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# Modernizing Oregon's Public Health System

*Findings from the Future of Public Health  
Task Force*

Oregon  
Health  
Authority

# 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

# Public Health in the Community

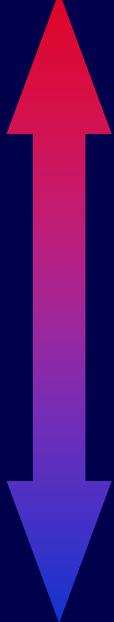
- Public health monitors **diseases** and **health behaviors** of the entire population.
  - Vital records: Birth and Death Data
  - Reportable diseases
  - Population-based surveys
  - Clinical service delivery data
- Public health has a role in protecting the health of everyone in Oregon.
  - Food and water safety
  - Health care facility licensing
  - Smoke free laws
  - Water fluoridation
  - Health Impact Assessments

# Current Situation for Public Health in Oregon

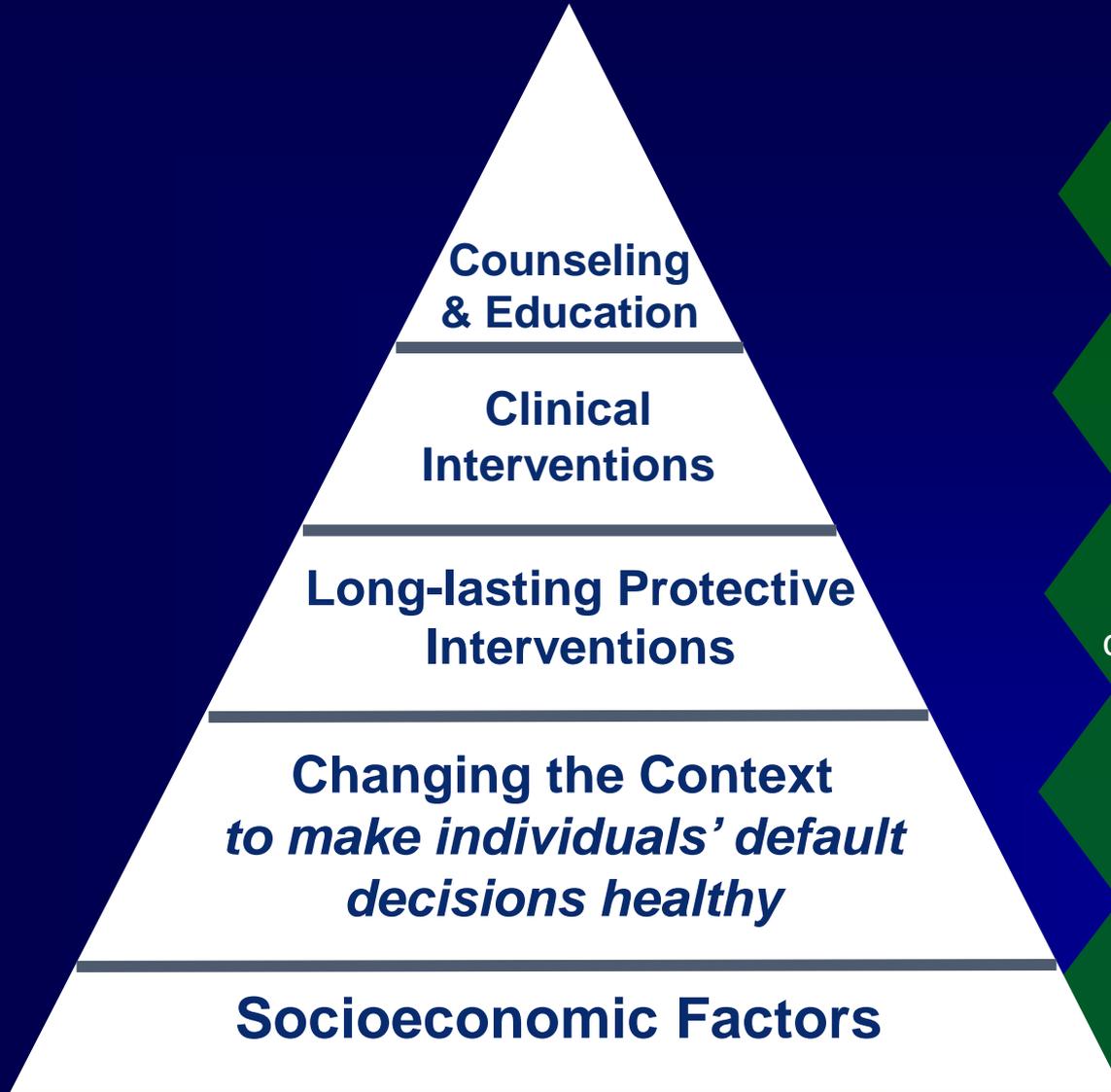
- Large disparity in level of county funding resulting in limited capacity in many areas
- A focus on individual service delivery at the cost of providing community wide interventions
- Reliance on Federal categorical funding which dictates what programs need to be provided, regardless of community need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

