

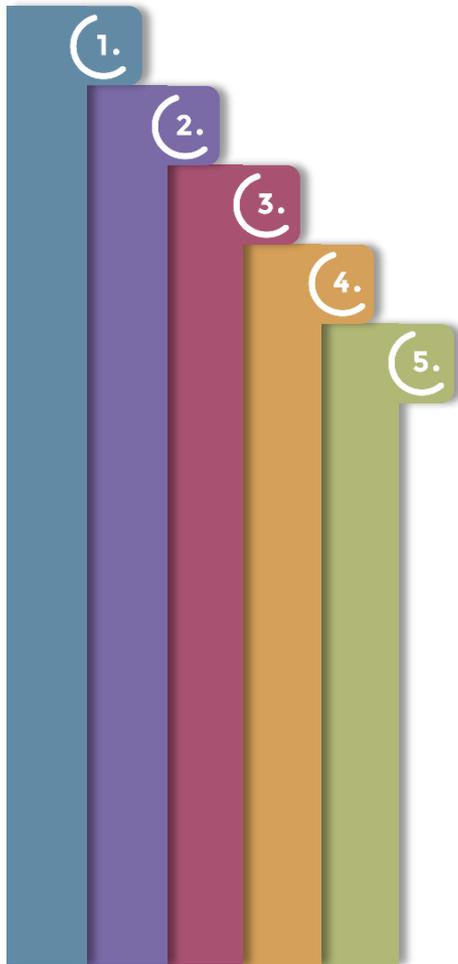
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# Oregon Health Authority Public Health Division (PHD)

Presented to  
Joint Committee on Ways and Means  
Subcommittee on Human Services  
February 2, 2021

Patrick Allen, Director  
Rachael Banks, M.P.A., Public Health Director





## Why PHD

What PHD Does  
Strategies and Successes  
Challenges  
Proposed Budget

# OHA's Strategic Goal

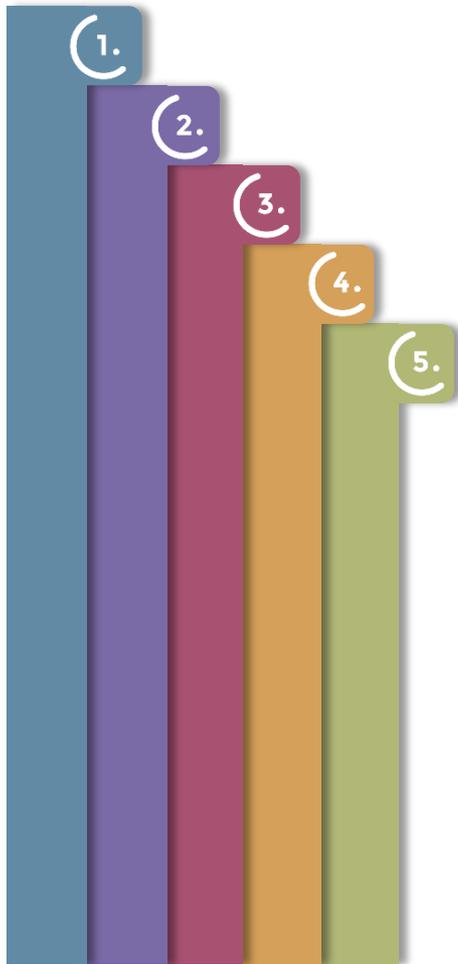
**Eliminate health inequities in Oregon by 2030**

## The Triple Aim for Health Care

**1 Better health**

**2 Better care**

**3 Lower costs**



Why PHD

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# Vision, Mission and Goals

**Vision:** Lifelong health for all people in Oregon

**Mission:** Promoting health and preventing the leading causes of death, disease and injury in Oregon

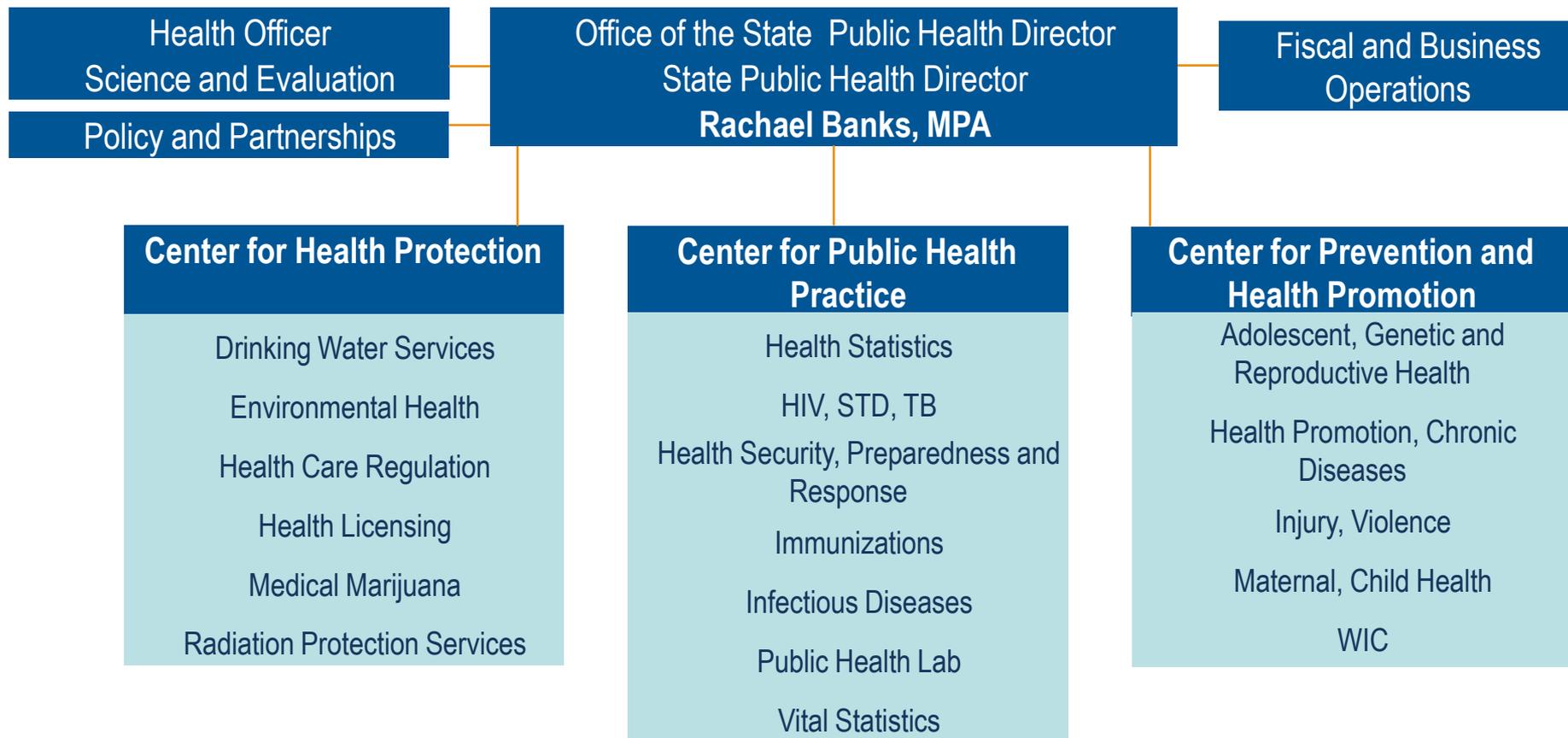
**Goals:** A modern public health system that serves every person in Oregon by:

- Protecting people from communicable diseases
- Preparing for and responding to emergencies
- Limiting environmental risks to public health
- Promoting health and countering the harmful impact of chronic disease and injuries
- Ensuring equitable access to quality health care

