

Public Health

Mission and Goals

Mission

The mission of the DHS-Public Health Programs is to protect, preserve and promote the health of all the people of Oregon, prevent unnecessary death and disability, improve the health status, and reduce the per-capita cost of illness care for all Oregonians.

To fulfill this mission, public health:

- ◆ Prevents epidemics and the spread of disease;
- ◆ Protects against environmental hazards;
- ◆ Prevents injuries and assures the safety of all Oregonians receiving health care;
- ◆ Promotes and encourages healthy behaviors;
- ◆ Develops policies and plans that support individual and community health efforts;
- ◆ Responds to disasters and assists communities in recovery;
- ◆ Ensures health services are effective for all communities, especially those experiencing health disparities;
- ◆ Assures the quality and promotes the accessibility of health service.

In the words of the Institute of Medicine, “Public health is what we, as a society, do collectively to assure the conditions for people to be healthy.”

Goals

The Public Health Program's goals for the 2005-07 biennium include:

- ◆ Assure access to and delivery of high quality preventive services to all Oregonians a reasonable cost; Reduce health risks in the environment;
- ◆ Reduce health risks that relate to personal behaviors;
- ◆ Improve the quality of health care services, facilities and systems;
- ◆ Identify and respond to new and emerging public health threats;
- ◆ Assure access to timely, comprehensive health-related data in order to assess health needs, develop policies and programs, and evaluate health outcomes and services.

Historical Perspective

Public health in Oregon

In 1903, Oregon became one of the last three states in the nation to officially organize public health. Infectious disease outbreaks — smallpox, bubonic plague, tuberculosis — convinced the 1903 state legislature to create a State Board of Health with a \$5,000 budget. This legislation also provided for a public health laboratory, a vital statistics registry and full county boards of health.

By the 1920s public health nursing services and children's programs came into existence. The Federal Social Security Act of 1935 gave a financial boost to maternal and child health services including dental health programs, immunization and hearing tests. A sanitary authority was created in 1938 to act against water pollution.

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Public health expanded into the health care arena in the mid-1940s and became responsible for administering federal grants to construct hospitals and other health facilities and the licensing of health care facilities. In 1951 Oregon became the first state in the nation to initiate an air pollution law.

In 1971 the Oregon Legislature created the Oregon Department of Human Resources (DHR) as an umbrella agency for public health, mental health, social services, corrections and employment. The State Board of Health became the Oregon Health Division.

Over the next 30 years the Division grew in response to a variety of challenges, including growing refugee populations in the 1970s, the AIDS epidemic of the 1980s and increasing concern with radiation exposure following the Chernobyl disaster in the Soviet Union. The nation's first bioterrorist event occurred in Wasco County when persons associated with the Rajneeshpuram community intentionally contaminated a salad bar in The Dalles with salmonella. Epidemiologic and laboratory investigation by the Division identified and documented the extent of this episode.

Nationally, public health received extensive scrutiny culminating in a 1988 report by the Institute of Medicine pointing to major systemic problems. By the late 1990s, federal initiatives were developed to strengthen communicable disease, maternal and child health and environmental health programs. The federal Healthy People 2000 and 2010 set national goals for health status improvement, a large fraction of which were tied to public health services. The terror attacks of 2001, including anthrax exposure, led to the perception of public health as a key element of public safety and significant new investment in federal public health preparedness funding.

In 2001 the Legislature reorganized the Department of Human Services (DHS), and established a new Health Services cluster within DHS. The former Health Division, along with the Office of Medical Assistance Programs,

mental health and alcohol and drug services, were incorporated into the cluster.

Today, responding to infectious diseases remains a major responsibility of public health. Preventing chronic disease and injuries has emerged as an equal, if not greater challenge. Chronic disease — heart disease, cancer and stroke — have become the major causes of death and disability. Injury is the third leading cause of death nationally and the leading cause of death for children and young adults. Having successfully addressed the epidemics that gave rise to its creation, public health has become the focus of preventive health services in Oregon. The building blocks of the 1903 legislation — local service delivery, a state laboratory and a strong reliance on data — remain the foundation of public health in 2005.

