House Bill 3100 (2015)

Public Health Modernization:

Report to Legislative Fiscal Office

healthoregon.org/modernization

Oregon Health Authority
PUBLIC HEALTH DIVISION

In 2015, the legislature passed House Bill 3100, which aims to increase the efficiency and effectiveness of Oregon's public health system while ensuring a basic level of public health service for every person in Oregon. This report provides an update on the progress of the Oregon Health Authority (OHA) toward fulfilling the requirements of House Bill 3100 and outlines OHA's strategy for modernizing the governmental public health system in the coming years.

This report is provided by the Oregon Health Authority, in collaboration with the Public Health Advisory Board. The Public Health Advisory Board, a committee of the Oregon Health Policy Board, advises and makes recommendations to the Oregon Health Authority and Oregon Health Policy Board on statewide public health policy and goals. Special thanks go to the members of the Public Health Advisory Board for their contributions to this report.

Executive summary

Eighty percent of what shapes our health happens outside the doctor's office. Public health promotes the health of all people in Oregon where they live, work, learn and play by:

- protecting people from communicable disease,
- preparing for and responding to emergencies,
- limiting environmental risks to human health,
- promoting health and countering the harmful impact of disease and injury,
- and, ensuring equitable access to quality health care.

Unfortunately, not every community in Oregon is equally equipped to provide these essential public protections. A modern public health system will enable every Oregon community to provide essential prevention programs and respond to emerging health threats. Oregon's per capita state spending on public health currently ranks below all other states in the region. As a result, Oregon's governmental public health system is often challenged to deliver the types of public health programs and services that can help everyone in Oregon achieve optimal health.

State	State Per Capita Investment in Public Health	National Ranking
Idaho	$94.70	7th
California	$56.20	10th
Washington	$38.20	23rd
Oregon	$26.60	31st

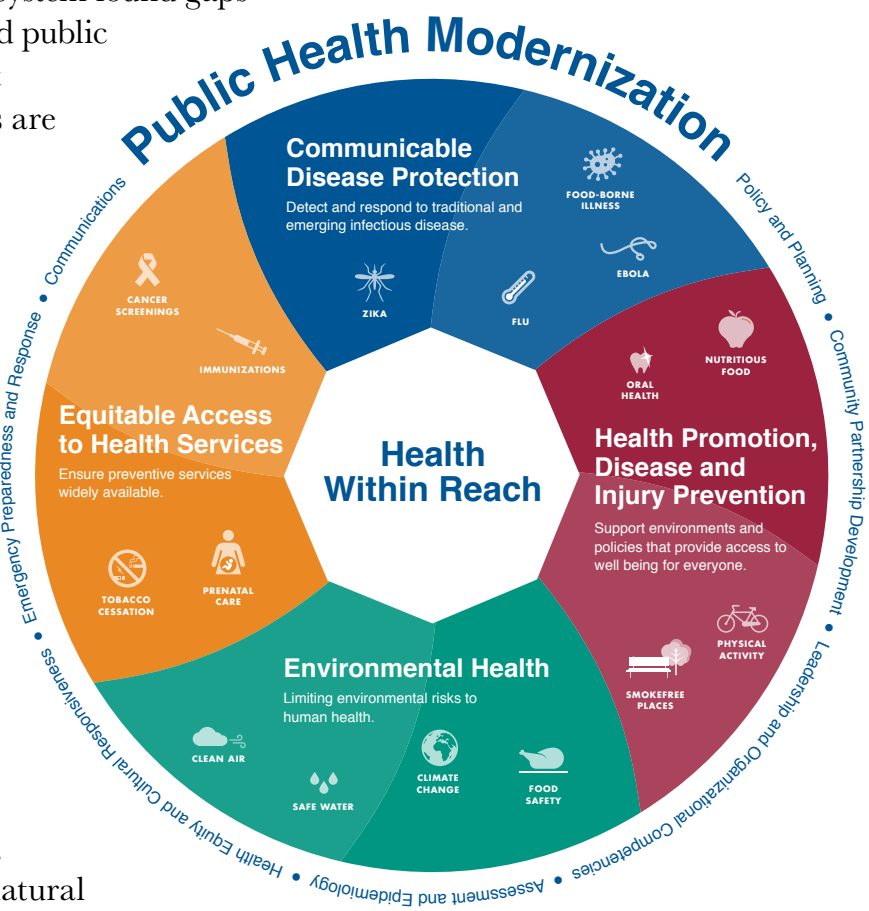
The Oregon legislature has demonstrated its commitment to building a modern public health system that can fully support health system transformation through the passage of HouseBill 2348 (2013) and House Bill 3100 (2015).

