

PUBLIC HEALTH SYSTEM FUNDING

Tuesday, April 25th, 2023

9:00 – 10:30 AM | Zoom

This webinar is being recorded



SCHOOL OF
PUBLIC HEALTH



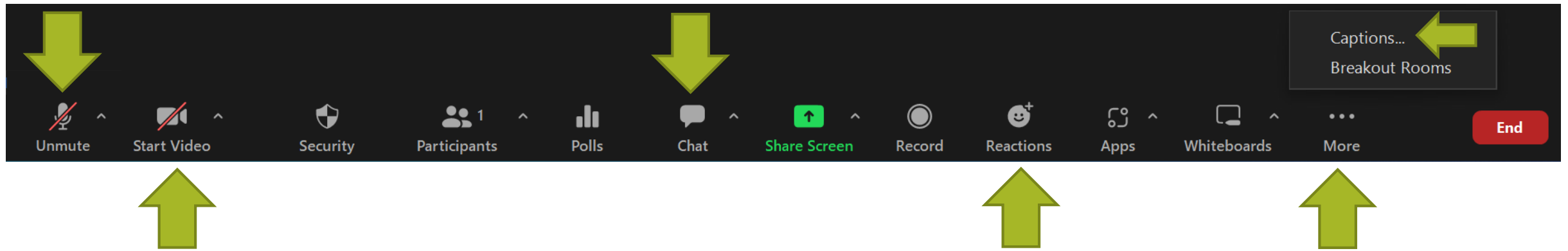
Acknowledgement

This webinar was made possible with funding from the OHSU-PSU School of Public Health Workforce Development Committee in partnership with the Oregon Coalition of Local Health Officials. The content for this webinar was developed in collaboration with speakers from the Oregon Health Authority and Linn County Department of Health Services.

Agenda

Time	Topic	People
9:00 AM	Welcome	Brittany Badicke
9:10 AM	Funding Public Health in Oregon	Danna Drum
9:30 AM	Public Health Modernization	Steve Fiala
9:50 AM	BREAK	
9:55 AM	Public Health Funding From the Field: Linn County Department of Health Services	Shane Sanderson
10:15 AM	Fireside Chat / Q&A	Moderated by Laura Daily
10:25 AM	Wrap-up & Adjourn	Brittany Badicke

Navigating Zoom



Speakers

- **Danna Drum, MDiv** | Local and Tribal Public Health Manager, Office of the State Public Health Director, Public Health Division, Oregon Health Authority
- **Steve Fiala, MPH** | Policy and Partnerships Lead, Health Promotion and Chronic Disease Prevention Section, Oregon Health Authority
- **Shane Sanderson, MS** | Environmental and Public Health Manager, Linn County Department of Health Services
- **Laura Daily, MPH** | Program Manager, Oregon Coalition of Local Health Officials

Introductions

- Open [Padlet](#)

Webinar Series

- Three-session webinar series on Oregon's public health system



- Earn CPH credits!



Acronyms

Take a screenshot for reference:

- MacOS: Command + Shift + 4 = click and drag to select area
- Windows: Print Screen (PrtScn)

- **APHA:** American Public Health Association
- **ASTHO:** Association of State and Territorial Health Officials
- **CBO:** Community-based Organization
- **CDC:** Centers for Disease Control and Prevention
- **CLHO:** Conference of Local Health Officials (statutory)
- **CLHO:** Coalition of Local Health Officials (advocacy)
- **CSL:** Current Service Level
- **EPA:** Environmental Protection Agency
- **FC:** Family Connects
- **FEMA:** Federal Emergency Management Agency
- **FPHS:** Foundation Public Health Services
- **GF:** General Fund
- **HB:** House Bill
- **HRSA:** Health Resources and Services Administration
- **LPHA:** Local Public Health Authority
- **MCH:** Maternal Child Health
- **MCM+:** Maternal Child Management
- **NACCHO:** National Association of County and City Health Officials
- **NFP:** Nurse Family Partnership
- **OHA-PHD:** Oregon Health Authority Public Health Division
- **OHP:** Oregon Health Plan
- **OMC:** Oregon MothersCare
- **OPHA:** Oregon Public Health Association
- **PHM:** Public Health Modernization
- **POP:** Policy Option Package
- **SB:** Senate Bill
- **USDA:** United States Department of Agriculture

