

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health System Workforce Workgroup

February 14, 2024, 9:00-11:00 am

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1600418678?pwd=akl3YXRmK1J1eWNyNWpDaEFZUWg2UT09>

Meeting ID: 160 041 8678

Passcode: 565972

One tap mobile

+16692545252,,1600418678# US (San Jose)

+16468287666,,1600418678# US (New York)

Meeting objectives:

- Review overall project scope and timeline updates
- Review Public Health Costing and Capacity Assessment
- An overview of the final WYSAC analysis deliverable
- Defining the public health system and outlining OHA equity goals

Workgroup members: Veronica Irvin, Meghan Chancey, Dr. Marie Boman Davis, Elizabeth Barth, Jiancheng Huang, Michael Walker, Laura Daily, Angie Long, Jonathan Snowden, Anne Arthur, Sandra Hernandez, Cynthia Hunt, Lori Silverman, Lei Kaula, Carolyne Achienza, Bonnie Learner, Patty Toombs, Miranda Williams, Kirsten Aird, Wendy Polulech

OHA Public Health Division staff: Kirsten Aird, Steve Fiala, Kim Townsend, Nettie Tiso

9:00-9:05 am

Opening

- Welcome
- Review agenda
- Review meeting cadence
- Review group agreements
- Intros in chat

Kirsten Aird, Interim
Deputy Director/Policy
and Partnership
Director

9:05-9:30 am	Project Overview and Updates <ul style="list-style-type: none"> Review project timeline Review project phases, milestones and deliverables 	Kirsten Aird
9:30-9:50 am	Defining the Public Health System and OHA Health Equity Goals <ul style="list-style-type: none"> Defining the public health system OHA Equity Goals 	Steve Fiala
9:50-10:00 am	Break	Workgroup
10:00-10:30 am	WYSAC Deliverables: An Overview of the Final Analysis <ul style="list-style-type: none"> Presenting an Outline of the Final Product Discussion and Questions 	Emily A. Grant, Senior Research Scientist Lena Dechert, Assistant Research Scientist Wyoming Survey & Analysis Center (WYSAC)
10:30-10:45 am	Facilitated Discussion <ul style="list-style-type: none"> Discussion and questions 	Kirsten Aird
10:45-10:55 am	Public comment	Kirsten Aird
10:55-11:00 am	Closing <ul style="list-style-type: none"> Review bio request reminder Next meeting, March 13th 9:00 - 11:00 am Adjourn 	Kirsten Aird

BIO

PUBLIC HEALTH ADVISORY BOARD

Public Health System Workforce Workgroup

Reminder!

Original date of request: January 10, 2024

Bio request, please include:

- A headshot photo (optional)
- Your first and last name
- Your contact information (email, phone – your choice)
- Your public health system partnership category (OHA, LPHA, CBO, Tribe, Academia)
- The agency or organization you currently work at.
- Your current role or function. Include your current title or a short, descriptive phrase about your role.
- Your north star: People reading your bio will also want to get a sense of who you are. Listing your overall goal, values, or a statement that describes your interest in public health workforce will help the workgroup get to know you.

OHA staff will compile all bios and share them with the workgroup at an upcoming meeting

Due date:

- Send to Tamby Moore tamby.m.moore@oha.oregon.gov, ASAP - Thank you!

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Tamby Moore: at 503-586-6321, 711 TTY, or tamby.m.moore@oha.oregon.gov 48 hours before the meeting.

Public Health Advisory Board Public Health System Workforce Workgroup Meeting Minutes

January 10, 2023, 9:00AM-11:00AM

Workgroup members in attendance: Bonnie Lerner, Patty Ramirez Toombs, Meghan Chancey, Angie Long, Veronica Irvin, Jonathan Snowden, Cynthia Hunt, Laura Daily, Carol Achienza, Dr.Sandra Hernandez, Miranda Williams, Elizabeth Barth, Leialoha Ka'ula, Wendy Polulech (OHA staff), Kirsten Aird (OHA staff)

OHA staff: Kari Christensen, Nettie Tiso, Kim Townsend

OHA contractors: Emily Grant, Lena Dechert

Meeting minutes

1. Workgroup discussed the purpose, responsibilities, and scope of activities of the PHAB.

Follow up actions:

Workgroup members please review the PHAB website and PHAB Charter, linked below:

https://www.oregon.gov/oha/PH/ABOUT/Documents/phab/PHAB%20Charter_OHPB%20approved%202022-11.10.pdf

2. Workgroup discussion and questions about what defines Oregon's public health system for this project.

Follow up actions:

Workgroup members please review, on page 2 of the PHAB Charter, the definitions provided by PHAB of the governmental public health system, and CBOs. The inclusion of academic partners was added to the framework for the public health workforce analysis. Workgroup will continue this discussion in future meetings.

https://www.oregon.gov/oha/PH/ABOUT/Documents/phab/PHAB%20Charter_OHPB%20approved%202022-11.10.pdf

3. Workgroup discussion and questions on how the development of a public health system workforce plan is centering principles of equity. Workgroup members request that workforce demographics and trends describing workforce diversity, equity, inclusion are noted from existing data/source material and included in the public health system workforce analysis.

Follow up actions:

Kari Christensen followed up with OHA-contractor the Wyoming Survey and Analysis Center (WYSAC- Emily Grant and Lena Dechert) to ensure workforce demographics and trends from existing data are summarized in the analysis.

