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# Modernizing Oregon's Public Health System

*Findings from the Future of Public Health  
Task Force*

Oregon  
Health  
Authority

# What is Public Health?

Public health refers to all organized measures to **prevent disease, promote health, and prolong life** among the **population as a whole**.

Its activities aim to provide **conditions in which people can be healthy** and focus on **entire populations**, not on **individual patients** or diseases.

-World Health Organization, 2014

# What Does the Public Health System Do?

Three main public health functions are:

- Assessment and monitoring of the health of communities to identify health problems and priorities.
- Formulation of public policies designed to solve identified local and national health problems.
- To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.

-World Health Organization, 2014

Oregon Public Health Division

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# Population Health Data

- Public health monitors **diseases** and **health behaviors** of the entire population.
  - Vital records: Birth and Death Data
  - Reportable diseases
  - Population-based surveys
  - Clinical service delivery data

# Support to Policy Makers

- Public health has an important role in protecting the health of everyone in Oregon.
  - Food and water safety
  - Health care facility licensing
  - Smokefree laws
  - Water fluoridation
  - Health Impact Assessments

# Promote Healthy People Across Sectors

- Public health works to ensure all individuals can achieve optimal health.
  - Active and safe transportation; parks
  - Access to healthy foods
  - Healthy environment –natural and built
  - Promotion of clinical preventive services and screenings (colorectal cancer; contraceptive services, immunizations, etc.)

# Public Health Regulatory and Enforcement Authority

- State and local public health have authority to:
  - Isolate and quarantine
  - Investigate possible violations of law
  - Issue subpoenas, orders, civil penalties
  - Seek court orders to enforce public health law
  - Require removal or abatement of toxic substances
  - Refer matters for possible criminal prosecution

# Public Health in Oregon

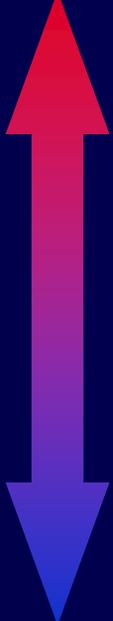
- Decentralized public health structure
- State public health
  - OHA Public Health Division
- Local public health
  - 34 local public health authorities (one three-county health district)
  - Local public health authorities may delegate public health authority to another entity (nonprofit organization, etc.)

