
Oregon Health Authority Public Health

Presented to
Joint Committee on Ways and Means
Subcommittee on Human Services
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Public Health is Changing

Current Programs

A New Approach

The Triple Aim for Health Care

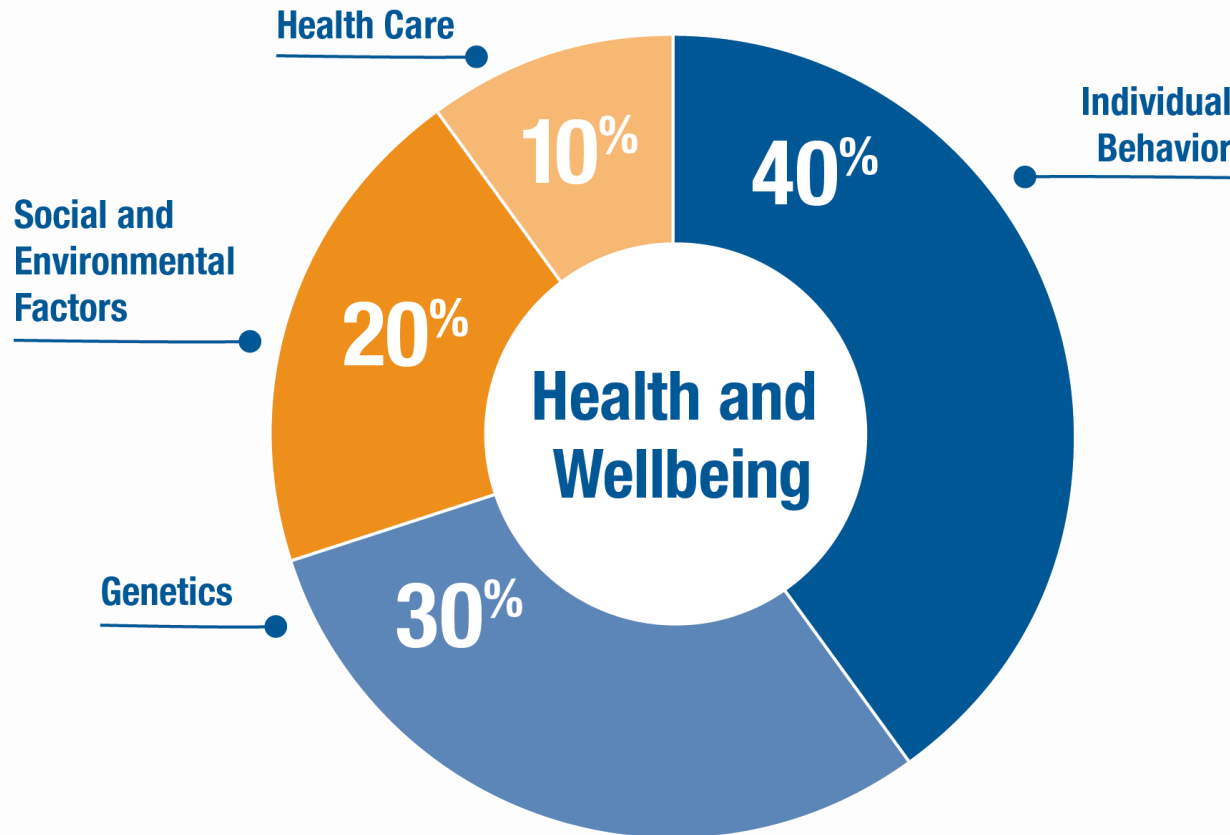
1 Better health

2 Better care

3 Lower costs

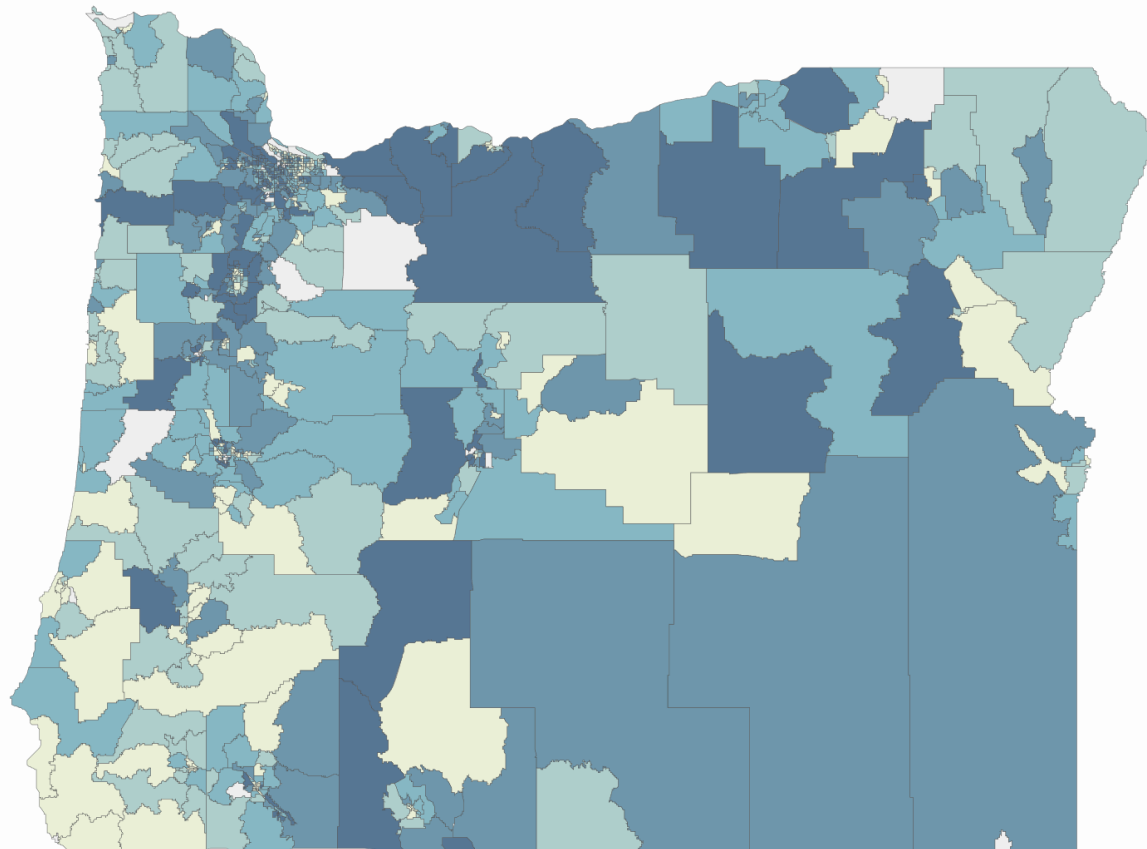
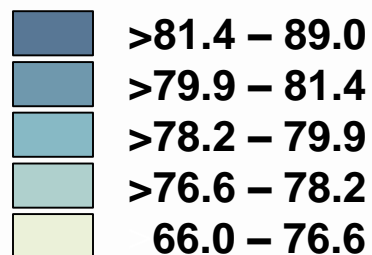
The Role of Social Determinants of Health

