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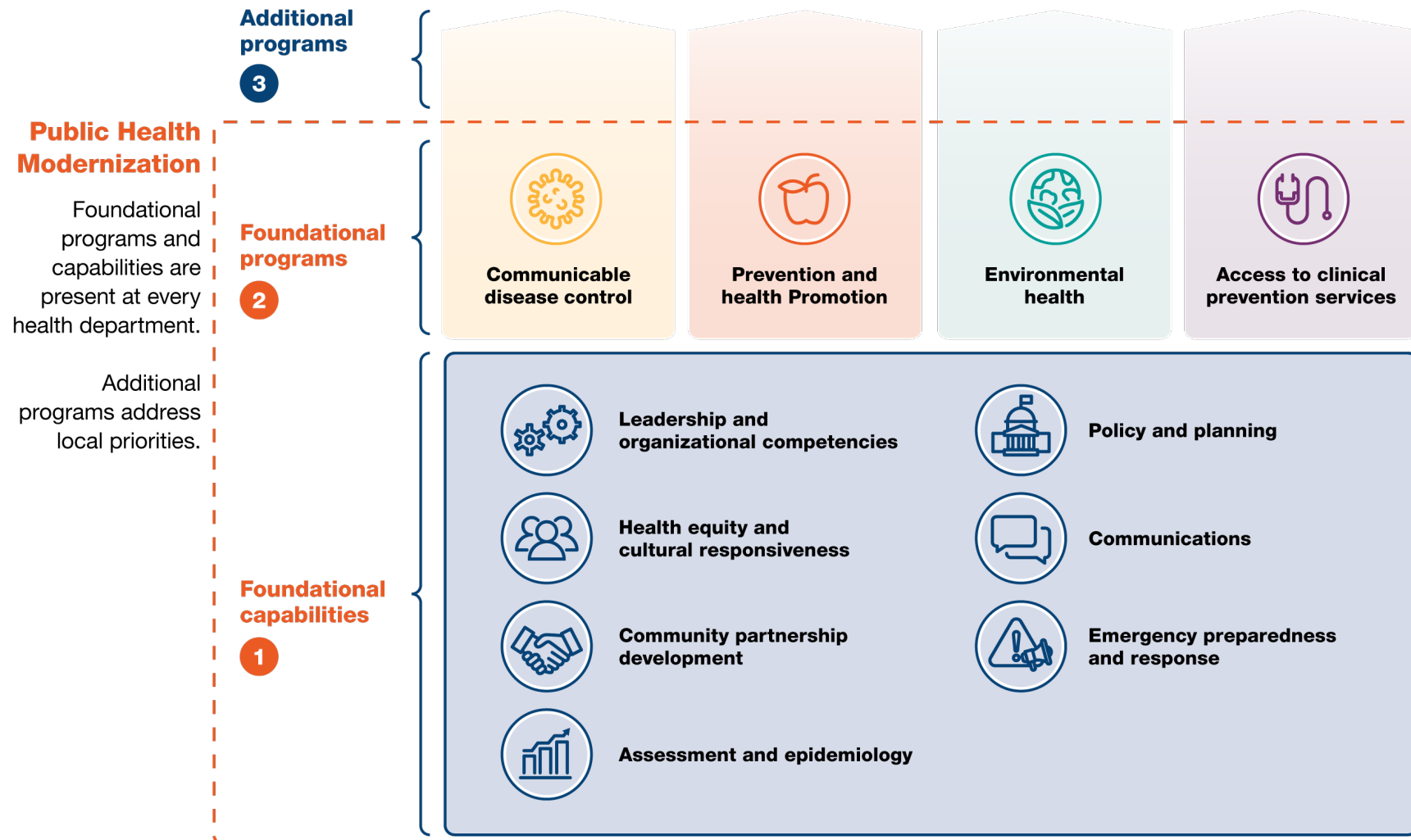
April 14, 2025

Public Health Modernization Funding

Presentation at the request of the
Joint Ways and Means
Subcommittee on Human Services

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A modern public health system



Statutory requirements for Public Health Modernization (PHM)

- Based on recommendations from the 2014 [Task Force](#) on the Future of Public Health Services.
- Enacted through House Bill 3100 (2015)
 - ORS 431.131 Foundational capabilities... *necessary to protect and improve the health of the residents of this state and to achieve effective and equitable health outcomes for the residents of this state*
 - ORS 431.141 Foundational programs... *to administer public health services in this state.*
 - ORS 431.380 Distribution of funds... *to build an equitable funding structure across governmental public health authorities and build in levers to increase accountability for funding.*

Task Force recommendations



Adopt Foundational Capabilities and Programs in order for Oregon's **public health system to function efficiently and effectively.**



Identify significant, sustained state funding for the governmental public health system



Implement Foundational Capabilities and Programs **statewide in waves.**



Allow flexibility for local public health to operationalize the Foundational Capabilities and Programs through a single county structure; a single county with shared services; or a multi-county jurisdiction.

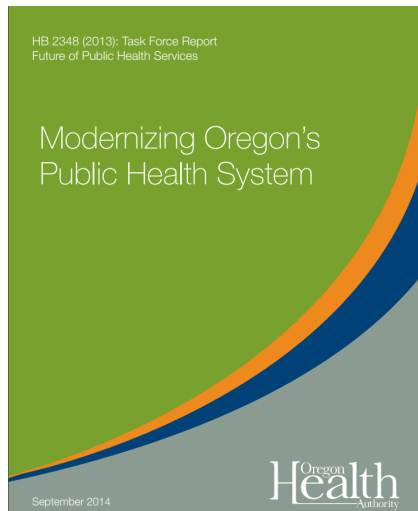


Structure improvements and changes in the governmental public health system **around state and local metrics that are established and evaluated** by an enhanced Public Health Advisory Board.

