

Incentives to recruit a more diverse public health workforce

HB 3916 -- \$5M



Workforce challenges

In the four years leading up to the COVID-19 pandemic, nearly half of public health workers left their jobs. The pandemic exacerbated burnout and exhaustion, causing more workers to retire or leave—with surveys predicting a total 50% workforce reduction by 2025. The challenge of finding a qualified workforce is especially difficult in rural Oregon where salaries are lower, public health departments are smaller and workers often have to do more than one job.

Across Oregon, there is also a need for culturally and linguistically qualified staff to serve communities of color and those who speak languages other than English. But there are many barriers for people in these communities who want to pursue a career in public health, including training and travel costs, and for higher level jobs like nursing and epidemiology, paying back student loans.

Why offer training incentives?

Healthy Rural Oregon, a federal grant program administered by CLHO, addresses many of these barriers by paying for training and partnering with over 50 organizations to support and expand the allied health professional workforce. The grant has supported training for nearly 300 people in 34 Oregon counties, but the grant ends in 2025. Without a new funding source many students will be unable to cover the cost of training and Oregon will lose the progress it has made in growing a diverse public health workforce.

That's why CLHO is asking for \$5 million (per biennium), split among two organizations, to continue this important work:



Oregon Community Health Workers Association (ORCHWA)



Oregon Office of Rural Health (ORH)

\$1.5M

\$3.5M

= \$5M



ORCHWA is the professional organization for community health workers (CHWs) in Oregon. CHWs are trusted members of their community who understand the culture, language and experiences of that community. They work to reduce health and social disparities by providing education, direct services and care coordination. ORCHWA will use this money to expand access to training programs and to support more culturally- and linguistically-specific trainings. They will also offer assistance to employers to help them understand the role of CHWs.



Jennine Smart is the Executive Director of ORCHWA.



The Oregon Office of Rural Health (ORH) serves as the primary coordinating body for rural and frontier health in Oregon, working improve the quality, availability, and accessibility of health care for rural Oregonians. ORH provides critical resources in workforce education and support, develops innovative strategies, and fosters partnerships to strengthen rural health care systems. ORH will use this funding to support and expand the community paramedic workforce (\$1.5m) and to support workforce development in local public health (\$2m) in partnership with the Coalition of Local Health Officials (CLHO).

Robert Duehmig is the Director of the Oregon Office of Rural Health at OHSU.

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HB 3916 has been endorsed by the following organizations:



Training incentives make dream job possible for Madras woman



When Jessica Mendoza started her entry-level job at Jefferson County Public Health in 2018, she had no idea that six years later she would be assisting patients in the county's medical clinic.

"I started as a receptionist at the front desk. I became a community health worker after that and my most recent success was completing my medical assistant certificate, so I've kind of worked my way up," said Mendoza who lives in Madras, a town of about 8,000 people an hour north of Bend.

Mendoza made a living wage, but couldn't afford to pay for the additional training she needed to progress in her career. That's when she heard about a federal grant that could help.

"Jessica was already a great employee who consistently took on new responsibilities. Unfortunately, we didn't have money to pay for professional development, so when we heard about the CLHO grant we encouraged her to apply," said Michael Baker, Jefferson County public health administrator.

In addition to the community health worker and medical assistant trainings, the grant also paid for a medical interpretation course and training-related expenses like the gas Mendoza needed to travel to Bend several times a week. The total cost was nearly \$14,000.

"I'm sure there are a lot of people who can't afford to continue their education, so it would be a huge benefit if CLHO could continue paying for these trainings," said Mendoza, whose newly acquired skills are helping the county build better connections with patients.



A paramedic who makes house calls

Nina Kerr-Bryant started her day with a disturbing phone call. One of her long-time patients with congestive heart failure had died. Later in the day, she found out that another of the nearly 35 patients on her case load, a woman who suffered with a chronic leg wound, had also died.

"I manage complex, chronically ill patients," said Kerr-Bryant who is one of 24 certified community paramedics in Oregon. She knows that some of her patients are going to die, but it is still upsetting when they do.

Unlike paramedics who respond when you call 9-1-1, community paramedics make house calls to prevent illness and coordinate care. Kerr-Bryant works for the Scappoose fire district and covers nearly all of Columbia County's 646 square miles, from Vernonia to St. Helens to Clatskanie and most of the rural towns between.



She describes her job as the county's chief roller-skater and cheerleader.

"I do a lot of medical stuff, blood draws, EKG and other tests, but a lot of what I do would be considered social work, like helping patients get signed up at the food pantry, or enrolling patients in a sharps container exchange program, or picking up and delivering medications to patients," said Kerr-Bryant.

And because her patients know they can count on her, they call 9-1-1 less often.

"She's been very helpful. If I have a problem now, I usually call Nina," says 89-year-old Kenny Lang who sometimes struggles to get enough oxygen because of his chronic lung disease.

Today, Kerr-Bryant visits Lang to make sure he's drinking enough water, taking his antibiotic, and that he's coughing up the sputum in his lungs.

This community paramedic says her mission includes improving patients' health and well-being as well as reducing the burden on the emergency response system.

One stark example she says is her "patient zero," a woman who struggles with health problems and anxiety.

"Over the four years I've been working with her, her transports to the hospital were reduced from 33 times a year to one time a year," says Kerr-Bryant who started her career as an emergency paramedic more than 40 years ago.

Although the community paramedic model is in its infancy in Oregon, more organizations are beginning to see its value. Columbia Pacific Coordinated Care Organization, the Medicaid health plan that has funded Kerr-Bryant's position for the last six years, is adding a second community paramedic position.

To find out more about community paramedics in Oregon, read this [OPB story](#).