

# Coalition of Local Health Officials

February Board Meeting  
Thursday, February 17th, 2022  
11:00 AM - 12:30 PM

# Meeting Objectives

- Review and approve revisions to the CLHO budget
- Review and approve the CLHO Workforce Report
- Receive an update on the HRSA Workforce Grant
- Receive an update on the 2022 Legislative Session
- Discuss final steps for the March in-person retreat



# Workforce Report: Review and Approve

## Goals:

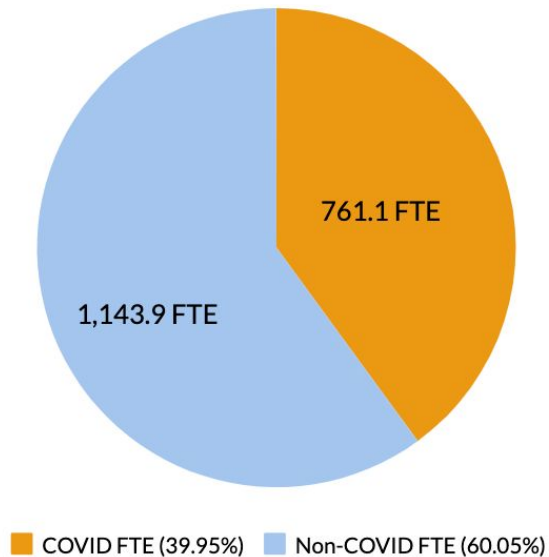
1. Baseline measure of FTE (prior to PHM investment)
2. Compile PH pay scales (especially for nurses)
3. Explore LPHA challenges to recruiting and retaining
4. Explore LPHA successful strategies for recruiting and retaining
5. Provide recommendations for LPHA workforce development



# Workforce Report: FTE - pg. 24

**Figure 6**

*Percentage of total non-COVID vs. total COVID full-time equivalents (FTEs) in LPHAs*

