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# OHA Public Health Governor's Balanced Budget 2013-2015

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned below the "Health" text, extending from the left side of the "H" to the right side of the "y".

Oregon  
Health  
Authority

## OHA Public Health

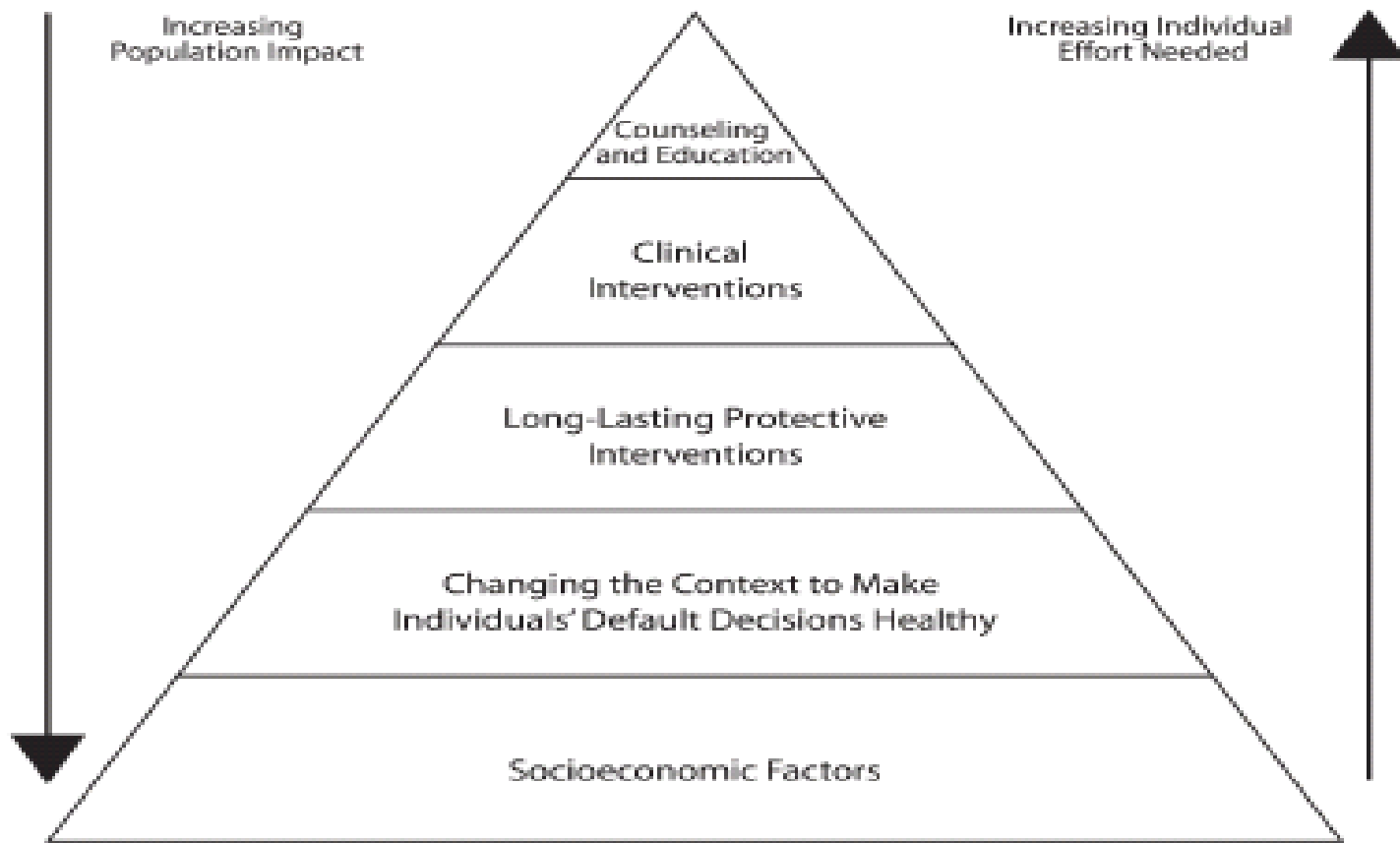
- OHA's Public Health supports the goals of Oregon's transformation of the health care and education systems by promoting population-based prevention initiatives.
- Outcomes from a population-based approach to health include:
  - Improved lifelong health of all Oregonians
  - Reduced demand for costly health care services
  - Improve educational outcomes, including more kids ready to learn and higher graduation rates

