

Letter from the OHA Assistant Director for Public Health

The link between health and Oregon's economic and educational goals

Health has a value in and of itself that we all recognize. But good health also is a prerequisite for Oregon's economic development and a successful education system. Without a healthy workforce, we will not be productive, nor will we be able to attract business to the state. If our young people are not healthy, they will not be ready to learn.

How do we spend our health dollars?

Spending on health care – treating disease after it occurs – consumes almost all health-related spending. Is this the best way for us to spend our health dollars to achieve health? The data suggest not. While the United States spends more per capita on health care than any other nation, we fall behind 27 other countries in terms of many health outcomes such as longevity and infant mortality.

Since 1900 life expectancy in the United States has increased from 47 to 78, an increase of more than 30 years. Scholars estimate that almost three-quarters of that increase is attributable to public health efforts. However, despite the success of public health efforts, spending on public health – the prevention of disease outside of the health care provider's office – constitutes only pennies out of the health dollar. Our experience with public health efforts during the past 100 years suggests that if we are serious about improving the health of Oregonians we ought to be investing more of our health dollars in public health.

At times of crisis we need to be able to rely upon fundamental services that protect our communities. Public health's work is part of that foundation, but those efforts often happen behind the scenes. For example, when Oregonians turn on the tap for a glass of water, few realize the extensive system in place to ensure that what they drink is safe. Similarly, the work done by public health over the last 10 years to plan for an influenza pandemic

played a critical role in protecting Oregonians when H1N1 influenza arrived in Oregon. Public health touches the lives of all Oregonians, in numerous ways, every day.

Oregon's fiscal crisis may make some question why we should be investing in the kinds of prevention activities and programs that public health provides. But these activities and programs are among the most cost-effective ways we have to improve health. For example, according to the Trust for America's Health, an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years. This is a return of \$5.60 for every dollar invested. It is exactly at a time of economic crisis that we need to be investing in the most effective and cost-effective programs we have available to us.

Health care reform and public health

Health care reform is actively underway both here in Oregon and across the country. The creation of the Oregon Health Authority has created many opportunities to improve the health of Oregonians. Public health tools and activities are critical for the Health Authority as it works to reduce healthcare costs, improve healthcare quality and improve population health. Over the next few years we will be working hard to ensure the integration of public health throughout the Health Authority's activities.

A great deal of effort related to health reform is focused on how to change the ways we finance health care to create incentives for the kind of health care system we want. But no matter how creative we are about improving health care financing, we will not be able to put in place a sustainable business model for our health care system unless we address those factors that drive the need for health care. A recent study by researchers from Emory University illustrates this well. That study demonstrated that a third of the increase in expenditures for health care in Oregon from 1998 to 2005 can be attributed to the increase in obesity among Oregonians. Unless we address those factors in our communities that are driving the obesity epidemic and other kinds of preventable diseases, we will not be able to adequately fund the health care needs of Oregonians.

Federal investments in public health

The federal health reform bill recently passed includes an appropriation for a Prevention and Wellness Fund. The specific programs that will be supported by this Fund continue to evolve. We will be tracking these funding opportunities closely and pursuing them aggressively when they have the potential to provide resources to meet the health needs of Oregonians.

But federal investment in our public health system is not enough. During the past 20 years Oregon's investment in our public health system has eroded, and we have become increasingly reliant upon federal support. Federal dollars usually come targeted to specific diseases or activities. Only about 10 percent of the current Public Health Division budget comes from state General Fund. This has greatly limited the flexibility of this state's public health system to innovate and to address the specific needs of Oregon.

Identifying and addressing health threats

Another essential function of the public health system is to provide data and information about the health of Oregonians. In public health jargon, collecting this information is referred to as "public health surveillance." Most of the information about the frequency of or risk factors for deaths, illnesses and injuries across the state comes from the public health system's "surveillance" activities. This information is the basis for policymaking and program development by state and local government as well as the private sector. Without this information it would be impossible to identify which health threats are the most important in Oregon, what opportunities there might be to address those threats, and to evaluate whether our programs are making a difference. Although often taken for granted, this is another fundamental service the public health system provides.

