
Oregon Health Authority Public Health

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Rachael Banks, MPA, Public Health Director
Cara Biddlecom, MPH, Deputy Public Health Director



OREGON HEALTH AUTHORITY
Public Health Division

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Governor Kotek's Budget Priorities

Build more housing
and reduce
homelessness

Improve access to
mental health and
addiction services

Ensure Oregon's children
are better served by
early literacy, child care,
and K-12 investments

Public Health in the Governor's Budget

- Oregon is a national leader in modernizing its public health system
- Continued investments in the public health system can mean:



Increases to bicultural and bilingual public health workforce



Reproductive health care in rural and underserved communities that is easy for anyone to use



Community-based prevention to preserve health system capacity



Capacity to address the impacts of extreme heat, cold and wildfires



Stronger public health system capabilities, programs and infrastructure

Why PHD

What PHD Does

Strategies and Successes

Challenges

Proposed Budget



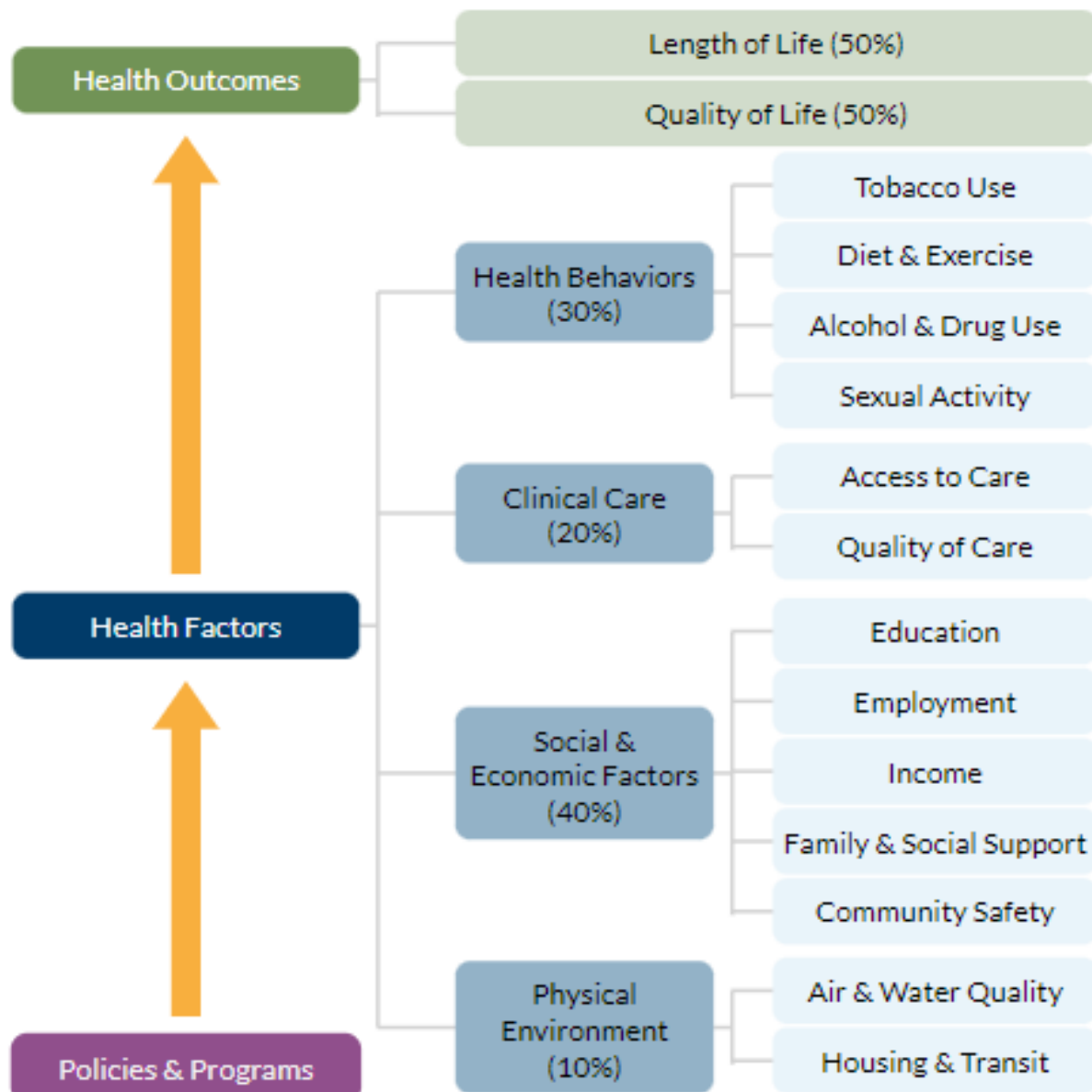
OHA's Strategic Goal

**Eliminate health inequities
in Oregon by 2030**

The Triple Aim

- 1 Better health**
- 2 Better care**
- 3 Lower costs**

Public Health Determines 80% of Health Outcomes



County Health Rankings model © 2014 UWPHI

Source: <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model>

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Vision, Mission and Goals

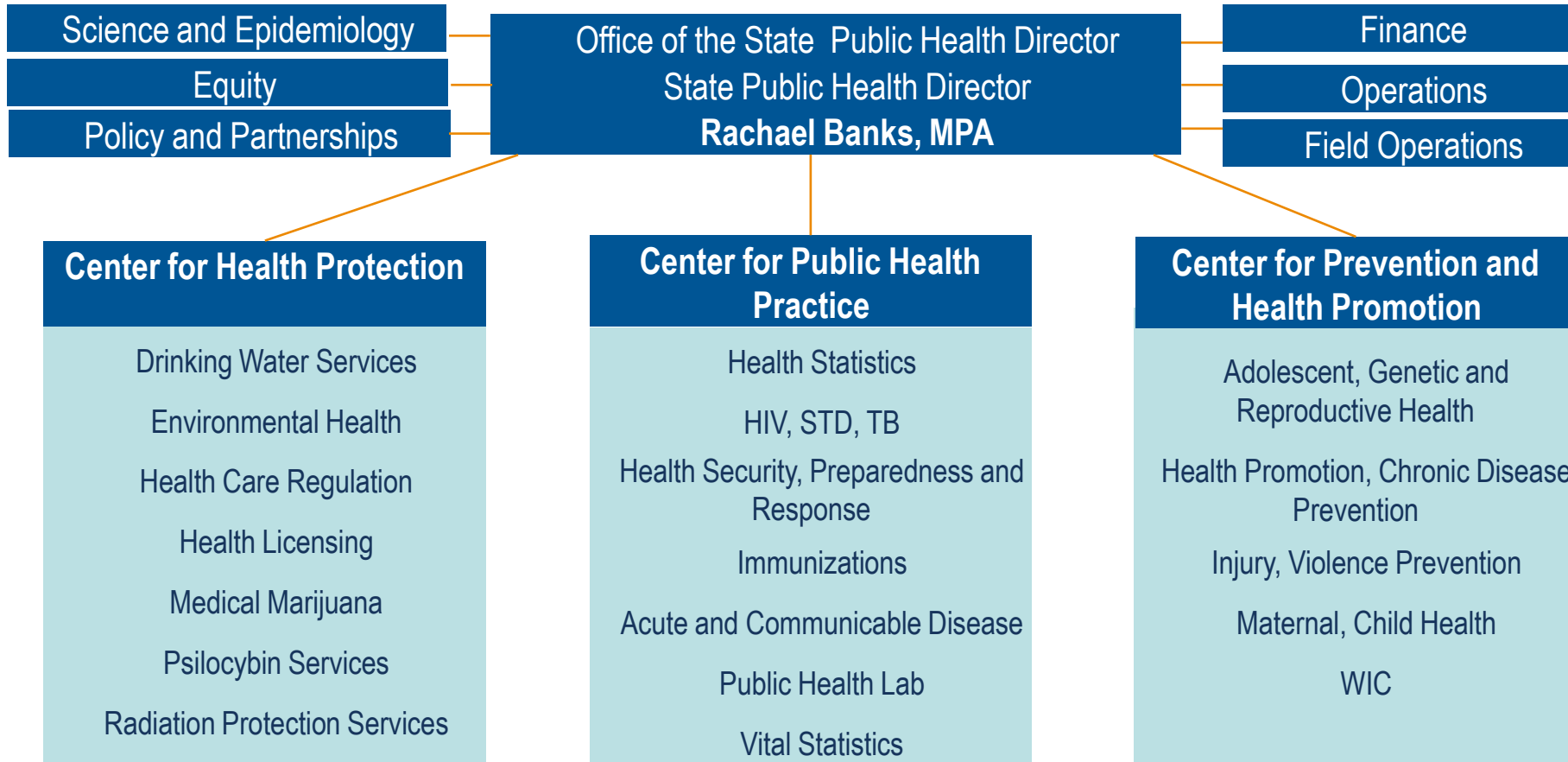
Vision: Lifelong health for all people in Oregon