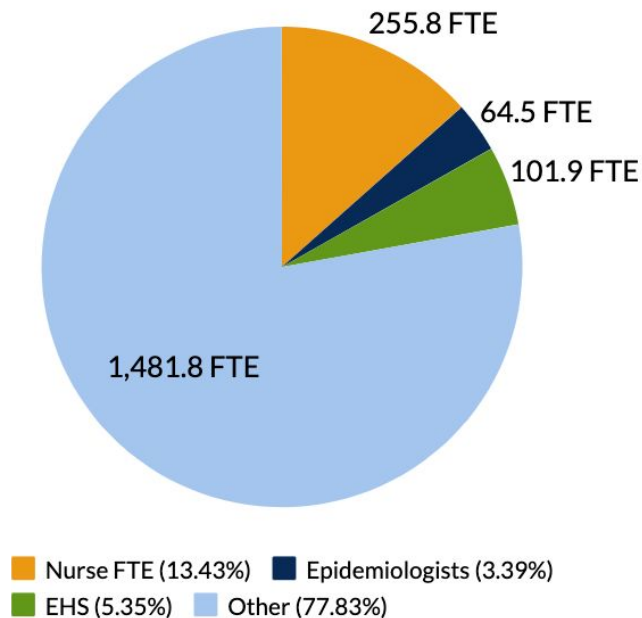


n(FTE)=1,905.0  
n(LPHAs)=28

Note. Does not include Lake, Union, Tillamook, and Josephine Counties

**Figure 7**

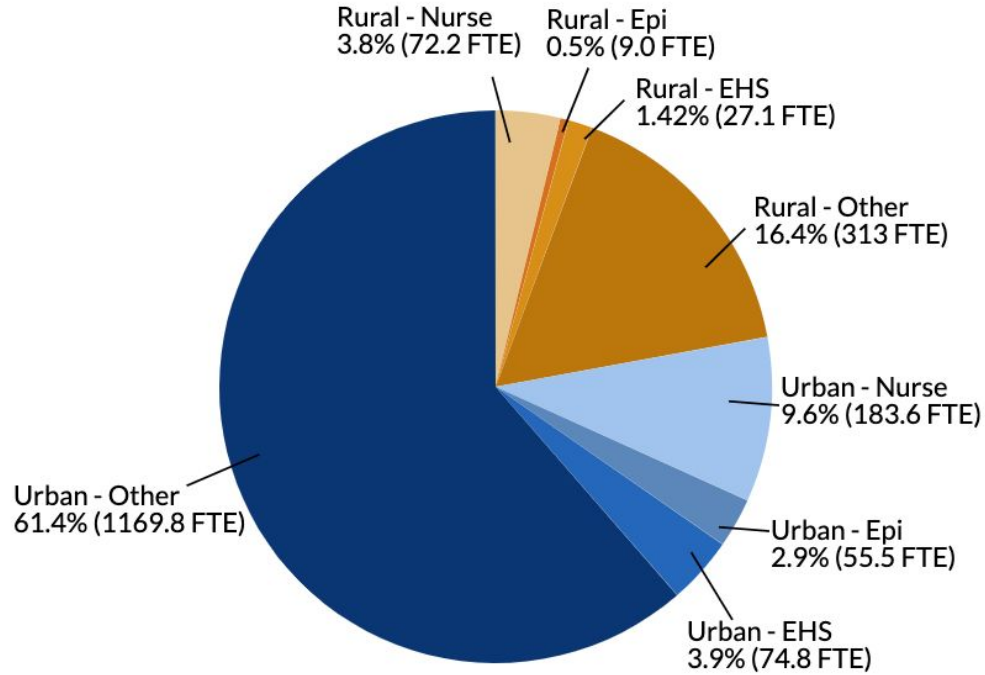
*Percentage of LPHA full-time equivalents (FTE) by job type*



n(FTE)=1,905.0  
n(LPHAs)=28

Note. Does not include Lake, Union, Tillamook, and Josephine Counties

# Workforce Report: FTE - pg. 26



**Figure 8**

*LPHA FTE serving in rural vs. urban settings by job type*

n(FTE)=1905, n(LPHAs)=28

Rural: Morrow, Hood River, Malheur, Umatilla, Yamhill, Baker, Jefferson, Lincoln, Clatsop, Coos, Wheeler, Grant, Harney, Crook, North Central PHD, Douglas, and Klamath

Urban: Columbia, Polk, Deschutes, Lane, Washington, Linn, Jackson, Clackamas, Benton, Multnomah, and Marion

Does not include Lake, Union, Tillamook, and Josephine Counties

**Table 3**

*Mean and median full-time equivalents (FTEs) in Oregon local public health authorities (LPHAs) by position and by size of population served*

Size of Population Served	Total Non-COVID FTE		Total COVID FTE		Nurse FTE		Epi FTE		EHS FTE	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
All LPHAs	41.0	24.5	28.2*	12.0*	9.1	5.7	2.4*	0.5*	3.6	2.9
<10,000 <sup>1</sup>	4.5	5.0	1.2	1.5	1.5	1.0	0.0	0.0	0.3	0.5
10,000-24,999 <sup>2</sup>	13.3	12.8	1.3*	1.0*	3.8	4.0	0.0*	0.0*	0.6	0.3
25,000-49,999 <sup>3</sup>	25.0	25.5	9.8	7.7	5.5	5.8	0.5	0.5	1.8	1.8
50,000-99,999 <sup>4</sup>	23.2	21.5	9.9	12.0	5.4	5.7	0.7	0.2	2.8	3.0
100,000-249,999 <sup>5</sup>	36.1	40.5	17.7	15.0	9.2	8.0	2.0	1.0	4.4	5.0
250,000-999,999 <sup>6</sup>	126.9	98.4	113.5	65.0	26.2	20.0	10.0	6.0	10.0	8.0

n(LPHAs)=28 (does not include Lake, Union, Tillamook, and Josephine)