A modernized public health system is critical to Oregon's movement toward health system transformation. A modern public health system helps Oregon achieve the triple aim: better health and better care at a lower cost--putting health in reach for all people in Oregon.

Assessment findings

In 2016, state and local public health authorities completed an assessment of the existing public health system, as required under House Bill 3100. This assessment was intended to answer two questions: To what extent is the existing system able to meet the requirements of a modern public health system? What resources are needed to fully implement public health modernization?

The assessment of the public health system found gaps between our current and modernized public health system—identifying that most foundational public health programs are limited or minimal in over a third of Oregon communities. Based on findings from the public health modernization assessment, OHA recommends the following priorities for the 2017–19 biennium:



- **Communicable diseases.** Detect and respond to traditional and emerging infectious disease.
- **Environmental health.** Limit environmental risks to human health.
- **Emergency preparedness.** Prepare for and respond to natural disasters and other catastrophic events.
- **Health equity.** Ensure that every state and local public health authority has the capacity to engage communities that experience an excess burden of disease.
- **Population health data.** Ensure that every state and local public health authority has access to timely, accurate and meaningful data needed to understand the health of the community and drive decision-making.
- **Public health modernization planning.** Ensure ongoing support to state and local public health authorities to identify strategies to build an equitable and efficient public health system while developing a workforce equipped to fulfill future needs.

A baseline investment of $30 million is needed to address these priorities in the 2017–19 biennium. State and local public health authorities currently invest $209 million annually in the foundational capabilities and programs, and the public health modernization assessment identified an additional $105 million annual need to fully implement public health modernization. An initial investment of $30 million will allow implementation to occur in a feasible manner over time. Information about how state funds will be allocated to local public health authorities is available in the Funding Formula Framework section of this report.

This is the first step in funding a system that will continue to evolve and modernize. By committing to building a modern public health system, we demonstrate our commitment to ensuring that a healthy life is within reach for everyone in Oregon.

The need for a modern public health system

Oregon is a leader in its approach to health system transformation, which aims to provide better health and better care at a lower cost. The vision for the role of public health in shifting Oregon's health system to focus on prevention of disease was outlined in the *2010 Oregon's Action Plan for Health*:

> *We need a health system that integrates public health, health care and community-level health improvement efforts to achieve a high standard of overall health for all Oregonians, regardless of income, race, ethnicity or geographic location. To achieve this, we must stimulate innovation and integration among public health, health systems and communities to increase coordination and reduce duplication.*[1]

In order for Oregon's governmental public health system to meet this charge, it must be modernized to focus on new health challenges, which include emerging infectious diseases, climate change, threats from man-made and natural disasters, and growing rates of chronic diseases.

As Oregon's health system transformation has achieved success, the role of governmental public health in providing safety net services has changed over time. At the same time, a growth in the volume of new and emerging health threats has exposed the need for a governmental public health system that can systematically collect and report on population health risks and health disparities; implement needed policy changes to improve health and protect the population from harms; and leverage partnerships across the health system to ensure maximum efficiency and effectiveness of services delivered. There are many recent examples of how demands for governmental public health services have changed over time: the response to the international Zika virus outbreak; preparation for a possible Cascadia Subduction Zone earthquake; and the need to address environmental threats to human health.

Although there is broad recognition that Oregon's governmental public health system must modernize in order to fulfill its role for everyone in Oregon, the governmental public health system has been hindered by its reliance on federal categorical grants. There is wide variation among county general fund contributions to support local public health, and in some cases these contributions have been reduced over the years. Federal categorical grants are limited in flexibility and not always responsive to local needs. Additionally, federal spending on public health has remained below pre-recession levels.[2] Oregon's per capita state spending currently ranks below all other states in the region.[3] As a result, Oregon's

1 Oregon Health Authority. (2010). Oregon's Action Plan for Health. Available at www.oregon.gov/oha/action-plan/rpt-2010.pdf.