Public Health Funding in Oregon

Danna Drum

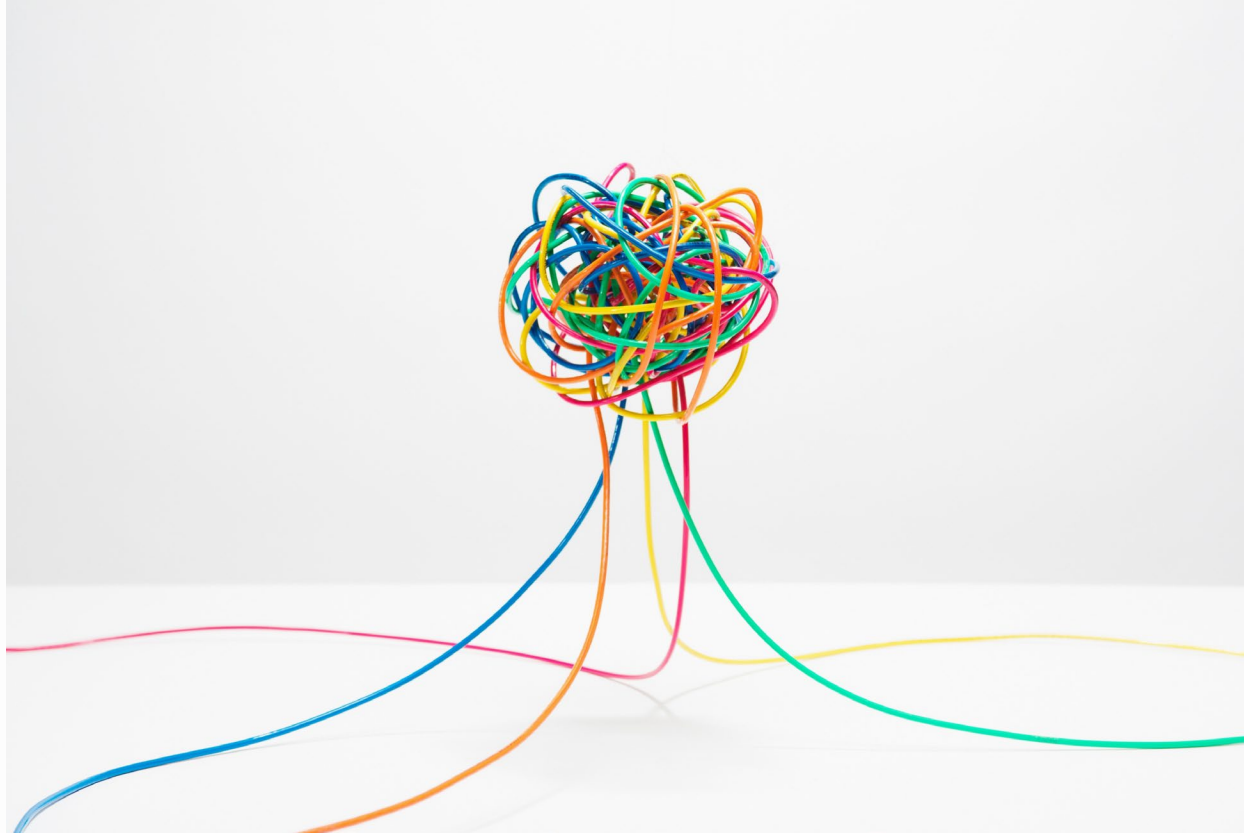
Local and Tribal Public Health Manager

April 25, 2023





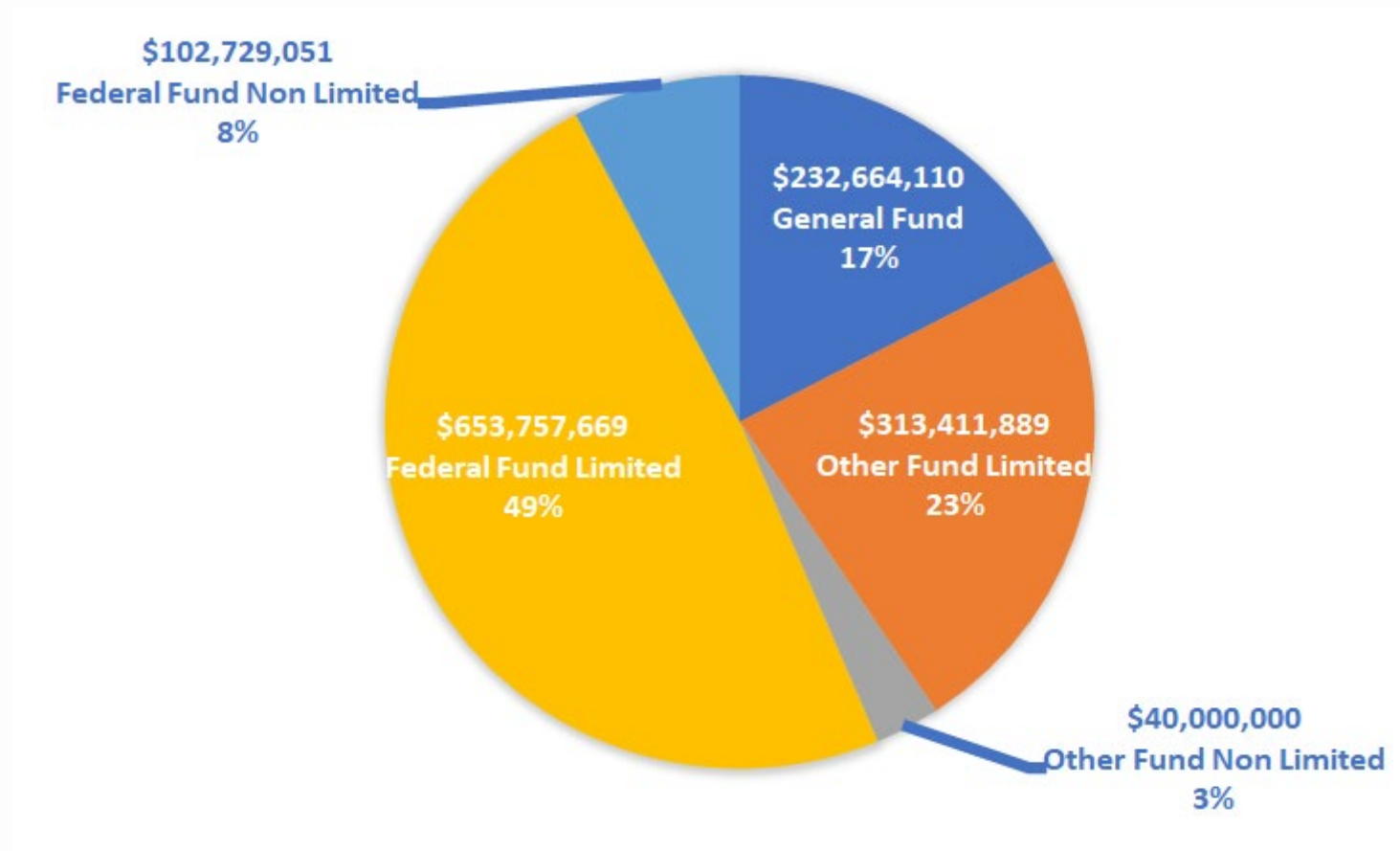
OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Oregon
Health
Authority

State Public Health Funding



Types of Funding

- Federal
 - Individual funding streams for specific program areas
 - Examples: Diabetes, PH Emergency Preparedness, Epidemiology and Laboratory Capacity, etc.
 - Some of those individual funding streams can have additional funding streams within them
 - Funders include: CDC, HRSA, EPA, USDA
 - During emergencies, sometimes access FEMA funds

