Oregon Health Authority Public Health
2015 – 2017 Governor’s Budget

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OHA Public Health

• Founded in 1903 to respond to infectious diseases
• Today: Population-based approach to promote health and prevent disease, reaching Oregonians where they live, work, play and learn
• Ensuring a safe public health environment for almost 4 million Oregonians
• 2015–2017 budget: $528.7 million
• Positions/FTE: 715/695.35
Public Health Results

- 16,100 dental sealants provided in 2013–14 school year
- 91.9% breastfeeding initiation rate, 2nd highest in U.S.
- 66,600 visits through local nurse home-visiting programs in 2012–14
- 94.3% of Oregon moms received adequate prenatal care in 2013
- 56% of Oregon 2-year-olds in 2013 had received at least one vaccine through VFC program
- $27 Million state dollars saved by preventing unintended pregnancies in 2014
- 20,500,000 screening tests for 288,000 newborns by Public Health Lab in last biennium
- 3,405 public water systems regulated, 600 inspections per year
- Responded to 672 disease outbreaks in last biennium
- 552 health alerts to 250,000 HAN users in 2014
- Regulate 235 hospitals and healthcare facilities
- Community liaison links with 34 local health authorities representing all Oregon counties
- 167,594 birth certificates and 22,682 death certificates processed in 2014
Vision, mission and goals

**Vision:** Lifelong health for all people in Oregon

**Mission:** Promoting health and preventing the leading causes of death, disease and injury in Oregon

**2015–2019 Strategic Plan goals**

1. Improve quality of life and increase years of healthy life
2. Promote and protect safe, healthy and resilient environments
3. Strengthen public health capacity to improve health outcomes
4. Integrate our work with healthcare system transformation
2015–2020: State health improvement plan priorities

• Prevent and reduce tobacco use*
• Reduce harms associated with substance use*
• Slow the increase of obesity*
• Improve oral health
• Prevent deaths from suicide
• Eliminate the burden of vaccine preventable diseases
• Protect the population from communicable diseases

• * Based upon the Epidemiology
Prevent and reduce tobacco use

Per capita cigarette pack sales, Oregon vs. rest of United States, FY 1993 through 2013

Percentage of Adult Oregonians who smoke among various groups, and teen smoking rates
Slow the increase of obesity

- **More than 100** Women, Infants and Children (WIC) clinics statewide
- Vouchers for healthy foods, including fruits and vegetables given to **167,000 participants**
WIC Retailers in Oregon

- A total of $64.7 million spent annually at over 550 local grocery stores, corners stores and pharmacies across Oregon
- Farm Direct Nutrition Program provides $1.1 million in support to local farmers
Reduce substance abuse health issues

Unintentional and undetermined prescription opioid poisoning deaths and death rates, Oregon 2000-2013

[Graph showing trends in rates per 100,000 and annual counts from 2000 to 2014 for female and male rates, with a peak around 2006.]
Reduce suicide

Suicide rate by county, Oregon, 2003–2012

Rate range
(deaths per 100,000)

- Lower than state average
- State average (95% CI: 16.0–16.8)
- Higher than state average

Map showing the suicide rate by county in Oregon, 2003–2012.
Prepare for emergencies

Oregon’s Public Health Hazard Vulnerability Assessment (PH-HVA)

- Wildfire
- Winter storm
- Flooding (e.g. Vernonia)
- Landslide
- Windstorm
- Drought
- Power Failure
- Hazmat, fixed facility
- Crustal earthquake
- Hazmat, transport
- Extreme heat
- Emerging Diseases (e.g. Meningitis, Ebola)
- Cascadia earthquake

5 Year Hazard Probability

Local Health Jurisdiction
- Priority
  - Highest
  - Medium
  - Moderate

Minimal Effect Public Health Consequences Overwhelmed System
Strategic challenges and opportunities

Challenges
- Population changes in the state and changing drivers of poor health
- Stresses on the local public health system, declining resources, categorical funding
- Significant natural disasters or disease outbreaks (e.g. meningitis)
- Increased diversity
- Fastest aging population in the nation
- Lack of skilled workforce

Opportunities
- Modernization of the public health system (House Bill 3100)
- Oregon’s health care transformation
- Expanded partnerships with county public health and their CCOs
- Public health accreditation
- Formalized partnership with Department of Education, Dept. of Transportation
- Alignment with Early Learning Council
Poverty in Oregon by County, 2013

Legend:
- Green: < 15%
- Light Green: 15.0% - 17.4%
- Yellow: 17.5% - 19.9%
- Red: > 20.0%

Data Source: U.S. Census Bureau, Small Area Income & Poverty Estimates
## Public Health and CCOs