Kirsten Aird, OHA-PHD Executive Sponsor for the Public Health System Workforce Project encouraged workgroup members to review the PHAB's Health Equity Policy and Procedure and continue this conversation into the next meeting.

<https://www.oregon.gov/oha/PH/ABOUT/Documents/phab/PHAB%20health%20equity%20policy%20and%20procedure-%20approved%2012.14.23.pdf>

4. Workgroup request for OHA to share the list of all sources (with hyperlinks to access source material) that are included in the public health system workforce analysis (from WYSAC).

Follow up actions:

Current sources included in the analysis are below:

1. Berk Report: <https://bit.ly/3SoZ5KQ>
2. CLHO: <https://bit.ly/3u3eqHJ>
3. Rede Reports (3): <https://bit.ly/3u0Bx5K>
4. Survey Modernization Reports (3): <https://bit.ly/3O8LLYC>
5. PHM Evaluation: <https://bit.ly/3Spe1Zy>
6. LPHA Accomplishments: <https://bit.ly/47HiISP>
7. Oregon State Health Improvement Plan (2020-2024): <https://bit.ly/4942uV7>
8. Deloitte/Data Modernization Initiative (DMI): attached to email
9. OSU Needs Assessment: <https://bit.ly/3HouOpi>
10. Oregon Legislative Document: <https://bit.ly/428pVdK>
11. Public Health WINS: N/A

Note: access to this data platform is not public (PH-WINS workforce data is summarized in other listed sources)

5. Workgroup member, Miranda Williams, Executive Health Director, Siletz Community Health Clinic offered to follow up with the Northwest Area Indian Health Board to request existing public health workforce reports or data (for inclusion in the WYSAC analysis of existing data).

Follow up actions:

Kari Christensen and Emily Grant followed up with Miranda to support this.

The **action items below are actively being followed up on** by OHA staff and will be shared with the workgroup before our next meeting:

1. Workgroup request for OHA to create a resource that compiles and defines acronyms.
2. Workgroup request for time spent in orientation to Oregon's Public Health System.
3. **Workgroup members are invited to send bio info to Kari Christensen by February 5th**. Kari is compiling bio information for all workgroup members to support relationship building (this will not be posted publicly on the PHAB website).

Public comment

No members of the public provided comment.

Next workgroup meeting

Wednesday, February 14th from 9:00 - 11:00AM.

Meeting adjourned at 11:00 am.

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- Written materials in other languages.
- Braille.
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If you need help or have questions, please contact Kari Christensen at 971-601-0298, 711 TTY, or publichealth.policy@odhsosha.oregon.gov at least 48 hours before the meeting.

PHAB Workgroup

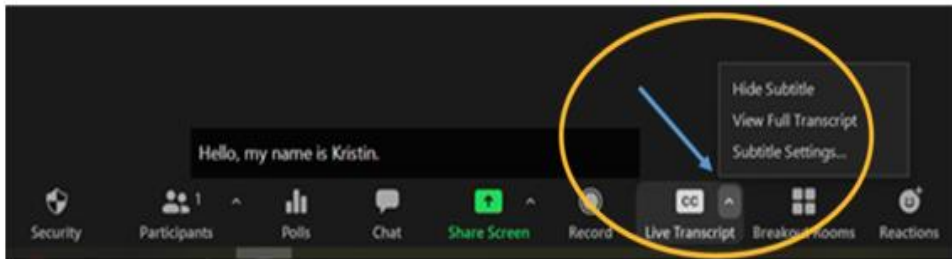
Public Health System Workforce Meeting

February 14th, 2024 9:00 AM – 11:00 AM



Real-time captioning and transcription service

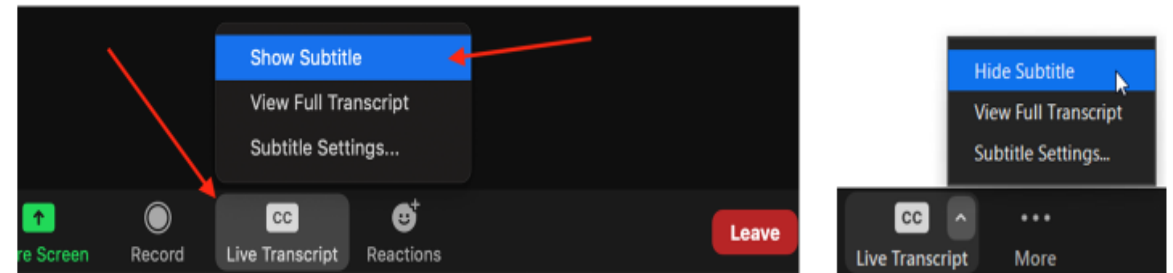
Enabling Closed Captions



Click the small arrow next to “CC Live Transcript” to access caption controls. You can hide the subtitles or view the full transcript.

Cómo habilitar los subtítulos en Zoom

- Haga clic en el botón ‘CC Live Transcript’ para activar los subtítulos.
- Haga clic en la flecha pequeña al lado del botón ‘CC Live Transcript’ para acceder a los controles de los subtítulos.
- Puede esconder los subtítulos—‘Hide Subtitle’, o mirar la transcripción completa de los subtítulos—‘View Full Transcript’.



Alternate Format and Accommodation Requests

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

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To request an alternate format or make an accommodation request for future meetings please contact Tamby Moore: at 503-586-6321, 711 TTY, or tamby.m.moore@oha.oregon.gov 48 hours before the meeting.

