

Coos Health & Wellness

Together, Inspiring Healthier Communities



March 7th 2017

To: Sen. Steiner Hayward, Co-Chair
Rep. Rayfield, Co-Chair
Members, Human Services Sub-Committee of the Joint Committee on Ways and Means

Re: Testimony for the Public Health Budget Hearing (HB5026)

My name is Florence Pourtal-Stevens and I am the Public Health Administrator for Coos County. I am providing written testimony in support of continued and much needed investments in the Oregon public health system. These investments are crucial in all communities in the State and particularly in rural communities like the one we serve. Reducing the investment the State of Oregon has been making to State mandated activities like communicable diseases prevention and control and access to reproductive health services will have a devastating effect on small, rural areas. We have little or no other resources to fill any gaps created by loss of funding. We have bare bones infrastructure as it is.

1. First of all, I want to make sure you are aware that the ***“state support for public health” (SSPH)*** category is the primary funding source for communicable disease control programs at local health departments. A reduction in funding will reduce our ability to adequately investigate and control communicable diseases - including foodborne illness, influenza outbreaks, hepatitis, emerging diseases such as Ebola Virus Disease and Zika, and rising rates of sexually transmitted diseases. It is the governmental public health that addresses disease control, ensures timely reporting of communicable diseases, and responds to outbreaks as they arise. As such, ***funding for local public health communicable disease programs is critical for public safety.***

Below are a few examples of how SSPH funding has impacted our ability to serve our community:

- In 2014/15, Coos County played a major role in ensuring that the people who were returning from Ebola affected countries were monitored for signs and symptoms of the disease for 3 weeks following their return to the United States. This involved constant communication between the State, the health department and the person under monitoring (PUM). We worked across community sectors to develop plans and partnerships in case PUM would become symptomatic. ***This work would not have been possible without the investment and funding provided through the state support for public health.***
- We ensure that all reportable communicable diseases in the county are investigated, monitored and that outbreaks are responded to. In 2016, we received 1,057 communicable disease reports. After investigation, 355 of these were confirmed cases of disease. The team (0.63 FTE) ensured that all these “cases” were reported to the Oregon Health Authority within the required timeline, and ensured that every person requiring an interview was contacted.
- In order to conduct this work, our team communicates regularly with stakeholders in our community to ensure timely and proper reporting of communicable diseases and accurate communication for preventative measures that need to be taken.

Even though the work we conduct on a daily basis goes too often unnoticed, we cannot afford to leave our health departments underfunded and without adequate public health infrastructure until a horrific epidemic, disaster or outbreak occurs. Diseases like mumps, meningitis, and drug-resistance tuberculosis and measles demonstrate the ongoing need for a strong public health system. ***A reduction in funding will impact the ability of public health departments to control the spread of disease and ensure our communities are protected, potentially putting lives at risk.***

From 2008-2013, the number of disease reports has increased over 30% statewide while funding to investigate and respond to those reports has decreased over 10%. The long-term health consequences from budget reductions will far outweigh the short-term savings.

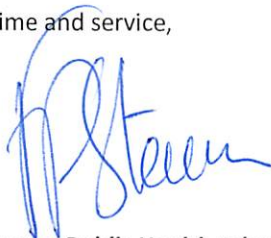
2. Second of all, **the Contraceptive Care Oregon (CCare) program** allows hundreds of women and families in our county to access reproductive health care services that would not be available to them otherwise. Our local health department serves a rural county where almost 19% of the population is in poverty, according to census data from 2015. Approximately 60% of our total population benefits from either Medicaid or Medicare. Also, we know that 50% of pregnancies in Oregon are unwanted pregnancies or pregnancies that were not planned for and that young adults (18-24) have the highest risk for unintended pregnancies. This age group also tends to work lower income jobs right out of school, making it difficult to pay the cost of birth control.

- Thanks to the CCare program, our reproductive and sexual health clinic offers a wide array of confidential services, including birth control, breast & cervical cancer screening, STI prevention counsel, testing & treatment, and relationship safety and nutrition.
- In 2016, 38% of the 512 unduplicated patients we served in reproductive health and family planning benefited from the CCare program. Over 63% of them were below 100% of the poverty level. 88% of these clients are between the ages of 15 and 34.

State General funds used to support the Contraceptive Care program are eligible for a 9:1 federal match. **It is so important that the funding for the CCare program is maintained to ensure access to much needed reproductive health and family services to women and families who might not have access to these otherwise.** Also, before the implementation of the ACA and the expansion of the public health insurance in Oregon, we used to serve an even larger number of women and families through the CCare program. So considering reducing the funding for CCare and reducing some of the services reimbursed by the Oregon Health Plan, might create a major step back in term of access to essential reproductive health services in our State.

3. Finally, **Babies First!** is a nurse home visiting program that serves families with children birth through four years of age who are at risk for growth and/or developmental delays. The overarching goal is to prevent poor health and early childhood development delay in infant and children. Nurses provide in home services such as an overall assessment, health screenings, case management, and health education to help families make sure their children are healthy while they grow and learn. In FY 2015/16, **our program served 167 children and their families through the provision of 2,086 encounters. The State general fund provided our program with \$10,800** that we are able to use along with other funds to serve these children and families. **Also, this investment from the State General Fund helped us leverage over \$450,000 in Targeted Case Management fees.**

Thank you for your time and service,



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