Local Public Health in Oregon:

An Overview

January 2014

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Executive Summary

"Public health departments exist for the common good and are responsible for demonstrating strong leadership in the promotion of physical, behavioral, environmental, social, and economic conditions that improve health and well-being; prevent illness, disease, injury, and premature death; and eliminate health disparities" [1].

County Authority in Oregon

- Oregon statute gives primacy of local public health to the local governing body
- Even with this power and authority, counties remain agents of the state and must carry out duties imposed upon counties by state laws

Local Public Health Authority

- Specific duties of the Local Public Health Authority (ORS 431.416) include:
  - Administer and enforce the rules of the local public health authority or the health district and public health laws and rules of the Oregon Health Authority
  - Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the annual plan of the authority or district are performed. These activities shall include but not be limited to:
    1. Epidemiology and control of preventable diseases and disorders;
    2. Parent and child health services, including family planning clinics as described in ORS 435.205;
    3. Collection and reporting of health statistics;
    4. Health information and referral services; and
    5. Environmental health services

Statutory Requirements for County Public Health Departments

- Local public health departments must comply with a number of statutes

[1] NACCHO Operational Definition of a Functional Health Department, page 4:

Local Public Health Departments

- Oregon has a decentralized local public health system with 34 public health departments (33 county jurisdiction departments and one public health district)

- Local public health departments across the state have a variety of local configurations, but all are operating to provide the same five areas of mandated service. These different structures and services that counties provide come from a desire to ensure that the health needs of the community are met

Funding

- Local public health departments are funded through a combination of Federal, State, County General Funds, Fees, and Grants
- State investment in Oregon is below national median per capita funding (ranked 46 of 50 nationally)

Accreditation Movement in Oregon

- The accreditation work local public health departments are doing sets a focus on efficiency, continuous quality improvement, and excellence in delivering the core functions of public health and essential services

Background

County Authority in Oregon

Counties enjoy the power and authority to create laws to address local problems, or "matters of county concern" within their borders.   Here are a couple of excerpts from the *County Home Rule in Oregon Report*, prepared by Tollenaar and Associates for the Association of Oregon Counties in June 2005[2].

Oregon counties may achieve "home rule" –by adopting county charters in accordance with the 1958 county home rule constitutional amendment. Even without adopting a charter, counties enjoy broad home rule powers under a 1973 statute delegating general legislative powers to all counties.

Oregon counties may adopt county charters to achieve "home rule" in accordance with the 1958 constitutional amendment. The amendment was developed by a legislative interim committee established to study and make recommendations regarding local government problems, especially problems of providing services to urbanizing areas outside cities. The framers of the 1958 amendment had two objectives:

1. Authorize counties to address local problems by adopting their own local legislation without seeking prior permission from the state legislature

2. Enable counties to revise the organization structure imposed upon them by state law

The 1958 constitutional amendment had the following key features:

- it mandated the legislature to provide a method for adopting, amending, revising, and repealing a county charter;

- it stated that "a county charter may provide for the exercise by the county of authority over matters of county concern";

- it required that county charters prescribe the organization structure of the county government, except that no charter could affect judges or district attorneys;

- it stipulated that counties that adopt charters remain agents of the state and must carry out duties imposed upon counties by state laws; and

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[2] The full report can be found on the *www.aocweb.org* website under the "Publications" tab.

- it reserved the voters' right of initiative and referendum as to the adoption, amendment, revision or repeal of county charters.

Enabling legislation adopted in 1959 provided for development of county charters by county charter committees appointed by county governing bodies and by members of a county's legislative delegation. In addition to charters developed by charter committees, county charters may be developed and proposed by voters themselves, exercising the right of initiative guaranteed by the county home rule constitutional amendment.

Even without adopting a charter, counties enjoy broad home rule powers under a 1973 statute delegating general legislative powers to all counties. The legislation, requested and supported by the Association of Oregon Counties (AOC), sought to extend to all counties the local legislative powers then enjoyed only by counties that had adopted charters. The 1973 legislation granted all counties "authority over matters of county concern" in a manner quite as broad and comprehensive as the authority vested by county charters under the constitutional home rule amendment. The courts have subsequently affirmed the intended broad scope of legislative authority extended by the 1973 legislation, now codified at ORS 203.035.

Statutory home rule, however, comes with certain restrictions. General law (non-charter) counties have no protection against preemptive state legislation, whereas charter counties have a limited amount of exclusive local control even under the current narrow interpretations of the Oregon Supreme Court. General law counties have only limited power to reorganize, since the offices of county sheriff, clerk, and treasurer are made elective by the constitution, and ORS 203.035 itself exempts the office of county assessor from reorganization in general law counties. Another restriction is implicit in the form of the delegation: since it is only a statute, the legislature may further qualify or restrict it or may indeed repeal it at any legislative session.