Nature of public health

Public health is based on a philosophy of prevention, in contrast to the sole treatment of illness. Since 1900, life expectancy in the United States has increased by more than 30 years, most of which is attributable to advances in public health — safe drinking water, sewage disposal and broad-scale immunizations.

Although most would agree that public health measures (such as vaccinations, clean water, food safety and response to communicable disease) are among the most important factors responsible for longer, healthier lives, 97 percent of state health resources are spent on expensive personal health care. While Oregonians should never be denied the health care they need, efforts to prevent illness and promote healthy living can greatly reduce the burden and cost of disease.

The health services pyramid illustrates a public policy dilemma. Currently, society invests most health dollars in direct medical care for those who can

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gain access. It invests relatively little in low-cost, preventive population-based services. Investment in assuring the health of Oregon's communities could reduce significantly overall medical care costs.



Investments in community preventive services are often transparent to the general public. They include working with health professionals to improve health screening, organizing community efforts to address the causes of diseases such as diabetes, asthma or stroke, media campaigns to encourage healthy or responsible behavior and the gathering and distribution of health data and vita records. Of the dozens of individually funded public health programs, most fall in this category.

Public health agencies also deliver health care, but such efforts are designed to assure access for underserved populations or to bring care to persons in high-risk categories. An example of the former is the establishment of safety net clinics and assuring the availability of prenatal care. High-risk populations include Oregonians with tuberculosis, HIV or low-income women of childbearing age.

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Because most public health work is population-based and serves the community at-large, it may come as a surprise that public health has among the highest caseloads in DHS.

Nutrition and health screening, also known as the WIC program (Women, Infants and Children) provides selected food products to low-income families. Agency contact also provides an opportunity for caseworkers to screen and refer families to needed prenatal care, nutritional education and breastfeeding promotion. This program reaches more than 100,000 women and children in every Oregon county and distributes annually nearly \$60 million in food products, and is delivered by local health departments or private agencies under contract with the Department.

Other direct service programs operated locally include the provision of more than 500,000 doses of vaccine annually, the delivery of treatment and costly antiviral medicine to more than 1,000 HIV-infected people, screening of 32,000 women for breast and cervical cancer, and providing access to primary care for thousands of children in communities served by school-based health centers.

Responding to acute health threats before they affect large numbers of persons is an important public health role. The Acute and Communicable Disease Program (ACDP) operates the disease reporting system. In 2003, it received more than 2,300 reports of communicable disease. It is estimated that only two to five percent of actual diseases are reported, so this does not represent the total number of Oregonians who were infected. But the reporting system helps ACDP identify clusters of illnesses, and alerts them when something significant is occurring. Last year, more than 150 disease outbreaks involving E.coli, Salmonella and other pathogens were detected and halted before others became infected.

Similarly, public health addresses chronic illness by reducing risk factors that increase the likelihood of illness. Programs are in place for responding to diabetes, asthma, cancer, stroke, heart disease and obesity. Helping Oregonians stop smoking will reduce tobacco-related illness and death. Where disease occurs early detection and effective management help minimize disability and premature death.

Public health programs are also based on a sense of social, economic and environmental justice, because inequities in these areas are an underlying cause of many illnesses. A core public health goal is to work to eliminate these disparities, so all members of a community have the opportunity to be healthy.

As a demonstration of commitment in this area, an Office of Multicultural Health has been established to improve the health status of under-served and under-represented minority populations in Oregon. Multicultural health plays a leadership role by focusing attention on the needs of communities of color, tribal governments and other unique groups, and in promoting culturally competent approaches to the design and delivery of health services for these populations.

Scientific evidence and methodical data collection and analysis guide public health work. Every public health program is rich with statistics that are continually monitored, analyzed and used to make program decisions. Here are some examples of how data are used:

- ◆ To assess overall health status within a population or community;
- ◆ To detect communicable disease outbreaks;
- ◆ To identify chronic disease trends;
- ◆ To evaluate whether public health intervention is working;

- ◆ To inform policy-makers, professional groups and the public who help develop or adjust health policy to meet changing needs.

