 50,000	\$ -	\$ 8,754	\$ 6,476	\$ 2,882	\$ 7,392	\$ 1,052	\$ -	\$ -	\$ 75,706	0.8%	0.4%	\$ 4.72
County 7	20,798	\$ 50,000	\$ -	\$ 9,891	\$ 8,027	\$ 5,238	\$ 10,864	\$ 2,776	\$ -	\$ -	\$ 86,797	0.9%	0.5%	\$ 4.17
County 15	21,830	\$ 50,000	\$ -	\$ 13,928	\$ 11,325	\$ 14,713	\$ 11,438	\$ 9,668	\$ -	\$ -	\$ 111,072	1.1%	0.6%	\$ 5.09
County 8	22,341	\$ 50,000	\$ -	\$ 15,695	\$ 14,166	\$ 4,656	\$ 8,627	\$ 1,600	\$ -	\$ -	\$ 94,744	0.9%	0.6%	\$ 4.24
County 13	22,620	\$ 50,000	\$ -	\$ 7,381	\$ 8,164	\$ 23,700	\$ 8,901	\$ 26,412	\$ -	\$ -	\$ 124,557	1.2%	0.6%	\$ 5.51
County 28	25,334	\$ 50,000	\$ -	\$ 12,896	\$ 11,556	\$ 8,457	\$ 11,222	\$ 5,780	\$ -	\$ -	\$ 99,911	1.0%	0.6%	\$ 3.94
County 30	25,736	\$ 50,000	\$ -	\$ 11,528	\$ 10,772	\$ 3,767	\$ 12,160	\$ 3,941	\$ -	\$ -	\$ 92,168	0.9%	0.7%	\$ 3.58
County 26	29,103	\$ 150,000	\$ -	\$ 15,453	\$ 16,047	\$ 14,924	\$ 12,007	\$ 14,883	\$ -	\$ -	\$ 223,314	2.2%	0.7%	\$ 7.67
County 22	30,740	\$ 50,000	\$ -	\$ 13,965	\$ 20,416	\$ 34,515	\$ 21,927	\$ 21,474	\$ -	\$ -	\$ 162,298	1.6%	0.8%	\$ 5.28
County 4	37,236	\$ 50,000	\$ -	\$ 20,826	\$ 16,238	\$ 10,199	\$ 14,755	\$ 7,584	\$ -	\$ -	\$ 119,602	1.2%	1.0%	\$ 3.21
County 20	46,138	\$ 50,000	\$ -	\$ 29,177	\$ 22,086	\$ 13,183	\$ 19,834	\$ 9,619	\$ -	\$ -	\$ 143,899	1.4%	1.2%	\$ 3.12
County 5	49,325	\$ 50,000	\$ -	\$ 23,615	\$ 25,961	\$ 7,512	\$ 16,296	\$ 3,739	\$ -	\$ -	\$ 127,123	1.3%	1.3%	\$ 2.58
County 6	62,678	\$ 50,000	\$ -	\$ 39,415	\$ 28,276	\$ 12,414	\$ 28,351	\$ 5,591	\$ -	\$ -	\$ 164,047	1.6%	1.6%	\$ 2.62
County 17	65,985	\$ 50,000	\$ -	\$ 39,783	\$ 38,698	\$ 25,601	\$ 30,818	\$ 15,584	\$ -	\$ -	\$ 200,485	2.0%	1.7%	\$ 3.04
County 27	76,464	\$ 50,000	\$ -	\$ 28,422	\$ 29,321	\$ 33,359	\$ 32,729	\$ 23,217	\$ -	\$ -	\$ 197,047	2.0%	2.0%	\$ 2.58