Both constitutional and statutory county home rule operate within the scope of "matters of county concern." There is no precise definition or listing of specific matters that come within the meaning of that phrase. Some guidance is available in the form of contemporaneous construction, including many statutes that were repealed in 1981 and 1983 because ORS 203.035 had made them obsolete.

Additional guidance is provided by court interpretations of both city and county home rule, including the 1978 case of LaGrande/Astoria v. PERB, which narrowed previous appellate court rulings regarding the scope of home rule.

Local Public Health Authority

County Boards of Commission act as the Local Board of Health unless the governing board of the county establishes a separate Board of Health or a District Board of Health. Local Boards of Health are granted primacy by ORS 431.405 and ORS 431.410.

431.405 Purpose of ORS 431.405 to 431.510.
It is the purpose of ORS 431.405 to 431.510 to encourage improvement and standardization of health departments in order to provide a more effective and more efficient public health service throughout the state. [1961 c.610 §1]

431.410 Boards of health for counties.
The governing body of each county shall constitute a board of health ex officio for each county of the state and may appoint a public health advisory board as provided in ORS 431.412 (5) to advise the governing body on matters of public health. [Amended by 1953 c.189 §3; 1961 c.610 §2; 1973 c.829 §20a]

Specific duties of the Local Public Health Authority are outlined in ORS 431.416.

431.416 Local public health authority or health district; duties.
The local public health authority or health district shall:

(1) Administer and enforce the rules of the local public health authority or the health district and public health laws and rules of the Oregon Health Authority.

(2) Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the annual plan of the authority or district are performed. These activities shall include but not be limited to:

(a) Epidemiology and control of preventable diseases and disorders;

(b) Parent and child health services, including family planning clinics as described in ORS 435.205;

(c) Collection and reporting of health statistics;

(d) Health information and referral services; and

(e) Environmental health services. [1961 c.610 §8; 1973 c.829 §23; 1977 c.582 §28; 1983 c.398 §4; 2001 c.900 §150; 2009 c.595 §563]

The Conference of Local Health Officials (CLHO) agrees that the minimum required activities of ORS 431.416 also include public health emergency preparedness.

Local Public Health Departments

Background

The first county-based public health department was established in Coos County in 1922. Between 1922 and 1962 there were eighteen different counties who created departments to deliver health services within their jurisdictions.

While many county delivered health services were started between 1922 and 1962 the state statutes around Local Public Health Authority and Local Public Health Administrators were codified in 1961.

Structure & Services

Decentralized System

Oregon has a decentralized local public health system; this means fiscal, administrative, ownership, and authority for public health lies with local public health departments rather than the State[3]. There are 34 public health departments in Oregon – 33 county-jurisdiction departments and one public health district (covering Wasco, Sherman and Gilliam counties).

Prevention Services Available to All Oregonians

Each of the 34 public health departments are required to assure that the five mandated services in statute are provided or available in the community. The State Public Health Division and the Conference of Local Health Officials (CLHO) negotiated a list of ten programs that would meet the statutory definition and each public health department must assure are delivered in their county. These ten services really serve as a floor that all communities must provide. Most health departments provide many more services and interventions to the community than those that are mandated.

Five mandated services:

1. Epidemiology and control of preventable diseases and disorders;
2. Parent and child health services, including family planning clinics as described in ORS 435.205;
3. Collection and reporting of health statistics;
4. Health information and referral services; and
5. Environmental health services

[3] Decentralization of Health Systems: *http://www.hsph.harvard.edu/ihsg/publications/pdf/No-54.PDF*

Which are further defined as:

- Communicable Disease Investigation and Control
- Tuberculosis case management
- Immunizations
- Tobacco Prevention
- Emergency Preparedness
- Maternal and child health services
- Family Planning
- Women, Infants, and Children services
- Vital Records
- Environmental Health Services

Other Statutory Requirements for County Public Health Departments

In an attempt to show the breadth and depth of requirements and duties of the local public health authority and public health administrator a handful of state statutes that Local Public Health Departments must also comply with are provided below.

ORS 431: Includes Local Public Health Authority, Boards of Health

ORS 433.004: Communicable Disease Reporting – Reportable diseases; duty to report; investigation;

ORS 433.006: Investigation and control measures**.** In response to each report of a reportable disease, the local public health administrator shall assure that investigations and control measures, as prescribed by Oregon Health Authority rule, shall be conducted. [1987 c.600 §4; 2009 c.595 §626]

ORS 433.121: Emergency Orders for Isolation and Quarantine

ORS 435.205: Family Planning and Birth Control Services

ORS 624: Food Service Facilities

Local Health Department Reviews

A comprehensive review of local public health departments is conducted every three years for most programs, with some programs being reviewed more frequently. The results of the review, including commendations, compliance findings, and recommendations, are shared with the governing boards of each of the health departments and the Local Public Health Administrator. The Oregon Health Authority works with the local public health department to assure all compliance findings are resolved in a timely manner[4].

