

# Public Health Division

January 23-24, 2007

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## *DIVISION OVERVIEW*

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The Public Health Division (PHD) provides a range of services whose common purpose is to improve or protect the health and safety of everyone in Oregon, with an emphasis on prevention and early intervention.

PHD provides more than 100 programs and services, with a great diversity in the nature of the programs and how the services are delivered. Many public health services are provided at the community level through the 34 local health departments, while technical support, consultation and some direct services are provided from the state level. Other community-based services are provided through community-based coalitions or community-based organizations. PHD is the direct service provider for most of the programs that are regulatory or that provide professional oversight (e.g., licensures and certifications).

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## *DELIVERY SYSTEMS*

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The core public health functions are delivered through the following program structures.

### *Office of State Public Health Director (OSPHD)*

The Public Health Emergency Preparedness program involves all major programs within PHD, and involves extensive interactions with a range of state and local agencies and organizations, many of them outside the health care community. The program ensures that every community and hospital has an improving level of preparedness for health and medical emergencies. The program has been a part of state leadership in advancing the state's plans for pandemic influenza and the development of a state Crisis Communication Plan. Although the planning and training are still under way, the communities of Oregon and the state overall are far better prepared to detect and respond to a public health emergency.

### *Office of Disease Prevention and Epidemiology (ODPE)*

A key to communicable disease control is rapid and effective investigation of disease outbreaks. PHD conducts this work in collaboration with local health departments.

ODPE gathers and analyzes data reported from a number of sources and converts these data into information resources used for public education, policy development and priority setting. The Office

also is responsible for the identification, investigation and prevention of diseases and injuries caused by infectious agents, physical trauma, toxic chemicals and unhealthy behaviors.

### ***Office of Environmental Public Health (OEPH)***

The Office of Environmental Public Health ensures statewide control of environmental public health hazards through its Safe Drinking Water program (DWP), radiation protection and sanitation programs. The Safe Drinking Water Act under the Environmental Protection Agency (EPA) adopted nine major new regulations since 1996, and has adopted additional major regulations during the past four years. Currently, the OEPH DWP is unable to meet the new federal regulation.

The Office oversees the 34 local health departments to license and inspect restaurants, commissaries and mobile food vendors to ensure that food served to the public is safe. The Office's clandestine drug lab program ensures that illegal drug manufacturing sites are properly assessed and cleaned up to protect people who may use or live in those premises. The beach program monitors ocean water quality at 25 recreational beaches year-round along the Oregon coast to protect the public from contact with fecally contaminated ocean water.

### ***Office of Family Health (OFH)***

The Office of Family Health has an overall mission to address health issues affecting all women, children and families. The Office focuses particular attention on access to high-quality preventive services, and to meeting the unique needs of select populations such as pregnant women, infants and children, including those with special health needs. Program areas include Immunization, Oral Health, Nutrition and Health Screening, Child and Perinatal Health, Adolescent Health, and Women's and Reproductive Health.

### ***Office of Multicultural Health (OMH)***

The Office of Multicultural Health serves all Oregonians with special emphasis on racial and ethnic minorities who experience health disparities. The program does this by increasing awareness, skills and knowledge about cultural and linguistic diversity and health and human services. Services and resources include technical assistance, consultation, resource development and community liaisons for programs within DHS, PHD, local health departments, higher education and community-based organizations.

### ***Office of Oregon State Public Health Laboratory (OSPHL)***

The laboratory supports the activities of PHD and local health departments by providing laboratory testing and consultation. This Office also ensures the quality of testing in clinical, substance abuse, health screening and environmental laboratories throughout the state.

OSPHL's Northwest Regional Newborn Screening Program tests all infants born in six states (Alaska, Hawaii, Idaho, New Mexico, Nevada and Oregon) for more than 30 different disorders of body chemistry that can cause serious disability or death unless detected and treated soon after birth.

During 2007-2009, OSPHL expects to screen 343,000 infants and refer to treatment approximately 512 children with these disorders.

