

Program Element #XXX: Administration of CBO Mini-Grant 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 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 in the following LPHA jurisdictions that have been identified as having a gap in funded CBOs. Those counties are Columbia, Deschutes, Douglas, Malheur, Marion and Tillamook.

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	Access to clinical preventive services Direct 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 = Other applicable foundational programs</i>						<i>X = Foundational capabilities that align with each component</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:

- Rate of congenital syphilis
- Rate of any stage syphilis among people who can become pregnant
- Rate of primary and secondary syphilis
- Two-year old vaccination rates
- Adult influenza vaccination rates for ages 65+
- Emergency department and urgent care visits due to heat
- Hospitalizations due to heat
- Heat deaths
- Respiratory (non-infectious) emergency department and urgent care visits

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:

- Priority area: Reduce the spread of syphilis and prevent congenital syphilis
 1. Percent of congenital syphilis cases averted
 2. Percent of cases interviewed
 3. Percent completion of CDC core variables
 4. Percent of cases treated with appropriate regimen within 14 days

- Priority area: Protect people from preventable diseases by increasing vaccination rates
 1. Demonstrated use of data to identify population(s) of focus
 2. Demonstrated actions to improve access to influenza vaccination for residents of long-term care facilities (LTCFs)
 3. Demonstrated actions with health care providers or pharmacists to improve access to vaccination
 4. Increase in the percent of health care providers participating in the Immunization Quality Improvement Program (IQIP)
 5. Demonstrated outreach and educational activities conducted with community partners
- Priority area: Build community resilience for climate impacts on health: extreme heat and wildfire smoke
 1. Demonstrated use of data to identify population of interest
 2. Demonstrated actions in communications to improve priority area of focus
 3. Demonstrated actions in policy to improve area of focus
 4. Demonstrated actions in community partnerships to improve priority area of focus

LPHAs receiving funding through this Program Element must ensure that the CBOs the LPHA funds are addressing at least one of the health outcome or process measures above.

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. Submit local program budget to OHA by September 30, 2024 for review and approval. Approved budget will be incorporated into this Agreement by reference and on file with OHA.
- b. Develop and execute a funding agreement or contract (or other allowable funding mechanism per local and state procurement rules) with CBO(s) serving LPHA jurisdiction in amount of \$500 to \$25,000 to support culturally and linguistically responsive activities for climate adaptation, communicable disease prevention, or emergency preparedness and response.
- c. Review and approve CBO work plan and budget no later than 45 days after grant agreement or contract between the LPHA and CBO is executed, ensuring each CBO uses funding only to implement culturally and linguistically responsive activities for climate adaptation, communicable disease prevention, or emergency preparedness and response. Please see the [CBO Guidance document](#) as a reference.
- d. Provide technical assistance to funded CBOs by way of work plan activities and financial reporting requirements.
- e. Notify OHA of funded CBO(s) and CBO contact information upon execution of funding agreement so that OHA may add CBO(s) to OHA Public Health Equity CBOs listserv.
- f. Inform CBOs of OHA trainings and meetings for Public Health Equity CBOs.
- g. LPHA may use up to 30% of funding awarded to cover indirect rate and other reasonable direct costs related to administering these funds.

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 progress report to OHA on or before December 31, 2024 and June 30, 2025 outlining the following for each funded CBO:
- Organization name and location
 - Funding amount
 - Focus area (climate adaptation, communicable disease, emergency preparedness and response)
 - Brief description of CBO activities and progress to date
 - Brief description of successes and challenges
- b. Participate in evaluation activities.

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