



Chair Nosse, Vice Chairs Javadi and Nelson, and members of the committee:

My name is Madison Riethman, I'm the grant project and data manager for the Healthy Rural Oregon grant at the Coalition of Local Health Officials, or CLHO, here in support of HB 3916.

Very simply, this bill provides \$5 million for scholarships and support for three worker types:

- Community Health Workers
- Community Paramedics
- Local Public Health staff

The bill, with the dash one amendment, will allocate funds to two organizations: the Oregon Community Health Workers Association, or ORCHWA, and the Oregon Office of Rural Health, or ORH. You will hear directly from these two organizations in a moment. ORCHWA will administer the Community Health Worker scholarships, while ORH will administer the programs for Local Public Health staff and for Community Paramedicine, also commonly referred to as Mobile Integrated Health.

That's it. The bill is very simple. \$5 million in scholarships for 3 worker types, administered by two organizations.

As someone who has been administering a federal grant the last 3 years doing this exact work, I can tell you health care providers are hungry for professionals trained in these areas.

CLHO is currently finishing up our second edition of our Oregon Local Public Health Workforce Report, slated to be published in the next month. The sneak preview is that Local Public Health Departments are always recruiting to fill open positions. They have difficulty filling positions in general, and have a really hard time filling positions that require specific credentials like nurses, epidemiologists, environmental health specialists and others. Especially in rural communities, job seekers typically don't have the specialized training required to qualify for these open positions— leaving a disconnect between public health employers and the job seekers in their communities.

**That's the gap CLHO is trying to fill with HB 3916.** We want to home grow the public health workforce: recruit folks in their home towns, train them, and help them gain employment *there*.

Over the last decade, we've seen significant turnover in our rural public health employees, which has led our public health agencies to experience chronic vacancies in mission-critical positions. It's essential that we train additional public health workers at all levels to meet our public health needs. **This bill will allow us to increase the public health workforce, which will, in turn, support the sustainability of public health agencies.** By building this pathway for local students, we'll build a local and more stable workforce.

We at CLHO are excited to continue partnering with both ORH and ORCHWA to create career pathways in public health for these desperately needed health professionals.



# OREGON COALITION OF LOCAL HEALTH OFFICIALS

Representing the collective interests of Oregon's 33 local public health authorities to improve the health of all Oregonians.

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Lastly, this three minute video features some of Oregon's public health superstars and really shines a light on why this work is so important: <https://www.youtube.com/watch?v=lytmHpW5v7U>

Our vision for this program is that perhaps Jessica, who you just heard from in the video, may want to continue up the ladder. If HB3916 is passed, this program would be there to help her further her education and her career in public health when she's ready. She is a shining example of success, and we want to replicate her achievements with this bill.

Thank you so much for your time and support!

## **Madison Riethman, MPH, CPH**

Healthy Rural Oregon Grant Project & Data Manager, Oregon Coalition of Local Health Officials  
Board Member (Communications Chair), Oregon Mobile Integrated Healthcare Coalition  
[oregonclho.org](http://oregonclho.org) | [oregonmihc.org](http://oregonmihc.org)

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### **Background**

*Data from the Public Health Workforce Interests and Needs Survey ([PHWINS](#)) found that if the workforce exodus trend established between 2017-2021 continues, by the end of this year, 2025, state and local governmental public health will have lost 50% of its workforce nationwide. Obviously this was accelerated by the pandemic, but the problem has not gone away.*

*While recruiting folks from other areas can sometimes be initially successful, finding housing for newcomers is difficult no matter where you live in Oregon. Several counties have reported having folks accept a job and then back out when they couldn't find adequate housing. That's why CLHO wants to home-grow our LPH workforce by recruiting from within the local community, providing the funding to get the necessary training, and having folks commit to a duration of service, a two year minimum or longer to correlate to the length of the training (e.g. four years of service for a four year degree).*

*This would entail recruiting from local high schools, community colleges, universities, workforce boards, and among existing local public health staff that want to move up the career ladder.*

*We also intend to provide support stipends to trainees so that they get reimbursed for books, missed work, transportation, and whatever else they need to complete their training. For those that are struggling with their existing student loan debt, CLHO can also assist with some repayment relief. This is a retention strategy to keep folks from shopping for a higher paycheck.*

*These are small, nimble, non-profit organizations, who can do this work less expensively than state or county governments, ensuring that the funding goes to developing the public health workforce and not to bureaucracy. Ultimately, we are a customer service driven organization, and as such, we have motivation to make sure that every county sees the benefit of this investment and that it's a good use of taxpayer dollars, providing a public good.*