# Oregon's Public Health System



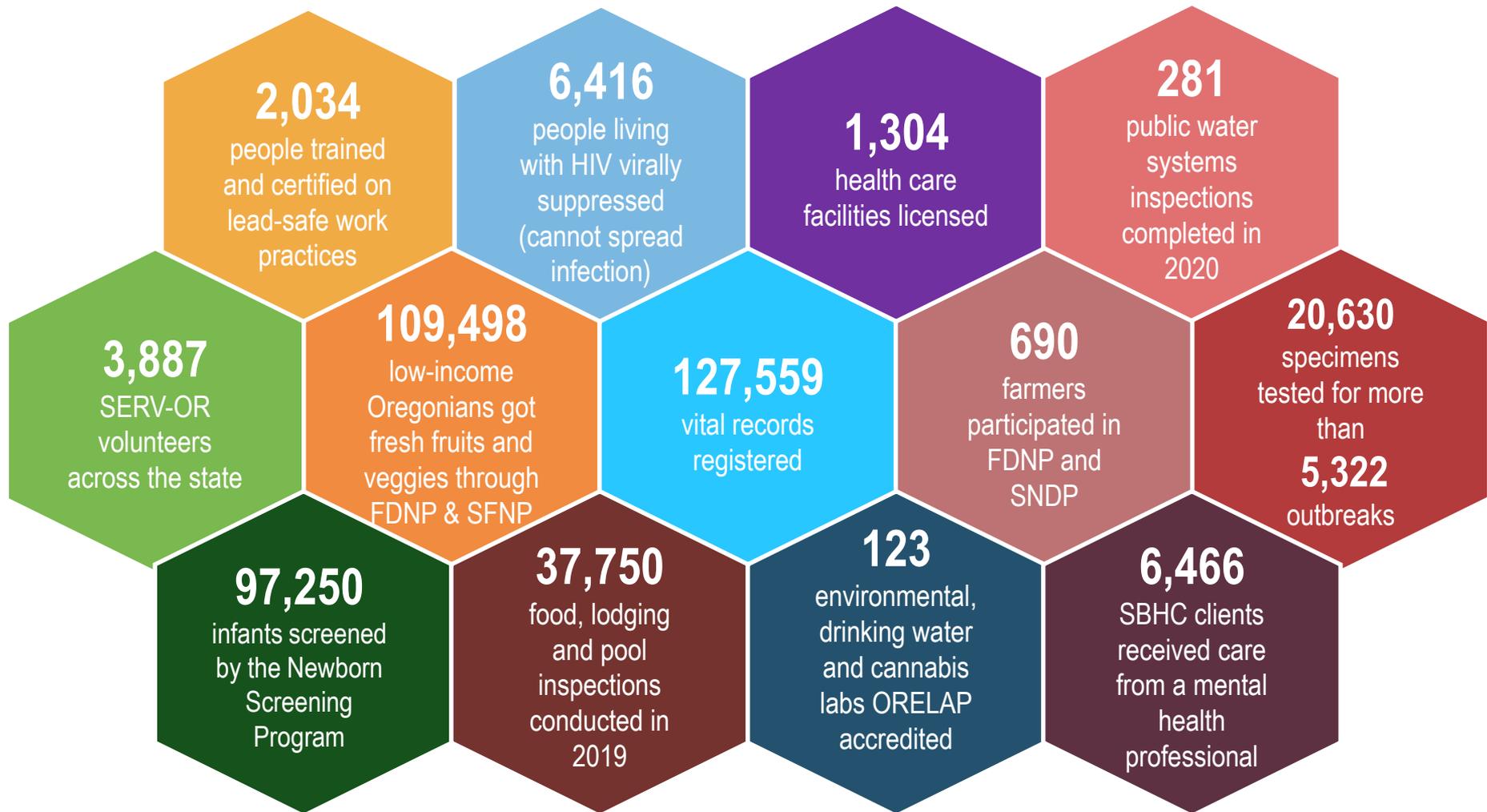
# Public Health Division Organization



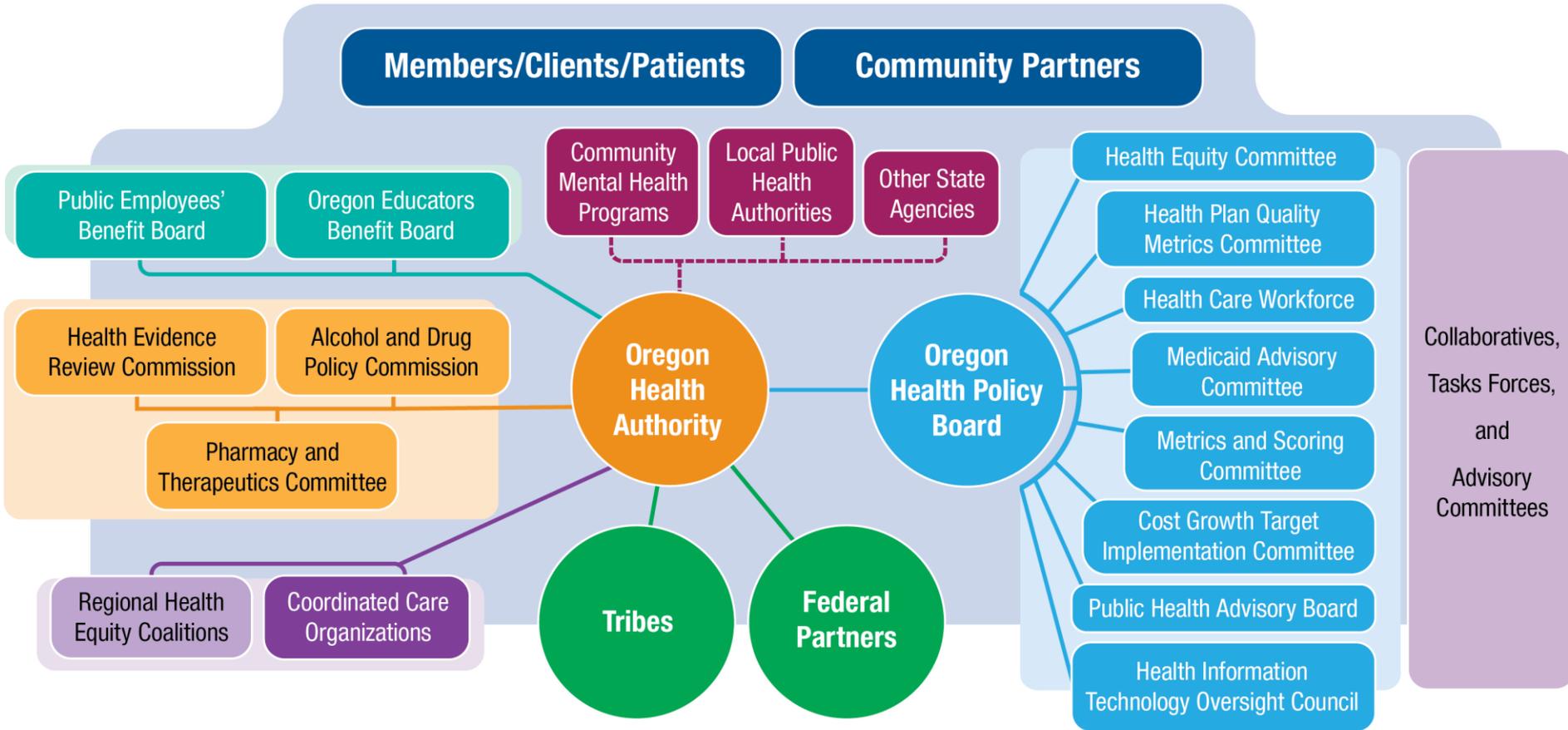
## Modernized framework for governmental public health services



## 2. What PHD Does

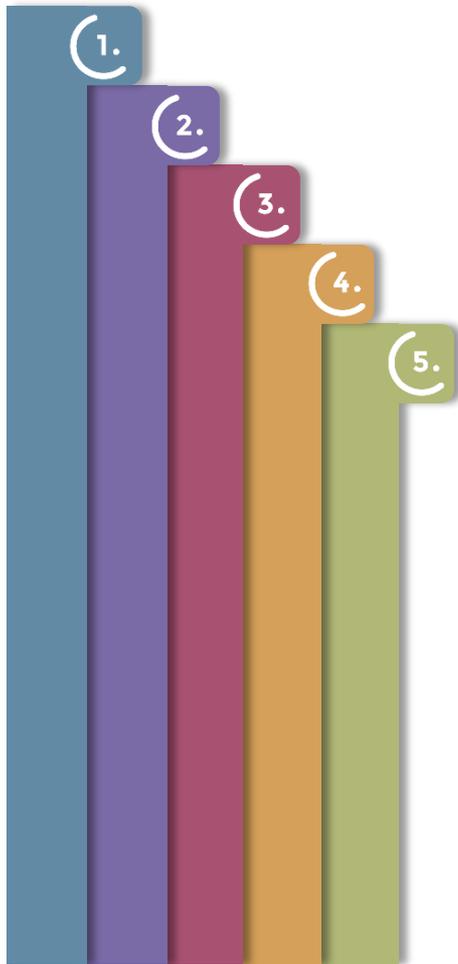


# Public Health Partnerships



# PHD and the COVID-19 response

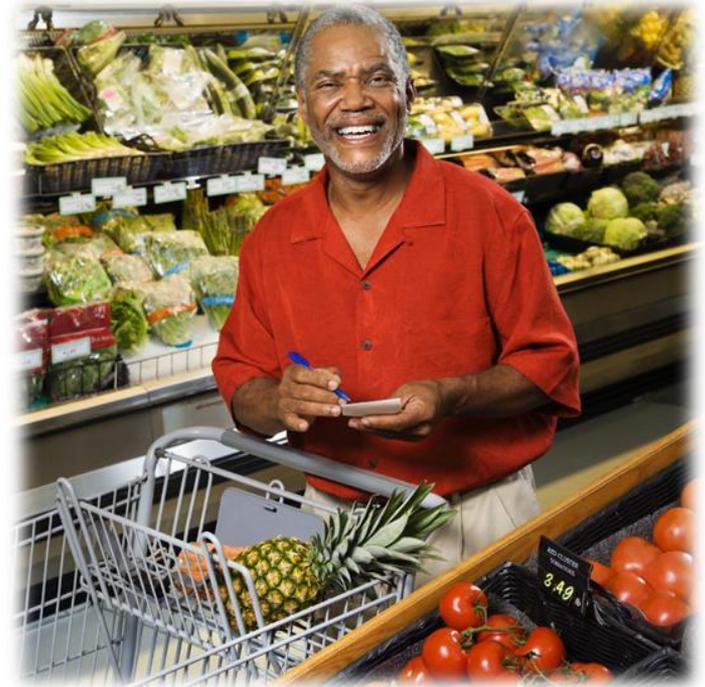
<b>Leadership &amp; organizational competencies</b>	<ul style="list-style-type: none"> <li>• In 2020, OHA provided 416,554 of staff hours to COVID-19</li> <li>• 389 PHD staff were redeployed to COVID-19 response</li> <li>• Managed all federal COVID-19 investments</li> </ul>
<b>Health equity &amp; cultural responsiveness</b>	<ul style="list-style-type: none"> <li>• REALD data collection</li> <li>• Culturally responsive communications; translations</li> <li>• Community-specific testing events and planning</li> </ul>
<b>Community partnership development</b>	<ul style="list-style-type: none"> <li>• Holding community listening sessions</li> <li>• Contracting with CBOs to provide education, contact tracing and/or wrap-around services</li> </ul>
<b>Assessment &amp; epidemiology</b>	<ul style="list-style-type: none"> <li>• Collecting &amp; analyzing accurate data to guide policy &amp; decision-making</li> <li>• Data collection, epidemiology, outbreak response, case investigation, contact tracing, laboratory testing,, vaccine uptake</li> </ul>
<b>Policy &amp; planning</b>	<ul style="list-style-type: none"> <li>• Providing guidance, reopening frameworks, and tools for communities, clinicians, hospitals and healthcare settings; administrative rulemaking related to COVID-19</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Providing accurate, timely and culturally and linguistically responsive information on COVID-19</li> </ul>
<b>Emergency preparedness &amp; response</b>	<ul style="list-style-type: none"> <li>• Hospital surge planning, incident management, distribution of vaccine &amp; resources, volunteer staffing and surge support</li> </ul>