County 29	76,645	\$ 50,000	\$ -	\$ 35,363	\$ 42,069	\$ 65,977	\$ 32,897	\$ 41,638	\$ -	\$ -	\$ 267,944	2.7%	2.0%	\$ 3.50
County 16	83,021	\$ 50,000	\$ -	\$ 49,870	\$ 36,205	\$ 19,210	\$ 41,046	\$ 6,549	\$ -	\$ -	\$ 202,879	2.0%	2.1%	\$ 2.44
County 2	86,034	\$ 50,000	\$ -	\$ 24,628	\$ 32,344	\$ 20,037	\$ 48,987	\$ 19,263	\$ -	\$ -	\$ 195,259	2.0%	2.2%	\$ 2.27
County 34	100,486	\$ 50,000	\$ -	\$ 38,820	\$ 36,770	\$ 52,915	\$ 42,177	\$ 44,436	\$ -	\$ -	\$ 265,118	2.7%	2.6%	\$ 2.64
County 10	107,156	\$ 50,000	\$ -	\$ 64,382	\$ 65,261	\$ 18,431	\$ 52,965	\$ 7,285	\$ -	\$ -	\$ 258,323	2.6%	2.7%	\$ 2.41
County 21	118,270	\$ 50,000	\$ -	\$ 54,511	\$ 55,430	\$ 33,200	\$ 57,922	\$ 19,974	\$ -	\$ -	\$ 271,036	2.7%	3.0%	\$ 2.29
County 9	163,141	\$ 50,000	\$ -	\$ 61,051	\$ 40,070	\$ 42,986	\$ 61,542	\$ 29,102	\$ -	\$ -	\$ 284,751	2.8%	4.2%	\$ 1.75
County 14	206,583	\$ 50,000	\$ -	\$ 97,469	\$ 97,338	\$ 81,721	\$ 92,372	\$ 51,085	\$ -	\$ -	\$ 469,985	4.7%	5.3%	\$ 2.28
County 23	320,448	\$ 50,000	\$ -	\$ 132,631	\$ 171,067	\$ 277,658	\$ 153,535	\$ 239,921	\$ -	\$ -	\$ 1,024,812	10.2%	8.2%	\$ 3.20
County 19	354,764	\$ 50,000	\$ -	\$ 155,592	\$ 146,708	\$ 96,514	\$ 181,553	\$ 72,699	\$ -	\$ -	\$ 703,067	7.0%	9.1%	\$ 1.98
County 3	384,697	\$ 50,000	\$ -	\$ 137,912	\$ 139,803	\$ 107,090	\$ 94,229	\$ 116,672	\$ -	\$ -	\$ 645,706	6.5%	9.9%	\$ 1.68
County 32	547,451	\$ 50,000	\$ -	\$ 159,857	\$ 181,113	\$ 303,435	\$ 162,645	\$ 355,481	\$ -	\$ -	\$ 1,212,530	12.1%	14.0%	\$ 2.21
County 25	757,371	\$ 50,000	\$ -	\$ 317,087	\$ 311,303	\$ 288,947	\$ 352,141	\$ 470,761	\$ -	\$ -	\$ 1,790,238	17.9%	19.4%	\$ 2.36
Total	3,900,343	\$ 1,800,000	\$ -	\$ 1,640,000	\$ 1,640,000	\$ 1,640,000	\$ 1,640,000	\$ 1,640,000	\$ -	\$ -	\$ 10,000,000	100.0%	100.0%	\$ 2.56