Summary of Programs

Broad thematic areas

Public health operates more than 100 different programs, representing expertise from many disciplines. From a distance, it may appear that these diverse activities are unrelated and uncoordinated. But viewing these programs in the context of broad themes provides an appreciation of their interrelationship and an understanding of how program development decisions are made and how the budget is structured.

Public health programs can be grouped in six broad categories that conform to the goals expressed in the Governor's principles and the DHS budget.

- ◆ Keeping children healthy and safe;
- ◆ Helping Oregonians stay healthy;
- ◆ Responding to communicable disease;
- ◆ Providing access to health care;
- ◆ Promoting a healthy and safe environment;
- ◆ Regulating and licensing for stable, responsive and accountable government.

Five public health offices are organized to implement and administer the targeted programs that work together to fulfill these goals.

Office of the State Public Health Officer (OSPHO)

Responsible for bioterrorism and public health emergency planning, other special programs and initiatives such as medical marijuana, Patient Safety Commission, migrant health and safety net clinics, and Conrad 30 program.

Example of public health in action:

- ◆ More than 174,000 migrant farm workers are the backbone of Oregon's \$3 billion agricultural economy. Fully half, or more, do not have health insurance. A 2002 Wasco County health assessment found that 15,000 migrants living and working there had no access to health care. DHS' migrant health coordinator began working with community leaders to address the problem. Together, they developed a federal funding application that resulted in a \$650,000 grant and establishment of a migrant health center. Today, 15,000 migrants have a medical home. It also serves other community members in need of safety net services; last year, 3,514 new patients were seen in the clinic.

Office of Public Health Systems (OPHS)

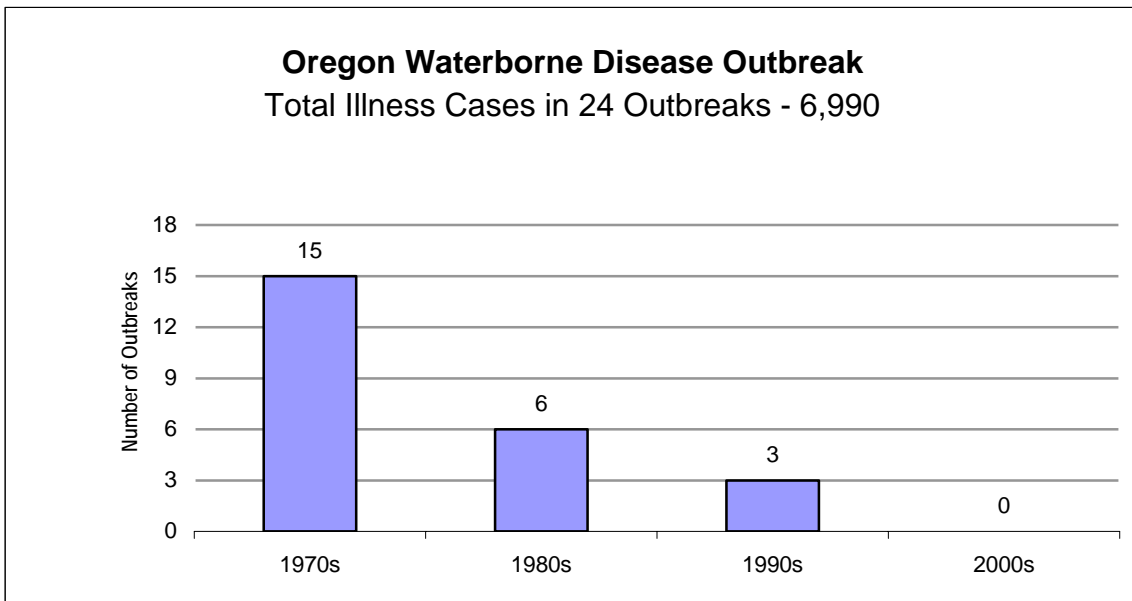
Responsible for drinking water systems, emergency medical services, hospitals, restaurants, radioactive materials, lead-based paint, pools and spas, drug house clean-up, environmental health hazard notifications.