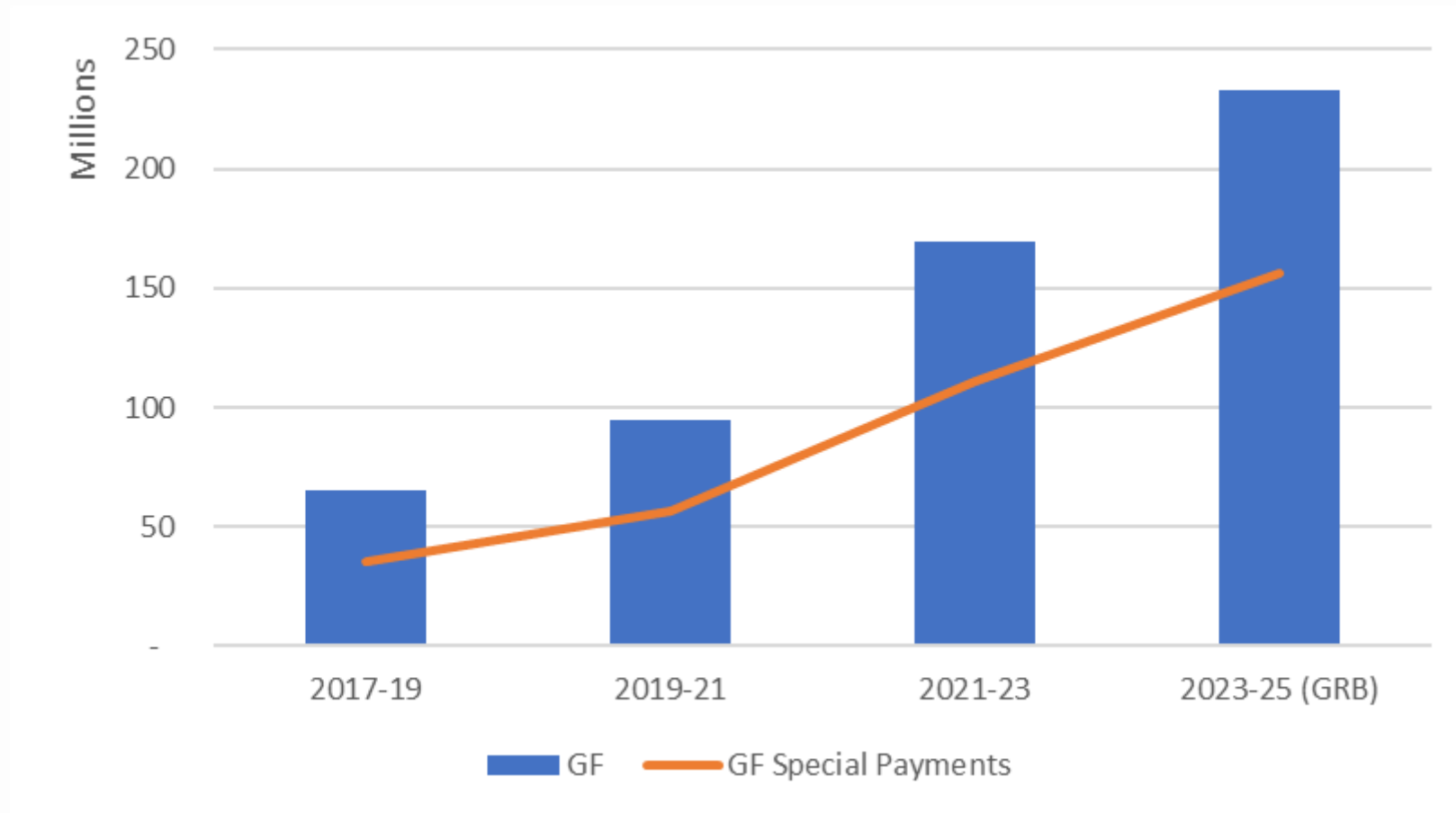
Types of Funding

- State
 - General funds
 - Examples: Communicable disease, PH Modernization, Family Connects
 - Current service level v. Policy option package
 - Other funds
 - Fees – Oregon State Public Health Lab, Environmental health, Radiation protection services, Medical marijuana, Vital records, etc.
 - Specific tax funds – Tobacco tax, etc.
 - Grants from other non-federal or state government entities

State Public Health Funding

- Support state program functions and requirements
- Support governmental and non-governmental public health partners
- May be tied to public policy and when effective results in decrease in funding (example: tobacco tax)

Majority of PHD General Funds are allocated to partners



LPHA Funding

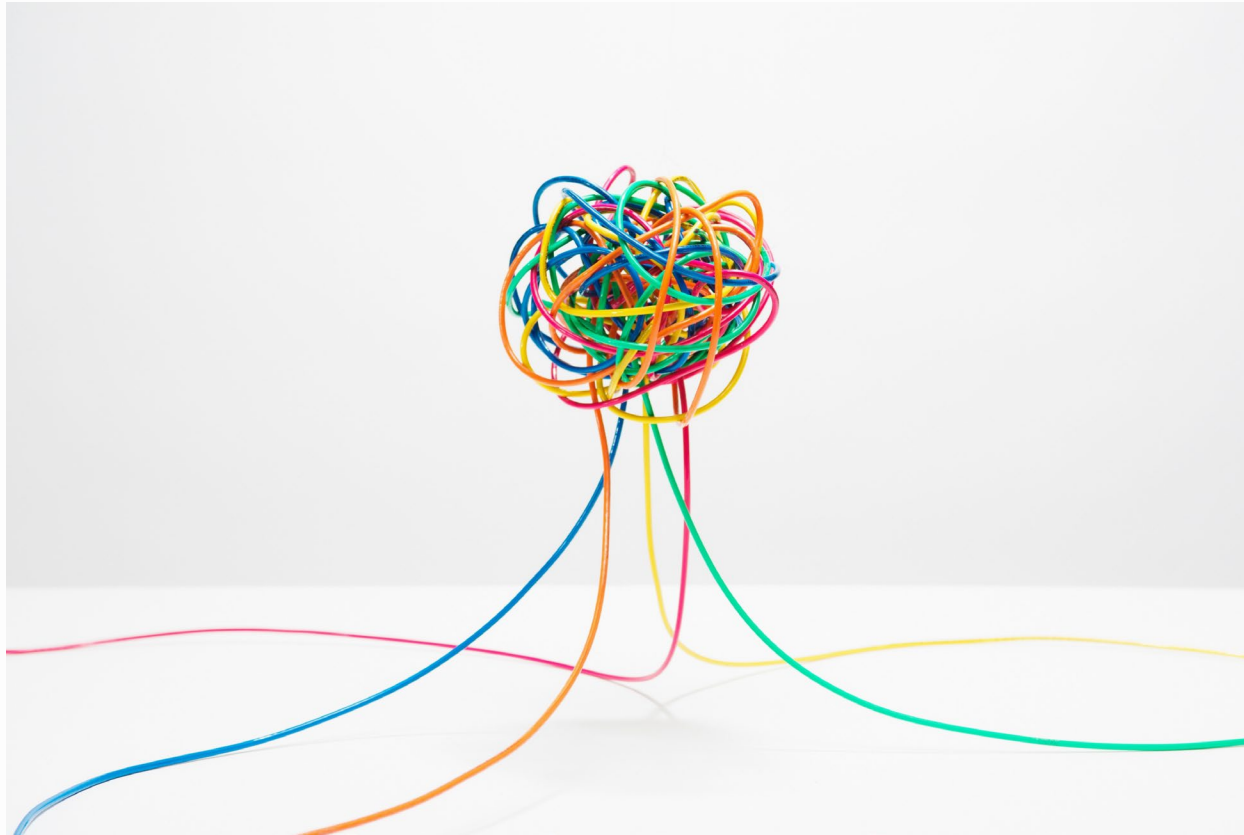
- Funding from OHA
 - Combination of federal and state funds (general and other)
 - Multiple funding streams with specific requirements based on appropriation by federal or state legislature
- LPHA generated funds
 - Examples: Fee revenues; Insurance reimbursement, if LPHA provides billable services
- County general funds
- Direct federal awards and funding
- Other grants
- Often braided together to support one or more programs

Local Investment in PH – FY 2018

- Local support (includes fees, other revenue, general fund, and in-kind)
- Range: <\$2000 (Wheeler) to >\$25 million (Multnomah)
- Statewide total: >\$70 million
- Per capita range: \$3.54 (Polk) to \$69.78 (Crook)
- Statewide per capita average: \$16.70

Tribal PH Funding

- Funding from OHA
 - Combination of federal and state funds (general and other)
 - Multiple funding streams with specific requirements based on appropriation by federal or state legislature
- Direct federal funding
 - Primarily Indian Health Service
 - Generally no CDC tribal set asides (tribes competing against each other and/or other entities for funding)
- Other grants
- Other tribal funds
 - Note: Tribes do not have taxing authority to generate revenue



