

# LPHA Public Health Modernization Funding Formula Survey Results

Conference of Local Health  
Officials | May 16, 2024

## Respondents

**23** Total respondents

**4** Extra small

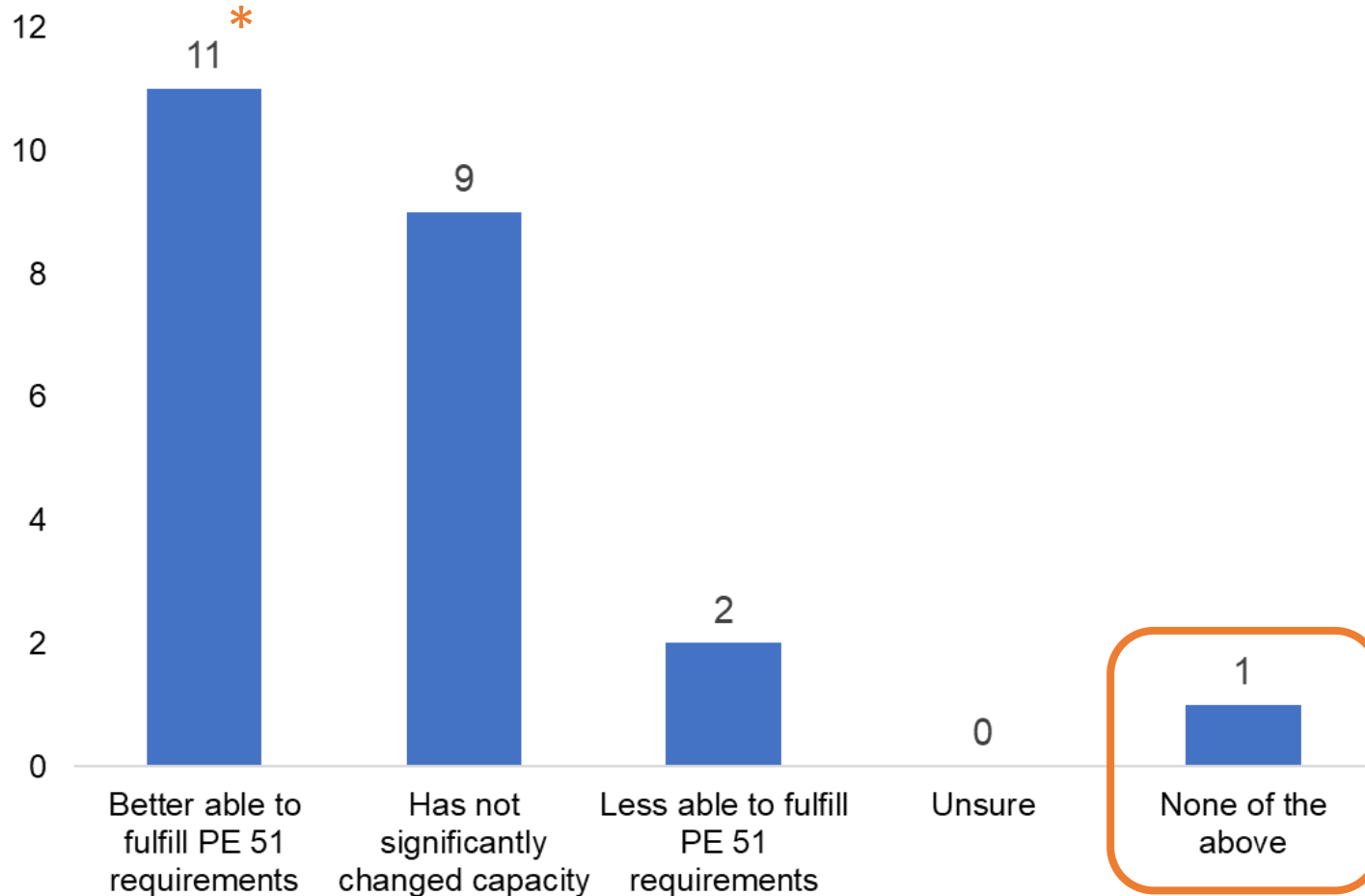
**9** Small

**4** Medium

**2** Large

**4** Extra large

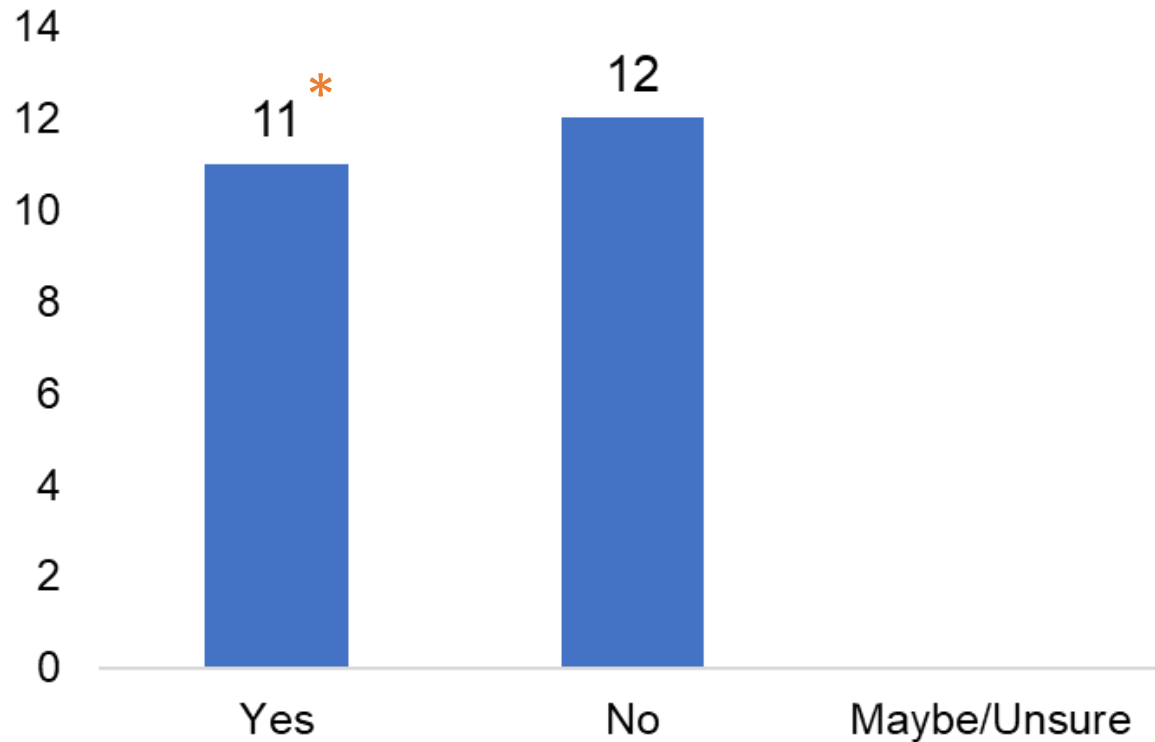
What impact has PHAB's decision to increase floor funding for each county to \$400,000 had on your LPHA's capacity to fulfill PE 51 requirements?



Open text response indicated increased floor funding did not enhance local capacity due to structural changes in department from staff turn-around and shortage

