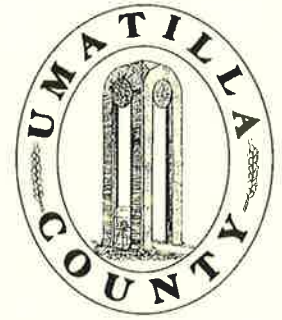


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Legislative Testimony – Modernization of Public Health

In Support of House Bill 2310

Submitted By – George Murdock, Umatilla County Commissioner

Few levels of government are as complex as a county. And few areas are probably less understood than county government.

People know about roads, they know about where they pay their taxes, they go to the county for public records, they know counties have something to do with elections, and they have vague awareness of what public safety means. Certainly they know about a sheriff and the jail, but understanding courts, probation, and additional functions adds confusion.

To this, we add many other functions including both public health and human services. Public health in particular has been a function of counties for many years although as alternatives have emerged – such as the affordable health care act – the face of local public services has been undergoing a change. At the state level, significant efforts have been invested in support of the modernization effort.

There are two meanings to modernization – the formal review being conducted under the auspices of the Oregon Health Authority and a general movement across the country that is reshaping health services.

With the affordable health care act in place, public health departments became less a source of direct service and more of an entity focused on helping create healthier communities.

A factor to consider is the presence of so many competing demands for limited county general fund dollars. Oregon's study of public health modernization clearly notes that county general funds have been a major source of support for public health services in Oregon. As funds become tighter, there will be natural variances in both the ability and the will for counties to continue supporting public health.

Certainly there are regulations in place which limit the complete abrogation of public health services, but there have been instances in Oregon of reductions in the commitment to public health as an essential county function.

The Modernization of Public Health Task Force which was created by HB2348 has been the subject of much discussion – in part because of concerns the State of Oregon might be creating a template which would be applied across the state.

In addition, there is some confusion between the term modernization of public health as it relates to the state efforts and the interest of local public health departments in adopting new approaches to how they deliver services.

Hopefully, we can find an intersection between both courses which can lead to a healthier Oregon.

While the Oregon Health Authority is generally driving the bus with regard to the modernization efforts which resulted from legislation, there is a major question which looms with regard to the current financial structure and a concept called unfunded mandates.

The report from the Oregon Health Authority on modernization clearly acknowledges the fact public health in Oregon is largely funded by county and federal sources. As a state, Oregon ranks 46th in terms of its per capita investment in public health. The OHA study clearly notes that any state efforts in the modernization arena will need to be accompanied by robust and sustained funding from the state.

In light of Oregon's current funding status, that isn't particularly likely in the immediate future and yet we cannot remove it from the radar screen.

So, do we bunch the idea of modernizing our public health systems and continuing our commitment to public health as a vital county service or do we expand our efforts to promote better health.

In my estimation, as we move forward with this issue, it will be important that counties play a key role in driving the bus. I'm a strong believer that he who has the gold, rules, and at the moment, since counties are shouldering much of the burden, they should also be having a major say in what public health looks like.

If the energy behind modernization moves to the state, counties could feel less inclined to continue their contributions. It will be important to forge a strong partnership between the counties and the state in order to encourage both entities to remain committed and engaged.

The results of the modernization study create an ambitious foundation for the future of public health. But without adequate state investment, it will mostly be a grand scheme rather than a viable program.

With all of that being said, however, there is no less need for modernizing public health, for providing equal access to services, and for helping county public health agencies fill a niche and promote healthy communities.

We should be proud that there are many wonderful examples of the movement toward healthier communities across Oregon. These programs recognize a growing realization that health outcomes are as much a product of social determinants as they are an outcome of medical intervention.

Such factors as improved educational opportunities, stable housing, access to healthy foods, and community structures that contribute to citizen activity, all help improve public health and reduce the need for medical services.

As funding becomes tighter, some counties are coming together to share resources and expertise. Oregon's modernization plan speaks to that issue and its possibilities. In an independent state like ours, natural recognition of the values of regional cooperation will likely go farther than state dictates.

Another essential ingredient of modernization is the ability of local systems to create partnerships with providers and health care organizations. Those will, of necessity, need to look different as local conditions create influences.

There is little disagreement about the importance of the value of best practices as a guide in modernization any more than the idea that efficiency and effectiveness are essential ingredients as well.

In our local system, we are continuing to define our role in direct services and the concept of population health.

There is little debate in the area of environmental health and our role. We also understand the fact we need to have capacity to deal with communicable diseases, emergency preparedness, and immunizations.

The jury is still out on our degree of direct clinical services although it has been vastly reduced and will continue to be reduced as we go forward.

In terms of the state foundation, this leaves us with the topic of prevention and health promotion and it is here we find the most exciting possibilities for the future. Prevention and promotion are the least appealing to partner entities in part because they offer the least opportunity for direct financial return.

The reason for government in the first place is to provide services that are not practical or appealing to the private sector.

By promoting healthier communities and the elements that contribute to healthier children and families, we begin to take a bite out of burgeoning health care expenditures.

- Higher education levels generally lead to higher family income which in turn leads to more access to healthy foods.
- Prenatal care and a focus on early childhood health, lays the foundation for greater education achievement and healthier children.

- Issues such as adequate housing, access to parks, trails, and other forms of exercise, and general quality of life enhancements, lead both to educational success and less likelihood of misbehavior.

When I came to Umatilla County, I quickly realized that we spend over half of our budget on patrol, parole, incarceration, and adjudication. In healthy communities, we begin to make headway in controlling those expenditures.

Modernization of public health and an understanding of how public health can shape communities and ultimately reduce government spending deserve our time and attention.

As a primary source for both funding public health services and delivering those services, counties play a pivotal role. Additional support from the state in this vital mission will ultimately contribute to both a healthier Oregon and a more efficient and effective system of government.