

Program Element # 078: Administration of CBO Public Health Equity Funds

OHA Program Responsible for Program Element:

Public Health Division/Office of the State Public Health Director Policy and Partnerships Unit

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver funds to community-based organizations to implement culturally and linguistically responsive activities for commercial tobacco prevention and health equity, climate adaptation, communicable disease prevention and emergency preparedness and response. This Program Element supports implementation of community-based organization funding by local public health authorities.

This Program Element and all changes to this Program Element are effective the first day of the month noted in Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of the Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Community-Based Organization Public Health Equity funding.**

- a. **Community-Based Organization (CBO):** A CBO is any registered 501(c)(3) organization that provides community-led culturally and linguistically responsive public health services to communities in Oregon working towards equity in communities of color, Tribal communities, disability communities, immigrant and refugee communities, undocumented communities, migrant and seasonal farmworkers, LGBTQIA+ communities, faith communities, older adults, houseless communities, and others.
- b. **Culturally and Linguistically Responsive:** Culturally and Linguistically Responsive is an approach to public health work that is comprehensive, effective, equitable, respectful and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- c. **Culturally Responsive** means providing services in an equitable and inclusive manner, without regard to race, color, religion, national origin, sex, age, disability, English proficiency, or economic status.
- d. **Priority Populations:** Priority Populations are communities that have or currently experience health inequities, including communities of color, Tribal communities, disability communities, immigrant and refugee communities, undocumented communities, migrant and seasonal farmworkers, LGBTQIA+ communities, faith communities, older adults, rural communities, houseless communities, and others.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program	Foundational Capabilities
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	CD Control	Prevention and health promotion	Environmental health	Population Health Direct services	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>						<i>X = Foundational capabilities that align with each component</i>						
<i>X = Other applicable foundational programs</i>												
Deliver funds to community-based organizations to implement culturally and linguistically responsive activities to communities, including Priority Populations	X	X	X				X	X			X	X

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Health Outcome Measures:

- Reduce the spread of syphilis and prevent congenital syphilis
- Increase routine vaccination rates for two-year olds
- Increase influenza vaccination rates for adults over age 65
- Build community resilience for climate threats that impact health, including extreme heat, wildfire smoke and threats to drinking water

CBOs receiving pass-through Public Health Modernization funds must address at least one of the health outcome measures noted above.

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Local Public Health Process Measures:

Public Health Accountability Process Measures will be adopted by the Public Health Advisory Board for communicable disease control and environmental health by end of 2023.

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

- a.** Develop and execute an agreement or contract with each CBO to be funded, as designated by OHA, through which LPHA must pass through 100% of the awarded PE078 funding to the CBO(s) at the funding level for each CBO as determined by OHA, without retaining any of the CBO funds for LPHA administration.

- b. Review and approve CBO work plan and budget no later than 60 days after grant agreement or contract between the LPHA and CBO is executed, ensuring each CBO uses pass-through funding only to implement culturally and linguistically responsive activities for commercial tobacco prevention and health equity, climate adaptation, communicable disease prevention and emergency preparedness and response. LPHA must ensure the work plan includes required components as determined by OHA.
- c. Provide technical assistance to funded CBOs by way of work plan activities and financial reporting requirements.
- d. Collect and report to OHA required quarterly CBO activity reports and OHA-required evaluation data. OHA will provide the LPHA with reporting tools and the option of collecting standardized data from a LPHA-funded CBO directly.
- e. Inform CBOs of OHA trainings and meetings for Public Health Equity CBOs.
- f. Notify and subsequently work with OHA to determine use of any unallocated CBO funds if a CBO discontinues participation for any reason.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.**

- a. Provide quarterly CBO progress reporting to OHA, if the CBO does not complete OHA required progress reporting to OHA directly.
- b. Participate in evaluation activities.

7. **Performance Measures.** Not Applicable.