Why PHD  
What PHD Does  
**Strategies and Successes**  
Challenges  
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# Strategies: Healthier Together Oregon 2020-2024 State Health Improvement Plan Priorities

- Institutional bias
- Adversity, trauma and toxic stress
- Economic drivers of health, including housing, education, transportation and living wage
- Access to equitable preventive health care
- Behavioral health



# Healthier Together Oregon Implementation Areas



Equity and Justice



Healthy  
Communities



Housing and Food



Behavioral Health



Healthy Families



Healthy Youth



Workforce  
Development



Technology  
and Health

## PHD Work with Community-based Organizations – Example:



# PHD Work with Community-based Organizations – Example:



## HOW DID WE SERVE AN ENTIRE SHELTER?

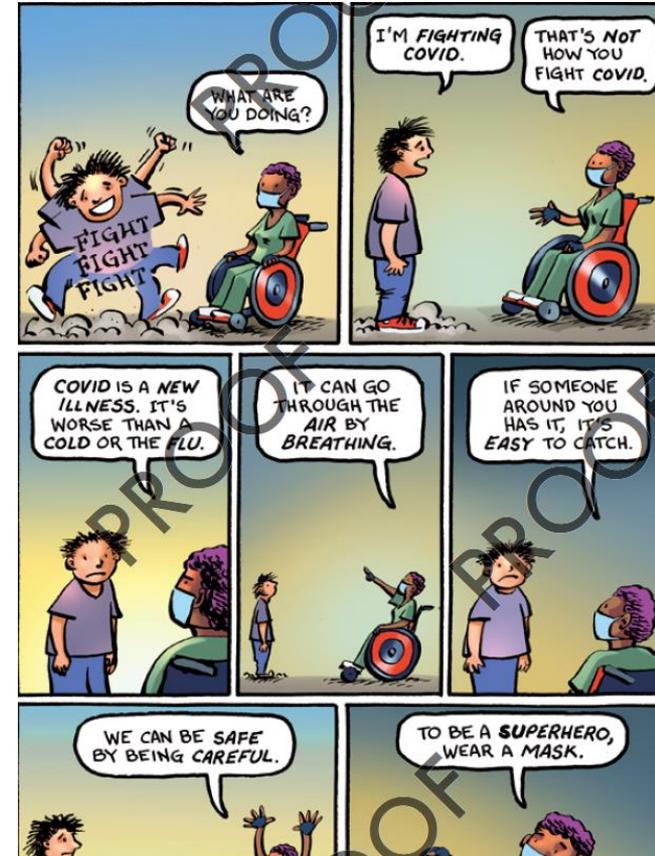
Facilitated connection between shelter staff, OHA staff, and on the ground outreach providers

Helped to educate shelter staff on the quarantine and isolation process

Provided groceries in bulk to the shelter for on-site staff to distribute

Provide hotel rooms for residents in isolation to help reduce contact and likelihood of infection

Provided groceries and restaurant meals each day for every client at the shelter and in the hotels



# Climate Change and Drinking Water: Impacts of 2020 Wildfires

Of 3,336 Public Water Systems in Statewide Inventory:

- 186 systems within 2020 fire perimeter boundaries
- 36 systems with known infrastructure damage
- 46 systems rely on surface water and are downstream of burn areas

## Wildfire Response and Drinking Water

- Directed impacted water systems to sources of financial and technical assistance
- Provided post-fire water monitoring guidance and technical assistance to water systems vulnerable to contaminants from erosion of burn areas
- Provided outreach and testing for volatile organic compounds at 16 water systems potentially impacted by contaminants from heating of plastic pipes—an emerging issue

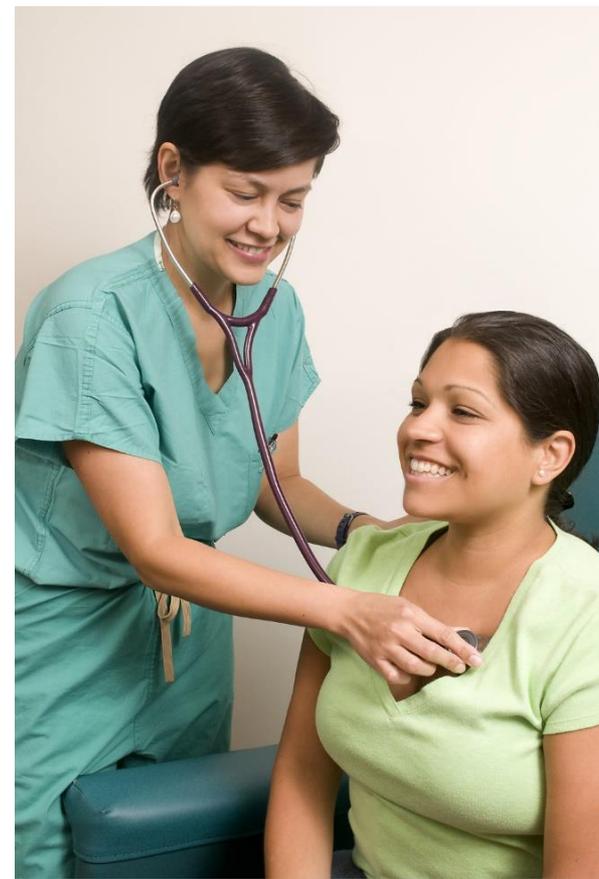
# Success: Response to Outbreak of Elevated Child Blood Lead Levels

- Hazardous lead exposures from use of traditional spices and cosmetics contaminated with lead
- Worked with local public health authorities and community partners to respond to elevated child blood levels
- Led a coordinated multi-lingual communication campaign with community partners



# Success: Innovations in Service Delivery

- Reproductive Health Equity Act implementation, support of reproductive health services
- Behavioral health integration into school-based health centers
- Dental pilot projects



# Success: Native Quit Line

**RESILIENCE**

"I was in the emergency room twice and after the second time I said, 'it's time to quit smoking.' So, I did.

I feel better, I've saved money, and my health is much better than it was before."

*—Frances Marceau, Blackfeet*

**My journey to quit commercial tobacco**  
Call the Native Quit Line at 1-800-QUIT-NOW

To get involved with creating a commercial tobacco-free community, call NAVA's Community Health Worker at 503-288-8177.

In Partnership With

Health  
NativeQuitLine.com



# Success: Maternal Mortality Review Committee

Implementation of expert review panel to assess maternal mortality and severe morbidity