2 Trust for America's Health. (2016). Investing in America's Health: A State-by-State Look at Public Health Funding and Key Facts. Available at http://healthyamericans.org/assets/files/TFAH-2016-InvestInAmericaRpt-FINAL.pdf.

3 Ibid.

governmental public health system is often challenged to deliver the types of public health programs and services that can help everyone in Oregon achieve optimal health.

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Recommendations from the 2014 Task Force on the Future of Public Health Services

The Task Force on the Future of Public Health Services, created by House Bill 2348 (2013), developed a set of recommendations to modernize Oregon's governmental public health system to meet the needs of the population in years to come. The task force recommended that:

1. A set of foundational capabilities and programs be adopted to ensure a core set of public health services is available in every area of the state;
2. Significant and sustained state funding be allocated to support implementation of the foundational capabilities and programs;
3. Implementation of the foundational capabilities and programs should occur in waves over a set timeline;
4. Local public health authorities should have the flexibility to determine the best method to implement the foundational capabilities and programs in order to meet each community's unique needs;
5. A set of accountability metrics should be developed to ensure improvements and progress toward established goals.

The 2015 legislature passed House Bill 3100 (2015), which operationalized the task force recommendations and established a set of planning activities to be completed during the 2015-17 biennium.

Timeline

June 2013
House Bill 2348 passed Oregon legislature

January-September 2014
Task Force on the Future of Public Health Services met monthly

September 2014
Modernizing Oregon's Public Health System report submitted to Oregon legislature

July 2015
Oregon legislature passed House Bill 3100

December 2015
Public Health Modernization Manual published; Public Health Advisory Board appointed

January 2016
Public Health Advisory Board begins meeting monthly

April 2016
State and local public health authorities complete individual public health modernization assessments

June 2016
Public Health Modernization Assessment Report, funding formula framework and framework for accountability metrics submitted to Legislative Fiscal Office

September 2016
Report on estimated health outcomes and cost savings attributable to public health modernization released

December 2016
Initial statewide public health modernization plan adopted

2015–2016 Achievements

Key milestones and deliverables

Define foundational capabilities and programs – completed, December 2015

From June-December 2015, measurable definitions for each foundational capability and program for governmental public health were developed and included in the Public Health Modernization Manual. The Public Health Modernization Manual outlines the core functions of the governmental public health system and articulates the separate but mutually-supportive roles for state and local public health authorities. These four foundational programs and seven foundation capabilities are shown in the figure on page 13.

Establish the Public Health Advisory Board – completed, January 2016

The Public Health Advisory Board has oversight for Oregon's governmental public health system and reports to the Oregon Health Policy Board. Board members began their terms in January 2016. The Board has established two subcommittees: the Incentives and Funding Subcommittee, which is charged with informing the development of an equitable funding formula for local public health authorities; and the Accountability Metrics Subcommittee, which is leading the development of quality measures to track the progress of state and local public health authorities in meeting population health goals over time.

Conduct statewide public health modernization assessment – completed, April 2016

Each state and local public health authority completed a public health modernization assessment between January and April 2016. The findings from this assessment will be used to identify the timing and sequence of events over future biennia to fully modernize Oregon's governmental public health system. Priorities for 2017-19 are outlined below. For detail on the findings of the public health modernization assessment, refer to the Public Health Modernization Assessment Summary Report, available at: healthoregon.org/modernization.

Develop public health modernization funding formula – draft complete June 2016

The Public Health Advisory Board informed the development of a draft formula to fund local public health authorities to implement foundational capabilities and programs. This formula uses funds available to OHA as outlined in House Bill 3100, Section 28. For additional information on the funding formula, see the Funding Formula Framework on page 15.

Conduct tribal consultation with tribal governments to identify their interest in engaging in public health modernization; June 2016 - Ongoing:

Determine the impact of public health modernization on the nine federally-recognized tribes in Oregon and create an opportunity for each tribe to inform OHA if and how they would like to engage in public health modernization.[4]

Establish metrics to ensure accountability and improved health outcomes: measurement framework completed; measure selection to be completed in 2017

The Public Health Advisory Board has developed a framework for accountability metrics for state and local public health authorities. For additional information on accountability metrics, see the Accountability Measurement Framework section below.