Mission: Promoting health and preventing the leading causes of death, disease and injury in Oregon

Goals: A modern public health system that serves every person in Oregon and eliminates health inequities by:

- Protecting people from communicable diseases
- Preparing for and responding to emergencies
- Limiting environmental risks to public health
- Promoting health and countering the harmful impact of chronic disease and injuries
- Ensuring equitable access to quality health care

Public Health Division Organization



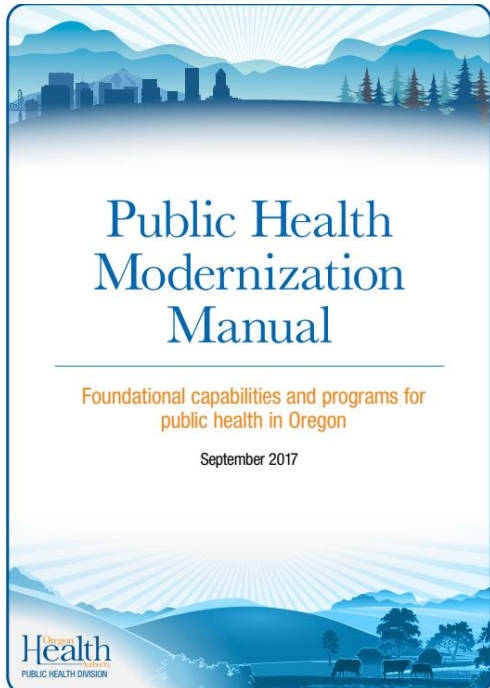
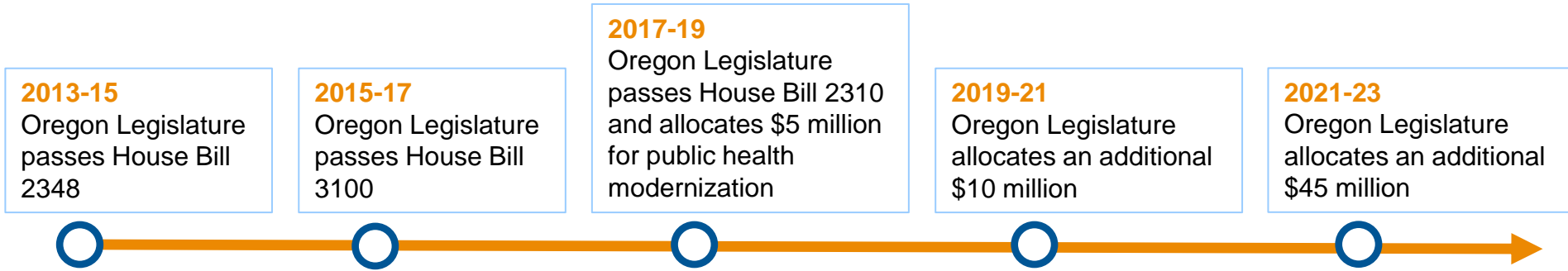
Oregon's Public Health System

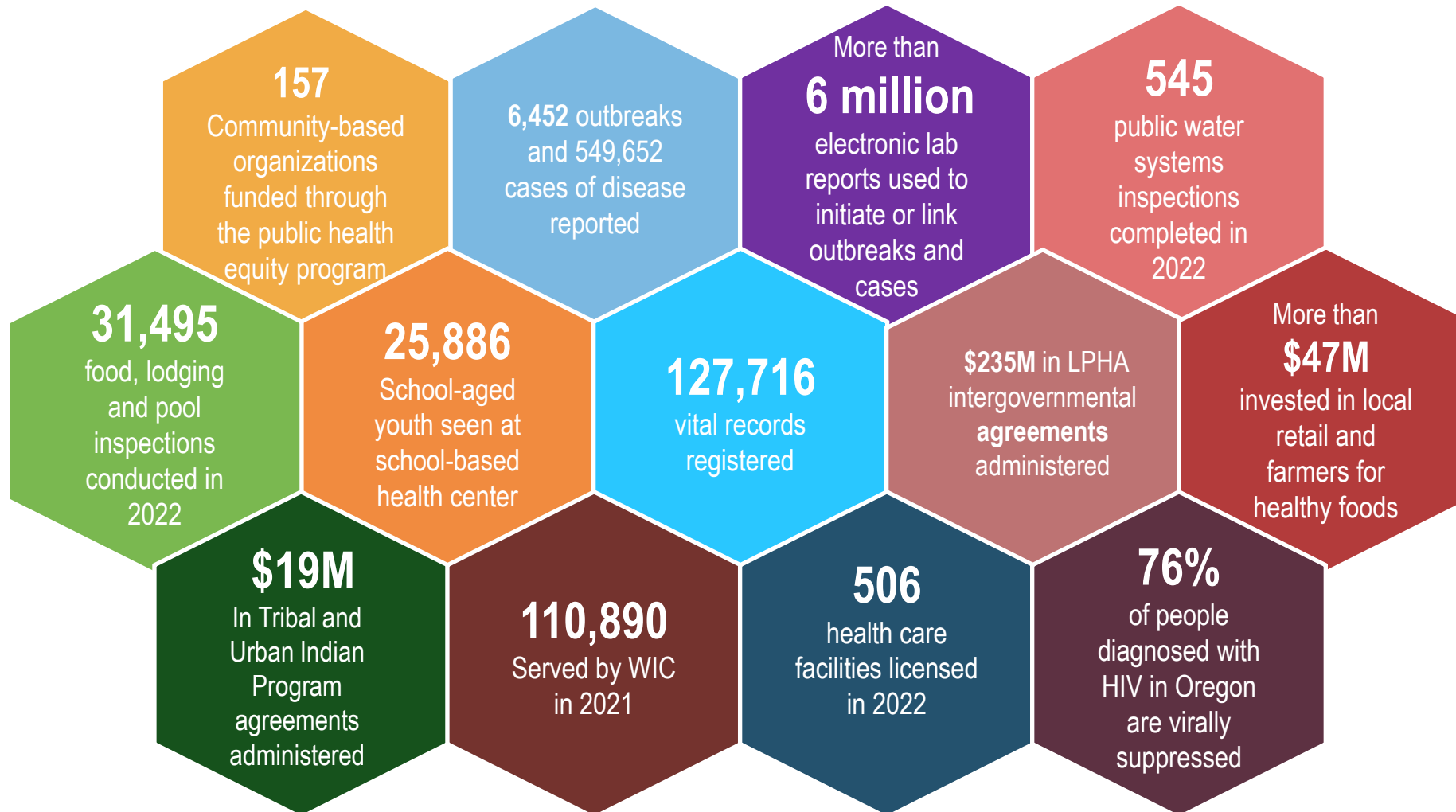


Modernized Framework for Public Health



Public Health Modernization Milestones





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Strategies and Successes

What public health has done:

- Prevented the spread of COVID-19, mpox, and other communicable diseases
- Promoted health through home visiting services, alcohol, tobacco and other drug use prevention, school-based programs
- Protected communities from health effects of wildfire, extreme heat and supported clean drinking water

How it has been accomplished:

- Community health improvement planning to identify and address health inequities and improve health outcomes
- In partnership with local public health
- Supporting community based organizations
- In consultation with Tribes



Public Health
Prevent. Promote. Protect.

Health
Oregon
Authority

Closing COVID-19 Vaccination Equity Gaps

Inequities in COVID-19 vaccination rates have lessened between May 2021 and December 2022 for Tribal communities and communities of color.

How to interpret:

Vaccination rate measured in % of people with one dose.

x = the relative ratio of vaccination rate of each rarest group compared to the statewide vaccination rate.

A ratio of 1.00x means that there is no difference.

A ratio > 1.00 means that the vaccination rate of the rarest group is higher than the statewide vaccination rate.

