



The Oregon Coalition of Local Health Officials

February 1, 2023

House Behavioral Health and Health Care Committee

House Bill 2773: Public Health Workforce Incentives Fund

Good afternoon Chair Nosse and members of the committee. For the record, my name is Sarah Lochner and I am here on behalf of the Oregon Coalition of Local Health Officials – CLHO for short – the statewide association for local public health.

The local public health workforce, across the United States and here in Oregon, is in crisis. The reasons behind this crisis are multi-factorial. Many stem from chronic underinvestment in the public health system that pre-dates the COVID-19 pandemic. Others arose due to the stressful working conditions of the triple-demic and politicization of public health that local public healthcare workers have experienced since 2020.

According to [Oregon's Local Public Health Workforce Report \(2021\)](#), **local public healthcare workers are experiencing high levels of stress due to:**

- Chronic underinvestment
- “Siloed” funding streams
- Wearing multiple hats – or doing multiple jobs
- Comparatively low pay for the field
- Simultaneous public health crises
- Increased scrutiny and criticism
- High levels of burnout & turnover
- Low-rates of entry into the field
- Insufficient housing availability

Taken together, **these conditions have created significant barriers to meeting statewide metrics and public health prevention goals.** HB 2773 seeks a \$47 million (one time) investment in the public health

workforce that will allow workers to be adequately trained, departments to be appropriately staffed, and support sustainable economic growth for Oregon's healthy and resilient communities through:

- Recruiting public health workers from local communities, with a focus on rural & underserved populations;
- Providing scholarships and removing barriers for public health-focused education, credentials and certifications;
 - We want to home-grow our workforce, creating career pathways for folks who may not otherwise have access to the necessary education – folks who can then become the trusted messengers in their communities and help us rebuild, repair and prepare for the next emergency.
- Higher education loan repayment;
- Retention bonuses for long-term staff; and
- Stipends for the supervision of student nurse rotations, internships, and fellowships.

We will need an amendment drafted – but I'll let Jessica Pratt from AOC tell you more about that.

Before I turn it over to her, I want to flag that Marion county has provided written testimony in support, available on OLIS. And after Jessica, you will hear directly from a handful of local public health folks about their specific workforce challenges.

One anecdote to share with you: I have a friend named Donna who is 76 years old and “retired” from her public health nurse job 18 years ago. Because she is an absolute angel, for the last fifteen years, she has been commuting from Lake Oswego down to Marion County Public Health to work two days per week to help out. This is not an isolated occurrence, either. I know offhand of several other similar situations, even though I have not actually tried to catalog this data point. I also know that this is not sustainable. We have to bring in the next generation to take up the reins.

Zooming out to see the big picture: CLHO surveyed our members at the end of December, and among the 26/33 LPHAs who responded to the survey they reported a total of 185 vacant positions at the local level. 48 of these FTE are nurses who provide essential services – such as STI testing and treatment, reproductive health services, immunizations, and home-visiting for new babies and their parents.

No matter what the geographic location, it is very difficult to recruit and hire local public health staff. We need your help and urge your support of HB 2773.

Thank you, and now I'll turn it over to Jessica from AOC.

Page 2 line 10-11: delete "who are people of color, tribal members, or residents of rural areas in this state"

This provision, when included in HB 2949 (2019) was deemed unconstitutional so we are removing it. The target populations local public health aims to serve, however, remain in the bill.

Page 2 line 24: insert "local" before "public"

Page 2 line 28: insert "local" before "public"

Page 3 line 7: Delete tax subsidies.

We will also be modifying the county definition, to make sure we are referencing the correct definitions.

We will be adding a report back to the legislature on how many people received assistance, in which categories, how long they worked in local public health afterwards, if they were effective, etc.

And lastly, we envision OHA administering this directly to individuals, in direct consultation with local public health. We don't want to further burden county Human Resources. As such, legislative counsel tells us that pay equity would not be affected because pay equity only applies to the employer-employee relationship. However, we may still include a clause stipulating that these funds shall not be considered as compensation or benefits, just to make sure we have our bases covered in case the implementation method changes.