

Analysis
Oregon Health Authority
COVID-19 Health Equity

Analyst: Tom MacDonald

Request: Approve, retroactively, the submission of a federal grant application from the Oregon Health Authority (OHA) to the U.S. Centers for Disease Control and Prevention in the amount of \$33,925,082 million over two years to address COVID-19 health disparities among high-risk and underserved populations.

Analysis: OHA's Public Health Division has applied for a \$33.9 million federal grant to advance health equity through activities that consider the systemic barriers and practices that have put certain populations at higher risk for COVID-19. This new grant is funded with federal appropriations approved in the Consolidated Appropriations Act, 2021 (P.L. 116-260), which became law in December 2020. The grant is non-competitive and the funding is guaranteed for the two-year period from June 1, 2021 through May 31, 2023. Of the total award, OHA is required to use a minimum of \$7.5 million to support activities in rural areas. The agency's grant proposal surpasses this threshold by carving out \$13.8 million for rural communities.

The purpose of the grant is to fund strategies, interventions, and services to improve COVID-19 response activities and advance health equity in populations considered to be high-risk and underserved, including racial and ethnic minority groups, people living in rural communities, those age 65 and over, and people otherwise adversely affected by persistent poverty or inequality. Consistent with the allowable federal uses of the grant, OHA plans to use its award to fund the strategies and activities summarized in the table below.

| Strategy | Key Activities |
|--|--|
| Build, leverage, and expand infrastructure support for COVID-19 prevention and control among high-risk and underserved populations. Strategy budget: \$5,922,973 Rural carveout: \$137,000 | <ol style="list-style-type: none">1. Establish Equity Team in Public Health Division (17 staff).2. Prepare staff to address needs of communities disproportionately impacted by COVID-19.3. Provide training to expand culturally responsive contact tracing, wraparound services, and recovery supports.4. Provide technical assistance and training for local public health authorities on implementation of health equity plans. |
| Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved. Strategy budget: \$28,002,109 Rural carveout: \$13,639,431 | <ol style="list-style-type: none">1. Support CBOs and tribes in provision of culturally and linguistically responsive contact tracing, wraparound services and recovery supports.2. Develop IT application for collection of REALD data to address inequities related to COVID-19.3. Provide state-level policy leadership to address the social and structural determinants of health through Oregon's State Health Improvement Plan. |

A major part of the agency's plan is to establish a new Equity Team within the Office of the State Public Health Director to train division employees, manage equity-related contracts, and support local public health authorities, tribes, community-based organizations (CBOs), and rural health partners with cultural competency objectives. The Equity Team will be staffed by 17 limited duration positions, which include a program director; Local and Tribal Public Health Manager; Public Health Physician; coordinators for CBOs, community engagement and workforce equity; community and equity liaisons; and policy, fiscal, and executive support staff.

Most of the grant funding—approximately \$24.8 million—will be awarded to CBOs and tribes to address the social and structural conditions that put people at a higher disadvantage to COVID-19 through community engagement, contact tracing, quarantine, and wraparound services. Of this amount, \$14.1 million will be awarded to CBOs based on performance and disease burden and \$10.7 million allocated evenly among Oregon's nine federally recognized tribes and the Urban Indian Program. These activities will align with similar ongoing work carried out by CBOs and tribes through previous federal grant awards from Coronavirus Relief Funds, Epidemiology and Laboratory Capacity Grant funding, and Vaccines for Children CARES Act funding. The new awards are expected to enable CBOs and tribes to continue this work through June 2022.

Another noteworthy component of OHA's proposal is the development of an IT application to collect race, ethnicity, language, and disability (REALD) data related to COVID-19. This would allow for the collection of data for negative COVID-19 tests. Currently, this data is only collected for positive test results, which presents a barrier in understanding the relative impact of inequities in COVID-19 testing in communities of color, tribal communities, and among people with disabilities. OHA intends to create this application by purchasing an off-the-shelf solution for up to \$500,000. Separate from this grant, a measure currently before the Legislature, HB 3159 (2021), would necessitate the development of a system for the collection of REALD and sexual orientation and gender identity data from health care providers and insurers. The data application planned under the federal grant, however, is much more limited in scope. Consequently, OHA does not expect this application would satisfy the requirements of the data system described in HB 3159, should that measure become law.