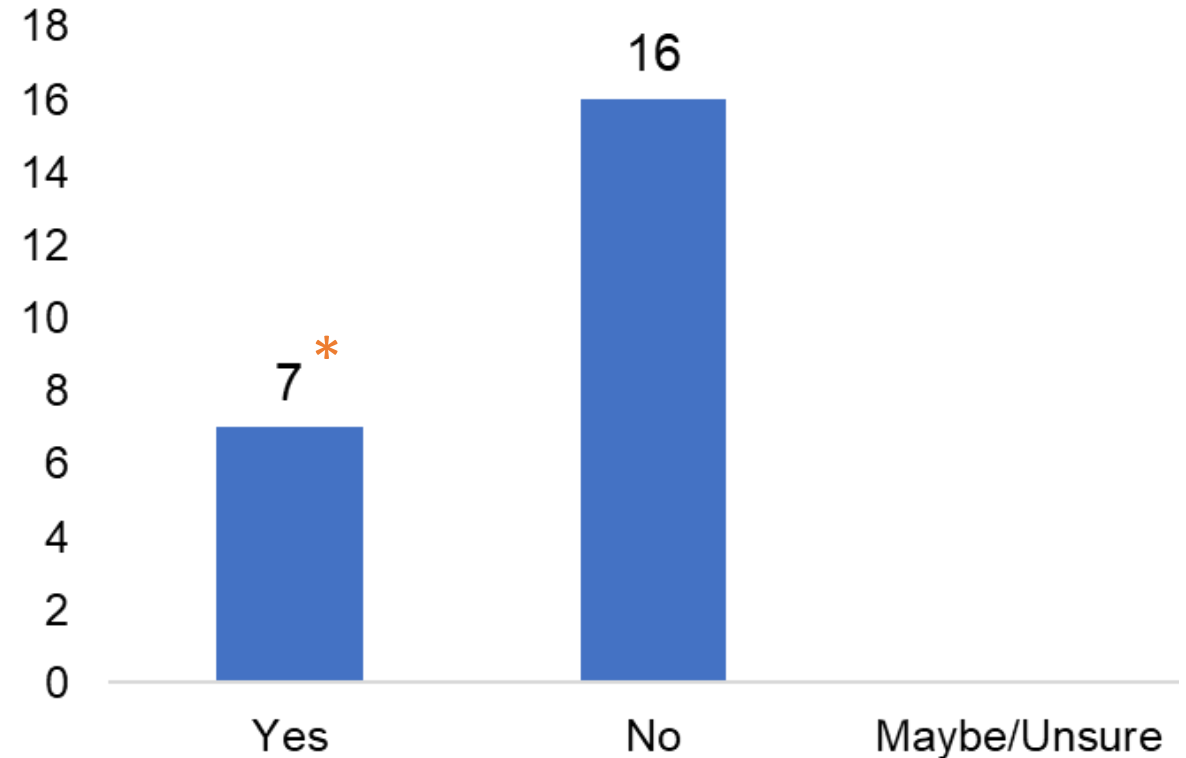
\* 9 out of these 11 from extra small or small counties

Has your LPHA hired additional staff that you would not have been able to hire without increased floor payment?



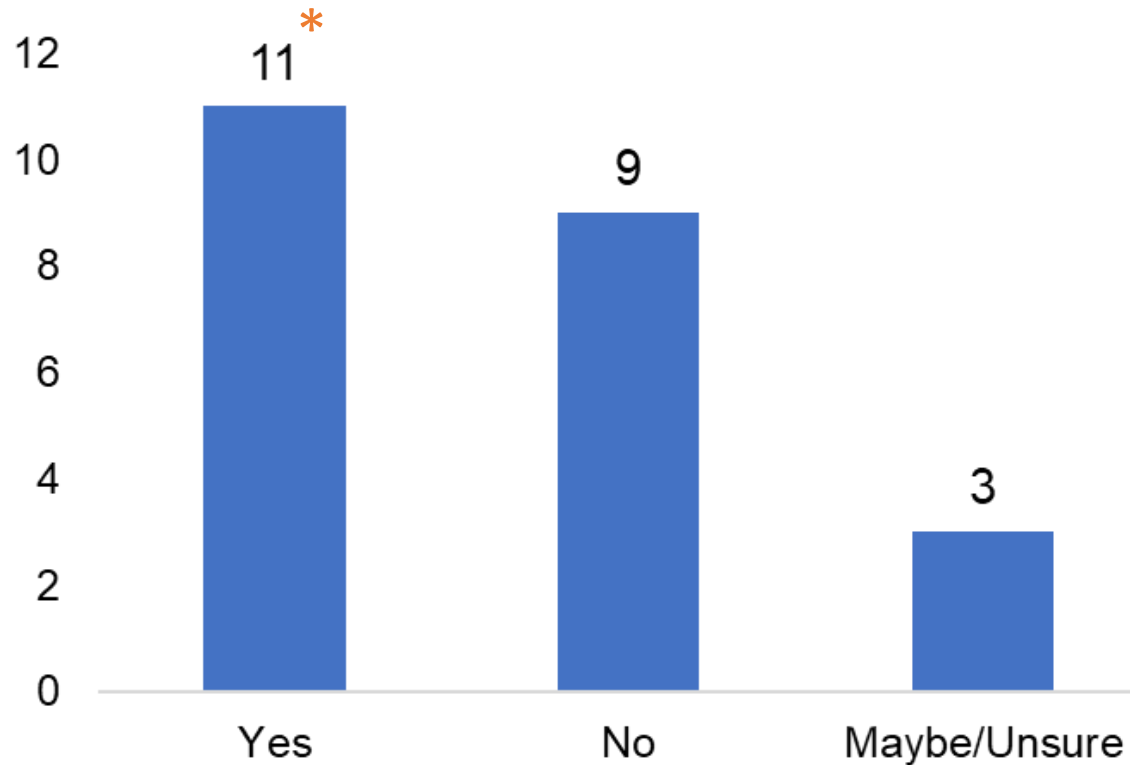
\* 9 out of these 11 from extra small or small counties

Has your LPHA used the increased floor payment to increase staff capacity through contracted staff?