Examples of public health in action:

- ◆ When clandestine drug lab houses are busted, DHS is responsible for overseeing and certifying clean-up so houses are safe to live in again.
- ◆ This year, the Oregon drinking water revolving loan fund will reach a milestone — having disbursed \$100 million in loans to communities that need water system upgrades to deliver adequate, dependable and safe drinking water for residents. Mosier, population 410, received \$843,000 to

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remedy persistent coliform bacteria contamination. Old, undersized water mains and an aging reservoir — over 65 years old — will be replaced. In Warrenton, population 8,000, \$4.7 million dollars will be used to construct a state-ordered filtration treatment plant for surface water supply to assure that the city will be able to meet federal and state drinking water standards. These services have dramatically reduced the occurrence of waterborne disease outbreaks over the last 30 years.



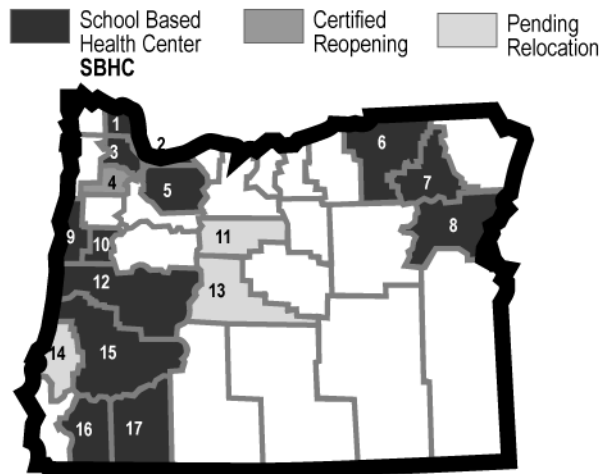
Office of Family Health (OFH)

Responsible for immunization, Women, Infants and Children (WIC) Nutrition program, family planning, oral health, prenatal care, newborn hearing screening and school-based health centers.

Examples of public health in action:

- ◆ School-based health centers provide easy access to quality health care for Oregon's youth. Oregon has 43 school-based health centers in 14 counties and the Governor's budget adds centers in five more Oregon counties.

2004 Oregon School - Based Health Centers



- | | | |
|---|---|---|
| <p>1). Columbia County
Lewis & Clark ES</p> | <p>7). Union County
La Grande HS</p> | <p>13). Deschutes County
La Pine HS</p> |
| <p>2). Multnomah County
Binnsmead MS
George MS
Grant HS
Jefferson HS
Lane MS
Lincoln ES
Madison HS
Marshall HS</p> | <p>8). Baker County
Baker HS</p> | <p>14). Coos County
Marshfield HS</p> |
| <p>3). Washington County
Merio Station HS</p> | <p>9). Lincoln County
Newport HS
Taft HS
Toledo HS
Waldport HS</p> | <p>15). Douglas County
Roseburg HS</p> |
| <p>4). Yamhill County
Willamina HS</p> | <p>10). Benton County
Lincoln ES
Monroe MS</p> | <p>16). Josephine County
Illinois Valley HS</p> |
| <p>5). Clackamas County
Oregon City HS</p> | <p>11). Jefferson County
Madras HS</p> | <p>17). Jackson County
Ashland HS
Crater HS
Jackson ES
Jewett ES
Oak Grove ES
Phoenix ES
Scenic MS
Washington ES</p> |
| <p>6). Umatilla County
Pendleton HS
Sunridge MS</p> | <p>12). Lane County
North Eugene HS
Sheldon HS
South Eugene HS
Springfield HS
Winston Churchill HS</p> | |