The federal grant does not require a state match or maintenance of effort, and approval of this request does not otherwise commit state funding or position authority upon completion of the grant period. All new positions identified by OHA will be established as limited duration and are subject to available funding. Because the establishment of equity teams is one of the core elements available under the grant opportunity, the federal government ultimately might establish a longer-term or ongoing federal funding source.

Long-term federal funding to continue the work of CBOs and tribes is also not guaranteed and could, potentially, diminish in need with respect to contact tracing and other COVID-19 services depending on the prevalence of the virus once the one-year awards to these subgrantees are expended. As with the new Equity Team, however, the Public Health Division will seek future federal grants to ensure the work being done by CBOs and tribes is not disrupted through the second half of the 2021-23 biennium. In the case of both the new Equity Team and work of CBOs and tribes, and in the absence of an ongoing source of federal revenue, OHA anticipates requesting continued funding as part of its Agency Request Budget for 2023-25.

The agency submitted its request to apply for the grant on April 28, 2021, which did not meet the 10-

day required notice prior to the application deadline, which was May 3, 2021. If the grant request is approved retroactively, the Federal Funds expenditure limitation and position authority for the Public Health Division will need to be increased. These adjustments could be made as part of the OHA's 2021-23 legislatively adopted budget.

Legislative Fiscal Office Recommendation: Approve the request.

Oregon Health Authority Heath

Request: Authorize the Oregon Health Authority to apply for a one-time, \$33.9 million Center for Disease Prevention and Control (CDC) grant to improve health equity outcomes in Oregon's response to COVID-19.

Recommendation: Approve the request on a retroactive basis.

Discussion: The Oregon Health Authority (OHA) requests retroactive approval to apply for a one-time \$33.9 million non-competitive grant from the CDC. The grant application was due on May 3, 2021, and OHA submitted its 10-day grant notification letter on April 28, 2021. The grant must be used to advance health equity in Oregon's COVID-19 response and must be spent between June 2021 and May 2023. Funding for this grant was authorized as part of the Coronavirus Response and Relief Supplemental Appropriations Act passed in December 2020. The grant has no required match or maintenance of effort.

OHA is focused on two strategies to improve health equity in the state's COVID-19 response: 1) to build infrastructure support for prevention and control among high risk and underserved populations, and 2) to mobilize partners and collaborators to advance health equity and address social determinants of health among high risk and underserved populations. In terms of infrastructure, OHA would use the grant funds to establish an equity team in the Office of the State Public Health Director, to ensure Public Health is able to attract and retain a diverse workforce, provide training and technical assistance in order to expand culturally responsive contact tracing, wraparound services and recovery supports, and provide technical assistance and training for Local Public Health Authorities on the implementation of local Health Equity plans to support the communities most affected by COVID-19.

OHA's work to mobilize partners and collaborators will include expanding culturally and linguistically responsive contact tracing, wraparound services and recovery supports through community based organizations and tribes, facilitating community leadership opportunities for the state's State Health Improvement Plan (SHIP), developing an IT application to collect COVID-19 testing data including data on race, ethnicity, language and disability (REALD), and engaging with community partners to address social and structural determinants of health using the SHIP as a guide.

The \$33.9 million grant award requested by OHA was determined by the CDC based on Oregon's COVID-19 Community Vulnerability Index, which takes into account social and structural determinants of the spread of the disease and associated outcomes, as well as the state's share of rural residents. OHA plans to spend the grant funds as follows:

| Category | Amount |
|---|---------------|
| Personnel Services | \$4.1 |
| Personnel Related S&S | \$0.8 |
| Funding for Community Based Organizations | \$14.1 |
| Funding for Tribes | \$10.7 |
| COVID-19 Testing Data Collection IT Application | \$0.5 |
| Other Contractual Services | \$0.2 |
| Indirect Costs | \$3.5 |
| Total | \$33.9 |
| All \$ in millions | |

OHA's Personnel Services spending of \$4.1 million is to establish 17 equity positions to support the investments made using grant funds. A dedicated Equity Team will also be established within the Public Health division. The new staff will include an equity manager, community liaisons, equity liaisons working across the Public Health division's 100 programs, a public health physician to provide equity leadership for clinical epidemiology, and policy and support staff to advance equity in the state's COVID-19 response. Funding for the positions will last through May of 2023, leaving a gap in funding during the 2021-23 biennium. OHA expects to use future grants from the American Rescue Plan Act passed through the CDC to maintain funding for these services and positions, during the 2021-23 biennium.