Public Health Modernization milestones

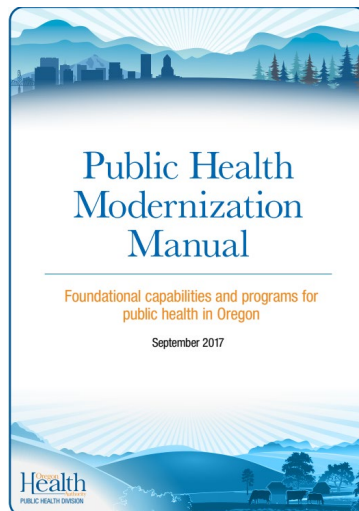
2013-15

Oregon Legislature passes House Bill 2348



2015-17

Oregon Legislature passes House Bill 3100



2017-19

Oregon Legislature allocates \$5 million for public health modernization

2019-21

Oregon Legislature allocates additional \$10 million



2021-23

Oregon Legislature allocates additional \$45 million

2023-25

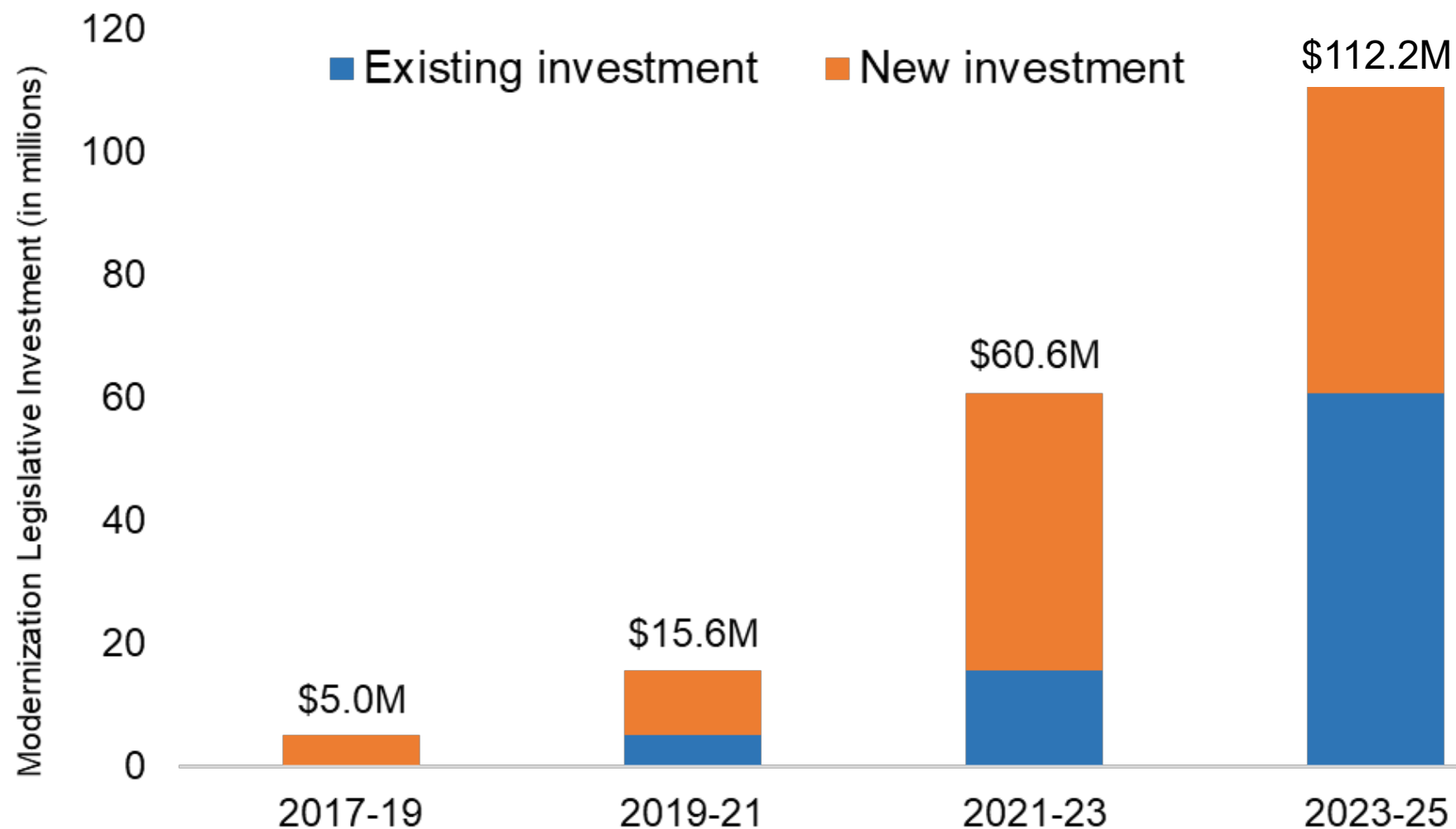
Oregon Legislature allocates additional \$50 million



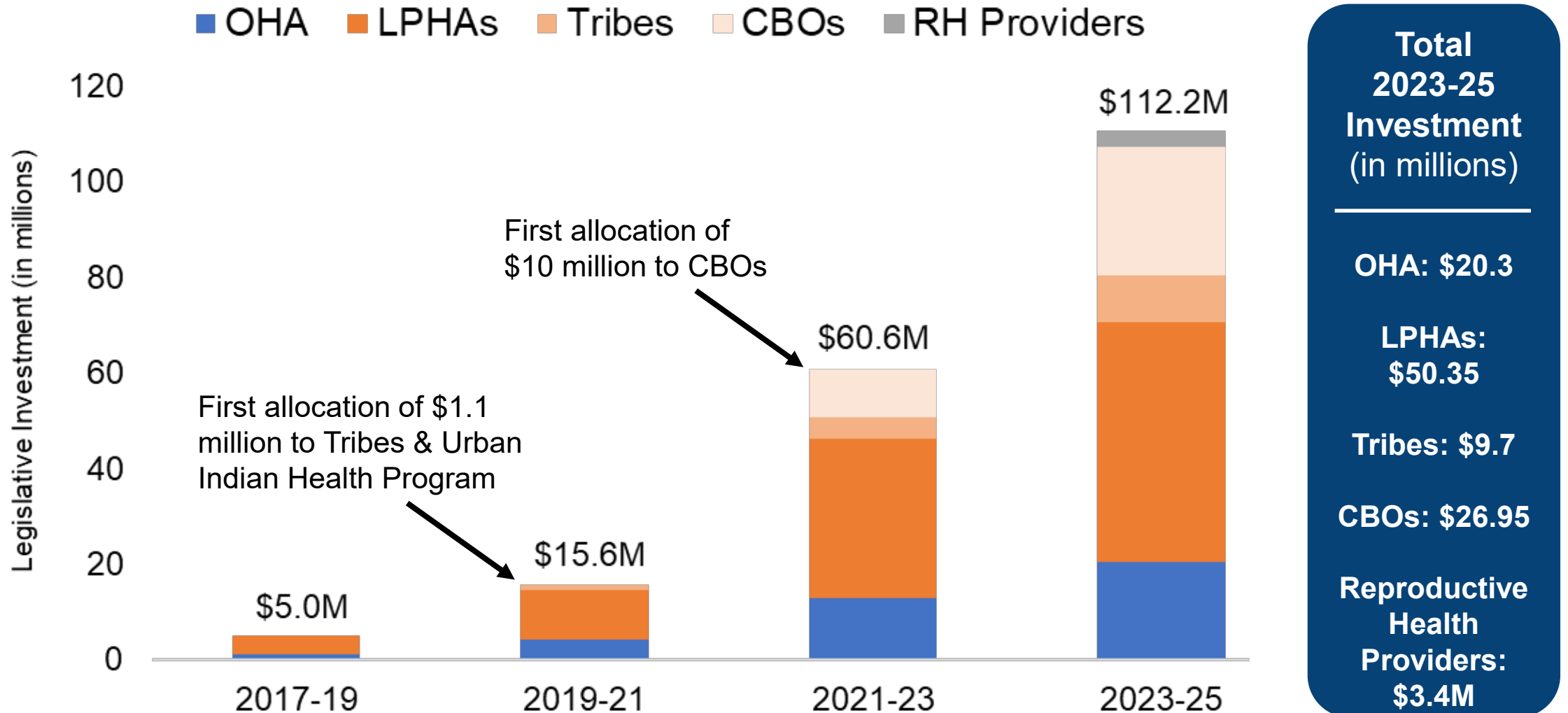
Public Health Modernization biennial reporting requirements to Legislative Fiscal Office