# Current Situation for Public Health in Oregon

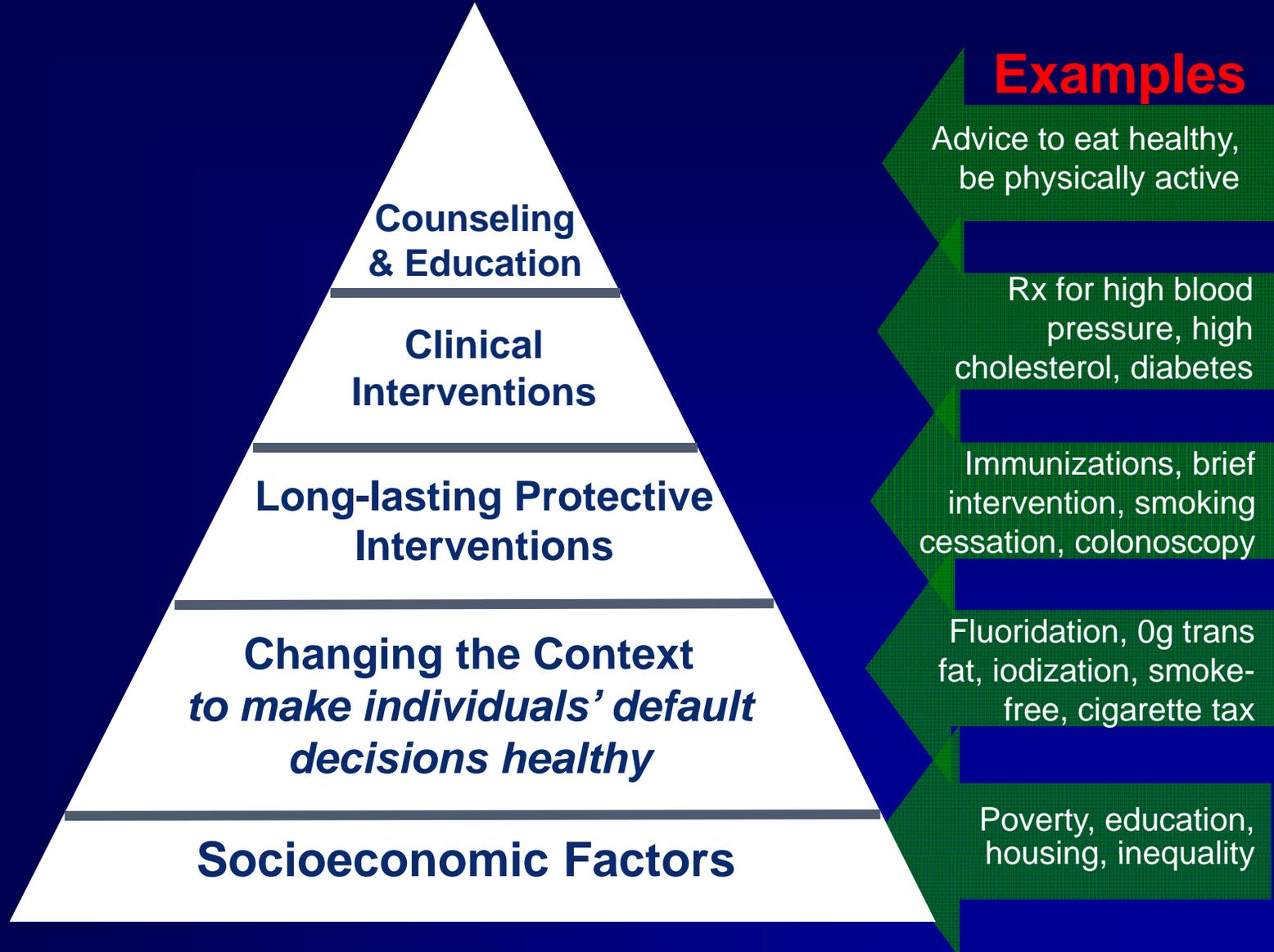
- Large disparity in level of county funding resulting in limited capacity in many areas
- A focus on individual service delivery at the cost of providing community wide interventions
- Reliance on Federal categorical funding which dictates what programs need to be provided, regardless of community need
- Limited state funding for foundational public health capacities and programs

# Factors that Affect Health

*Smallest  
Impact*



*Largest  
Impact*



# Task Force on the Future of Public Health Services: *HB 2348 (2013)*

Focused on recommendations that:

- Create a public health system for the future
- Consider the creation of regional structures
- Enhance efficiency and effectiveness
- Allow for appropriate partnerships with regional health care service providers and community organizations
- Consider cultural and historical appropriateness
- Are supported by best practices

# Task Force Membership

- Tammy Baney (Chair), Deschutes County Commissioner
- Liz Baxter (Vice Chair), Oregon Public Health Institute
- Carrie Brogoitti, Union County Public Health
- Carlos Crespo, Portland State University
- Charlie Fautin, Benton County Public Health
- Nicole Maher, Northwest Health Foundation
- John Sattenspiel, Trillium Community Health Plan CCO
- Jennifer Mead, Department of Human Services
- Gary Oxman, Multnomah County
- Alejandro Queral, United Way of the Columbia-Willamette
- Eva Rippeteau, AFSCME Council 75
- Rep. Jason Conger (R-Bend)
- Rep. Mitch Greenlick (D-Portland)
- Sen. Bill Hansell (R-Pendleton)
- Sen. Laurie Monnes Anderson (D-Gresham)