Impact of different factors on risk of premature death



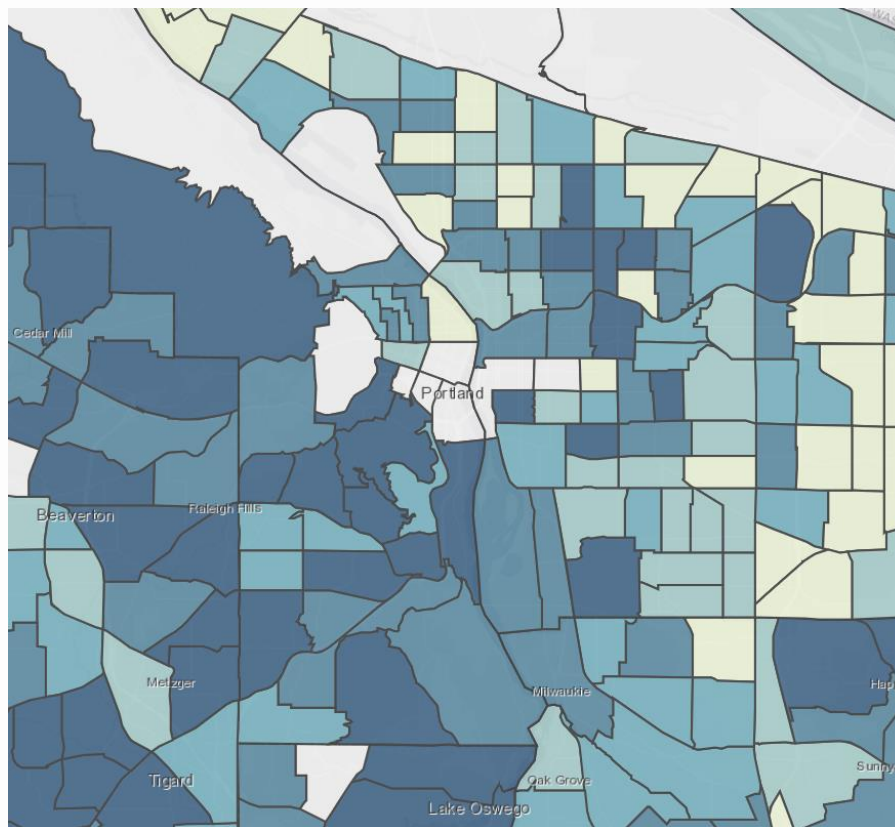
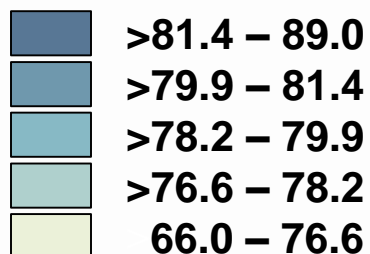
Life Expectancy Varies By Where You Live