- **ORS 431.380**
 - Updated local public health authority funding formula
 - An estimate of the costs needed to implement foundational capabilities and foundational programs
- **ORS 431.139**
 - Amount of funds received, how funds have been allocated to LPHAs, and level of work funded
 - Progress toward meeting accountability metrics
 - Public Health Advisory Board (PHAB) recommendations for implementing foundational capabilities and foundational programs based on state funds received

Legislative investment in Public Health Modernization over time, 2017-2025



Legislative investment in PHM by partner type, 2017-2025 (in millions)



Local Public Health Authority funding formula

Modernization funding allocated to LPHAs
based on funding formula developed by PHAB:

**Base funding
(94% of funds)**

Equal
floor
funding

Socio-
demographic
indicators

**Matching funding
(5% of funds)**

Eligible if
maintain or
increase

Only if 5%
increase in
LPHA funding

**Incentive funding
(1% of funds)**

Based on # of
process
measures met

Only 1%
because
a pilot

PHAB accountability metrics framework

State and Local Partners All Have a Role in Improving Health.

<i>Collective responsibility across sectors and partners</i>	<i>OHA and LPHA responsibility</i>
Health Priorities	Public Health Data, Partnerships and Policy
<p>Indicators of health outcomes:</p> <p>What are priority health issues throughout Oregon?</p> <p>Which groups experience disproportionate harm?</p> <p>How are policies contributing to or eliminating root causes of health inequities?</p>	<p>Measures of foundational capabilities:</p> <p>Are public health authorities increasing capacity and expertise needed to address priority health issues?</p> <p>Are public health authorities better able to provide core public health functions within their community?</p>

Oregon public health shows improvements through accountability metrics

2023-30 accountability metrics for public health modernization funding

Sexually transmitted infections	<ul style="list-style-type: none">• Rate of congenital syphilis• Rate of any stage syphilis among people who can become pregnant• Rate of primary and secondary syphilis
Vaccine preventable diseases	<ul style="list-style-type: none">• Two-year old vaccination rate• Adult influenza vaccination rate
Extreme heat and wildfire smoke	<ul style="list-style-type: none">• Emergency department and urgent care visits due to heat• Hospitalizations due to heat• Heat deaths• Respiratory (non-infectious) ED and urgent care visits

Note: a portion of funding to LPHAs is based on improved performance for the metrics listed above.

Baseline measures and 2030 goals

2023-25 accountability metrics		Baseline (2023/2024)	2030 goal
Sexually transmitted infections	Rate of congenital syphilis	78.3/100K live births	39.2/100K
	Rate of any stage syphilis among people who can become pregnant	77.2/100K	65.0/100k
	Rate of primary and secondary syphilis	19.2/100K	16.3/100k
Vaccine preventable diseases	Two-year old vaccination rate	68%	80%
	Adult influenza vaccination rate	47%	60%
Extreme heat, wildfire smoke	ED and urgent care visits due to heat	1.79 heat-related illness visits/1M visits	50% reduction
	Hospitalizations due to heat	69 heat-related hospitalizations	60% reduction
	Heat deaths	8 total deaths	70% reduction
	Respiratory ED and urgent care visits	1.63 respiratory illness visits/10K visits	20% reduction



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2023-2025 Accomplishments: **The path to achieving the new** **accountability metrics**



Local Public Health Authority

2023-2025 Accomplishments

Building infrastructure through investments in 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

Local Public Health Authority investments support



More than 100 positions at LPHAs to directly work within communicable disease control and environmental health programs, and more than 300 staff total to support implementation of PH modernization across foundational capabilities and programs.



Development and implementation of **climate resilience plans that support local actions** for climate adaptation.



Local interventions to improve immunization rates.



All hazards preparedness plans, developed with community partners, to equip communities for wildfires, extreme heat and other emergencies and center communities most at risk.

Local Public Health Authority investments support



Implementation of local or regional health equity plans.



Improvements to local public health data collection, analysis and reporting to allow better quality information to inform the plans listed above.



New and expanded partnerships with community organizations that **ensure public health programs are created with and for communities** who are most affected by health inequities.

