

**Joint Ways and Means Subcommittee on Human Services  
April 2, 2015  
Testimony on SB 5526  
Public Health Division Budget**

Chair Bates, Chair Nathanson and Subcommittee on Human Services Members:

My name is Silas Halloran-Steiner. I am the director of Yamhill County Health and Human Services and a founding board member of the Yamhill Community Care Organization. My testimony today is respectfully submitted as chair of the Coalition of Local Health Officials' Legislative Committee. I'm here to share three major points with you all:

1. Challenges in public health funding;
2. Investments needed in local public health; and,
3. The value of CCO Partnerships with local public health.

*Challenges in Public Health Funding*

The facts demonstrate that funding public health has not been a priority for Oregon:

1. We rank 46<sup>th</sup> in the nation in terms of our total public health investment.
2. Between 2008 and 2013, the number of disease reports increased over 30 percent while funding to investigate and respond to those reports decreased over 10 percent.
3. The last investment in communicable disease response for local health departments was during the 2007 legislative session.

In 2013, the legislature adopted a budget for the Oregon Health Authority and for the Public Health Division that is largely dependent on Federal funds for core public health funding. During the 2013-2015 biennium, local public health departments received several reductions in funding for important public health work in areas that include maternal and child health, tuberculosis, and the National Public Health Improvement Initiative that supported public health accreditation. In addition, other funding streams continue to receive flat funding which, over multiple biennia, diminishes the local public health reach into our communities. Primary reliance on the Federal government presents two challenges to funding local public health: (1) Federal funds are not flexible enough to meet public health needs in Oregon and (2) reductions can happen mid-biennia, threatening local public health's core capacity to guarantee the safety of Oregonians.

*Investments Needed in Local Public Health*

The Task Force on the Future of Public Health recommends a new framework for state and local public health based on Foundational Capabilities and Programs framework proposed in HB 3100/SB663. Once this new framework passes the legislature and is signed into law, local communities will assess their ability to meet the foundational capabilities and programs with local partners or other jurisdictions. The former governor's balanced budget allocated \$500,000 to the planning and next steps needed. During the transition to this new framework the coalition of local health officials urge the legislature to maintain current funding and invest in communicable disease prevention, investigation, and response. We would like the

Subcommittee to consider the following specific funding requests when writing the Public Health Division Budget:

1. Add back reductions in the governor's balanced budget - \$2.8 million CCare and \$4 million into Tobacco Prevention from Tobacco Master Settlement Agreement Funding.
2. Support the Tobacco Master Settlement Agreement prevention package for Tobacco Prevention and Education Program and other population health activities.
3. Increase funding for communicable disease prevention, investigation, and control.

Following my testimony, you will hear more about these critical areas from other local public health representatives.

#### *CCO Partnerships with Local Public Health*

Attached to my testimony, you will find a one-page overview about the major areas of partnership in which CCOs and local public health are working together—namely, community health assessments, maternal and child health, and prevention.

In Yamhill County our Coordinated Care Organization identified maternal and child health improvement as a strategic goal. Specifically, we are establishing maternal medical homes and alternative payment models to support better prenatal health as part of our CCO and Early Learning Hub activities.

At the Yamhill CCO Board level, medical providers who are typically focused on healthcare are broadening their perspectives to social determinants of health. We know that while important, only 10 percent of health is determined by medical care, while 60 percent is due to lifestyle, behavioral, social, and environmental factors. Local public health has a seat at the table to help identify how community prevention efforts can have a huge impact on the health of an entire population.

Systems are being built from the bottom up in Yamhill County. For example, our health officer and medical examiner, who is a local pediatrician, regularly witnessed the drug overdoses and chronic pain plaguing our communities. Last fall, he organized a community-wide event where over 100 prescribing providers—from dentists to family physicians and psychiatrists—attended a pain summit. The event established community-wide opioid prescribing practices and announced the development of a Yamhill CCO-sponsored wellness center that will provide alternative treatment for chronic pain.

Local public health leaders are present in the design and execution of Yamhill CCO activities, and together we are accountable to the communities we serve. Yamhill County is not the exception. CCOs and local public health are working together on opiate prevention in the Metro area, tobacco prevention in Lane and Benton Counties, and improving developmental screenings in Eastern Oregon. It's important to talk about these stories because they are the result of great work to improve community health but they are also the result of funding for both CCOs and local public health. As you make your budget decision, it is critical to remember, however, that CCOs are responsible for the health of 25% of Oregon's population while public health ensures the safety and health of all Oregonians.

Oregon has been a leader in Health System Transformation. Public health modernization and funding investments for local public health in SB 5526 move us toward the promise of a healthier Oregon.