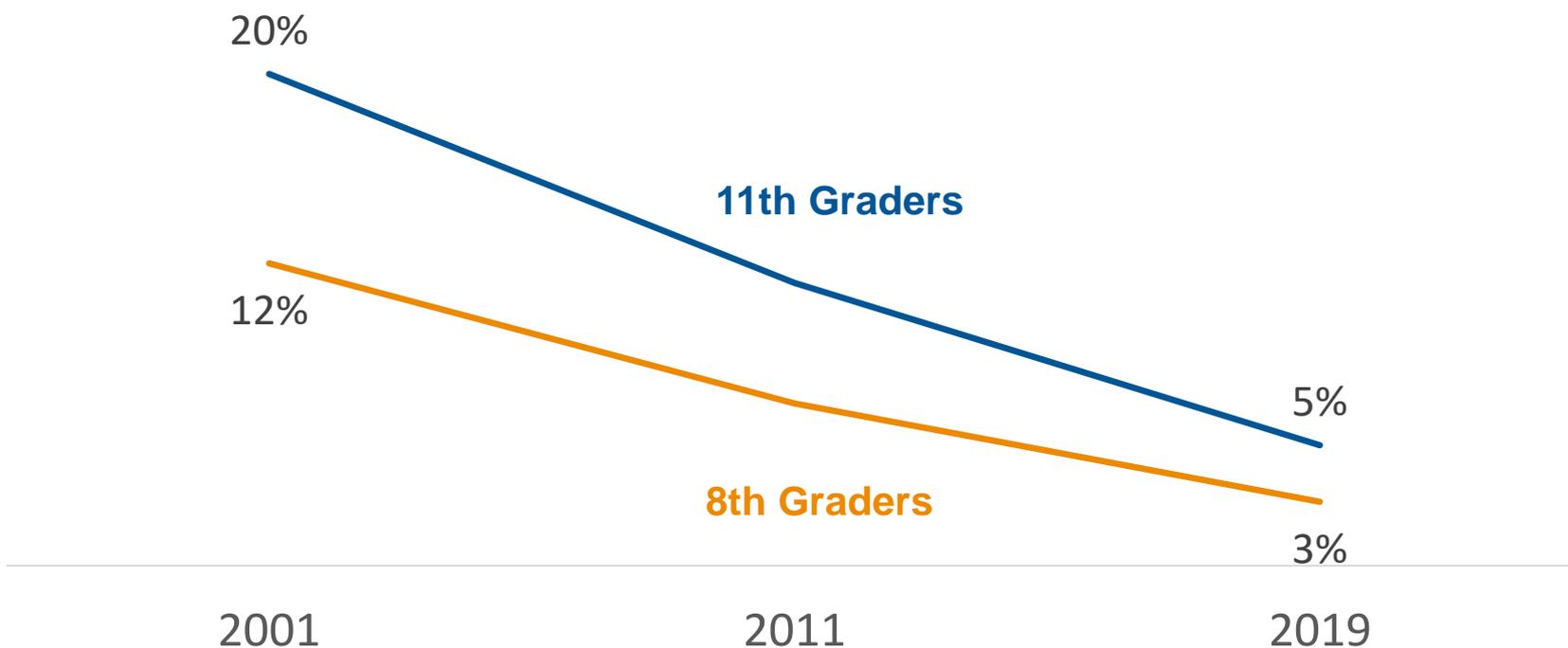
- **Identifies preventable and modifiable factors** to decrease risk for mortality and severe morbidity
- **Focus on racial and ethnic communities** where these factors are disproportionately prevalent

Early recommendations:

- **Culturally responsive home visiting** and appropriate clinical outreach services
- Increase behavioral health services in the community and clinical settings
- **Expand implicit bias and values training** for individuals working within the healthcare system
- Mandated **screenings for intimate partner violence** within all healthcare entities

# Success: Youth Tobacco Use

Percentage of teens who currently smoke cigarettes

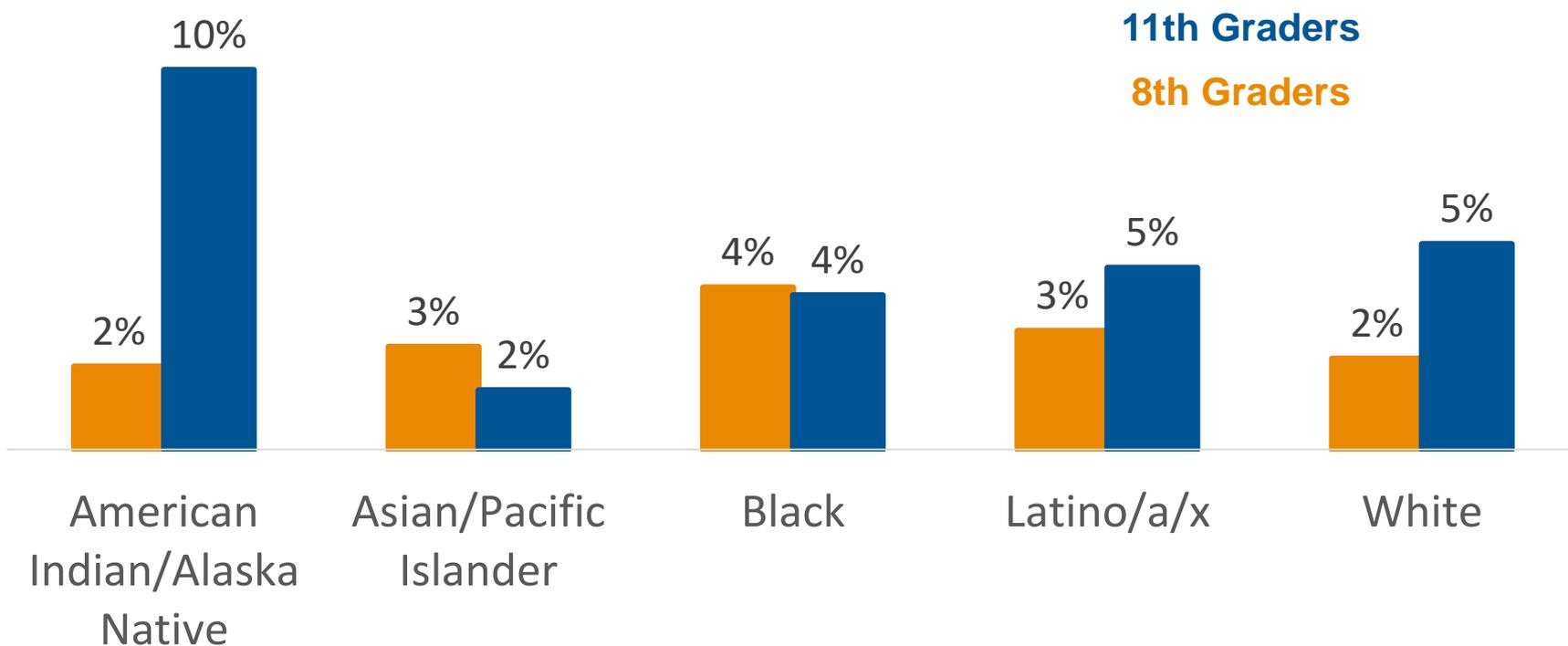


Source: Oregon Health Teens 2019.

# Youth Tobacco Use **Inequity**

Percentage of teens who currently smoke cigarettes

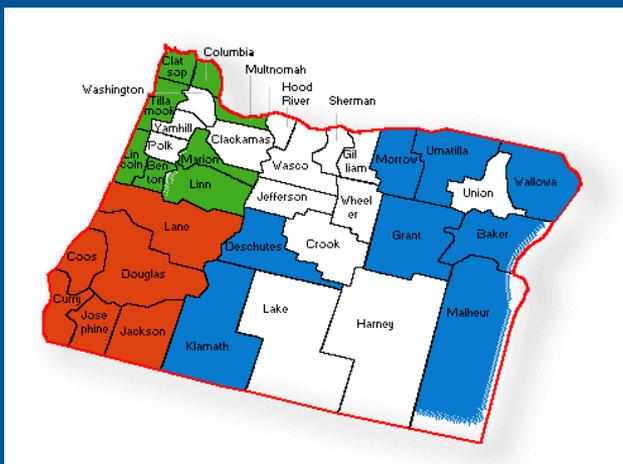
– By race and ethnicity



Source: Oregon Health Teens 2019. Other categories exclude Latino/a/x.

# Success: Prime+

PRIME+: Peer Recovery  
Initiated in Medical  
Establishments + HIV/HCV  
Testing and Linkage to Care



Collaboration between PHD-ACDP and HSD  
Substance Use Treatment, Recovery, and  
Prevention Unit

Engages people post-overdose or after treatment for injection related infection in medical settings:

- Emergency Departments, hospital inpatient care, urgent care, and primary medical care

Facilitates **any positive change** for participants who use substances, including supporting people to:

- Reduce overdose and infections, including HIV/Hepatitis C Virus (HCV) through naloxone and safer use supplies
- Access substance use treatment, primary preventive and other types of dental and medical care
- Get tested for hepatitis C, HIV and sexually transmitted infections (STI) and support to treatment if positive

**Engages and educates community partners** about harm reduction and peer recovery support

# Success: At-home HIV Self-testing

- Implemented one week after Governor Brown implemented Oregon's stay-at-home order
- **One in three people** had never been tested before
- Reaches a **racially diverse user group**
- 0.75% of HIV tests positive, a higher rate than seen at many community events

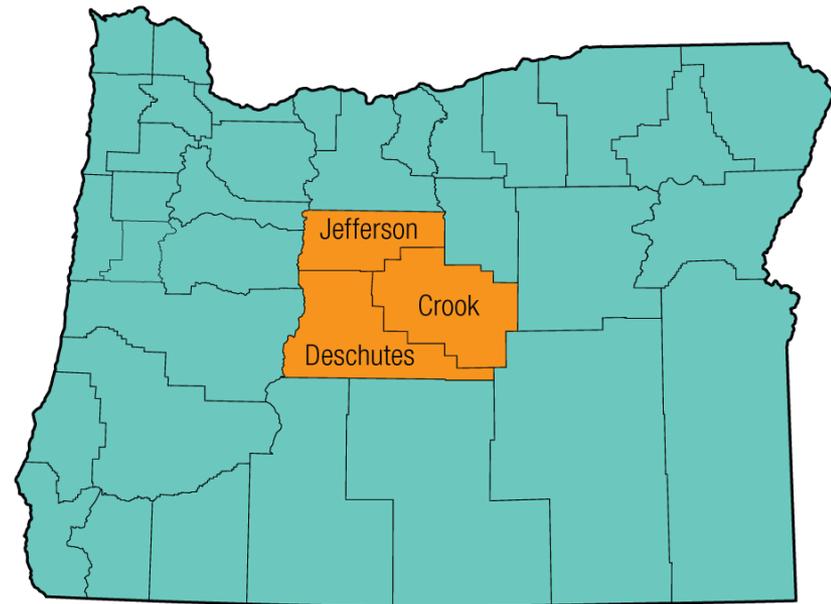
# Success: Central Oregon Public Health Partnership