## OHA Public Health Vision, Mission, and Goals

- The vision: lifelong health for all people in Oregon.
- The mission: to promote health and prevent the leading causes of death, disease and injury in Oregon.
- Over the next five years, OHA Public Health seeks to—
  1. Make Oregon one of the healthiest states in the nation
  2. Make Oregon's public health system into a national model of excellence

## Public Health Historical Perspective

- Founded in 1903 to respond to infectious diseases
  - Even now, new and old infectious diseases are a constant threat including, SARS, West Nile, flu, whooping cough, TB, and E. coli
  - Essential to maintain disease surveillance, immunization, regulatory programs, public information capabilities, and preparedness and response.
- Today, however, the greatest risk to the health of Oregonians is chronic diseases and injuries
  - Tobacco, obesity, injury, and heart disease and stroke
  - Significant progress through policy changes but more work to do
  - More than 80 cents of every health care dollar is still spent on treating chronic diseases



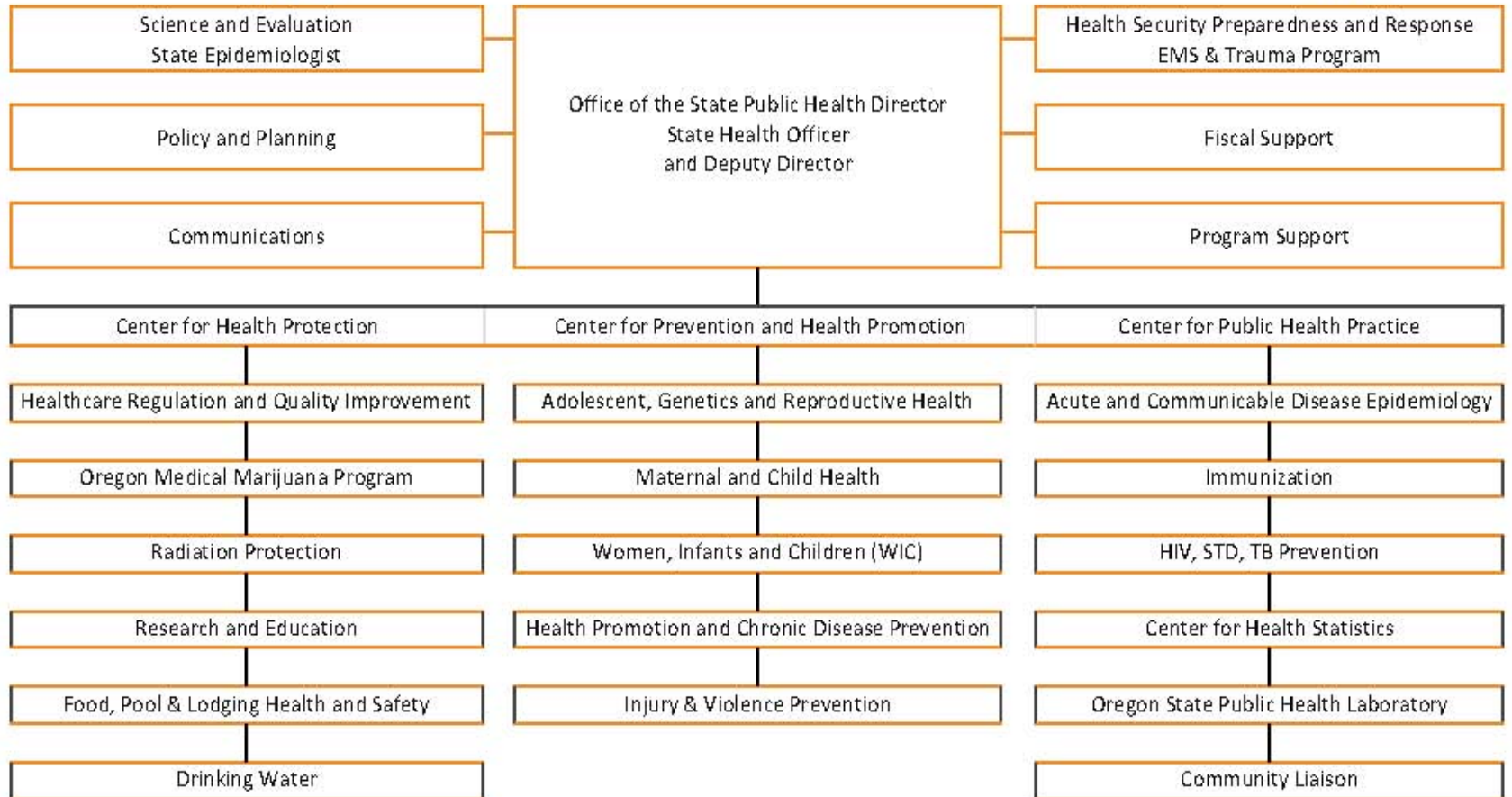
**FIGURE 1—The health impact pyramid.**

## OHA Public Health Organizational Structure

- Recognizing the opportunity associated with transformation,
- in 2011-13 OHA Public Health reorganized, carried out a statewide health assessment, and completed a strategic planning process.
- On July 1, 2012 Public Health announced a new structure made up of three Centers overseen by an Office of the State Public Health Director.
- The new structure enables Public Health to—