Early intervention within the first days or weeks of life usually prevents the development of disease completely, allowing the child to grow and develop normally. When an infant's screening result is abnormal, the program provides follow-up, tracking and confirmatory testing to ensure that every affected child is referred to appropriate care. In addition, specialty physicians at OHSU provide expert medical consultation to assist the baby's primary care physician when needed.

Since Oregon began universal newborn metabolic screening in 1962, the program has made a difference in the lives of thousands of children and their families. The program continues to stay at the forefront by adding new disorders to the screening panel as national standards evolve. Since cystic fibrosis screening was added November 1, 2006, the program now screens for all disorders recommended by the American College of Medical Genetics, the March of Dimes, and the Centers for Disease Control and Prevention.

### *Office of Community Health and Health Planning (OCHHP)*

The Office of Community Health and Health Planning promotes access to health care services, particularly for vulnerable populations.

OCHHP also regulates facilities and some health care providers (EMTs and first responders) to ensure that health care services provided in the state are safe and meet minimum standards. Each year the Office examines approximately 150 complaints about health care facilities and directs corrective action when needed; investigates the qualifications and/or care of approximately 80 emergency medical technicians and provides disciplinary actions when required; and conducts approximately 125 on-site routine inspections of hospitals, ambulatory surgical centers, dialysis centers, home health agencies and in-home care agencies to ensure minimum standards of care are being followed.

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## **OUTCOMES**

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### *Office of State Public Health Director (OSPHD)*

- Coordinate 34 local health department service delivery agreements.
- Provide training to state and local public health officials on the National Incident Management System (NIMS), including incident command – 225 LHD and 31 state public health staff have taken IS-700; 375 LHD and 50 state personnel attended an IS-200 level course; 6 LHD and 1 state staff have taken IS-800.
- Conducted a Statewide Preparedness Summit in March 2006 with more than 110 key federal, state, local and tribal officials attending.
- Held a statewide follow-up conference to the planning exercise, and drills to an All Hazards Response Approach with more than 580 federal, state, local preparedness staff, first responders and planners in attendance.

- Conducted the statewide Pandemic Flu Exercise in November 2006 to assess state and local capacity and readiness for responding to a pandemic influenza outbreak.
- Initiated Spanish language translation for critical PHD news releases, and inclusion of translation into key public directories and signage in the Portland State Office Building.
- Piloted a community communications outreach project with key health care organizations, state agencies and community based programs.

#### *Office of Disease Prevention and Epidemiology*

- PHD investigated 125 outbreaks in 2005, several of which affected more than 100 people.
- Oregon's public health system played a key role in 2006 in recognizing the nationwide spinach-related E. coli O157 outbreak and linking the outbreak to eating spinach.
- In 2006 the AIDS Drug Assistance Program (ADAP) provided access to medications for HIV infection to almost 1,500 clients, and provided free counseling and testing through county health departments for HIV infection to more than 20,000 people throughout the state.
- In 2006 there were approximately 80 new tuberculosis cases in Oregon; each of these patients received directly observed therapy for 6-12 months through local health departments.
- For children under age 14, motor vehicle crashes are the leading cause of death, killing approximately 28 children each year. Working with partners in the traffic safety community and through Oregon's SAFEKIDS Coalition, PHD has trained more than 300 car safety seat technicians, who have provided training and advice on proper car safety seat use to parents in 34 of Oregon's 36 counties.
- Each year PHD issues approximately 160,000 vital records (birth and death certificates) for Oregonians. PHD currently is streamlining and computerizing the vital records system with federal grant funding. This will improve the quality of information, the security around the process and increase the timeliness of certificate issuance.

#### *Office of Environmental Public Health (OEPH)*

- In 2006 OEPH licensed and inspected 12,104 food facilities, conducted more than 19,000 inspections to ensure that food workers are knowledgeable about safe food preparation, and trained more than 61,000 food workers.
- DWP worked with 3,668 public water systems throughout Oregon to monitor the safety of drinking water. DWP also has secured more than \$100 million in funding for water system improvements through the state's EPA Revolving Loan Fund.
- Through the clandestine drug lab program, 1,923 illegal drug manufacturing sites have been closed since 1990.
- The beach monitoring program issued 24 water contact advisories during 2006, with a corresponding total of 173 beach advisory days.