Health Department Personnel Qualifications

Each local public health department or district must meet minimum requirements related to the employment of professional level staff to carry out its functions. Health departments are required to employ the following positions: administrator; registered nurses licensed by the Board of Nursing; sanitarians registered by the Sanitarians Registration Board, and such other administrative professional, technical, and clerical staff sufficient to carry out the responsibilities of the department; and a physician licensed by the State Board of Medical Examiners as health officer.

The Oregon Revised Statutes related to required public health services permit the Conference of Local Health Officials (CLHO) to work with the Oregon Health Authority to adopt minimum standards related to the education and experience for professional and technical personnel employed in local health departments. These positions must meet the minimum personnel qualifications as defined in the CLHO standards[5]. The standards are intentionally defined to assure that the professional education, knowledge, and expertise that is needed to operate a fully functional local public health department are maintained while allowing some flexibility to meet local needs with available resources. Most public health departments employ staff beyond these required positions that bring a range of education, training, certification, and expertise to support the health department's functions.

[4] The triennial review schedule, a list of review tools, and compliance findings can be found at: *https://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-trt.aspx*

[5] Local Public Health Minimum Standards are available here: *http://www.oregonclho.org/healthy-structure-subcommittee.html*

Local Structures

Local public health departments across the state have a variety of local configurations, but all are operating to provide the same five areas of mandated service. These different structures and services that counties provide come from a desire to ensure that the health needs of the community are met, in addition to allowing the ability to share functions, generate funds through grants, and integrate services to improve health outcomes.

Currently at least thirteen counties have a combined Health & Human Services Department within the county, as an umbrella over both mental health and public health. Some of these combined departments also include other services like: developmental disabilities, former commissions on children and families and veterans (Benton, Clackamas, Washington, Tillamook, Lincoln, Coos, Lane, Douglas, Deschutes, Jackson, Union, Marion, Polk). Among the benefits is that the County is able to combine billing, and electronic health records systems.

Four of the 34 public health departments in Oregon are operated by local non-profits in the counties they serve. The County maintains close connections (through funding, oversight, and by contract the public health administrator is at least partially employed by the county) with the non-profit entity. Of these four the county government is investing county general funds into ensuring the operation in three health departments. The move to a non-profit has not always been completely driven by local funding constraints; the structure is often driven by a desire to create local structures that serve the community as efficient and effectively as possible.

Six of our counties also provide full-scale primary care through a county- run Federally Qualified Health Center – Benton, Clackamas, Lane, Lincoln, Multnomah, and Tillamook. We also have at least one public health department that is also a rural health clinic, Grant Public Health Department.

Other examples of efficiencies and different structures include [6]:

- Benton and Union Public Health Departments have allocated Mental Health alcohol and drug prevention resources into public health programs and combined it with tobacco prevention to create more comprehensive, integrated prevention program

- Morrow County Public Health Department has an intergovernmental agreement (IGA) with Morrow County School District to provide referral services to newly pregnant students for home visiting services, and allowing public health to access the students while at school

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[6] Oregon Cross-Jurisdictional Sharing Report: *http://www.oregonclho.org/publications.html*

- Crook and Deschutes Public Health Departments have an IGA, The Central Oregon Health Board, for cross-jurisdictional sharing of several programs, including Nurse Family Partnership, Cuidate, Adolescent Health Project, and Preparedness

- Linn and Benton Public Health Departments have collaborated to maximize resources around HIV prevention and case management as a way to address staffing and budgets cuts. Linn County Public Health manages funding and services for the Ryan White program across both counties, while Benton County Public Health manages funding and services for HIV prevention across both counties