  - Support the broader efforts of health care transformation
  - Support emerging areas of importance, such as human exposures to toxins
  - Reduce duplication and improve operations
  - Focus on evidence-based interventions

# OHA Public Health Organizational Structure and Programs

- Center for Health Protection:
  - Consistent, strong approach to protecting health
  - Programs touch every hospital, drinking water system, and restaurant in Oregon
- Center for Prevention and Health Promotion:
  - Community-oriented prevention and clinical prevention services
  - Working with community partners and local public health, school-based health centers, health care providers, and Coordinated Care Organizations
- Center for Public Health Practice:
  - Historical core of public health, including vital records
  - Partners with local communities and local public health, particularly on communicable disease control





## Examples of Public Health Programs and Return on Investment

- Public health programs reduce costs by promoting healthy options, creating safe and healthy communities, and preventing the need for acute medical care.
  - For example, Oregon’s family planning program saved more than \$28 million in state dollars and \$81 million federal Medicaid dollars in 2011 by avoiding unintended pregnancies.
  - Each biennium, tobacco costs Oregon \$4.8 billion, including \$748 million to the Oregon Health Plan. Comprehensive tobacco control programs have a 5:1 return on investment.

# Public Health in Oregon

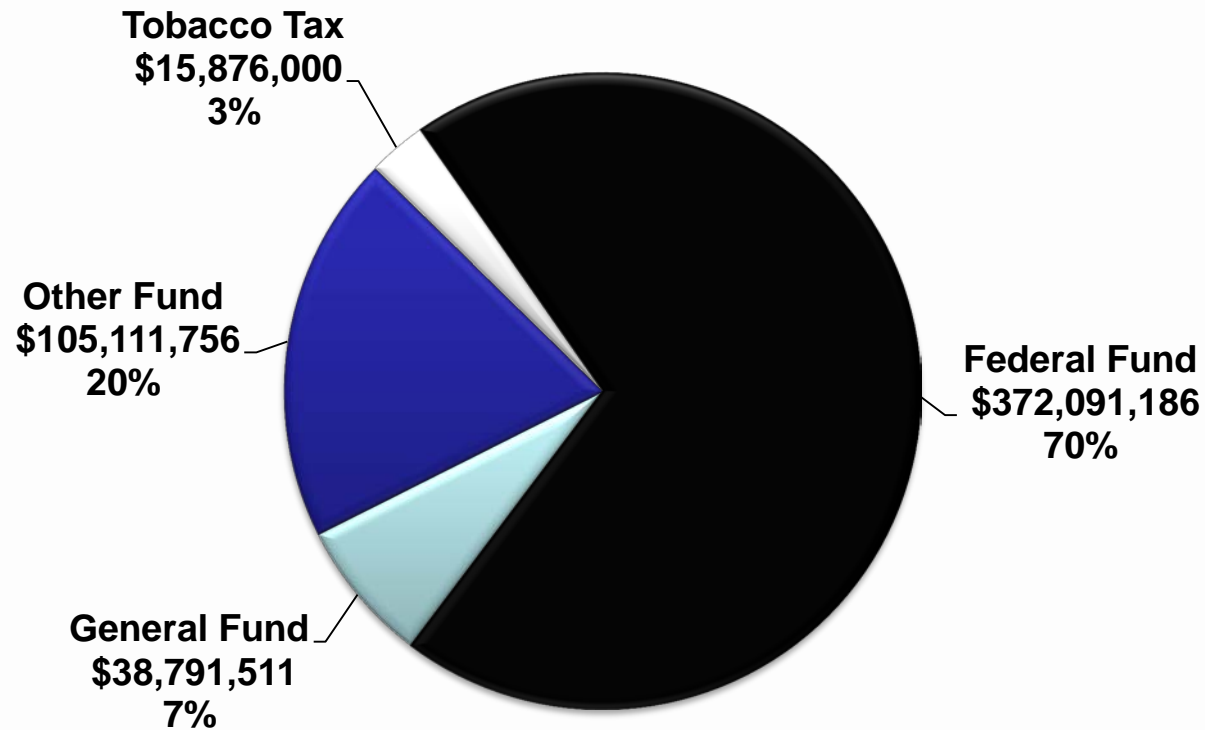
## Strategic Challenges and Opportunities