HB 2348 (2013): Task Force Report  
Future of Public Health Services

# Modernizing Oregon's Public Health System

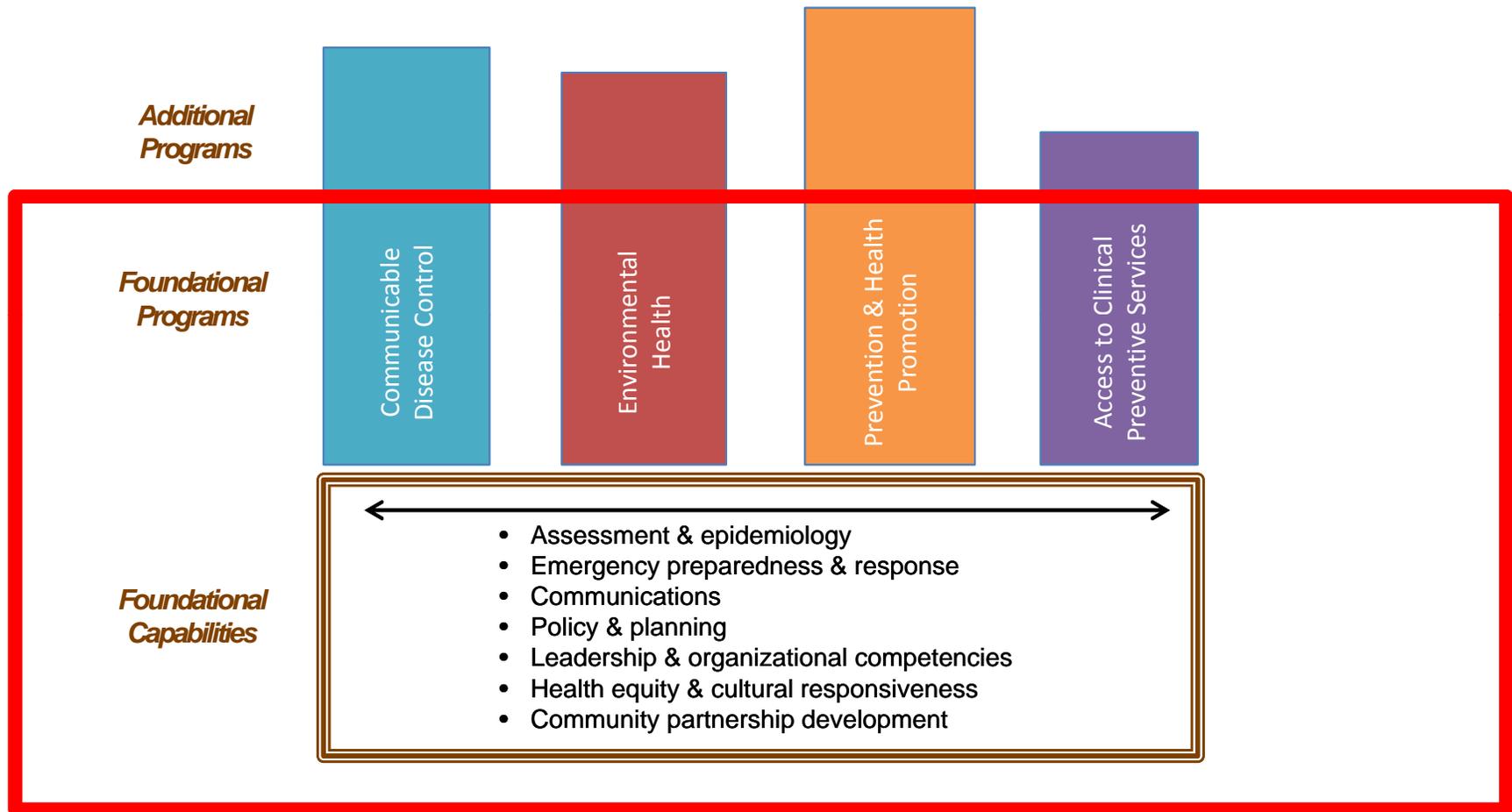
Executive Summary

September 2014

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# Conceptual Framework for Governmental Public Health Services



□ = Present @ every Health Dept.

# Recommendations

1. The Foundational Capabilities and Programs should be adopted in order for Oregon's public health system to function efficiently and effectively
2. Significant and sustained state funding be identified and allocated for proper operationalization of the Foundational Capabilities and Programs
3. Statewide implementation of the Foundational Capabilities and Programs will occur in waves over a timeline to be determined

# Recommendations

(con't)

4. Local public health will have the flexibility to operationalize the Foundational Capabilities and Programs through a single county structure; a single county with shared services; or a multi-county jurisdiction
5. Improvements and changes in the governmental public health system be structured around state and local metrics established and evaluated by the Public Health Advisory Board, which will report to the Oregon Health Policy Board