Local Public Health Laws and Ordinances

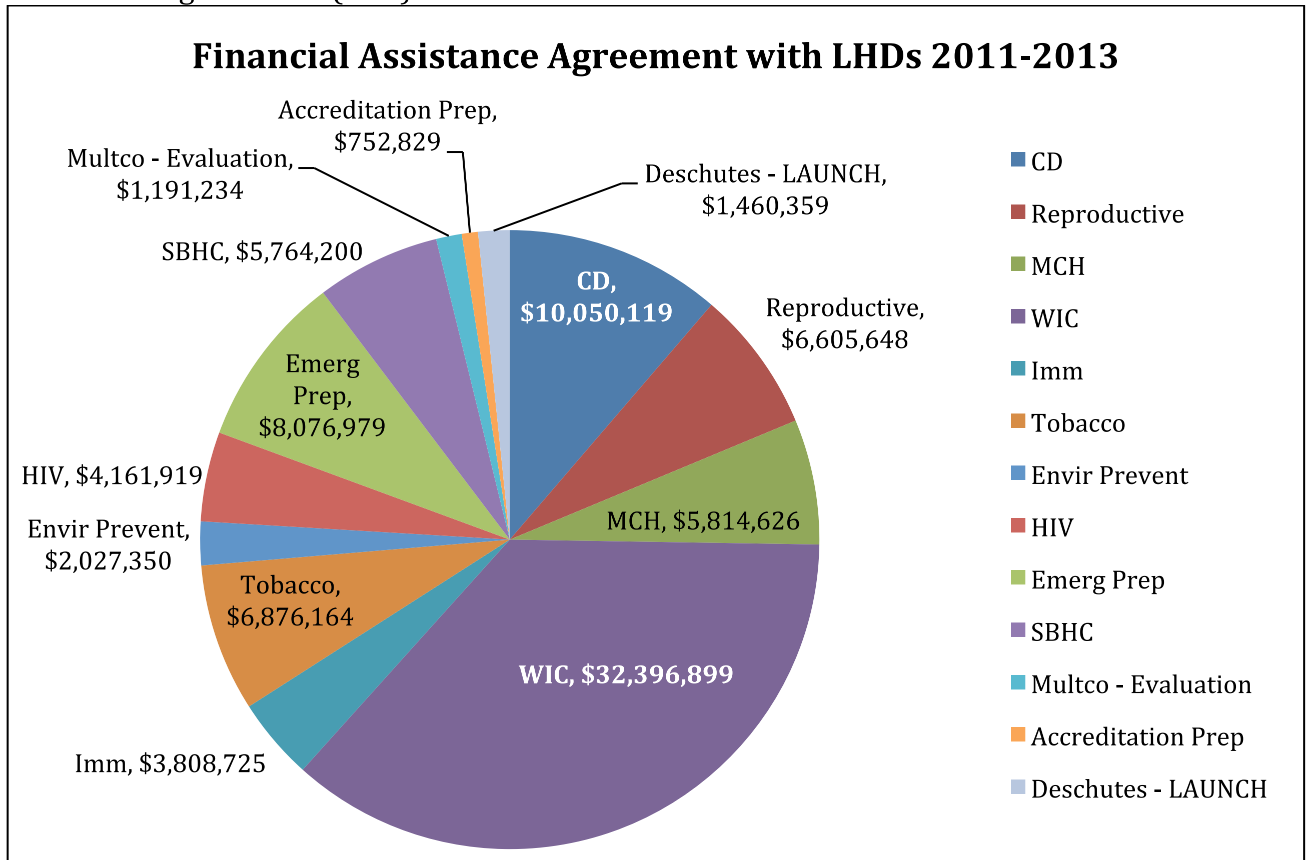
As a result of both the County Home-Rule Authority and the Local Public Health Authority mandate to protect the public's health there are quite a few local ordinances that address and protect the public's health. Here is a list of the types of ordinances seen over the past ten to fifteen years:

- Environmental Health – Include local fee setting to cover costs, protect local water sources, addresses nuisances/blight, solid waste disposal, vector control
- Tobacco Control – local ordinances to protect non-smokers from second-hand smoke
- Obesity Prevention – Multnomah County led the state in menu labeling before the state and federal governments passed their own

Funding

Each local public health department has a two-year funding contract with OHA (Financial Assistance Agreement) that includes Program Elements (or requirements) for the funding that is dispersed by the OHA Public Health Division (*Figure 1*).

FIGURE 1: Funds that come to local public health departments through Financial Assistance Agreements (FAA)[7]