- ◆ ALERT, Oregon's statewide electronic immunization registry makes it easy for health professionals to access immunization records. This helps ensure children are adequately immunized, don't receive costly duplicate shots and prevents re-emergence of disease in young children. ALERT also helps keep kids in school; thousands of school and childcare staff use the system to find out if children have received the shots required for school attendance. In 2004, authorized users quickly accessed immunization records for over 200,000 Oregon children.
- ◆ Last year's flu vaccine shortage came without warning. Upon notification, DHS convened a conference call with county health departments and quickly filed an emergency rule to enact a statewide vaccination prioritization plan as authorized by statute. Equitable distribution of vaccine was negotiated and only those in high-risk categories received flu shots. A toll-free phone bank was established and operators responded to more than 400 calls each day. Statewide vaccine supplies were inventoried and DHS disbursed 4,000 doses it had previously purchased. In November, DHS mass-purchased Oregon's allotment of national supplies — more than 80,000 doses of flu vaccine — and disbursed it to more than 300 vaccine providers within a week following receipt of the vaccine. The public was kept fully informed. DHS managed the shortage by activating its incident command system under public health emergency planning to better coordinate activities dealing with this urgent situation.

Office of Disease Prevention and Epidemiology (ODPE)

Responsible for communicable disease control, chronic disease prevention and health promotion, injury prevention, identifying and preventing environmental and occupational safety hazards, maintaining vital records and health statistics.

Example of public health in action:

- ◆ In 2002, a Lane County E.coli O157:H7 outbreak, the largest ever in Oregon, unfolded rapidly. It began when a pediatrician notified the county health department of an infected 4-year-old, the next day another physician called about another child, then two more cases were reported by Eugene labs. Ultimately, 79 cases were confirmed including 22 hospitalizations — 12 with kidney complications. Several were children with severe and probable permanent kidney damage. DHS and county public health started an investigation and quickly established that all those affected had visited the Lane County Fair. Intensive interviews and data analysis pointed to exposure to goats and sheep in one building as the likely infection source. Subsequent samples found O157 bacteria with the same molecular fingerprint in the building. Since then, fair and zoo officials throughout Oregon have added informational signs and hand washing stations in strategic locations in animal petting areas. At Lane County Fair, handwashing rates improved from 32 percent the year of the outbreak to 80 percent in the following year.

Office of State Public Health Laboratory (OSPHL)

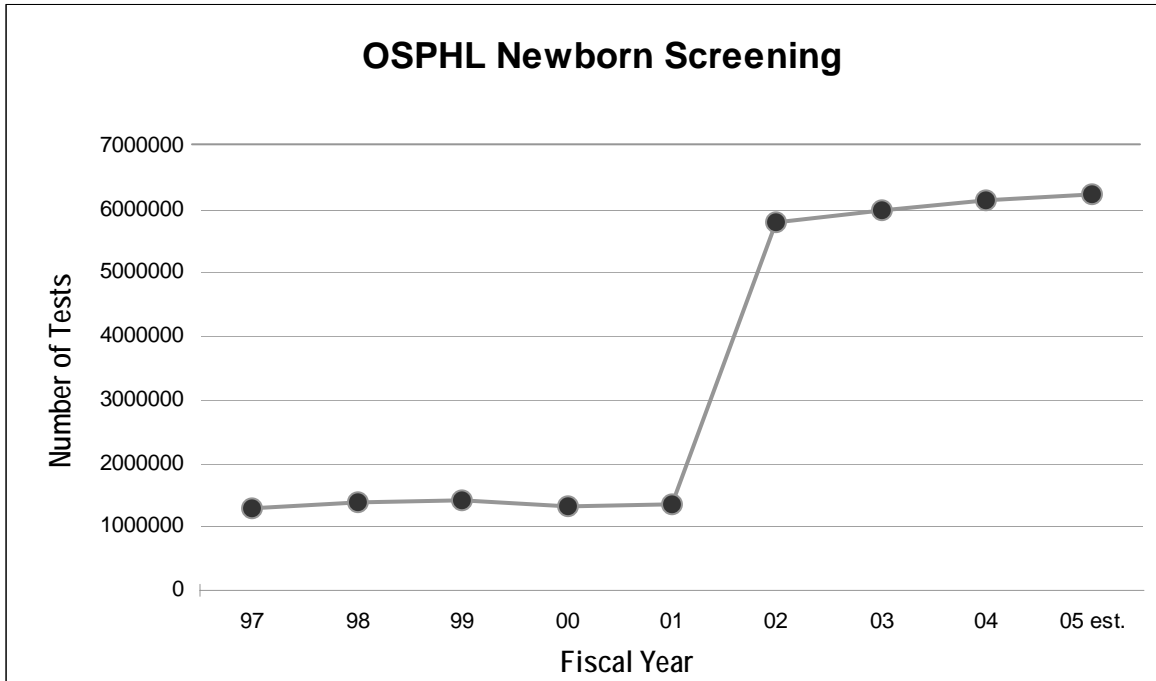
Responsible for newborn metabolic screening, bacterial and viral disease testing, laboratory accreditation and licensing and technical assistance to county health departments.