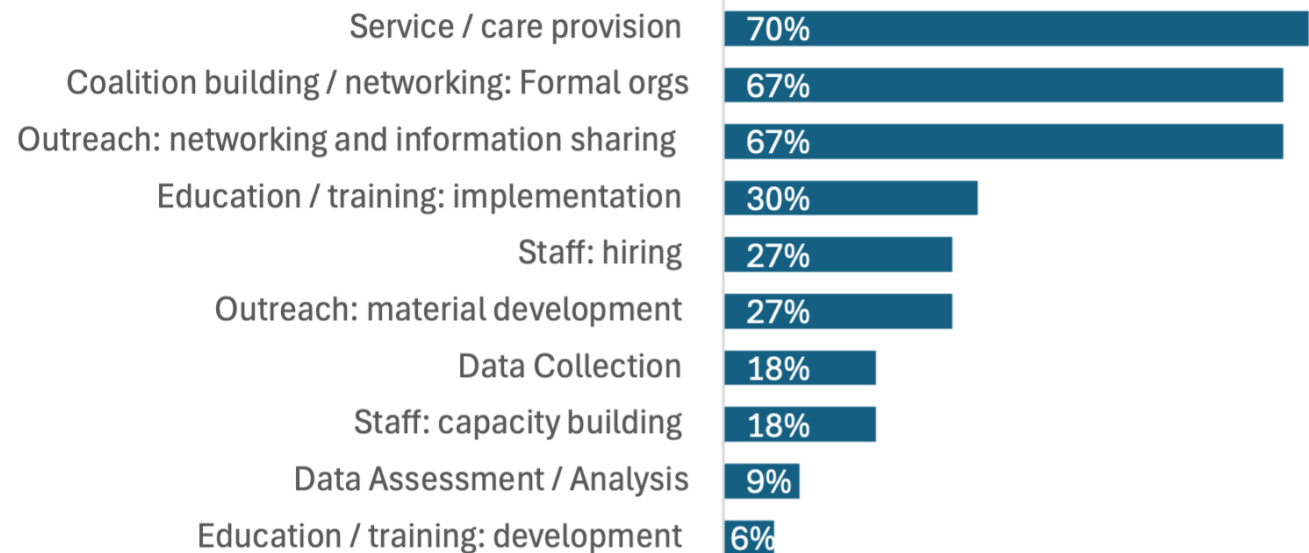


Sustained partnerships for infection prevention and control in congregate settings such as in long-term care facilities, jails, shelters or childcare facilities, to prevent disease transmission in these settings.

Progress Goal 1: Protect communities from acute and communicable diseases through prevention initiatives that address health inequities.

- LPHA's are using a **multipronged** approach to accomplish goal 1 with an average of 3.5 approaches per LPHA
- **External facing activities** such as service/care provision, coalition building and networking, and outreach are the top 3 most frequently used approaches

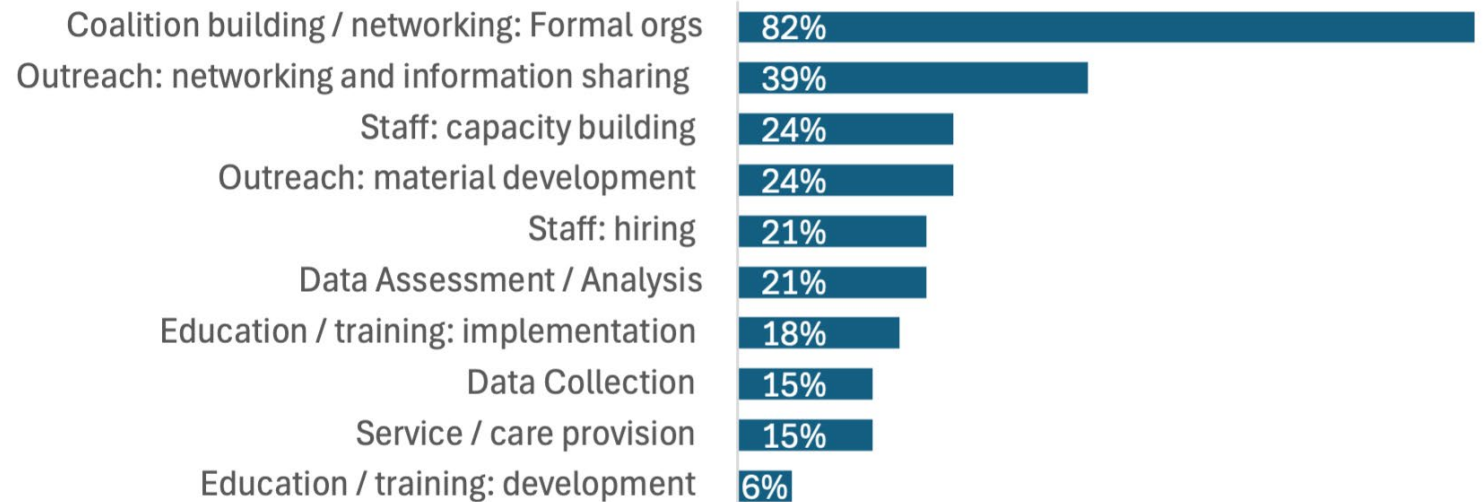
Activities Conducted to Protect Communities from Acute & Communicable Diseases through Prevention Addressing Health Inequities



Progress Goal 2: Strengthen and expand communicable disease and environmental health emergency preparedness

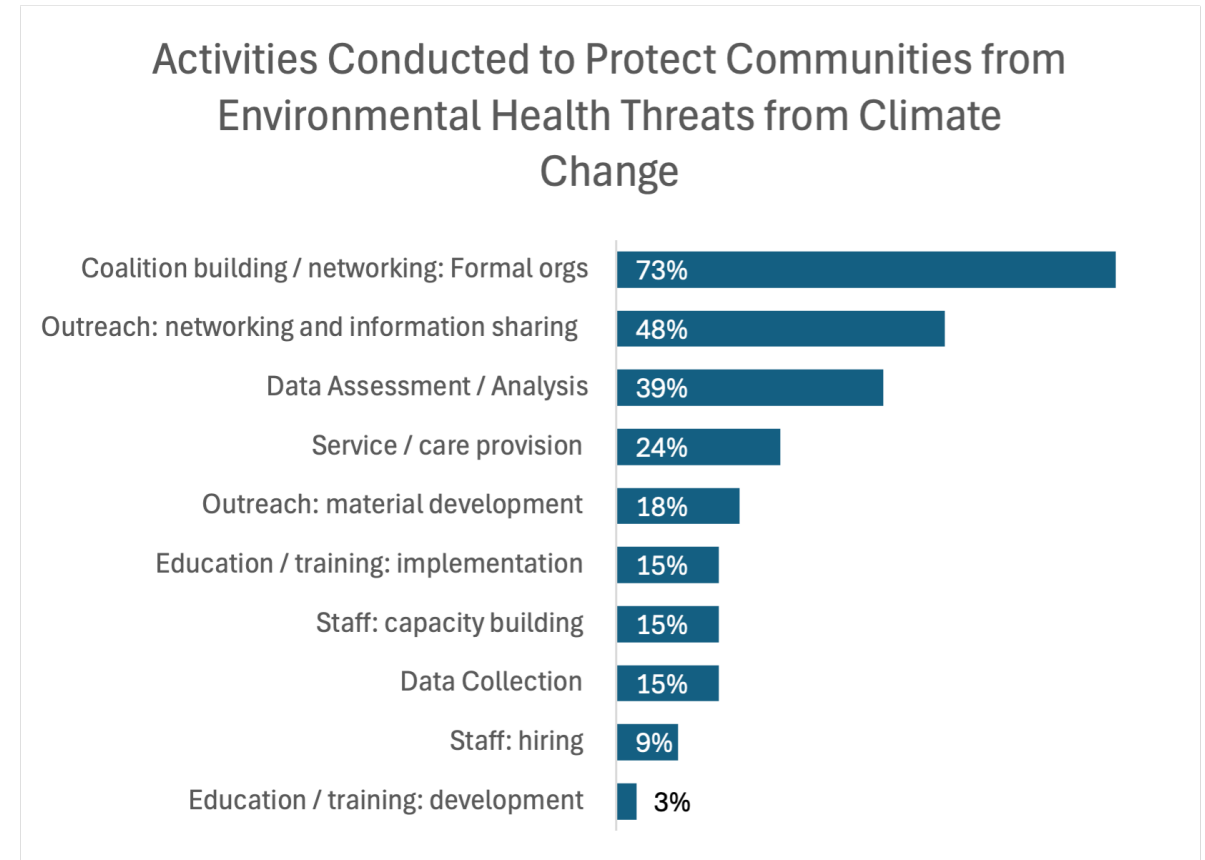
Majority (82%) are using funds to **build relationships** between formal organizations like CBO's and state government by networking, attending meetings, engaging partners, or offering partner trainings