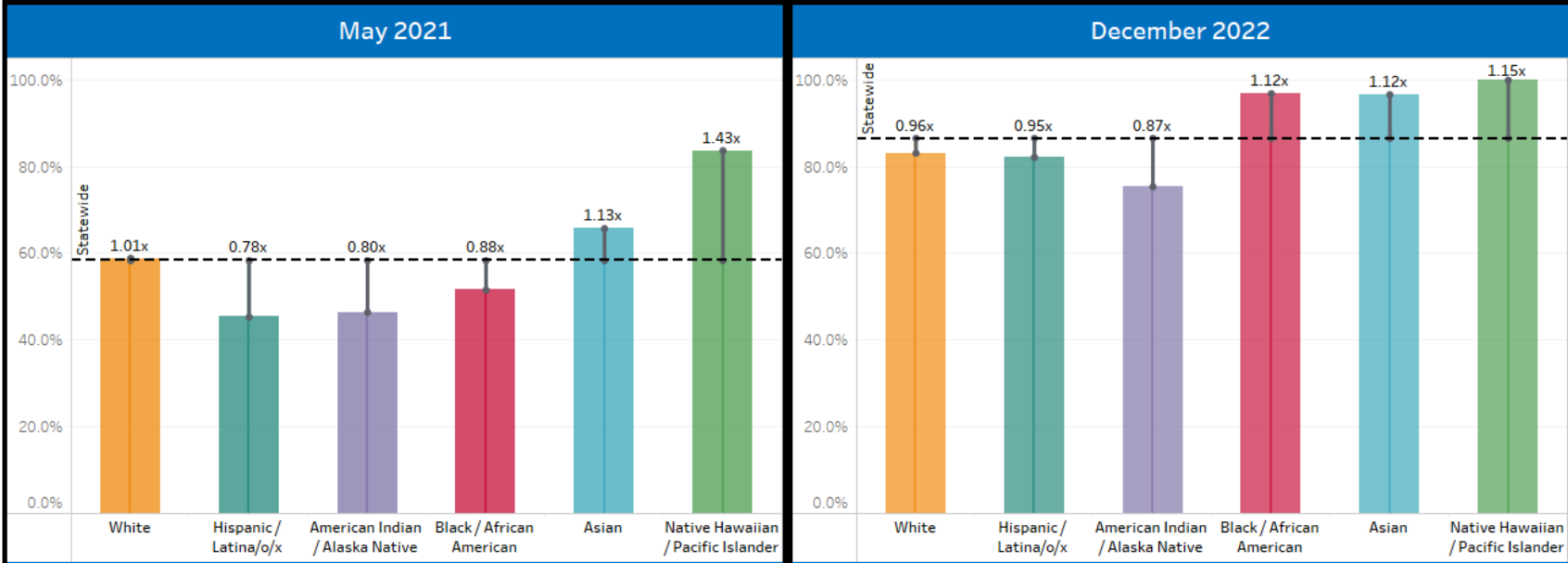
A ratio < 1.00 means that the vaccination rate of the rarest group is lower than the statewide vaccination rate.

Statewide vaccination rate in May 2021 was 58.3%.

The Hispanic or Latina/o/x community had 0.78x the Statewide rate.
 The American Indian/Alaska Native had 0.80x the Statewide rate.
 The Black/African American had 0.88x the Statewide rate.

Statewide vaccination rate in December 2022 was 86.4%.

The Hispanic or Latina/o/x community had 0.95x the Statewide rate.
 The American Indian/Alaska Native had 0.87x the Statewide rate.
 The Black/African American had 1.12x the Statewide rate.



Reaching Vaccination Equity



Outreach, Engagement, and Education

Community Partner Outreach Program:

- With migrant seasonal farm worker partners improved culturally, linguistically vaccine delivery
- Since June 2021, **65,806** vaccinated through Protecting Oregon Farmworkers
- Community Engagement Team: **3,733** COVID-19 education and outreach events led and/or partnered with Community Based Organizations
- Neighborhood Based Outreach focused on zip codes prioritized for equity goals: **702,697** door knocks; **188,546** conversations held

Vaccine Opportunities and Events

- Field Operations and Vaccine Operation Team Equity (VOTE)
- Collaborated with **214** partners to plan **2,904** vaccine events; offered an additional **2,600** events for a total of **5,504** vaccine events

Responding to COVID-19 in Farmworker and Food Processing Industries

Large COVID-19 outbreaks can disrupt farming and food processing

Seafood Processing Plant Outbreak response

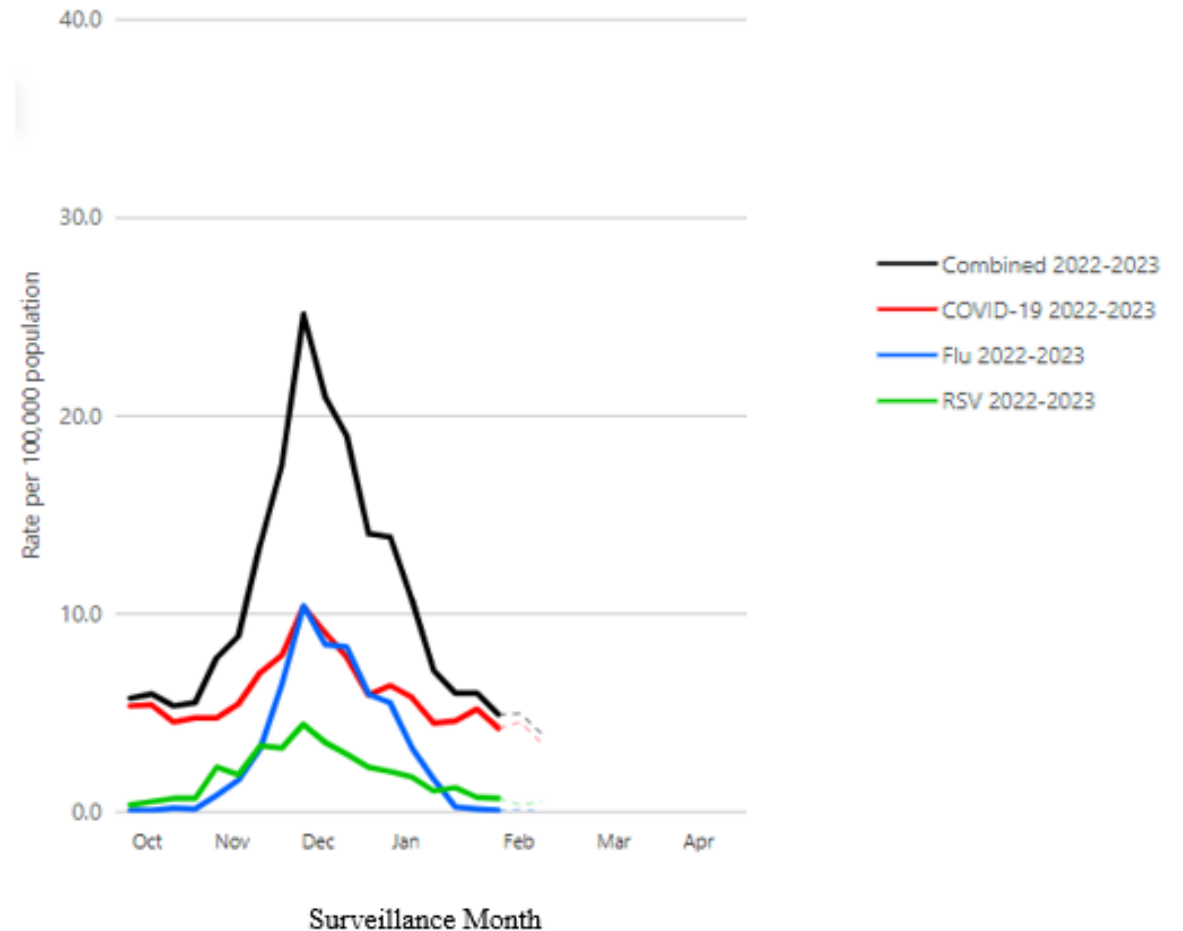
- COVID-19 outbreak with more than 100 cases
- Supported **testing of all employees** and provided **onsite guidance** to implement control measures
- Interviewed all cases to **identify wraparound support needs** (e.g., housing, food)
- After initial outbreak, **no additional large outbreaks** identified at the location



From COVID-19 Crisis to Respiratory Season

- **Focus on communities that are disproportionately harmed** by COVID-19
- **Integrating lessons learned** from COVID into respiratory illness season and other hazards
- Implement a **sustainable, well-managed stockpile** of PPE & supplies, prioritizing equitable and urgent uses
- Key partners:
 - Local Public Health Authorities
 - Community-based organizations
 - Tribes and NARA
 - State agencies
 - Hospitals and health systems

Weekly Rates of Respiratory Virus-Associated Hospitalizations by State: Oregon



Local Public Health: Communicable Disease Prevention

Examples of communicable disease prevention strategies implemented by LPHAs, 2021-23