**Oregon Life Expectancy
At Birth By Census
Tract, 2010-2015**



Life Expectancy Varies By Where You Live

Oregon Life Expectancy At Birth By Census Tract, 2010-2015

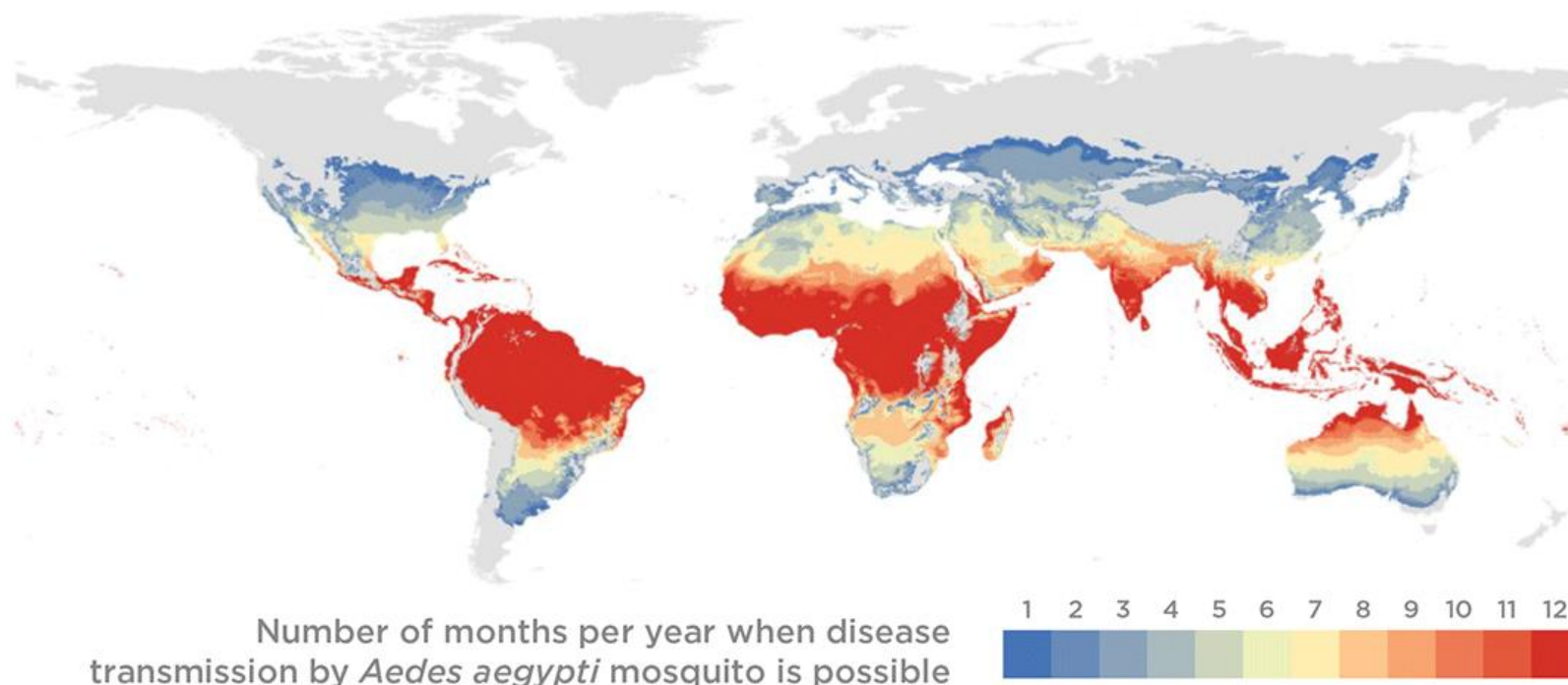


Our World is Changing

2019

Mosquito Habitat: Current & Projected

THIS PROJECTION IS BASED ON A WORST-CASE SCENARIO
WITH THE IMPACT OF CLIMATE CHANGE UNMITIGATED.



Public Health is Changing

Current Programs

New Approach

Public Health Major Issue Areas

- Communicable Disease
- Maternal and Child Health
- Emergency Preparedness and Response
- Chronic Disease
- Environmental and Drinking Water
- Health Care Regulation and Quality Improvement
- Other Programs

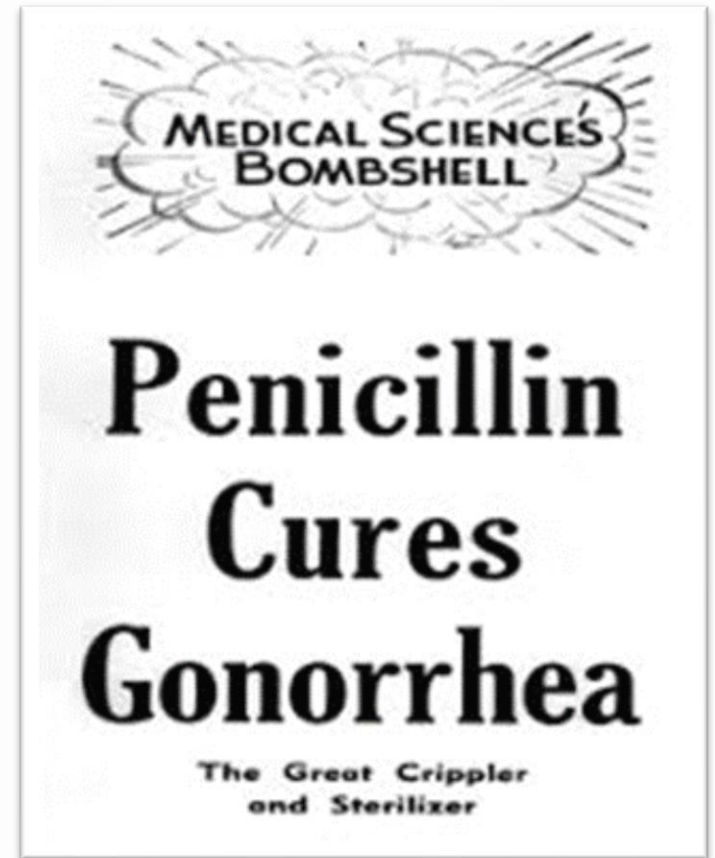
Communicable Disease

- Alliance Working for Antibiotic Resistance Education
- CAREAssist Program (services for people with HIV/AIDS)
- Emerging Infections Program
- Healthcare-Associated Infections Program
- HIV Care and Treatment Program
- HIV Data and Analysis Program
- HIV Prevention Program
- Immunization Program
- NW Center for Foodborne Outbreak Management, Epidemiology, and Surveillance
- Sexually Transmitted Infection Program
- Tuberculosis Program