*Recommendation #1*

The Foundational Capabilities and Programs should be adopted in order for Oregon's public health system to function efficiently and effectively

# Foundational Capabilities

- Critical knowledge, skills and abilities necessary to carry out public health activities efficiently and effectively
- Needed to identify and analyze public health problems, & to address these problems through public health programs and policies
- Key to protecting and improving the community's health, and achieving effective and equitable health outcomes

For Oregon's public health system to function well, these foundational capabilities need to be broadly present in our state and local health departments: they are the essential capacities

# Foundational Capabilities: Assessment & Epidemiology

The knowledge, skills and abilities to gather and analyze data to produce clear and usable understanding of the causes and contributors to important diseases, premature death and injury in the state.

- Identify and respond to disease outbreaks and epidemics
- Conduct and assess core health behavior surveys
- Collect and maintain vital records
- Analyze data to provide timely, accurate statewide and locally-relevant data on the burden and cause of diseases, disability and death
- Use community health assessments to develop community health improvement plans
- Evaluate public health programs

# Foundational Capabilities: Emergency preparedness & response

Ensures the ability to protect the public by being able to respond to the public health aspects of natural and man-made disasters and emergencies

- Develop, exercise, improve and maintain preparedness & response plans
- Communicate and coordinate with medical care, emergency management and other response partners
- Activate emergency response personnel and communications systems during a public health emergency
- Issue and enforce emergency health orders
- Address needs of vulnerable populations in an emergency

# Foundational Capabilities: Communications

Ability to communicate effectively with diverse members of the public as well as a wide variety of governmental, business, & others to achieve the identified public health outcomes

- Two-way communication with members of the public through various communication channels including effective use of mass media and social media
- Communicate with a wide variety of audiences in a manner that is culturally and linguistically appropriate
- Develop and implement proactive health education/health prevention strategies
- During a disease outbreak or public health emergency, provide accurate, timely and understandable information, recommendations and instructions to the public

# Foundational Capabilities: Policy & planning

Ability to identify, develop, implement and maintain policies necessary to protect and improve the public's health

- Using science and best practices, develop policies to protect and improve the health of the population in general or specifically for adversely-impacted populations
- Provide guidance, participate in leadership, and coordinate planning among partners to support development, adoption and implementation of public health policies
- Understand and use the principles of public health law for improving and protecting public health
- Develop, implement, monitor/evaluate and revise a community health improvement plan

# Foundational Capabilities: Leadership & organizational competencies

Ability provide leadership, direction and effective implementation to achieve public health goals and objectives. These competencies within all health departments are essential for effective and efficient action as well as good stewardship of public resources

- Organizational leadership and governance that defines the strategic direction and goals for public health
- Access and appropriately use public health law principles and legal services Performance management and quality improvement
- Information technology
- Maintain effective workforce
- Financial management, contract and procurement services

# Foundational Capabilities: Health equity & cultural responsiveness

Knowledge, skills and abilities that promote understanding of factors within each culture that impact health and a commitment to achieving equitable outcomes for all populations in our communities

- Commitment to attaining health equity in all programs and supporting policies to promote health equity
- Transparent and inclusive communication with internal and external stakeholders as well as the public at large
- Community access to data and to participation in community health planning processes

# Foundational Capabilities: Community partnership development

Ability to foster, leverage and maintain relationships with government and non-governmental partners both within and outside to the governmental public health system

- Convene and sustain strategic relationships with traditional and non-traditional partners and stakeholders to collectively advance health.
- Engage community members in community health improvement plans
- Foster structures that support genuine community involvement
- Develop, strengthen and expand connections across disciplines
- Foster a culture of listening and an environment that honors the wisdom and multiple intelligences of communities with the greatest health disparities.