## Evaluation case study:

Regional infrastructure since 2017 is better protecting high-risk and systemically marginalized groups, including from COVID-19:

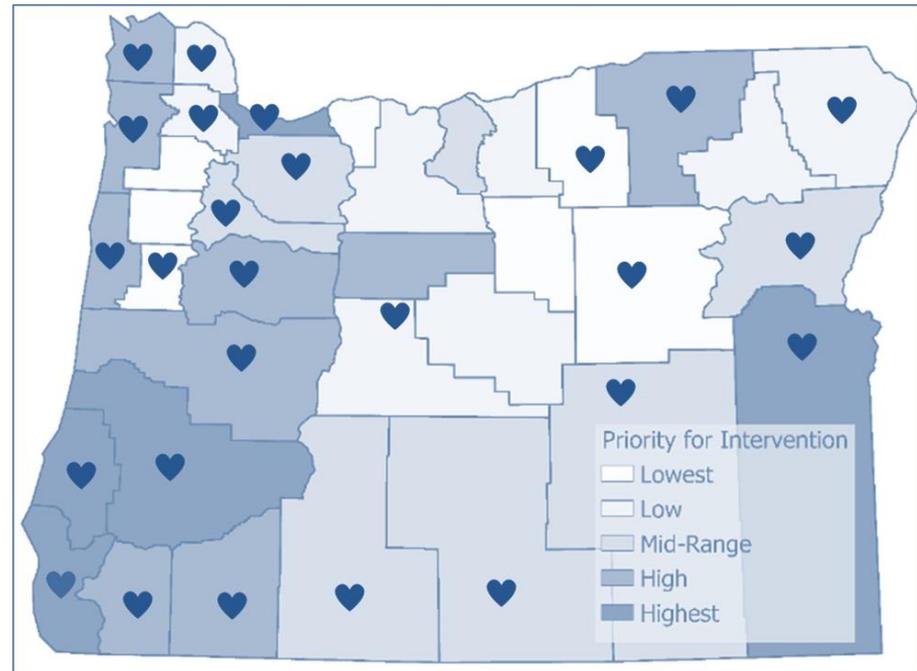
“Communicable disease was thrust into the spotlight (because of COVID-19). **We were better prepared to be in that spotlight because of modernization**”.

– *Deschutes County Public Health Program Manager*



# Success: COVID-19 Harm Reduction Supply Clearinghouse

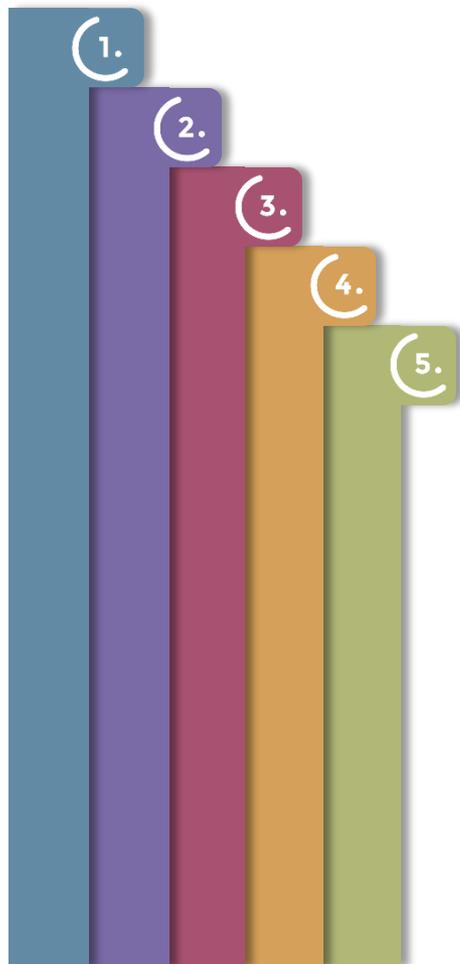
- Applications opened November 6 and closed December 4, 2020
- 67 organizations submitted applications for 71 sites operating in 26 counties
- 36% of applicants reported no other OHA funding
- 52% requested technical assistance



Map illustrates the priority for harm reduction prevention intervention based on the county level vulnerability to injection drug use related outbreaks.

Source: OHA 2643 Risk for Injection Drug Related Outbreaks: *Oregon's County-level Vulnerability Assessment Report*, published 2020

♥ Denotes county where current Save Lives Oregon COVID-19 Harm Reduction Supply Clearinghouse participants provide direct services to people at risk of overdose and people who use drugs



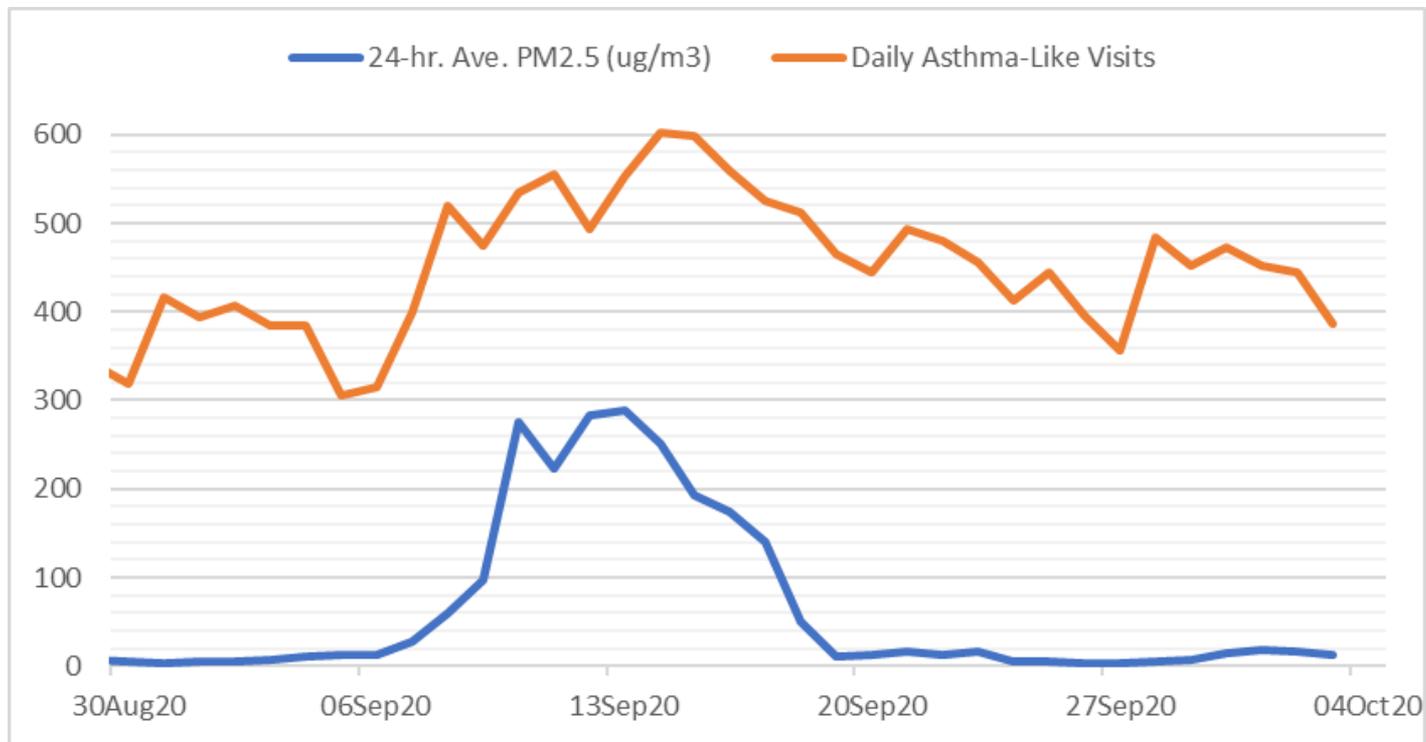
Why PHD  
What PHD Does  
Strategies and Successes  
**Challenges**  
Proposed Budget

# Challenge: Climate and Health

- Wildfires and smoke
  - People with chronic respiratory disease
  - Infants, children
  - People with cardiovascular disease
  - Older adults
  - Pregnant women
  - People who smoke
- Harmful algal blooms (cyanotoxins)
- Vector-borne diseases
- Extreme weather



# 2020 Wildfire Smoke Health Impacts



- Emergency department and urgent care asthma-like visits from near-real-time syndromic surveillance (ESSENCE)
- PM2.5 daily 24-hr average concentrations (provisional data from state, regional and tribal air quality monitoring)