Based on data collected by the public health system, here are some of the top threats to the health of Oregonians that are addressed in this budget document:

Obesity

Since the 1980s obesity in Oregon has doubled among adults and tripled among teens. The rising tide of obesity threatens to reverse the gains in life expectancy the public health system has achieved during the past 100 years. In fact, some researchers believe that, because of obesity, the next generation will be the first to have a shorter life expectancy than their parents' generation. Currently Oregon invests no funds in a public health program for obesity prevention.

Tobacco

Tobacco use continues to be the leading preventable cause of death and disability in Oregon, contributing to more than 7,000 deaths per year and imposing a huge burden on our medical care system. The Tobacco Prevention and Education Program has successfully reduced cigarette consumption in Oregon by almost half. Yet 17 percent of Oregon adults still smoke, and 20 Oregon youth take up smoking each day. Much more can be done to reduce tobacco use, but additional funding is required. Oregon's tobacco control efforts currently are funded at less than 20 percent of the level recommended by the Centers for Disease Control and Prevention for a state of our size.

Strains on local public health departments

County health departments are a key part of the public health system. But years of underinvestment have left this part of the public health system in a serious state of disrepair. A recent assessment of Oregon's local public health departments using nationally recognized standards found that our local health departments are funded at just 57 percent of the level needed to be fully functional. The 2007 Legislature made a modest increase in support for county health departments, but more is needed.

It is with the goal of helping improve the health of all Oregonians that I respectfully submit this PHD budget.

A handwritten signature in black ink that reads "Mel Kohn, MD MPH". The signature is written in a cursive, slightly slanted style.

Mel Kohn, MD MPH
Assistant Director, Public Health

Public Health Division

Mission

The mission of the Oregon Health Authority is to help people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality affordable health care. The Public Health Division contributes to that mission by protecting and promoting the health of every person, every day, in every part of the state.

Goals

The goals of PHD are to protect the health of all the people of Oregon by preventing unnecessary illness, death and disability, improving the health status of Oregon's communities, and reducing the need for costly illness care for all Oregonians.

Overview of PHD programs

PHD serves Oregonians through the following major programs:

- Office of the State Public Health Director
- Office of Community Health and Health Planning
- Office of Environmental Public Health
- Office of Family Health
- Office of Disease Prevention and Epidemiology
- Office of State Public Health Laboratories

The following chart outlines the Public Health Division's major program areas and the OHA principles they support.

County health departments play an important role in the delivery of many public health services, with the state providing technical support and oversight. These include programs for communicable diseases, immunizations, preventive services for children and women, and inspections of food and water systems. Other programs and services primarily are delivered at the state level, including statewide regulation of some services and potential hazards, scientific analysis and the development of statewide plans to prevent epidemics, control disease, reduce exposure to health hazards, ensure safe food and water, and promote healthy behaviors. Public health programs frequently collaborate with a range of health care and other organizations and agencies.

PH PROGRAM AREA	Child Health	Prevention	Comm. Disease	Access to Care	Environmental Health	Licensing and Regulation
Office of State Public Health Director						
Public Health Officer						X
PH Emergency Preparedness			X		X	
Community Liaison	X	X	X	X	X	X
Office of Community Health and Health Planning						
Emergency Medical Services				X		X
Health Care Regulation and Quality Improvement						X
Medical Marijuana Program						X
Office of Environmental Public Health						
Research and Education Services	X	X	X	X	X	X
Drinking Water	X	X	X		X	X
Food, Pools, and Lodging Safety	X	X	X		X	X
Radiation Protection	X	X			X	X
Office of Family Health						
Immunization	X	X	X	X		X
Nutrition and Health Screening (WIC)	X	X		X		
Women's and Reproductive Health	X	X	X	X		
Adolescent Health and Genetics		X		X		

PH PROGRAM AREA (CONTINUED)	Child Health	Prevention	Comm. Disease	Access to Care	Environmental Health	Licensing and Regulation
Maternal and Child Health (MCH)	X	X		X		
Office of Disease Prevention & Epidemiology						
Health Promotion, Chronic Disease Prevention		X				
Injury Prevention & Epidemiology		X				
HIV/STD/TB		X	X	X		
Health Statistics (Vital Records)						X
Acute and Communicable Disease			X			
Office of the State Public Health Laboratories						
Newborn Screening	X	X		X		
Lab compliance and quality assurance					X	X
Virology/Immunology	X		X	X		
Microbiology	X		X	X	X	

Office of the State Public Health Director (OSPHD)

The Office of the State Public Health Director (OSPHD) provides public health policy and direction to the public health programs within the division, and ensures that the disparate programs within and outside the division create an effective and coherent public health system for the state. This includes extensive interactions with a range of state and local agencies and organizations, many of them outside the health care community.

