

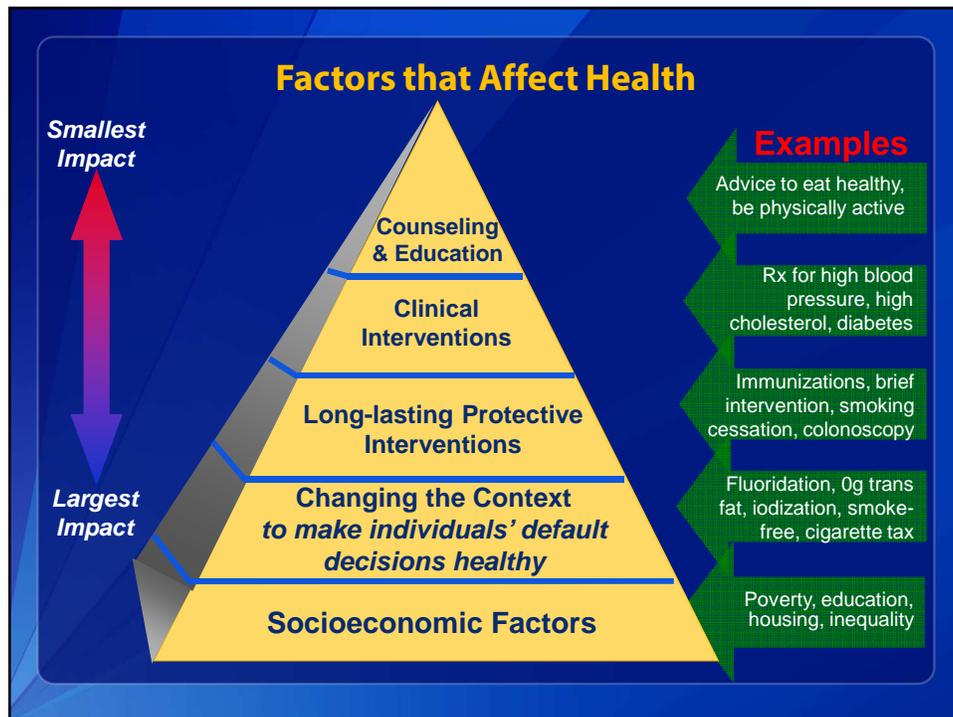
Modernizing Oregon's Public Health System

*Findings from the Future of Public Health
Task Force*



Current Situation for Public Health in Oregon

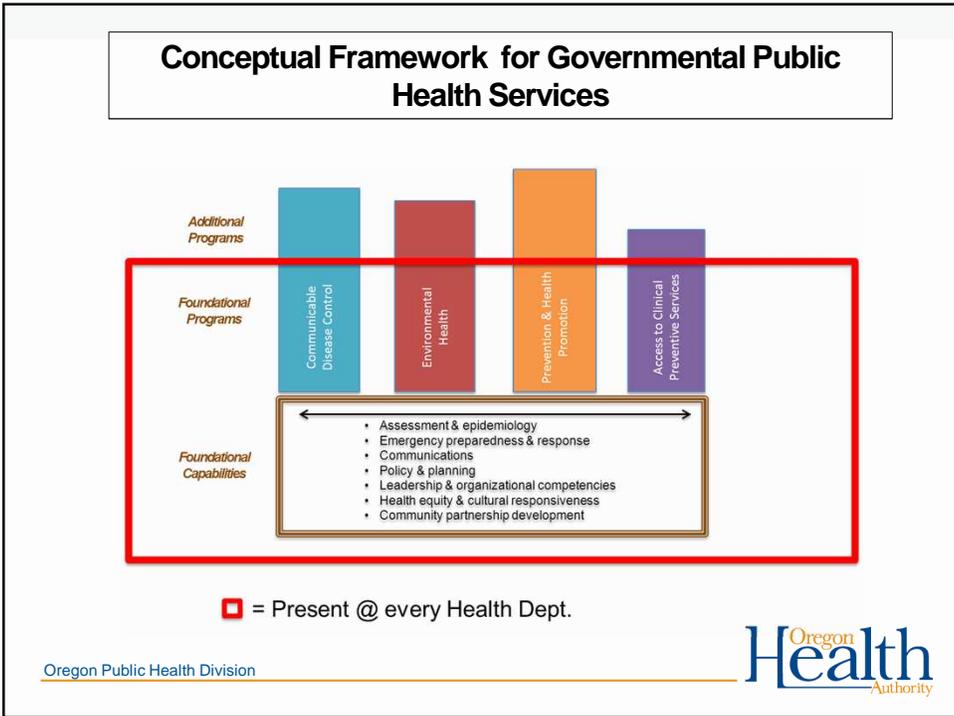
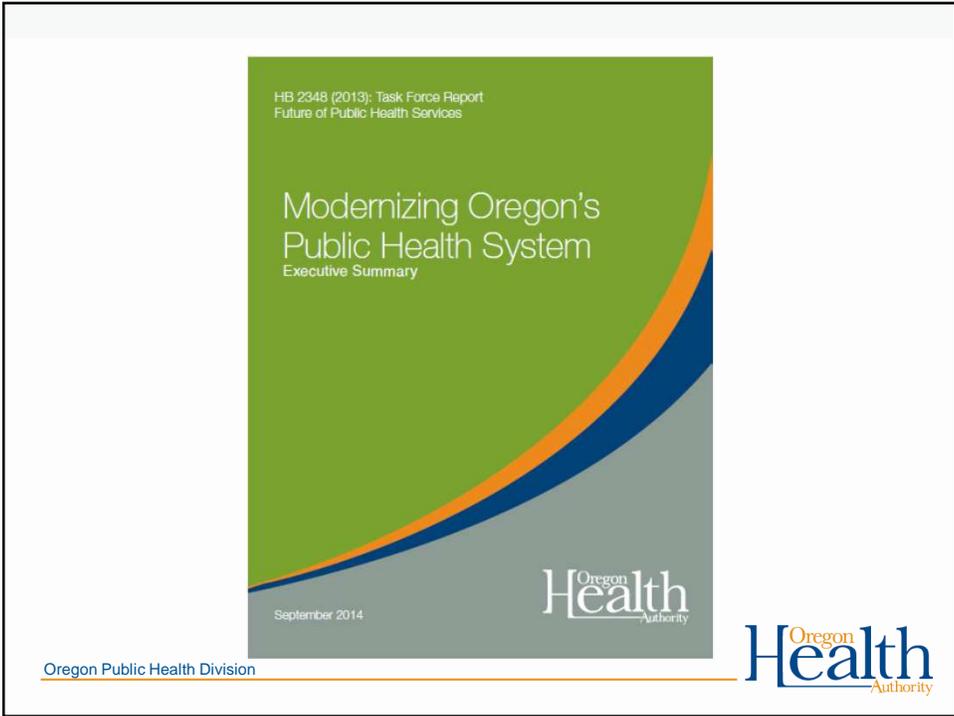
- Large disparity in level of county funding resulting in limited capacity in many areas
- A focus on individual service delivery at the cost of providing community wide interventions
- Reliance on Federal categorical funding which dictates what programs need to be provided, regardless of community need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