- Challenges
  - Shifting demographics and causes of disease
  - State and federal fiscal pressures
  - Stresses on the local public health system
  - Significant natural disasters or disease outbreaks
- Opportunities
  - 10-Year Plan for Oregon
  - Health care transformation
  - Focus on education goals (40/40/20)
  - National public health accreditation
  - New emerging partners

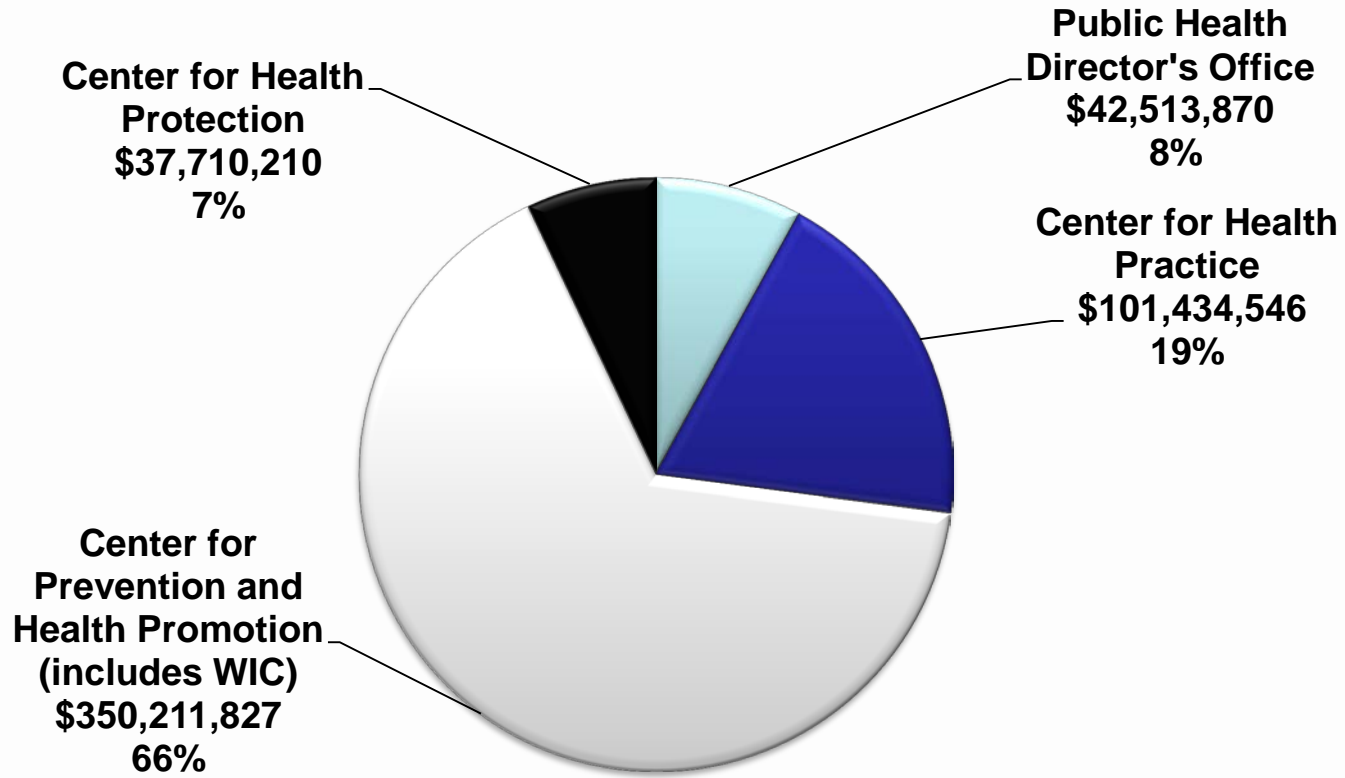
## Major Budget Drivers for Public Health Services in Oregon

