Expanding the LPHA STD Workforce New Program Element 10 Funding

CLHO-Communicable Disease Meeting November 12, 2021



HIV/STD/TB SECTION Public Health Division

- New multi-year funding through the American Rescue Plan Act (ARPA).
- Administered through STD cooperative agreements between CDC and states
- Valid through December 2025.
- Roughly 2.3 million for Oregon over 5 years.
- More than double the amount of funds OHA receives annually through CDC STD Division.



- Focus is on hiring, training, and retaining Disease Intervention Specialists (DIS).
- Money is supposed to be used to hire new DIS.
- Estimate average salary of a DIS in Oregon is ~\$80,000 with fringe.
- DIS primary focus on HIV and STDs but can also be used for TB, COVID-19, and other infectious diseases.
- OHA plans to hire a new position to serve as a training and TA resource and program liaison for this work.



- Money will go through Program Element 10 (STD).
- Anticipate funding will begin in early 2022.
- All LPHAs not funded under EISO are eligible.
- Propose using Public Health Modernization funding formula to allocate funds.
- Cannot be used for clinical services
 - OHA will provide some in-kind support for lab and selfcollected testing options.
- Propose keeping syphilis fee-for-service payments for all LPHAs but removing from PE language.



	% of HIV, syphilis, gonorrhea disease burden 2018-Jun 2021	% of funds received from HIV/STD Prevention 2018-2021
EISO counties	87%	99%
All other counties	13%	1%