Communicable Disease

Gonorrhea

- Third most commonly reported communicable disease in Oregon
- Reported cases have steadily increased over the past 7 years
 - In 2017, reported 121 cases per 100,000 residents
- Can result in pelvic inflammatory disease, ectopic pregnancy, and infertility
- Increases likelihood of acquiring and transmitting HIV



Communicable Disease

Limitations

- Separate funding streams for different diseases
- Inadequate local capacity
- Lack of coordination and education among providers and community organizations
- Health disparities and limited availability of culturally responsive interventions

According to a 2016 assessment, about one million Oregonians live in areas that cannot fully identify, prevent, and control a communicable disease outbreak

Communicable Disease

Modern public health approach

- Focus on system coordination
- Implement prevention strategies for multiple diseases, when applicable, not one at a time
- Establish regional epidemiology team
- Educate providers about proper treatment
- Engage community organizations with culturally appropriate interventions
- Standardize cross jurisdictional tracking procedures
- Set Public Health Accountability Metrics

Communicable Disease

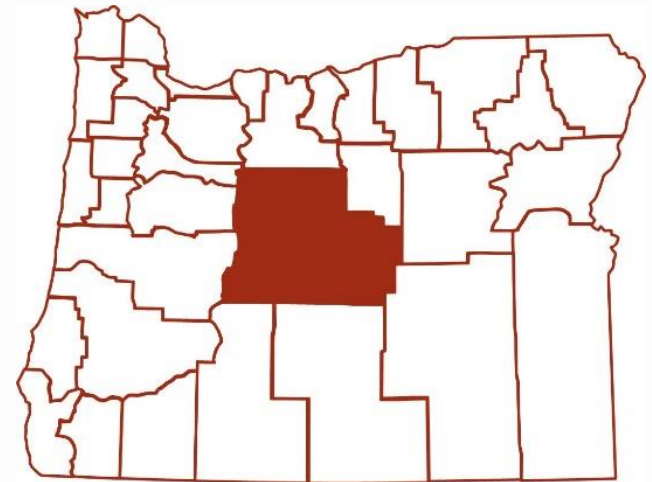
Central Oregon Public Health Partnership

Goal: Improve Outbreak Prevention, Surveillance and Response in Deschutes, Crook & Jefferson counties

One strategy: Employ a regional infection prevention nurse to work directly with long-term care facilities

Results (to date):

- **78%** of long-term care facilities in the region have received infection prevention training
- After-action analysis reports have been completed for **100%** of outbreaks



Communicable Disease

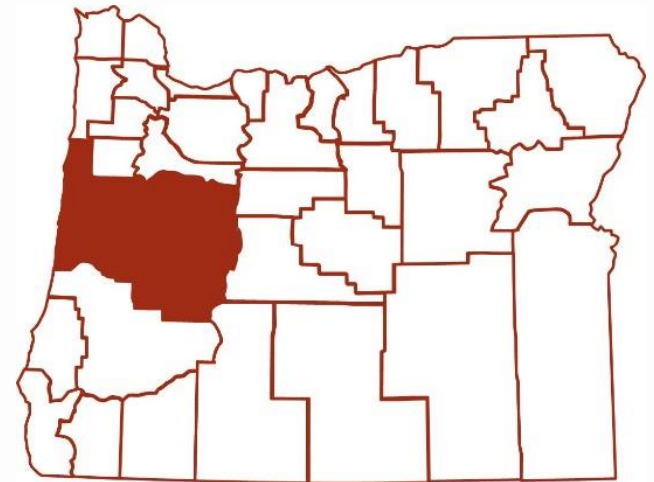
Coast-to-Valley Regional Partnership

Goal: Implement evidence-based pneumococcal vaccination improvement program

One strategy: Team up with PeaceHealth to create a pneumococcal vaccination program for older adults and high-risk individuals

Results (to date):

- More than 250 pneumococcal vaccines have been administered
- Leveraged modernization funding to acquire \$48,000 in Community Benefit Funds and from OHA to purchase pneumococcal vaccines