Opening

Welcome

Review agenda

Review meeting cadence

Review group agreements

Member Intros in Chat

Workgroup Agenda

Topic	Slide #	Led by	Time
Opening & Agenda	4-6	Kirsten Aird	5 mins
Project Overview & Updates	7-14	Kirsten Aird	25 mins
Defining the Public Health System and OHA Health Equity Goals + Facilitated Discussion	15, 16	Steve Fiala, Kirsten Aird	20 mins
Break	17	Workgroup	10 mins
Public Health System Workforce Analysis Presentation	18	Emily A. Grant, Lena Dechert	30 mins
Facilitated Discussion	19	Kirsten Aird	15 mins
Public Comment	20	Kirsten Aird	10 mins
Closing	21	Kirsten Aird	5 mins

PHAB Group Agreements

- Learn from previous experiences and focus on moving forward
- Slow down to support full participation by all group members
- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch/oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

Project Overview

Updated Project Timeline

Review project phases, milestones and deliverables

The \$50 million Public Health Modernization funding supports the following:

Public health workforce development and retention

- Develop a statewide public health workforce plan ready for implementation
- Retain a local and tribal workforce to meet geographic and culturally specific priorities
- Ensure state capacity to administer grants and contracts, and monitor and evaluate use of funds
- Increase the number of funded CBOs, with a focus on filling known gaps in rural communities and disability communities

https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/OHA_053023_Invest.pdf

Project Phases & Timeline Updates

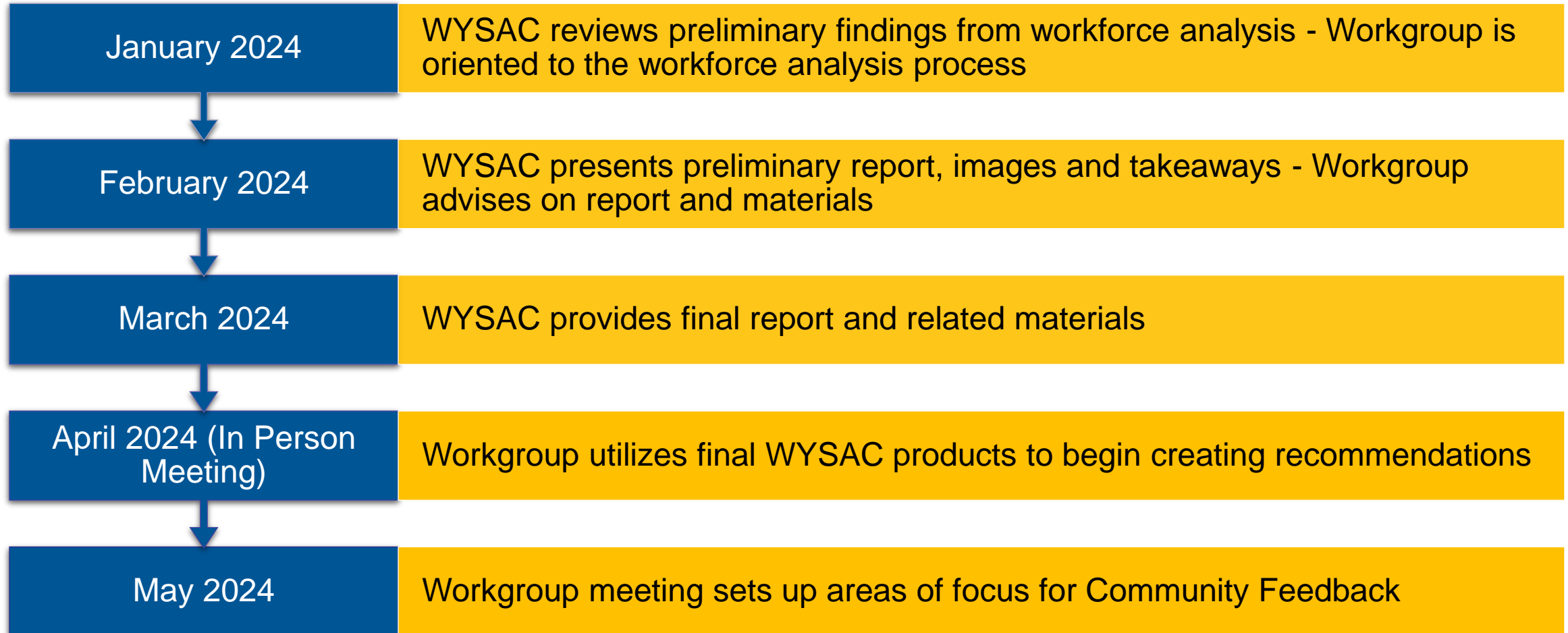
Phase 1: Report and materials from WYSAC and related workgroup recommendations due

Phase 2: Builds the Recommendations for the Plan based on WYSAC report

Phase 3: Costing and Capacity Assessment analysis and combined recommendations delivered to PHAB