Supporting LTCFs and skilled nursing facilities to prevent COVID, influenza and other infectious diseases

Expanding outreach to vulnerable and hard to reach populations

Educating health care providers on screening and treatment guidance

Performing deeper analyses on CD data to identify priority populations and system level gaps in care

Creating communicable disease dashboards

Partnering with universities on interventions and education for students and staff

Addressing Rising HIV and Sexually Transmitted Infections in Eastern Oregon

- People living in rural Oregon experience barriers that may increase their vulnerability to HIV and STI infections.
- OHA supported a **community-led media campaign**, focused on HIV awareness and testing.
 - Ads were seen over 12 million times, news stories reached over 50,000, and visitor traffic to EndHIVOregon.org was the highest ever over 4 consecutive months
 - OHA saw increases in at-home condom orders for the region



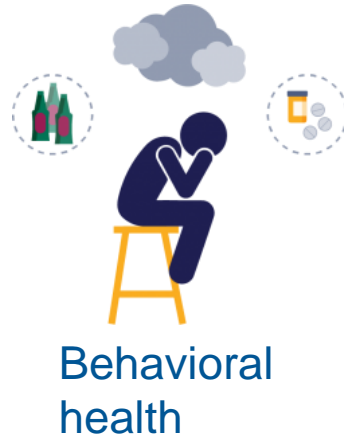
Using REALD and SOGI Data to Address Mpox

- REALD/SOGI data published on data dashboard for the first time during an outbreak
- Data showed excess burden among gay, bisexual and other men who have sex with men, especially in the Latino/a/x community
- These data directly guided vaccination distribution, events, and communications



Collaborating with Communities: Healthier Together Oregon

2020-2024 State Health Improvement Plan Priorities



Equity and Prevention: Culturally-Specific Programming

- **65% of CBOs** conducted work in languages other than English
- **Slavic Community Center** focuses on tobacco, overdose and HIV/STI prevention across the Eastern European community
- **Works through churches and culturally-specific groups** to provide information and HIV testing in partnership with health systems
- **Offers community trainings** on naloxone administration and substance use



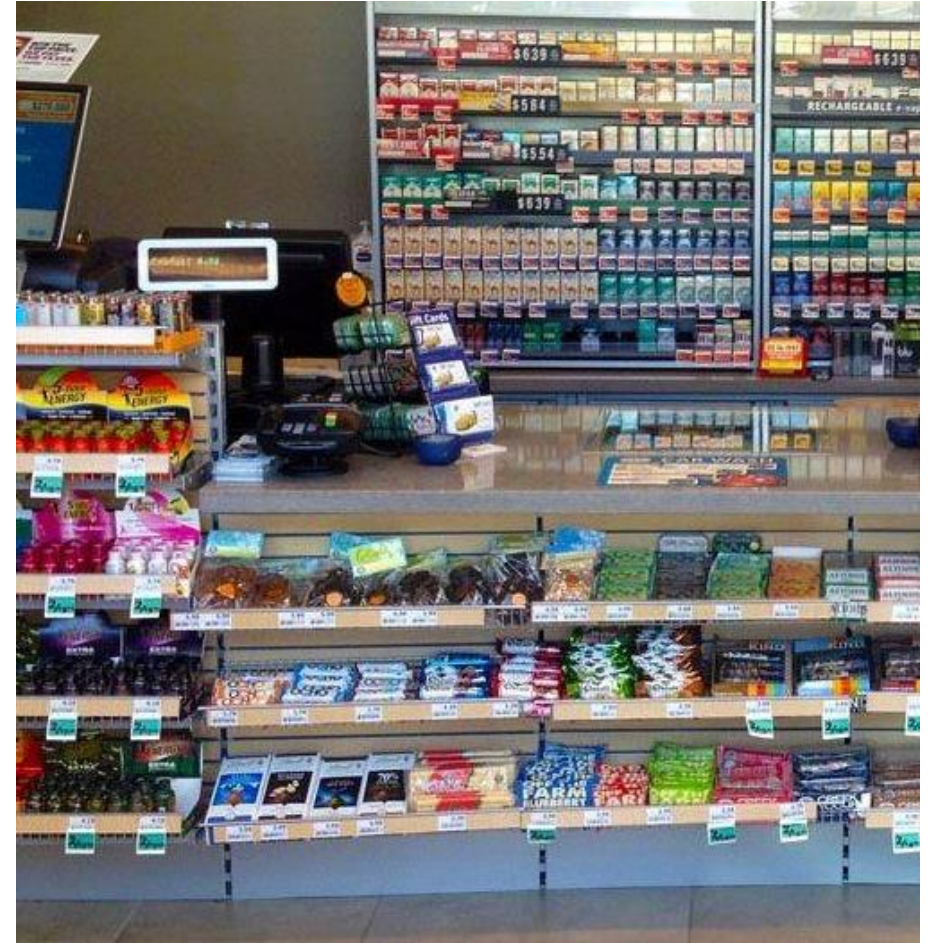
Equity and Prevention: Rural Health Inequities

- **Northeast Oregon Network (NEON)** serves Baker, Grant, Malheur, Morrow, Umatilla, Union, and Wallowa counties
- Works with LPHA's, churches, social service organizations and other community partners to provide education on **culturally and linguistically responsive emergency preparedness and tobacco prevention**



Tobacco Retail Licensure Implementation

- Coordination between Department of Revenue (DOR) and OHA to issue over **2,700 tobacco retailer licenses**
- **Over 1,000 inspections** have been completed since July 2022
- **Outreach and education** to retailers



Local Public Health: Climate and Health

2021 & 2022 Local or Regional Climate Adaptation Plan Comparison

Local or Regional Climate Adaptation Plan status (n=32*)	2021 n (%)	2022 n (%)
Not started	24 (75.0%)	12 (37.5%)
Partial/incomplete plan	5 (15.6%)	18 (56.2%)
Complete plan/minimal implementation	2 (6.3%)	2 (6.3%)
Complete plan/significant implementation	1 (3.1%)	0 (0%)

*Two LPHAs have transferred public health authority to the state.

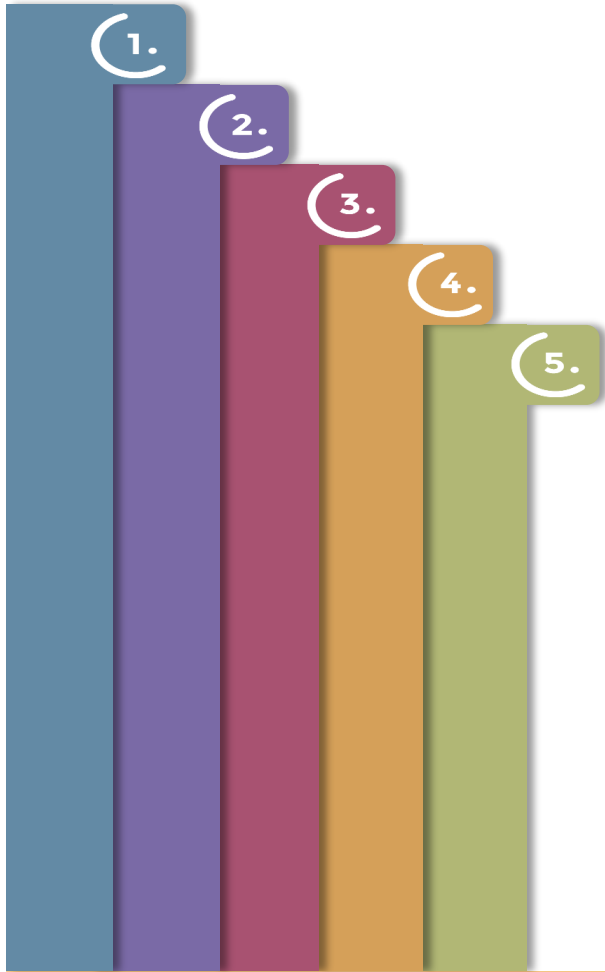
Oregon Psilocybin Services

Safe, effective, and equitable psilocybin services in Oregon

- Adopted final rules for the **nation's first regulatory framework** for psilocybin services
- Conducted outreach to over **50 community-based organizations**
 - Held culturally responsive circles with communities upon request
 - Provided over 30 presentations in 2022



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Sustaining Language Access

- **Initial gaps and delays** in language access during COVID-19 response
- OHA translated public-facing messages into **13 standard languages**
- Striving to adopt this standard for **all program areas**

COVID-19

If You Test Positive

It is not necessary for you to report your positive test result to OHA.

Whether or not you have symptoms, stay home and separate from others for five days. Continue to isolate from others until you have been fever free for 24 hours and other symptoms are improving. Wear a mask around others for an additional five days.