#### *Office of Family Health (OFH)*

- PHD distributed 650,000 doses of vaccine in 2005 to private and public providers in Oregon, valued at more than \$15 million. Still, Oregon does not have adequate funding to cover all recommended vaccine and only 65 percent of Oregon's 2-year-olds are appropriately immunized.

- Approximately 156,000 men and women received subsidized family planning services through 160 clinics across Oregon, which meets about 78 percent of the need.
- Public health nurses worked with more than 4,200 women in 2005, providing almost 22,000 prenatal visits through the Oregon Mother's Care program by identifying pregnant women without insurance, and fast-tracking them into OHP and prenatal care. Fully 86.5 percent of the first trimester women accessing the program received first trimester care.
- Public health nurses saw more than 5,300 high-risk women for prenatal care and education to assist them in having a healthy birth through the Maternity Case Management program.
- In 2006, local WIC programs served one in three Oregon children under the age of 5, and a total of 166,727 pregnancy and breastfeeding women, infants and children who have a health or nutrition risk. WIC services helped improve their health and nutrition through nutrition counseling and through the provision of vouchers used to purchase healthful foods.

#### *Office of Multicultural Health (OMH)*

- Enhanced awareness of diverse clients and communities in terms of how they can promote healthier ways of living.
- Expanded educational and employment opportunities for under-represented minority students and those working on behalf of such communities.
- Increased awareness around health disparities and how they can be eliminated.

#### *Office of Oregon State Public Health Laboratory (OSPHL)*

- OSPHL will perform approximately 16.5 million tests during the 2007-2009 biennium on 869,000 samples submitted by local health departments, community clinics, hospitals, physicians and others. These tests support state and local disease control efforts and screening of newborn infants for metabolic disorders.
- OSPHL provides and coordinates rapid laboratory response to emergencies and threats ranging from pandemic influenza to bioterrorism, by testing unknown samples and operating the Laboratory Response Network. The LRN consists of 60 private labs whose staff can quickly identify microbes in human samples that represent an emergent threat, and refer them to OSPHL for confirmation and typing.

#### *Office of Community Health and Health Planning (OCHHP)*

- During the past four years, assisted in the establishment of an additional 21 new community health center access points.
- Expanded services in 18 existing health centers and 28 new rural health clinics.
- Provided placement support of approximately 120 physicians in communities with needs.
- Provided care for nearly 100,000 patients each year through community health centers.
- During the next year will certify an estimated 8,000 emergency medical technicians.
- Last year licensed 140 ambulance services and more than 600 ambulances.
- Provided technical assistance and support to all 45 trauma hospitals on an on-going basis and performed an on-site certification of each hospital at least every three years.

- Conducted approximately 125 on-site routine inspections last year of hospitals, ambulatory surgical centers, dialysis centers, home health agencies and in-home care agencies to ensure minimum standards of care are being followed.
- Investigated approximately 150 complaints related to health care facilities and mandated corrective action when needed.
- Provided a registration identification card to more than 12,000 patients who qualified for the Oregon Medical Marijuana Program.

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## *HISTORY OF THE PROGRAMS*

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PHD's programs are the public health authorities responsible for overall coordination and monitoring of the state's public health system. The programs are responsible for providing technical assistance and consultation to local public health administrators. The primary functions of the public health system are to assess the health of communities, develop policies to improve the health of communities and ensure that quality health services, both public and private, are provided to the communities of this state. Most program services are provided in partnership with local health departments, while technical support, consultation and some direct services are provided from the state level.

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## *MAJOR CHANGES DURING 2005-2007*

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Federal funds have increased for some categories of emergency response efforts such as pandemic flu, but Oregon's base capacity for preparedness has decreased.

New Mexico was added to the Northwest Regional Newborn Screening Program. This will increase metabolic screening of newborns by 20 percent for 2007-2009.