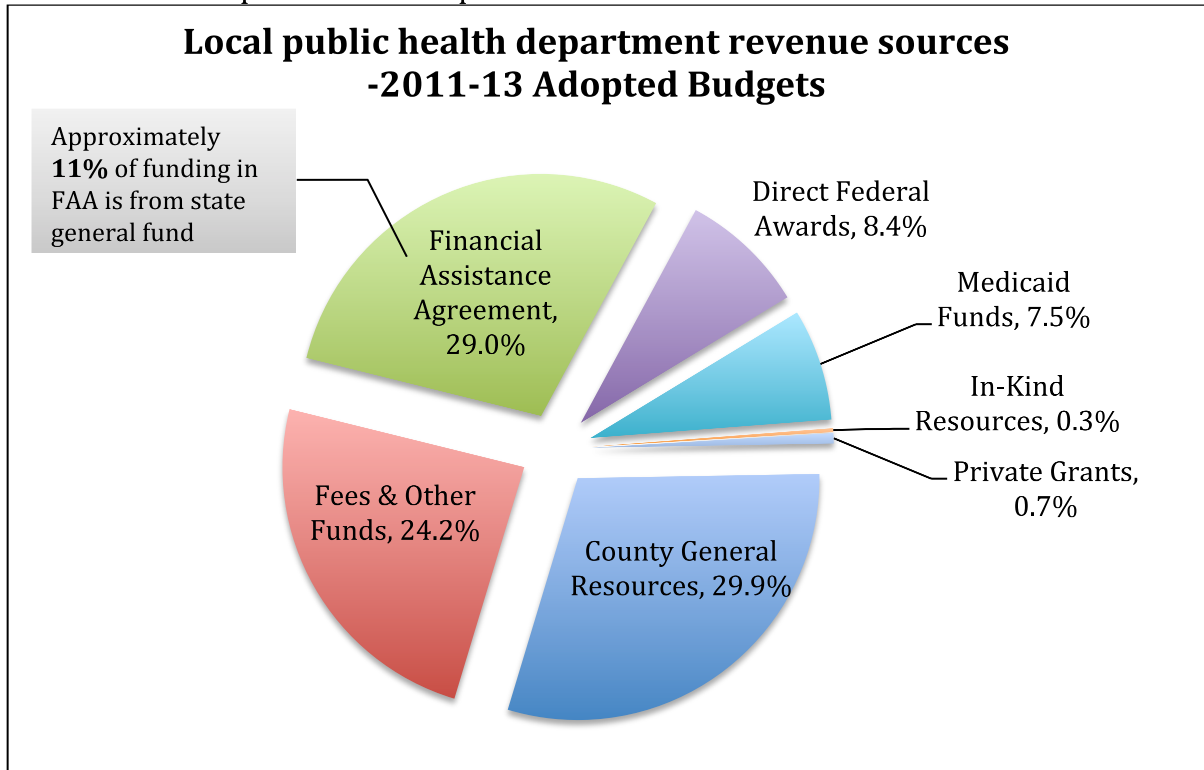


There are funds local public health departments get before providing a public health service (i.e. FAA and grants); and funds they get after they provide a public health service (i.e. fees, insurance, Medicaid; and county general fund). Of the funds that come to local public health departments through the State contract or via grants, the majority are federal dollars.

[7] Funding from FAA was provided by the Office of Community Liaison in the Public Health Division/ OHA

In addition to the FAA funds, Counties invest general resources into existing programs where there is not enough funding to meet the community need and to provide other prevention interventions where there is no State or general funding to support these activities (*Figure 2*).

FIGURE 2: Local public health department revenue sources [8] [9]



Breakdown of funding as reported by Counties:

- **Financial Assistance Agreement (FAA):** $101,029,067
- **Other Funds**: $84,156,100
  For local health departments these are primarily environmental health inspection fees, donations, local grants and any revenue that they take in for the clinical services.[10]
- **County General Resources**: $104,212,015
- **Direct Federal Awards:** $29,322,834
- **Medicaid**: $25,973,318
- **In – Kind**: $902,156
- **Private Grants**: $2,380,816

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[8] This information was collected as a part of an Association of Oregon Counties project on shared services between the state and counties in 2013.

[9] Local health department program elements: *https://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/program-elements.aspx*

[10] Environmental health pays a remittance to the state to support State staff costs and other program materials

In 2011-2013, thirty-two of 36 Counties reported investing over $104 million into Local Public Health Departments. For many of the local public health departments local funding is essential for supporting public health infrastructure and their core capacities.

Hood River County invested $429,119 in general funds to support public health salary/benefits and transportation (FY 2013-2014). Josephine County invested $230,000 in general funds to support public health administration and programming, representing 10% of public health revenue (*see appendix 2*).

Lane County Public Health generated $2,005,098 in charges for services. Revenues sources include licenses, fees, permits, clinical revenue (both direct pay & insurance), and birth and death certificates. These funding sources account for 22% of total revenue (*see appendix 2*).

Benton County Public Health secured $1,340,463 in operating grants that includes Federal, State & Private competitive grants and franchise agreements overseen by public health (ex: Landfill franchise). These funding sources account for 39% of total revenue *(see appendix 2).*

The State investment to local public health departments consistently ranks below the national median for per capita funding. In FY 2011-2012, the State invested $13.37 per capita into Local Public Health compared to the national median of $27.40[11].

[11] Trust for America's Health "*Investing in America's Health: A State by State Look at Public Health Funding and Key Facts*" report 2013

Accreditation Movement in Oregon

National Public Health Accreditation is a voluntary process developed by the non-profit accrediting board, the Public Health Accreditation Board (PHAB). The process seeks to improve the quality and performance of public health departments through showing capacity to deliver the three core functions of public health and the Ten Essential Public Health Services. In Oregon, many of the thirty-four local public health departments are actively working toward national public health accreditation. Most are working on the accreditation prerequisites, developing performance management systems and Quality Improvement programs, and collecting accreditation documentation (*Figure 3).*

Currently, twelve local public health departments have completed all three prerequisites (community health assessment, community health improvement plan, and agency strategic plan) and have applied and paid their application fee for accreditation.