county size bands
extra small
small
medium
large
extra large

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² Source: Oregon State Health Profile. Premature death, 2010-14. Oregon death certificate data.

³ Source: Oregon State Health Profile. Good or excellent health, 2010-2013. BRFSS.

⁴ Source: American Community Survey population 5-year estimate, 2009-2014.

⁵ Source: Oregon State Health Profile. Combined (adult and children) population below FPL, 2010-2014. American Community Survey.

⁶ Source: American Community Survey population 5-year estimate, 2012

⁷ Limitations exist for calculating current county contributions for public health. An updated process will be developed to address these limitations. Matching funds will be awarded based on actual, not

⁸ The Accountability Metrics subcommittee will define a set of accountability metrics. Following selection of accountability metrics, baseline data will be collected. Funds will not be awarded for achievement of

PHAB Funding and Incentives Subcommittee

Subcommittee Members: Silas Halloran-Steiner, Jef Luck, Alejandro Queral, Akiko Saito, Tricia Tillman
November 8, 2016

Model 1, variation 2: tiered base payments; 20 weight for 5 indicators. The model includes a tiered base payment for each county. Funds are not awarded for county population directly; however, awards for each of the other five indicators on the model are tied to county population.

County Group	Population ¹	Floor	County Population ¹	Burden of Disease ²	Health Status ³	Race/Ethnicity ⁴	Poverty ⁵	Limited English Proficiency ⁶	Matching Funds ⁷	Incentives ⁸	Total Award ⁹	Award Percentage	% of Total Population	Award Per Capita
County 33	1,357	\$ 30,000	\$ -	\$ 548	\$ -	\$ 165	\$ 620	\$ 65	\$ -	\$ -	\$ 31,399	0.3%	0.0%	\$ 23.14
County 31	6,893	\$ 30,000	\$ -	\$ 3,344	\$ 1,065	\$ 592	\$ 2,389	\$ 236	\$ -	\$ -	\$ 37,626	0.4%	0.2%	\$ 5.46
County 12	7,253	\$ 30,000	\$ -	\$ 4,752	\$ 4,520	\$ 1,105	\$ 3,826	\$ 277	\$ -	\$ -	\$ 44,479	0.4%	0.2%	\$ 6.13
County 11	7,325	\$ 30,000	\$ -	\$ 2,822	\$ 1,680	\$ 819	\$ 2,825	\$ 291	\$ -	\$ -	\$ 38,437	0.4%	0.2%	\$ 5.25
County 18	7,854	\$ 30,000	\$ -	\$ 4,022	\$ 2,056	\$ 2,014	\$ 3,493	\$ 1,044	\$ -	\$ -	\$ 42,629	0.4%	0.2%	\$ 5.43
County 24	11,217	\$ 30,000	\$ -	\$ 4,498	\$ 7,577	\$ 12,814	\$ 5,412	\$ 10,239	\$ -	\$ -	\$ 70,540	0.7%	0.3%	\$ 6.29
County 1	16,049	\$ 30,000	\$ -	\$ 8,706	\$ 6,440	\$ 2,021	\$ 7,351	\$ 1,046	\$ -	\$ -	\$ 55,565	0.6%	0.4%	\$ 3.46
County 7	20,798	\$ 45,000	\$ -	\$ 9,837	\$ 7,983	\$ 5,209	\$ 10,805	\$ 2,760	\$ -	\$ -	\$ 81,595	0.8%	0.5%	\$ 3.92
County 15	21,830	\$ 45,000	\$ -	\$ 13,852	\$ 11,263	\$ 14,632	\$ 11,375	\$ 9,615	\$ -	\$ -	\$ 105,737	1.1%	0.6%	\$ 4.84
County 8	22,341	\$ 45,000	\$ -	\$ 15,609	\$ 14,088	\$ 4,631	\$ 8,580	\$ 1,591	\$ -	\$ -	\$ 89,499	0.9%	0.6%	\$ 4.01
County 13	22,620	\$ 45,000	\$ -	\$ 7,340	\$ 8,119	\$ 23,570	\$ 8,852	\$ 26,267	\$ -	\$ -	\$ 119,148	1.2%	0.6%	\$ 5.27