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Oregon
Health
Authority

Go to www.menti.com and use the code 1714 8253



Instructions

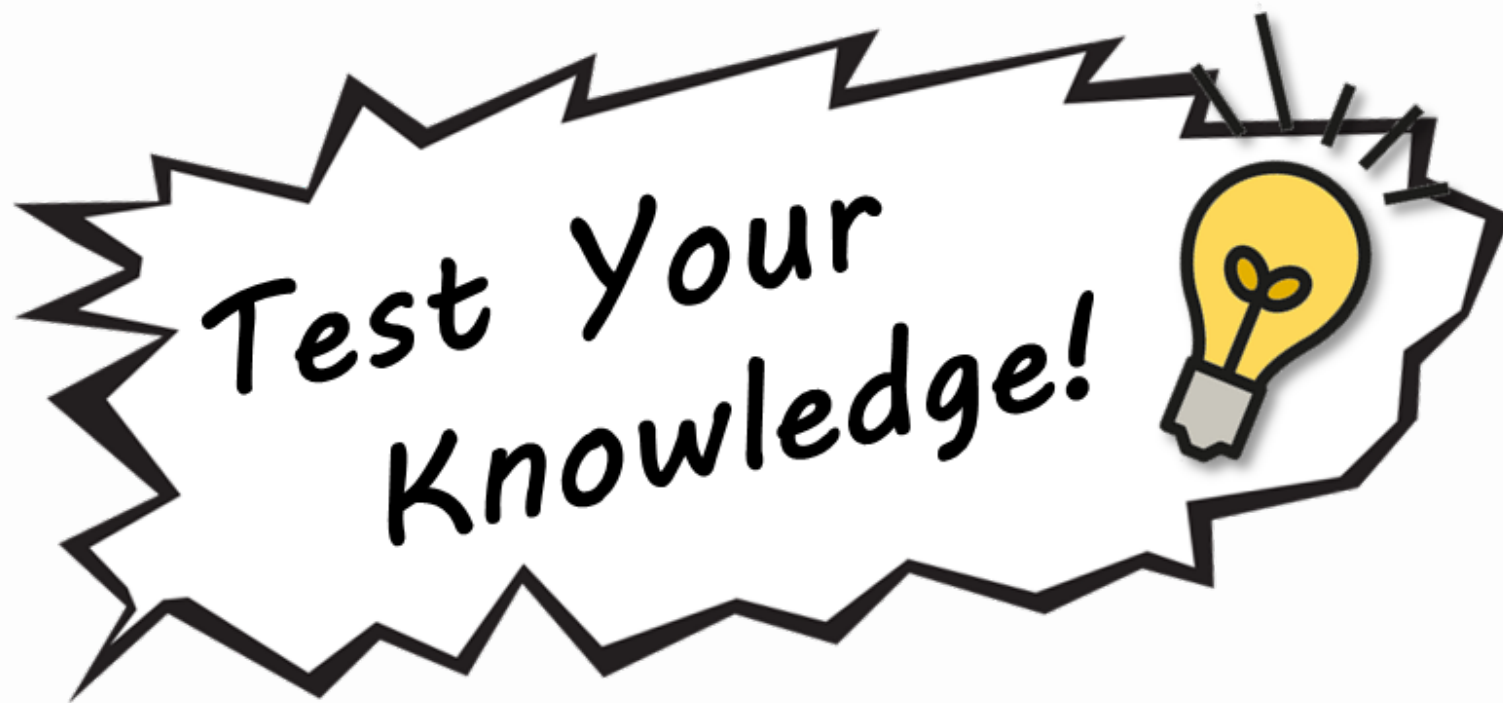
Go to
www.menti.com

Enter the code
1714 8253



Or use QR code





Public Health Modernization

Steven Fiala

Policy and Partnerships Lead
Health Promotion & Chronic Disease Prevention

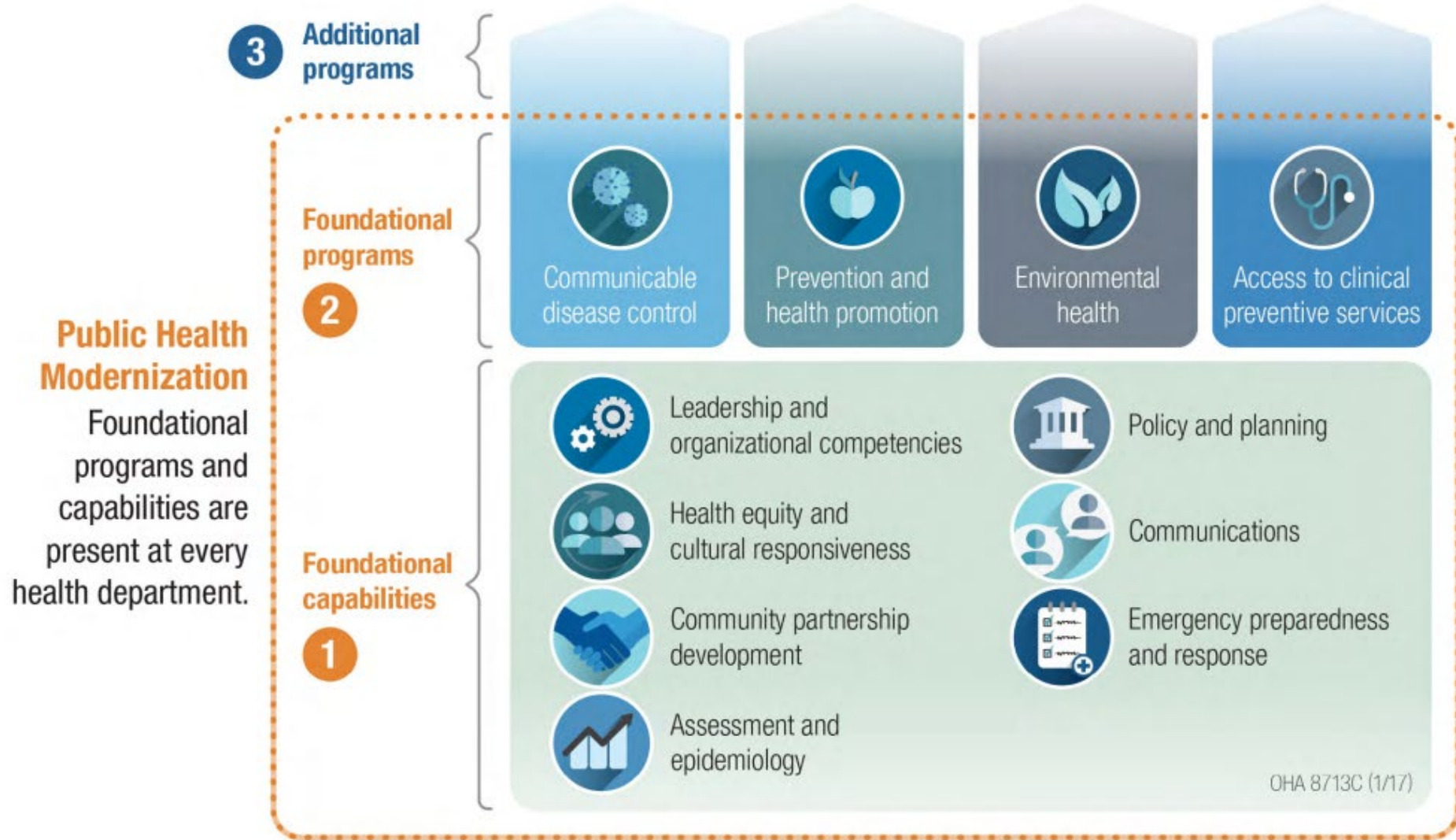
April 25, 2023



Oregon's Public Health System



Modernized framework for governmental public health services



Foundational Public Health Services

Foundational Areas



February 2022



Program-Based versus Modern Public Health

Program-based Health System	Modern Public Health System
Separate funding and staff for each disease or other health topic	Funding and staff can adapt and respond as critical health needs emerge
Responds to health problems	Strives to prevent and prepare for health problems, then responds as needed
Works independently	Emphasizes partnerships
Health disparities unaddressed	Centers the voices of communities and strives to shift power and resources to those most affected by health inequities
Data systems are static, isolated from each other, and/or difficult to use	Data systems are complete, dynamic and integrated, and generate useful info
Patchwork quilt of programs and capabilities	All foundational programs and capabilities available across the state

