Oregon Health Authority Public Health 2015 – 2017 Governor's Budget

Presented to the Human Services
Legislative Subcommittee on Ways and Means
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Oregon Health Authority

OHA Public Health

- Founded in 1903 to respond to infectious diseases
- Today: Population-based approach to promote health and prevent disease, reaching Oregonians where they live, work, play and learn
- Ensuring a safe public health environment for almost 4 million Oregonians
- 2015–2017 budget: **$528.7 million**
- Positions/FTE: **715/695.35**

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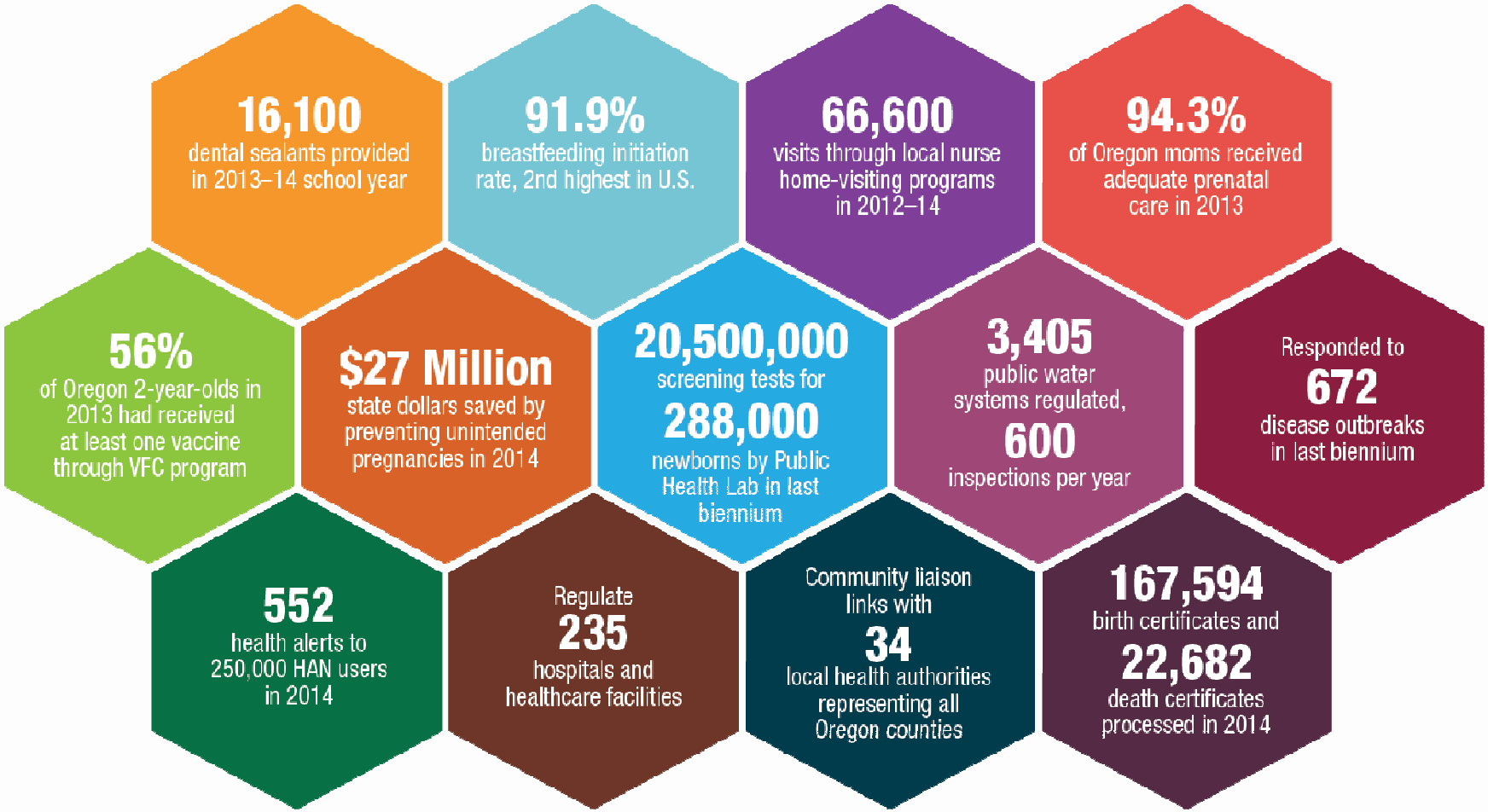
Public Health Results



Oregon Health Authority

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

2015–2019 Strategic Plan goals

1. Improve quality of life and increase years of healthy life
2. Promote and protect safe, healthy and resilient environments
3. Strengthen public health capacity to improve health outcomes
4. Integrate our work with healthcare system transformation

Science and Evaluation State Epidemiologist
Policy and Planning
Communications
Oregon Health Authority
Office of the
State Public Health Director
State Health Officer & Deputy Director
Performance Management
Fiscal and Program Support
Community Liaison
Center for Health Protection
Health Care Regulation and Quality Improvement
Oregon Medical Marijuana Program
Radiation Protection
Environmental Public Health
Drinking Water
Center for Prevention and Health Promotion
Adolescent, Genetic and Reproductive Health
Maternal and Child Health
WIC Program
Health Promotion and Chronic Disease Prevention
Injury and Violence Prevention
Center for Public Health Practice
Acute and Communicable Disease Epidemiology
Immunization
HIV, STD and TB Prevention
Center for Health Statistics
Oregon State Public Health Library
Health Security, Preparedness and Response

2015–2020:
State health improvement plan priorities

- Prevent and reduce tobacco use*
- Reduce harms associated with substance use*
- Slow the increase of obesity*
- Improve oral health
- Prevent deaths from suicide
- Eliminate the burden of vaccine preventable diseases
- Protect the population from communicable diseases

- * Based upon the Epidemiology

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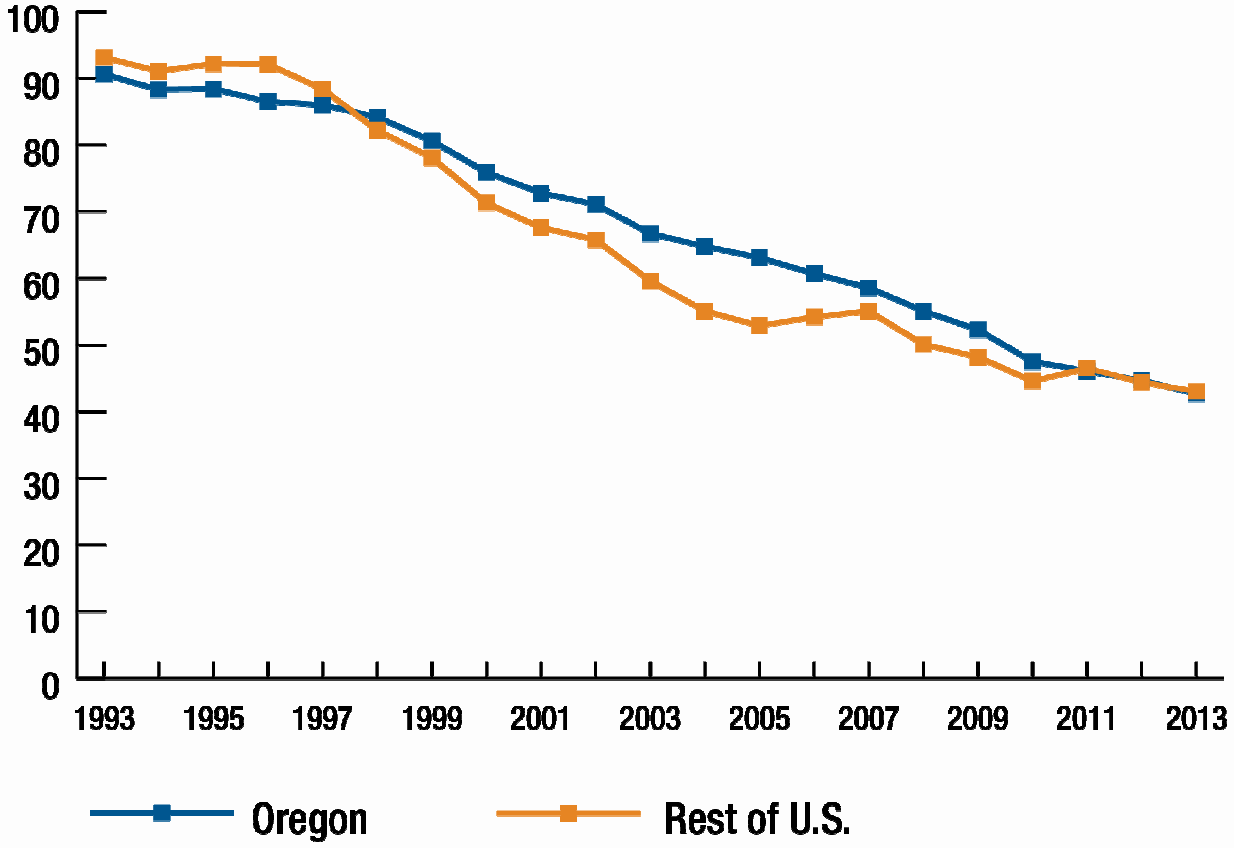
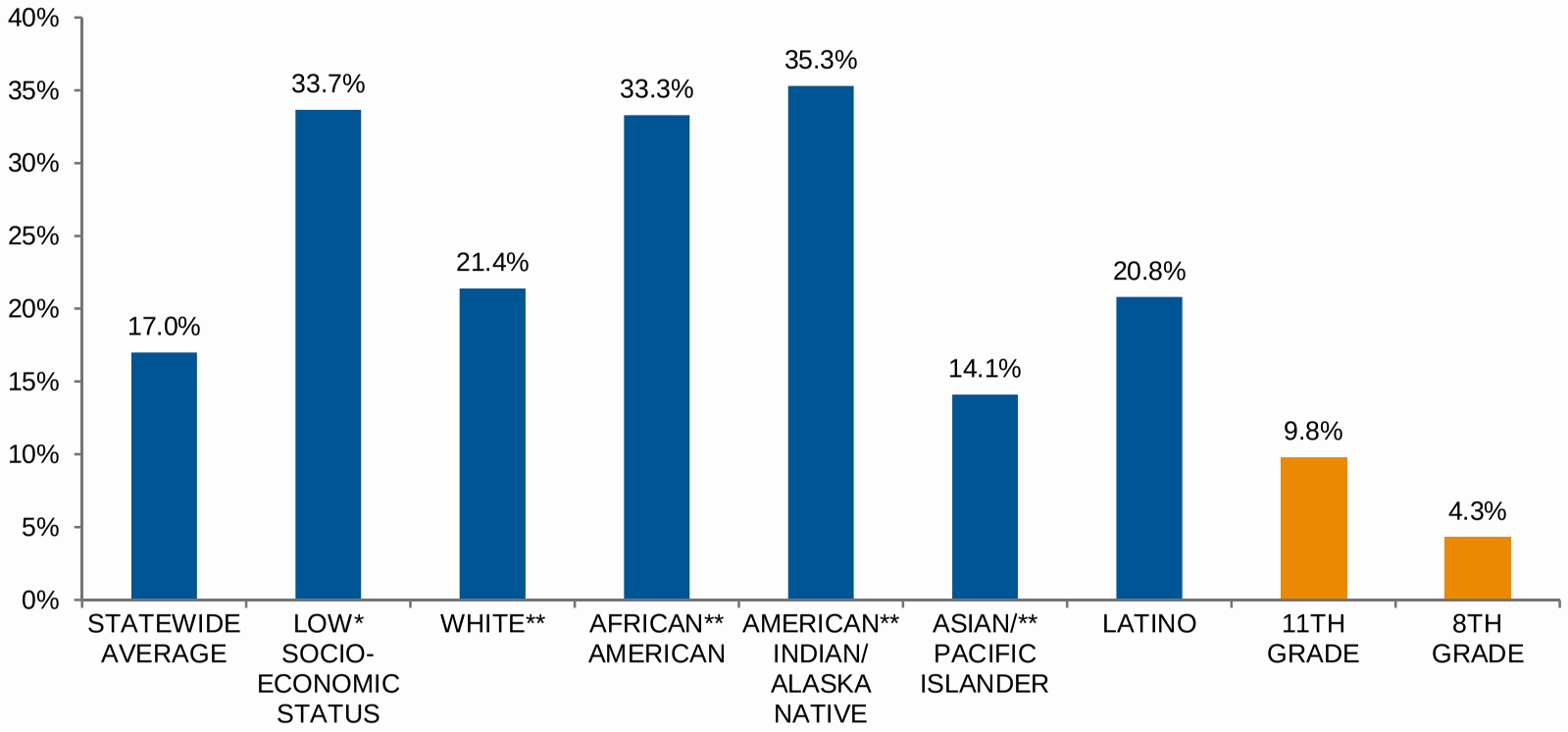
Prevent and reduce tobacco use

