



PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

Public Health

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Eugene, OR 97401
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Fax 541-682-3929

Communicable Disease

Room 310
541-682-4041
Fax 541-682-2455

Emergency Preparedness

Room 360
541-682-3651
Fax 541-682-3929

Environmental Health

Room 430
541-682-4480
Fax 541-682-7459

Maternal Child Health

Room 210
541-682-8720
Fax 541-682-3925

Prevention

Room 410
541-682-3031
Fax 541-682-8700

Vital Records

Room 520
541-682-4045
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WIC

Room 210
541-682-4202
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January 31, 2019

Chair Greenlick and Members of the Committee:

Lane County is proud of its work to maintain and improve the health of its residents. The 2016 County Health Rankings and Roadmaps rank Lane County 12th out of 36 counties for overall health outcomes (length and quality of life) and 9th for health factors (health behaviors, clinical care, social and economic factors and physical environment). Our region is a moderately healthy community with well-educated and active residents.

Despite these successes, I routinely see challenges and health improvement opportunities with long term care facilities, in particular assisted living facilities. The challenges involve disease outbreaks where delays in diagnosis and treatment or improper outbreak responses occur. Those experiences highlight how infections spread in these facilities and have led to my involvement with the evolution of HB 2600. I wish to particularly thank Representative Nathanson for her work in crafting this proposal.

In my role as the Local Public Health Officer for Lane County, I believe HB 2600 should be passed by the Oregon Legislature. It will serve to address several issues that I think you should be aware of:

- Infectious diseases spread, particularly when people are susceptible. Susceptibility is increased when people are in close contact, such as at long term care facilities. In these environments respiratory, gastrointestinal, and skin exposures are increased. It is imperative that these facilities implement best practices when communicable diseases are present. It is also imperative that a systematic framework exist for response to disease outbreaks that are largely predictable, such as seasonal influenza. Sadly, what public health frequently sees is a mash up of practices, uninformed by science. Today we have evidence based practices that can limit exposure to infections, but they are infrequently used. A simple example is this. Upon realizing a resident is ill with a communicable disease, that person should be isolated from other residents. Too often such simple, evidenced based responses are delayed.
- In my experience many assisted living facilities have no medical director or very limited access to a medical director. As such, during a disease outbreak there is often no clinically trained person to diagnose patients or write prescriptions in a timely manner. This delay in assessment and treatment leads to outbreaks that are far larger and more severe than they should be. On numerous occasions I have been asked to assess patients or write prescriptions for 100 or more residents and staff. Unfortunately, there is simply no way a public health officer can safely fill that role given the logistics of care and the complexity of modern medicine.
- Prevention activities are most effective at minimizing food and water borne diseases, yet many adult care facilities are not required to have kitchen inspections or ensure employees are certified food handlers. We provide these assurances to anyone who visits a restaurant. All long term care facilities should meet similar standards to ensure the safety of food and water.

ELECTRONICALLY SUBMITTED BY:

PATRICK LUEDTKE, LANE COUNTY SENIOR PUBLIC HEALTH OFFICER

**LANE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
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