County 28	25,334	\$ 45,000	\$ -	\$ 12,825	\$ 11,493	\$ 8,411	\$ 11,160	\$ 5,748	\$ -	\$ -	\$ 94,637	0.9%	0.6%	\$ 3.74
County 30	25,736	\$ 45,000	\$ -	\$ 11,465	\$ 10,713	\$ 3,746	\$ 12,093	\$ 3,919	\$ -	\$ -	\$ 86,936	0.9%	0.7%	\$ 3.38
County 26	29,103	\$ 105,000	\$ -	\$ 15,368	\$ 15,959	\$ 14,842	\$ 11,941	\$ 14,802	\$ -	\$ -	\$ 177,912	1.8%	0.7%	\$ 6.11
County 22	30,740	\$ 45,000	\$ -	\$ 13,889	\$ 20,304	\$ 34,326	\$ 21,807	\$ 21,356	\$ -	\$ -	\$ 156,681	1.6%	0.8%	\$ 5.10
County 4	37,236	\$ 45,000	\$ -	\$ 20,712	\$ 16,149	\$ 10,143	\$ 14,674	\$ 7,542	\$ -	\$ -	\$ 114,220	1.1%	1.0%	\$ 3.07
County 20	46,138	\$ 45,000	\$ -	\$ 29,017	\$ 21,965	\$ 13,111	\$ 19,725	\$ 9,566	\$ -	\$ -	\$ 138,384	1.4%	1.2%	\$ 3.00
County 5	49,325	\$ 45,000	\$ -	\$ 23,486	\$ 25,818	\$ 7,471	\$ 16,207	\$ 3,718	\$ -	\$ -	\$ 121,700	1.2%	1.3%	\$ 2.47
County 6	62,678	\$ 45,000	\$ -	\$ 39,198	\$ 28,121	\$ 12,346	\$ 28,196	\$ 5,560	\$ -	\$ -	\$ 158,421	1.6%	1.6%	\$ 2.53
County 17	65,985	\$ 45,000	\$ -	\$ 39,565	\$ 38,486	\$ 25,460	\$ 30,649	\$ 15,499	\$ -	\$ -	\$ 194,659	1.9%	1.7%	\$ 2.95
County 27	76,464	\$ 60,000	\$ -	\$ 28,266	\$ 29,160	\$ 33,176	\$ 32,549	\$ 23,089	\$ -	\$ -	\$ 206,240	2.1%	2.0%	\$ 2.70
County 29	76,645	\$ 60,000	\$ -	\$ 35,169	\$ 41,838	\$ 65,615	\$ 32,717	\$ 41,409	\$ -	\$ -	\$ 276,748	2.8%	2.0%	\$ 3.61
County 16	83,021	\$ 60,000	\$ -	\$ 49,596	\$ 36,006	\$ 19,105	\$ 40,820	\$ 6,513	\$ -	\$ -	\$ 212,040	2.1%	2.1%	\$ 2.55
County 2	86,034	\$ 60,000	\$ -	\$ 24,493	\$ 32,166	\$ 19,927	\$ 48,718	\$ 19,158	\$ -	\$ -	\$ 204,462	2.0%	2.2%	\$ 2.38
County 34	100,486	\$ 60,000	\$ -	\$ 38,607	\$ 36,568	\$ 52,625	\$ 41,946	\$ 44,192	\$ -	\$ -	\$ 273,937	2.7%	2.6%	\$ 2.73
County 10	107,156	\$ 60,000	\$ -	\$ 64,029	\$ 64,903	\$ 18,330	\$ 52,674	\$ 7,245	\$ -	\$ -	\$ 267,180	2.7%	2.7%	\$ 2.49
County 21	118,270	\$ 60,000	\$ -	\$ 54,212	\$ 55,126	\$ 33,017	\$ 57,604	\$ 19,864	\$ -	\$ -	\$ 279,823	2.8%	3.0%	\$ 2.37
County 9	163,141	\$ 75,000	\$ -	\$ 60,716	\$ 39,850	\$ 42,750	\$ 61,204	\$ 28,942	\$ -	\$ -	\$ 308,463	3.1%	4.2%	\$ 1.89
County 14	206,583	\$ 75,000	\$ -	\$ 96,934	\$ 96,804	\$ 81,273	\$ 91,865	\$ 50,805	\$ -	\$ -	\$ 492,681	4.9%	5.3%	\$ 2.38
County 23	320,448	\$ 75,000	\$ -	\$ 131,903	\$ 170,129	\$ 276,134	\$ 152,692	\$ 238,604	\$ -	\$ -	\$ 1,044,462	10.4%	8.2%	\$ 3.26
County 19	354,764	\$ 75,000	\$ -	\$ 154,738	\$ 145,903	\$ 95,985	\$ 180,557	\$ 72,300	\$ -	\$ -	\$ 724,483	7.2%	9.1%	\$ 2.04
County 3	384,697	\$ 90,000	\$ -	\$ 137,155	\$ 139,036	\$ 106,503	\$ 93,712	\$ 116,031	\$ -	\$ -	\$ 682,437	6.8%	9.9%	\$ 1.77
County 32	547,451	\$ 90,000	\$ -	\$ 158,979	\$ 180,119	\$ 301,770	\$ 161,752	\$ 353,530	\$ -	\$ -	\$ 1,246,150	12.5%	14.0%	\$ 2.28
County 25	757,371	\$ 90,000	\$ -	\$ 315,347	\$ 309,594	\$ 287,361	\$ 350,208	\$ 468,177	\$ -	\$ -	\$ 1,820,688	18.2%	19.4%	\$ 2.40
Total	3,900,343	\$ 1,845,000	\$ -	\$ 1,631,000	\$ 1,631,000	\$ 1,631,000	\$ 1,631,000	\$ 1,631,000	\$ -	\$ -	\$ 10,000,000	100.0%	100.0%	\$ 2.56