Per capita cigarette pack sales, Oregon vs. rest of United States, FY 1993 through 2013



Orzechowski and Walker (2013). The Tax Burden on Tobacco.

Percentage of Adult Oregonians who smoke among various groups, and teen smoking rates



Slow the increase of obesity

- **More than 100** Women, Infants and Children (WIC) clinics statewide
- Vouchers for healthy foods, including fruits and vegetables given to **167,000 participants**

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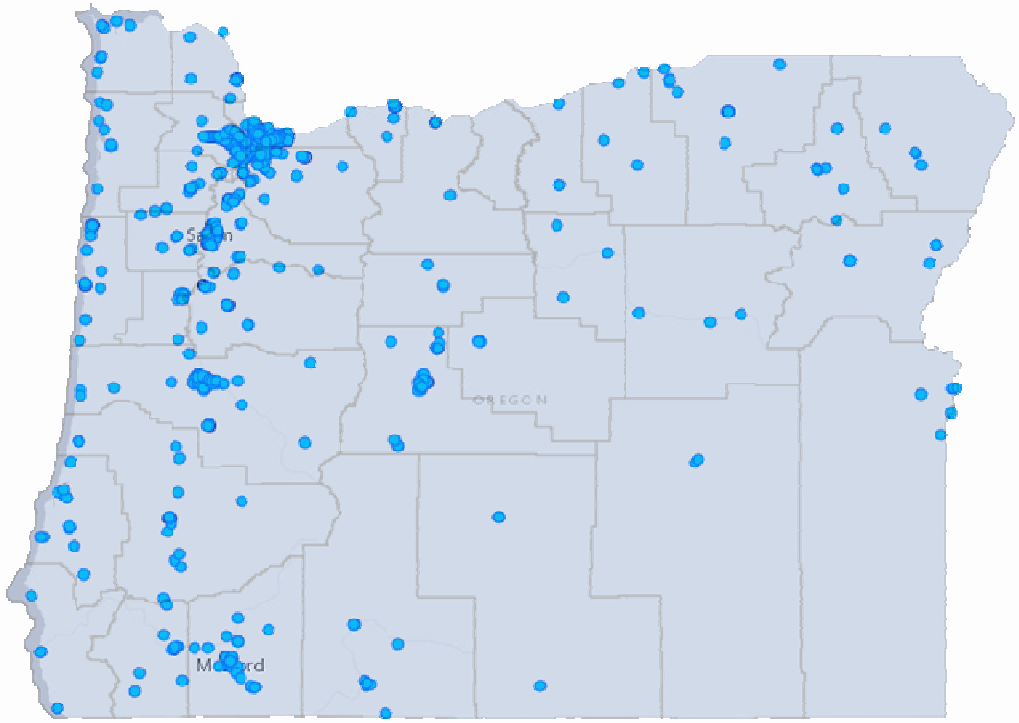
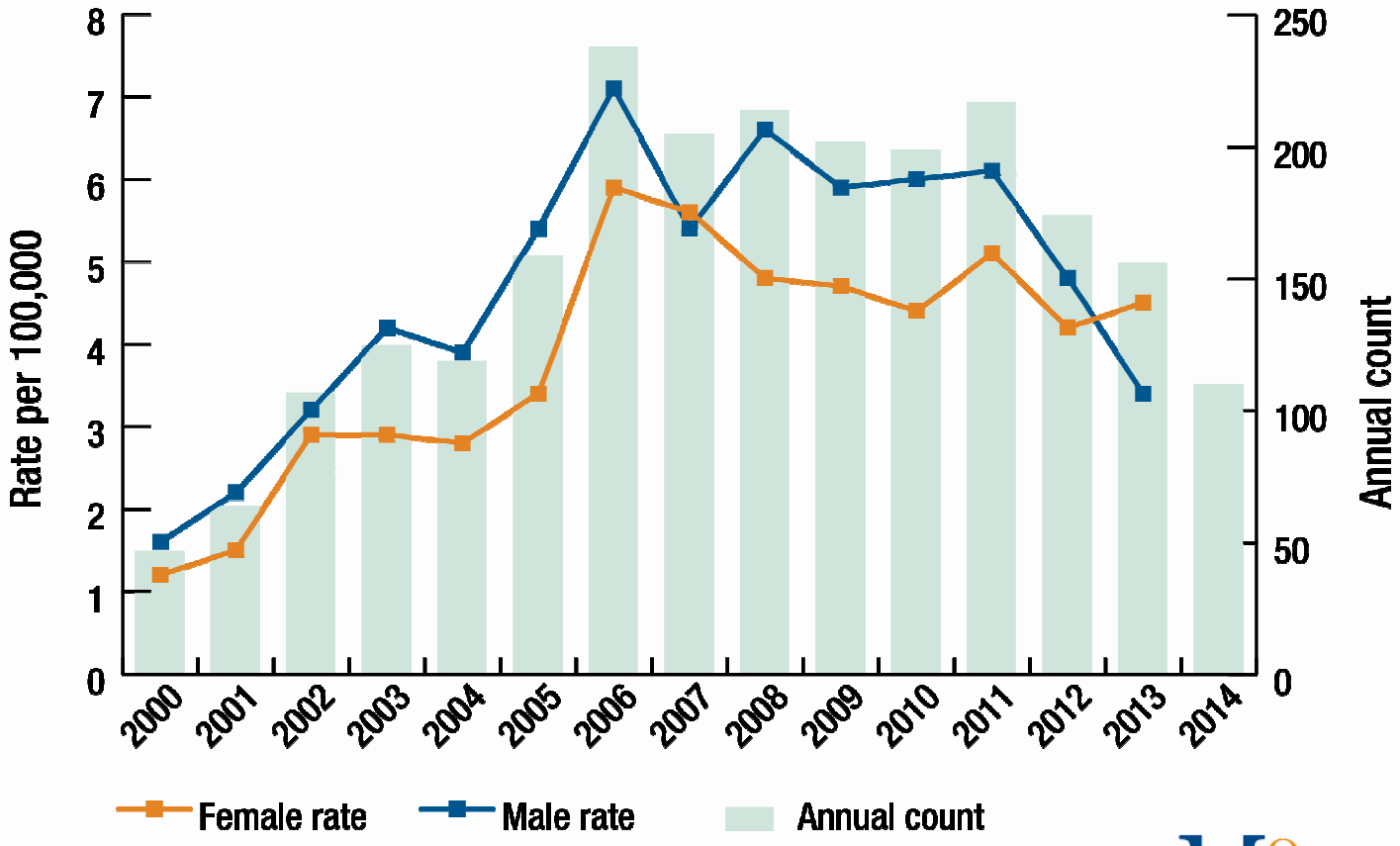
WIC Retailers in Oregon

- **A total of $64.7 million** spent annually at over **550** local grocery stores, corners stores and pharmacies across Oregon
- Farm Direct Nutrition Program provides **$1.1 million** in support to local farmers