Expanded statewide public health modernization plan – anticipated date for completion: December 2016

The statewide public health modernization plan will include the following key components for implementation of public health modernization:

- Priorities for public health modernization over the next several biennia;
- A completed framework for allocating funds to local public health authorities;
- A timeline for implementation of local modernization plans.

4 Tribes, as sovereign nations, define their own service populations and are not obligated by state statute to provide public health services. Historically, tribes have not been funded for public health. Under HB 3100, the public health system (state and local government) is required to meet certain standards of capacity and expertise related to the public health foundational capabilities and programs. Given tribal sovereignty, the state is not and cannot mandate tribes to act. Thus, the public health modernization requirements outlined in HB 3100 apply only to the state and county public health system. Tribes are not required to complete the modernization assessment and are not required to demonstrate sufficient capacity on the public health foundational capabilities and programs. However, tribes are committed to promoting and protecting the health and well-being of members and all people residing within their self-defined service populations. Therefore, as local public health authorities begin to develop their plans to build capacity and expertise to fulfill the requirements of modernization, it may be helpful for local public health authorities, in collaboration with OHA, to participate in a consultation with tribes regarding any potential impact upon tribes and to gauge tribes' interest in engaging in capacity building related to modernization of their individual public health efforts and determine what assistance can be provided. In order to initiate a potential tribal consultation process related to public health modernization, OHA participated in the SB770 Tribal Consultation meeting on June 20, 2016. During this meeting, tribes received a brief presentation and engaged in a discussion about public health modernization, questions were answered and a process for consulting with interested tribes was outlined.

Successes to date:

1. Oregon was one of three states to receive a Robert Wood Johnson Foundation grant administered through the Public Health National Center for Innovations. Oregon received a two-year grant totaling $250,000 in March 2016 to advance public health modernization. The Coalition of Local Health Officials is the fiscal agent for the grant, with OHA serving in a co-principal investigator role. The Robert Wood Foundation grant will:

    a. Convene 10 regional meetings across Oregon to engage stakeholders in discussions about how to structure local public health systems so that public health modernization is implemented efficiently and effectively.

    b. Provide technical assistance to state and local public health authorities with the goal of working toward fulfillment of the local public health modernization plan submission requirements included in House Bill 3100.

2. Oregon was invited to participate in the Public Health National Center for Innovations National Advisory Group to build a national knowledge base for foundational public health work. As a part of the Robert Wood Johnson Foundation grant, Oregon will provide technical assistance to new grantees that will be brought on over the next year to explore implementation of the foundational capabilities and programs for governmental public health.

Implementing public health modernization, 2017 and beyond

Priorities for the 2017–19 biennium

The public health system modernization assessment answered two questions: To what extent are the roles and deliverables associated with public health modernization being implemented today? What resources are needed to fully implement public health modernization? This assessment was completed by OHA and every local public health authority between January and April 2016.

The following criteria were used by OHA and the Public Health Advisory Board for determining priorities for public health modernization based on the public health modernization assessment findings.

1. Population health impact: the degree to which meaningful improvements in health can be expected.

2. Service dependencies: the degree to which OHA is dependent on local public health authorities to implement a specific function and vice versa.

3. Equity: the degree to which underserved areas or populations of the state can gain access to a public health program.

4. Population coverage: the percent of the population receiving a public health program.

The assessment of the public health system found gaps between our current and modernized public health system—identifying that **most foundational public health programs are limited or minimal in more than a third of Oregon communities.** Overall, no single public health authority is currently providing all necessary programs. At the same time, programs are provided in such a way that some public health authorities are providing different functions than others. This key finding makes flexibility for implementation within foundational capability and program critical to building upon existing infrastructure. Addressing these gaps and achieving a fair public health system across the state will be the focus of the public health system beginning now and in the future.

