

Clatsop County

Public Health 820 Exchange St., Suite 100 Astoria, Oregon 97103 www.co.clatsop.or.us

Phone (503) 325-8500 Fax (503) 325-8678

April 1, 2015

The Joint Ways and Means Subcommittee on Human Services Testimony for SB 5526 April 2nd, 2015

Co-Chairs Senator Bates and Representative Nathanson, and members of the Committee:

My name is Brian Mahoney and I am the Director of the Clatsop County Department of Public Health. I am writing to provide you with information as you discuss issues in public health: to ensure that all women in Oregon have access to reproductive health services; to increase capacity in our state to meet the rising tide of reportable disease; and to ensure that we continue to prevent the major drivers of death and disease in Oregon.

I would like to share with you the work we are doing in Clatsop County to address reproductive health, and acute and chronic diseases.

In our Family Planning unit due to retirement two years ago, we lost the Family Nurse Practitioner who provided services here for thirty years. Because of a relatively low salary offer compared to the private sector, we were not able to attract a full-time qualified replacement. We now have two part-time providers, each working one day per week. Despite the loss of clinical capacity, our 2013 county report from the Oregon Reproductive Health Program shows these impacts:

- Our clinic averted 110 unintended pregnancies
- Averted 21 teen pregnancies (under age 20)
- Averted 89 adult pregnancies (age 20+)
- Percent of clients with unintended pregnancies averted: 14.2%
- Cost of an OHP delivery and the first year of infant healthcare: \$17,028
- Potential OHP cost savings (110 X \$17,028): \$1,873,080

Per Oregon Vital Statistics, our county's teen pregnancy rate is 39.9 per 1000 female teen ages 15-19. This is higher than both the national rate (26.9) and Oregon's rate (28.4). There are approximately 1,100 females in Clatsop County between the ages of 15 and 19 years. There are approximately 43 pregnancies in Clatsop County per year in this age group. Many of these pregnancies could be called unintended. We could do much more outreach, education, and provide clinical services (better hours, more clinician time) to further reduce the unintended pregnancies in this age group, and save tens of thousands more dollars.

Our budget for Family Planning in the coming year is funded by county general funds (\$28,500), fees, and a modest contract with the state. More than half the funds are for the two part time providers, administrative support, interpreter, and management. The remaining funds mostly are

to pay for supplies and materials, e.g., birth control methods. With continued CCare funding from the state we will be able to keep providing the minimal level of service.

Our disease control work is in two broad areas: acute or communicable diseases, which are typically caused by bacteria and viruses; and, chronic diseases caused in large part by lifestyle, although some have a genetic basis.

Our disease control for communicable disease is carried out primarily by one public health nurse who is funded only part time for this work. We receive disease case reports and laboratorypositive confirmations on a nearly daily basis. Each of these cases must be investigated and either closed administratively (no follow up), or investigated, which could mean interviewing the case, their health care providers, contacts to the case, or all of the above. During an outbreak there can be many cases and multiple people with whom to follow up. There were 6 outbreaks in Clatsop County in 2014. An increase of the CD Nurse's time could be spent working on prevention, such as with nursing homes, child care centers, and schools where most of the outbreaks occur.

In Clatsop County chronic disease is a substantial contributor to early death and long-term suffering, not to mention costs for health care. Cancer, heart disease, chronic lower respiratory disease, and cerebrovascular disease are the leading causes of death. Contributors are tobacco use and obesity. We have a less-than-half-time staff position who promotes policies that help reduce tobacco use. The same staff person is also funded less than half time to promote programs whose goals improve health in our community. Clatsop County has a goal of becoming one of the healthiest communities in the country. Support for further chronic disease prevention programs would certainly help that aspiration.

Please consider these points as you discuss the funding of public health in Oregon. Thank you for your time and attention.

Sincerely,

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Brian Mahoney, MPH Director