Funding for the community-based organizations (CBOs) and tribes of \$14.1 million and \$10.7 was based on amounts allocated for similar purposes through the CARES Act of 2020. These funds are intended to be used for contact tracing and wraparound and recovery services. Funding for CBOs will be allocated based on the organizations' performance, as well as the disease burden on the communities they are serving. Funding for the tribes will be split equally among the tribes and the state's Urban Indian Program. OHA expects this funding will be enough to maintain services at their current levels through June of 2022. OHA expects to use future grants from the American Rescue Plan Act passed through the CDC to maintain funding for these services and positions during the 2021-23 biennium.

Included in the funding is \$500,000 in contractual costs for a new data system as well as parts of two existing IT positions dedicated to this project. OHA is seeking to purchase off-the-shelf software to collect REALD and Sexual Orientation and Gender Identity (SOGI) data on people who have tested negative for COVID-19. Current data systems only support the collection of such data on positive tests, leaving a gap in information about the relative disease burden of COVID in Oregon.

Within the \$33.9 million, OHA is required to carve out funding to provide services to rural communities. OHA has designated \$13.6 million in funding for rural communities within the funding to be passed through CBOs and tribes, with 27 percent of the CBO funding and approximately 90 percent of the tribal funding going to support rural communities who have been severely impacted by the pandemic.

While there is no formal maintenance of effort required to accept this funding, OHA is planning to seek to continue funding for the new equity unit and community based organizations and tribes as part of its Agency Request Budget for the 2023-25 biennium. The fiscal impact of continuing this work is pending and will depend on the availability of federal funding and the future course of the COVID-19 pandemic.



Office of the Director

Kate Brown, Governor



500 Summer Street NE E20
Salem, OR 97301

Voice: 503-947-2340

Fax: 503-947-2341

TTY: 503-947-5080

April 28, 2021

The Honorable Senator Betsy Johnson, Co-Chair
The Honorable Senator Elizabeth Steiner Hayward, Co-Chair
The Honorable Representative Dan Rayfield, Co-Chair
Joint Committee on Ways and Means
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Dear Co-Chairpersons:

Nature of the Request

The Oregon Health Authority (OHA) Public Health Division requests permission to apply for National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities administered by the Centers for Disease Control and Prevention (CDC). This new, non-competitive funding opportunity would increase Oregon's ability to offer culturally and linguistically responsive COVID-19 contact tracing and wraparound supports for people affected by isolation and quarantine, while improving public health workforce diversity and addressing the underlying conditions that place communities of color and Tribal communities at higher risk for COVID-19. These actions support OHA's goal of eliminating health inequities by 2030 by investing in COVID-19 health inequities and the public health workforce and infrastructure to achieve this goal in future emergency response activities.

OHA will be allocated \$33,925,082 in year one to be used over a two (2) year period through May 31, 2023. The grant requires a rural carveout of \$7,525,248. There are no matching funds or maintenance of effort requirements. To achieve intend grant outcomes, the Public Health Division would need to hire several full-time limited duration positions.

OHA received the request for proposals on March 18, 2021. Applications are due on May 3, 2021.

Agency Action

The purpose of this grant is to eliminate COVID-19 health inequities among communities of color, Tribal communities and rural communities by investing in community-specific approaches and building public health infrastructure and workforce for equity, not only for the COVID-19 response, but also for future responses. The grant allows eligible applicants to build equity positions that work beyond COVID-19 and that address the social determinants of health.