Public Health Modernization Milestones

2013-15

Oregon Legislature passes House Bill 2348

2015-17

Oregon Legislature passes House Bill 3100

2017-19

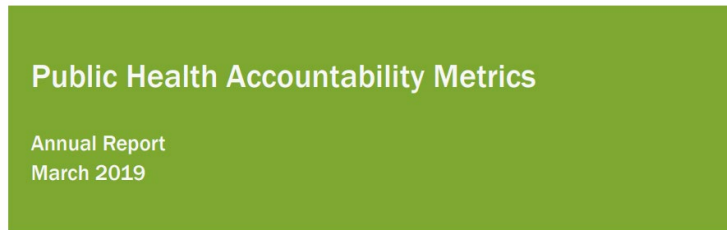
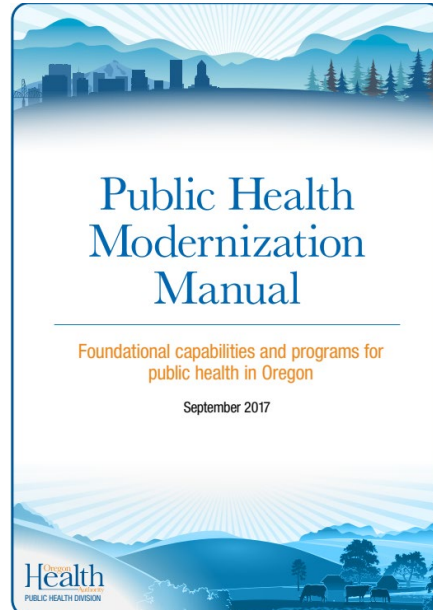
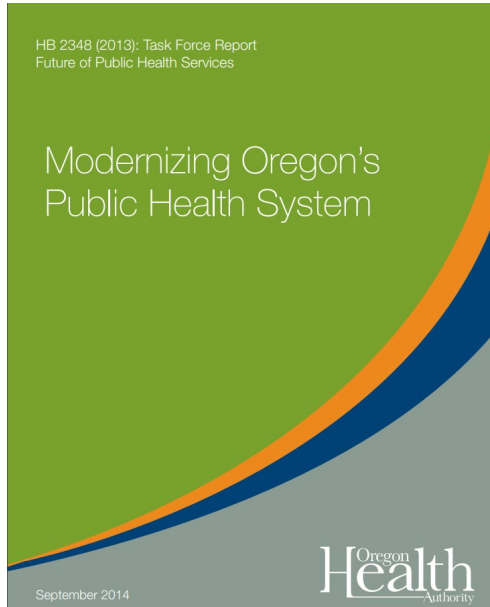
Oregon Legislature passes House Bill 2310 and allocates \$5 million for public health modernization

2019-21

Oregon Legislature allocates an additional \$10 million

2021-23

Oregon Legislature allocates an additional \$45 million



Public Health Modernization Manual

Foundational capabilities and programs for public health in Oregon

September 2017

Roles

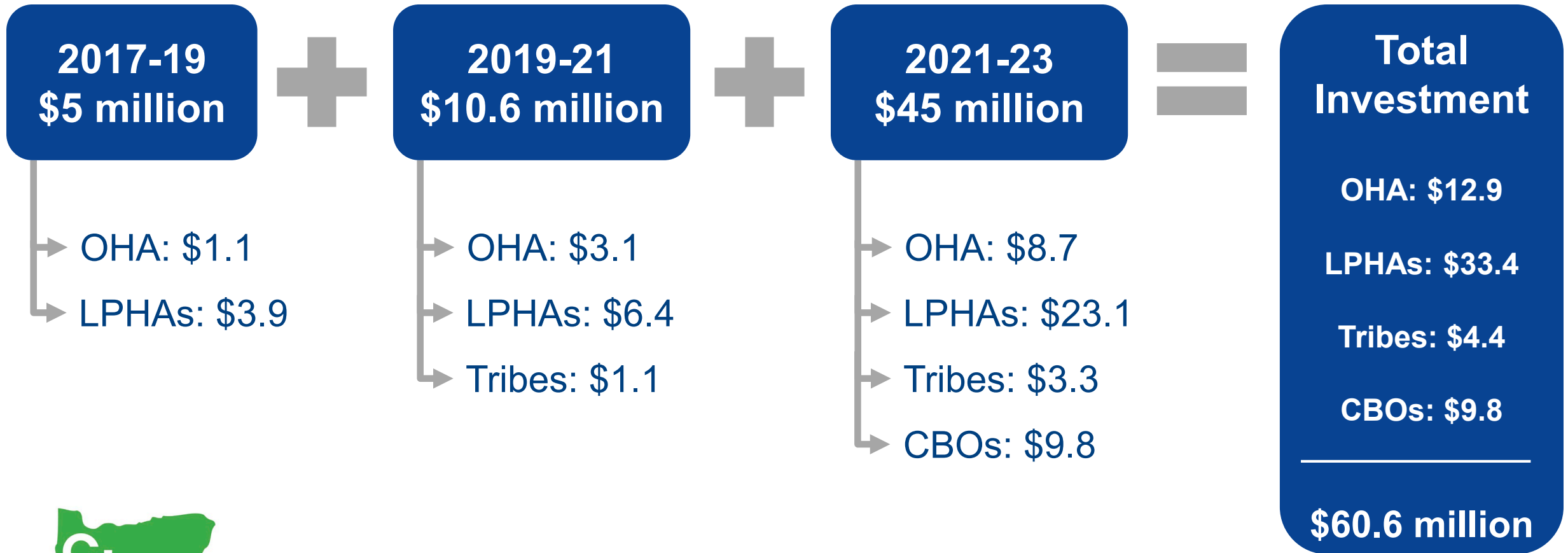
Foster health equity

State	Local		
✓		a.	Collect and maintain data that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
	✓		Collect and maintain data, or use data provided by PHD that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
✓		b.	Make data and reports available to local public health authorities, partners and stakeholders, and other groups.
✓		c.	Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through partnerships with relevant state and local agencies.
	✓		Compile local data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through local partnerships, or use information collected and provided by PHD.

Engage partners in policy

State	Local		
✓		a.	Convene strategic partnerships with statewide and regional organizations to share accountability for the public's health.
✓		b.	Support local public health to develop strategic partnerships.
✓		c.	Work with local public health authorities when working with local communities.
✓	✓	d.	Ensure participation of community partners in local and state public health planning efforts.
✓	✓	e.	Engage partners when conducting a state or community health assessment. With partners, use assessment information to develop a state or community health improvement plan.

Legislative Investment in Modernization, 2017-2023



Modernized framework for governmental public health services



Building Infrastructure through Public Health Workforce



More than 300 positions being funded
through local public health modernization funds*



New staff positions:

- Communicable disease > 80
- Environmental health > 30
- Foundational capabilities > 20

Assessment/epidemiology = 16

Health equity/cultural responsiveness = 14

Communications = 12

Community partnership development = 12

Policy and planning = 12

Other = 7

Building Capacity for Health Equity



Funded 69 CBOs with Modernization dollars through new OHA Public Health Equity Funding Opportunity