1. Includes Wheeler, Grant, and Harney Counties

2. Includes Morrow, Baker, Hood River, and Jefferson Counties

3. Includes Crook, North Central Public Health District, Malheur, Clatsop Counties

4. Includes Lincoln, Columbia, Coos, Klamath, Umatilla, Polk, and Benton Counties

5. Includes Yamhill, Douglas, Linn, Deschutes, and Jackson Counties

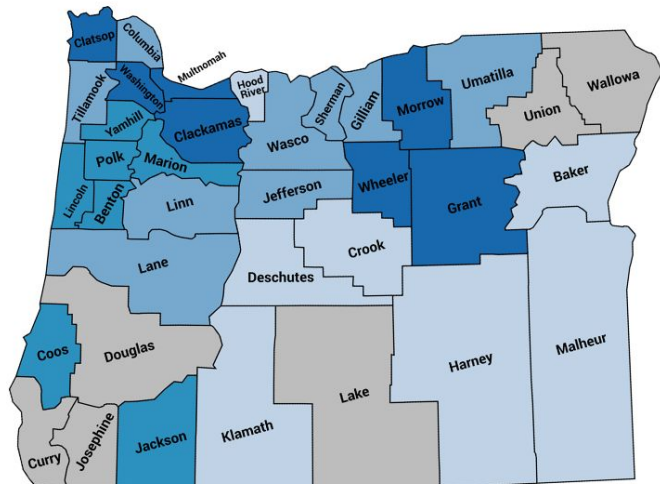
6. Includes Marion, Lane, Clackamas, Washington, and Multnomah Counties

\*Data missing from Hood River, not included in denominator

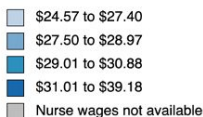
# Workforce Report: Pay Scales

**Figure 9**

*Range of starting wages for public health nurses in local public health in Oregon*

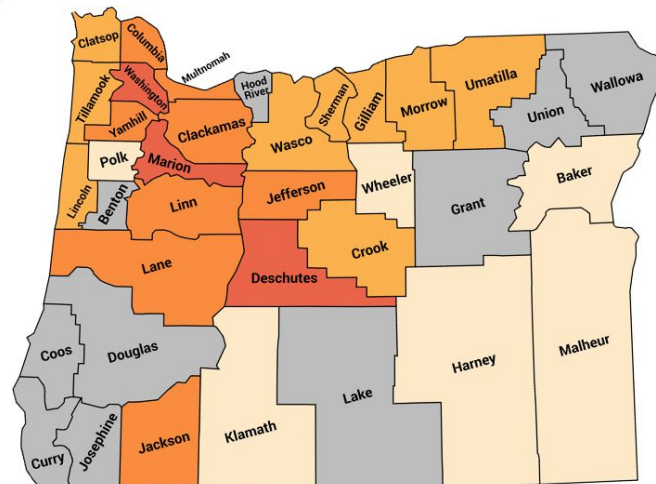


**Range of Starting Wage  
in Dollars**



**Figure 10**

*Range of starting wages for public health administrators in local public health in Oregon*