Public Health supports 29 CCO incentive and core measures

<table>
<thead>
<tr>
<th>CCO measure</th>
<th>Examples of state and county PH system efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental sealants on permanent molars for children</td>
<td>Providing dental sealants in schools where 50% of students are eligible for FRL, providing training and certificate programs</td>
</tr>
<tr>
<td>Developmental screening</td>
<td>Funding local health departments to provide MCH and nurse home-visiting services, managing grant program to CCO and local public health partnerships</td>
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<tr>
<td>Depression screening</td>
<td>Collaborating with AMH on quality improvement project to integrate SBIRT and depression screening into well-child visits, increasing screening through school-based health centers and nurse home visiting programs</td>
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<tr>
<td>Controlling high blood pressure</td>
<td>Providing chronic disease self-management programs, promoting use of clinical guidelines to monitor and control high blood pressure</td>
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OHA Public Health
2015–17 Governor’s budget

$528.7M

- Federal Funds: $252.4M (48%)
- General Fund: $41.9M (8%)
- Other Funds nonlimited: $91.7M (17%)
- Other Funds: $40M (8%)

715 pos. / 695.35 fte
Public Health Total Funds by Center

- **Center for Public Health Practice**
  - $122.6
  - 23%

- **Office of the State Public Health Director**
  - $28.2
  - 5%

- **Center for Health Protection**
  - $331.2
  - 63%

- **Center for Prevention and Health Promotion**
  - $46.7
  - 9%

Total funds: $528.7M
Public Health Budget by Center and by fund type

- $12.7M General Funds
- $12M Federal Funds
- $3.5M Other Funds

Office of the State PH Director $28.2M

37 pos. / 36.50 fte
Public Health Budget by Center and by fund type

- Federal Funds: $77.4M
- Other Funds: $35.2M
- General Funds: $10M

- Center for PH Practice: $122.6M
- Total positions: 290 / 283.33 fte
Public Health Budget by Center and by fund type

- Center for PH Prevention: $331.2M
- Federal Funds: $144.1M
- Federal Funds nonlimited: $102.7M
- General Funds: $16.3M
- Tobacco Tax: $15.1M
- Other Funds: $13M
- Other Funds Nonlimited: $40M

211 pos. / 202.27 fte

Non-limited funds are WIC food vouchers, and infant formula rebates
Public Health Budget by Center and by fund type

- **Federal Funds**: $18.9M
  - **Center for PH Protection**: $46.7M
  - **Other Funds**: $24.9M

- **General Funds**: $2.9M

177 pos. / 173.25 fte
Public Health state and local funding

- $102.7M WIC vouchers to individuals
  - Federal Funds
- $121.1M Pass through to partners
  - Federal Funds
- $40M WIC vouchers to individuals
  - Other Fund N-L
- $9.9M Pass through to partners
  - Other Funds
- $25.7M Pass through to partners
  - General Fund
- $131.3M State-level
  - Federal Funds
- $81.8M State-level
  - Other Funds
- $16.2M State-level
  - General Fund
### General Fund in the OHA Public Health 2015–17 Governor’s budget

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State support for PH to LHDs</td>
<td>$8.9M</td>
</tr>
<tr>
<td>Immunization</td>
<td>$2.3M</td>
</tr>
<tr>
<td>Disease outbreak</td>
<td>$1.2M</td>
</tr>
<tr>
<td>HIV/STD/TB</td>
<td>$3.5M</td>
</tr>
<tr>
<td>Laboratory services</td>
<td>$2.9M</td>
</tr>
<tr>
<td>WIC</td>
<td>$0.3M</td>
</tr>
<tr>
<td>Maternal Child Health</td>
<td>$3.1M</td>
</tr>
<tr>
<td>Adolescent Health &amp; Genetics</td>
<td>$11.3M</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Screening</td>
<td>$1.0M</td>
</tr>
<tr>
<td>Injury prevention</td>
<td>$0.6M</td>
</tr>
<tr>
<td>Environmental protection</td>
<td>$0.9M</td>
</tr>
<tr>
<td>Patient Safety Commission</td>
<td>$2.1M</td>
</tr>
<tr>
<td>Planning and response public health disasters</td>
<td>$1.0M</td>
</tr>
<tr>
<td>Office of the State Public Health Director</td>
<td>$2.8M</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$41.9M</strong></td>
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2015–17 Other Funds limited – $91.7M

fees, tobacco tax and other revenues which supports 220 FTE

(32% of total FTE)
Public Health historical budget by funds

[Bar chart showing the historical budget by funds from 2001-03 to 2021-23. The chart indicates an increase in budget over time, with the general fund, other funds, and federal funds represented by different colors.]