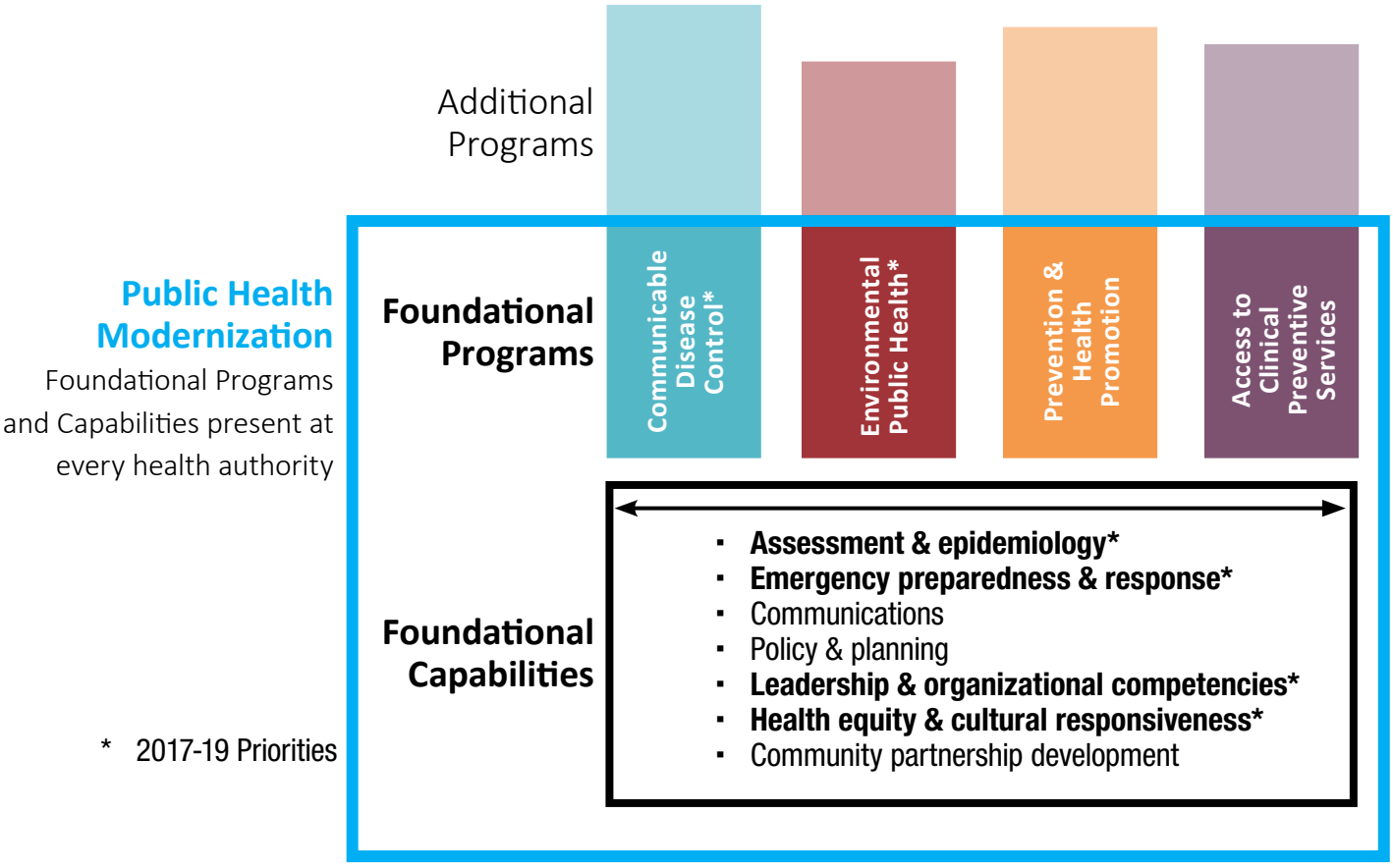
Based on findings from the public health modernization assessment and the criteria listed above, OHA recommends the following priorities for the 2017–19 biennium:

- **Communicable diseases.** Detect and respond to traditional and emerging infectious disease.
- **Environmental health.** Limit environmental risks to human health.
- **Emergency preparedness.** Prepare for and respond to natural disasters and other catastrophic events.
- **Health equity.** Ensure that every state and local public health authority has the capacity to engage communities that experience an excess burden of disease.
- **Population health data.** Ensure that every state and local public health authority has access to timely, accurate and meaningful data needed to understand the health of the community and drive decision-making.
- **Public health modernization planning.** Ensure ongoing support to state and local public health authorities to identify strategies to build an equitable and efficient public health system while developing a workforce equipped to fulfill future needs.