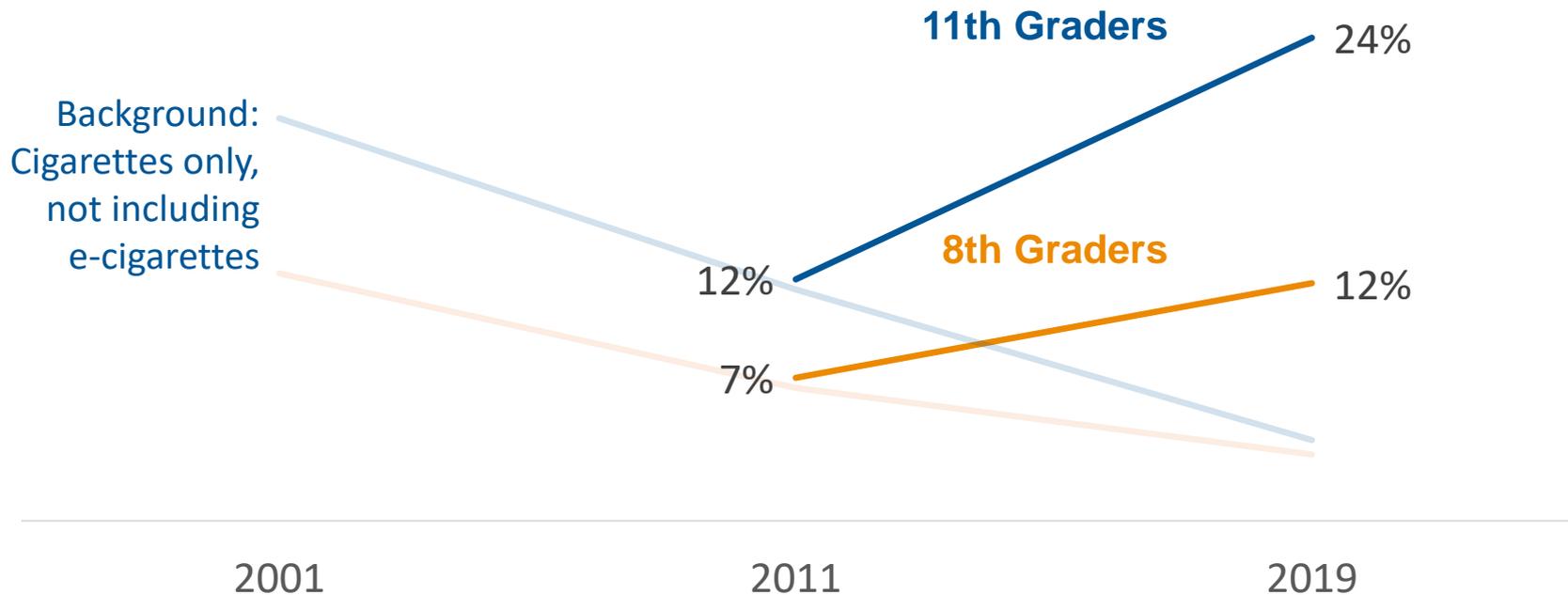
# Challenge: Overdose Deaths in Oregon

What we know so far about 2020:

- **Almost a 13% increase** in the number of overdose deaths during the **first quarter** of 2020 compared to the same time period in 2019
- **Almost a 60% increase** in the number of overdose deaths during the **second quarter** of 2020 when compared to same time period in 2019
- **A spike of drug overdose deaths** during the second quarter of 2020
  - Overdose deaths increased in April, peaked in May, then went back to the first quarter level
  - Fentanyl abuse appears to be driving an overdose spike in May 2020
- These trends mirror a national trend noted by CDC
- The increase in deaths in 2020 has mainly involved opioid overdose, followed by methamphetamine overdose
  - Drug seizure information from HIDTA indicates that this may be related to increasing supply of counterfeit narcotics containing fentanyl

# Challenge: Youth Vaping

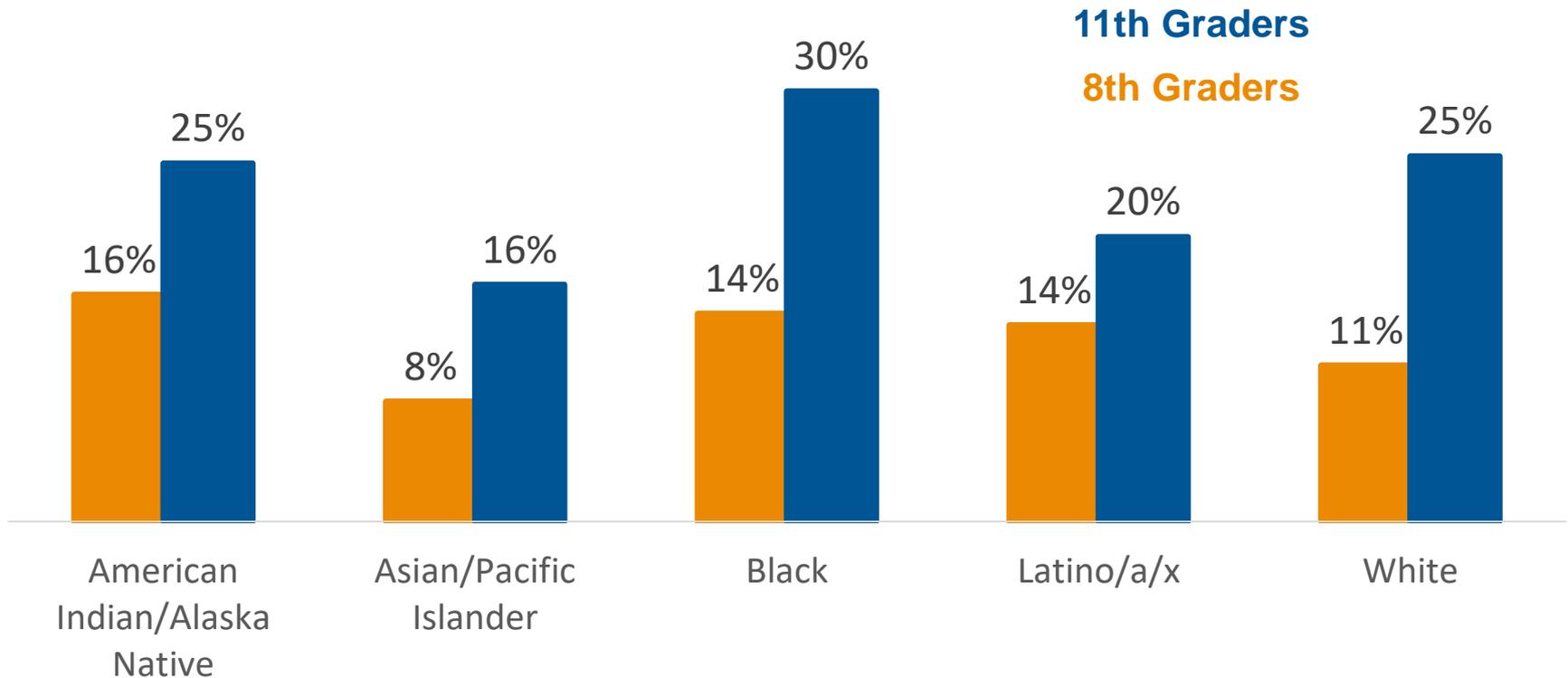
Percentage of teens who currently smoke cigarettes **and/or** use e-cigarettes



# Challenge: Youth Vaping Inequity

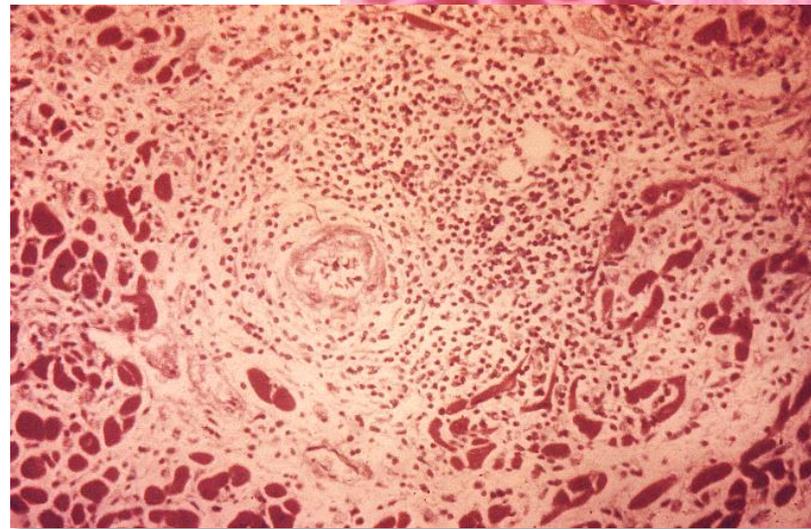
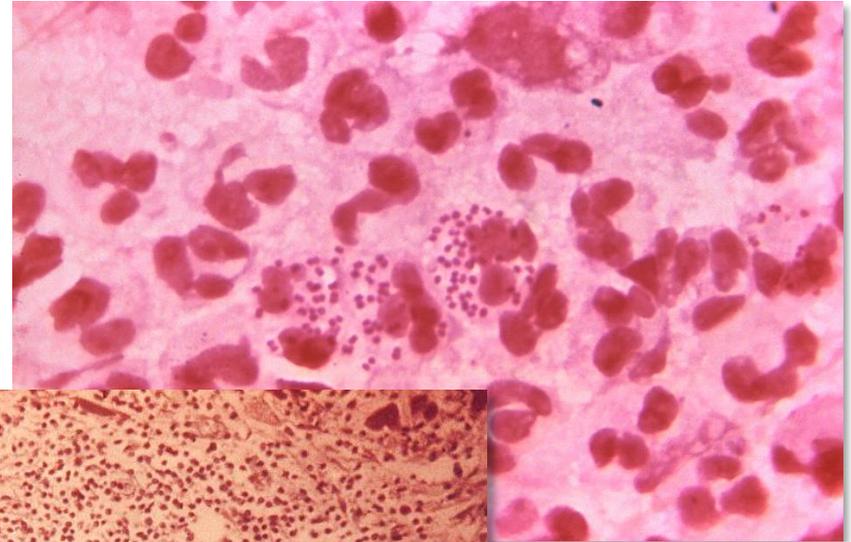
Percentage of teens who currently use e-cigarettes