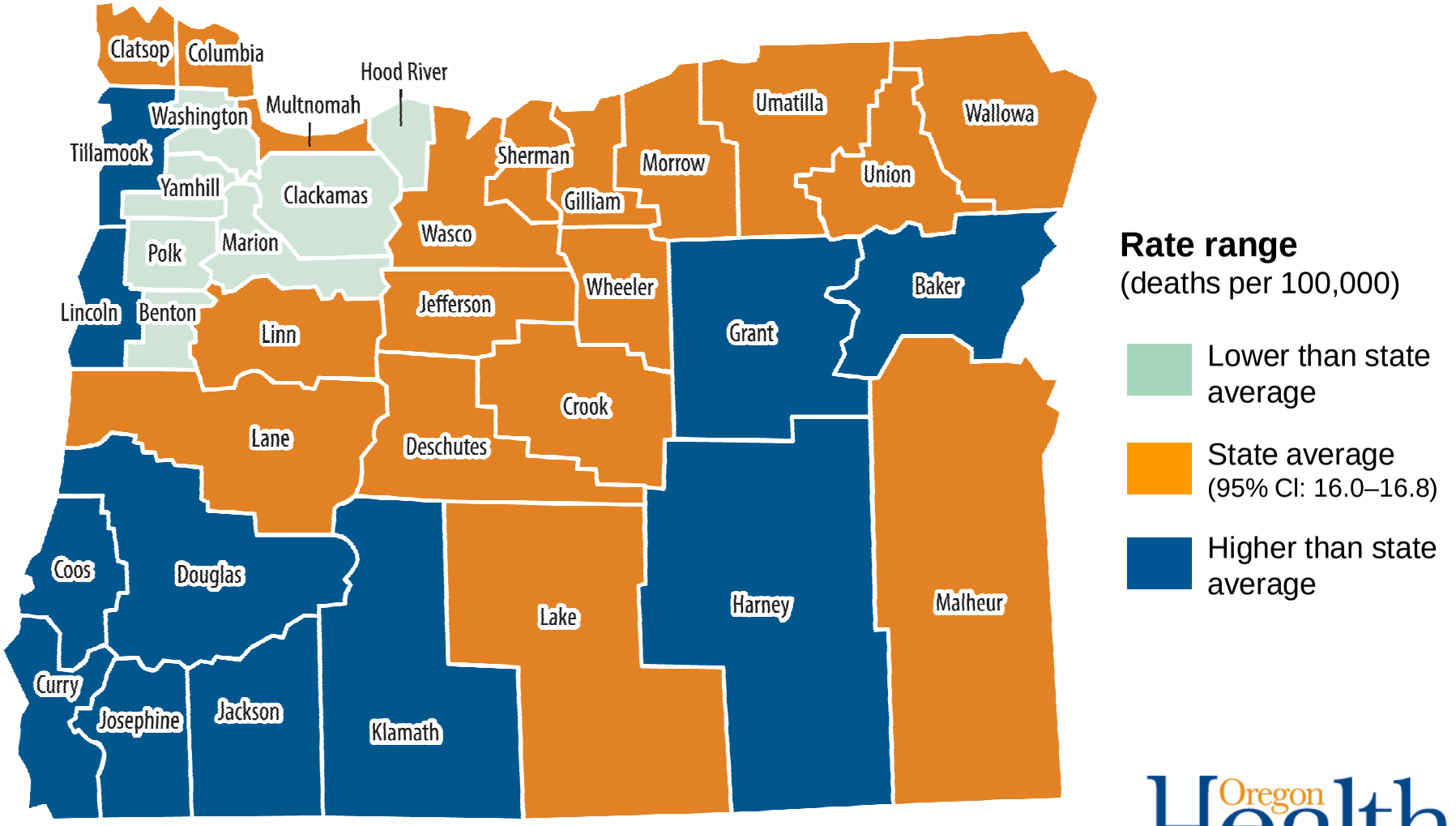
Reduce substance abuse health issues

Unintentional and undetermined prescription opioid poisoning deaths and death rates, Oregon 2000-2013



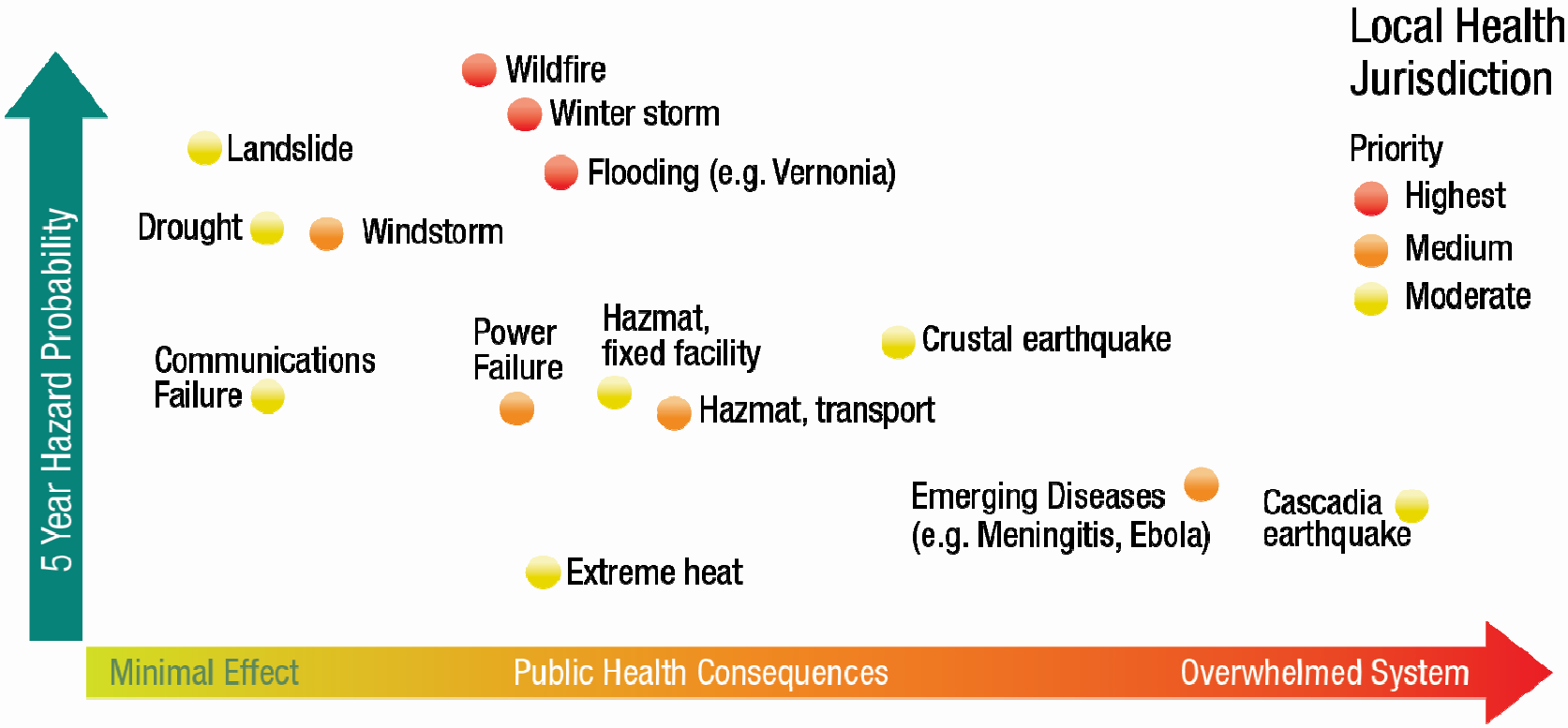
Reduce suicide

Suicide rate by county, Oregon, 2003–2012



Prepare for emergencies

Oregon's Public Health Hazard Vulnerability Assessment (PH-HVA)



Strategic challenges and opportunities

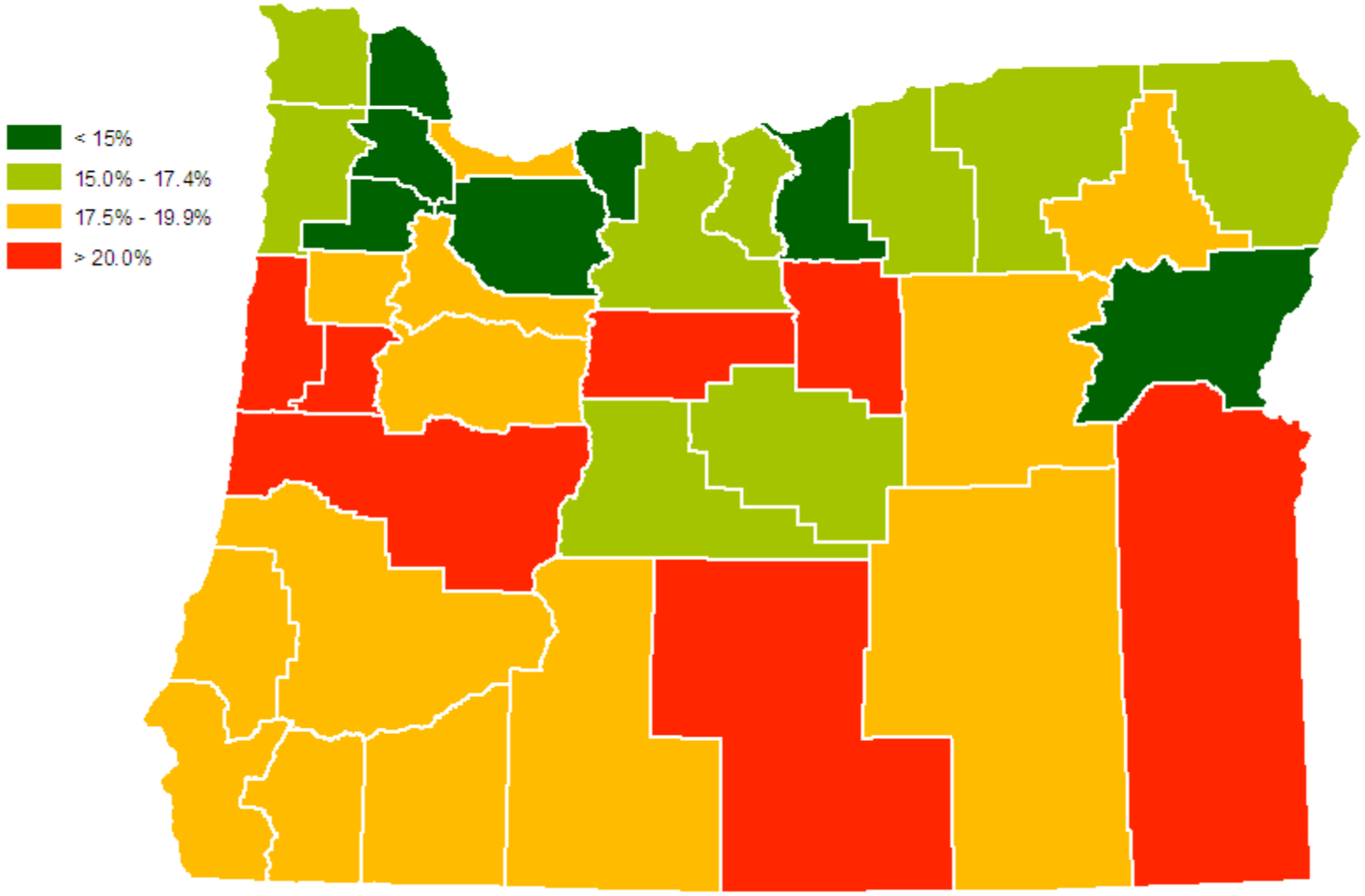
Challenges

- Population changes in the state and changing drivers of poor health
- Stresses on the local public health system, declining resources, categorical funding
- Significant natural disasters or disease outbreaks (e.g. meningitis)
- Increased diversity
- Fastest aging population in the nation
- Lack of skilled workforce