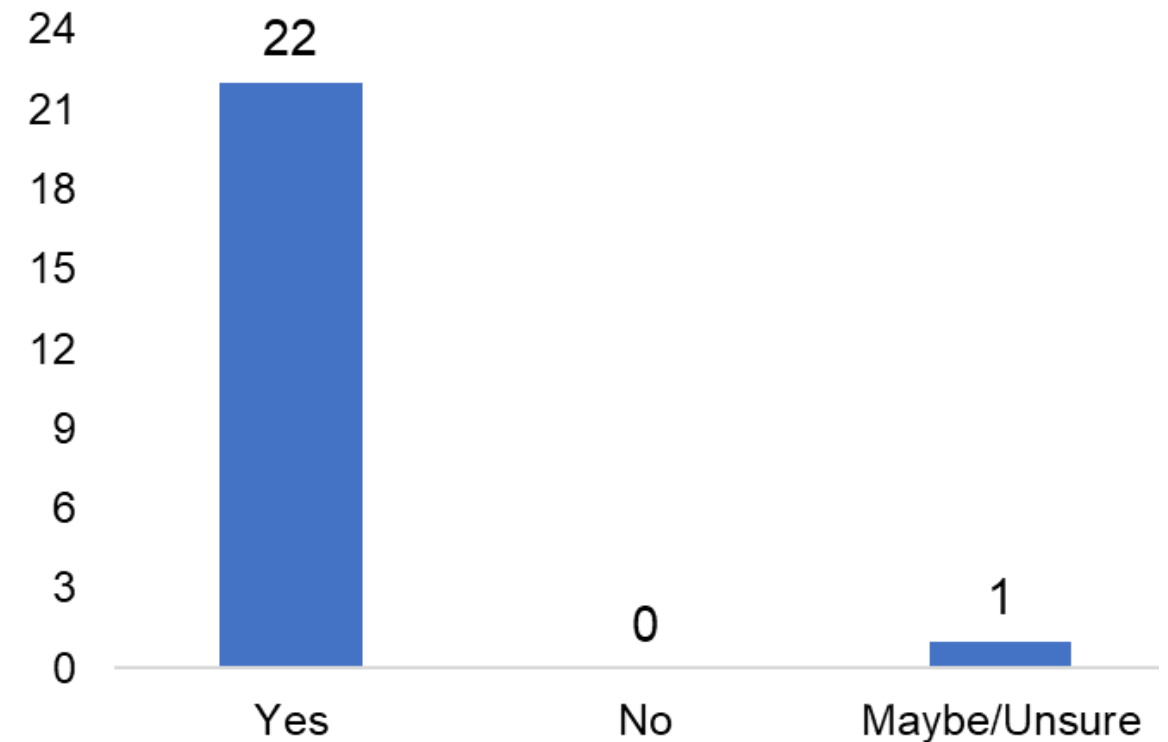
\* All responses from extra small or small counties

Has your LPHA used the increased floor payment to retain staff originally hired with other funding?