Example of public health in action:

- ◆ All Oregon newborns are screened for genetic disorders of body chemistry that, left undetected, can lead to severe disability or death. The 2001 Legislature authorized new technology that expanded testing from 6 to 26 additional conditions. Since October 1, 2002, this new technology has identified 19 Oregon infants with disorders that were previously undetectable. Without screening, most or all of these 19 children would

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have suffered brain damage. Some would have died. Oregon has been a leader in this area since 1962 when it launched the first universal statewide screening program.

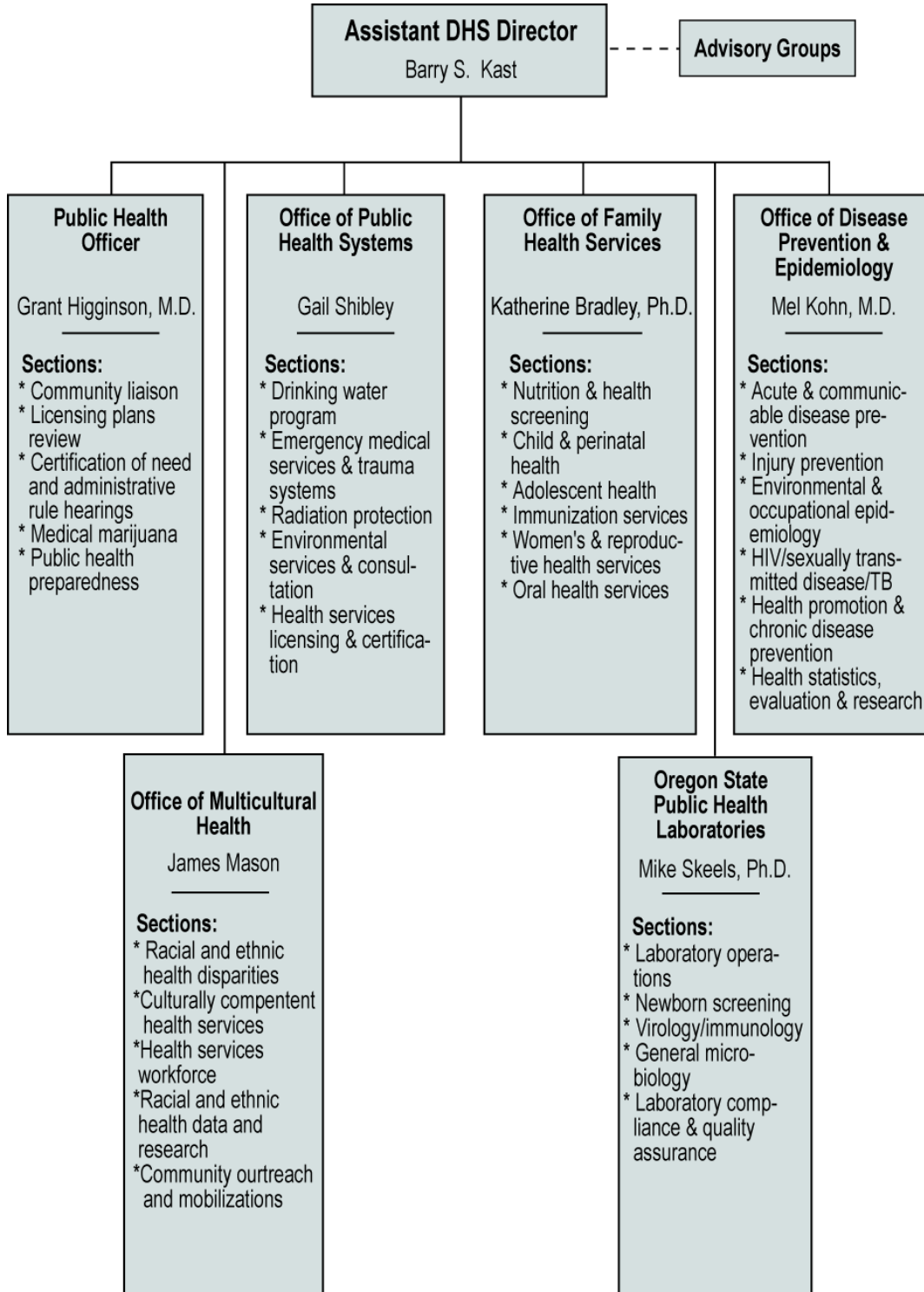


The Offices are organized to assure effective, responsible and accountable program management. But the administrative structure doesn't capture the relationships among programs which contribute to achieving the Department's broader goals. The following table illustrates how offices work together to protect, preserve and promote the public's health.

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Public Health Program Area	Child	Prevention	Comm.	Access to Care	Environmental Health	Licensing & Q.A.
OSPHO						
Public Health Officer						X
Bioterrorism Preparedness			X		X	
Health Planning	X			X		X
Medical Marijuana Program						X
Community liaison	X	X	X	X	X	X
OPHS						
Radiation		X			X	X
Emergency medical services				X		X
Food safety		X			X	X
Toxicology		X			X	X
Health care licensure						X
Drinking Water		X			X	X
OFH						
Women Infants & Children nutrition	X	X		X		
Babies First	X			X		
Healthy child care	X	X				
Newborn hearing screening	X	X				
School-based health centers	X	X		X		
Teen pregnancy prevention	X	X				
Genetics		X				
Immunization	X	X	X			X
Women's/Reproductive Health		X		X		
ODPE						
Acute/communicable disease			X			
Injury prevention		X				
Teen suicide prevention	X	X				
HIV/STD/TB			X			
Health promotion, chronic disease		X				
Vital Records						X
Environmental occupational epidemiology		X		X		
OSPHL						
Newborn Screening	X	X		X		
Lab compliance & quality assurance					X	X