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

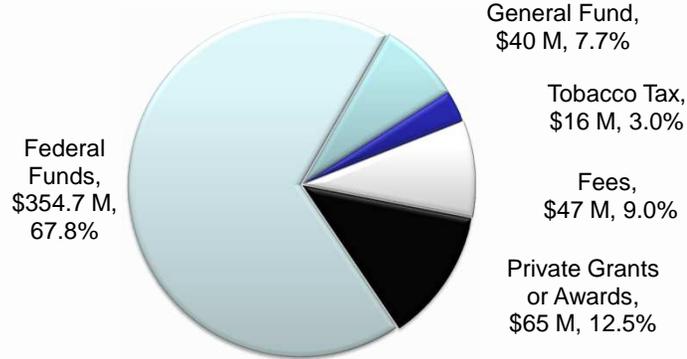
Focused on recommendations that:

- 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



State Public Health Budget by Fund Type

Total budget \$523,079,350



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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 ¹	\$215,793,131	\$154.99	1
D.C.	\$65,927,000	\$108.26	2
Iddo	\$143,890,100	\$90.17	3
West Virginia	\$160,589,732	\$86.65	4
Alaska ²	\$99,261,100	\$81.02	5
New York	\$1,468,595,515	\$75.04	6
Alabama	\$58,728,139	\$74.89	7
California	\$2,512,158,000	\$66.04	8
Wyoming	\$33,852,718	\$59.73	9
Massachusetts	\$361,079,843	\$56.33	10
Arkansas	\$150,180,358	\$50.92	11
North Dakota ³	\$34,013,780	\$48.62	12
Rhode Island	\$49,790,430	\$47.02	13
New Mexico	\$97,144,500	\$46.58	14
Kentucky	\$195,495,800	\$43.76	15
Tennessee	\$276,073,200	\$42.41	16
Washington ⁴	\$399,049,500	\$41.81	17
Vermont	\$26,084,071	\$41.67	18
Delaware ⁵	\$38,153,700	\$41.60	19
Nebraska	\$22,403,976	\$39.18	20
Oklahoma ⁶	\$148,623,000	\$38.76	21
Virginia ⁷	\$299,156,071	\$36.55	22
Colorado	\$180,719,799	\$34.84	23
Maryland ⁸	\$175,461,490	\$29.82	24
South Dakota ⁹	\$21,735,433	\$28.48	25
MEDIAN \$27.40			
Utah	\$78,246,700	\$27.40	26
New Jersey	\$75,203,000	\$25.86	27
Connecticut ¹⁰	\$66,191,804	\$24.56	28
Illinois	\$297,253,500	\$22.09	29
Maine ¹¹	\$29,708,138	\$22.35	30
Florida ¹²	\$382,052,729	\$19.78	31
Montana	\$15,552,494	\$19.45	32
South Carolina	\$90,947,879	\$19.25	33
Texas	\$782,338,289	\$18.36	34
Iowa	\$53,688,021	\$17.46	35
Indiana	\$113,929,495	\$17.43	36
Michigan	\$172,041,800	\$17.41	37
Georgia	\$168,715,498	\$17.01	38
Louisiana	\$70,778,560	\$15.38	39
Minnesota ¹³	\$77,456,000	\$14.40	40
Ohio	\$166,357,009	\$14.40	40
Kansas ¹⁴	\$41,473,143	\$14.37	42
Pennsylvania ¹⁵	\$185,961,000	\$14.36	43
North Carolina ¹⁶	\$138,126,056	\$14.16	44
New Hampshire	\$17,794,603	\$13.87	45
Oregon	\$52,141,850	\$13.37	46
Washington ¹⁷	\$73,042,700	\$13.10	47
Mississippi ¹⁸	\$26,521,920	\$8.89	48
Arizona	\$49,756,500	\$7.59	49
Missouri	\$26,593,175	\$6.88	50
Nevada	\$7,042,262	\$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.



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

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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

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

www.healthoregon/taskforce

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