Beyond this project: Statewide Public Health System Workforce Plan

Phase 1 Timeline: Analysis

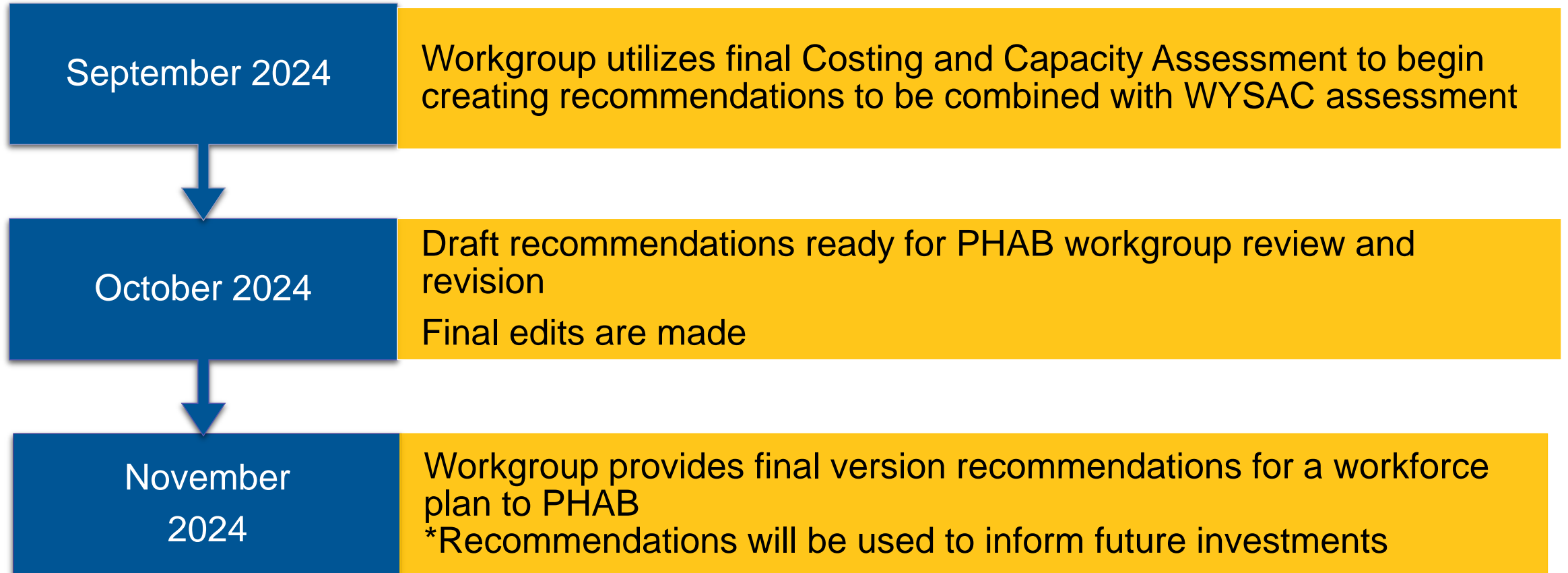


Phase 2: Collaboration and Engagement

June 2024 – September 2024

- Engaging CHLO and CBOs
- Community listening sessions
- Building recommendations

Phase 3 Timeline: Synthesize Findings & Recommendations



Beyond this Project: Plan Development

November 2024 – June 2025

- Develop and finalize Statewide Public Health System Workforce Plan ([legislative requirement](#))

Milestones and Deliverables

Milestones:

- Workgroup members recruited and convened
- WYSAC produces draft analysis of public health workforce report
- Workgroup analyzes draft report to produce recommendations for a workforce plan
- WYSAC products are complete and shared with project team and workgroup
- Workgroup analyzes Costing and Capacity Assessment to produce recommendations for a workforce plan
- Recommendations document is produced
- Recommendations for a workforce plan are produced and confirmed by PHAB

Deliverables

- Report and materials from WYSAC
- WYSAC workgroup recommendations
- Costing and Capacity Assessment analysis
- Combined recommendations delivered to PHAB
- Statewide Public Health System Workforce Plan

Defining the Public Health System & OHA Health Equity Goals

Oregon's Public Health System
Modernization & Health Equity
Modernization Milestones
Investment & Infrastructure

Defining The Public Health Workforce

- For PHAB
 - State, local, Tribal, CBOs, and *other
 - *other takes the workforce project out of scope
- For the workforce project
 - governmental public health, CBOs, and academics as a pipeline to the workforce

