

April 2nd, 2015

To: Chair Bates, Chair Nathanson and members of the House Healthcare Committee

From: Loreen Nichols, Director of Community Health Services for Multnomah County Public Health
RE: SB 5526

Hello, my name is Loreen Nichols, Director of Community Health Services for Multnomah County Public Health, and I serve on the Oregon Health Authority's Public Health Advisory Board. Thank you for the opportunity to testify today on public health funding in the Oregon Health Authority Budget (SB5526). I am particularly thankful to be before your Committee, recognizing the leadership and commitment you have shown over the years as champions of important public health initiatives.

Public Health is the backbone of a healthy community. We are front-line responders who investigate and protect people from life-threatening diseases, and analysts who develop cost-effective best practices to improve public health. Public health brings communities together in a common cause for health, by assuring access to healthcare and by building a healthy environment for our children. And we support our state's elected officials in making health policy decisions that ensure the health of generations of Oregonians.

From my perspective as both a local and state public health leader, **my testimony today will focus on three areas affecting the everyday health of all Oregonians.**

- *Our foundational public health programs and capabilities*
- *Equal access to these programs across the state*
- *Synergy between our public health system and health system transformation*

The Legislature's strong commitment to a healthy Oregon created the Task Force on the Future of Public Health. **Among the widely accepted recommendations from this Task Force was a structure for prioritizing public health work in our State based on foundational programs and capacities.** The Foundational Programs and Capabilities range from the assessment and epidemiologic work to preparedness planning to assure a timely response when an emergency arrives at our doorstep. In all of our work, we make sure that even the most vulnerable residents have a voice.

An example of a foundational program and capability in action is Multnomah County's response to Ebola this past fall. On Halloween Day last October, a person recently arrived from Liberia and living in Portland developed a high fever -- becoming Oregon's first suspected case of Ebola. Unlike the confusion that we saw in Texas, we were ready to go. **But our response was not a matter of luck: it was advance preparation and then teamwork, coordinated by a stretched-but-still-functioning public health system.** The time from when the first report of suspected Ebola was identified to when this patient was admitted to the appropriate hospital took only a few hours. During this time, Multnomah County Health Department provided the initial situation assessment and activated partnerships, establishing which hospital could take the patient, and safely transporting her there. Before transport

was even initiated, public health had identified household contacts. Our epidemiologists and Health Officers worked with the family to develop individualized, voluntary monitoring plans and collaborated with experienced state medical epidemiologists and the federal Centers for Disease Control to monitor the process. And a key component to our success with voluntary monitoring plans for contacts was Multnomah County building trust throughout work on community partnership and health equity that began months earlier.

The work in the foundational areas exemplified here is being pursued across the state. **Unfortunately, our current budget for these activities leaves us 46th in nation for *per capita* state contributions to public health.** Compared to all states, Oregon pays *less than half* the national average for *per capita* public health spending.

Federal grants help boost the investment in public health. However, federal funding creates a system dominated by agendas in Washington DC and Atlanta GA, rather than based on the needs of Oregonians. Any additional funding in the public health system is made up by the county general fund dollars. This brings me to a second set of concerns that I continue to raise as member of Oregon Health Authority's Public Health Advisory Board.

The burden of front-line public health services falls on local jurisdictions. **Without sufficient state investment, local health departments across the state lack the ability to fully meet the health challenges faced by their populations.** For example, statewide, youth and communities of color bear a significant burden of the health impacts of tobacco use. To address this, state tobacco prevention dollars have supported counties in a spectrum of work that includes curbing youth access to tobacco and preventing tobacco companies from targeting vulnerable populations. However, without sufficient funding there is variability in each county's ability to adequately address health disparities as counties seek to fill in funding gaps to meet need through general fund or grants. Funding comprehensive tobacco prevention and control programs at recommended CDC funding levels enable counties to work more efficiently and see greater return on investments and healthier communities across the state.

Public health issues like Ebola and tobacco use prevention do not stop at county lines. We must ensure communities across our state have equitable access to these type of foundational public health work.

Investment in public health is synergistic with the transformational work now being done in health care reform and in early learning. **Keeping our children, our families, and our communities healthy keeps our children ready to learn, reduces our health care costs, and allows our communities to thrive.** The work done around Health System Transformation and Early Learning is visionary, and the experience honed through decades of public health experience can truly support this work.

But at present, we are unequal partners. The State invests significant health dollars in health care. However, health is more than health care and to keep our populations healthy, we must invest equally in upstream work provided by public health. Oregon has always been a leader in investing in the future. I urge you to continue this by increasing your investment in Public Health. Full public health investment is forward thinking and sets the stage for a healthy future for all Oregonians.