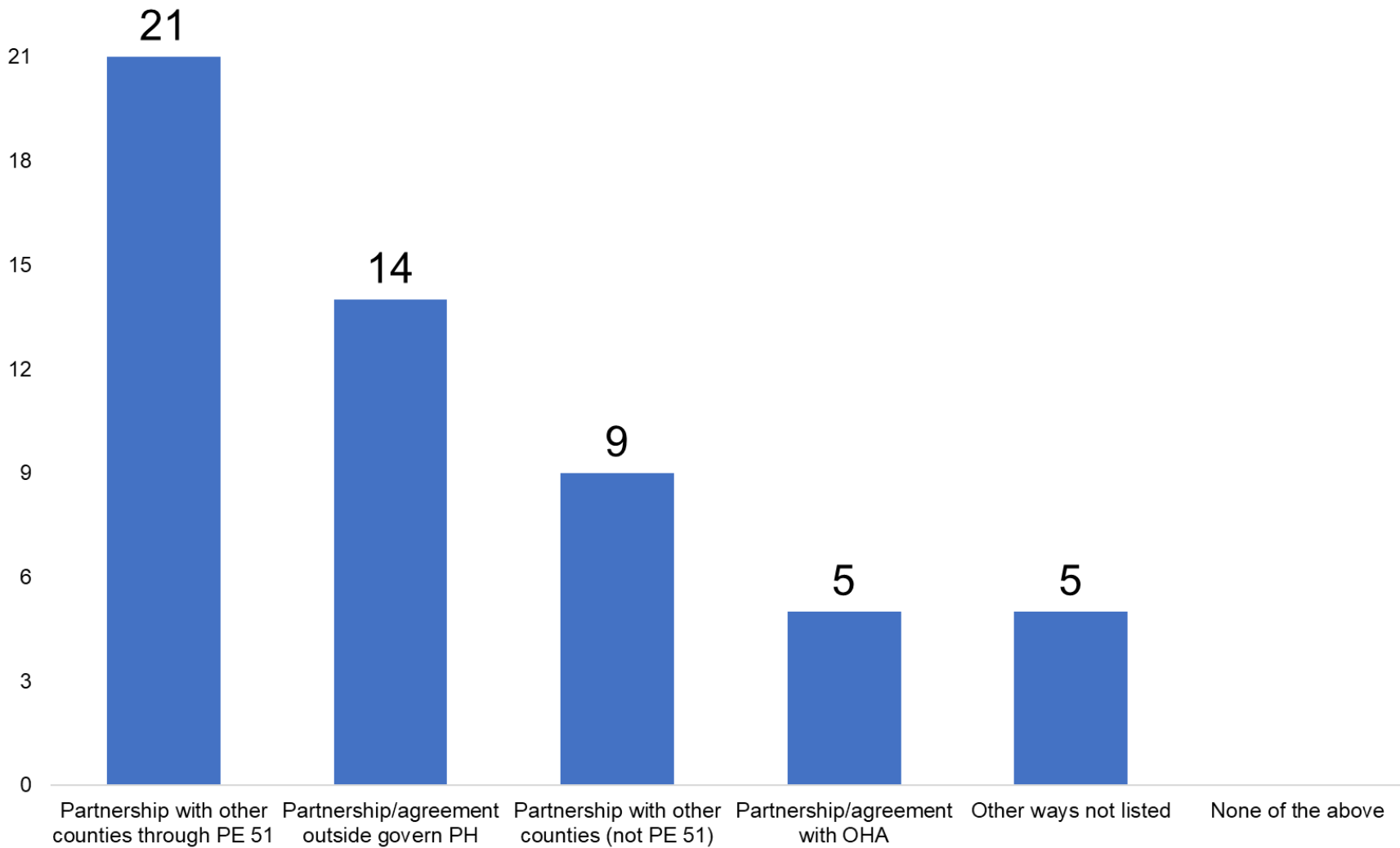


\* 9 out of these 11 from extra small or small counties

Does your LPHA anticipate being able to fully spend the increased investment during 23-25 biennium?



# In what ways is your LPHA increasing capacity to fulfill PE 51 requirements through regional or other partnerships?



Note: participants could select multiple responses; responses are not mutually exclusive

# Please describe opportunities or challenges related to spending the increased investment.

## Opportunities

- Hired positions with specific skills
- Retained existing staff (some required to pivot to modernization)
- Ability to contract (capacity for capabilities, specific projects)
- Increased regional support for foundational capabilities/programs
- Invest in performance management
- Reinstate programs/services

## Challenges

- Increased staffing wages/expenses mean stable funding is a decrease
- Funding increases used to maintain capacity, offset other funding losses
- Not allowed to hire new staff given funding is not stable
- Staff turnover
- Difficult to quickly receive approval for, recruit, and hire qualified staff

Please use this space for anything else you'd like PHAB to know about the **base component** (floor + indicators) of the public health modernization funding formula.

- Funding formula works well for smaller counties, but resulted in less funding overall for larger
- Formula does not reflect complexity of working in a large, geographically spread-out jurisdiction
- Should state-required indicators be given more or equal weight
- Need time to see effects of change in base before more modifications
- Consider raising floor with additional legislative investment

**What else** would you like the PHAB Incentives and Funding subcommittee to know about the public health modernization funding formula to inform work on the 2024 update?

- Give equal weight to all indicators
- Consider funding formula without counties matching funding
- Consider raising minimum floor with additional legislative investment
- Need long-term, sustainable funding
- Consider formula in context of no increases to county general fund
- Recommend increase to regional funding which has remained flat