Have questions? Need help?

Call 211 or 1-866-698-6155 or visit 211info.org.

What to do if you test positive



Español / Spanish
 اللغة العربية / Arabic
 繁體中文 / Traditional Chinese
 简体中文 / Simplified Chinese
 foosun Chuuk / Chuukese
 Lus Hmoob / Hmong
 한국어 / Korean
 Kajin Majol / Marshallese
 Português / Portuguese
 Русский / Russian
 Af Soomaali / Somali
 Tiếng Việt / Vietnamese

Medicamentos contra COVID-19



Increasing Access to Culturally Responsive Care

- Limited rural access
- Lack of culturally responsive care
- Lack of comprehensive reproductive health providers
- Geographic gaps in access



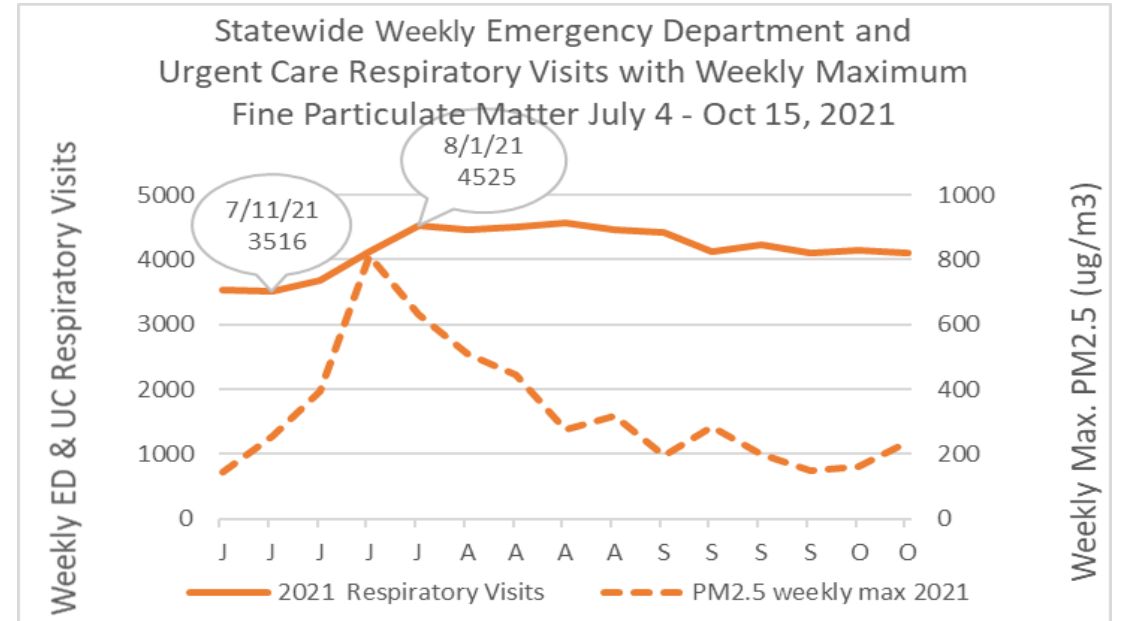
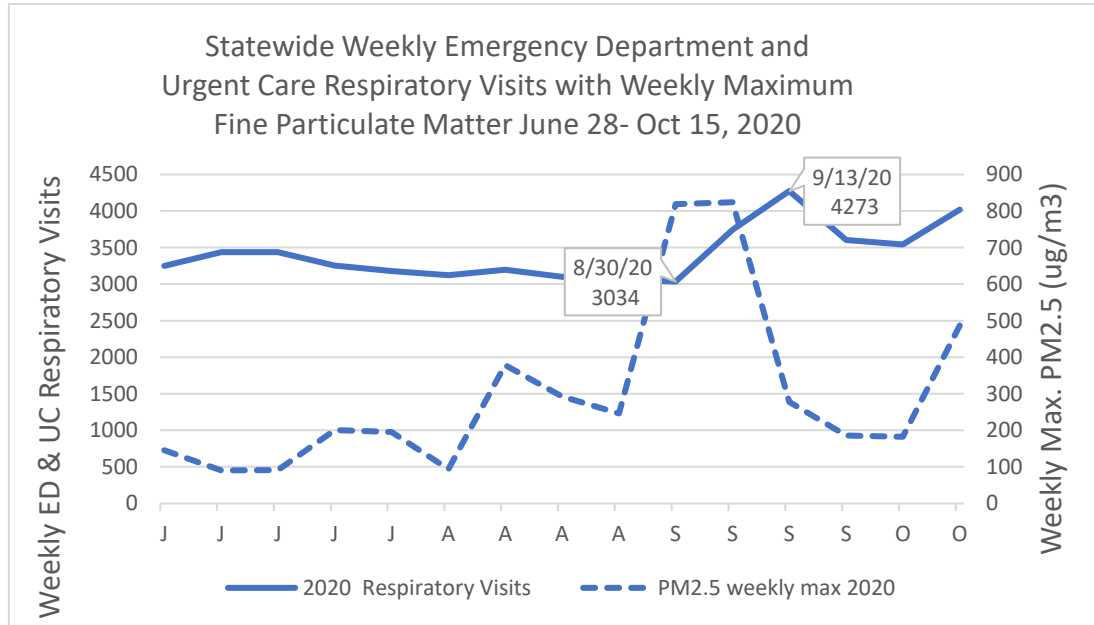
Hiring and Retaining the Public Health Workforce

To achieve its goals, the public health system must:

- Increase capacity for policy- and partner-centered approaches to eliminate health inequities
- Have a workforce that represents the communities served
- Increase capacity to administer grants and contracts
- Recruit and retain highly-skilled nursing, research, evaluation and epidemiology staff

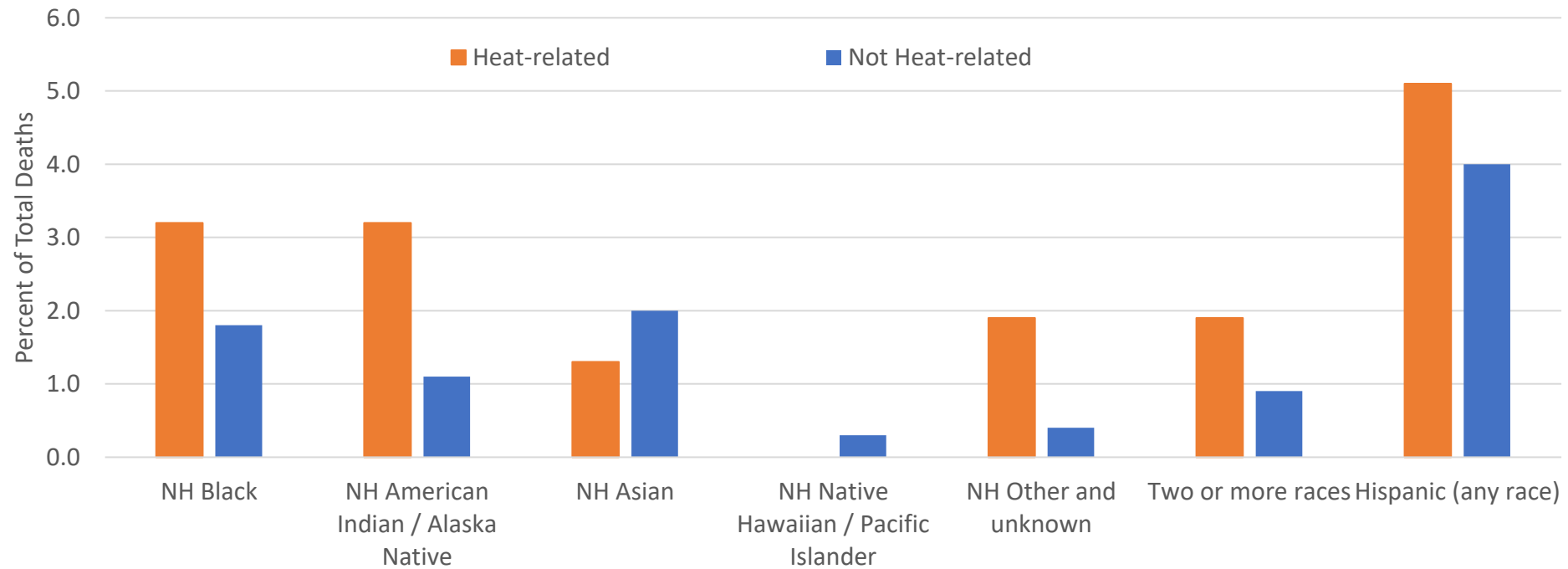


Health Impacts of Wildfires



Extreme Heat

Comparison of Oregon Heat-related and Non-heat Related Deaths by Non-white Race and Ethnicity 2021+2022



Data from 2022 are preliminary and subject to change
 Source: OHA - Public Health Division - Center for Health Statistics, produced on March 2, 2023

Nitrate-Contaminated Domestic Wells

Lower Umatilla Basin Groundwater Management Area.