It is important to note that although the priorities for the 2017–19 focus on a subset of foundational capabilities and programs, state and local public health authorities will continue implementing all existing work in all of the foundational capabilities and programs. The priorities listed above are designed to bring state and local public health authorities closer to full implementation in these areas by beginning to fill the gaps already identified in these areas. At the same time, work in 2017–19 on the foundational capabilities will support all of the program areas.

Currently, state and local public health authorities invest $209 million annually in the foundational capabilities and programs, and the public health modernization assessment

Conceptual framework for governmental public health services



identified an additional $105 million annual needed to fully implement public health modernization. A baseline investment of $30 million will support state and local public health authorities to address the priorities for the 2017–19 biennium. Information about how state funds will be allocated to local public health authorities is available in the Funding Formula Framework section of this report.

Tasks associated with these priorities will be defined throughout 2016 as state and local public health authorities continue to analyze findings from the public health modernization assessment and identify strategies to build equity and efficiencies into the governmental public health system.

Additional information about how public health modernization will be implemented over upcoming biennia is available in the following section.

Process for implementing public health modernization

Oregon's public health system is effective and efficient to the extent that roles for state and local public health authorities are clear and mutually-supportive through public health modernization. The process to implement public health modernization over subsequent biennia is intended to continue to build efficiencies in the following ways:

- Understand and build upon state and local governmental public health interdependencies;
- Remove financial and non-financial barriers to implementation; and
- Encourage sharing of service delivery across the system.

Based on the findings of the public health modernization assessment, OHA and the Public Health Advisory Board recommend that the following actions take place over the next several biennia in order to efficiently and effectively implement public health modernization.

Biennium	Actions
Phase 1: 2017-2019	• Develop initial public health modernization plans, addressing the priorities listed in the previous section. • Ensure sufficient funding to support priorities. • Identify effective and efficient public health governance structures. • Finalize accountability measures for state and local public health authorities. • Distribute available funding to local public health authorities using the funding formula required in House Bill 3100. • Report on baseline accountability metrics. • Collect and report on year one accountability metrics.
Phase 2: 2019-2021	• Utilize established criteria to identify additional priority areas for 2019-2021. Ensure funding is available to support additional priorities. • Identify effective and efficient public health governance structures. • Collect and report on year two and year three accountability metrics. • Update the public health modernization assessment.
Phase 3: 2021-2023	• Utilize established criteria to identify additional priority areas for 2021-23. Ensure sufficient funding to support additional priorities. • Collect and report on year four and year five accountability metrics. • Ensure all local public health authorities have submitted a local modernization plan.
Phase 4: 2023-2025	• Utilize established criteria to identify additional priority areas for 2023-2025. Ensure sufficient funding to support additional priorities. • Collect and report on year six and year seven accountability metrics. • Update the public health modernization assessment.

Funding formula framework

House Bill 3100 requires OHA to submit a funding formula to the Public Health Advisory Board and the Legislative Fiscal Office which provides for the equitable distribution of funds to local public health authorities. OHA shall:

- Establish a baseline amount to be invested in public health activities and services by the state;
- Establish a method for awarding matching funds to a local public health authority that invests in public health activities and services above the baseline amount established by OHA for that local public health authority;
- Consider the population of each local public health authority, burden of diseases, total overall health status and the ability of each local public health authority to invest in public health activities and services with its baseline amount; and
- Adopt by rule incentives to encourage the effective and equitable provision of public health services by local public health authorities.

OHA, with guidance from the Public Health Advisory Board, has drafted the following funding formula for the distribution of state funds to local public health authorities for the purposes of implementing the foundational capabilities and programs. The funding formula represents the Public Health Advisory Board's work as of June 2016; further work to refine the formula, identify the most appropriate data sources for the formula, and set up a process for the collection of information on county investment in public health will continue over the coming months.

Funding formula criteria

Population size

- As measured by the current American Community Survey population estimate for the jurisdiction

Disease burden

- Final data source pending

Overall health status

- Final data source pending

Racial/ethnic diversity

- As measured by the current American Community Survey population estimate for the jurisdiction
- Indicator added based on Public Health Advisory Board recommendation

Poverty

- As measured by the current American Community Survey population estimate for the jurisdiction
- Indicator added based on Public Health Advisory Board recommendation

Limited English proficiency

- Final data source pending
- Indicator added based on Public Health Advisory Board recommendation

Matching funds for county contributions to support public health

Performance on accountability measures

- The Public Health Advisory Board is in the process of identifying the measure set for which state and local public health authorities will be accountable. The funding formula allocates a percentage of funding to be held back and paid to local public health authorities based on their performance. The final set of accountability measures will be selected in early 2017.