Activities Conducted to Strengthen & Expand Communicable Disease & Environmental Health Emergency Preparedness



Progress Goal 3: Protect communities from environmental health threats from climate change through public health interventions

- External relationship building with both **formal organizations** and outreach with **community members** account for the top 2 activities
- Over one third (39%) of LPHA's are conducting **data assessment or analysis** to make progress on goal 3





Federally Recognized Tribes and Urban Indian Health Program 2023-2025 Accomplishments

Tribes and Urban Indian Health Program investments support



Building and sustaining public health infrastructure, including through strategies to develop and enhance partnerships among Tribal communities and with the broader community and LPHAs.



Enhancing population-level data collection and improve Tribal access to data to support health improvement planning, emergency response and planning, and climate resilience planning.



Increased Tribal health and community member readiness for public health and other climate-related emergencies.



Building Tribal public health capacities and provide quality public health services, including establishing a public health department or seeking national public health accreditation, if desired.



The Northwest Portland Area Indian Health Board is also funded to provide Tribal-specific technical assistance and training to support implementation of PHM funded Tribal efforts.

With PHM funding, Tribes and UIHP implemented...



Mobile vaccination events hosted in partnership with LPHAs, CCOs, and other local organizations



Regional partnerships to support community health needs assessment and community health improvement planning



Tribal health staff training to support public health emergency response functions



Community-Based Organizations 2023-2025 Accomplishments

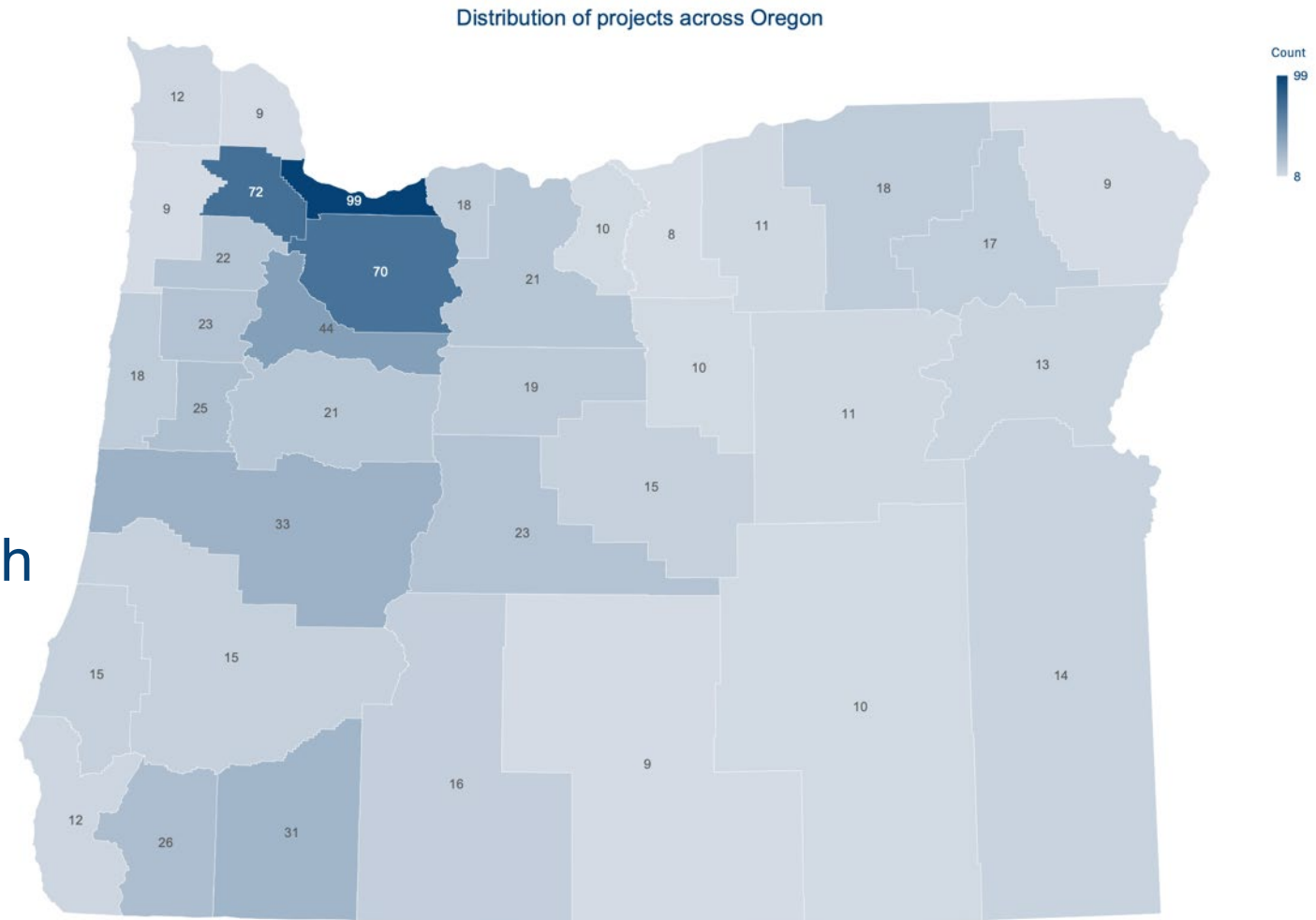
Nearly 200 Community Based Organizations funded...