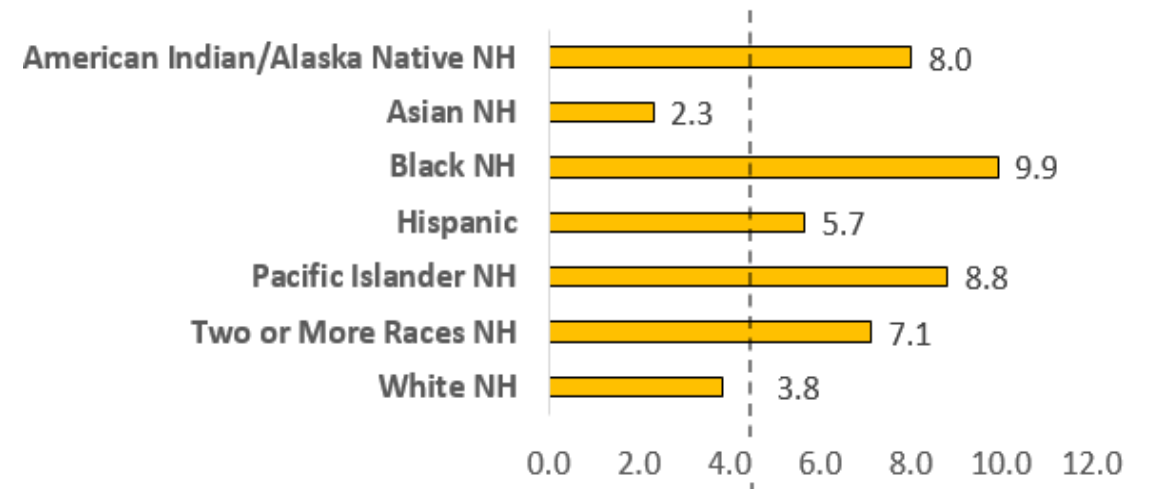
- **High nitrates in groundwater** since 1990 in northern Morrow/Umatilla Counties
- Health risks **especially to formula-fed infants and pregnant women** due to reduced oxygen in the blood
 - Some evidence of increased risk of miscarriage, blood pressure, increased heart rate, headaches, abdominal cramps, vomiting and certain cancers.
- OHA estimates **4,500 domestic wells and 12,000 people** potentially at risk
- 2020 legal petition under the Safe Drinking Water Act
 - EPA set expectations for state action
 - For OHA, expectation to provide alternate drinking water
- OHA received Emergency Board funds to start contracting for water testing and treatment, and supporting LPHAs and CBOs for outreach and education

Racial/Ethnic Inequities in Infant Mortality Rate

Infant mortality rates in Oregon are more than double among Black, American Indian/Alaska Native, and Pacific Islander babies than among White babies

- Unaddressed health inequities during the earliest years can lead to:
 - Intensified health problems
 - Widening social, educational, and economic gaps

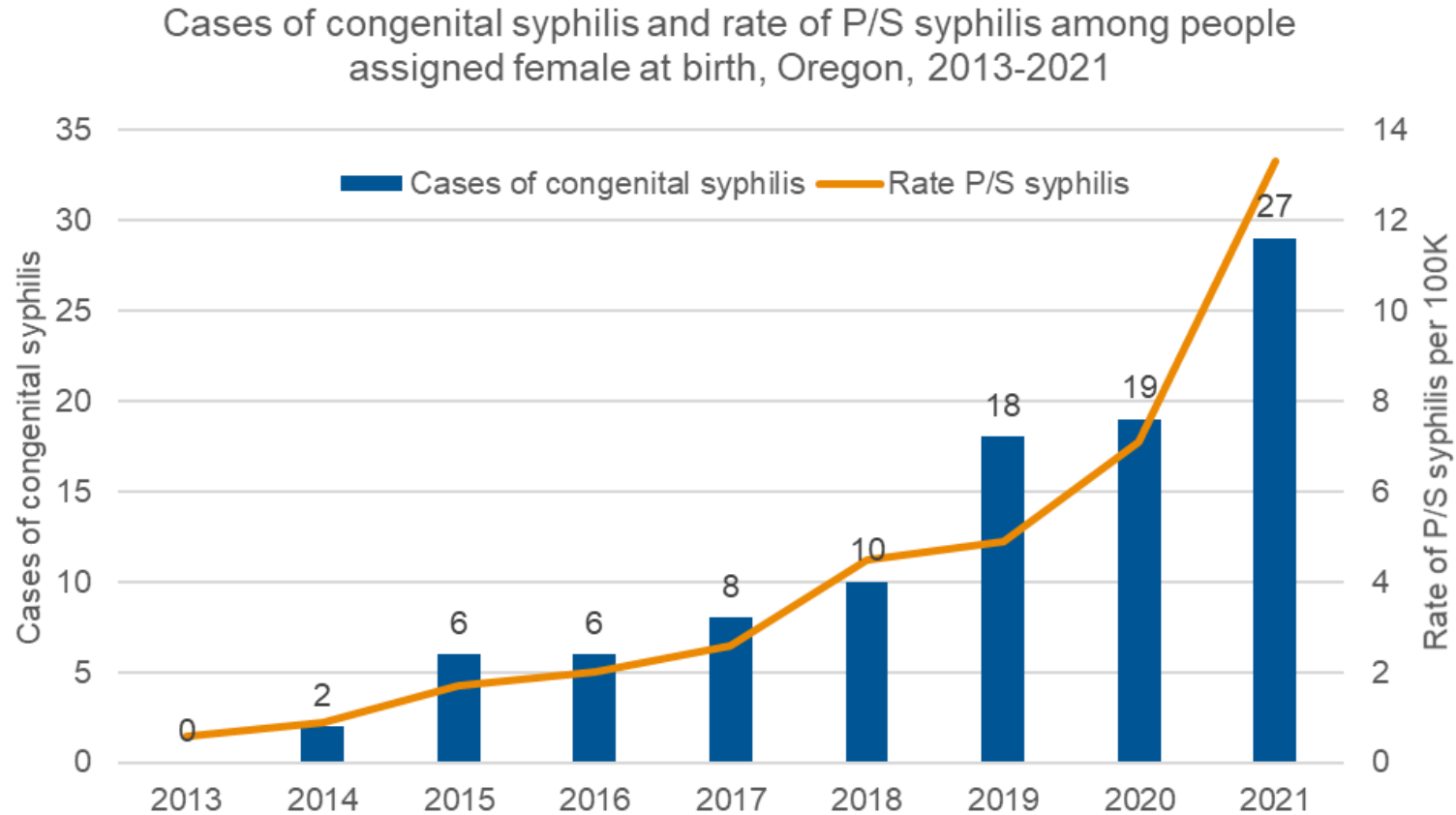
Infant Mortality Rate by Race/Ethnicity, 2017-2021



