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March 9, 2015

Chair Greenlick and members of the House Committee on Health Care, I am Tammy Baney, Deschutes County Commissioner and Chair of the Task Force on the Future of Public Health Services. I am here today to provide support for HB 3100, which establishes the foundational public health capabilities and programs based upon the recommendations of the Task Force.

I appreciate the collaboration and dedication that has brought us here today on this very important topic. Many of us in this room are invested in modernizing the public health system in Oregon and have put in countless hours working together to bring this very important legislation forward.

The Task Force was convened as a result of HB 2348 (2013) in order to provide recommendations to the legislature on the design of a public health system for the future. This Task Force was truly a collaborative and open process, which lasted over nine months. As customary in Oregon our meetings were open to the public, however knowing that success could only be achieved by including stakeholders and community partners we purposefully created substantial opportunity for public input, often taking public comment multiple times throughout meetings. Membership of the Task Force included individuals from across the state. We had thoughtful, sometimes spirited discussions at each Task Force meeting, and in the end created a report that is truly collaborative in nature. The members of the Task Force included:

- Tammy Baney (Chair), Deschutes County Commissioner
- Liz Baxter (Vice Chair), Oregon Public Health Institute
- Carrie Brogoitti, Union County Public Health
- Carlos Crespo, Portland State University
- Charlie Fautin, Benton County Public Health
- Nicole Maher, Northwest Health Foundation
- John Sattenspiel, Trillium Community Health Plan CCO
- Jennifer Mead, Department of Human Services
- Gary Oxman, Multnomah County Medical Officer
- Alejandro Queral, United Way of the Columbia-Willamette
- Eva Rippeteau, AFSCME Council 75
- Rep. Jason Conger (R-Bend)
- Rep. Mitch Greenlick (D-Portland)
- Sen. Bill Hansell (R-Pendleton)
- Sen. Laurie Monnes Anderson (D-Gresham)

The Task Force recommended that foundational public health capabilities and programs be identified and funded so that appropriate levels of public health are accessible to everyone in Oregon. HB 3100 makes that recommendation a reality.

For example, the Task Force agreed that to keep all Oregon communities safe, we needed to assure that there were foundational public health programs in:

- (1) communicable disease control
- (2) environmental public health
- (3) prevention and health promotion; and
- (4) access to clinical preventive services

HB 3100 provides for the adoption of these foundational capacities and programs. Public health is a critical component to the public safety system in our communities. Deschutes County is comprised of 78% public land; the communities of Sisters, La Pine, and Bend have developed into the wild-land urban interface.

By creating defensible space such as clearing brush, limbing trees, and using fire resistant building materials, we reduce our chance of a catastrophic wildfire. These types of preventative actions are no different than the role that the public health foundational capacities and programs play in protecting our communities from a disease outbreak. When we have a wildfire, we depend upon a coordinated fire-fighting program to protect citizens of Deschutes County, and proven practices to prevent and mitigate fires. We expect reliable resources and foundational programs for public safety; we should expect the same of public health. You need a robust and effective public health department just as much as you need a robust and effective sheriff's office.

I believe that public health is not discretionary; it is a core service that governments must provide in order to protect communities. Yet Oregon currently ranks 46th in the nation in state per capita funding for public health, at \$13.37 per capita compared to a national average of \$27.40 per capita.

Unlike the system we have today, the framework the Task Force has presented outlines pathways for local public health to have the flexibility to operationalize the foundational capacities and programs through a single county; a single county with shared services; or a multi-county jurisdiction structure. The framework also offers a better alignment with the CCO's in order to not duplicate efforts; rather compliment and align the good work being done.

Over the last six months, public health has needed to respond to new and emerging public health issues that threaten the lives of our most vulnerable: Ebola, pertussis, measles and meningococcal disease. If not managed effectively and proactively, public health threats have the potential to undermine many of the other priorities of our communities, including education and economic development.

With the adoption of HB 3100, we will move forward the conceptual framework for the foundational programs and capabilities of a modernized public health system. We still have much work to do to operationalize the framework, and I look forward to working with all of you to do so.

In service to our community,

Tammy Baney
Deschutes County Commissioner
Chair, Task Force on the Future of Public Health