- 196 CBOs funded
- 41% of CBOs funded for more than one program area
- 1.7 = Average number of funded program areas per CBO

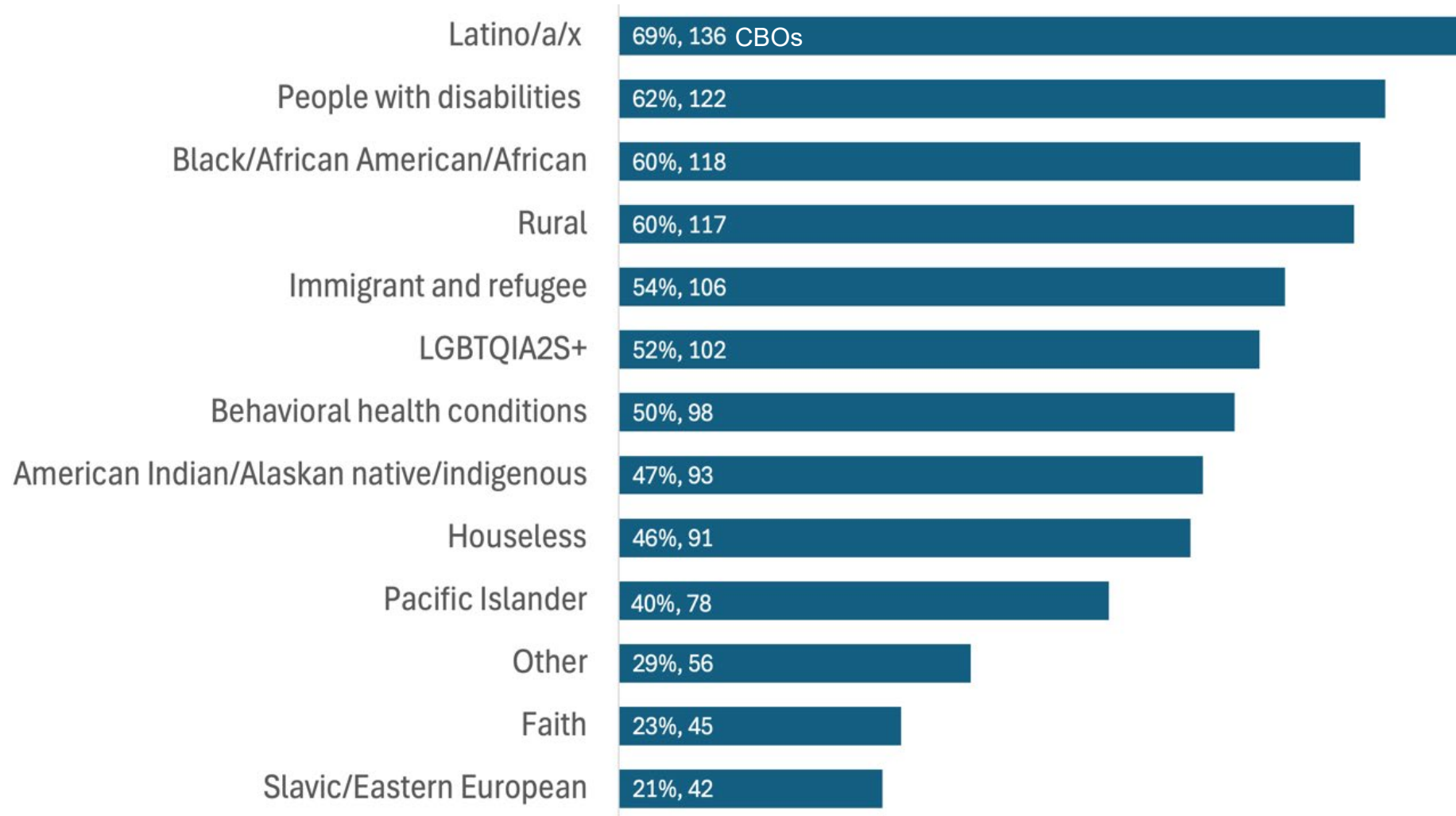
Program Area	Number of Grantees
Commercial Tobacco Prevention	97
Environmental Health and Climate Health	76
Emergency Preparedness	68
Communicable Disease Prevention	52
Adolescent and School Health	19
Overdose	5
Well Water	4
Mpox	3

Serving all counties in Oregon...

- Counties with highest number of grantees:
 - Multnomah County: 99 grantees
 - Washington County: 72 grantees
 - Clackamas County: 70 grantees
- Average number of counties each grantee works in: 4.1
- 6 grantee organizations worked statewide



Across many priority populations



With PHM funding, CBOs carried out...

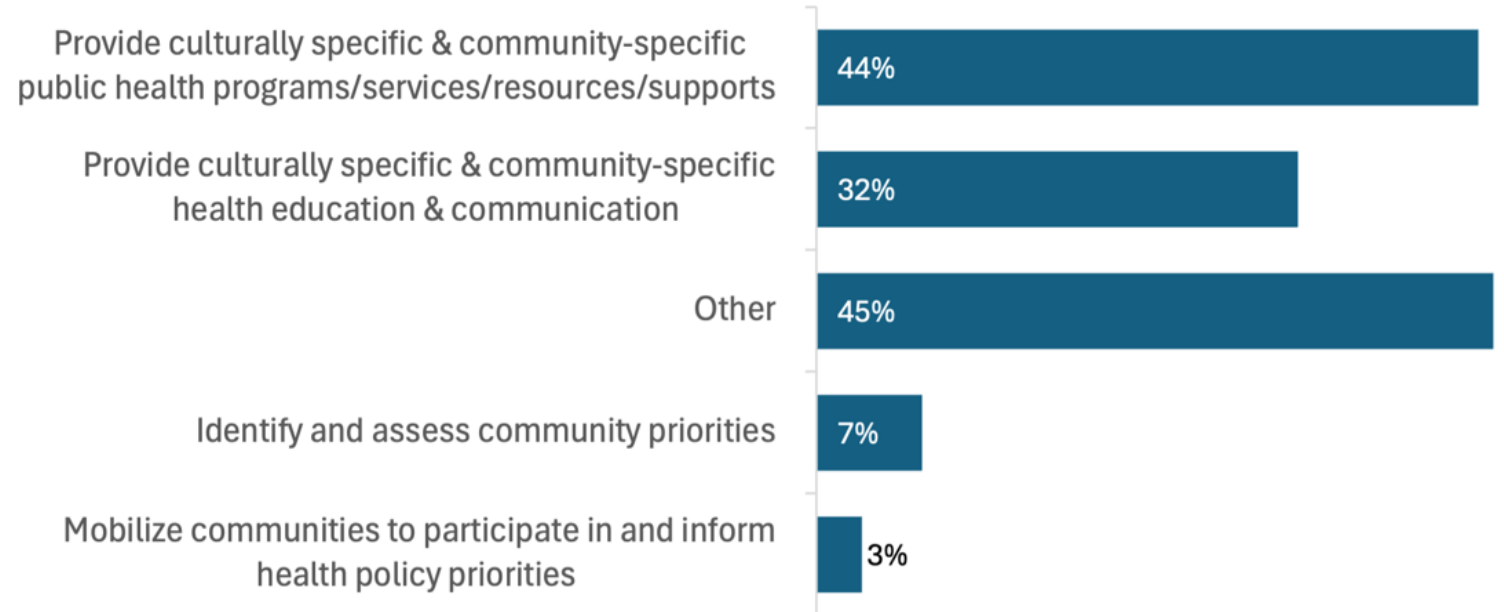
782

Events held by Modernization
funded CBOs

175,907

people reached at events

Primary purpose or outcome of the event (single select)



Percentages do not add to 100% because reporting question was multi-select.



