



To: Chair Mitch Greenlick and Members of the House Health Care Committee

From: Tammy Baney, Commissioner, Deschutes County Board of Commissioners

Date: April 5, 2013

Subj: **Support for HB 2348-1 with proposed amendments**

Chair Greenlick and Members of the Committee,

On behalf of the Deschutes County Board of Commissioners, I am offering our support of HB 2348-1 and its stated intent to develop a clear vision for a highly effective public health system for Oregon's future. I am here today to support the bill and offer a few amendments that we believe will strengthen the bill and our path forward.

Our County plays an active role in health transformation in our region, in partnership with Jefferson and Crook counties as well as many stakeholders in our health system. We invest \$2.5 million in public health services in our County. We are also intimately involved in our CCO and its success. In addition, thru WEB-CO, our regional 3-county health and education organization, we take an active role in bridging health and education reform efforts and in preparing for an Early Learning Council in our region.

It is our hope that HB 2348 will build on current public health cross-jurisdictional efforts in our region and other areas of our State. It is also our expectation that advancement of public health systems and services in Central Oregon will evolve and take shape within general State guidelines and in a manner devised *by our region* and our communities, complementary of other efforts now underway in our area.

Attached please find our proposed amendments and examples of cross jurisdictional public health work in Central Oregon. I offer these to illustrate our commitment to working across County lines when such efficiencies benefit the health and well-being of our residents.

Proposed amendments:

- a. Reorder the deliverables in Section 1 (10) focusing first on our State public health vision.**
By focusing first on articulating the “future of public health services” and secondly, the potential “regionalization and consolidation”, we can more appropriately ensure that the structure and definition of roles best supports our vision for a vibrant and effective public health system. It is likely that many considerations will impact where and how movement toward regional actions will be helpful.
- b. Create a more realistic timetable in Section 1 (10) in recognition of the tasks at hand.**
This opportunity in HB 2348 is layered on top of considerable effort on the part of our public health agencies and local governments to support the new CCO work, the proposed Early Learning Councils, national Public Health Accreditation processes and the day to day public health work essential to population health in our communities. We recommend deadline of “no later than July 2014” for a vision and “no later than July 2015” for organizational modeling. That approach balances competing, critical agendas while supporting the spirit of HB 2348-1.
- c. Increase local public health representation on the Task Force in Section 1 (1).**
The success of a vibrant and highly beneficial public health system will always rely heavily on the local community-based work of public health nurses, health educators, environmental health inspectors and other local officials who can develop and implement effective health policy and programs. We encourage further refinement of the task force composition to increase the task force membership of Counties and *local* public health experts. We urge you to work with AOC and CLHO to assure that task force participation from counties of varying size and varying geographic areas throughout this State.

Thank you for your time, your work on our behalf and your consideration of these suggestions. I welcome any questions or opportunities to be of assistance in this process.

Attachment:

Central Oregon Public Health Cross-Jurisdictional Efforts

Central Oregon Public Health Cross-Jurisdictional Efforts

Examples

The following list illustrates cross-jurisdictional public health work now underway in Central Oregon between Crook, Deschutes and/or Jefferson counties. Public health work in Oregon often includes shared activities across County boundaries when it benefits the health of our residents.

1. **WEB-CO for regional coordination**– this 457 organization was formed by the three Central Oregon counties to increase collaboration, shared programming and cross-jurisdictional support where beneficial. All three public health agencies are intimately involved in this effort.
2. **WEB-CO as our region’s ELC Hub** – educational representatives are joining the governing body to bridge education and health reform efforts and develop an Early Learning Council Hub this summer and fall. Public health early childhood services will be aligned with this Central Oregon ELC.
3. **Regional health assessment** – All three public health agencies led the development of the first regional comprehensive health assessment for our area. The assessment was used in our CCO application and in building a regional Health Improvement Plan, another CCO requirement.
4. **Regional *Healthier Central Oregon* web site** – All three public health agencies, with support from PacificSource as our CCO and St. Charles Health System, are hosting a web site with health data and resources for the general public.
5. **Regional emergency preparedness** – All three public health agencies and counties are participating in a two-year cross jurisdictional project to develop policies, support systems and protocols for mutual support during a public health emergency.
6. **Regional nurse home visiting** – the public health agencies in Central Oregon participate in a regional best practice *Nurse Family Partnership* program to help high-risk first birth families. The project is coordinated by one of the three counties. This project was recently expanded with a sizable health transformation grant through our CCO and the Central Oregon Health Council.
7. **Regional teen pregnancy prevention** – the public health agencies in Central Oregon participate in *Cuidate*, a regional teen pregnancy prevention program for Latino youth, a high-risk group in our area. The project is coordinated by one of the three counties.
8. **Shared work on national public health accreditation** – two of the public health agencies have applied for national accreditation and are building the necessary materials, projects and supports together for successful national accreditation in 2015.

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