Opportunities

- Modernization of the public health system **(House Bill 3100)**
- Oregon's health care transformation
- Expanded partnerships with county public health and their CCOs
- Public health accreditation
- Formalized partnership with Department of Education, Dept. of Transportation
- Alignment with Early Learning Council

Poverty in Oregon by County, 2013



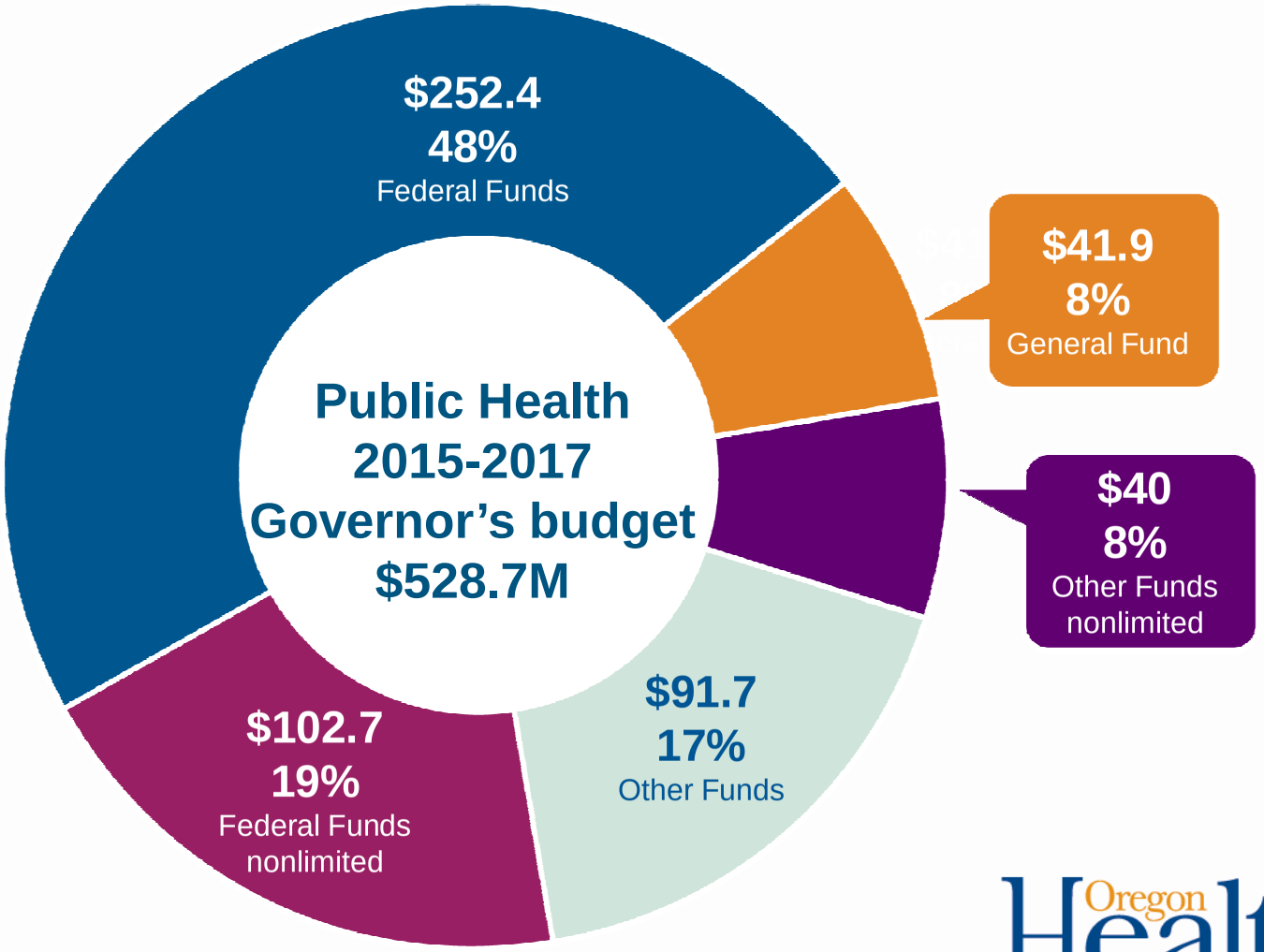
Data Source: U.S. Census Bureau, Small Area Income & Poverty Estimates

Public Health and CCOs

Public Health supports 29 CCO incentive and core measures

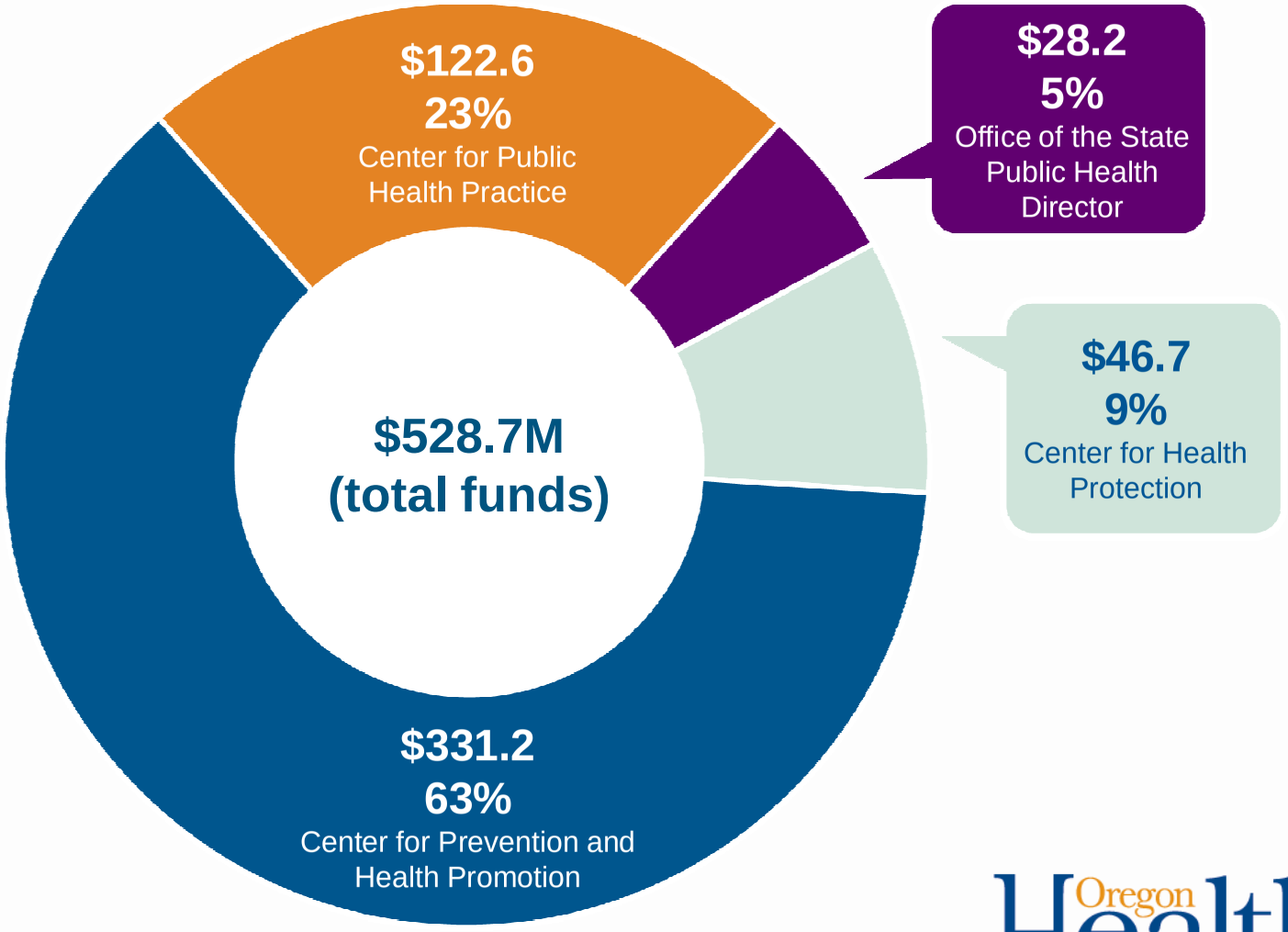
CCO measure	Examples of state and county PH system efforts
Dental sealants on permanent molars for children	Providing dental sealants in schools where 50% of students are eligible for FRL, providing training and certificate programs
Developmental screening	Funding local health departments to provide MCH and nurse home-visiting services, managing grant program to CCO and local public health partnerships
Depression screening	Collaborating with AMH on quality improvement project to integrate SBIRT and depression screening into well-child visits, increasing screening through school-based health centers and nurse home visiting programs
Controlling high blood pressure	Providing chronic disease self-management programs, promoting use of clinical guidelines to monitor and control high blood pressure