In July 2007 the OSPHL will move to a new facility in Hillsboro, co-located with the DEQ Laboratory. This new lab will replace a 30-year-old facility and will allow significant upgrades in technology and biosafety. The new building will be owned and operated by DAS.

Due to federal cuts, the EMS Trauma Grant experienced a loss in federal funds.

The transfer of funds from the Oregon Medical Marijuana Program to other DHS priority areas required an increase in fees to cover costs.

Additional resources are required for the development and implementation of oversight for the 2005 nurse staffing law without additional funding

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## PERFORMANCE MEASURES AND PROGRESS

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PHD's programs support achieving the DHS goals with the following key performance measures (KPMs):

- *Percentage of women subject to domestic violence in the past year.* Trend data has been interrupted with a new behavioral risk module. Data for 2006 show an increase in the percentage.
- *Rate of suicides among adolescents per 100,000.* Oregon's suicide rate among youth has been high for more than a decade. The program is working to integrate best practices and evidence-based practices in suicide prevention into existing infrastructures in schools, non-profits and other agencies.
- *Percentage of births where mothers report that the pregnancy was intended.* (JLAC approved this measure in July 2006.) Trends during 2000-2003 show a slight increase.
- *The percentage of low-income women who receive prenatal care in the first four months of pregnancy.* The Oregon Mothers Care project has expanded from five sites serving fewer than 1,000 low-income women in 2000 to 26 sites serving more than 4,200 low-income women in 2005.
- *Tobacco use among a) adults, b) youth, c) pregnant women.* Although measures are lower than in 2000, smoking rates for 8<sup>th</sup> graders have increased slightly and rates among pregnant women have remained slightly worse than the targets.
- *Number of cigarette packs sold per capita.* The trend has leveled off during 2003-2004 and slightly increased between 2004-2005, which represents a deviation from the desired data points.
- *The percentage of 24-35-month-old children served by local health departments who are adequately immunized.* For those types of vaccine dosages measured, 73.5 percent of children served by local health departments were adequately immunized in 2005.
- *The percentage of adults aged 65 and over who receive an influenza vaccine.* The percentage of older adults immunized has remained relatively flat during the past several years and below targeted levels. Oregon ranks 16<sup>th</sup> in the nation.
- *The annual rate of newly acquired HIV/AIDS infection per 100,000 persons.* Slight declines in new case rates have occurred since 2002. However, Oregon's actual rates remain above the targeted amounts.
- *The number of uninsured Oregonians served by safety net clinics.* Assumptions of using percentage of uninsured has made measurements inconclusive. Targets need to be changed to absolute numbers rather than percentages to highlight capacity needs, and challenges for serving the increasing number of uninsured individuals.

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## OUTSTANDING ISSUES

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In recent years reductions to the Oregon Health Plan, increasing health care costs, and a rise in the number of medically uninsured have had a direct impact on funding at both the state and local level, and have changed traditional public health programs and services from a focus on identifying and

addressing the health risks for each community to a focus on providing direct primary care health services to uninsured and medically needy citizens.

### *Public health emergency preparedness*

State and local public health officials are increasingly serving in leadership roles in emergency preparedness activities for all health and medical aspects for a range of emergencies including pandemics, natural disasters and biochemical incidents. This presents a variety of challenges to Oregon to put in place the statewide capacity for administering, planning, responding to, and assisting communities with recovering from emergencies.

While federal funding has increased for some categories of emergency preparedness activities, the base funding for core capacity at the state and local levels recently experienced a reduction of 13 percent. To effectively use the additional categorical preparedness federal funding, a foundation of stable preparedness capacity must exist at both the state and local levels. A policy option package is included in the Governor's Recommended Budget to address gaps in the state's capacity. Most of the \$5 million funding will go directly to county local health departments for additional staffing to respond to emergencies and to address the increased public health needs of growing communities. There also is funding for six state staff in areas most essential for successful community capacity and response including community outreach, public information, community liaisons and technical public health support. Correspondingly, HB 2185 has been introduced to strengthen and clarify the state's authority, roles and actions during a public health emergency.