**Range of Starting Wage in  
Dollars**

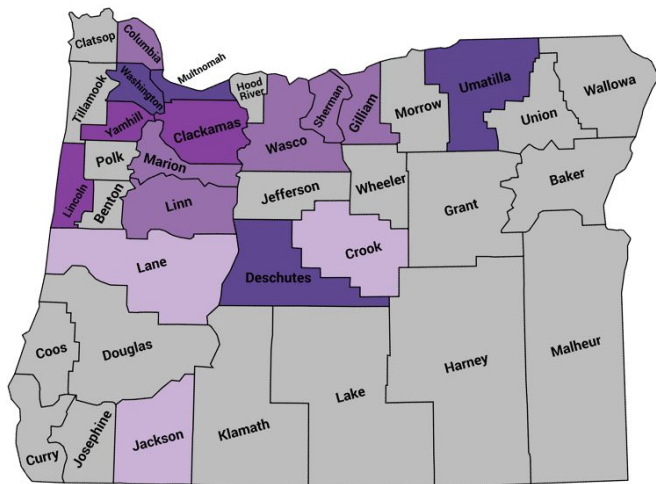


See Table 4 on page 27 and  
Appendix B on page 48

# Workforce Report: Pay Scales

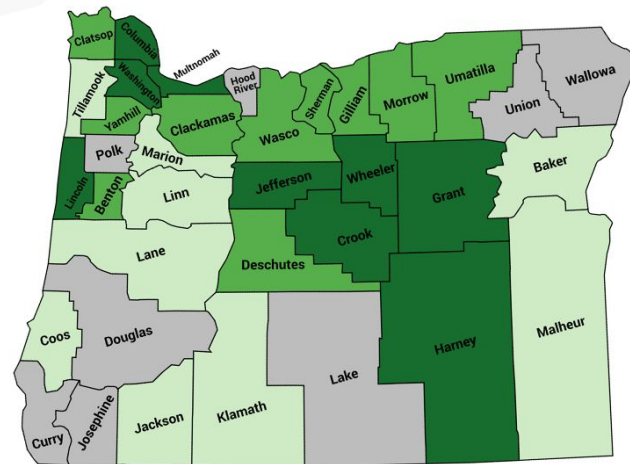
**Figure 11**

*Range of starting wages for public health epidemiologists in local public health in Oregon*



**Figure 12**

*Range of starting wages for public health environmental health specialists in local public health in Oregon*



See Table 4 on page 27 and  
Appendix B on page 48



# Workforce Report: Qualitative Themes

## Recruitment

- **Diverse/qualified applicant pool**
    - Most common for nurse and EHS and in rural counties
    - Small/non-existent diverse applicant pool (procedures and rules create bias)
    - Solutions: “Home-growing”, changing minimum requirements, changing classifications (DIS/CHW)
  - **Working with Human Resources**
    - Overburdened
    - Strict requirements
  - **Competitive pay and benefits**
    - Not compared to local industries (clinics, hospitals) or large neighboring counties
    - Benefits package doesn't make up for pay
    - Unions and compression
  - **Housing Challenges**
  - **Appendix D: Successful Strategies**
- 

# Workforce Report: Qualitative Themes

## Hiring

- Staff characteristics
  - Can't get nurses from recent grads (student loans)
  - MPHs programs in OR missing PHM, Accreditation, community engagement/relationship building, and working in political environments
- Training and support
  - Supporting licensing (EHS)
  - Rural departments have staff w/out formal PH training



# Workforce Report: Qualitative Themes

## Retention

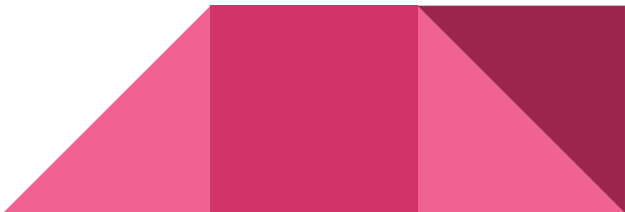
- Upward mobility
  - Can't gain supervisory experience or meet HR standards
  - Lose promising staff who leave for advancement
- Wearing multiple hats
  - Braided funding filling one FTE
  - Problem when staff filling in in multiple programs left)
- Burnout
  - Tied to “wearing many hats” and COVID (people are fragile)



# Workforce Report: Recommendations

Narrative starting on pg. 37; Table 8, Appendix E: These are high-level - CLHO will continue this work at the retreat and beyond

LPHA-level Ideas (to take to commissioners/HR)

- Engage w/K-12, community colleges and universities (awareness & recruitment)
  - Review minimum requirements to weight lived experience
  - Reclassify positions where possible
  - Find ways to keep COVID hires
  - Leadership development and succession planning
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# Workforce Report: Recommendations

## CLHO/OHA LPHA Support

- Clearinghouse of position descriptions
- CLHO-hosted internship program
- OHA/CLHO support cohorts of new LPHA employees (basic training)
- Additional support groups/caucuses/Communities of Practice
- CLHO creates an Oregon Public Health Roadshow
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# Workforce Report: Recommendations

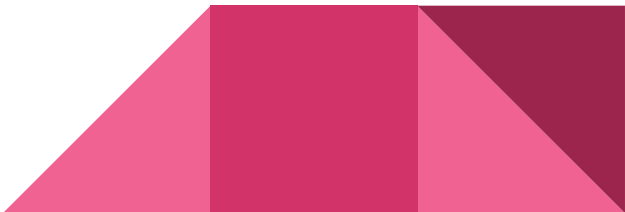
## CLHO/OHA Policy Solutions

- Licensing requirements for out-of-state professionals
- Establish standard FTE needed in each department to deliver EPHS
- Work w/county commissioners and unions to explore options for pay scale flexibility (complex, long-term)
- Loan forgiveness for PHN
- Tap into multiple WF Development funding packages in Oregon Legislature