Over the course of the next several months, the Public Health Advisory Board will continue working on the funding formula draft articulated above. Of particular importance are the following considerations:

1. Equity must be considered in all decisions made about the funding formula. This includes considering how the funding formula contributes to equitable funding for local public health authorities, the provision of services, and the impact on health disparities.

2. Any new funding made available to local public health authorities will need to be considered within the domains of the draft funding formula so that there is a sufficient incentive for local governments to invest in public health and for local public health to focus on achieving accountability measures.

3. There is a need to create a new system for collecting information on local investment in public health. Currently, local public health authorities submit information on their annual projected revenues; in order to match local general fund investments, actual revenues would need to be collected and validated.

4. Should funding be allocated to local public health authorities for public health modernization, matching funds would need to start being paid in Fiscal Year 2019 because state funds would not be allocated until after local governments have already made their budget decisions for Fiscal Year 2018.

An example of a populated funding formula is available in the appendix: Funding Formula Example.

Accountability measurement framework

The Public Health Advisory Board is charged with developing a set of accountability metrics for state and local public health authorities. These measures will align with the foundational capabilities and programs adopted in House Bill 3100 for state and local public health as shown on page 13 of this report.

When selecting appropriate measures for each of the above-listed categories, the Public Health Advisory Board will apply the following criteria.

1. Required criteria:
    - Promotes health equity
    - Respectful of local health priorities
    - Transformative potential
    - Consistency with state and national quality measures, with room for innovation
    - Feasibility of measurement
2. Optional criteria:
    - Consumer engagement
    - Relevance
    - Attainability
    - Accuracy
    - Reasonable accountability
    - Range and diversity of measures

The initial list of measures to select from within each foundational capability and program area will be developed using the following data sources:

- Oregon's State Health Improvement Plan – OHA
- Oregon State Health Profile Indicators – OHA
- Public Health Activities and Services Tracking – University of Washington
- Healthy People 2020 – US Department of Health and Human Services
- Coordinated Care Organization Incentive Measures – OHA
- Quality and Access Test Measures – OHA
- Child and Family Well-Being Measures – OHA
- Hospital Performance Measures - OHA

Over the coming months, the Public Health Advisory Board will use the selection criteria listed above to identify a suite of public health accountability metrics. Based on those metrics, benchmarks and individual performance targets will be set according to current public health authority performance.

Next steps

OHA and the Public Health Advisory Board will be working diligently between now and summer 2017 to achieve the deliverables for public health modernization set forward in House Bill 3100. Deliverables include:

- Finalize the report to quantify estimated health outcomes and cost savings attributable to public health modernization;
- Continue tribal consultation with all nine federally-recognized tribes to identify tribes' needs, if any, related to engagement, planning and/or assessment in public health modernization;
- Implement the Robert Wood Johnson Foundation grant;
- Facilitate discussions at the state and local level on the tribes' current and future roles to provide foundational capabilities and programs for their populations;
- Support the development of local public health modernization plans;
- Update the statewide public health modernization plan;
- Select accountability metrics for the governmental public health system; and
- Finalize the local public health funding formula.

For more information

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Appendix: Funding formula example

The funding formula calculates payments based on (population X ranking weight). Funding formula components are allocated a portion of the overall funding pool. In this model the allocation split is: 50% Population, 10% Burden of Disease, 10% Health Status, 10% Race/Ethnicity, 10% Poverty, 10% Limited English Proficiency. For each component counties are ranked 1-34 where rank 1 for each component is the county with the best health outcome or the lowest level of need, and thus the lowest need for funding.