OHA Public Health
2015–17 Governor's budget

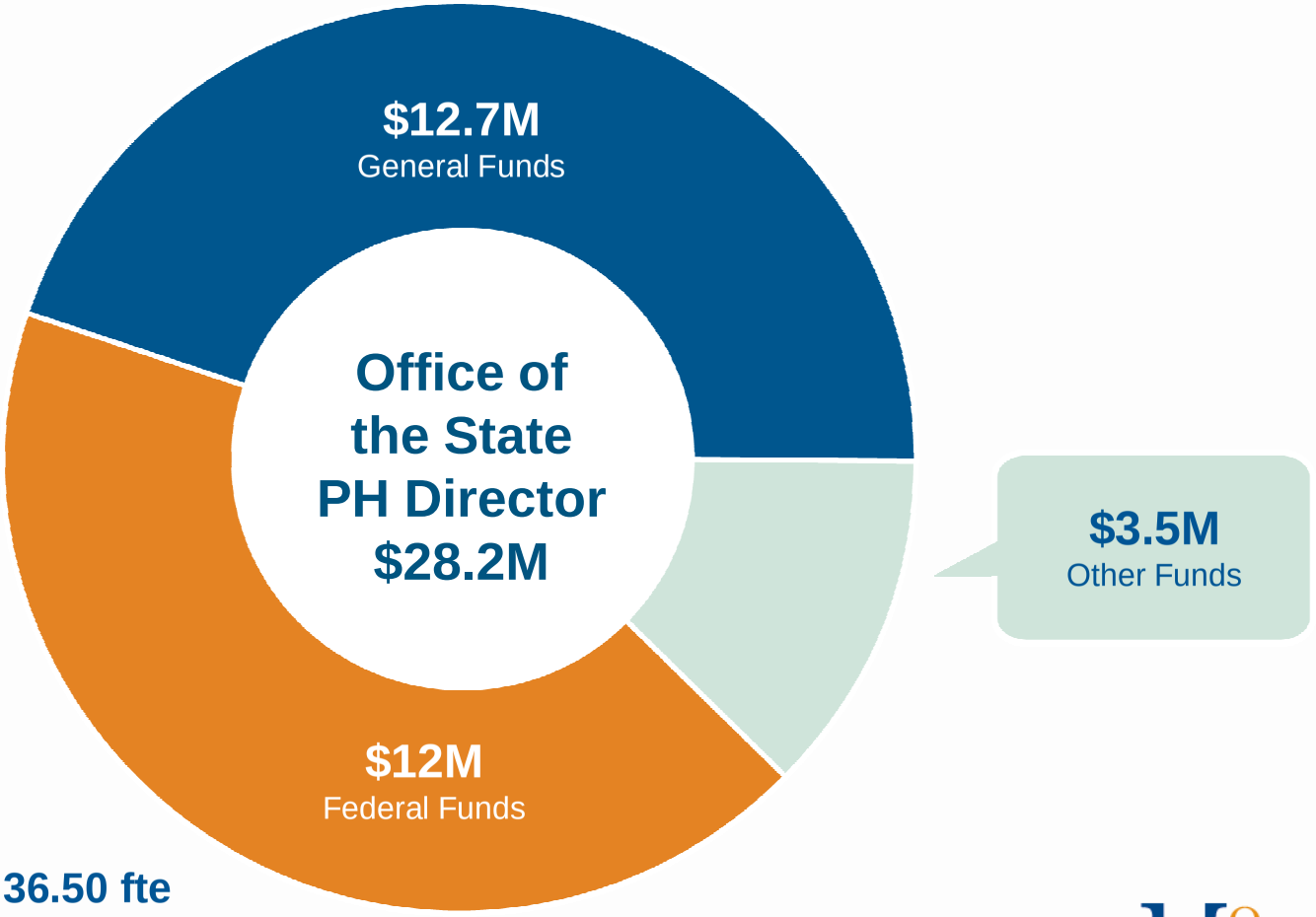


715 pos. / 695.35 fte

Public Health Total Funds by Center

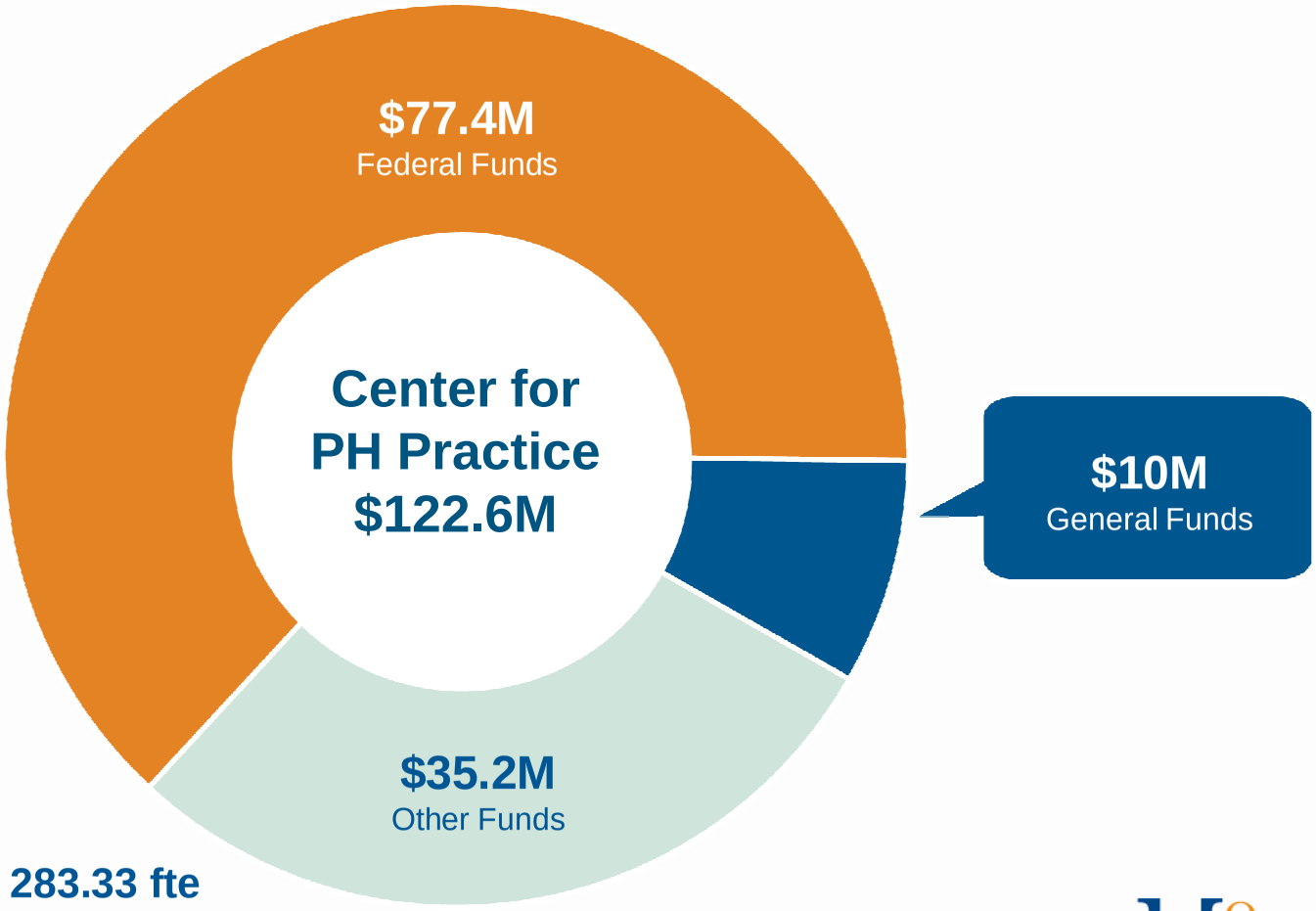


Public Health Budget by Center and by fund type



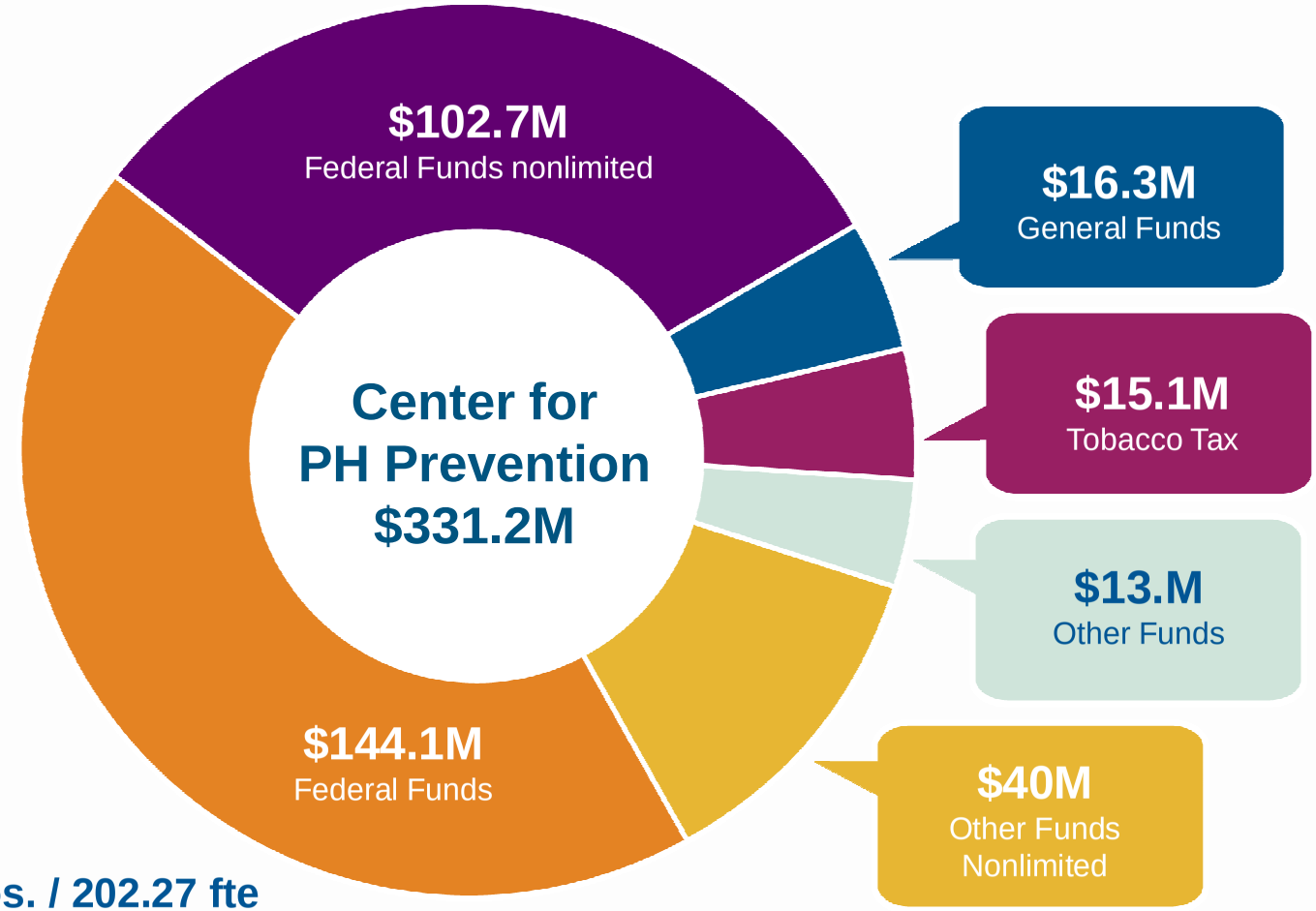
37 pos. / 36.50 fte

Public Health Budget by Center and by fund type



290 pos. / 283.33 fte

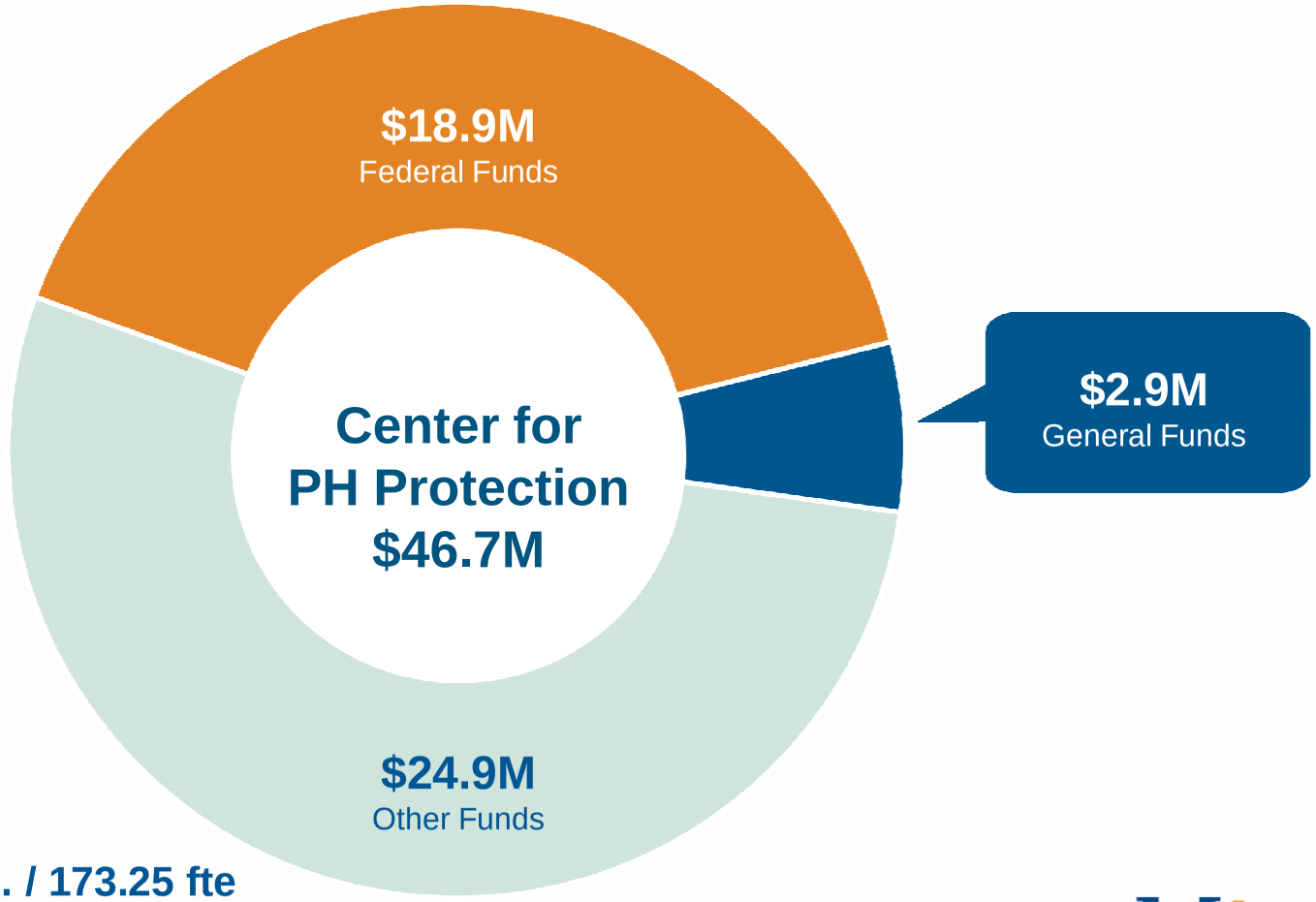
Public Health Budget by Center and by fund type



211 pos. / 202.27 fte

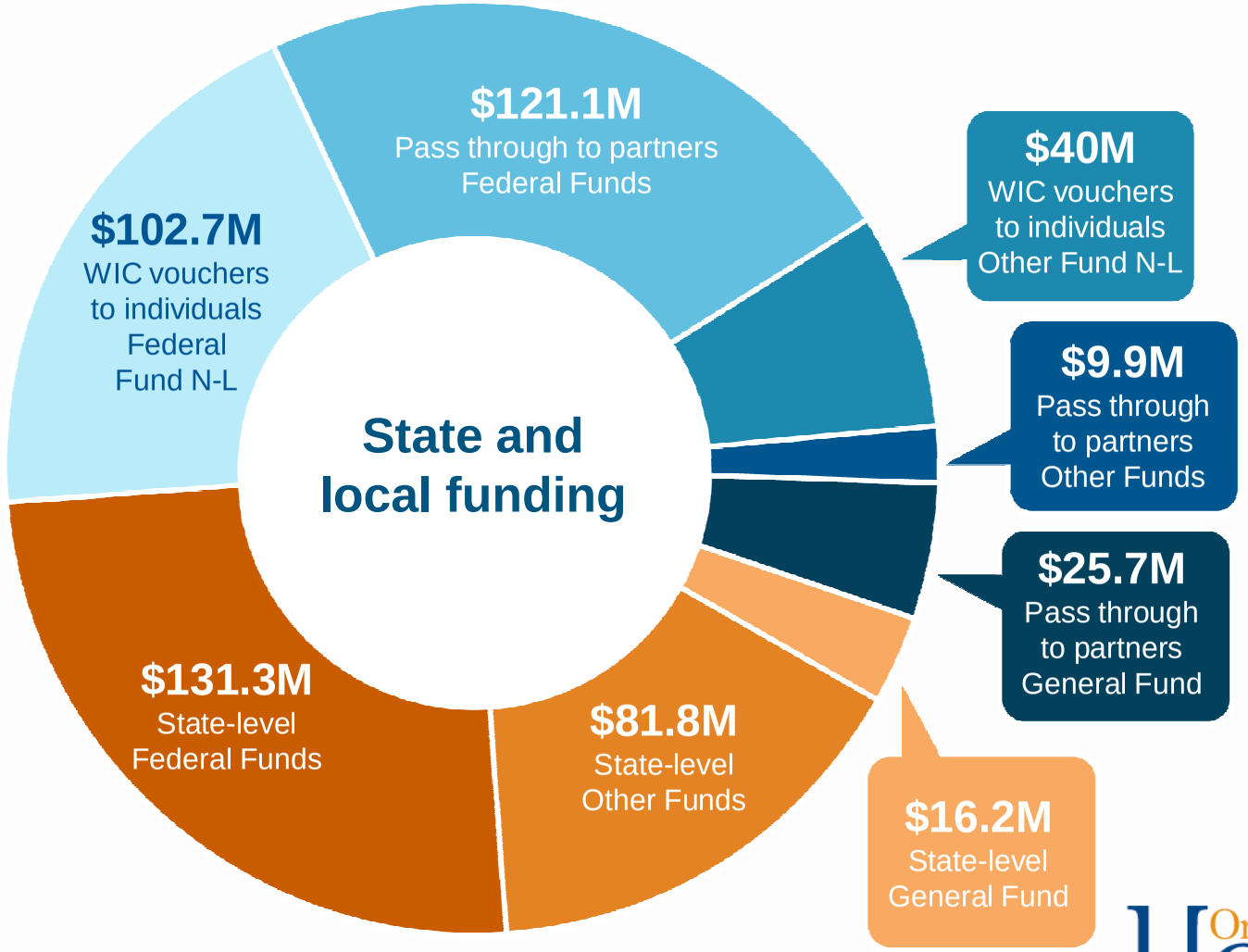
Non-limited funds are WIC food vouchers, and infant formula rebates

Public Health Budget by Center and by fund type



177 pos. / 173.25 fte

Public Health state and local funding



General Fund in the OHA Public Health 2015–17 Governor's budget

State support for PH to LHDs	$8.9M
Immunization	$2.3M
Disease outbreak	$1.2M
HIV/STD/TB	$3.5M
Laboratory services	$2.9M
WIC	$0.3M
Maternal Child Health	$3.1M
Adolescent Health & Genetics	$11.3M
Breast and Cervical Cancer Screening	$1.0M
Injury prevention	$0.6M
Environmental protection	$0.9M
Patient Safety Commission	$2.1M
Planning and response public health disasters	$1.0M
Office of the State Public Health Director	$2.8M
Total	$41.9M