Break Time

Public Health System Workforce Analysis Presentation - WYSAC

Facilitated Discussion

Public Comment

Closing

Review bio request

Next meeting, March 13th 9:00 am -11:00 am

Adjourn

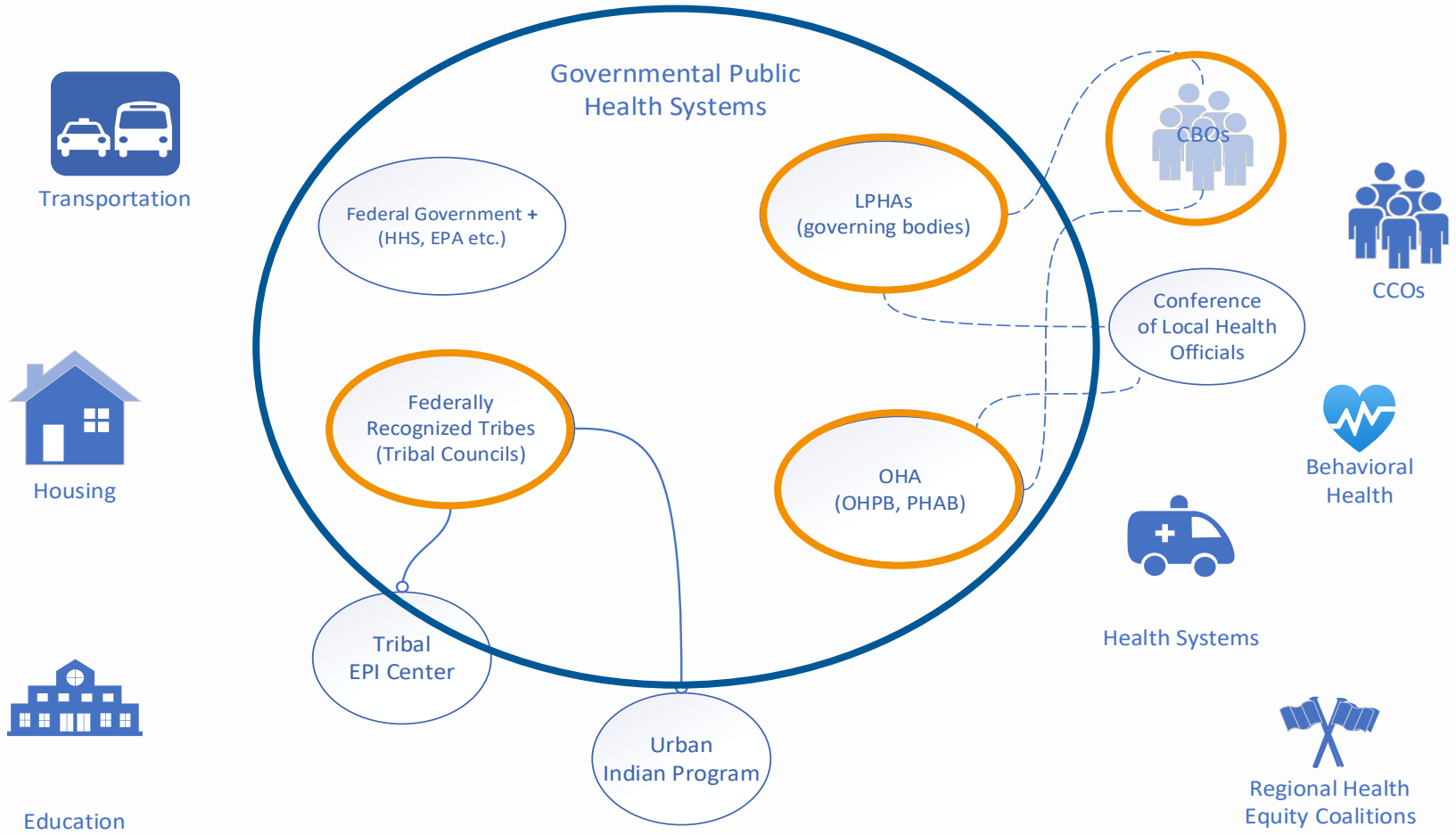
Public Health Modernization

Defining the Public Health System
and OHA Health Equity Goals

The logo for the Oregon Health Authority is centered within a light blue, rounded rectangular background. It features the word "Oregon" in a smaller, orange, serif font positioned above the "Health" part of the word "Health Authority". The word "Health" is in a large, dark blue, serif font, and "Authority" is in a smaller, orange, serif font positioned below it. A thin blue horizontal line is drawn under the "Health" text.

Oregon
Health
Authority

Oregon's Public Health System



Mission

To protect and promote the health of every person in Oregon and the communities where they live, work, play and learn