# Foundational Programs

- Basic areas of public health expertise and activity essential to assess, protect and improve the community's health
- These programs can be appropriately implemented at the state or local levels or as a state-local partnership
  - Identify and implement evidence-based policy, systems and environmental changes that will improve population health outcomes
  - Develop and implement strategic goals and coordinate activities among partners
- Benefits must be available to everyone in Oregon
- These programs are considered the baseline services of the governmental public health system

# Foundational Programs: Communicable Disease Control

- Recognize, identify and respond to communicable disease outbreaks
- Maintain a list of diseases that must be reported to public health
- Conduct, receive and analyze laboratory results and physician reports for notifiable conditions according to local, state and national law
- Conduct disease investigations and interventions using the Oregon Investigative Guidelines
- Support recognition of outbreaks and illnesses of public health importance including rare and severe disease
- Conduct community-based prevention of communicable diseases

# Foundational Programs: Environmental Health

Protects the public from illness, disability and death caused by exposure to physical, chemical or biological factors in the environment

- Public health laboratory testing and analysis
- Licensure, inspection and education of operators as required by law
- Environmental health hazard prevention and investigation activities that are able to provide timely and accurate information and recommendations on exposures and related health impacts to the public, health care providers, and others as appropriate
- Participate in land use planning and sustainable development activities to encourage policies and actions that promote positive health outcomes

# Foundational Programs: Prevention & Health Promotion

Seeks to prevent disease before it occurs, detect it early or reduce disability when prevention isn't fully effective

- Reducing risk for heart disease, diabetes and other chronic conditions
- Decreasing the occurrence and impacts of intentional and unintentional injuries and deaths
- Improving oral health
- Improving reproductive, maternal and child health

## Foundational Programs: Access to Clinical Preventive Services

A key role for the public health system is to assure that Oregonians receive recommended cost-effective clinical preventive services

- Assessing access to cost-effective, high impact preventive care services
- Ensuring access to laboratory services
- Addressing barriers to access and use of preventive services through partnership with the medical care delivery system and communities

## Additional Programs

- Public health programs and activities implemented in addition to foundational programs to address specific identified community public health problems or needs.
- Additional programs are of two fundamental types:
  - Enhancement or expansion of a foundational program.
  - A new program to address a need not addressed by a foundational program.

*Recommendation #2*

Significant and sustained state funding be identified and allocated for proper operationalization of the Foundational Capabilities and Programs

# Public Health in Oregon: Funding

## OHA Public Health Division

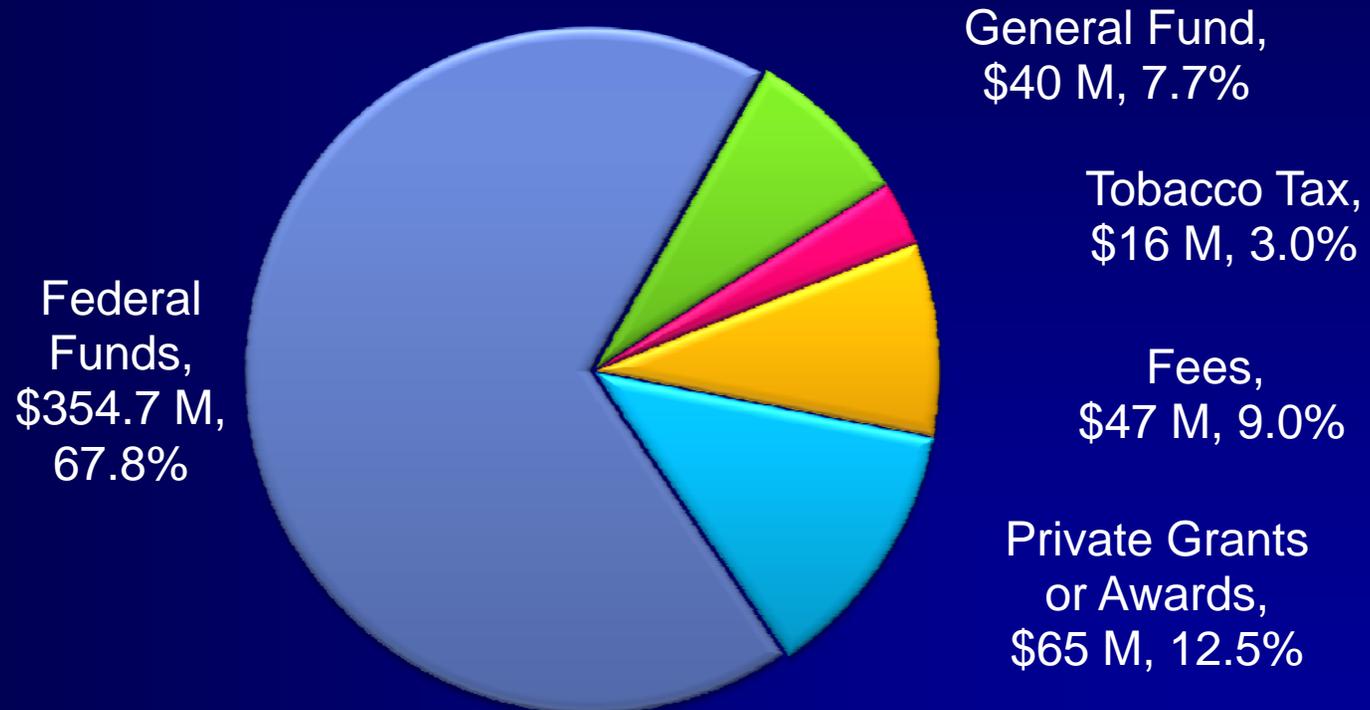
- Federal grants
- Private grants
- Fees
- Tobacco tax
- State General fund