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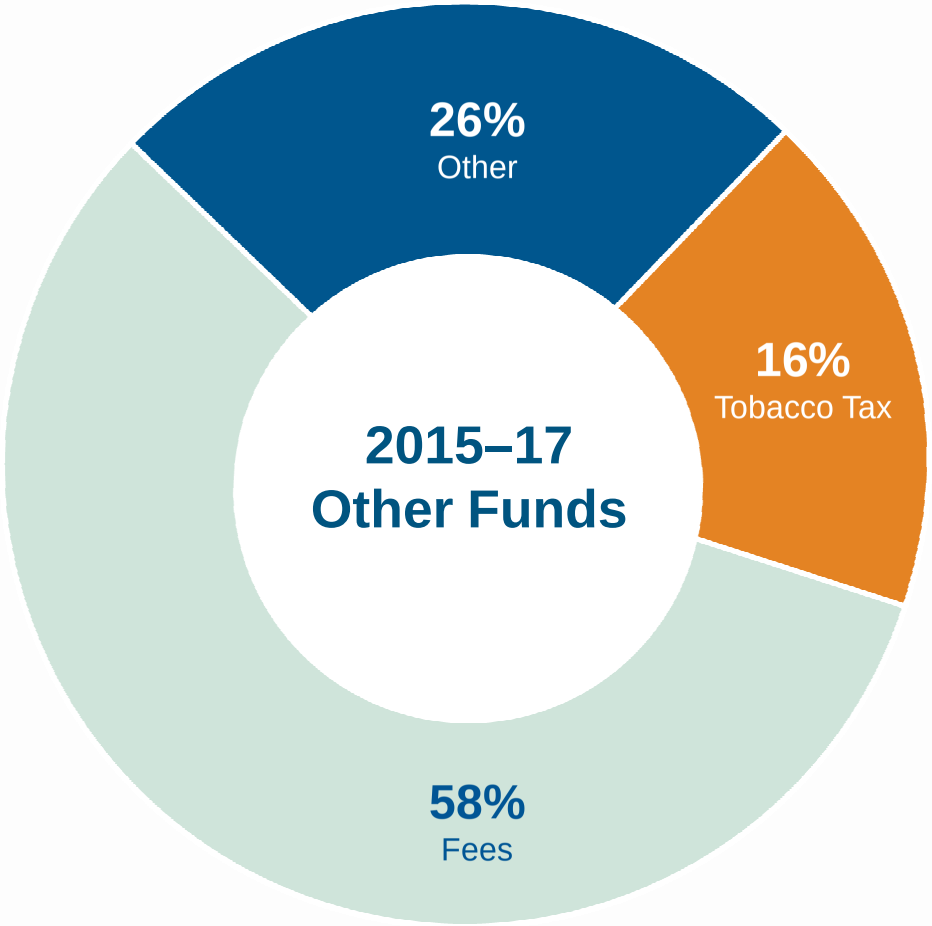
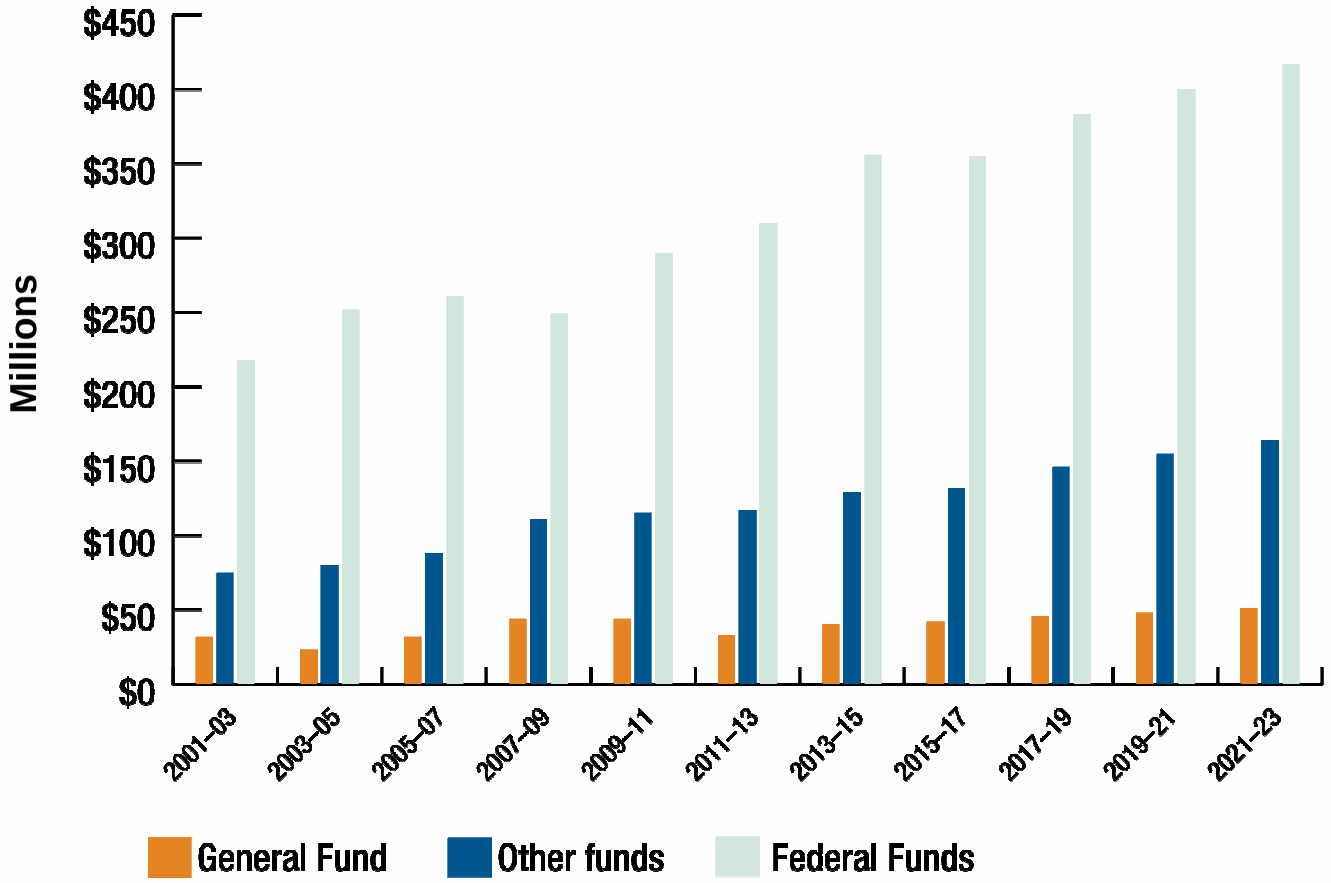
2015–17 Other Funds limited – $ 91.7M

fees, tobacco tax and other revenues which supports 220 FTE (32% of total FTE)



Public Health historical budget by funds



2015–17 funding included in the Governor's budget

Investments:

- Support for planning and operational readiness to prepare, respond, and mitigate public health disasters - $1.0M GF
- Support for House Bill 2348 (2013) recommendations - $0.5M GF
- Increased support to the Patient Safety Commission (pass through dollars for PSC. 2013 SB-483) - $0.5M GF

Reductions:

- Removes GF support to the CCare Program to reflect an anticipated decrease in caseload through ACA implementation ($2.8M)
- Redirects 2013–15 TMSA investment for tobacco cessation ($4.0M)

2015–17 other budget considerations and investments

Fee bill to maintain public service and safety programs, and public health programs that provide required regulation of Oregon businesses (e.g., tanning, x-ray, health care facilities)

ORELAP environmental lab accreditation related to implementation of Measure 91 (certify laboratories to do marijuana testing)

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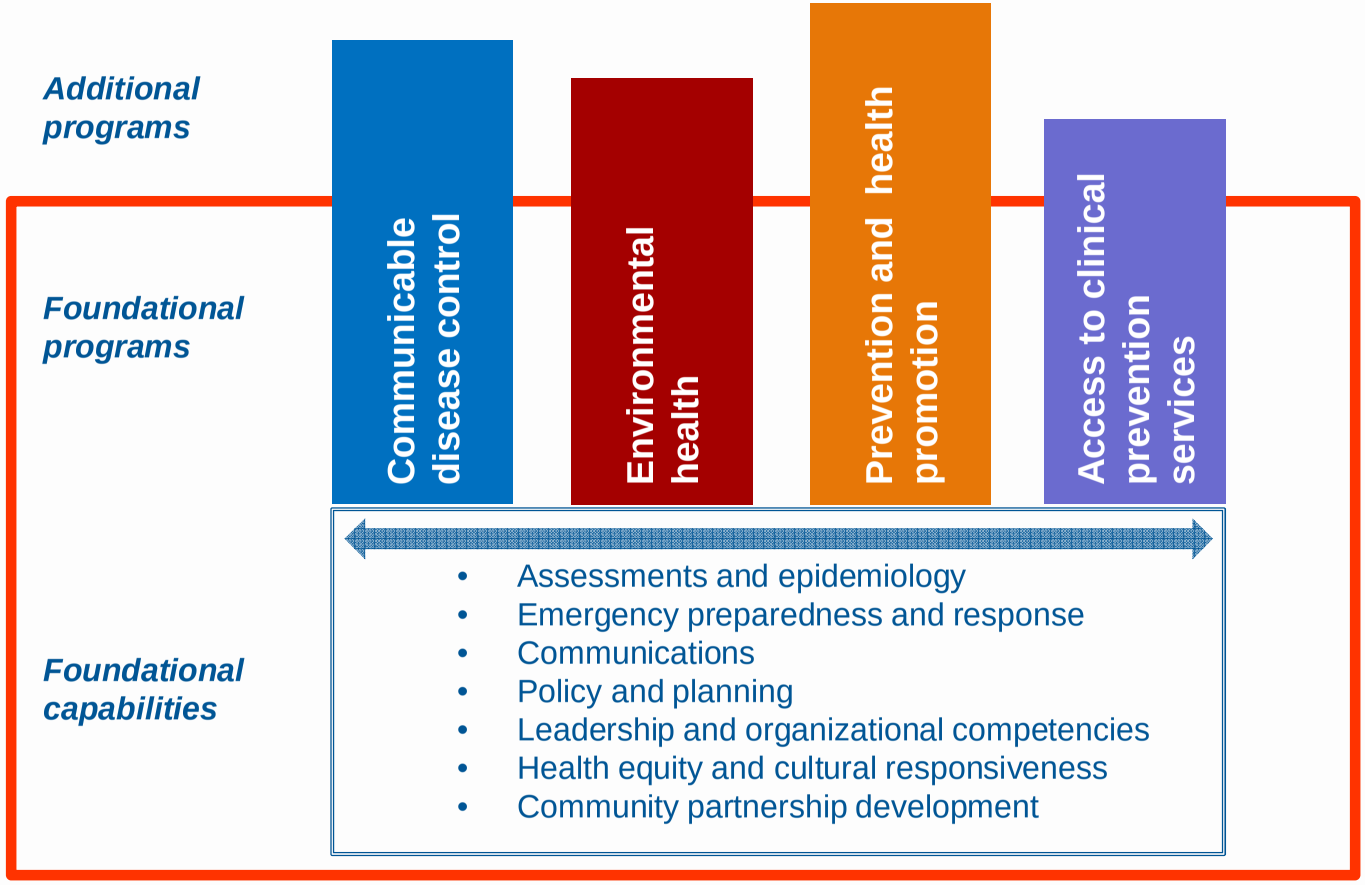
Future of public health