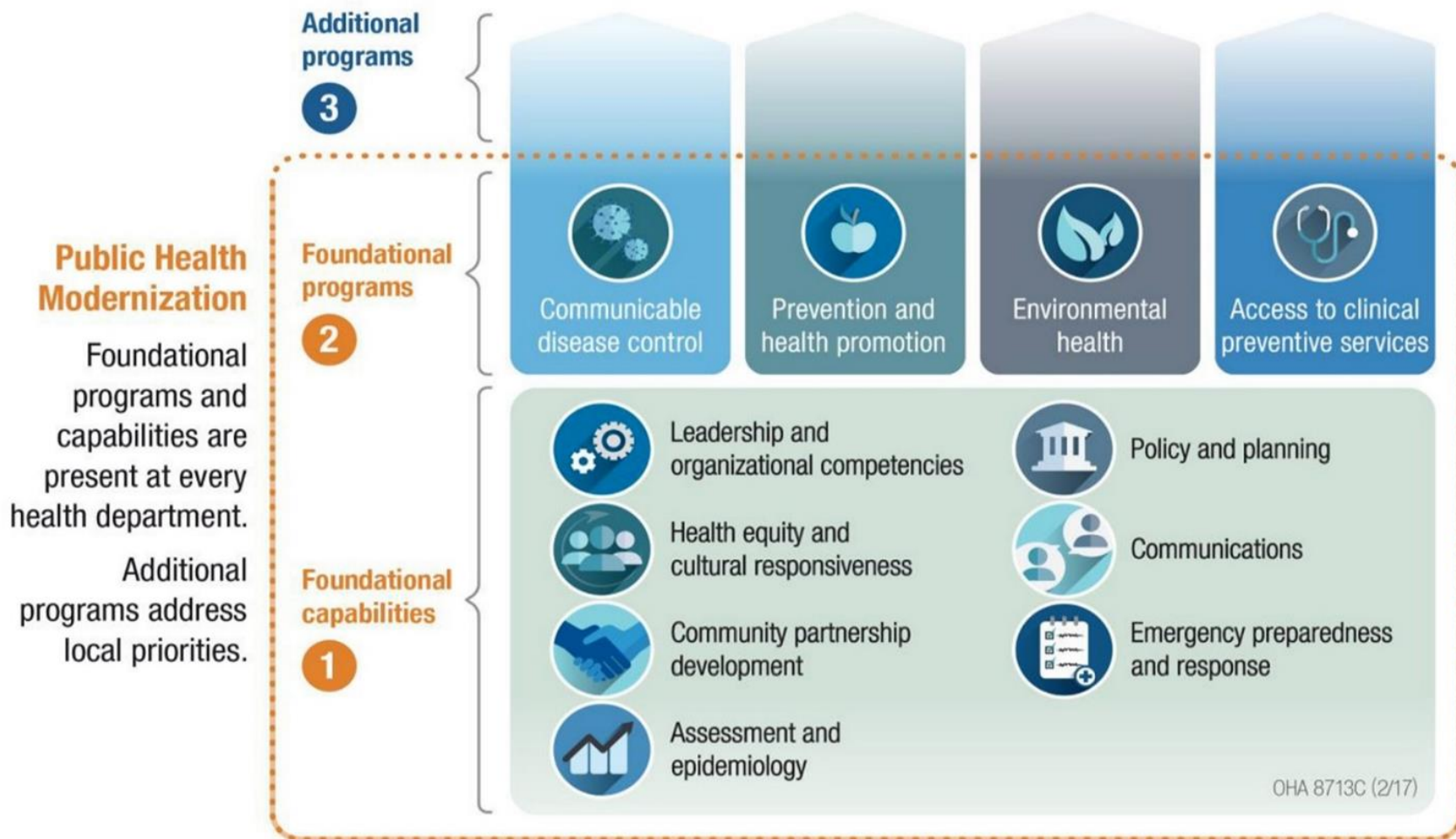
Goal

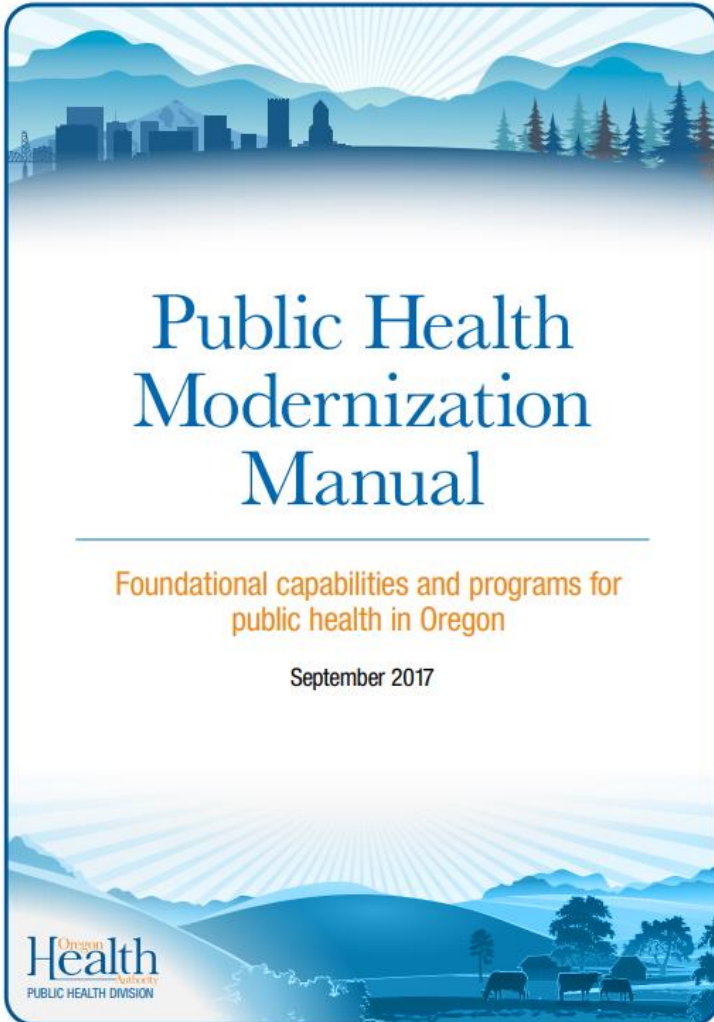
Eliminate health inequities through community-based prevention and health promotion

Modernization is key for delivering on Oregon's commitment to eliminate health inequities

- Ensures every person in Oregon has the **same access to public health protections**.
- Builds **capacity for primary prevention** across public health programs.
- Prepares Oregon to respond to **public health issues that are increasingly complex** and growing rapidly.
- Provides sustainable funding and a public health workforce that is needed to **prepare and respond to public health crises**.

Modernized framework for public health





Roles

Foster health equity

State	Local		
✓		a.	Collect and maintain data that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
	✓		Collect and maintain data, or use data provided by PHD that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
✓		b.	Make data and reports available to local public health authorities, partners and stakeholders, and other groups.
✓		c.	Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through partnerships with relevant state and local agencies.
	✓		Compile local data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through local partnerships, or use information collected and provided by PHD.

Engage partners in policy

State	Local		
✓		a.	Convene strategic partnerships with statewide and regional organizations to share accountability for the public's health.
✓		b.	Support local public health to develop strategic partnerships.
✓		c.	Work with local public health authorities when working with local communities.
✓	✓	d.	Ensure participation of community partners in local and state public health planning efforts.
✓	✓	e.	Engage partners when conducting a state or community health assessment. With partners, use assessment information to develop a state or community health improvement plan.