# Factors that Affect Health

*Smallest  
Impact*



*Largest  
Impact*



## Examples

Advice to eat healthy,  
be physically active

Rx for high blood  
pressure, high  
cholesterol, diabetes

Immunizations, brief  
intervention, smoking  
cessation, colonoscopy

Fluoridation, 0g trans  
fat, iodization, smoke-  
free, cigarette tax

Poverty, education,  
housing, inequality

# 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

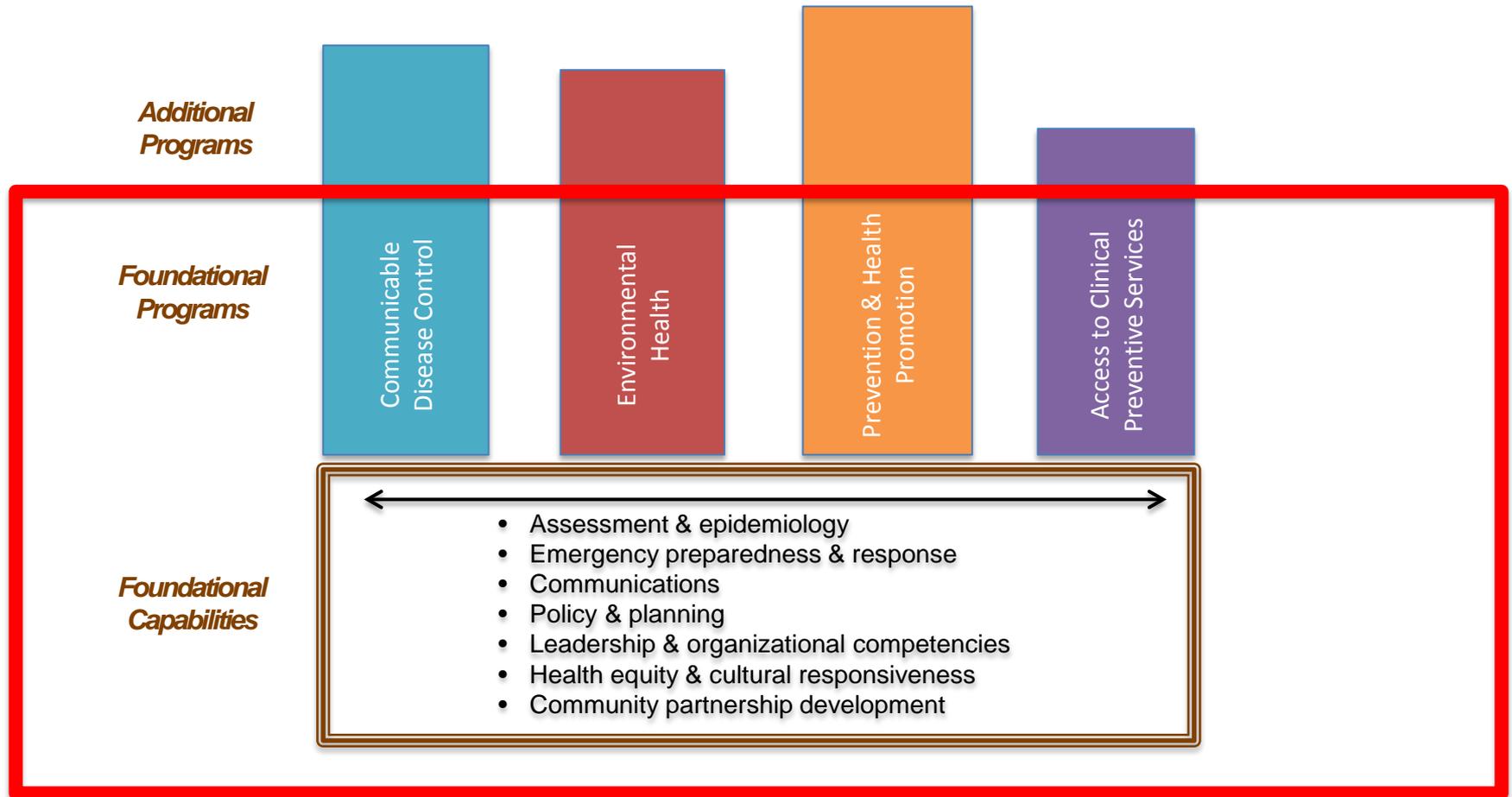
# Modernizing Oregon's Public Health System