Key programs within OSPHD include:

- Public Health Emergency Preparedness
- Community Liaison
- Program Operations

Public Health Emergency Preparedness

The Public Health Emergency Preparedness Program (PHEP) ensures that every community and hospital has an improving level of preparedness for health and medical emergencies by supporting the development and testing of plans, training and collaboration between communities and with adjacent states. PHEP has been a part of state leadership in advancing the state's plans for pandemic influenza and the development of a state Crisis Communication Plan. Through this program, Oregon is far better prepared to detect and respond to a public health emergency.

Community Liaison

The Community Liaison Unit provides support and oversight to local health departments. While PHD programs interact with the local health departments, the unit serves to coordinate the various activities and serves as the primary resource for the local public health systems overall. This is accomplished through technical assistance, coordinating statutory required agency reviews, overseeing the disbursement of state support for public health funds to local health departments, directing the annual plan process and related budget revisions, and identifying grants and assisting with their preparation.

Program Operations

The Program Operations Unit is responsible for providing division-wide administrative services to PHD in the areas of rulemaking, legislative support and coordination, risk management and safety, Web technology and support, volunteer coordination, business continuity planning, informatics, travel, and video-conferencing. This unit also functions as the liaison between PHD and the DHS/OHA Administrative Services Division programs representing the PHD on department-wide initiatives and workgroups.

The major sources of funding for Office of the State Public Health Director are:

- Centers for Disease Control and Prevention Public Health Preparedness and Response for Bioterrorism Grant,
- Health and Human Services Hospital Preparedness Grant,
- Federal Emergency Management Agency Chemical Stockpile Emergency Preparedness Program,
- Centers for Disease Control and Prevention Preventive Health Block Grant, and
- State Support for Local Public Health (General Fund per capita).

Office of Community Health and Health Planning (OCHHP)

The Office of Community Health and Health Planning (OCHHP) promotes access to high-quality, safe health care by collaborating with a variety of public and private partners on policy development and program implementation. Through its regulatory activities, OCHHP also ensures that established standards are met by hospitals, other health care facilities and agencies, emergency medical technicians, ambulance services, and hospital trauma systems.

Key programs within OCHHP are:

- Emergency Medical Services and Trauma Systems Program (EMS/TS)
- Health Care Regulation and Quality Improvement (HCRQI)
- Oregon Medical Marijuana Program (OMMP)

Emergency Medical Services and Trauma Systems Program (EMS/TS)

The Emergency Medical Services and Trauma Systems (EMS/TS) program regulates and provides technical assistance and support to emergency medical care providers throughout Oregon, encourages improvements in the emergency care of pediatric patients, and develops, supports and regulates systems that provide emergency care to victims of sudden illness or traumatic injury.

Health Care Regulation and Quality Improvement (HCRQI)

The Health Care Regulation and Quality Improvement (HCRQI) program ensures that Oregonians have wide access to the health care they need and that it will be safe and of high quality. This is accomplished through state licensure and federal Medicare certification of health facilities, providers and suppliers.

Oregon Medical Marijuana Program (OMMP)

The Oregon Medical Marijuana Program (OMMP) administers the registration program of the Oregon Medical Marijuana Act (OMMA) that provides legal protection from state civil and criminal prosecution for qualified patients who comply with program requirements to grow and use marijuana as an alternative medicine.

The major funding sources for Office of Community Health and Health Planning are:

- Fees through regulatory licensure, certifications and inspections;
- Other fees for cardholders; and
- DHHS Centers for Medicare and Medicaid Services

Office of Environmental Public Health (OEPH)

The Office of Environmental Public Health leads the state's effort to protect Oregonians from environmental health hazards in areas as diverse as drinking water, radiation, recreational waters, lead, food, occupational safety, indoor and outdoor air quality, consumer products, clandestine drug labs, and toxic chemical releases. OEPH partners with local health departments, state agencies, community groups, academic institutions, scientific and medical experts, and others to provide technical assistance, case management, public information, scientific expertise and regulatory oversight.