Public health modernization milestones

2013-15

Oregon Legislature passes House Bill 2348

2015-17

Oregon Legislature passes House Bill 3100

2017-19

Oregon Legislature passes House Bill 2310 and allocates \$5 million for public health modernization

2019-21

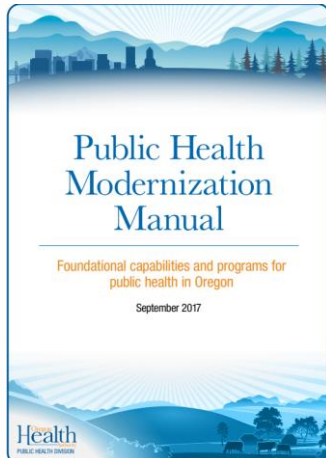
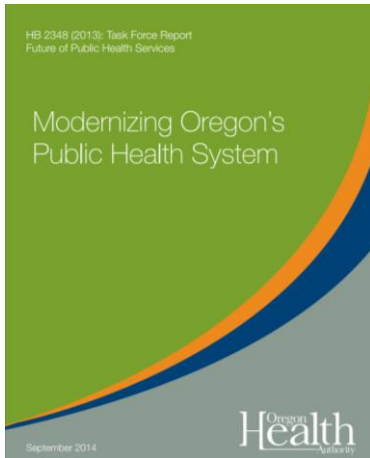
Oregon Legislature allocates an additional \$10 million

2021-23

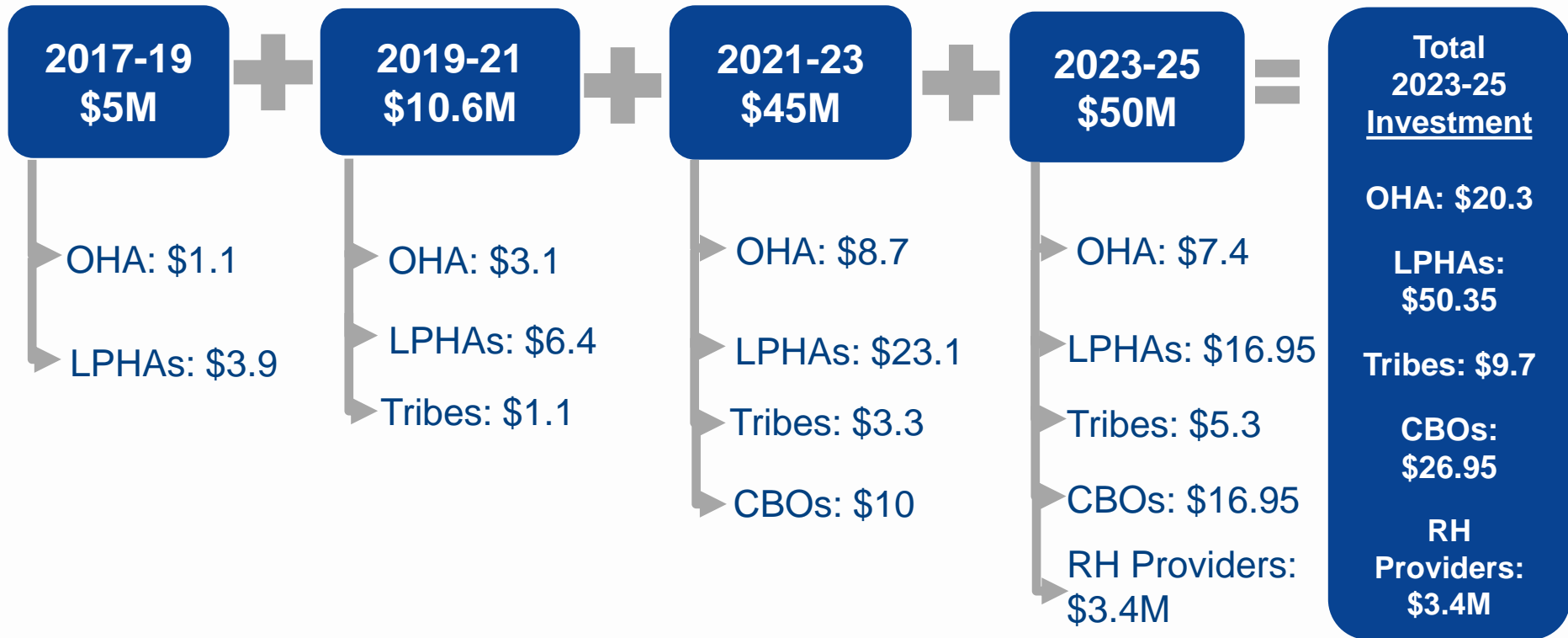
Oregon Legislature allocates an additional \$45 million

2023-25

Oregon Legislature allocates an additional \$50 million



Legislative investment in public health modernization, 2017-2025 (in millions)



Building Infrastructure through Public Health Workforce



More than 300 positions being funded through local public health modernization funds*



New staff positions:

- Communicable disease > 80
- Environmental health > 30
- Foundational capabilities > 20



Assessment/epidemiology = 16

Health equity/cultural responsiveness = 14

Communications = 12

Community partnership development = 12

Policy and planning = 12

Other = 7

Building Capacity for Health Equity



Funded 69 CBOs with Modernization dollars through OHA Public Health Equity Funding