Executive Summary

September 2014

Oregon  
Health  
Authority

# 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**

Example: Collect and maintain vital records

## **Emergency preparedness & response**

Example: Activate emergency response personnel and communications systems during a public health emergency

## **Communications**

Example: Develop and implement proactive health education/health prevention strategies

## **Policy & planning**

Example: Using science & best practices, develop policies to protect & improve population health

## **Leadership & organizational competencies**

Example: Financial management, contract and procurement services

## **Health equity & cultural responsiveness**

Example: Commitment to supporting policies to promote health equity

## **Community partnership development**

Example: Convene and sustain strategic relationships with traditional and non-traditional partners and stakeholders to collectively advance health

# Foundational Programs

- Basic areas of public health expertise and activity essential to assess, protect and improve the community's health
- Benefits must be available to everyone in Oregon
- These programs are considered the baseline services of the governmental public health system
  - Communicable Disease Control
    - Recognize, identify and respond to communicable disease outbreaks
  - Environmental Health
  - Prevention and Health Promotion
  - Access to Clinical Preventive Services

# 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

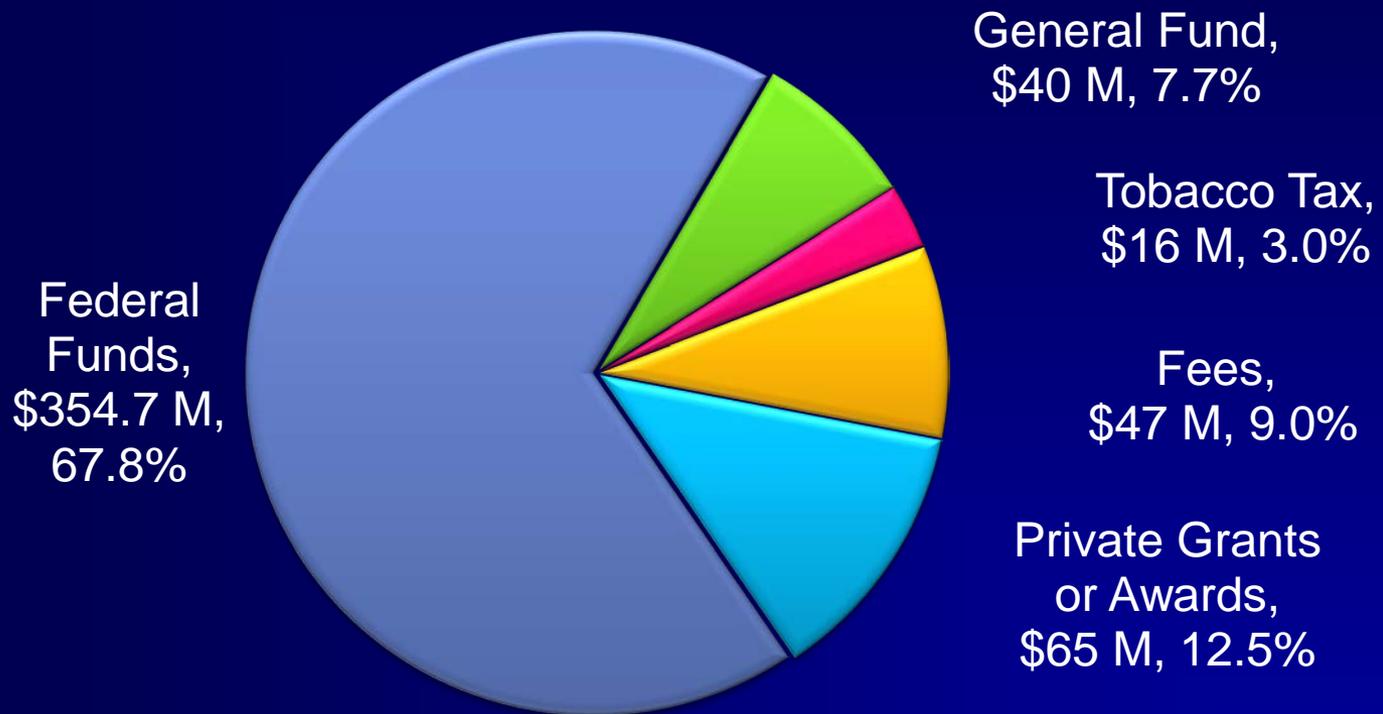
- Federal grants
- Private grants
- Fees
- Tobacco tax
- State General fund