Average rate in Oregon: 4.5
"NH" means non-Hispanic

Sexually Transmitted Infections

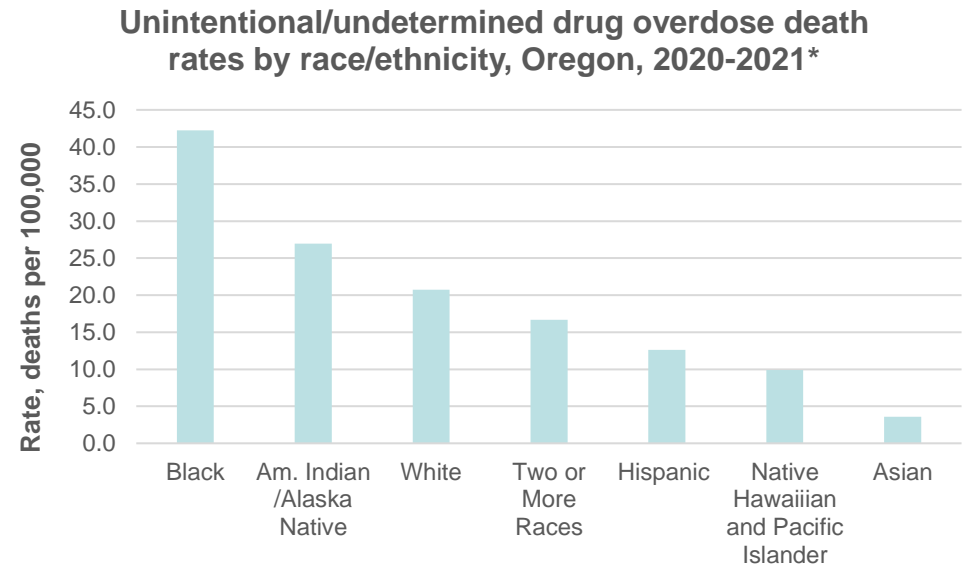
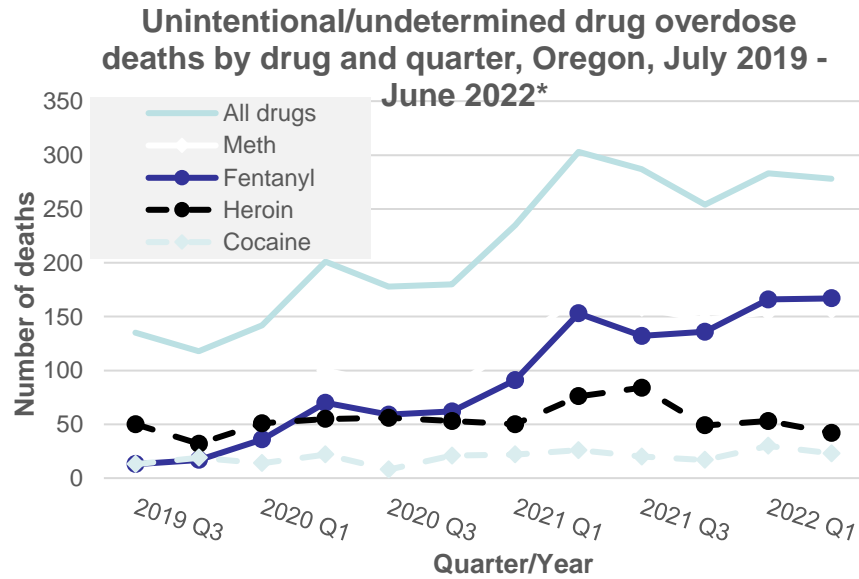
Early syphilis has increased over 13x among women in Oregon since 2013



Drug Overdose Deaths

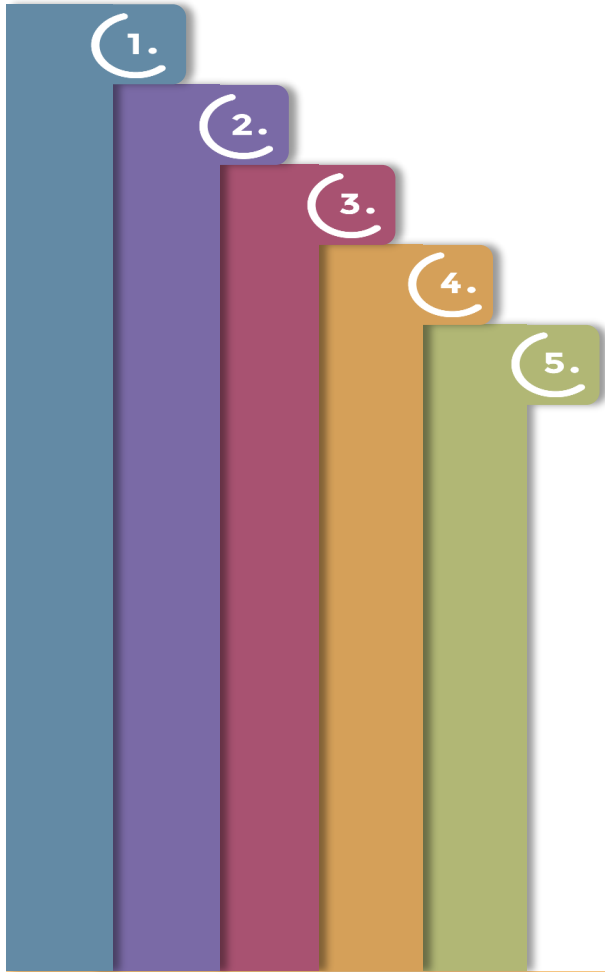
Since the COVID-19 pandemic, unintentional/undetermined drug overdose deaths have doubled, increasing from 496 in 2019 to more than 1,000 in 2021

Black and American Indian/Native Alaskan people in Oregon had the highest death rate, despite similar opioid misuse rates for all races



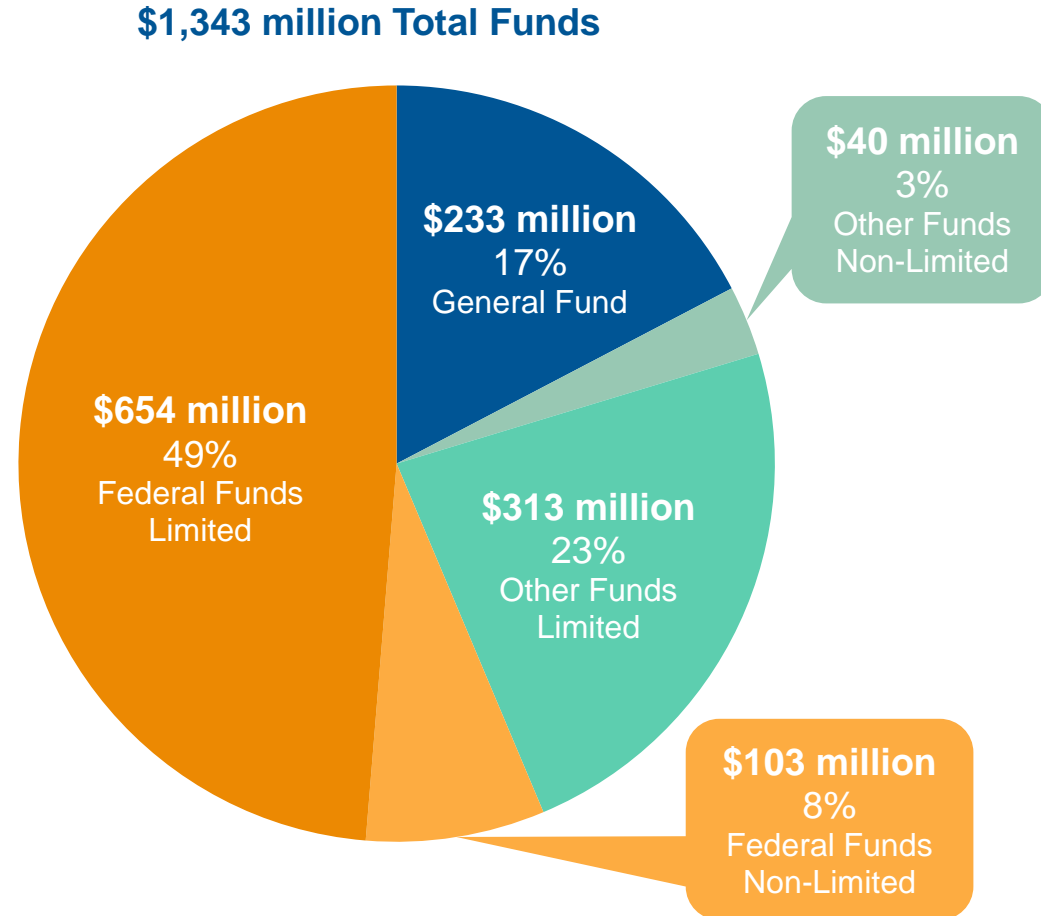
Source: State Unintentional Drug Overdose Reporting System (SUDORS)