## Local Public Health Authorities

- Medicaid reimbursement
- County general funds
- Pass-through federal grants
- Fees and donations

# State Public Health Budget by Fund Type

Total budget \$523,079,350



# State Investment in Public Health: Per Capita State Investment in Public Health

State Public Health Budgets			
State	FY 2011-2012	FY 11-12 Per Capita	Per Capita Ranking
Hawaii <sup>2</sup>	\$215,793,131	\$154.99	1
D.C.	\$65,927,000	\$104.26	2
Idaho	\$143,890,100	\$90.17	3
West Virginia	\$160,589,232	\$86.55	4
Alaska <sup>2</sup>	\$59,261,100	\$81.02	5
New York	\$1,468,595,515	\$75.04	6
Alabama	\$358,728,139	\$74.39	7
California	\$2,512,158,000	\$66.04	8
Wyoming	\$33,852,718	\$58.73	9
Massachusetts	\$361,079,843	\$54.33	10
Arkansas	\$150,180,308	\$50.92	11
North Dakota <sup>3</sup>	\$34,013,780	\$48.62	12
Rhode Island	\$49,390,630	\$47.03	13
New Mexico	\$97,144,500	\$46.58	14
Kentucky	\$191,695,800	\$43.76	15
Tennessee	\$275,073,200	\$42.61	16
Washington <sup>3</sup>	\$289,049,500	\$41.91	17
Vermont	\$26,084,071	\$41.67	18
Delaware <sup>2</sup>	\$38,153,700	\$41.60	19
Nebraska	\$72,690,976	\$39.18	20
Oklahoma <sup>1</sup>	\$148,623,000	\$38.96	21
Virginia <sup>3</sup>	\$299,156,071	\$36.55	22
Colorado	\$180,719,799	\$34.84	23
Maryland <sup>2</sup>	\$175,461,490	\$29.82	24
South Dakota <sup>4</sup>	\$23,735,633	\$28.48	25
MEDIAN \$27.40			
Utah	\$78,246,700	\$27.40	26
New Jersey	\$229,203,000	\$25.86	27
Connecticut <sup>2</sup>	\$88,191,904	\$24.56	28
Illinois	\$297,253,500	\$23.09	29
Maine <sup>2</sup>	\$29,708,338	\$22.35	30
Florida <sup>2</sup>	\$382,052,729	\$19.78	31
Montana	\$19,552,494	\$19.45	32
South Carolina	\$90,947,879	\$19.25	33
Texas	\$478,338,289	\$18.36	34
Iowa	\$53,688,501	\$17.46	35
Indiana	\$113,929,495	\$17.43	36
Michigan <sup>3</sup>	\$172,041,800	\$17.41	37
Georgia	\$168,715,698	\$17.01	38
Louisiana	\$70,778,560	\$15.38	39
Minnesota <sup>2,4</sup>	\$77,456,000	\$14.40	40
Ohio	\$166,257,009	\$14.40	40
Kansas <sup>4</sup>	\$41,479,143	\$14.37	42
Pennsylvania <sup>2</sup>	\$181,961,000	\$14.26	43
North Carolina <sup>2</sup>	\$138,126,056	\$14.16	44
New Hampshire	\$17,794,601	\$13.47	45
Oregon	\$52,141,850	\$13.37	46
Wisconsin	\$75,042,700	\$13.10	47
Mississippi <sup>1</sup>	\$26,521,920	\$8.89	48
Arizona	\$49,756,500	\$7.59	49
Missouri	\$36,592,175	\$6.08	50
Nevada	\$9,042,262	\$3.28	51