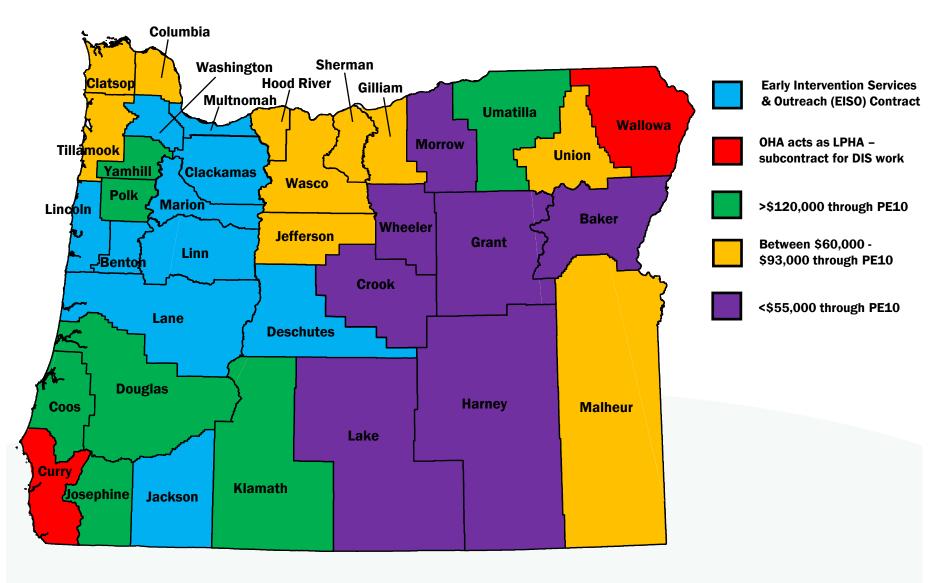


Public Health Modernization LPHA Funding Formula

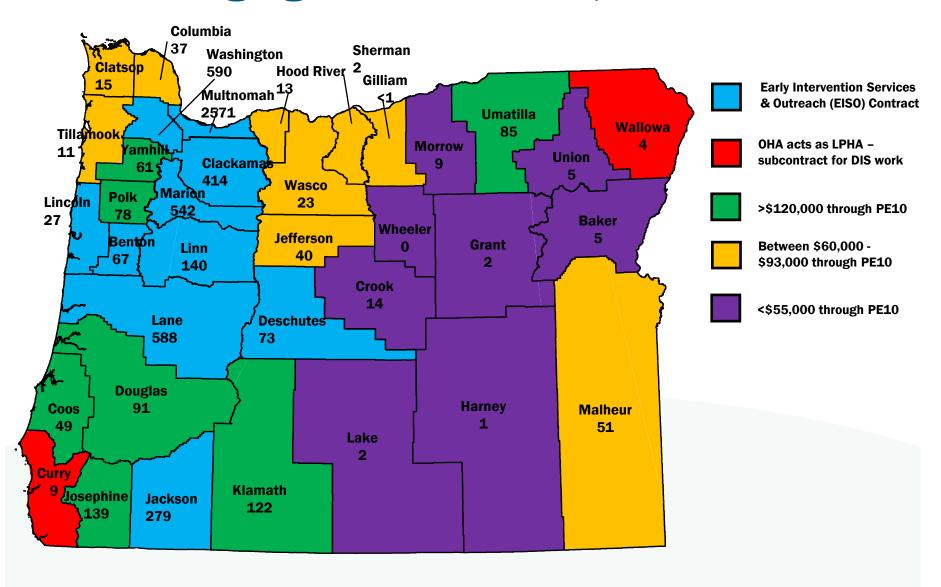
Funding Formula update: March 2021

CDC STD DIS Workforce funding, active 1/1/2022-12/31/2022 Total funds available to LPHAs*

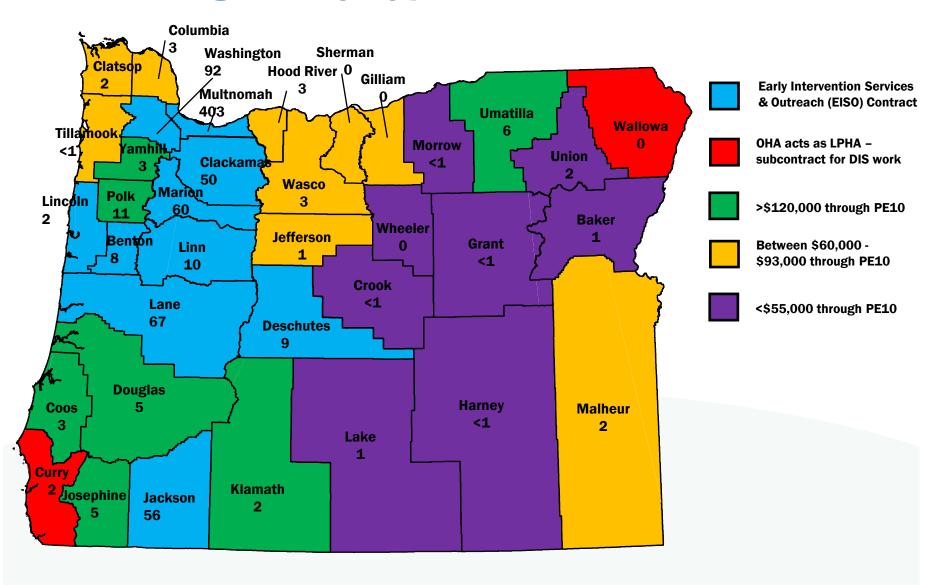
	Total county allocation							
County Group	To	otal Award	Award Percentage	% of Total Population		vard Per Capita	_	Award Capita
Wheeler	\$	13,461	0.7%	0.2%	\$	9.35		
Harney	\$	21,394	1.1%	0.8%	\$	2.94		
Grant	\$	23,295	1.2%	0.8%	\$	3.18		
Lake	\$	24,927	1.2%	0.9%	\$	3.09		
Morrow	\$	47,266	2.4%	1.4%	\$	3.69		
Baker	\$	35,120	1.8%	1.8%	\$	2.08	\$	3.07
Crook	\$	52,904	2.6%	2.5%	\$	2.26		
Jefferson	\$	74,546	3.7%	2.6%	\$	3.09		
Hood River	\$	81,673	4.1%	2.7%	\$	3.19		
Tillamook	\$	61,946	3.1%	2.8%	\$	2.33		
Union	\$	51,621	2.6%	2.9%	\$	1.92		
Gilliam, Sherman, Wasco	\$	93,048	4.7%	3.3%	\$	2.99		
Malheur	\$	89,686	4.5%	3.4%	\$	2.79		
Clatsop	\$	74,231	3.7%	4.2%	\$	1.88		
Columbia	\$	90,553	4.5%	5.7%	\$	1.70		
Coos	\$	121,409	6.1%	6.7%	\$	1.92		
Klamath	\$	136,094	6.8%	7.2%	\$	2.00	\$	2.24
Umatilla	\$	202,791	10.1%	8.7%	\$	2.49		
Polk	\$	151,254	7.6%	8.9%	\$	1.80		
Josephine	\$	160,963	8.0%	9.2%	\$	1.86		
Yamhill	\$	195,109	9.8%	11.5%	\$	1.80		
Douglas	\$	196,710	9.8%	12.0%	\$	1.75	\$	1.92
Total	\$	2,000,000	100.0%	100.0%	\$	2.13	\$	2.13