### *Safe drinking water*

Recent federal and state audits and reviews found Oregon's Drinking Water Program is critically lacking in basic capacity to ensure Oregonians are reliably provided safe drinking water. Currently the state is significantly behind in meeting federal safety standards that apply to most Oregon drinking water systems, and is failing to meet the state's requirements for safety for small drinking water systems. Failure to meet the federal standards not only creates a risk of health hazards for Oregonians, but also may jeopardize state control over drinking water regulation, and may jeopardize continued access to federal resources totaling more than \$3 million per year in federal drinking water program funds, and more than \$14 million per year in federally subsidized loans for Oregon communities to construct safe drinking water facilities. The Governor's Recommended Budget includes a policy option package that will ensure that Oregonians have access to safe drinking water by providing staff and resources to inspect drinking water systems to ensure they meet all federal and state safety requirements for drinking water quality.

### *The future*

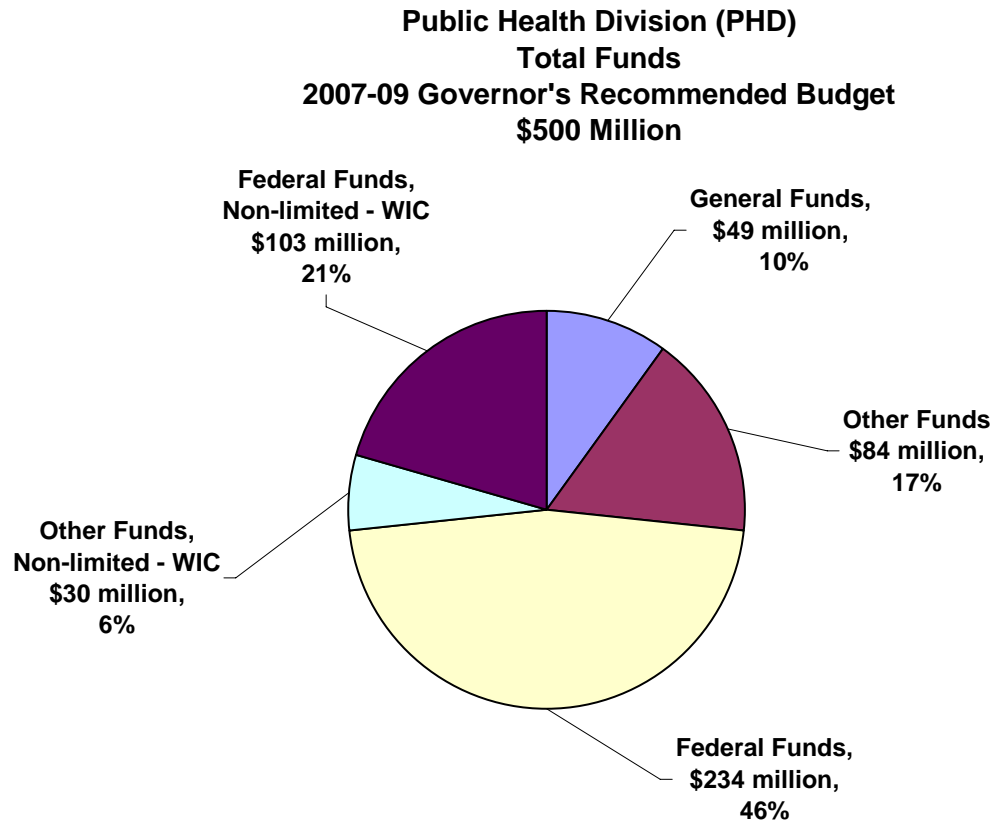
The "next frontier" for public health (and health care) is chronic diseases, such as diabetes, arthritis, cardiovascular disease and asthma, which have become more prominent as leading causes of illness and disability. These conditions are related to increasing obesity, smoking, air pollution, sedentary lifestyles and to the aging of the population. The state's public health programs need to find ways to

bring additional attention to the importance and prevention of these conditions, at the same time maintaining support for health provided by the traditional public health programs.