- External factors (such as industry marketing) lead to different rates



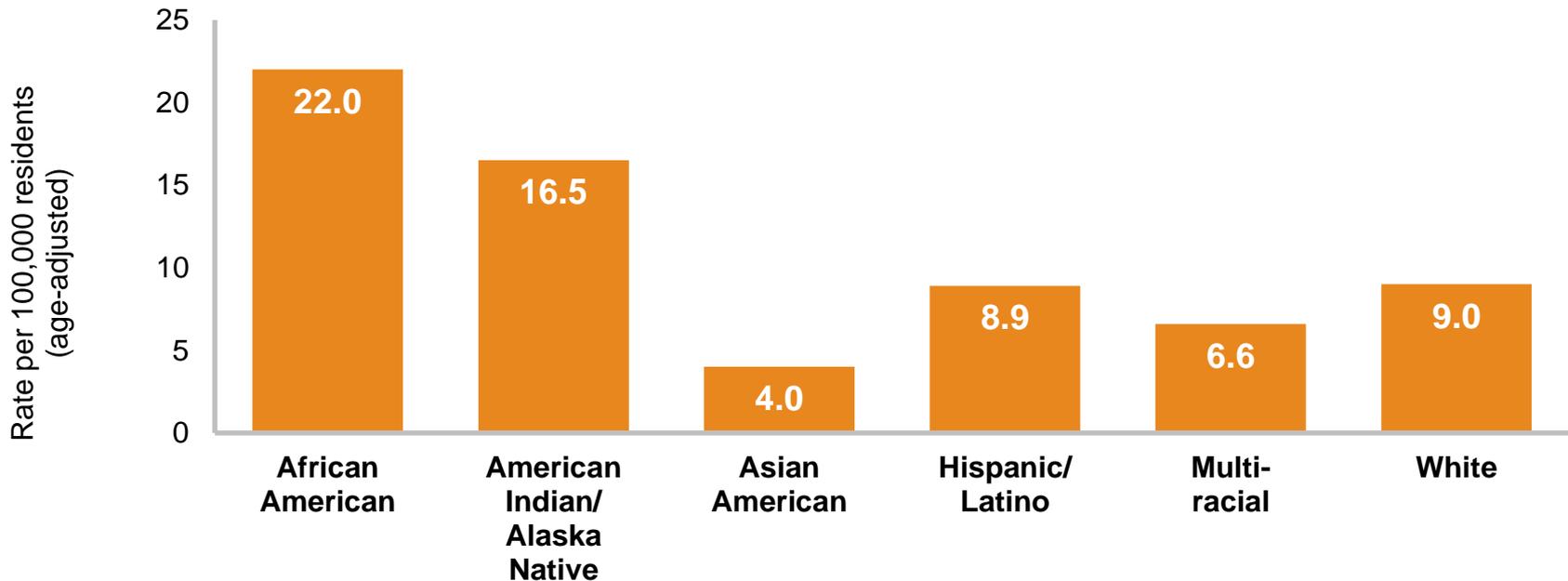
# Challenge: Sexually Transmitted Infections

- Gonorrhea
- Syphilis
- Chlamydia
- HIV
- Hepatitis B
- Human papillomavirus (HPV)

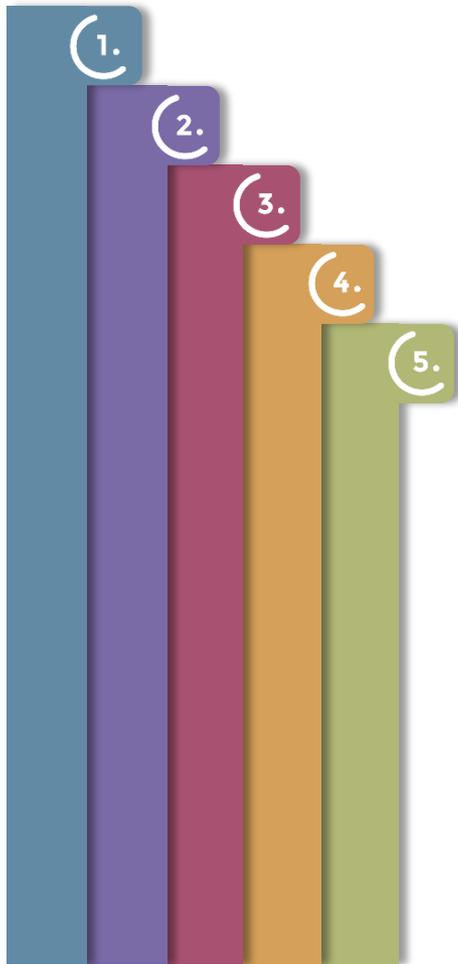


# Challenge: Chronic Hepatitis C Virus

Death Rate by race/ethnicity, Oregon, 2016–2018



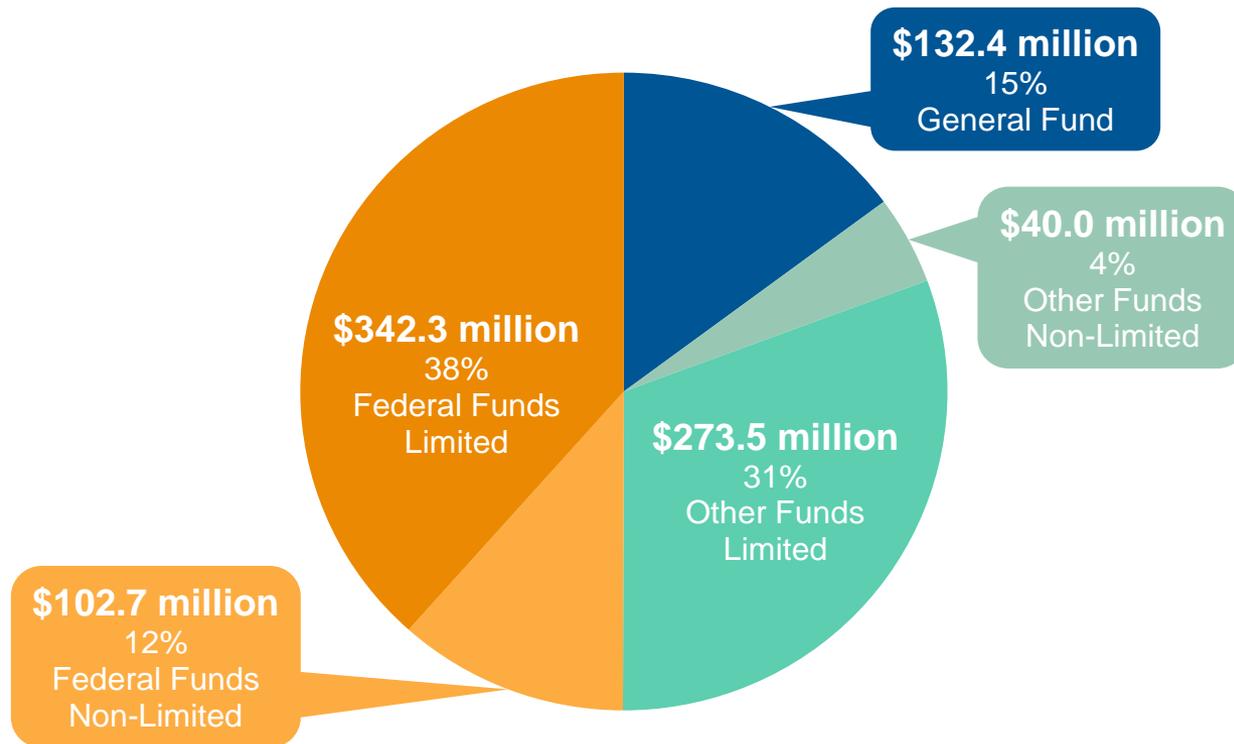
Source: Oregon Death Certificate Data. All other groups exclude Hispanic/Latino.