Key programs within OEPH include:

- Research and Education Services
- Food, Pool, Lodging Health and Safety
- Radiation Protection Services
- Drinking Water Services

Research and Education Services

The Research and Education Services section prevents or minimizes human health effects from hazardous working conditions, injuries and exposure to hazardous waste and other environmental dangers.

Food, Pool, Lodging Health and Safety

Food, Pool, Lodging Health and Safety is home to Oregon's food-borne illness protection program, and provides leadership for local health departments to ensure safety in Oregon's 18,000 food facilities, 3,400 public pools and 2,300 tourist accommodations.

Radiation Protection Services

Radiation Protection Services (RPS) protects both workers and the public from unnecessary and unhealthy radiation exposure, and provides Oregon's sole public resource for radiation-related incidents, whether accidental or intentional.

Drinking Water Services

Drinking Water Services works to ensure reliability of safe drinking by reducing the risk of waterborne disease and exposure to chemical contaminants in Oregon's 3,600 public drinking water systems.

Major funding sources for the Office of Environmental Public Health are:

Federal Funds

Environmental Protection Agency (EPA)

- Drinking Water Primacy
- Drinking Water Source Protection Coordination
- State Revolving Loan Fund
- Water System Operator Certification
- Beach Safety
- Indoor Radon Outreach and Education
- Lead Abatement Training and Certification

Department of Health and Human Services Food and Drug Administration (FDA)

- Mammography Facilities Inspection

Centers for Disease Control (CDC)

- Childhood Lead Poisoning
- Environmental Public Health Tracking Program
- Elevated Blood Lead Surveillance for Adults

- Worker Illness and Injury Prevention Program
- Hazardous Substances Emergency Event Surveillance
- Environmental Health Assessment Program
- Harmful Algal Blooms Surveillance

Fees and Other Funds

- Drinking Water Operator Certification
- Drinking Water System Plan Review
- Cross Connection/Backflow Certification
- Water System Surveys
- Radioactive Materials Licensing
- X-Ray Machine Registration
- Tanning Devices Registration
- Food Borne Illness Prevention Program
- Public Swimming Pool and Spa Program
- Tourist Accommodation Program
- Lead Based Paint Certification Program
- Clandestine Drug Laboratory Program
- Pesticide Analysis and Response Center

Office of Family Health (OFH)

The Office of Family Health (OFH) administers programs directed at improving the overall health of Oregon's women, children and families through preventive health programs and services. Objectives and activities include collecting and sharing data through the FamilyNet data system to assess the health of women, children and families, developing and implementing public health policy based on these data, and ensuring the availability, quality and accessibility of health services, health promotion and health education. OFH also reduces and eliminates disparities and provides technical assistance, consultation and resources to local health departments and other community partners.

Major program areas within OFH include:

- Maternal and Child Health Program (MCH)
- Adolescent Health and Genetics Program (AHG)
- Women's and Reproductive Health Program (WRH)
- Nutrition and Health Screening Program (WIC)
- Immunization Program (IP)

Maternal and Child Health Program

The Maternal and Child Health Program (MCH) is responsible for developing, implementing and evaluating public health programs that address the health priorities of Oregon's pregnant women, infants and children. The focus of MCH is to promote and maintain the health, safety, well-being and appropriate development of children and their families. Program areas focus on perinatal health (prenatal and post-partum), infant and child health, oral health, and newborn hearing screening.

Adolescent Health and Genetics Program

The Adolescent Health Program (AH) includes programs or resources that include school-based health centers (SBHCs), Coordinated School Health, Youth Sexual Health, Nutrition and Physical Activity, Adolescent Health Policy and Worksite Wellness. Adolescent health: develops and evaluates a statewide system of SBHCs that provide access to comprehensive health care in the school setting; conducts program evaluation and surveillance on youth behaviors; assesses the policy gaps and needs of adolescents and young adults; and provides training to schools and communities in the Coordinated School Health framework and other evidence-based program models.

