February 21, 2013



To: Ways and Means Joint Subcommittee on Human Services Fr: Lila Wickham, Chair, Coalition of Local Health Officials HB 5030 – OHA - Public Health Division Budget

My name is Lila Wickham and I am the Director of Environmental Public Health at Multnomah County, and a constituent of Representative Gallegos. Today I am speaking before you as the Chair of the Coalition of Local Health Officials representing the 34 local health departments across the state.

Today I wanted to talk about three main points:

- 1. Update on the work of local health departments in Oregon
- 2. Need for a robust local public health system especially with health system transformation and Medicaid expansion
- 3. Potential funding for partnership work between Local Public Health and Coordinated Care Organizations such as the Tobacco Master Settlement Agreement and the Governor's proposed Transformation Fund

We have a multi-partner system of public health in Oregon where the federal government pays the majority share of funding for a public health system that is largely delivered locally by county health departments. County Government invested more than \$100 million for the 2011-13 biennium in local public health as identified in a Fall 2012 study conducted by the Association of Oregon Counties.

## Update on Local Health Departments:

Local health departments across Oregon are making progress working towards a new system of voluntary accreditation designed to increase the effectiveness and efficiency of the local public health system. Quality improvement and performance management are principles and practices used to promote operational excellence that will result in improved health outcomes.

There are three pre-requisites that are required that will help improve the quality of our interventions to improve the public's health:

- Community Health Assessments (CHA) and
- Community Health Improvement Plans (HIP)
- Agency-wide strategic plan

These three prerequisites are the tri-fecta that prioritize upstream interventions and can support Coordinated Care Organizations to meet their statutory obligation to conduct a Community Health Assessment and Health Improvement Plan. We already have seen examples of local public health supporting the CCOs by: 1.) recruiting members to Community Advisory Councils, 2.) working on new models of care 3.) Supporting the development of the CHA and HIP.

## Robust Local Public Health System

Even in light of a reformed health care system and with Medicaid expansion Oregon will need a robust system of public health. Local public health professionals provide leadership and action to meet the needs at the local level:

- Respond to outbreaks;
- Prepare for emergencies;
- Work with communities to improve health;
- Deliver interventions to improve child and maternal health;
- Design and deliver community-based prevention interventions and
- Protect the public health by ensuring clean drinking water safe food in public places.

Dr. Kohn mentioned some upcoming challenges for the state Public Health Agency. We will be facing similar challenges locally with the potential to lose federal funding through sequestration.

Funding Opportunities for Collaborations Between Local Public Health & CCOs There are opportunities to improve the health of Oregonians. There is huge opportunity to improve health through programmatic partnerships with Coordinated Care Organizations. Local Health Departments across Oregon are already engaging with CCOs to help move the dial on the health outcomes and metrics the CCOs need to achieve.

There are a couple of potential opportunities to fund the important collaborations between local public health and CCOs: Tobacco Master Settlement Agreement and the Governor's proposed Health Transformation Fund.

Part of the proposal that we've been working on with our health advocates and partners was to dedicate the unobligated portions of the Tobacco Master Settlement Agreement into upstream health and prevention. Investing in CCOs and creating funding opportunities for local health departments and CCOs together and supporting a much-needed increase in tobacco prevention efforts.

The Governor's proposed Transformation Fund (of \$30 million) and the proposal we just mentioned would allow for new partnerships between local public health and Coordinated Care Organizations to improve the health of communities. We know that the Medicaid has higher rates of tobacco-use and obesity than the general public and we know that community prevention and creating opportunities for people to improve health are proven strategies.

Local public health is a partner in preventing disease and protecting the public so all Oregonians have the opportunity to be healthy.