

# Health Department



**TO:** Co-Chairs Bates and Nathanson and members of the Joint Committee on Ways and Means, Subcommittee on Human Services

**FROM:** Loreen Nichols, Director of Community Health Services for Multnomah County Public Health

**RE:** SB 5526 Oregon Health Authority Budget – Response to Questions posed at the Public Hearing, 4/2/15

**DATE: April 16, 2015**

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Thank you for the opportunity to address some of the questions that were raised during the public hearing on April 2, 2015, regarding the Oregon Health Authority's Public Health budget. Committee members raised important questions about the relationship between public health and CCOs, highlighting the fact that partnerships between local public health departments and CCOs vary greatly across the state.

Healthy communities are vital to all Oregonians. Public Health works to protect the health of all residents in our communities statewide, while CCOs bear the responsibility for providing health services to approximately 25% of the state's citizens. Public Health and CCOs have separate, but closely linked, responsibilities. CCOs are responsible for providing health services to their Medicaid clients; Public Health provides diverse population-level services including preventative, clinical, community, and environmental health care to all of Oregon with the goal of ensuring healthy people in healthy communities statewide. CCOs and Public Health must work together through equitable partnerships to ensure our diverse populations are healthy and thriving. The Human Services Subcommittee raised the specific issue of rolling Tobacco Master Settlement Agreement (TMSA) funds into the CCO global budget in the context of CCO/Public Health partnerships.

The health risks of tobacco use are uniformly recognized across health care and public health systems. TMSA funds are one of the strands of funding that support important community level work that helps prevent and reduce tobacco use. Without this public health prevention work, a person trying to quit smoking faces the additional challenge of being surrounded by an environment that constantly cues them to continue using. This same seductive environment provides youth easy access and encouragement to experiment with tobacco products. This scenario is a lose-lose situation. When efforts to reduce tobacco use are limited exclusively to clinical settings, the provider is rarely successful, the client struggles, and ultimately we all pay.

The community-level tobacco prevention work Public Health provides has helped significantly reduce tobacco use in our State by raising community awareness of the harms of tobacco, decreasing youth access to tobacco products, and creating more smoke free environments.

This work is effective and it is making a lasting public health impact. However, it cannot be sustained if TMSA funds are no longer available to the public health system. Oregon's current, community-wide tobacco prevention is funded at 28% of the Centers for Disease Control's recommended level. Continued underfunding puts this work in jeopardy.

Putting TMSA funding into the CCO global budget may leverage additional federal funds. However, the current CCO structure is not designed to provide community-based services. As mentioned earlier, CCOs serve only approximately 24% of the population, whereas public health serves everyone. If TMSA funds were to be allocated to CCOs to achieve the federal match, CCOs could be required to contract with local health departments to provide the community-based prevention services. .

A question was also raised during the public hearing about what local health authorities are doing to improve immunization coverage. The Multnomah County Communicable Disease Program (CDP) works diligently with community partners, schools, and families to increase education, awareness, and access to immunizations to increase coverage. However, shifting public attitudes towards immunizations have created significant barriers to this work.

In response to the high and increasing rate of vaccine exemptions in Multnomah County, CDP established a Vaccine Hesitancy Strategic Planning Group. As a result of action items set forth by this group, the MCHD Health Officers meets with administrators of select private schools with high exemption rates as well as groups of parents within these schools to give these communities information and education to increase coverage as well as an opportunity to ask questions and address concerns.

Starting late 2015, CDP will also provides on-site training to staff of child care facilities on how to complete the school immunization reporting process and provide information/education on frequently asked questions by parents. This work aims to increase coverage to keep our children healthy. However, as Oregon's population has increased, the funding for services including CDP has stayed flat and in fact has actually decreased because it has not been adjusted for inflation. This makes it evens more challenging for CDP to provide services at full capacity.

I would like to bring to your attention another area of significant concern to the public health community: chronic disease and obesity prevention. Although treatment by health care providers are an important part of the solution, treatment alone is not the solution. Population-based interventions, such as the community immunization and tobacco prevention work mentioned above provided by public health, will help create healthier communities. Sustainably funding these services will allow public health to adapt quickly and effectively, and work hand in hand with our partners including CCOs, to meet the needs of our growing and changing population in Oregon.

Thank you for working to ensure adequate public health funding in Oregon. This important work impacts the diverse communities across our entire state and affects each of us where we live, work, and play. Your leadership and commitment as champions of public health is invaluable to our communities.