County Group[1]	Population[2]	Burden of Disease[3]	Health Status[4]	Race/ Ethnicity[5]	Poverty[6]	Limited English Proficiency[7]	Matching Funds[8]	Incentives[9]	Award Percentage	% of Total Population	Award Per Capita
Extra Small	1,357	9	15	3	17	4	-	-	0.03%	0.03%	$ 2.14
Extra Small	6,893	5	22	1	4	1	-	-	0.15%	0.18%	$ 2.12
Extra Small	7,253	30	32	7	32	2	-	-	0.21%	0.19%	$ 2.96
Extra Small	7,325	8	7	2	8	3	-	-	0.14%	0.19%	$ 1.91
Extra Small	7,854	26	17	14	24	12	-	-	0.21%	0.20%	$ 2.64
Extra Small	11,217	17	10	34	21	33	-	-	0.38%	0.29%	$ 3.34
Extra Small	16,049	12	16	4	16	5	-	-	0.36%	0.41%	$ 2.22
Small	20,798	11	14	13	23	11	-	-	0.48%	0.53%	$ 2.30
Small	21,830	33	34	29	31	26	-	-	0.79%	0.56%	$ 3.62
Small	22,341	7	30	10	5	7	-	-	0.55%	0.57%	$ 2.46
Small	22,620	4	4	32	9	34	-	-	0.69%	0.58%	$ 3.03
Small	25,334	14	24	21	15	20	-	-	0.67%	0.65%	$ 2.65
Small	25,736	19	21	5	22	13	-	-	0.65%	0.66%	$ 2.54
Small	29,103	18	18	26	14	27	-	-	0.84%	0.75%	$ 2.88
Small	30,740	34	28	33	34	31	-	-	1.24%	0.79%	$ 4.02
Small	37,236	16	25	17	6	16	-	-	0.98%	0.95%	$ 2.64
Small	46,138	13	27	20	10	18	-	-	1.22%	1.18%	$ 2.65
Small	49,325	20	9	6	3	8	-	-	1.07%	1.26%	$ 2.17
Small	62,678	25	31	9	13	10	-	-	1.78%	1.61%	$ 2.84
Small	65,985	32	33	23	20	21	-	-	2.13%	1.69%	$ 3.23
Medium	76,464	23	6	25	11	24	-	-	1.94%	1.96%	$ 2.53
Medium	76,645	31	23	30	18	28	-	-	2.66%	1.97%	$ 3.46
Medium	83,021	24	26	11	27	9	-	-	2.29%	2.13%	$ 2.76
Medium	86,034	3	3	12	33	19	-	-	1.75%	2.21%	$ 2.03
Medium	100,486	22	8	27	12	25	-	-	2.71%	2.58%	$ 2.70
Medium	107,156	28	29	8	28	6	-	-	3.06%	2.75%	$ 2.86
Medium	118,270	29	20	19	29	14	-	-	3.33%	3.03%	$ 2.81
Large	163,141	6	5	15	7	15	-	-	3.27%	4.18%	$ 2.00
Large	206,583	27	19	24	19	22	-	-	5.88%	5.30%	$ 2.85
Large	320,448	21	12	31	25	32	-	-	10.24%	8.22%	$ 3.20
Large	354,764	10	11	16	30	17	-	-	8.16%	9.10%	$ 2.30
Extra Large	384,697	2	2	18	1	23	-	-	7.16%	9.86%	$ 1.86
Extra Large	547,451	1	1	28	2	30	-	-	12.25%	14.04%	$ 2.24
Extra Large	757,371	15	13	22	26	29	-	-	20.75%	19.42%	$ 2.74
Total	**3,900,343**								**100.00%**	**100.00%**	$ 2.56

[1] County size bands used in this example align with size bands used in the Public Health Modernization Assessment Report.

[2] Source: American Community Survey population 5-year estimate, 2009-2014.

[3] Source: County Health Rankings, Health Factors/Health Behaviors, 2016. (Note: data source still under consideration).

[4] Source: County Health Rankings, Health Outcomes, Overall, 2016. (Note: data source still under consideration).

[5] Source: American Community Survey population 5-year estimate, 2009-2014.

[6] Source: American Community Survey population 5-year estimate, 2009-2014.

[7] Source: American Community Survey population 5-year estimate, 2012.

[8] Limitations exist for calculating current county contributions for public health. An updated process will be developed to address these limitations. Matching funds will be awarded based on actual, not projected expenditures, and will be limited to county contributions that supoprt public health modernization. Given the change in process, matching funds will not be awarded until 2019.

[9] The Accountability Metrics subcommittee will define a set of accountability metrics. Following selection of accountability metrics, baseline data will be collected. Funds will not be awarded for achievement of accountability metrics until 2019.

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