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## BUDGET OVERVIEW

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The major Federal Fund sources for PHD are:

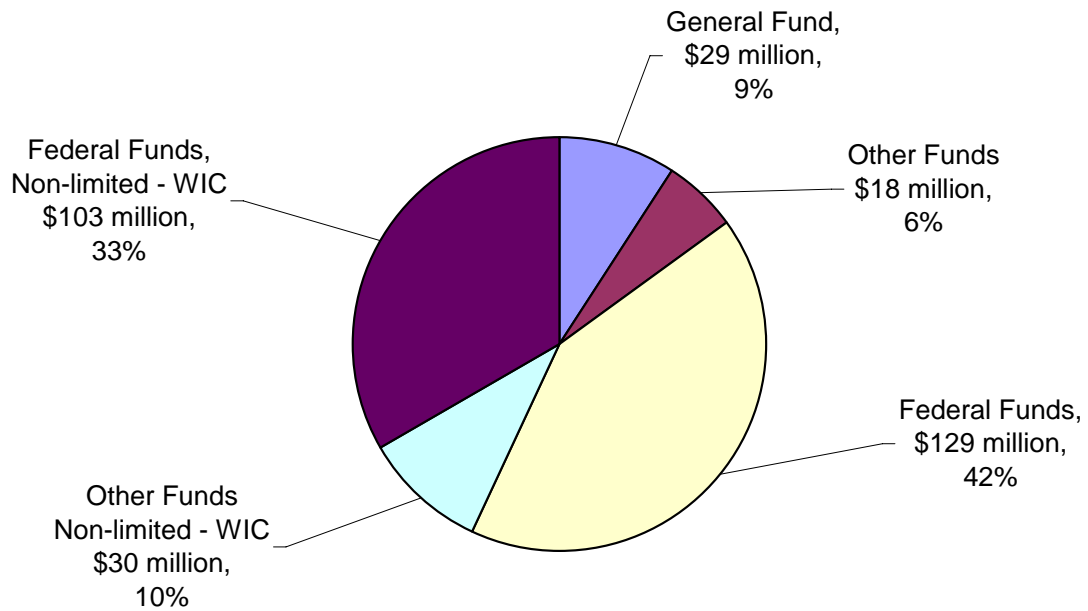
- Title XIX Medicaid match for the Family Planning Expansion Waiver;
- Public Health Emergency Preparedness (CDC) and Bioterrorism and Hospital Preparedness (HRSA);
- EPA Primacy Grant (Drinking Water and the State Revolving Loan Fund);
- WIC (both in direct service grant and food vouchers);
- Immunization;
- Maternal and Child Health (MCH);
- Communicable Disease (including Ryan White HIV); and
- Multiple categorical grants targeted to specific areas of concerns within CDC and HRSA (e.g., cancer prevention, asthma, physical activity and nutrition, rape prevention education, fetal alcohol syndrome).

The major Other Fund sources for PHD are:

