

April 28, 2021

Dear Chair Patterson, Vice Chair Knopp and members of the Senate Health Care Committee,

Thank you for the opportunity to provide testimony in support of HB 2965, to change the date that local public health authorities need to submit their public health modernization implementation plans from 2023 to 2025. We thank our partners at the Coalition of Local Health Officials and Representative Nosse for bringing this bill forward.

Oregon AFSCME Council 75 represents local public health workers in many of Oregon's counties. 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. They are the people who inspect restaurants and public pools who have moved over to contact tracing and other COVID related work during the pandemic. They are the people who coordinate vaccine clinics in the community- normally for the flu and other illnesses that are now considered routine that have become a Herculean effort over the last year. They are the nurses who work in nurse home visiting programs like Universal Home Visiting and work in public health clinics. 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 and emergency preparedness. And of course, they are the epidemiologists and other public employees that are doing community health assessments, data analysis and many other duties.

Needless to say the workforce - at every level - are exhausted. They have been pushed beyond their limits of making do with what they have even long before COVID hit our state. We have seen people retire sooner than originally planned and others looking into doing the same. Those too far from the age of retirement are looking for different work.

Throughout this last year our and the years since the framework for public health modernization was adopted in 2015 through HB 3100, our local public health authorities have been hard at work implementing the foundational programs and capabilities that were to be rolled out each



biennium between then and 2023. However, the funding never followed the policy implementation. As part of the modernization work, the state and local public health authorities conducted a needs and gaps analysis that found to fully implement public health modernization, an additional \$210 million a biennium would be needed.

The first stage of implementation came in 2017 with an investment of \$5 million for work that OHA had estimated to cost \$30 million. The second stage came with an additional \$10 million investment for a \$50 million ask. This year, the ask is \$69 million that had been requested in the OHA Requested Budget.

While supplies and buildings to do the work are certainly necessary, the largest costs are for the people needed to do the work. Public Health Modernization requires additional investment in the workforce and the deficit we had in this workforce has only grown over the last 18 months and will continue to grow. Moving the date will give all of our public health authorities the time they need to rebuild their workforce, continue implementation of the modernization framework and submit their full modernization plans.

Oregon AFSCME Council 75 urges your support and passage of HB 2965. I welcome any questions.

In Unity,

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