Of those twelve, five local public health departments (Marion, Deschutes, Crook, Clackamas, and North Central Pubic Health District) have submitted all the necessary accreditation documents to PHAB, and three of the 5 have a site-visit scheduled to complete their accreditation process.

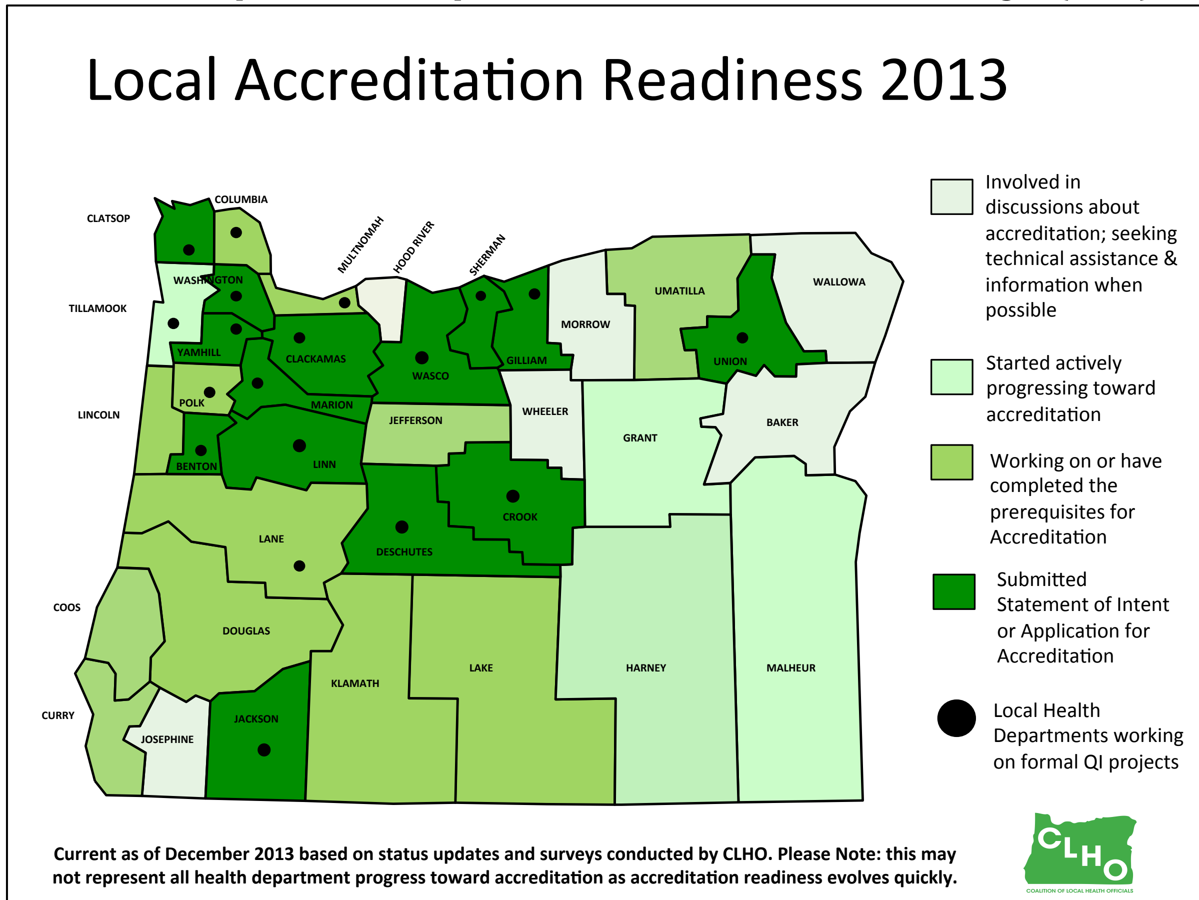
In October of 2011, The State Public Health Division (PHD) and CLHO began a partnership to support public health accreditation across Oregon. As a public health system the PHD, CLHO, and local public health departments are working to uphold these standards of excellence within Oregon.

As local public health departments work towards, and become accredited it has enabled the Oregon public health system to:

- Promote high performance and continuous quality improvement
- Help to clarify the public's expectations of health departments
- Increase the visibility and public awareness of governmental public health, leading to greater public trust and increased health department credibility, and ultimately a stronger constituency for public health funding and infrastructure
- Recognize high performers that meet nationally accepted standards of quality and improvement
- Illustrate health department accountability to the public and policymakers

Additionally, as Oregon moves through health system transformation, accreditation highlights the work local public health departments are doing for their communities and sets a focus on efficiency and continuous quality improvement—especially important in the current economic environment.