- Drivers of demands for public health services include:
  - Population increases
  - Changing demographics (e.g., eligibility for WIC)
  - Reduced availability of locally-funded programs
  - Changes in the health care system
  - Recognition of the role of prevention in achieving health care and education goals
  - Changes in federal programs and funding
  - Changes in the environment (e.g., climate)
  - Federal, state and local policies

## Federal Dollars are the Largest Funding Source for OHA Public Health Budget



# OHA Public Health GBB Funding by Center \$531.9M (Total Funds)



## Budget History and Program Changes

OHA Public Health has managed reductions over time

- GF reduced by \$2.98M in 2009-11
- GF reduced by \$16.9M in 2011-13
- OF and FF used to offset these reductions
  - Medical Marijuana fees used to offset reductions to GF used to support Drinking Water, EMS, CCare and SBHC
  - Significant FF reductions anticipated in 2013-15
  - History of instability in OF sources of revenue (e.g., vital records)

## Management Actions to Mitigate 2011-13 GF Reductions (\$16.9M)

- Sought out new federal grant opportunities
- Reorganized six offices into three centers and the OSPHD
- Shifted additional staff to federal grants, where allowed
- Reduced optional shared services costs, where feasible
- Held open vacant positions
- Eliminated positions, including—
  - 2 senior administrator positions
  - 1 section manager position (EMS)
  - 8 positions in Drinking Water Protection
  - 1 position in School-based Health Centers

## Management Actions to Mitigate 2009-11 GF Reductions (\$2.98M)

- Reduced travel and supplies
- Held open vacant positions
- Shifted staff to federal grants, where feasible
- Utilized one-time federal ARRA funding, where permitted
- Cancelled plans to expand CCare
- Switched drug purchases for STIs to generics
- Re-negotiated contracts with vendors
- Eliminated 4 GF positions in the Office of the Director



## 2013-2015 Major Budget Issues and Funding Included in the GBB

### Major Budget Issues:

- Dependency on Federal Funds to support core public health programs
- Significant proposed reductions in Federal Funds in FFY13
- Potential federal sequestration and associated reductions
- Dependency on Medical Marijuana fee support and uncertainty of sustainability

### Funding Included in the GBB:

- The Governor's Balanced Budget includes funding to support the 2013 – 15 current service level for public health services.

## GF to OHA Public Health in the 2013-2015 GBB

*(Based on Current Service Level assumptions)*

State Support for PH to LHDs	8.5M
Immunization	2.2M
Disease Outbreak	1.1M
HIV/STD/TB	3.4M
Laboratory Services	3.0M
WIC	.2M
Maternal Child Health	.4M
Adolescent Health & Genetics	6.7M
Women's Reproductive Health	6.7M
Child Health	1.8M
Oral Health	.4M
Perinatal Health	.6M
Injury Prevention	.3M
Environmental Protection	.8M
Office of the State Public Health Director	<u>2.7M</u>
Total	\$38.8M

## OHA Public Health 2013 Legislative Concepts

- HB 2092 - Preventing Injuries in Oregon
- HB 2093 - Revised Model State Vital Statistics Act and Regulations
- HB 2094 - Housekeeping Bill