Maternal and Child Health

- Early Hearing Detection and Intervention
- Maternal Mental Health Program
- MothersCare Program
- Newborn Screening Program
- Nurse Home Visiting
- Oral Health Unit
- Pregnancy Risk Assessment and Monitoring System
- Quit Line (tobacco cessation, focus on pregnant women)
- Reproductive Health Program
- Women's Health Program
- MCH Title V Program
 - Women's well visit
 - Adolescent well visit
 - Breastfeeding
 - Child physical activity and nutrition
 - ACES, trauma, toxic stress
 - Healthy child care
 - Child injury prevention
 - Food insecurity
 - Health equity
 - Culturally and Linguistically Appropriate Services (*CLAS)

Maternal and Child Health

Home Visiting

Nurse Home Visiting Programs

- Nurse Family Partnership
- Babies First!
- CaCoon

Related home visiting programs in other agencies

- Early Head Start
- Early Intervention
- Family Supports and Connections
- Healthy Families America/Oregon
- Relief Nurseries

Maternal and Child Health

Home Visiting

Limitations

- Not all families are eligible
- Of those eligible, about 20% are served
- Resources and services are inconsistent across Oregon
- Universal offer, connection, and referral to community resources is missing

Maternal and Child Health Home Visiting

Modern public health approach

- Universally offered
 - Complements/builds on existing programs
- Offered at no cost to families
- Universally offered, culturally responsive referrals tailored to each family
- Leverages Medicaid funds
- Engages commercial health plans

Maternal and Child Health

Family Connects

Goal: Provide needed support to families in the earliest days of parenthood, including referral to more intensive home visiting programs and individualized entry into community resources if appropriate

One strategy: Evidence-based home visiting model

Results:

- Reduced need for emergency medical care for children
- Improved parenting skills and maternal mental health
- Attention to both the child and parents as a unit
- High satisfaction reported by parents
- \$3.02 savings to the community for every \$1 spent, through 24 months of age, primarily from reduced emergency medical care

Emergency Preparation and Response

- Health Security, Preparedness and Response Program
- State Emergency Registry of Volunteers (SERV-OR)
- Health Alert Network
- Radiological Emergency Response

Emergency Preparation and Response

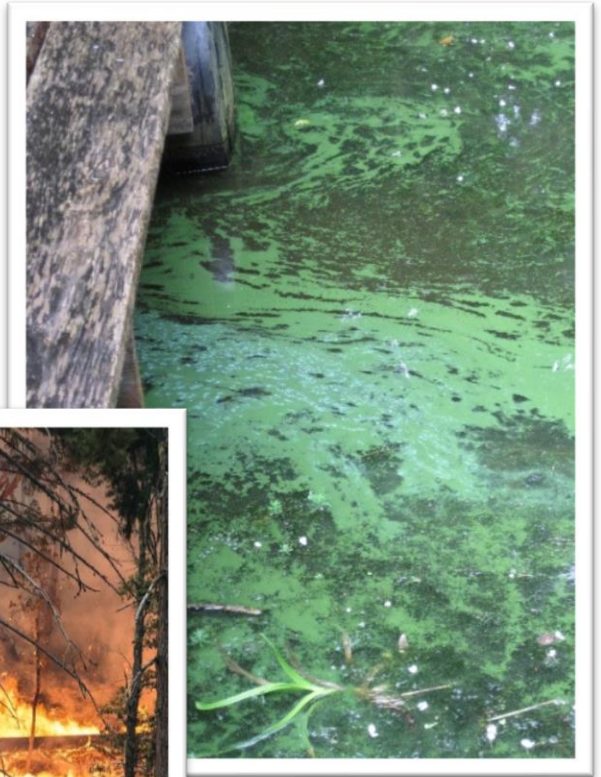
Public health role in emergency response

- Ensuring public health and medical services during an emergency
 - Physical, mental, behavioral, and substance abuse health needs
 - Needs of incident victims and response workers
 - Needs of “at risk” or “special needs” populations (example: people who are depend on electricity for life-sustaining medical equipment)
- Coordinating with national, local, tribal, and other state agencies
 - Incident command structure

Emergency Preparation and Response

Emergency threats

- Flooding
- Wildfires (flame and smoke)
- Disease outbreaks
- Windstorms
- Winter storms
- Radiological
- Utility service disruptions



Emergency Preparation and Response

Limitations

- Separate funding streams
- Inadequate local capacity
- Lack of coordination among agencies

According to a 2016 assessment, about one million Oregonians live in areas where public health emergency and disaster preparedness are limited

