Public Health Modernization

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Center for Prevention & Health Promotion Adolescent, Screenwise & Reproductive Health Adolescent & School Health	OREGON HEALTH AUTHORITY - Public Health Division Rachael Banks, MPA, Public Health Director	 Office of the State Public Health Director Equity ○ Culturally-Specific Strategies ○ Susteme Integration
 ScreenWise Maternal & Child Health Home Visiting Informatics Oral Health Title V Health Promotion & Chronic Disease Prevention Early Hearing Detection and Intervention Early Hearing Detection and Intervention Sassesment & Evaluation Health Promotion Programs Community Program Cancer Registry Asthma Program Cancer Registry Asthma Program Cancer Registry Asthma Program SyNAR Program (tobacco purchases) Vendor Management Alcohol/Drug Prevention Core Injury & Violence Prevention Core Injury & Violence Prevention Core Injury Data Tracking and Policy Suicide, Overdose & Firearm Injury Data Youth Suicide Prevention Carce Prevention Coregon Trauma Registry and EMS Data System Alcohol and Other Drug Prevention ER/F 	lysis Operations opliance Immunization Enforcement Policy and Outreach gram Support Training/Customer Service n Psilocybin Services IIS Operations CY Vaccine Supply Program	 Systems Integration Health education and wellbeing Field Operations Special populations Regional supports Finance Budget development Position management Grants management Special Payments Contracts Operations Workforce development Business innovation Facilities Performance management Systems Integration Health education and wellbeing Policy and Partnerships Legislative Policy and Administrative Rules Strategic Initiatives Local and Tribal Public Health Community Engagement Program Design & Evaluation Services Institutional Review Board Science and Evaluation Interoperability

Modernized framework for public health





Public health modernization milestones



Legislative investment in public health modernization, 2017-2023

2017-19 \$5 million	2019-21 \$10.6 million	2021-23 \$45 million	Total 2021-23 Investment
→ OHA: \$1.1	→ OHA: \$3.1	→ OHA: \$8.7	OHA: \$12.8
LPHAs: \$3.9	► LPHAs: \$6.4	► LPHAs: \$23.1	LPHAs: \$33.4
	Tribes: \$1.1	Tribes: \$3.3	Tribes: \$4.4
		L CBOs: \$10	CBOs: \$10

Building infrastructure through public health workforce



More than 300 positions being funded through local public health modernization funds*



New staff positions:

- Communicable disease > 80
- Environmental health > 30
- Foundational capabilities > 20 —

Assessment/epidemiology = 16
 Health equity/cultural responsiveness = 14
 Communications = 12
 Community partnership development = 12
 Policy and planning = 12
 Other = 7



*Includes positions funded in part or in full.

Investment in public health means prevention

Communicable disease control

- Support to long-term care facilities, child care and schools with outbreak prevention measures
- Seasonal flu vaccinations

Emergency preparedness and response

- Community emergency preparedness
 toolkit education
- Disability community-specific emergency response training and exercises (e.g., wildfires and extreme weather)

Environmental health

- Data collection to identify communities at greatest risk for adverse extreme heat outcomes
- Public health representation on local land use planning
- Proactive health education messaging about wildfire smoke in multiple languages
- Messaging related to the impact of wildfire smoke during pregnancy and beyond



A modern system at work: Using REALD and SOGI data to address mpox

- Data showed excess burden among gay, bisexual and other men who have sex with men, especially in the Latino/a/x community
 - Data directly guided vaccination distribution, events, and communications
 - Guidance and educational materials immediately available in both English and Spanish, with 13 other languages made available shortly after.
- REALD/SOGI data published on data dashboard for the first time during an outbreak
- Existing CBO partnerships led to quick reprioritization of work plans for community engagement and access to mpox vaccines



Legislative request for 2023-2025



Governor Kotek's Recommended Budget includes <u>additional \$50 million</u> for public health modernization

- A public health system equity plan that will eliminate health inequities by ensuring state investments are directed upstream and addressing inequities in communities of color, tribal and rural communities.
- A statewide public health workforce plan
- A workforce that meets geographic and culturally specific priorities
- Consistent messaging in public health emergencies, including ensuring language access and cross-jurisdictional alignment



Community-specific approaches to public health work

Inequities in COVID-19 vaccination rates have lessened between May 2021 and December 2022 for Tribal communities and communities of color.

How to interprete:

Vaccination rate measured in % of people with one dose.

- x = the relative ratio of vaccination rate of each rarest group compared to the statewide vaccination rate.
 - A ratio of 1.00x means that there is no difference.
 - A ratio > 1.00 means that the vaccination rate of the rarest group is higher than the statewide vaccination rate. A ratio < 1.00 means that the vaccination rate of the rarest group is lower than the statewide vaccination rate.

Statewide vaccination rate in May 2021 was 58.3%.

The Hispanic or Latina/o/x community had <u>0.78x</u> the Statewide rate. The American Indian/Alaska Native had <u>0.80x</u> the Statewide rate. The Black/African American had <u>0.88x</u> the Statewide rate. Statewide vaccination rate in December 2022 was 86.4%.

The Hispanic or Latina/o/x community had <u>0.95x</u> the Statewide rate. The American Indian/Alaska Native had <u>0.87x</u> the Statewide rate. The Black/African American had 1.12x the Statewide rate.





Complex public health issues require comprehensive and lasting solutions

Early syphilis has increased over 13x among women in Oregon since 2013







Thank you