Legislative Request for 2023-2025 Funding



OHA submitted request for additional **\$286 million**

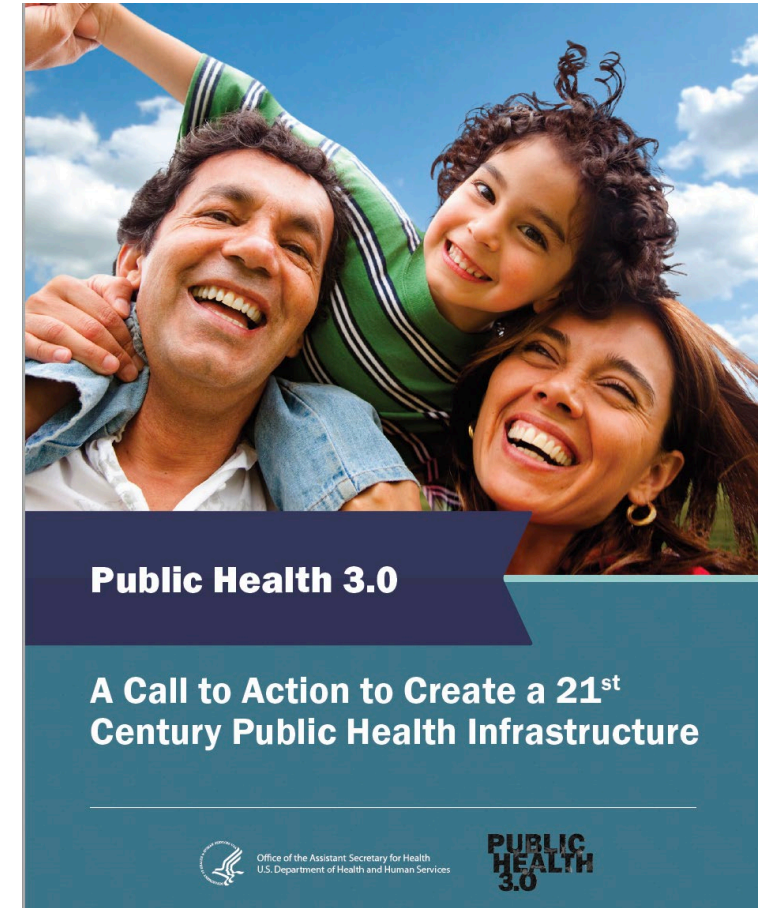
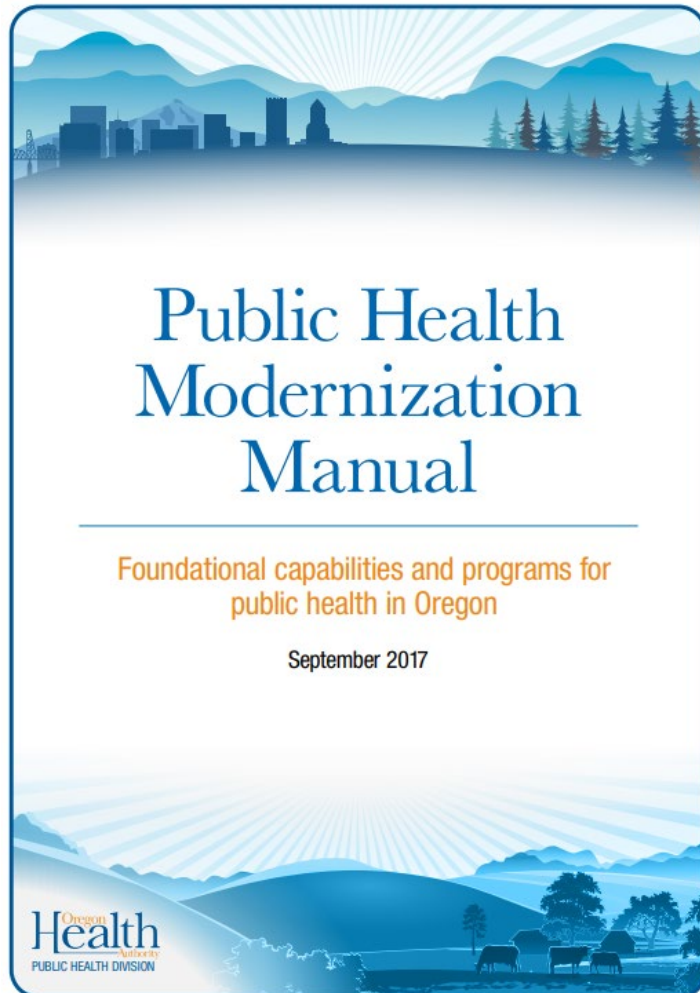
Governor's Recommended Budget includes additional **\$50 million** for Modernization

- System-wide planning for health equity
- Local communicable disease initiatives
- Sustained local/emerging communicable disease expertise
- Strengthen cross-cultural and cross-sectoral relationships

Proposed Phases for Public Health Modernization



Alignment with Other Strategic Initiatives



Healthier Together Oregon State Health Improvement Plan

2020-2024 State Health Improvement Plan Priorities



Institutional bias



Adversity, trauma and toxic stress



Behavioral health



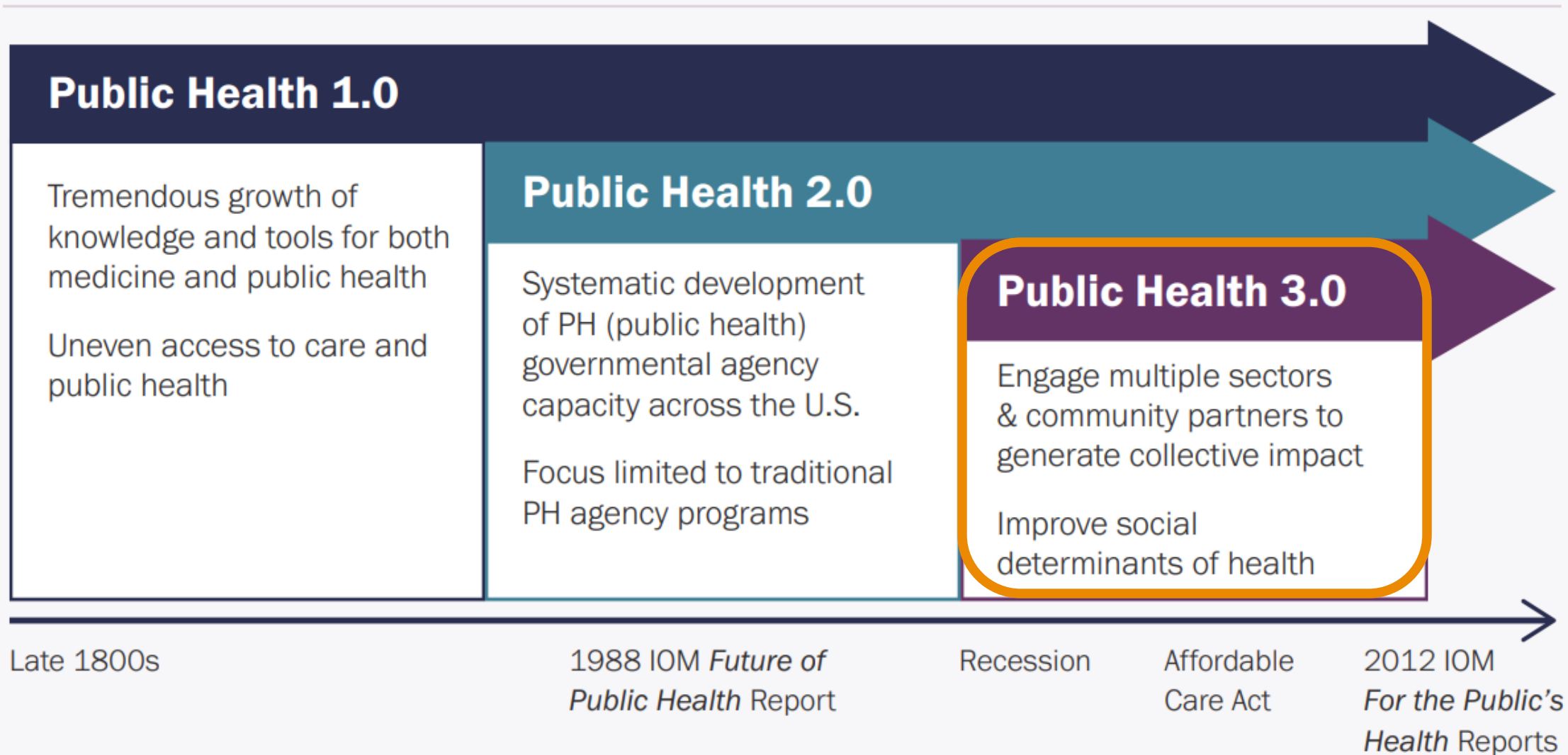
Economic drivers of health, including housing, education, transportation and living wage