The Genetics Program, through a cooperative agreement with the Center for Disease Control (CDC) and Prevention, conducts surveillance on the prevalence and incidence of genetic cancer in Oregon and how cancer genetic testing is understood and used by health care providers and the public. In addition, the Genetics Program staffs the state Advisory Committee on Genetic Privacy and Research (ACGPR) which monitors Oregon's Genetic Privacy Laws, federal law related to genetics and identifies consumer related interests and educational needs related to emerging genetics technology and health care.

Women's and Reproductive Health Program

The Women's and Reproductive Health section (WRH) is responsible for developing, implementing and supporting statewide health programs and policies to promote and maintain the health of individuals, families and communities with a specific emphasis on improving women's health throughout the lifespan. Program areas focus on reproductive health and birth control, screening for breast and cervical cancer, as well as diabetes, heart disease and stroke, and rape prevention and education.

Nutrition and Health Screening Program

The Nutrition and Health Screening (WIC) Program provides individual assessment of growth and health; education and counseling on nutrition and physical activity, including promotion of a healthy lifestyle and prevention of chronic diseases including obesity; breastfeeding education and support; and referrals to other preventive health services and social services.

Immunization Program

The Immunization Program (IP) is responsible for developing, implementing and evaluating public and private efforts to provide immunizations to Oregonians across the lifespan. IP is committed to ensuring that all Oregonians are protected from vaccine preventable diseases. IP annually purchases around \$30 million in vaccines, and then distributes these to public and private partners. Other program areas focus on outbreak surveillance, school immunization law, project evaluation, clinical training and support, Strategic National Stockpile coordination, and management of the immunization information system.

Major funding sources for the Office of Family Health are:

- U.S. Department of Agriculture – Nutrition and Health Screening for Women, Infants and Children (WIC),
- U.S. Department of Agriculture – WIC and Senior Farmers Market Nutrition Programs,
- U.S. Department of Health and Human Services (DHHS) – Family Planning Title X and Oregon ContraceptiveCare (CCare), formerly known as Family Planning Expansion Project (FPEP), a Title XIX waiver,
- DHHS Center for Disease Control and Prevention (CDC) Immunization and Vaccines for Children (VFC),
- DHHS – Title V Maternal and Child Health Block Grant (MCH),
- DHHS Substance Abuse and Mental Health Services Administration (SAMHSA) for Linking Actions for Unmet Needs in Children’s Health (LAUNCH) Cooperative Agreement,
- Medicaid Administrative Match in Immunization and Oral Health,
- State General Fund match requirement for Oregon ContraceptiveCare program(CCare), formerly known as the Family Planning Expansion Project (FPEP),
- State General Fund and Provider Tax School-Based Health Center Program,
- CDC Office of Public Health Genomics, and
- CDC Breast and Cervical Cancer Program (BCCP).

Office of Disease Prevention and Epidemiology (ODPE)

The Office of Disease Prevention and Epidemiology (ODPE) collects and analyzes data on health behaviors, diseases and injuries, disseminates findings, and designs and promotes evidence-based programs and policies to improve the health and safety of all Oregonians. Areas covered by ODPE include communicable diseases, chronic diseases and injuries. ODPE also is responsible for the vital statistics system (birth and death certificates).

Key programs within ODPE include:

- Acute and Communicable Disease Program (ACDP)
- Health Promotion and Chronic Disease Prevention Program (HPCDP)
- Injury Prevention and Epidemiology Program (IPE)
- Human Immunodeficiency Virus (HIV), Sexually Transmitted Disease (STD) and Tuberculosis (TB) Program
- Center for Health Statistics (CHS)
- Program Design and Evaluation Services (PDES)

Acute and Communicable Disease Program (ACDP)

The Acute and Communicable Disease Program (ACDP) monitors communicable disease occurrence in the state, guides local public health nurses in investigation and control of communicable diseases, investigates communicable disease outbreaks, and helps ensure that communicable disease threats, including bioterrorist threats, are responded to appropriately. In addition, ACDP provides information to the public, the media and policymakers about communicable diseases in Oregon.