Oregon Health Authority 2023-2025 Accomplishments

Capacity for communicable disease control



Epidemiologist who prepares analyses of climate change and water-borne health impacts



Regional epidemiologists who respond to disease outbreaks and provide surge capacity



Updated system for accountability metrics to ensure investments improve health outcomes

Technology infrastructure and data collection



Maintenance and upgrades to software and hardware for data systems



BRFSS, Student Health Survey and community-center data systems support



Business innovations, workforce development



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Cost and Capacity Assessment

Assessment components

Assessment included data collection on the following:



Current
spending



Cross-
jurisdictional
sharing

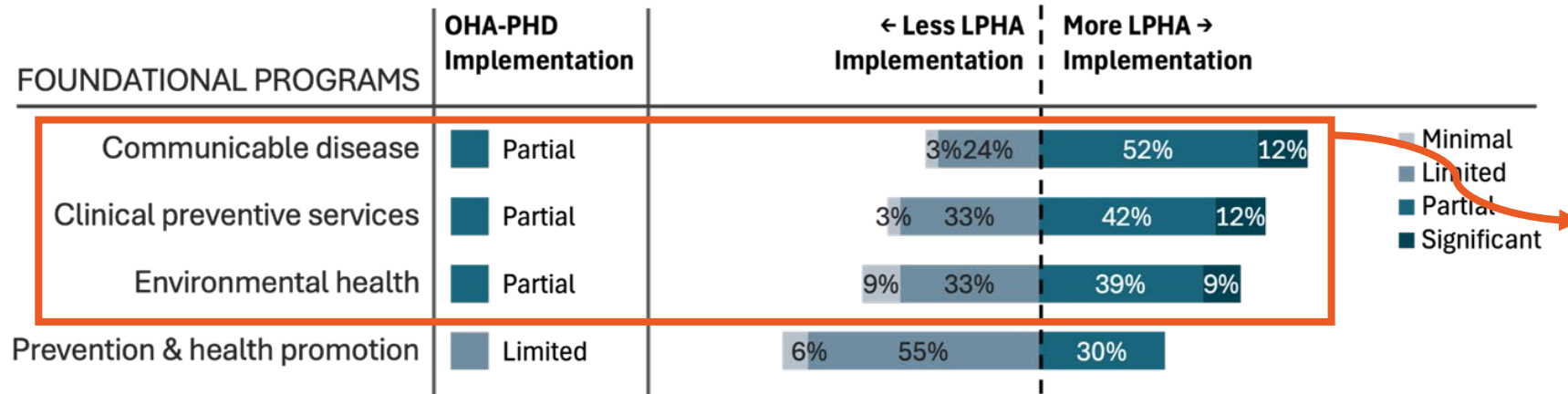


Current workforce
capacity and
expertise



Needed
resources for full
implementation

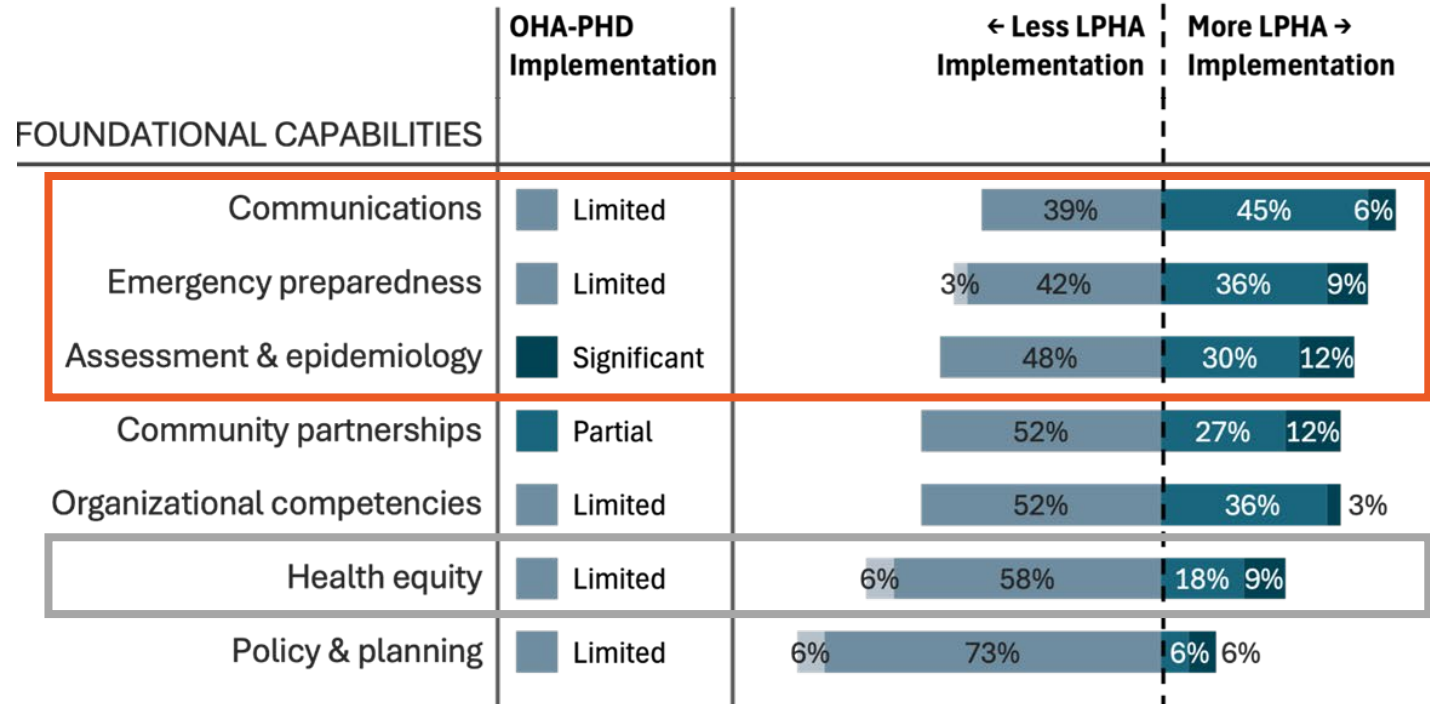
Implementation level across foundational programs (LPHA N=30)



Highest capacity and expertise in foundational programs that have received long-term investments from the Oregon Legislature.