# Workforce Report: Recommendations

## Academic Partners

- Incorporate PHM, EPHS, community engagement, FPSLF, licensing options into curriculum/advising for MPH programs
  - Build two-year degrees or certificate programs for public health/community health
  - Invite LPHAs to speak in classrooms and to connect with students
  - Research: market study for PH positions and/or study comparing PHN wages to hospital nurse wages
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# HRSA Workforce Grant Application Update

Based on the survey many of you filled out, we arrive at two project types:

- Community Health Worker Clinical Business Training
- Community Para-medicine

Utilizing Office of Rural Health Reports:

- Rural areas with a lack of primary care
- RHCs, FQHCs, CAHs, LPH
- CCOs

Arrived at 10 potential project areas. Since then, a few have dropped off. And given how hard it is to get people to engage, we may lose a few more.

## CHALLENGE

- The grant requires 66% of our partners have a HRSA designated rural address.
  - May ultimately create losing projects that would otherwise be winners.





# HRSA Workforce Grant Application Update

## Community Health Worker Track

Wasco

Wheeler

Crook\*

Deschutes

Lane

Klamath

## Community Para-Medicine Track

Crook\*

Lane

Malheur



# HRSA Workforce Grant Application Update

Office of Rural Health - Fiscal Agent

NW Center for PH Practice - Evaluation

AHECs & Community Colleges - Recruitment

Northeast Oregon Network - CHW Training

Community Colleges: Central Oregon, Lane, Rogue, Treasure Valley:

Clinical Business & base EMT/Paramedic

Oregon Institute of Technology - Para-medicine training

CHALLENGE: Employers.



# HRSA Grant : Next Steps

The Next 7-8 Days:

- Meetings with LPH partners
- Final meetings with other potential employers
- Solidify which projects will be moving forward based on partnerships
- Have partners sign MOU, data sharing agreement, and basic information.

**February 25:** Grant writer begins filling in the details & finalizing proposal

Sarah & Laura:

- Build out the budget
- Collect the missing pieces

Submit to ORH by **March 8.**

ORH will review and submit to HRSA before **March 18.**





# Legislative Session Update

# General Update

The Revenue Forecast came out February 9

Approximately \$1 billion unallocated General Fund

First Chamber Deadline was Monday, February 14

House Covid Response Committee, LPH, Monday, February 21

Second Chamber Deadline is Thursday, February 24

Budget bills have been introduced and Ways & Means Committees are beginning to discuss in earnest



# Action Items

**HB 4150:** Workgroup to make recommendations for building a Community Information Exchange - **Legislative Committee Voted to Support**

**SB 1545:** Workforce Pipeline for health care, technology, and manufacturing.

\$200 million investment - **Legislative Committee Voted to Support**

**HB 4101:** No Smoking Buffer from 10 feet to 25 feet.

-2 Amendment carved out restaurants & bars

**Legislative Committee Voted to Oppose unless re-amended**



# Next Steps:

Budget Decisions

\$50 million Covid Budget Package - CLHO Voted to Support

Built a strong coalition

Advocacy push - need to leverage your relationships with legislators

Constitutional Sine Die = March 7



# CLHO Spring Retreat: March 29-31

Put the Spring Back in Your Step!



# Draft Agenda : Spring Retreat

## March 29

5-6 pm: Walk or Hike

7:00 pm: Dinner at Double Mountain Brewery, Hood River

## Wednesday, March 30

8-9 am: Welcome & Icebreaker

9-10: Workforce Strategic Plan

10-10:30: Email Break

10:30-12: Creative Staffing Solutions

12-1: Lunch & Icebreaker

1-3:30: Equity Data Grounding; Equity workshop & breakouts (**CHR&R switch?**)

3:30-4:30: Walk & Talk

4:30-6:00: Email and Personal Time

6:00: Wine & Dinner & Gift Baskets

## Thursday, March 31

7-8 am: Yoga at the hotel

8-9:30: Breakfast & Transition

9:30: Conference Meeting

11:00: Coalition Meeting

12:30: Lunch

1:30: Depart