Health Promotion and Chronic Disease Prevention Program

The Health Promotion and Chronic Disease Program (HPCDP) monitors chronic diseases and their risk factors in the state, and works to prevent these diseases, promote screening for these diseases when appropriate, and improve care for people with chronic diseases. Diseases currently covered by HPCDP include asthma, arthritis, cancer, diabetes, heart disease and stroke. Program staff work to address the leading underlying risk factors for these diseases – tobacco use, physical inactivity and unhealthful nutrition. HPCDP also provides information to the public, the media and policymakers about chronic diseases and their risk factors in Oregon.

Injury Prevention and Epidemiology Program

Injury Prevention and Epidemiology (IPE) monitors both unintentional and violent injuries in the state, and works to prevent them. Current areas of focus for IPE include childhood injury prevention, and youth and older adult suicide prevention. IPE also provides information to the public, the media and policymakers about injuries in Oregon.

Human Immunodeficiency Virus (HIV), Sexually Transmitted Disease (STD) and Tuberculosis (TB Program)

The HIV, STD and TB Program monitors the occurrence of these diseases in the state, works to prevent their spread and provides direct services to low income HIV positive persons.

Center for Health Statistics

The Center for Health Statistics (CHS) provides vital records including birth, death and marriage certificates, for Oregonians. During 2009 CHS registered 133,000 vital events and issued 200,000 certificates. In addition to playing a critical role as legal documents, these documents make it possible to collect statistics related to these events. CHS administers the Oregon Healthy Teens Survey and the Behavioral Risk Factor Surveillance Survey, two important sources of data about risk behaviors; and provides information to the public, the media and policymakers about vital events in Oregon.

Program Design and Evaluation Services

Program Design and Evaluation Services (PDES) designs public health interventions and demonstration projects by identifying and applying best practices, and evaluates the effectiveness of public health interventions and provide actionable, evidence-based recommendations for program improvement. PDES has expertise in quantitative and qualitative methods, advanced statistics, community-based participatory research, cost-effectiveness studies, and surveillance. PDES works with communities to generate knowledge and apply research findings. PDES also consults with a variety of public health programs in all its service areas, increasing internal capacity and improving outcomes.

The major sources of funding for the Office of Disease Prevention and Epidemiology are:

Various federal categorical grants, primarily from the CDC, including:

- HIV prevention,
- Tuberculosis control and prevention,
- Violent death reporting,
- Tobacco prevention,
- Diabetes risk reduction,
- Ryan White / AIDS Drug Assistance Program,
- Emerging infections, and
- Epidemiology and laboratory capacity;
- Tobacco Use Reduction Account (Ballot Measure 44); and
- Fees (vital records).

Office of State Public Health Laboratories (OSPHL)

The Office of State Public Health Laboratories (OSPHL) supports state and local public health programs to control communicable diseases, identifies metabolic disorders in newborn infants, and ensures the quality of testing in clinical and environmental laboratories statewide.

OSPHL provides:

- Communicable disease testing (virology/immunology and microbiology),
- Newborn metabolic screening,
- Rapid response to threats and emergencies,
- Environmental testing (food and water),
- Laboratory compliance and accreditation, and
- Technical assistance to local health departments.

During the 2011-2013 biennium OSPHL will perform approximately 25.9 million tests on 817,000 samples submitted by local health departments, community clinics, hospitals, physicians and others for communicable disease testing and newborn screening.

OSPHL's Northwest Regional Newborn Screening Program tests all infants born in Alaska, Hawaii, Idaho, Nevada, New Mexico and Oregon for 43 different disorders of body chemistry that can cause serious disability or death unless detected and treated soon after birth. During 2011-2013 OSPHL will screen 337,250 infants and refer to treatment approximately 506 children with these disorders.

OSPHL certifies 2,361 clinical laboratories in Oregon under the federal Clinical Laboratory Improvement Amendments and accredits 33 Oregon environmental labs in collaboration with the Oregon Department of Environmental Quality and the Oregon Department of Agriculture.

The major funding sources for the Office of State Public Health Laboratories are:

- Various federal grant funding from OSPHD, ODPE and OEPH,
- Newborn metabolic screening and other testing fees,
- Laboratory licensing and accreditation fees, and
- Oregon Environmental Laboratory Accreditation Program.

Policy and Program Alternatives

Oregon's public health system faces a range of issues that impact the state's ability to ensure its citizens and visitors face no threats to their health and safety. These issues, and the impact on the public health system, are addressed below.