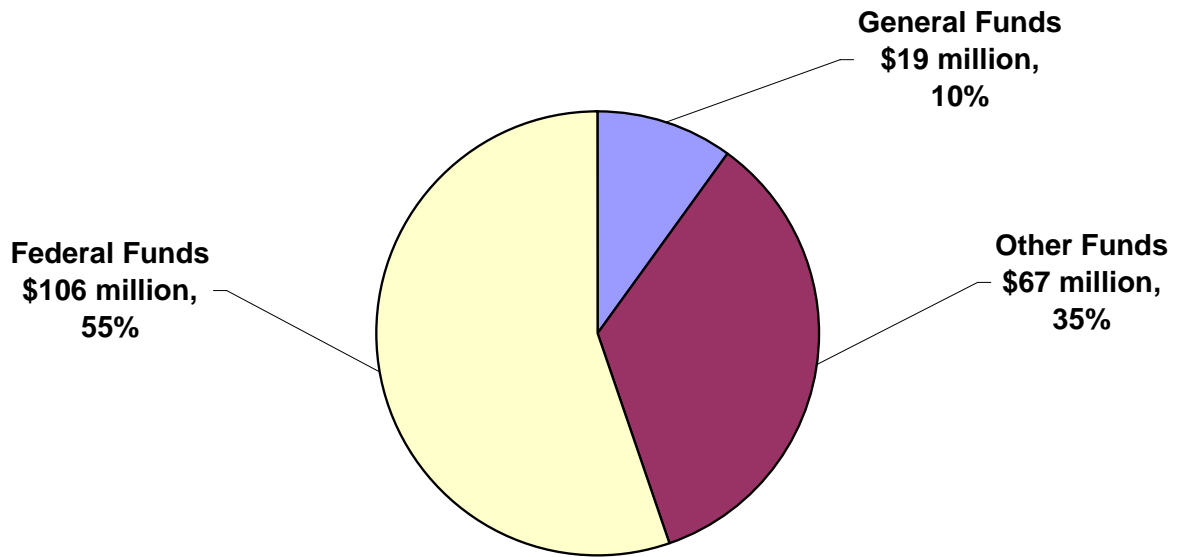
- Tobacco Use Reduction Account (tobacco education and cessation);
- Vital Records (birth and death certificates);
- Newborn Metabolic Screening;
- WIC (infant formula rebates-non-limited); and
- Various fee and regulatory licensure areas (e.g. EMTs, sanitarians).

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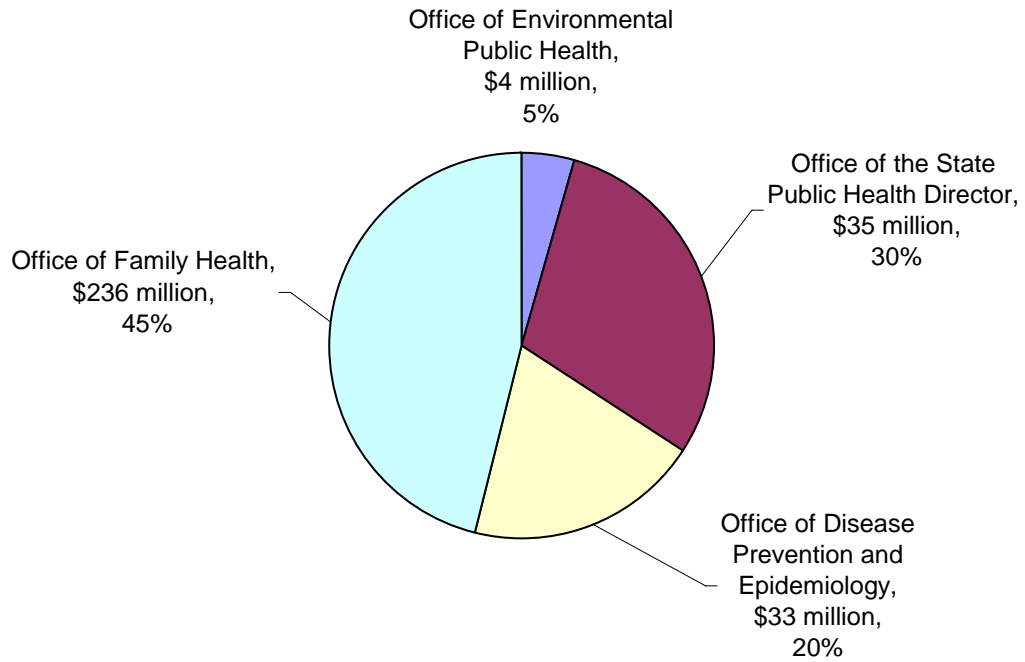
**Public Health Division (PHD)  
Special Payments to Local Health Departments  
2007-09 Governor's Recommended Budget  
\$309 Million**



**Public Health Division (PHD)  
Direct State Expenditures (Program Support)  
2007-09 Governor's Recommended Budget  
\$192 Million**



**Public Health Division (PHD)  
Total Program Funds by Office  
2007-09 Governor's Recommended Budget  
\$308 Million**



**Public Health Division (PHD)  
Combined Funding  
2007-09 Governor's Recommended Budget  
\$500 Million TF**