## 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>2</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.

## *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

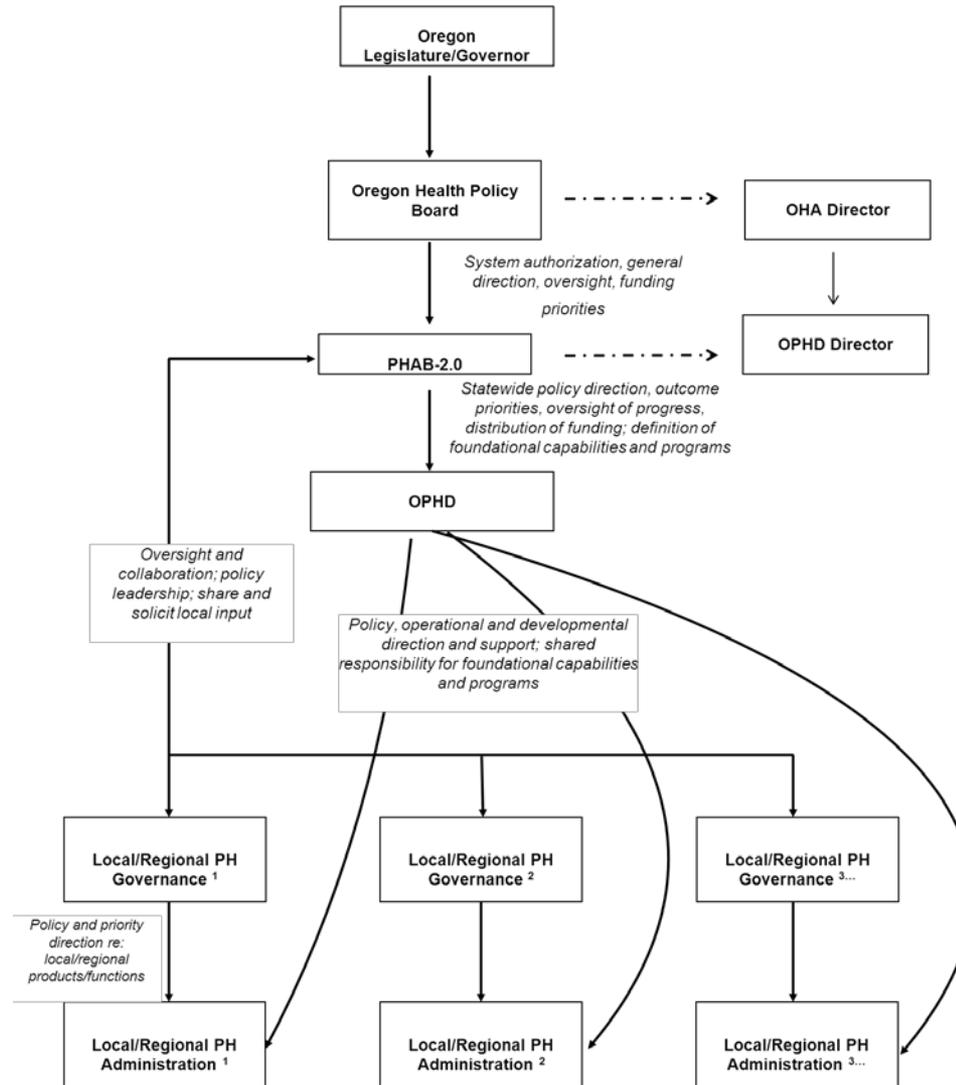