Communicable Disease Prevention



Health Security Preparedness and Response



Environmental Health and Climate Change



Commercial Tobacco Prevention



Adolescent and School Health



HIV/STI Prevention and Treatment





OUTLINE FOR OHA PUBLIC HEALTH WORKFORCE SYNTHESIS

- Background
- Workforce
 - Staffing Levels
 - Challenges
 - Accomplishments
 - Recommendations
 - Demographics
 - Challenges
 - Accomplishments
 - Recommendations
 - Knowledge & Skills
 - Challenges
 - Accomplishments
 - Recommendations
 - Capacity
 - Challenges
 - Accomplishments
 - Recommendations
 - Needs and Gaps
 - References/Resources

February 9, 2024

Introduction

This document summarizes staffing information currently known about Oregon's Public Health Workforce. Oregon's Public Health Workforce consists of the Oregon Health Authority, Public Health Department (OHA, PHD), Local Public Health Authorities (LPHAs), Community-Based Organizations (CBOs), Tribal Public Health (TPH), and Academic Partnerships.

Current Staffing Levels

OHA, PHD has approximately 1,000 staff who work at the state level¹. At the local level, there are 33 LPHAs. Twenty-seven LPHAs are housed within county government, one serves a three-county district, and five are public-private partnerships¹. Before the COVID-19 pandemic, there were 1,114 full-time equivalents (FTEs) in LPHAs. During the pandemic, staffing increased to 1,905^{1,2}. Sources did not identify 2024 LPHA staffing levels or if they returned to pre-pandemic levels, though significant changes in LPHA leadership were noted during the pandemic, with nearly half (16) LPHAs experiencing a change in leadership^{2,3}. Nine federally recognized tribes are located within Oregon. Each has its own sovereign government. OHA provides technical assistance and funding to support their public health efforts¹. Information on Tribal staffing levels was not available in the data sources. CBOs play an essential role in Oregon's public health workforce. OHA funds more than 170 CBOs to support culturally and linguistically responsive services¹. Information on staffing levels for CBOs was not available. To make staffing level decisions, it would be useful to know how many FTE vacancies there are or what the optimal staffing level is to compare current levels.

By

Emily A. Grant, PhD, Senior Research Scientist

Lena Dechert, Degree, Assistant Research Scientist

Prepared for...

Oregon Health Authority, Public Health Department, contact information if needed

Wyoming Survey & Analysis Center
University of Wyoming
1000 E. University Ave, Dept. 3925
Laramie, Wyoming 82071
307.766.2189 | wysac@uwyo.edu
www.uwyo.edu/wysac

Data Sources:

1. [Oregon State University Needs Assessment](#)
2. [CLHO Workforce Report](#)
3. [PHM Evaluation](#)
4. [LPHA Accomplishments](#)
5. [Rede Report](#)

Challenges

Oregon's public health workforce experiences staffing challenges. Recruiting, onboarding, and retaining staff is an ongoing challenge⁵. A growing number of staff are approaching retirement age, which will result in additional vacancies³. Between July 2021 and April 2023, the average number of days to fill a position in OHA, PHD was 86, not including the time it takes to approve positions and post job descriptions³. Governor Kotek stated the process should not exceed 50 days³. OHA, PHD directors ranked staffing capacity at PHA as a significant challenge, and LPHAs indicated that staffing shortages hindered their pandemic response⁵. Small applicant pools and limited human resources administrative capacity impede hiring efforts⁵.

Epidemiological capacity is also a challenge for LPHA. Many LPHAs (serving all population levels) do not have FTE for epidemiologists².

The public health workforce in Oregon is challenged with staff burnout as the workforce has been stretched thin, with some staff reporting routinely working 60-70 hours per week between 2020 and 2022⁵.

The sources did not contain information about staffing challenges faced by TPH, CBOs, or Academic Partnerships.

Accomplishments

Efforts have been underway to increase Oregon's public health workforce staffing^{1,4}. OHA PHD added hundreds of temporary and limited-term positions during the pandemic, as did LPHAs^{1,2}. Most of these positions were in the Environmental Health and Communicable Disease foundational areas, though it is unknown if they are still filled as many were temporary³. Additionally, OHA PHD and LPHAs concentrated efforts to ensure their staffing reflects the communities and demographics they serve, though staff demographic information is not reliable at this time³. Funding CBOs is another way OHA is accomplishing this goal¹. LPHAs are increasing staffing levels to improve their foundational capabilities³. Of the 33 LPHAs, 22 added staff, with many adding staff to address more than one foundational capability^{3,4}. Ten LPHAs hired modernization coordinators to facilitate the Public Health Modernization (PHM) efforts³. More than 300 positions are funded through PHM funding⁴. Leadership has made efforts to become more people-centered and focused on workforce wellness due to workplace burnout and staff stress³.

The sources did not contain information about the staffing accomplishments of TPH, CBOs, or Academic Partnerships.

Recommendations

The PHM Legislative requirements recommend focusing on cross-cultural relationships and partnerships between state and local governments and community-based organizations to meet community needs.

We recommend gathering additional information about current staff openings and optimal staffing levels for each foundational capacity so the PHAB can make informed decisions regarding staffing improvements. Additionally, we recommend that efforts be made to improve response rates to the PH WINS data or use another method to understand staff demographics.

DRAFT