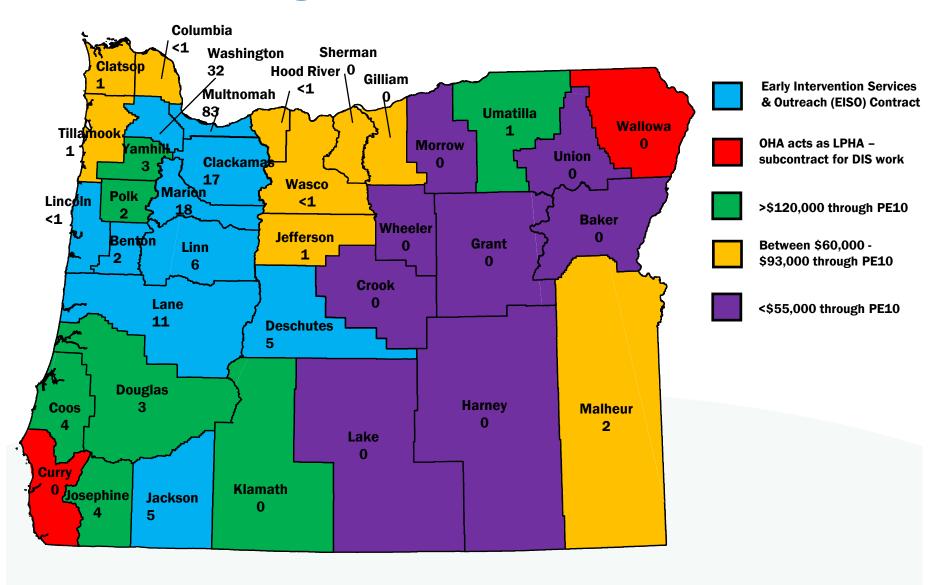
Average gonorrhea cases, 2018-2020



Average early syphilis cases, 2018-2020



Average HIV cases, 2018-2020



Questions for CLHO-CD

 What are your thoughts on use of the Public Health Modernization funding formula for these funds?



Questions for CLHO-CD

- We estimate 13 counties (11 LPHAs) will receive sufficient funds for at least a 1.0 FTE DIS. However, that leaves another 11 LPHAs with not enough funding to hire a full-time DIS. What are feasible options in these instances?
 - Hire part-time staff or add .10/.20 FTE to existing staff?
 - Partner with other counties for a regional position?
 - Other ideas?



Questions for CLHO-CD

 Knowing the primary purpose of this funding is to hire DIS, are there other methods that could be used to equitably distribute resources among LPHAs not currently receiving them?



Thank you!

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