Access to equitable preventive health care

Source: <https://www.oregon.gov/oha/ph/about/pages/healthimprovement.aspx>

Figure 5 | Evolution of Public Health Practices



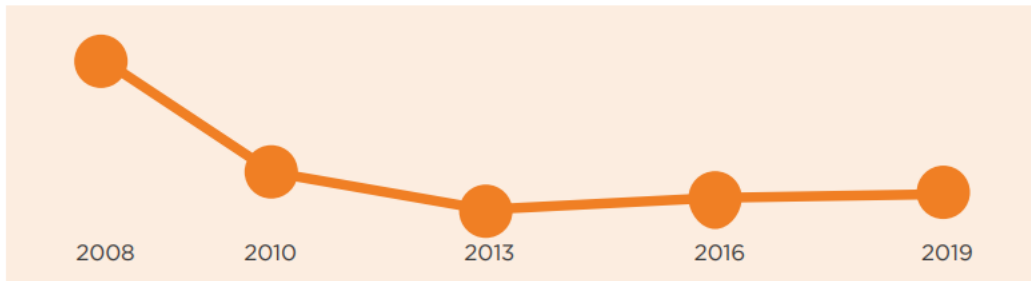
Source: DeSalvo et. al. (2016) Public Health 3.0: Time for an Upgrade. AJPH

Staffing up: Investing to improve public health services and protections

A lack of consistent investment in state and local governmental public health has resulted in a

15%

decrease in staffing, leaving the nation unable to provide basic public health protections.



Source: <https://debeaumont.org/staffing-up/>

According to a new analysis by the de Beaumont Foundation and the Public Health National Center for Innovations, the nation needs

80,000

more full-time-equivalent positions in state and local health departments to provide basic community services.



● CURRENT POSITIONS = 103,500

● TOTAL POSITIONS NEEDED = 183,500

That's an **80%** increase just to provide a minimal set of services that every community needs.



Public Health Leadership Forum



Only 51% of the population is served by a comprehensive public health system



The gap between current spending and needed spending to fully implement foundational public health capabilities is **\$4.5 billion total, per year**



Propose a **Public Health Infrastructure Fund** resourced by new local and federal dollars

Source: <https://www.resolve.ngo/site-healthleadershipforum/developing-a-financing-system-to-support-public-health-infrastructure.htm>

The Impact of Chronic Underfunding on America's Public Health System:

Trends, Risks, and Recommendations, 2022



Trust for America's Health

- **Substantially increase core funding** to strengthen public health infrastructure and grow the public health workforce
- **Invest in the nation's health security** by increasing funding for public health emergency preparedness
- **Address health inequities and their impact on root causes of disease** by addressing social determinants of health
- **Safeguard and improve health across the lifespan**

Source: <https://www.tfah.org/report-details/funding-report-2022/>



Sara Beaudrault

Oregon Health Authority

Strategic Initiatives Manager

sara.beaudrault@oha.oregon.gov

Go to www.menti.com and use the code 1714 8253



Instructions

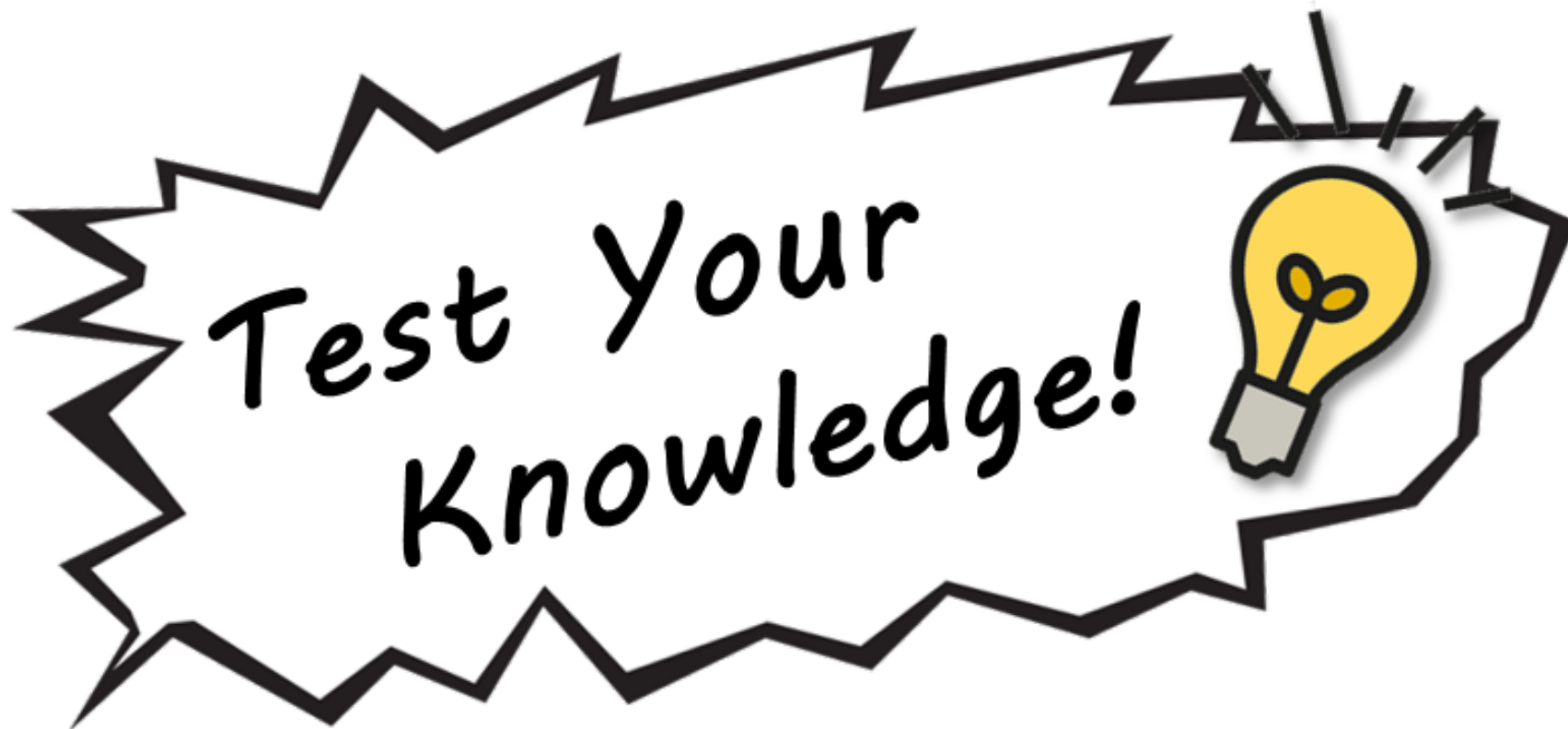
Go to
www.menti.com

Enter the code
1714 8253



Or use QR code





What You Can Do

Stay informed by following public health advocacy organizations

- Oregon: CLHO, OPHA
- National: NACCHO, APHA, ASTHO

Follow state and local budget processes

- Odd-numbered years = long Legislative Session (state agency budgets reviewed)
- Provide written and/or verbal testimony at public hearings
- [Contact your state legislators](#): email, call, meet them in person (constituent coffee chats, sign up for legislator newsletters, ask for a meeting)
- In the weeds (for policy nerds): [OHA's Budget and Legislative Information](#)
[OHA-PHD's presentation to the Legislature](#)
- Bills of interest this session:
 - [SB 5525: OHA Budget Bill](#): Public Health Modernization, Family Connects, etc.
 - [HB 2773](#): Local Public Health Workforce Incentives Package - \$47 million
 - [HB 2918](#): Racism is a Public Health Crisis - \$4 million
- Get involved in local budget processes

