



February 16, 2017

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## **DRAFT: Affordable Care Act Investments in Oregon's Public Health System**

### *Overview*

Federal grants are a primary source of funding for Oregon's public health system. A portion of the federal grants provided to governmental public health authorities are funded by the Affordable Care Act (ACA). The Prevention and Public Health Fund (PPHF), administered by the Centers for Disease Control and Prevention (CDC), accounted for 12% of the total CDC program budget in 2016. The PPHF has been used to offset \$119M in base cuts to the CDC budget in order to retain core public health programs, such as the Preventive Health and Health Services Block Grant, which was authorized in August 1981.<sup>1,2</sup>

Additional ACA funding for public health programs is administered through the Health Resources and Services Administration (HRSA), the Administration for Community Living (ACL) and the Substance Abuse and Mental Health Administration (SAMHSA). As directed by the CDC, HRSA, ACL and SAMHSA, ACA-funded grants are used to build state, local and/or tribal public health capacity in specific program areas.

The Oregon Health Authority, Public Health Division (PHD) is the primary recipient of ACA funds in Oregon. Additional Oregon grantees include Multnomah County Health Department, the Northwest Portland Area Indian Health Board, and Yellow Hawk Tribal Health Center. In FY 2016, a total of \$10,427,564 in ACA funds was provided to support public health activities in Oregon.

### *Oregon Investments*

The table on the following page lists the grants that Oregon has received from the ACA, number of FTE supported, annual award amount, and pass-through dollars to communities.

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<sup>1</sup> Centers for Disease Control and Prevention. (2016). Accomplishing CDC's mission with investments in the Prevention and Public Health Fund, FY 2010-2016. Available at <https://www.cdc.gov/funding/documents/cdc-pphf-funding-impact.pdf>.

<sup>2</sup> Centers for Disease Control and Prevention. (2014). Preventive Health and Health Services Block Grant: Frequently asked questions. Available at <https://www.cdc.gov/phhsblockgrant/faqs.htm>.

<b>Grant name</b>	<b>FTE supported</b>	<b>Total FY 2016 award</b>	<b>Pass-through to local and tribal public health authorities and nonprofit organizations*</b>
<b>Oregon Health Authority, Public Health Division</b>			
CDC Childhood Lead Poisoning Prevention Program	2.05	\$274,393	\$30,000
CDC Diabetes and Heart Disease and Stroke Prevention	5.19	\$1,279,918	\$389,250
CDC Epidemiology and Laboratory Capacity	2.12	\$381,352	\$0
CDC Emerging Infections Program	9.00	\$1,134,157	\$0
CDC Section 317 Immunization Program	12.00	\$2,441,466**	\$0
CDC Preventive Health and Health Services Block Grant	6.75	\$1,110,980	\$0
CDC Quit Line Capacity Grant	0.71	\$190,594	\$0
HRSA Personal Responsibility Education Program	2.48	\$556,126	\$424,510
SAMHSA Youth Suicide Prevention Program	0.00	\$736,000	\$490,000
<b>Northwest Portland Area Indian Health Board</b>			
CDC Good Health and Wellness in Indian Country	3.90	\$994,225	\$125,000
<b>Multnomah County Health Department</b>			
CDC Racial and Ethnic Approaches to Community Health (REACH)	6.30	\$986,196	
<b>Yellow Hawk Tribal Health Center</b>			
ACL Chronic Disease Self-Management Education	0.00	\$142,958	
CDC Good Health and Wellness in Indian Country	2.00	\$199,199	
<b>Total</b>	<b>52.50</b>	<b>\$10,427,564</b>	<b>\$1,458,760</b>

\*PHD and Northwest Portland Area Indian Health Board grants only. Does not include funds awarded to other contractors.

\*\*15 month grant allocation.

### *Summary of ACA Public Health Investments in Oregon*

Below are descriptions of the ACA-supported federal grants and what would be at risk if funding for these programs is discontinued.

Childhood Lead Poisoning Prevention Program: Prevents lead poisoning among children through outreach, education, and statewide surveillance of blood lead levels; coordinates follow up with local physicians to ensure proper care for affected children.

- If funding is discontinued, the 279,000 children under age six in Oregon would lose the protection of the statewide lead poisoning prevention program.

Chronic Disease Self-Management Education: Provides access to an evidence-based program designed to help people living with chronic conditions better manage their health.

- If funding is discontinued, tribal members with chronic conditions will lose access to an important tool to help improve their long-term health outcomes.

Diabetes and Heart Disease and Stroke Prevention: Supports partnerships among local public health authorities and coordinated care organizations to implement programs to prevent chronic disease among Oregon adults.

- If funding is discontinued, local capacity to prevent diabetes and heart disease would be greatly diminished and access to the National Diabetes Prevention Program would be limited.

Epidemiology and Laboratory Capacity: Provides training, data and quality control for statewide outbreak investigations; promotes injection safety among local public health authorities and providers; and provides laboratory testing for non-influenza respiratory viruses, allowing investigation of respiratory illness outbreaks in schools, healthcare facilities and workplace settings.