- General Fund
- Other funds
- Federal Funds
2015–17 funding included in the Governor’s budget

**Investments:**
- Support for planning and operational readiness to prepare, respond, and mitigate public health disasters - $1.0M GF
- Support for House Bill 2348 (2013) recommendations - $0.5M GF
- Increased support to the Patient Safety Commission (pass through dollars for PSC. 2013 SB-483) - $0.5M GF

**Reductions:**
- Removes GF support to the CCare Program to reflect an anticipated decrease in caseload through ACA implementation ($2.8M)
- Redirects 2013–15 TMSA investment for tobacco cessation ($4.0M)
2015–17 other budget considerations and investments

**Fee bill** to maintain public service and safety programs, and public health programs that provide required regulation of Oregon businesses (e.g., tanning, x-ray, health care facilities)

**ORELAP environmental lab accreditation**
related to implementation of Measure 91 (certify laboratories to do marijuana testing)
Future of public health
Conceptual framework for governmental public health services

- Additional programs
  - Communicable disease control
  - Environmental health
  - Prevention and health promotion
  - Access to clinical prevention services

- Foundational programs
  - Communicable disease control
  - Environmental health
  - Prevention and health promotion
  - Access to clinical prevention services

- Foundational capabilities
  - Assessments and epidemiology
  - Emergency preparedness and response
  - Communications
  - Policy and planning
  - Leadership and organizational competencies
  - Health equity and cultural responsiveness
  - Community partnership development

= Present at every health department
Factors that affect health

Examples from Health Promotion and Chronic Disease Prevention

Increasing individual effort

- Counseling and education
- Clinical interventions

Increasing population impact

- Long-lasting protective interventions
- Changing the context to make default decisions healthy

Public Health level of Investment
Federal: $3.4 million
Other Funds: $812,000

- Worksite wellness benefits: Weight Watchers, Living Well with Chronic Conditions
- Colorectal screening and promotion campaigns
- Quit tobacco coaching and cessation campaigns

Public Health level of Investment
Federal: $3.5 million
Other Funds: $9 million

- Tobacco-free work and public places
- Healthy food standards
- Tobacco prevention media campaign
- Raising the price of unhealthy products
- Lowering the price of healthy products

2015–17 major budget issues

- Dependency on Federal Funds to support core public health programs
- Dependency on Medical Marijuana fee support for core (but unrelated) public health programs, uncertainty of sustainability
- Loss of some Federal Funds during 2013–15
- Uncertainty of Federal Funds during 2015–17
- Changes in the health care delivery system
- Redesign of fee-based revenue structures necessary based upon current demands (e.g., vital records, laboratory testing and other licensing fees)
OHA Public Health

2015 legislative concepts

- SB 227 – Traumatic Brain Injury Registry to enable Public Health epidemiological analysis
- SB 228 – Radiation Protection Services fees
Things to keep in mind during budget review and approval …

• Investing in prevention reduces the total cost of health care
• More than 56 percent of the 2015–17 PHD budget is pass through dollars to individuals and partners in the form of WIC vouchers and support for local public health
• OHA Public Health provides population-based services that touch almost 4 million Oregonians where they live, work, learn and play
Health Licensing Office (HLO) 2015-17 Governor’s Budget

HLO divisions provide services to program clients on a daily basis and sets, communicates, licenses and enforces regulatory standards for the multiple health and related professions it oversees. On an average basis annually, these services include administering 7,000 examinations, conducting 9,000 over the counter transactions, inspecting 4,800 facilities, and investigating 300 complaints.

HLO-Administered Boards
(over 71,000 Licenses and 4,800 facilities in 12 Boards)

- Board of Cosmetology (66,730)
- Respiratory Therapist and Polysomnographic Technologist Licensing Board (2,039)
- Board of Body Art Practitioners (1,914)
- Board of Licensed Dietitians (730)
- Nursing Home Administrators Board (372)
- Athletic Trainer Registration Board (318)
- Advisory Council on Hearing Aids (281)
- Environmental Health Registration Board (267)
- Board of Denture Technology (114)
- Board of Direct Entry Midwifery (96)
- Sex Offender Treatment Board (82)
- Behavior Analysis Regulatory Board (29)

Note that Cosmetology contains the vast majority (91%) of licenses in HLO-administered boards.

*Values in parentheses in the board structure reflect the current license volume (Feb15)*
How HLO is Funded

• HLO is 100% Other Funds –

• HLO is self-supporting via fees charged to applicants and licensees for applications, examinations, authorizations and renewals, and other charges for services.

• Fee revenues support operational costs for HLO divisions (Administrative Services, Fiscal Services, Licensing, and the Regulatory Operations), and costs are proportionately and equitably allocated between boards.