

OREGON COALITION OF LOCAL HEALTH OFFICIALS

Ways and Means Subcommittee on Human Services

February 9th, 2021

Public Testimony on HB 5024

Co-Chairs Representative Nosse and Senator Lieber and Members of the Ways and Means Subcommittee on Human Services,

My name is Jocelyn Warren and I am the Public Health Administrator and Division Manager for Lane County Public Health, and the Chair of the Oregon Coalition of Local Health Officials (CLHO). I am here this afternoon providing testimony on behalf of CLHO on House Bill 5024, the Oregon Health Authority budget, specifically the Public Health Division budget and the need to fund public health modernization at \$69 million.

It is impossible to talk about public health funding needs without addressing the pandemic response. Lane County Public Health activated incident command structure (ICS) on February 7, 2020. In the last year, we have borrowed many able people from across county government, but Public Health staff, who are trained in ICS and have experience in emergencies, continue to serve in key roles and provide expertise in disease surveillance and response, planning, and working with community partners. Since the early stay-at-home orders, when temperatures were dropping and there were no volunteers to support local social services, including emergency shelter for the unhoused, the public health response has required robust community partnerships and creative planning to fill gaps. As disease rates increased, we doubled our staff to meet the escalating needs of disease investigation, contact tracing, case management, COVID-19 testing and vaccination, including increasing bilingual staff who now account for over a quarter of those working in Communicable Disease.

I give you this background to demonstrate that the public health modernization model - with the foundational capabilities including health equity, community partnerships, planning, communication, assessment and epidemiology that historically have not been funded – this is the model we need for this time. The good news is we are on the right path and now we need significant investments to realize the full potential of the public health system for Oregonians.

One example of how Lane County used public health modernization investments and how those investments have elevated equity work in the COVID response is our COVID-19 outreach and testing initiatives in one community in Cottage Grove. With modernization funding, outreach staff hired with modernization funding had established relationships with the Be Your Best



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Committee, the Family Resource Center, Centro Latino Americano, and advocates for the Mam-speaking Guatemalan community. Previous efforts to improve childhood vaccination and access to health care provided a strong basis for engaging the community on concerns and questions about COVID-19 testing and vaccination. As a result, the Guatemalan community in Cottage Grove is ready and eager for the COVID vaccine.

The question that local public health officials get most often is what would additional investments through Public Health Modernization buy?

- My first answer to this question is always, SAVINGS! Public Health is an investment in prevention and we know that the paltry 3% of all US health care dollars spent on prevention means we are forever in a position of refining treatments for very sick people, that those treatments tend to favor people with resources, and that we could do much better at keeping people from getting sick in the first place.
- Prevention is also a matter of health equity. With modernization funding, Public Health has and will work with community-based organizations and other partners to reduce communicable diseases among groups that have suffered more than others, and ensure that the communities in which they live and work support physical and social health.
- Finally, modernization prepares Oregon for the next public health emergency. We're still deep in COVID but sure as rain we can expect more emerging infectious diseases in the future. Not to mention wildfires, floods, and other environmental health challenges.

Local public health officials have been working on behalf of their communities before the pandemic and will continue after. However, we need the resources to keep our communities safe and our primary resource is our people – health educators, office staff, nurses, health officers, environmental health specialists, epidemiologists, and all of the people who keep our departments running. At the end of the day Modernization will help communities hire more people to protect the health of their communities and promote lifelong wellbeing. As we say in Lane County, “public health is people powered.”

Thank you.



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