Virology/Immunology	X		X	X		
Microbiology	X		X	X	X	
Multicultural Health				X		

Public Health Organizational Chart



Service Delivery

Delivery of public health services

All Oregonians are touched by public health because of its population-based approach, which focuses on creating conditions that assure healthy communities. This is accomplished through a combination of organized scientific and social approaches. Some examples follow:

- ◆ Establishing and enforcing safe drinking water standards;
- ◆ Providing nutrition and health screening to pregnant women and children;
- ◆ Helping Oregonians reduce their use of, and exposure to, tobacco;
- ◆ Monitoring communicable disease data to identify outbreaks and quickly respond;
- ◆ Educating new mothers on the benefits of breastfeeding.

Oregon's public health system rests upon a partnership between DHS and county health departments. Most public health services occur at the local level with DHS providing funds, policy direction, technical assistance, and statewide coordination to counties.

Just as DHS responds to direction from the Governor and the Legislature, each county health department is responsible to its Board of Commissioners, which is the local public health authority under statute. With state and county government working together, the public health system provides consistency in health policy and the delivery of basic services across Oregon, and preserves the ability to respond to unique community needs.

County health departments deliver direct medical services in targeted areas: immunization, prenatal care, family planning and communicable disease treatment.

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Public health is instrumental in establishing community and migrant health clinics and bringing physicians into under-served areas. DHS provides technical assistance to communities, helping them assess needs, plan and write grants for state and federal monies. The Department also brings assistance from the National Health Service Corps by helping designate federal health professional shortage areas and recruiting health care workers into underserved areas.