Does not total 100% due to missing data.

Implementation level across foundational capabilities (LPHA N=30)

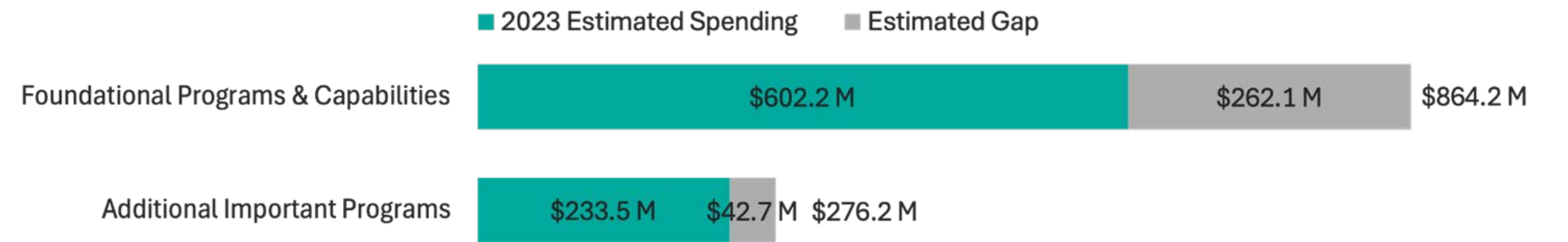


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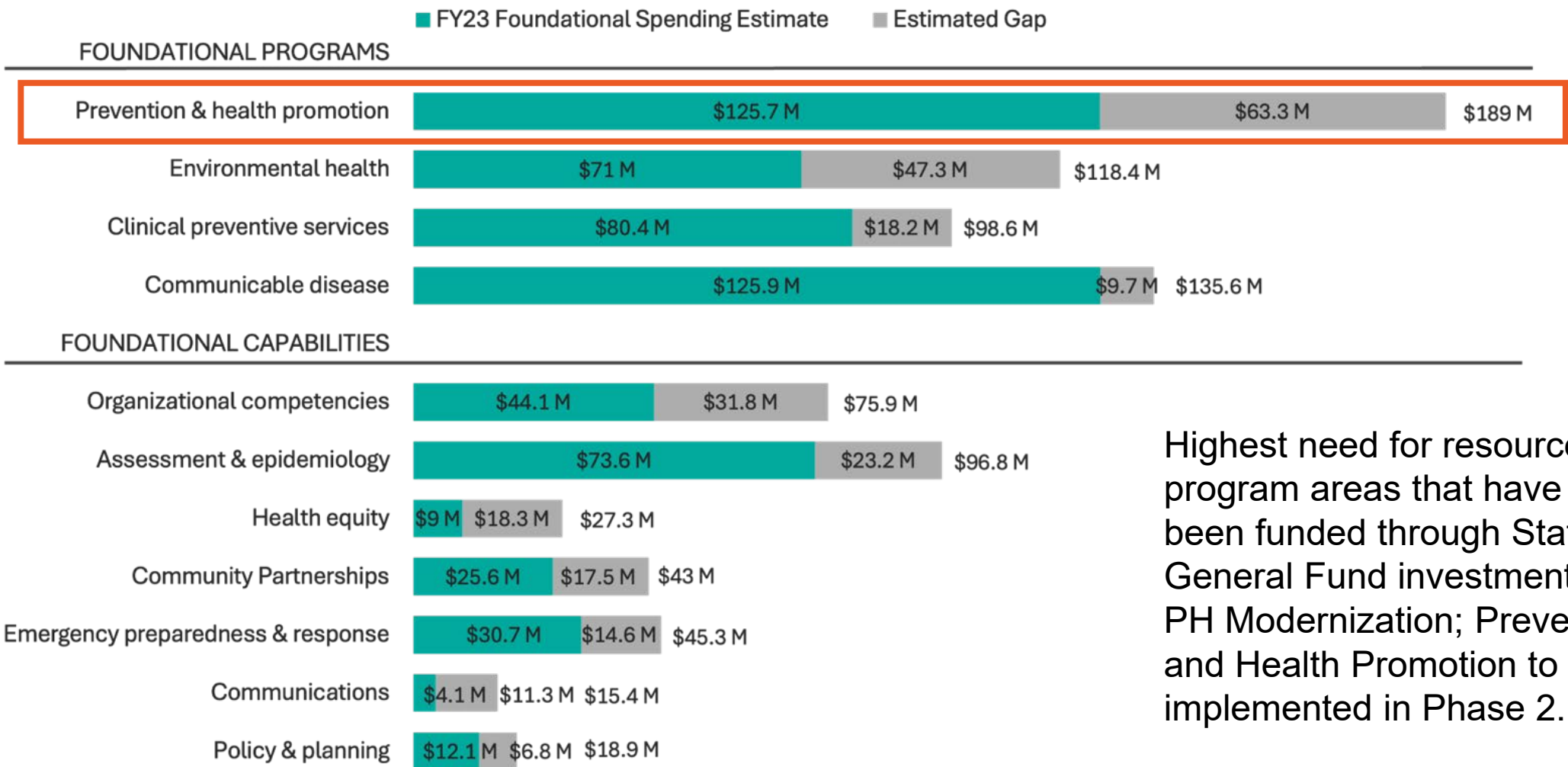
Highest capacity and expertise in foundational capabilities that have received long-term investments from the Oregon Legislature.

Lower implementation for health equity capability likely reflects a more nuanced understanding of what is required to meaningfully advance health equity in Oregon.

Estimated annual foundational public health and additional important programs spending, gap, and total implementation



Estimated annual spending, gap in resources, and total implementation cost by FC and FP ordered by gap in resources (LPHA N=30)



Highest need for resources in program areas that have not been funded through State General Fund investments in PH Modernization; Prevention and Health Promotion to be implemented in Phase 2.

Continued funding request (2025-2027)

Proposal:

- Increase the ability of local partners to support vaccine clinics in critical settings, such as long-term care facilities.
- Enhance culturally-specific outreach to increase vaccination rates among 2-year-olds and communities who have access to fewer resources.
- Increase investments to federally recognized Tribes for traditional and modern approaches to communicable disease control

Request: increase investment in Public Health Modernization

General Fund: \$2,000,000 (disbursed to OHA partners)
Total Funds: \$2,000,000

Desired outcomes:

By 2030:

- Increase 2-year-old vaccination rates from 68% to 80%.
- Increase adult influenza vaccination rates from 47% to 60%.

Thank you!

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