CLHO Funding Formula Checklist

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This table lists the Public Health Advisory Board’s funding principles and corresponding actions CLHO committees and PHD programs should take when updating funding formulas.

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| **PHAB Funding Principle** | **CLHO Committee Questions and Action Items** |
| Public health system approaches to foundational programs | |
| 1. 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. | * 1. Does the funding formula take into account accepted indicators of burden of disease or populations at risk (e.g. premature death, or disease specific incidence/prevalence, houseless population)? * If no, discuss whether indicators should be added or changed.   1. Does the data take into account trends over at least 5 years?   2. Does the data used come from a commonly accepted quality data source (e.g. ORPHEUS, TWIST, Oregon BRFSS, state & local Community Health Assessments)?   3. Does the formula distribute according to burden of disease or risk as indicated in the above data (i.e. distribute more funds to areas with a higher burden of disease or risk)?   4. Does the funding formula maintain a reasonable amount of funds to sustain prevention, surveillance and maintenance of services in communities in communities where the burden may be minimal? If not, is there reasonable evidence to suggest that reducing support will not result in a resurgence of disease or illness? |
| 1. Use funding to advance health equity in Oregon, which may include directing funds to areas of the state experiencing a disproportionate burden of disease or where health disparities exist. | Definition: Equity is the absence of avoidable, unfair, or curable differences among groups of people.   * 1. Who is impacted (positively or negatively) by this funding? Consider impacts on racial and ethnic groups, as well as other populations.   2. How are targeted communities/specific communities/communities of focus included? |
| 1. Use funding to incentivize changes to the public health system intended to increase efficiency and improve health outcomes, which may include cross-jurisdictional sharing. | * 1. How will funding will result in a more effective, accountable or innovative approach to improve efficiencies and outcomes? * Should funding be used to incentivize cross jurisdictional sharing? * Should a portion of funds be withheld and awarded based on achievement of improved efficiencies or outcomes? * Should accredited LPHAs receive an additional allotment of funds? * Could these funds be better utilized through a FFS model? |
| 1. Align public health work and funding to coordinate resources with health care, education and other sectors to achieve health outcomes. | \*Note that these questions are designed to help understand how the funding provided through the formula fits into a broader context of local priorities and funding. The answers likely will not inform decisions about how funds are distributed through the funding formula.   * 1. Does the work funded through this formula align with local efforts by health care, education or other sectors, or is this solely a function and responsibility of the public health system?   2. Are there opportunities to leverage additional resources within communities? |
| Transparency across the public health system | |
| 1. 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. | * 1. What state and local funds can be leveraged to achieve outcomes? Funds that may be leveraged include public grants (e.g. CDC), Medicaid billing, county general funds, or Blue Zones. * Are there opportunities to braid or blend funding streams?   1. How is PHD using funds? Examples may include state-level functions (e.g. state-wide data systems) or state support functions (e.g. state-wide communications campaign).   2. What expectations or restrictions have funders placed on OHA/PHD? This may include required strategies or restrictions on how funds may be used.   3. How will increases or decreases in funding impact outcomes? |
| 1. Improve transparency about funded work across the public health system and scale work to available funding. | * 1. Is funding amount aligned with program expectations (PE and/or program work plan activities)? * If funding was changed (decreased or increased), how will program activity expectations be adjusted?   1. Is there a clear understanding of what funds are available to local PH, what funds are being held by the state and how both streams of money with be used? * If not, what additional information is needed)?   1. Have funding limitations to OHA (by funder or political will) been communicated? |
| 1. Ensure that public health services are available to every person in Oregon, whether they are provided by an individual local public health authority, through cross-jurisdictional sharing arrangements, and/or by the Oregon Health Authority. | * 1. Is this a public health service\* that must be available to every person in Oregon or is targeted to a specific population or age group?  1. If this is a targeted funding stream look to methods to best get the resources to populations in need of services? 2. If this is not targeted move on to question #2    1. Is this a service that must be available to every person in Oregon and is the service best delivered to an individual LPHA, cross-jurisdictionally or in partnership with the OHA?    2. If Individually, please use a tiered base method of funding so each LPHA has capacity to reach all residents    3. If Cross-Jurisdictionally, please use a Request for Application process so partnership can be formed    4. If in partnership with OHA, please clarify roles and approach.   \*Service can be used broadly to include programs and/or interventions, for example. Please define how this funding stream is applying the term “service” |