Challenges and unmet needs

Challenges include:

- Lack of resources for local public health departments, with the threat of the loss of federal timber payments in the future further stressing county budgets;
- Frayed relationships between local and state public health departments;
- The increasing burden of disease and disability related to obesity, and the lack of state resources to prevent obesity and address the increasing burden of chronic diseases;

- Public health burdens imposed by global warming;
- The economic crisis increasing stressors, particularly on vulnerable population groups such as women and children, and reductions in the availability of social and medical services, which also affects health;
- Dependence on federal funding that is restricted to work on specific diseases or populations; and
- Persistent disparities in health between population groups such as between racial and ethnic communities.

In addition to these challenges, Oregon’s public health system faces a range of unmet needs. Unmet needs include:

- Few or no resources to address several important public health threats and system deficiencies, gaps such as:
 - Suicide and other injuries,
 - Oral health,
 - Health effects of exposure to environmental toxins,
 - Stable funding for the Oregon Healthy Teens survey, a key tool for monitoring the health of Oregon’s teens,
 - Deficiencies in Oregon’s Emergency Medical System that were identified in a recent review of the system by the National Highway Traffic Safety Administration, and
 - Public health activities to prepare communities for the health effects of global warming.

Opportunities

Fortunately, at the same time the public health system faces the need to address these issues, there are some emerging opportunities to make positive changes. Opportunities include:

- Growing community support for efforts to address several key public health threats including:
 - obesity and chronic diseases,

- suicide prevention,
- tobacco control,
- pre-conceptual and early childhood health, and
- environmental public health;
- The federal stimulus money for public health prevention programs (although this will be one time funding); and
- Within the context of health care reform, growing support for strengthening community-based prevention activities as a way to help control costs.

2009-2011 Accomplishments

During 2009-2011 the Public Health Division (PHD) continued to make significant steps forward in improving services to Oregonians. The following list of accomplishments represents just some of the many achievements implemented by PHD last year.

Maternal and Child Health

In the fall and spring of 2009 the Office of Family Health (OFH), Maternal Child Health (MCH) embarked on an 18-month statewide needs assessment that has set the strategic direction for the next five years of Oregon's Title V Maternal and Child Health Block Grant. Ten state-level strategic priorities were identified that address the needs of women and mothers, infants, children, adolescents and children with special health care needs. In addition, state and local MCH leadership conducted a joint Child Health Collaborative. Through a series of prioritization processes, participants identified 3 child health areas to focus the work both at the state and county level over the next 3-5 years. To inform these decisions, staff developed the Oregon Child Health 2010 Data and Resource Guide.

This guide pulled together national, state and local data across 12 child health and health equity topics. The Early Hearing Detection and Intervention (EHDI) program expanded their family and parent outreach by implementing the Guide By Your Side program. Guide By Your Side matches trained Parent Guides with families who have recently found out their child has a hearing loss. Parent Guides, who also have a child who is deaf or hard of hearing, provide unbiased support to families, helping each family make decisions that are right for their child. Lastly, work has begun to reevaluate the home visiting programs and approach in Oregon. State and local MCH public health, as well as several partners is developing a new framework for public health home visiting through new federal funding opportunities and the needs from all of Oregon's home visiting partners to align their programs with evidence-based practice.

WIC

Fruits, vegetables and whole grains were added to the list of WIC authorized foods for the first time in the program's 35 year history. These changes, called "Fresh Choices" in Oregon communities, align with the 2005 Dietary Guidelines for Americans. Oregon WIC was among the first states to implement the new food package. Other positive changes implemented in August 2009 include: lower fat milk for adults and children 2 and older, soy beverage of participants who cannot tolerate cow's milk, and baby food fruits and vegetables instead of juice for infants. In May 2010, WIC began authorizing farmers to accept the WIC fruit and vegetable voucher, expanding participants' access to these nutritious foods.

Immunizations

During the pandemic H1N1 response, PHD partnered with more than 1,745 private and public providers to deliver 1,115,460 doses of H1N1 vaccine, distribute personnel protective equipment, and forward place over 5,000 antiviral courses for those in need, all while continuing the regular business of the Immunization Program.