

Planning for 2019-21 public health modernization funding to LPHA partnerships

Themes, successes, challenges and gaps

CLHO Systems and Innovation, April 15, 2019

Purpose: Discuss outcomes of initial public health modernization funding to LPHA partnerships and potential changes for updating 2019-21 funding requirements. Discuss 2019-21 maximum funding levels.

RFP Scope of Work and Program Element 51 requirements	Themes/successes/challenges/gaps (from interim evaluation report and other sources)	Suggestions for next round of funding
Section 1: Develop regional infrastructure through formation of regional partnership of LPHAs and stakeholders, including <ul style="list-style-type: none">- Formal governance structure that includes non-LPHA partners;- Funding used to support overall project goals as well as meet the needs of individual LPHAs and partners.	<p>New policies for inter-governmental coordination and resource-sharing have been successful in building infrastructure that didn't exist before. This is resulting in surge capacity for outbreak responses and better preparation for public health emergencies.</p> <p>It takes significant time and resources to coordinate across counties and navigate the red-tape.</p> <p>The majority of funding has been used to hire new regional and local positions. Goals and strategies cannot be met without dedicated staff.</p> <p>Less-resourced LPHAs have benefited from additional capacity for routine investigations; centralized coordination and a more robust infrastructure for communication, and ability to rely on peers for information-sharing.</p> <p>There is a lot of variability in how fully non-LPHA partners have been involved in the governance. In most cases partners are not funded or are minimally funded for their participation.</p>	
Section 2: Implement regional strategies to control communicable disease. Implement a	All LPHA partnerships have made demonstrable progress to address the identified CD risk and are putting new systems in place.	Increase the spread of effective practices by encouraging LPHA

<p>health equity lens to reduce CD-related health disparities, including</p> <ul style="list-style-type: none"> - Identify a significant CD risk for the region, populations most affected, and local organizations to engage as strategic partners; - Develop a system for identification and control of communicable disease with strategic partners; - Partner with RHECs and tribes, and share funding; - Work directly with communities to co-create strategies for CD control and prevention; - Communicate to the general population or at-risk populations about CD risks, and develop systems for communication with partners; - Provide training to health care and other partners about CD risks and methods of control. Provide TA for implementing best practices; - Routinely evaluate CD control systems; - Develop regional health equity assessment and action plan. 	<p>Some LPHAs are focusing on preventing communicable disease instead of responding.</p> <p>Some LPHA partnerships report stronger relationships with CCOs that are broader than the funded project.</p> <p>There is a lot of variability in how fully tribes and RHECs have been involved. In most cases tribes and RHECs have received minimal funding for their participation.</p> <p>There is a lot of variability in how LPHA partnerships have worked directly with communities. For some LPHA partnerships, working with communities on a specific communicable disease has been limiting.</p> <p>Some LPHA partnerships have developed new systems and methods for communicating with the general public and partners about CD risks.</p> <p>Most LPHA partnerships are providing training and technical assistance.</p> <p>Regional investments have resulted in improvements for public health accountability metrics.</p>	<p>partnerships to document and share policies, processes, and materials. Consider whether there are opportunities to support LPHAs to replicate current projects.</p> <p>Implement health equity action plans</p> <p>Place additional emphasis on working with and reporting on partnerships with RHECs, tribes and community-based organizations that represent culturally-specific communities.</p> <p>Strengthen requirement to compensate tribes, RHECs, and community-based organizations that represent culturally-specific communities for their participation.</p> <p>Implement health equity action plans.</p>
<p>Section 3: Demonstrate new approaches for providing public health services</p> <ul style="list-style-type: none"> - Two in-person learning collaboratives; - Evaluation reporting; - Share emerging practices and demonstrate how these practices can 	<p>LPHA partnerships have participated in the learning collaboratives and ongoing evaluation.</p> <p>LPHA partnerships presented to the Public Health Advisory Board and have been willing to share emerging practices in other venues and with one another.</p>	<p>Support shared learning and sharing of emerging practices through a Community of Practice model. Eliminate in-person learning collaboratives.</p>

be applied across the public health system.		
Section 4: Required reporting <ul style="list-style-type: none"> - Regional policy and org chart; - Regional work plan; - Health equity assessment and action plan; - Two additional products; - Quarterly work plan progress reports and expenditure reports; - Quarterly calls with OHA 		Requirement for supplemental expenditure reports will be removed. Consider having calls with OHA less frequently. What deliverables should be required?

LPHA partnership funding levels for 2019-21

This table approximates maximum funding levels for LPHA partnerships in 2019-21 if there are no changes to LPHA partnership population served.

LPHA partnership size (based on total population served in the region)	2017-19 (19 months)	2019-21 (24 months, 88% of 2017-19 maximum)
Large (>500,000)	\$700,000 (2 grantees)	\$616,000 (anticipate 2 grantees)
Medium (100,000-499,000)	\$500,000 (5 grantees)	\$440,000 (anticipate 6 grantees)
Small (<100,000)	\$350,000 (0 grantees)	\$308,000 (anticipate 0 grantees)
Capacity-building	\$100,000 (1 grantee)	\$88,000 (anticipate 0 grantees)