



AFSCME Member Testimony in Support of Public Health
Funding in HB 5525 & 5526

Co-chairs Beyer and Nosse and members of the Ways and Means Human Services Subcommittee,

My name is Rebecca Knight, I am a member of AFSCME Local 173, Polk County where I work in the Public Health Department I have two titles - community health educator and tobacco education and policy coordinator. However, the duties I cover are far more expansive and include community health assessment tracking, data analysis for epidemiology, accreditation and all of the survey creation for anything public health related in the county to name a few. Prior to coming to Polk County, I worked at Yamhill County also in the public health.

Oregon ranks near the bottom for per capita public health funding in the country. This lack of funding is particularly felt in our rural counties where funding may not be matched at as high of a rate as more populated counties. I see this reflected in modernization legislation and tobacco programs. Public health modernization has put a lot of expectations and requirements on local public health but hasn't provided the funding to support this work. For example, Polk was one of the counties to receive modernization funding for communicable disease prevention to reduce sexually transmitted infections, but that funding covers a community health worker at a salary of \$2,000/month. We are also responsible for other modernization that hasn't been funded such as the Community Health Assessment which is over a year's work collecting data and assessing benchmarks the state has established for public health. In which, we partner with Marion County to do this. Polk County just doesn't have the staff or resources to do this alone. It is important that the local health authorities get more support. We need the full funding for this next round of modernization at just under \$50 million dollars. This will help support the work we've already begun in modernization for healthy equity, communicable disease prevention and on to the work of emergency preparedness and other modernization requirements.

Additionally, I ask that any tobacco tax moneys that come to public health not only go to cover tobacco prevention but other related health prevention such as suicide prevention, nutrition programming, and general health education. In my region, we see how the knowledge gap is impact our community's health. Even though my primary role is to provide tobacco education and policy guidance to local leaders, the most often educational presentation requests I get are for electronic cigarettes, and reproductive health. In addition, I do get requests for tobacco, marijuana, sugar and general nutrition.

Overall, sustaining our existing local public health authorities and funding us at a level that can help us catch up to our prevention needs is crucial. This will help us with providing our communities knowledge, skills and with the information they need to stay healthy.

Please fund our public health services in the OHA Budget.