- If funding is discontinued, support for local public health authority outbreak investigations would be limited and timeliness of outbreak investigations and prevention and control efforts would be negatively impacted. The loss of injection safety training risks the spread of HIV and Hepatitis C.

Emerging Infections Program: Supports statewide control of healthcare acquired infections; allows for collection of data on pneumococcal disease, group A and B streptococcal infections, meningococcal disease and foodborne illnesses; and provides surveillance and laboratory testing for pertussis, influenza and HPV.

- If funding is discontinued, the loss of intervention support may lead to an increase in healthcare acquired infections and multi-drug resistant organisms, diminished opportunity to leverage other federal funding sources, and a reduction in overall statewide capacity to detect and respond to disease outbreaks, such as the recent meningococcal outbreaks at the University of Oregon and Oregon State University.

Good Health and Wellness in Indian Country: Aims to reduce the burden of chronic disease among American Indians by limiting exposure to tobacco, increasing physical activity and improving access to healthy foods.

- If funding is discontinued, support for culturally-appropriate chronic disease prevention programs will end.

Section 317 Immunization Program: Provides state-level capacity for Oregon's immunization program, including vaccine safety, monitoring of immunization rates, compliance with Oregon's school immunization law, and response to vaccine-preventable disease outbreaks, including seasonal influenza.

- If funding is discontinued, the Vaccines for Children Program would end, reducing or ending access to vaccine for Medicaid-eligible, uninsured, underinsured, or American Indian/Alaskan Native children under 19 years of age. General Fund support to local public health authorities would need to be redirected to support maintenance of core immunization program functions.

Preventive Health and Health Services Block Grant: Provides technical assistance to local and tribal public health authorities, including compliance reviews of all 34 local public health authorities and support for state and local public health accreditation efforts. Provides resources to three communities for sexual violence prevention.

- If funding is discontinued, 14 local public health departments serving over 1,800,000 Oregonians will not undergo complete compliance reviews and PHD's national public health accreditation status would be at risk.

Quit Line Capacity Grant: Enhances tobacco quit line services by targeting disproportionately burdened populations through media outreach and removal of barriers to access.

- If funding is discontinued, the ability to provide tobacco cessation services to disproportionately burdened groups in rural areas of the state will be diminished.

Personal Responsibility Education Program: Supports implementation of evidence-informed programs designed to prevent unintended pregnancy and transmission of sexually-transmitted infections among high risk youth in Oregon, including youth in foster care and corrections facilities, homeless youth, and youth that identify as Latino or LGBTQ.

- If funding is discontinued, 1,000 high risk youth in Oregon would lose access to sexual health education.

Racial and Ethnic Approaches to Community Health (REACH): Engages communities to address health disparities through culturally-specific interventions.

- If funding is discontinued, 17,500 Multnomah County residents would have limited access to healthy food options in retail settings and limited transportation to access healthy food; and 47,695 residents would have less access to environments that are tobacco and nicotine-free.

Youth Suicide Prevention Program: Provides the only local suicide prevention funding to five counties and ten health and behavioral health systems working to implement comprehensive Zero Suicide initiatives.

- If funding is discontinued, all local suicide prevention coordinator positions will be lost along with suicide-specific training, work with schools and the development of integrated care models.

#### *Impact of ACA Public Health Investments in Oregon*

##### Combating communicable disease outbreaks statewide

- Since the inception of the PHD healthcare acquired infections program, there has been a decrease in healthcare acquired infections statewide, and there has been no spread of

carbapenemase producers, a class of antibiotic-resistant “nightmare” bacteria.

Carbapenemase producers are nearly untreatable and are rapidly spreading across the world.

- Union County recently responded to a foodborne illness outbreak impacting over 100 people from four states. In 2015, Deschutes County investigated and responded to more than 1,000 cases of reportable communicable diseases and a record 26 outbreaks. The ability to leverage state resources financed by the ACA allows for a prompt and comprehensive investigation and response.
- The public health system provides access to immunizations and protection from vaccine-preventable disease outbreaks. ACA funds support state-level immunization infrastructure while General Funds are provided for local communities. As a result, Crook County provides 25% of the immunizations delivered to community members and Jackson County provides 7,500 immunizations to community members. Immunization rates for children in Jefferson County are 63% prior to entering school or engaging with the health department, compared with 95% afterward.

#### Preventing chronic disease by supporting communities through healthy eating and physical activity

- In Lane County, a dozen local policies have been implemented to reduce chronic disease through the ACA-supported Healthy Communities program. More than 80 partners have been engaged in these efforts and an additional \$315,000 has been leveraged in addition to the state pass-through investment. Through the Good Options (GO!) program, overall sales of food at the local hospital increased 27% while sodium consumption in hospital foods has resulted in 60 fewer pounds of salt used per year.
- Multnomah County has convened over 30 community partners to complete a community action plan, communications plan and evaluation plan designed to decrease chronic disease disparities. The REACH grant has increased the availability of healthy food options in at least six corner stores in neighborhoods that have no other full service grocery store within one quarter of a mile.