This grant aligns with the work the Public Health Division is doing to address COVID-19-related health disparities and advance health equity among populations at higher risk and underserved. Since July 2020, the Public Health Division has funded a statewide network of 170 community-based organizations to provide culturally and linguistically responsive community engagement, contact tracing and wraparound supports for people during isolation or quarantine. This work has expanded to a focus on community engagement and education to promote vaccine uptake among communities most impacted by COVID-19. The COVID-19 Response and Recovery Unit (CRRU) has implemented culturally and linguistically responsive communications campaigns and has analyzed COVID-19 data by race, ethnicity, and geography to identify and address inequities. OHA's COVID-19 response includes leadership by an Equity Director aligning all work of the CRRU and the Vaccine Planning Unit, working to elevate and engage communities while dedicating resources to those most impacted.

The Public Health Division builds this grant application from its work to create a modern public health system focused on health equity and cultural responsiveness. In 2020, the Public Health Division launched the Healthier Together Oregon State Health Improvement Plan, which was co-created with over 62 organizations to address the root causes of health inequities: institutional bias; adversity, trauma and toxic stress; access to equitable preventive health care; behavioral health; and the economic drivers of health, including education, housing and transportation. Oregon is well-positioned to meet the requirements of this grant while also leveraging funds to advance health equity as it relates to COVID-19 and for the future.

OHA will be applying for funding across two of the strategies included in the Request for Applications:

- Strategy 3: Build, leverage and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and

underserved. This strategy objective includes the Equity Director, Public Health Physician, Community Liaisons, Equity Liaisons for Prevention and Health Promotion, Practice, Protection and Science and Epidemiology, Workforce Equity Coordinator and Equity Executive Support Specialist, as well as contracts for health equity training and technical assistance for state and local public health authorities.

- Strategy 4: Mobilize partners and collaborators to advance health equity and advance the social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved. This strategy objective includes the Local and Tribal Public Health Manager, Policy Lead, Community-based Organizations Operations Coordinator, Community Engagement Coordinator for Eastern Oregon, and Equity Fiscal Coordinator, as well as contracts with community-based organizations and all nine federally-recognized Tribes and the Urban Indian Program; a meeting facilitator for the Oregon PartnerSHIP, which leads implementation of Healthier Together Oregon; and the development of an application to collect REALD data for negative COVID-19 tests, which allows for greater understanding of the impact of COVID-19 on communities of color, Tribal communities and people with disabilities.

The Public Health Divisions would need the following limited duration positions to build equity strategies for all 100 public health programs and manage contracts for COVID-19 equity and workforce development:

- Equity Director (one PEM G position)
- Local and Tribal Public Health Manager (one PEM E position)
- Public Health Physician (one Public Health Physician 2 position)
- Community Liaisons (four OPA 4 positions)
- Policy Lead (one OPA 4 positions)
- Equity Liaisons for Prevention and Health Promotion, Practice, Protection and Science and Epidemiology (four OPA 3 positions)
- Workforce Equity Coordinator (one OPA 3 position)
- Community-Based Organizations Operations Coordinator (one OPA 3 position)
- Community Engagement Coordinator (one OPA 2 position)
- Equity Fiscal Coordinator (one FA 2 position)
- Equity Executive Support Specialist (one ESS 2 position).

The Honorable Senator Betsy Johnson, Co-Chair
The Honorable Senator Elizabeth Steiner Hayward, Co-Chair
The Honorable Representative Rayfield Dan Rayfield, Co-Chair
April 28, 2021
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This funding opportunity furthers the OHA mission of a healthy Oregon and the mission of ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnership, prevention and access to quality, affordable health care. It prioritizes health equity, aligning with the OHA strategic plan goal of eliminating health inequities by 2030.

Action Requested

The Oregon Health Authority (OHA) Public Health Division requests permission to apply for the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

Legislation Affected

None.

For additional information, please contact the Public Health Deputy Director, Cara Biddlecom at (971) 255-6370 or cara.m.biddlecom@dhsosha.state.or.us.

Sincerely,



Patrick M. Allen
Director

EC: Patrick Heath, Department of Administrative Services
George Naughton, Department of Administrative Services
Tom MacDonald, Legislative Fiscal Office
Laurie Byerly, Legislative Fiscal Office