FIGURE 3: Local public health department accreditation readiness in Oregon (2013)

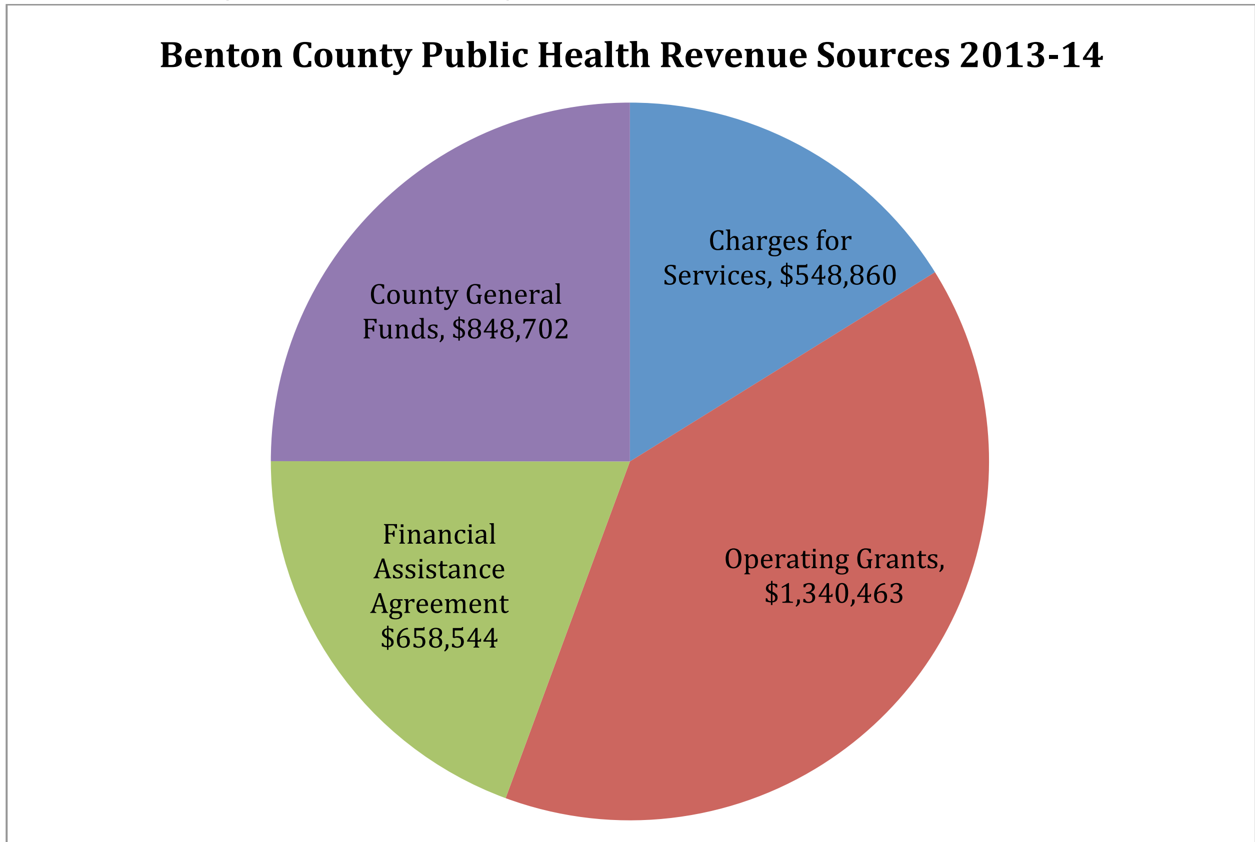


Appendix One: Oregon Public Health Minimum Standards

For the full set of Oregon Local Public Health Standards see the bottom of the following webpage: *http://www.oregonclho.org/healthy-structure-subcommittee.html*,