# Public Health in Oregon

- 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.)

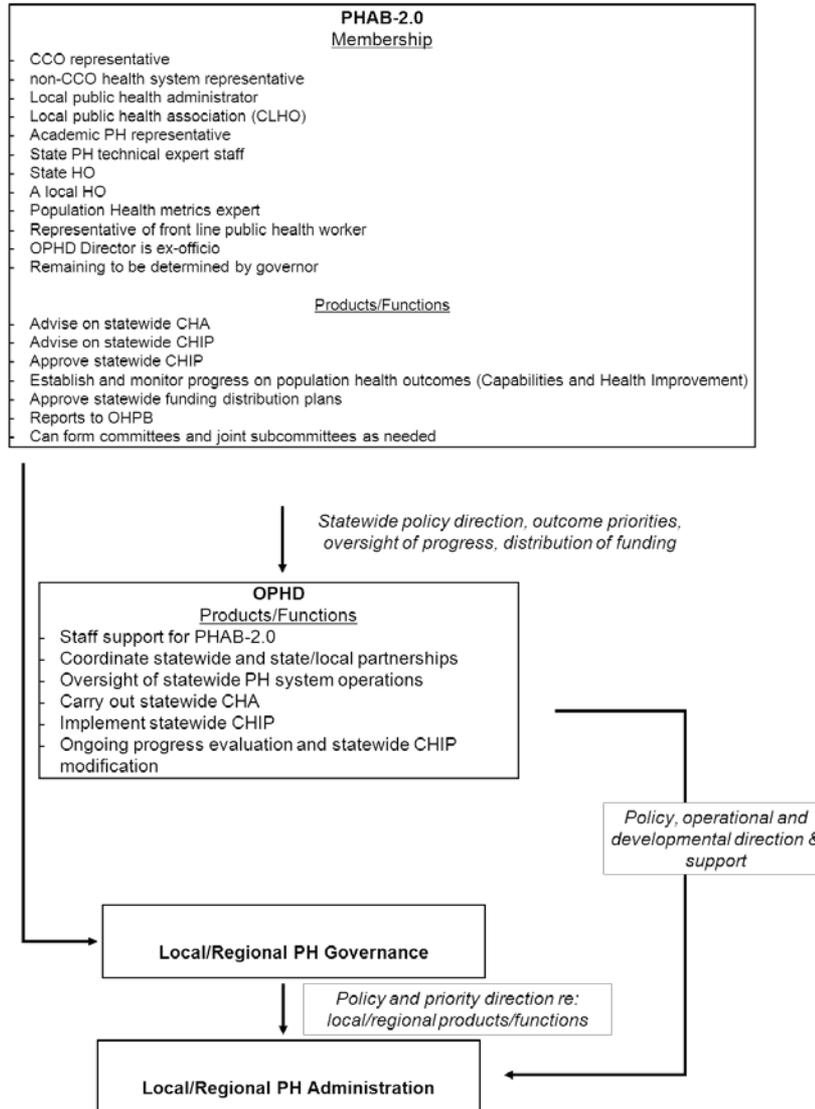
*Recommendation #5*

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)**