**Notes:**

1 May contain some social service programs, but not Medicaid or CHIP.

2 General funds only.

3 Budget data taken from appropriations legislation.

4 State did not respond to the data check TFAH coordinated with ASTHO that was sent out October 26, 2012. States were given until November 16, 2012 to confirm or correct the information. The states that did not reply by that date were assumed to be in accordance with the findings.

Levi J. Segal LM, St. Laurent R, Lang A. Investing in America's Health: A state-by-state look at public health funding and key health facts. Trust for America's Health, www.healthymamericans.org. 2013;1-40.

*Recommendations #3 & 4*

- Statewide implementation of the Foundational Capabilities & Programs will occur in waves over a timeline to be determined
- Local public health will have the flexibility to operationalize Foundational Capabilities and Programs through a single county structure; a single county with shared services; or a multi-county jurisdiction

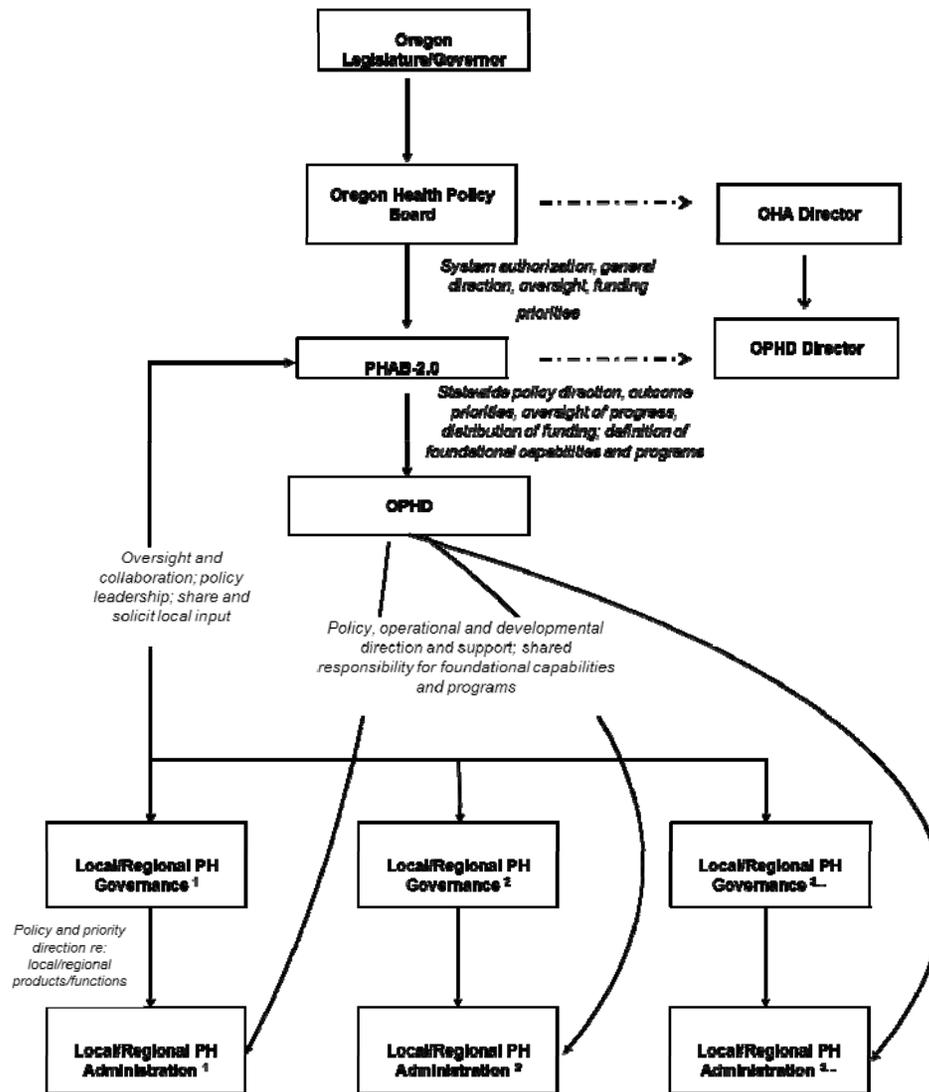
