



AFSCME Support for  
Public Health Modernization  
and Universal Home Visiting  
HB 5024

February 9, 2021

Dear Co-chairs Lieber and Nosse and members of the Joint Ways and Means Human Services Subcommittee,

Thank you, for the opportunity to provide testimony on the Public Health Division portion of the Oregon Health Authority's budget. I echo the calls made by my partners in public health for an investment of nearly \$69 million for Public Health Modernization and the continued investment in the Universal Home Visiting program.

Oregon AFSCME Council 75 represents local public health workers in many of Oregon's counties. They are the people who inspect restaurants and public pools who have moved over to contact tracing during the pandemic, they are the nurses who work in nurse home visiting programs that Universal Home Visiting and work in public health clinics. They are the people who have always coordinated with community partners in distributing vaccines a large undertaking in any year, and monumental in the past couple of months and in the last year coordinated across agencies and community partners to get personal protective equipment out to essential workers. They are also the people who work with community partners in education and prevention on issues ranging from tobacco use prevention and cessation, and prevention of communicable diseases. They are the epidemiologists and other public employees that are doing community health assessments, data analysis for epidemiology and many other duties. Most of our public health employees work across multiple program areas in what should be multiple positions.

As an example of this, I have provided testimony that our former member in Polk County provided from 2019 on the multiple roles she and her colleagues take on. Shortly after the legislative session, Rebecca's position at the county was cut.

As you can tell, public health is people powered and public health workers have been wearing multiple hats and working across programs for years - doing what they can with what they have. While they have been asked to be fluid in their work and approaches to preparing for emergencies and responding to the needs of our communities, the



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majority of public health funding has not been fluid and followed where the work has gone because it is tied to specific programs. Modernization is about making sure that public health has the funds to do the work needed as it comes up, and maintain the work that remains constant.

Modernization is about building long term resiliency in the system and to do that we must invest in resiliency in the workforce. As I mentioned, public health workers prepare and respond to the needs of our community with our communities. The longterm underfunding that has required public health workers to fill multiple roles was already stretching them to their limits and the last 12 months of COVID response have taken a toll on the workforce. There are many who have retired or are thinking of retiring earlier than planned because the non-stop work of the past year in response to COVID along with the continuing public health needs has worn on them. Those far from retirement wonder how long they can hang on to this pace too.

To build a fully modern public health system and have long term sustainability, we'll need to have investments that support and rebuild the workforce. We need enough people to do the work and we need to keep people who have worked through this response as well as our wildfire responses, H1N1 and the "average, run of the mill" public health work.

Somehow they have been making it work on the shoe string budget and asking partners to step up who have even less. Please, know that those in the field know that we can't be successful in our work without our community partners. If we are to also tackle the public health crisis of systemic racism we have to have a system that gives all of us the resources we need and not further pits us against each other in fighting over the small investments made. Team efforts need team sized investments.

I am in awe of the work of my public health members and our coalition partners and am hopeful that we are successful in building a modernized public health system that keeps "public" and "health" for all in our state in mind.

I look forward to working with you all on fully funding Public Health Modernization and our Universal Home Visiting program.



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Respectfully,

Eva Rippeteau  
Political Coordinator  
Oregon AFSCME Council 75

### **Previous Public Health Modernization Testimony from 2019**

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.



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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.