county size bands
extra small
small
medium
large
extra large

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³ Source: Oregon State Health Profile. Good or excellent health, 2010-2013. BRFSS

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⁶ Source: American Community Survey population 5-year estimate, 2012

⁷ Limitations exist for calculating current county contributions for public health. An updated process will be developed to address these limitations. Matching funds will be awarded based on actual, not projected

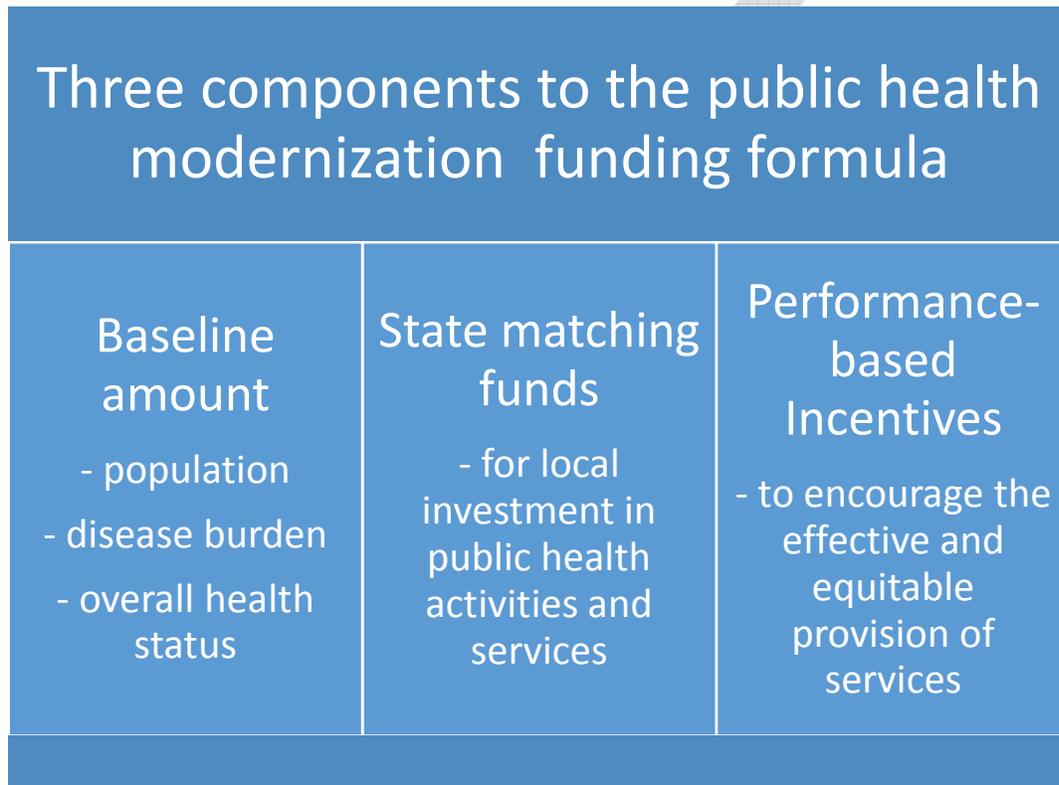
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The Local Public Health Authority Funding Formula

HB 3100, Section 28 requires Oregon Health Authority to submit a funding formula to Legislative Fiscal Office by June 30 of every even numbered year. The framework for the initial funding formula was submitted to Legislative Fiscal Office on June 30, 2016. This funding formula is under development and will be finalized after the 2017 legislative session.