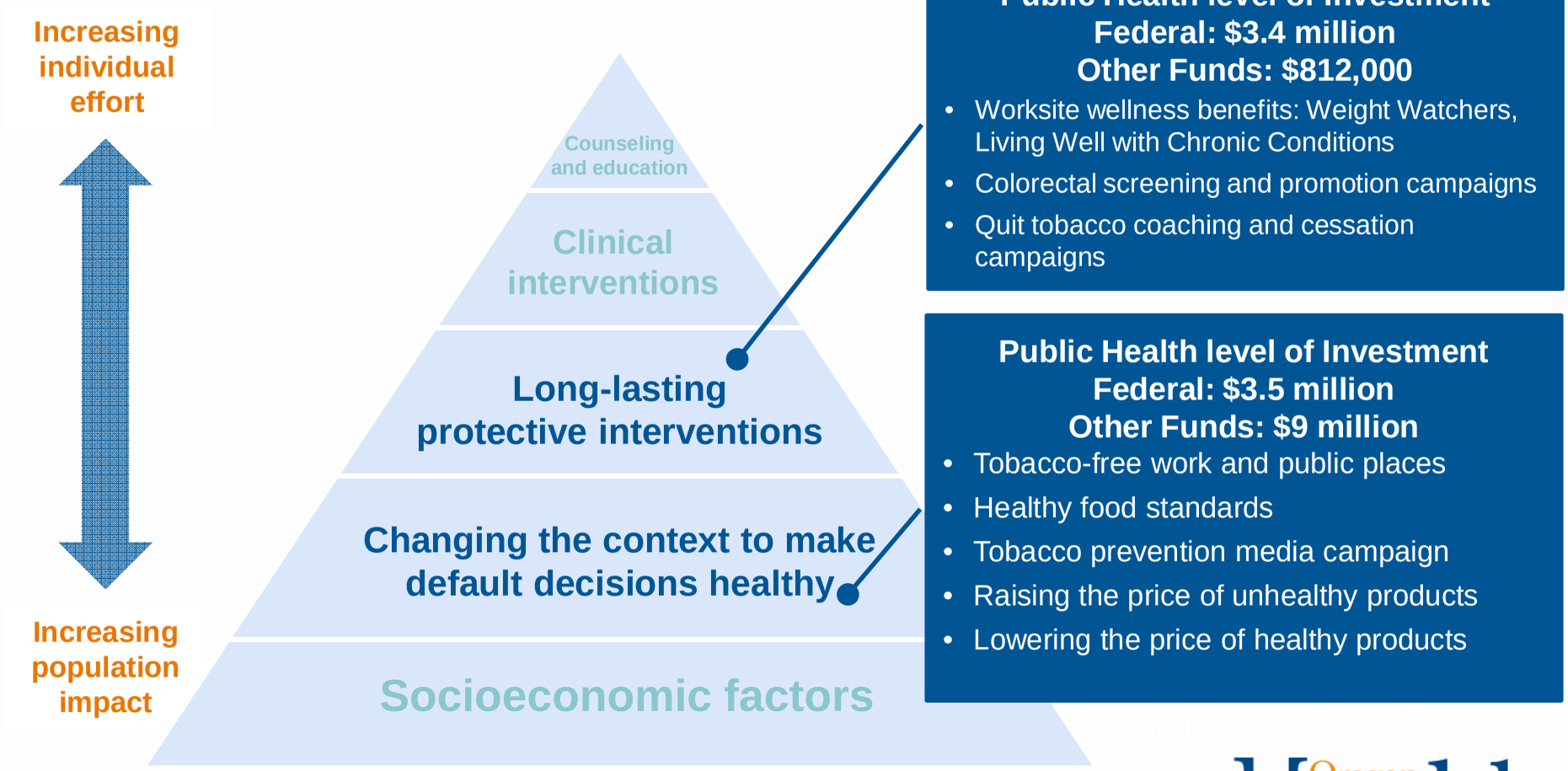
Conceptual framework for governmental public health services



= Present at every health department

Factors that affect health

Examples from Health Promotion and Chronic Disease Prevention



Public Health level of Investment
Federal: $3.4 million
Other Funds: $812,000

- Worksite wellness benefits: Weight Watchers, Living Well with Chronic Conditions
- Colorectal screening and promotion campaigns
- Quit tobacco coaching and cessation campaigns

Public Health level of Investment
Federal: $3.5 million
Other Funds: $9 million

- Tobacco-free work and public places
- Healthy food standards
- Tobacco prevention media campaign
- Raising the price of unhealthy products
- Lowering the price of healthy products

Frieden TR. A framework for public health action: the health impact pyramid. AmJ Public Health. 2010;100:590–595

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2015–17 major budget issues

- Dependency on Federal Funds to support core public health programs
- Dependency on Medical Marijuana fee support for core (but unrelated) public health programs, uncertainty of sustainability
- Loss of some Federal Funds during 2013–15
- Uncertainty of Federal Funds during 2015–17
- Changes in the health care delivery system
- Redesign of fee-based revenue structures necessary based upon current demands (e.g., vital records, laboratory testing and other licensing fees)

OHA Public Health
2015 legislative concepts

- **SB 227** – Traumatic Brain Injury Registry to enable Public Health epidemiological analysis
- **SB 228** – Radiation Protection Services fees

Things to keep in mind during budget review and approval …

- Investing in prevention reduces the total cost of health care
- More than 56 percent of the 2015–17 PHD budget is pass through dollars to individuals and partners in the form of WIC vouchers and support for local public health
- OHA Public Health provides population-based services that touch almost 4 million Oregonians where they live, work, learn and play

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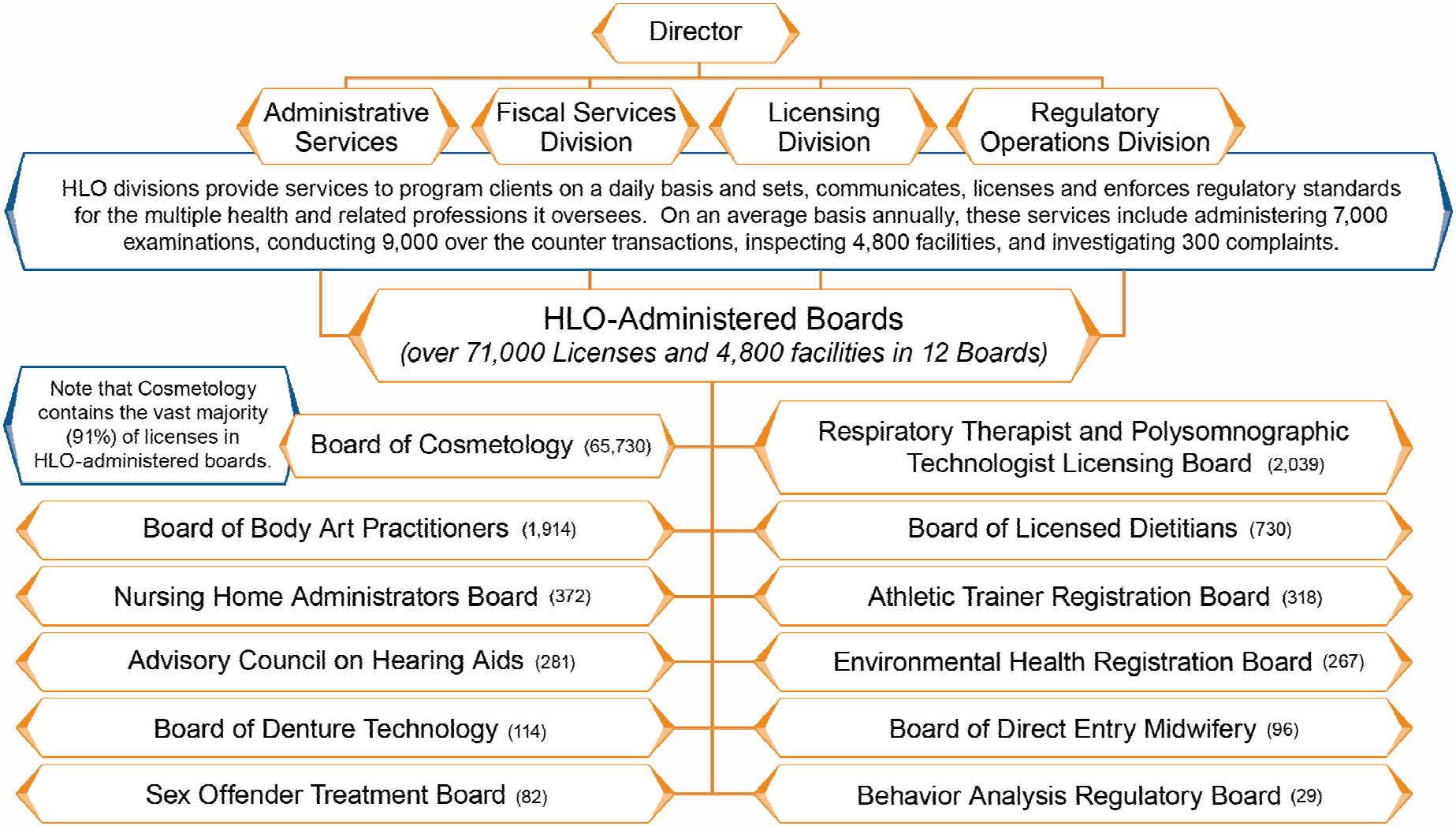
Health Licensing Office (HLO) 2015-17 Governor's Budget



* *Values in parentheses in the board structure reflect the current license volume (Feb15)*

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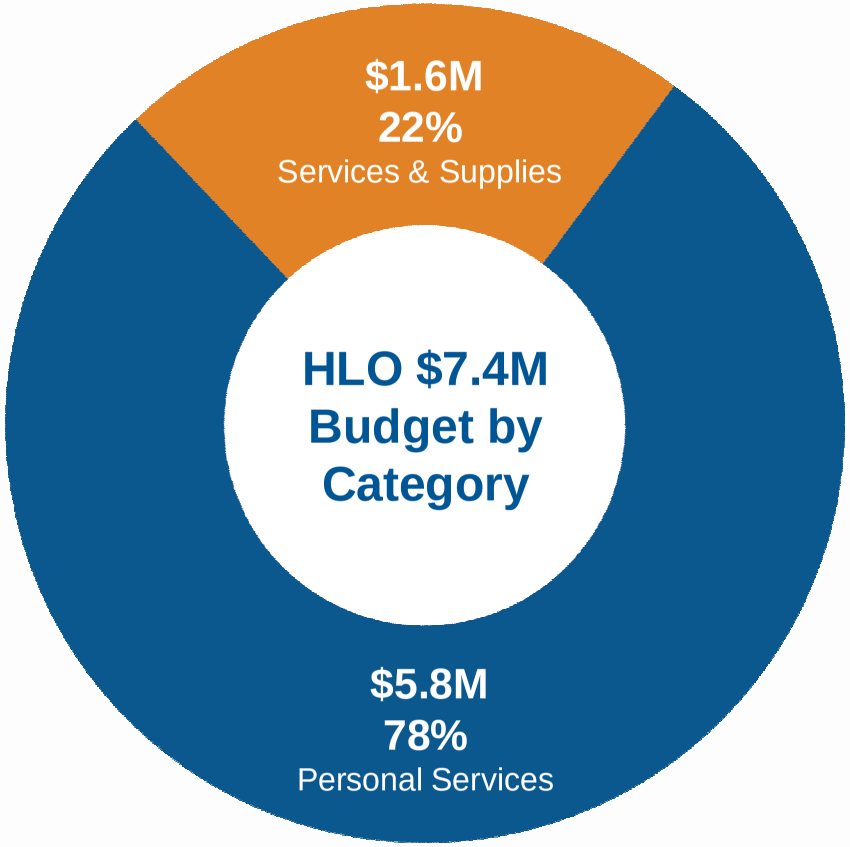
Health Licensing Office 2015-17 Governor's Budget

How HLO is Funded

- HLO is 100% Other Funds –
- HLO is self-supporting via fees charged to applicants and licensees for applications, examinations, authorizations and renewals, and other charges for services.
- Fee revenues support operational costs for HLO divisions (Administrative Services, Fiscal Services, Licensing, and the Regulatory Operations), and costs are proportionately and equitably allocated between boards.



35 Positions / 35.00 FTE

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