Emergency Preparation and Response

Modern public health approach

- Updated and operational plans to prevent, monitor, respond to, and recover from public health threats and emergencies
- Formal intergovernmental partnerships and project coordination
- Improved epidemiology and communications systems
- Practice responding to a public health emergency, with a range of business and health care system partners
- Sharing health protection information communities need to understand emerging threats
- Health care providers informed of vaccine preventable communicable disease outbreaks within 48 hours

Emergency Preparation and Response

Cascadia Rising

Goal: Protect the health and safety of Oregonians before, during, and after an emergency

One strategy: Four-day, multi-state exercise to prepare for a 9.0 earthquake along the west coast Cascadia Subduction Zone

Results:

- Recognized the lack of preparedness of Oregon's public health system for such a catastrophic event
- Predicted that our eleven coastal hospitals would be severely damaged or inoperable, and the thousands of injuries and deaths would create a massive strain on the remaining health infrastructure

Chronic Disease

- Arthritis Program
- Asthma Program
- Comprehensive Cancer Control Program
- Diabetes Program
- Healthy Worksites - Wellness@Work
- Heart Disease and Stroke Prevention Program
- Living Well Program
- Oregon State Cancer Registry (OSCaR)
- **Physical Activity and Nutrition Program**
- **Tobacco Prevention and Education Program**

Environmental Health and Drinking Water

- Beach Monitoring Program
- Clandestine Drug Lab Program
- Climate and Health Program
- Domestic Well Safety Program
- **Drinking Water Program**
- Environmental Health Assessment Program
- Environmental Public Health Tracking Program
- Foodborne Illness Prevention
- **Harmful Algae Bloom Surveillance Program**
- **Health Impact Assessment Program**
- Lead Poisoning Prevention Program
- Occupational Public Health Program
- Pesticide Exposure, Safety and Tracking (PEST) Program
- Public Pool and Tourist Facility Program
- Radon Awareness Program
- Toxic-Free Kids Program

Health Care Regulation and Quality Improvement

- Certificate of Need Program
- **Emergency Medical Services and Trauma Systems**
- Emergency Medical Systems for Children
- EMS Mobile Training Unit
- EMS Professional Standards and Licensing
- Facilities Planning and Safety Program
- Trauma and Tertiary Care Program

Other Public Health Programs

- Adolescent and School Health Program
- Genetics Program
- Health Licensing Office
- Medical Marijuana Program
- National Violent Death Reporting System
- Prescription Drug Monitoring Program
- School-Based Health Center Program
- ScreenWise Program (cancer and genetic screening)
- **State Public Health Laboratory**
- WIC Program
- Vital Events Registration System
- Vital Records
- Zero Suicide Program