The Public Health Advisory Board has formed an Incentives and Funding subcommittee that meets monthly to develop the funding formula.

The local public health funding formula is comprised of three components:



Initial payments to LPHAs are anticipated for late 2017 or early 2018. Funding for 2017-19 will be directed toward the baseline component of the funding formula to fill critical gaps that have been un- or underfunded.

Three components of the funding formula

The three components of the funding formula function separately from one another but are interconnected.

1. **Baseline funding.** This component awards funding to LPHAs based on their county population, health status and burden of disease. Counties with a larger population will receive a larger portion of the pool of available funding. Similarly, counties with a

greater burden of disease or worse health status will receive a proportionally larger portion of the pool of available funding.

The PHAB Incentives and Funding recommends adding three additional indicators to the funding formula: racial/ethnic diversity, poverty and limited English proficiency. These indicators may be linked to poorer health outcomes and also indicate increased demand for LPHA resources. The PHAB Incentives and Funding subcommittee also incorporated a floor payment per county into the funding formula. This floor payment is intended to ensure that each LPHA has resources needed to implement the modernization framework and drive toward greater efficiencies and improved health outcomes.

2. **State matching funds for county investments.** This component awards state matching funds for local public health authority investment in foundational programs and capabilities. The PHAB Incentives and Funding subcommittee is exploring how to use matching funds to incentivize increased local funding while ensuring that it does not penalize counties that are currently unable to invest in public health. The subcommittee recommends incorporating matching funds payments to LPHAs with funding made available in the 2019-21 biennium.

Currently, there is no mechanism to collect standardized information on county expenditures for foundational programs and capabilities. The Public Health Division and local public health authorities will develop a standardized method and timeline, and PHD is also developing a method to validate this information.

3. **Performance-based incentives.** HB 3100 calls for the use of incentives to encourage the effective and equitable provision of public health services by local public health authorities. A second PHAB subcommittee is developing a set of performance-based metrics to ensure accountability in the public health system and progress toward improved health outcomes. This mechanism will be similar to metrics established for Coordinated Care Organizations, whereby the entire state is accountable for a set of accountability metrics. CCOs are additionally accountable for a subset of these metrics and receive incentive payments annually for achieving improvement targets or benchmarks.

The PHAB Incentives and Funding subcommittee recommends incorporating matching funds payments to LPHAs with funding made available in the 2019-21 biennium.

The PHAB Incentives and Funding subcommittee has looked to guidance and requirements in HB 3100 and results from the 2016 public health modernization assessment to design the funding formula.

- The funding formula must provide for the equitable distribution of moneys. This means that some counties may receive proportionally more or less than an “equal” share based on need.
- The PHAB Incentives and Funding subcommittee has identified achieving equity (both in terms of health equity and building an equitable system) as guiding principles for decisions made about the funding formula. Similarly, in order to achieve an effective and equitable system, the subcommittee has considered how the funding formula can be used to drive system change in decisions made about the funding formula.
- The PHAB Incentives and Funding subcommittee has looked at the financial resources that would be needed to reach full implementation that were identified in the public health modernization assessment. The subcommittee has looked at per capita resource gaps for each foundational program and capability and will further look at per capita gaps by county size band. This information will be used to further inform the local public health authority funding formula.
- This funding formula dictates how state funds will be distributed to local public health authorities and does not inform how state funds are split between state and local public health authorities. OHA and the Public Health Advisory Board intend for the majority of funds to be distributed to local public health authorities to address gaps and priorities locally. Dollars that remain with OHA Public Health Division will be specifically used to address statewide needs that are necessary to support local improvements, and to monitor implementation and accountability.

See Appendix XXX for more information about the funding formula.