[Contact your federal legislators](#) – look to national orgs for guidance on when and how

BREAK

FROM THE FIELD

Shane Sanderson MS, JD, REHS

Environmental and Public Health Program Manager

Linn County Department of Health Services

Why We Do This Work

The Nurse-Family Partnership program has been independently reviewed and evaluated, and is ranked as the Gold Standard of home visiting programs.

↓ **48%** LESS LIKELY TO SUFFER CHILD ABUSE AND NEGLECT¹

↓ **56%** REDUCTION IN ER VISITS FOR ACCIDENTS AND POISONINGS⁶

↓ **67%** LESS LIKELY TO EXPERIENCE BEHAVIORAL AND INTELLECTUAL PROBLEMS AT AGE 6²

↓ **72%** FEWER CONVICTIONS OF MOTHERS (MEASURED WHEN CHILD IS 15)¹

↓ **35%** FEWER HYPERTENSIVE DISORDERS OF PREGNANCY⁴

↑ **82%** INCREASE IN MONTHS EMPLOYED³

“

Leaders are called to stand in that **lonely place between the no longer and the not yet** and intentionally make decisions that will bind, forge, move and create history.

We are not called to be popular; we are not called to be safe; we are not called to follow; **we are the ones called to take risks; we are the ones called to change attitudes; to risk displeasure; we are the ones called to gamble our lives, for a better world.**

”

Mary Louise Anderson, April 1970

American Pharmacists Association (APhA) first female House speaker

Expenditures: Personnel Costs

Dept	Class	Range	Anniv.	Salary	OPEU/COL	Mo. to	New	Mo.	Percent	Annual	Full	Bilingual/	Longevity	Fringe\	Payroll	Salary	Fringe	Payroll
	Code	Step	MO	6/1/22	7/1/22	Anniv.	Salary	Left	Dept.	Total	Salary	Lead pay	Pay	Costs	Costs	Total	%	%
36	5736	18.6	12		6,442	6	6442	6	100%	77,304	77304	3,865	-	33,970	30,149	145,288	44%	39%
36	5740	20.6	3	7,017		9	7017	3	100%	84,204	84204	-	-	33,177	32,532	149,913	39%	39%
36	5728	8.6	2		3,958	8	3958	4	86%	40,847	47496	-	-	25,930	15,772	82,549	63%	39%
36	5736	18.6	6		6,442	12	6442	0	100%	77,304	77304	-	-	28,664	29,900	135,869	37%	39%
36	5766	9.6	5		4,152	11	4152	1	100%	49,824	49824	2,491	3,737	33,982	25,736	115,770	68%	52%
36	5736	18.6	4		6,442	10	6442	2	100%	77,304	77304	-	-	24,175	29,816	131,295	31%	39%
38	5741	26.6	5	9,314		11	9,314	1	7%	7,824	111768	-	-	1,514	3,053	12,392	19%	39%
36	5766	9.3	5		3,584	11	3760	1	100%	43,184	43184	-	-	13,387	16,842	73,413	31%	39%
36	5736	18.6	7		6,442	1	6442	11	100%	77,304	77304	-	-	23,579	29,897	130,779	31%	39%
											7.93	535,098		6,356	3,737	218,379	213,698	977,268

Expenditures: Materials and Supplies



Expenditures: Indirect Costs

INDIRECT COSTS		TOTAL 2022-23 BUDGET	36-004	36-008	36-009	36-015	36-017
			IMMUNIZ	MCH	MCM+	FAMILY CONNECTS	OMC
8218	INDIRECT COST ALLOCATION	108,602	3,985	78,213	2,491	22,916	996
8220	REIMB. HEALTH ADMIN	58,108	2,132	41,849	1,333	12,261	533
8230	REIMB. HEALTH IT	-					
8400	FUND BALANCE	-					
	TOTAL	166,710	6,118	120,062	3,824	35,177	1,529

Revenue

DEPT 36 - PH FY2022-23 BUDGET		1.05	36-004	36-008	36-009	36-015	36-017
MATERNAL CHILD HEALTH (MCH)		TOTAL 2022-23 REVENUES	IMMUNIZ	MCH	MCM+	FAMILY CONNECTS	OMC
3110	REIMBURSEMENTS	20,000				20,000	
3181	CONTRACTS (NON-GOVERNMENT)	223,300		28,000	195,300		
3222	STATE & LOCAL GRANTS	47,123		47,123			
3223	FEDERAL GRANTS	74,859	38,505	29,995			6,359
3240	EARNINGS ON DEPOSIT	-					
3403	MEDICAID ADMINISTRATION	200,000		140,000		60,000	
3406	MANAGED CARE - OHP	1,015,680		812,544		203,136	
3991	BEGINNING BALANCE	-					
4212	TRANSFER FROM GF (INDIRECT)	-					
	TOTAL	1,580,962	38,505	1,057,662	195,300	283,136	6,359

Resources/References

- APHA: [Action Alerts](#) and [Advocacy for Public Health](#) page
- [ASTHO News Alerts](#)
- CLHO: [Legislative Lunch & Learns](#), [Legislative Toolkit](#), and [Newsletter](#)
- [Find Your Legislator](#)
- NACCHO: [Take Action](#) alerts, [News from Washington](#) newsletter, and [Advocacy Toolkit](#)
- OPHA: [Legislative Updates](#) and [Advocacy Tips and Tools](#)
- [Oregon Health Authority Budget and Legislative Information](#)
- Oregon Secretary of State: [Local Government Finance](#) and [County webpages](#)
- [Oregon State Legislature](#) (and [OLIS](#))
- [Public Health Modernization](#)
- [US Public Health Neglected: Flat Or Declining Spending Left States Ill Equipped To Respond To COVID-19](#)
- [A funding crisis for public health and safety: State by-state public health funding and key health facts, 2018](#)
- [Inaccuracy of Official Estimates of Public Health Spending in the United States, 2000–2018](#)



Fireside Chat



THANK YOU!

Contact us!

- **Brittany Badicke, MPH** | Project Manager, Oregon Rural Practice-based Research Network, Oregon Health & Science University
- **Danna Drum, MDiv** | Local and Tribal Public Health Manager, Office of the State Public Health Director, Public Health Division, Oregon Health Authority
- **Steve Fiala, MPH** | Policy and Partnerships Lead, Health Promotion and Chronic Disease Prevention Section, Oregon Health Authority
- **Shane Sanderson, MS** | Environmental and Public Health Manager, Linn County Department of Health Services
- **Laura Daily, MPH** | Program Manager, Oregon Coalition of Local Health Officials