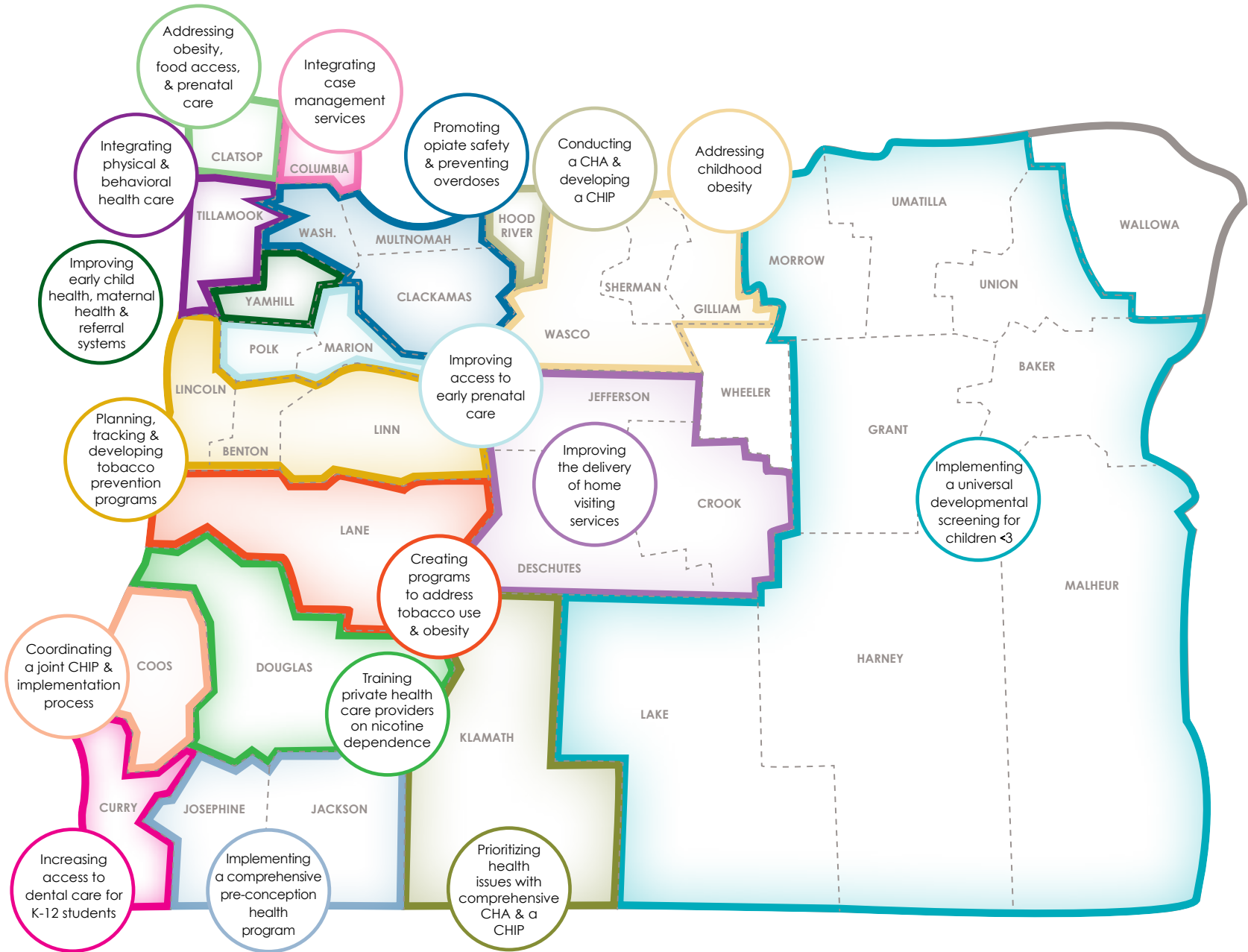
Thank you for your time today.

Silas Halloran-Steiner  
Yamhill County Health and Human Services Director

# PUBLIC HEALTH AND CCO PARTNERSHIPS TO IMPROVE HEALTH

Nearly the entire population of Oregon lives in an area where there are strong relationships between local public health and CCOs.

OREGON COALITION OF LOCAL HEALTH OFFICIALS



# OREGON COALITION OF LOCAL HEALTH OFFICIALS

## PARTNERSHIPS & CCO PARTNERSHIPS TO IMPROVE HEALTH

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Oregon's local public health departments are uniquely qualified to provide strategic information, research, support and services to Coordinated Care Organizations (CCOs). Local public health departments throughout Oregon are using their unique qualifications by collaborating in innovative ways with CCOs to ensure their success.

### MATERNAL CHILD HEALTH

As indicated by the map, there are several communities working together on maternal and child health issues. Some of this work with different CCO partnerships includes:

- Implementing universal developmental screening for children less than 3 years old (Union County Center for Human Development, North Central Public Health District, Baker, Grant, Harney, Lake, Malheur, Morrow, and Umatilla Health Departments).
- Improving the delivery of home visiting services to pregnant women and children while monitoring outcomes and working to connect women with WIC, OHP, providers and public health to improve pregnancy outcomes (Crook, Deschutes, and Jefferson County Health Departments).

### ASSESSMENT & COLLABORATION

Many of our local health departments across the state are collaborating with CCOs by utilizing community data to plan, and coordinate health services to improve the health of their communities. The map displays a few of these examples including:

- Conducting a comprehensive community health assessment (CHA) and a community health improvement plan (CHIP) to identify and prioritize health issues (Hood River, Coos, and Klamath County Health Departments are each working with the CCOs in their communities).
- Integrating physical and behavioral health care (Tillamook County Health and Human Services).

### PREVENTION

Local health departments are working with CCOs to create innovative prevention and health promotion programs to meet the unique needs of their communities. The map highlights some of these efforts including:

- Using creative approaches to promote health and prevent disease that include early prenatal care and education, time-banking service exchange, and addressing unemployment and food access (Clatsop County Health Department).
- Addressing childhood obesity by identifying community driven ideas, this work has received a Governor's designation for Oregon Solutions (North Central Health District serving Wasco, Sherman and Gilliam Counties).
- Implementing a comprehensive preconception health program that includes "One Key Question" (Jackson and Josephine County Health Departments).
- Training private health care provider practices on nicotine dependence (Douglas County Public Health Department).



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