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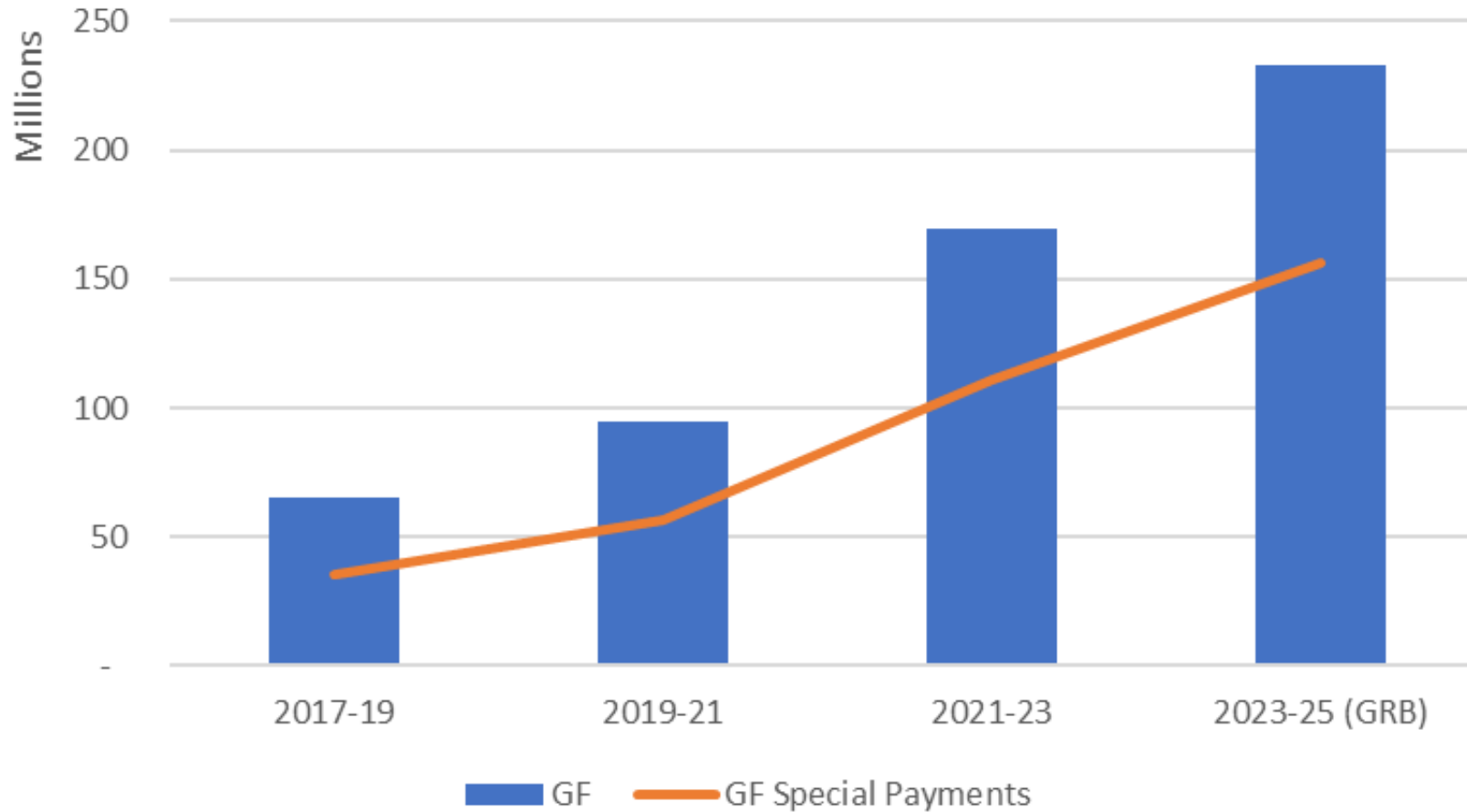


2023-25 Governor's Budget

- Public Health Division, by fund



Most PHD General Funds are Allocated to Partners



2023-25 Major Budget Drivers and Risks

Budget drivers

- Health inequities that must be addressed through community-led and collaborative upstream solutions
- Alcohol and substance use
- Categorical federal funding
- Climate adaptation

Risks

- Core public health infrastructure sustainability
- Funding cliff
- Worsened health outcomes accompanied by increasing demands on public health system

2023-25 Major PHD Program Changes

Additions

- Increased Domestic Well Safety Program/Morrow & Umatilla Counties Nitrate Contaminated Well Response funding
- Columbia and Willamette Contaminated Fish Consumption Investigation
- Fee ratifications, Oregon Environmental Laboratory Accreditation Program, Newborn Screening, Oregon Psilocybin Services

Reductions

- COVID-19 federal support
- Patient Safety Commission decreased funding
- Position and administrative reductions

POP 406: Public Health Modernization

Priorities for Public Health Modernization: 2023-2025

- Invest in public health workforce development and retention
- Build on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats
- Invest in governmental and community public health initiatives that engage Oregonians directly

	General Fund	Total Funds	Positions
POP 406	\$50.0M	\$50.0M	30

POP 417: Environmental Justice Mapping Tool

Established by HB 4077 (2022)

- Directs OHA and DEQ to create an Environmental Justice Mapping Tool under oversight of the Environmental Justice Council
- Legislature provided position funding only for FY22-23
 - Directed OHA to submit a request to continue the position
- This request provides a permanent position to co-lead the project

	General Fund	Total Funds	Positions
POP 417	\$0.2M	\$0.2M	1

POP 422: Regional Resource Hospitals and Oregon Medical Coordination Center for Disaster Response

Funding for Regional Health Care Coalitions, Resource Hospitals (RRH), and the Oregon Medical Coordination Center (OMCC)

- Regional and statewide coordination started pre-COVID under limited Federal Healthcare Preparedness Program grant
- OMCC provides all-hazards statewide operational patient transfer coordination during emergencies and resource constrained situations
- OMCC partners: Regional Resource Hospitals and other major hospital systems, including OHSU, Providence, Kaiser, and Legacy

	General Fund	Total Funds	Positions
POP 422	\$0	\$0.2M	1

POP 425: Universally Offered Home Visiting

Universally Offered Home Visiting is an evidence-based, nurse home visiting support offered to all families as they integrate a newborn into their lives, connecting families to identified and wanted services and supports during earliest moments of life

- This request will:
 - Continue building out the home visiting initiative, adding three new communities to the existing seven early adopter communities.
 - Support infrastructure required to implement the statewide rollout, including staffing, contracts, and local investments
 - Focus on health equity, workforce development and cross-sector community alignment of systems of care and support for families of newborns
 - Support local capacity and sustainability, including Tribes and communities with smaller birth rates

	General Fund	Total Funds	Positions
POP 425	\$5.9M	\$6.1M	5

POP 428: PPE and Medical Supply Management

As established by HB 4068:

- Provides base funding for warehousing of personal protective equipment (PPE) and COVID-19 testing supplies
 - Previously relied on FEMA reimbursement
- This request will:
 - Provide PPE and supplies for urgent needs, serving equity priorities and stock replacement
 - Plan stockpile management and rotation program for future investments
 - Support outreach to healthcare and public health organizations about their need to build local stockpiles

	General Fund	Total Funds	Positions
POP 428	\$1.0M	\$1.0M	2

POP 432: Domestic Well Safety Program & Contaminated Well Response

- Restores the previously federally-funded Domestic Well Safety Program by permanently filling a vacant dedicated position
- Maintains capacity for OHA's 2020 Wildfires-Impacted Domestic Well Testing project
- Funds public health interventions in the Lower Umatilla Basin Ground Water Management Area, including domestic well testing and water treatment device installation and maintenance, where people are currently exposed to harmful levels of nitrates in domestic well water

	General Fund	Total Funds	Positions
POP 432	\$3.0M	\$3.0M	1

POP 437: Newborn Bloodspot Screening Fee Increase

- Newborn Bloodspot Screening (NBS) program is a coordinated public health system identifying infants with medical conditions requiring early treatment to prevent death or disability and improve lifelong health outcomes
- On average NBS screens about 66,000 infants each year
 - Although many disorders are rare, over 100 babies with life altering medical conditions are identified and referred to treatment each year
- NBS is funded by fees paid by payers, providers and parents
 - Projecting a budgetary biennial shortfall approaching \$4 million
 - Fee increase would allow the program to be self-sufficient

	General Fund	Total Funds	Positions
POP 437	\$0	\$1.9M	2

POP 440: Oregon Environmental Laboratory Accreditation Program Fee Increase

- State lab accredits drinking water, environmental, cannabis, and psilocybin labs
 - Based on national standards
 - Ensures labs are following federal & state regulations
- Statutorily mandated
- Fees have not increased for in-state labs since 1999
- Projecting a budgetary biennial shortfall approaching \$500,000
- Lab's partners support this proposal

	General Fund	Total Funds	Positions
POP 440	\$0	\$0.8M	0

POP 449: Oregon Psilocybin Services Fee Increase

- ORS 475A:
 - Created a fee-based structure
 - Requires Oregon Psilocybin Services (OPS) to build budget sustainability through licensing fees
- OPS established licensing fees in rules adopted December 27, 2022
- OPS began accepting applications for licenses on January 2, 2023
- This request provides Other Funds limitation for 2023-25 biennium from licensing fees

	General Fund	Total Funds	Positions
POP 449	\$0	\$6.6M	22

Thank You

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