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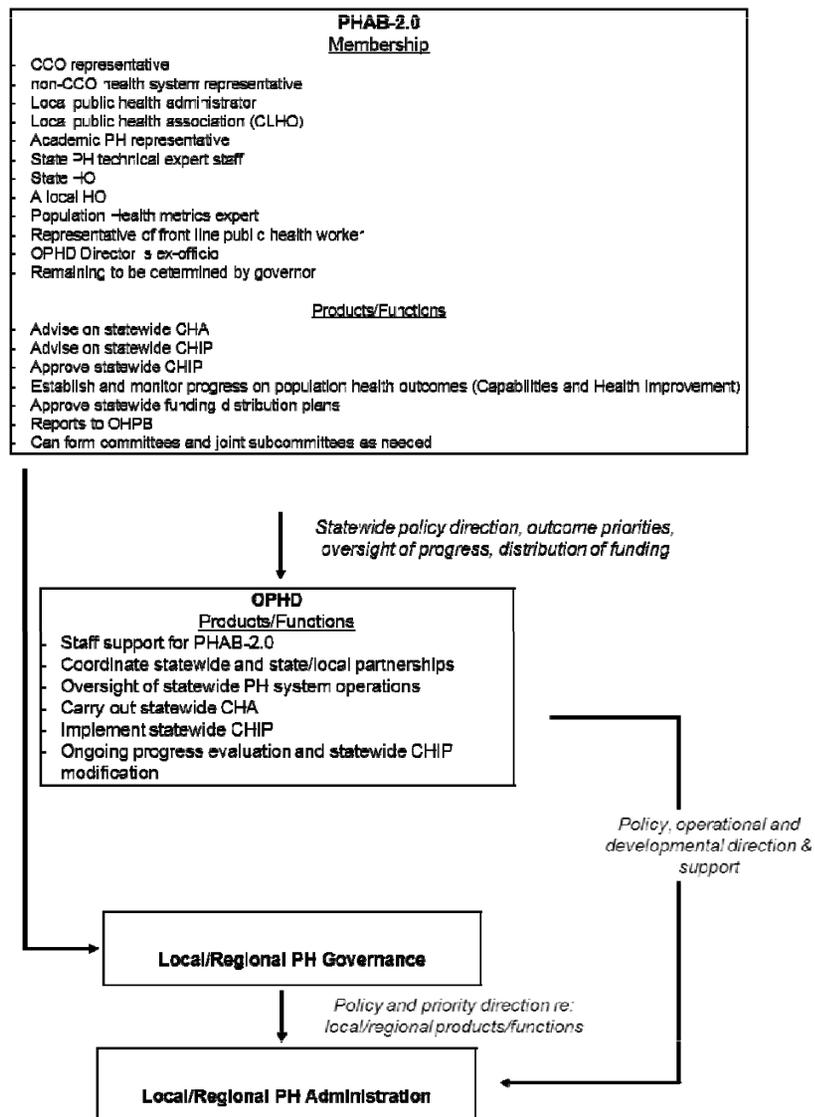
*Recommendation #5*

Improvements and changes in the governmental public health system be structured around state and local metrics established and evaluated by the Public Health Advisory Board, which will report to the Oregon Health Policy Board

**Figure 1: PH System Governance - Overview**



**Figure 2: PH System Governance - State Components**



# What This Means for the Future of Public Health

- Better integration of governmental public health with a transforming health care system.
- Improved coordination and clarity of roles between local and state.
- Basic public health assurances in place for everyone in Oregon.
- Local flexibility in determining additional public health service.
- Improved sustainability for governmental public health services over time.

**The full report in addition to  
task force meeting minutes  
and materials can be found  
online:**

**[www.healthoregon/taskforce](http://www.healthoregon/taskforce)**