Why PHD  
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# 2021-23 Governor's Budget

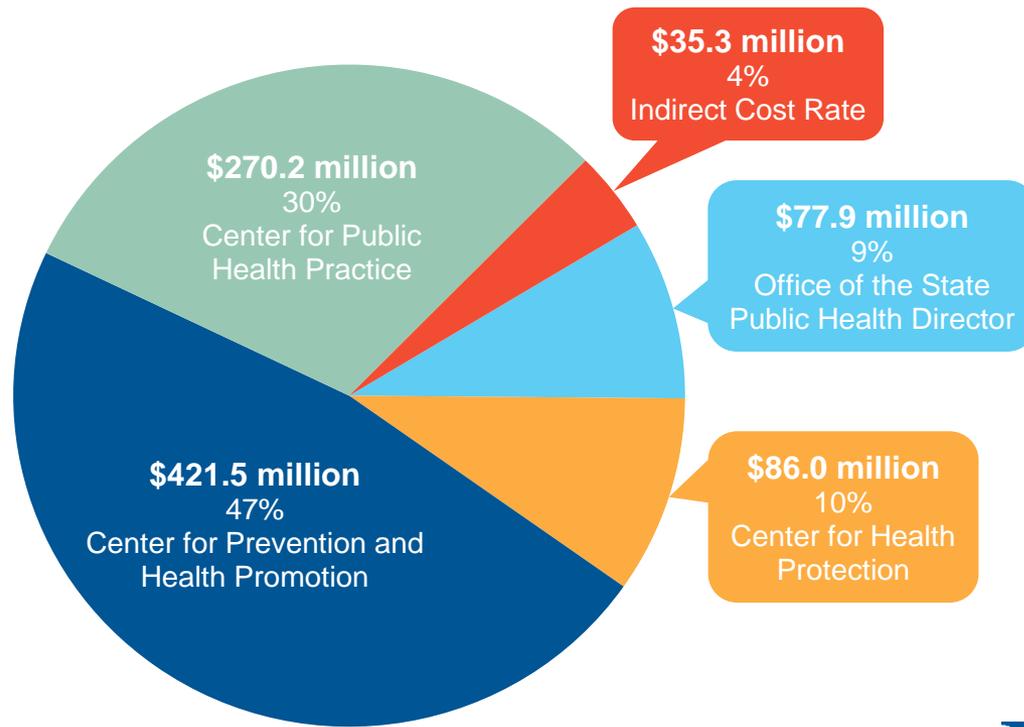
- Public Health by fund



# 2021-2023 Governor's Budget

- Public Health by division

\$890.9 million Total Funds



# PHD Major Program Changes 2019-21

## Additions

- Universally-offered Home Visiting
- Public Health Modernization Investment
- One-time funding to expand WIC Farm Direct Nutrition Programs
- Restoration of General Fund for State Support for Public Health
- Coronavirus Funding to address the pandemic

## Reductions:

- Reproductive Health
- Universally offered Home Visiting
- Contraceptive Care
- In-home Health Care Agency Inspections
- Patient Safety Commission
- Screenwise
- School-based Health Centers

# PHD Major Program Changes 2019-21

Source	General Funds	Coronavirus Relief Funds	Federal Funds 19-21	Federal Funds 21-23
General Funds	\$ 2,000,000			
Coronavirus Relief Funds OF		\$ 102,178,502	\$ -	
Crisis Co Ag			\$ 7,798,826	
Hospital Preparedness Program			\$ 1,791,968	
Epidemiology & Lab Capacity			\$ 96,302,257	\$ 298,325,980
Emerging Infection Program			\$ 2,784,000	\$ 1,363,093
Immunizations & Vaccines for Children			\$ 5,902,374	\$ 38,110,851
Environmental Public Health			\$ 101,030	
Housing Opportunities for Persons with AIDS (HOPWA)			\$ 373,704	\$ 373,704
Ryan White			\$ 166,220	
Injury and Violence Prevention			\$ 173,913	
Rape Prevention and Education			\$ 60,152	
<b>Total</b>	<b>\$ 2,000,000</b>	<b>\$ 102,178,502</b>	<b>\$ 115,454,444</b>	<b>\$ 338,173,628</b>

# 2021-23 Major Budget Drivers and Risks

## Budget drivers

- 10-year goal to eliminate health inequities
- COVID-19 pandemic response
- Climate Change
- Categorical Federal funding

## Risks

- Public Health infrastructure sustainability
- Decreasing local participation in PH programs

# PHD Major Program Changes 2021-23

## Additions

- Partnership with Community Based Organizations
- Measure 108: Tobacco Tax
- Measure 109: Psilocybin Services Act

## Reductions

- Nutrition & Health Screening WIC – Farmers Market Food Voucher Program
- Communicable Disease Surge Support
- HIV, STD, TB Administrative Support
- Oregon Cannabis Commission administrative costs

## Measure 108: Tobacco Tax

- Increases cigarette and cigar tax. 10% of revenues allocated for tobacco prevention and cessation
- Sets up tax on e-cigarettes and nicotine inhalant delivery devices
- increases capacity to eliminate tobacco related health inequities

	General Funds	Total Funds	Positions
Measure 108	\$0	\$33.01 M	3

## Measure 109: Psilocybin Services Act

- 2-year development period (January 1, 2021 – December 31, 2022) to adopt rules and regulations and establish an Advisory Board
- After development period, applications received and licenses issued
- 15% tax on retail sales of products for administration and enforcement

	General Fund	Total Funds	Positions
Measure 109	\$3.88 M	\$5.17 M	23

# POP 408: Tobacco Retail Licensure (HB 2071)

- Requires tobacco and inhalant delivery system (IDS) retailers in Oregon to obtain a license
- Retailer licensing fees and any civil money penalties for violations cover the cost of administration and enforcement of the license, including retailer education and yearly inspections
- OHA estimates there are 4,000 tobacco product and IDS retailers operating brick and mortar locations in the state
- The cost of an annual license is estimated to be between \$250-\$500 and would go into effect on January 1, 2022
- Equips OHA with new tools to educate retailers about tobacco laws and hold tobacco retailers that sell tobacco illegally to underage persons accountable
- Supports OHA’s goal to reduce the burden of tobacco-related disease and death across the state, especially among communities of color.

	General Funds	Total Funds	Positions
POP 408/HB 2071	\$0	\$2.08 M	12

# POP 417: Public Health Modernization (HB 2073)

Building on 2017-2021 investments to ensure the equitable distribution or redistribution of resources and power and recognize, reconcile and rectify historical and contemporary injustices

## Priorities:

- Strengthen and expand communicable disease and environmental health emergency preparedness, and the public health system and communities' ability to respond
- Protect communities from acute and communicable diseases through prevention initiatives that address health inequities
- Protect communities from environmental health threats from climate change through public health interventions that support equitable climate adaptation

	General Fund	Total Funds	Positions
POP 417/HB 2073	\$30 M	\$30 M	13

# POP 447: Board of Cosmetology Licensing Fees

- Increase to cover the cost of licensing and regulation to ensure public health and safety for people who receive services by cosmetology licensees
- Last fee increase was in 2011
- 66,000 licenses provided to hair, nails, barbering, natural hair care, and esthetics, as well as licenses that cover facilities and independent contractors

	General Funds	Total Funds	Positions
POP 447	\$0	\$1.6 M	0

# POP 448: Radiation Protection Services (HB 2075)

- Restructures X-ray device registration fee to “tube based”
- Initiates an X-ray vendor annual licensing fee and tanning registrant user fee cap increase
- Implements annual user fee increases for radioactive materials licensees
- Radiation Protection Services (RPS) is a 100% user-fee based regulatory program for 4200 facilities using 14,000 devices/sources
- Fees were last raised in 2014 for Radioactive Material Licensing and in 2015 for X-ray and Tanning
- Fee increases would allow RPS to continue protecting workers, patients & public from harmful radiation exposures

	General Funds	Total Funds	Positions
POP 448/HB 2075	\$0	\$1.4 M	3

## POP 449: Oregon Environmental Laboratory Accreditation Program

- Oregon Environmental Laboratory Accreditation Program (ORELAP) is statutorily mandated and accredits drinking water, environmental, and cannabis laboratories based on national standards to ensure laboratories are following federal and state regulations
- ORELAP is fee-based and is experiencing a budgetary shortfall
- ORELAP's current fees have not increased for in-state laboratories since the inception of the program in 1999

	General Fund	Total Funds	Positions
POP 449	\$0	\$896 K	0

# POP 450: Ambulance Licensing Fees

- PHD regulates both ambulance service agencies and vehicles to ensure safety
  - 136 licensed ambulance service agencies and 740 ambulance vehicles
- Funding would support current services levels, staff and operating costs
- Ensures prompt investigations of complaints against licensees
- Oversight activities directly improve the health and safety of all Oregonians by ensuring that ambulance service agencies and ambulance vehicles are safe and comply with current regulatory standards

	General Funds	Total Funds	Positions
POP 450	\$0	\$106 K	0

# POP 451: Home Health Licensing Fees (HB 2072)

- Increases licensing and renewal fees for Home Health Agencies (HHA)
- HHA provide skilled medical nursing services and other therapeutic services to patients in their homes
  - There are currently 68 licensed HHAs
- Fees would support the necessary regulation of these licensees and protect their vulnerable clients
  - Current fee levels no longer support the cost of the regular surveys and complaint investigations

	General Funds	Total Funds	Positions
POP 451/HB 2072	\$0	\$51 K	0

# POP 452: Respiratory Therapist and Polysomnographic Technologist Licensing Board Fees

- Increase to cover the cost of licensing and regulation to ensure public health and safety for people who receive services by respiratory therapists and polysomnographic technicians
- Last fee increase in 2012
- 2,200 licenses in respiratory care and polysomnography

	General Funds	Total Funds	Positions
POP 452	\$0	\$232 K	0

## POP 453: Prescription Drug Monitoring Program Fee Increase (HB 2074)

- Proposes a \$10 fee increase for each licensed provider type named in statute, increasing the fee from \$25 to \$35 per license
- Recent legislation has significantly increased the program's scope, and program services have grown significantly, requiring additional staff
- \$25 fee has remained the same since establishment of the program in 2009

	General Funds	Total Funds	Positions
POP 453/HB2074	\$0	\$658 K	0

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**Thank You**

The logo for the Oregon Health Authority is centered within a light blue, rounded rectangular background. The word "Oregon" is written in a smaller, orange, serif font above the "Health" portion of the word "Health". The word "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right side of the "y" in "Authority".

**Oregon**  
**Health**  
**Authority**

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