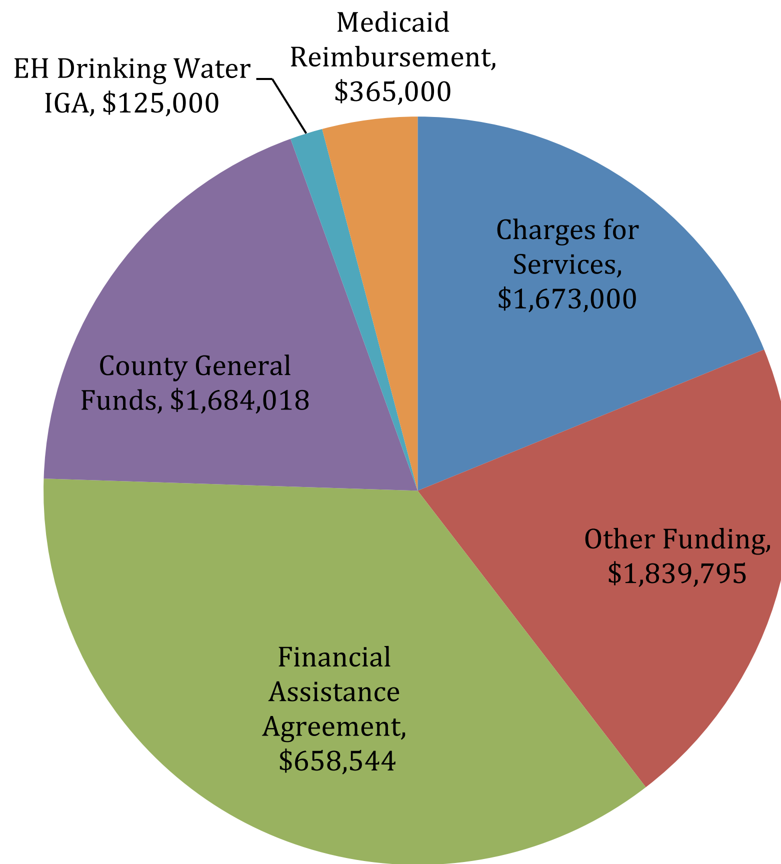
Appendix Two: Local Public Health Funding Examples

Benton County Public Health Department



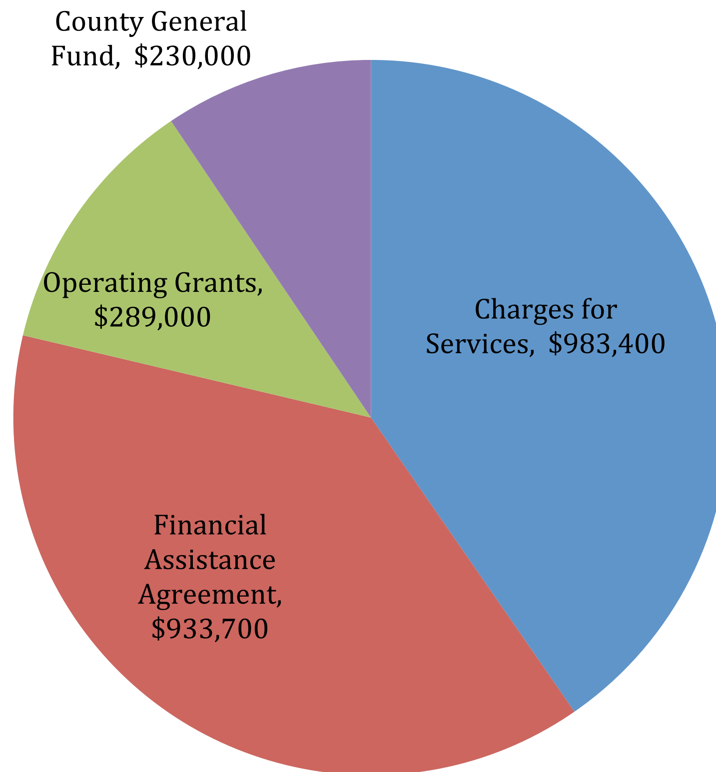
- **Charges for Services (16%)**: $548,860
  Charges for services include revenue from licenses, fees, permits, clinical revenue (both direct pay & insurance), Targeted Case Management, etc.
- **Financial Assistance Agreement (FAA) (20%)**: $658,544
- **County General Funds (25%)**: $848,702
  Benton County tax revenue dedicated to PH admin & programming
- **Operating Grants (39%)**: $1,340,463
  Includes Federal, State & Private competitive grants and franchise agreements overseen by public health (ex: Landfill franchise)

Lane County Public Health Department



- **Charges for Services (22%)**: $2,005,098
  Charges for services include revenue from licenses, fees, permits, clinical revenue (both direct pay & insurance), birth and death certificates
- **Financial Assistance Agreement (FAA) (35%)**: $3,192,672
- **County General Funds (18%)**: $1,684,018
  Dedicated to help support WIC, Maternal Child Health, and Communicable Disease
- **Other Funding (20%)**: $1,839,795
  Includes CCO, Healthy Start, Local Liquor Tax, Mental Health Division, Managed Care Carve Out
- **Medicaid Reimbursement (4%)**: $365,000
- **Environmental Health (EH) Drinking Water IGA (1%)**: $125,000

Josephine County Public Health Department



- **Charges for Services (40%)**: $983,400
  Charges for services include revenue from licenses, fees, permits, clinical revenue (both direct pay & insurance), Targeted Case Management, etc.
- **Financial Assistance Agreement (FAA) (38%)**: $933,700
- **County General Funds (10%)**: $230,000
  Josephine County tax revenue dedicated to PH admin & programming and a solid waste pass-through
- **Operating Grants (12%)**: $289,000
  Includes Federal, State & Private competitive grants