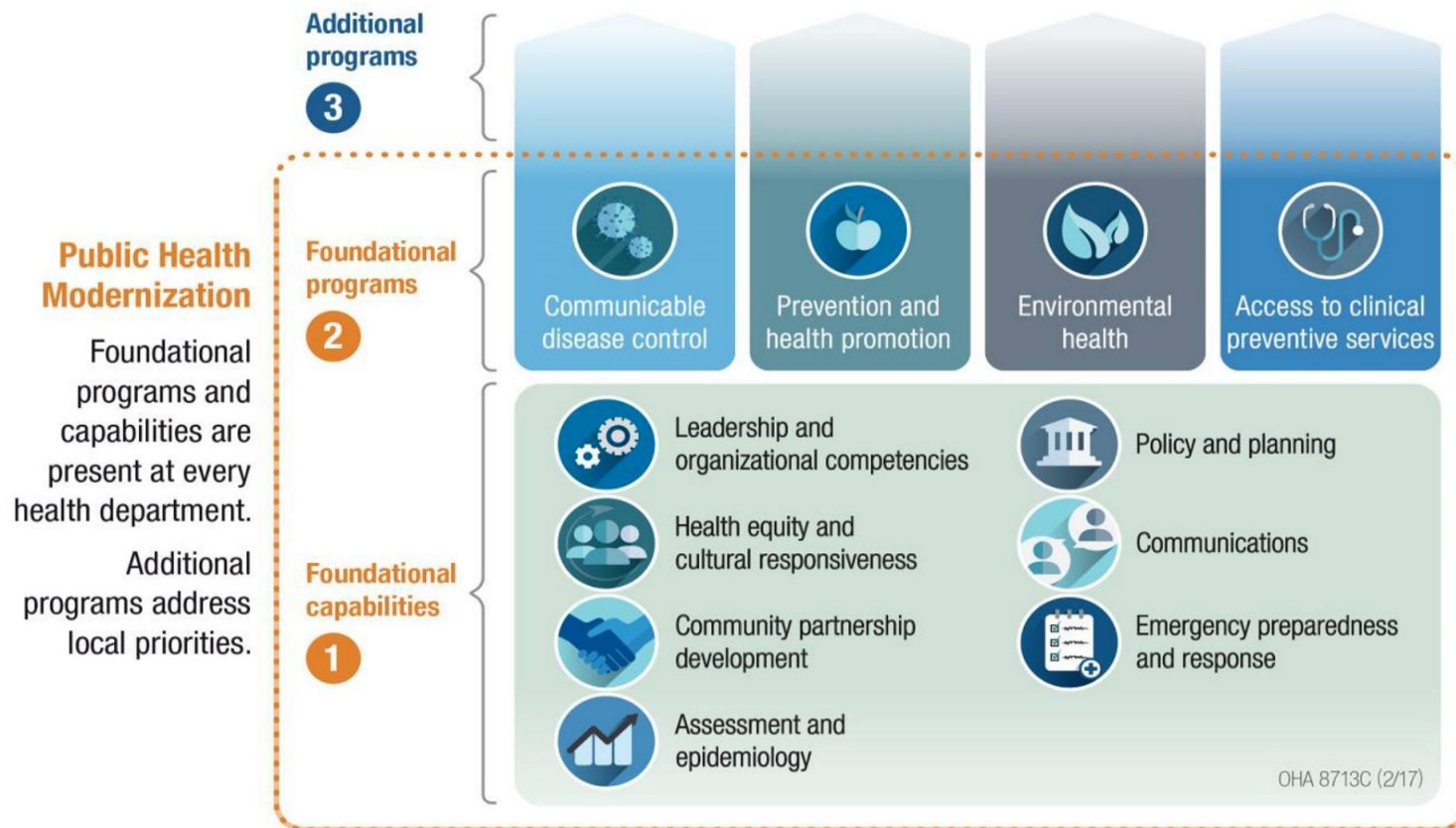
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A New Approach

Public Health Modernization

Modernized framework for governmental public health services



2016 Public Health Assessment

- “Meaningful gaps across the system in all governmental public health authorities”
- “These gaps are not uniform, nor do they appear in the same places in every organization”
- Current condition “can be described as a ‘patchwork quilt.’”

In more than one-third of Oregon communities — home for more than 1.3 million people — foundational public health programs are limited or minimal

Traditional vs. Modern Public Health

Traditional Public Health System	Modern Public Health System
Separate funding and staff for each disease or other health topic	Funding and staff can adapt and respond as critical health needs emerge
Responds to health problems	Strives to prevent and prepare for health problems, then responds as needed
Works independently	Emphasizes partnerships
Health disparities unaddressed	Identifies and addresses health disparities and emphasizes cultural responsiveness
Data systems are static, isolated from each other, and/or difficult to use	Data systems are complete, dynamic and integrated, and generate useful information
Patchwork quilt of programs and capabilities	All foundational programs and capabilities available across the state

Modernization Initial Priorities

- Respond to emerging and ongoing communicable disease and environmental health threats
- Increase capacity to address health equity and cultural responsiveness
- Address systemic barriers, including:
 - Lack of access to population health data to inform program and financial decision-making
 - Insufficient capacity to engage local communities and partners

2017-2019 Investment: \$5 million

- Eight regions of local public health authorities using \$3.9 million for regional communicable disease control interventions and health equity initiatives
- OHA using the remaining \$1.1 million to improve the collection and reporting of population health data

Thank You

The logo for the Oregon Health Authority is centered within a light blue, curved rectangular background. The word "Oregon" is written in a smaller, orange, serif font above the word "Health". The word "Health" is in a large, dark blue, serif font. A thin dark blue horizontal line is positioned below "Health", and the word "Authority" is written in an orange, serif font below this line.

Oregon
Health
Authority
