AGENDA

PUBLIC HEALTH ADVISORY BOARD
Educational Meeting

October 24, 2023
1:00-2:30 PM

Join ZoomGov Meeting
https://www.zoomgov.com/j/1611870332?pwd=aFVZcDFWUnNvY0JaTjBYbktpNk1Wdz09

Meeting ID: 161 187 0332
Passcode: 374963
(669) 254-5252

Meeting Objectives:
- Hear about findings and recommendations from the public health modernization evaluation for the 2021-23 biennium and discuss opportunities and areas of focus for 2023-25.

PHAB's Health Equity Policy and Procedure

1:00-1:10 PM	**Welcome and introductions**	Sara Beaudrault, Oregon Health Authority
1:10-2:15 PM	**Public health modernization evaluation for 2021-23** • Hear about key findings and recommendations. • Discuss opportunities and areas of focus for the 2023-25 evaluation.	Kusuma Madamala, OHA Program Design and Evaluation Services
2:15-2:20 PM	**Public comment**	
2:20 PM	**Adjourn**	All

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 Sara Beaudrault: at 971-645-5766, 711 TTY, or publichealth.policy@dhsoha.state.or.us, at least 48 hours before the meeting.

Oregon Public Health Modernization Evaluation

October 24, 2023

Oregon Public Health Advisory Board

Kusuma Madamala PhD, MPH

Sandi Rice, MPH

Sara Beaudrault, MPH

OHA strategic goal

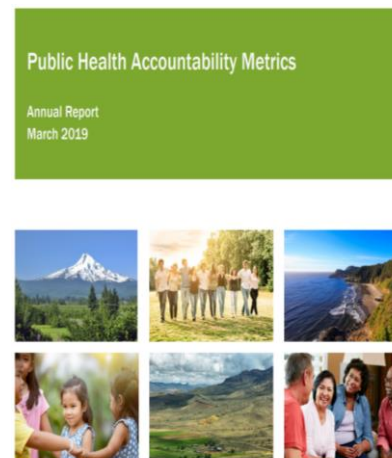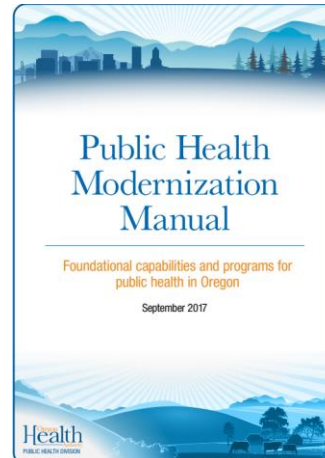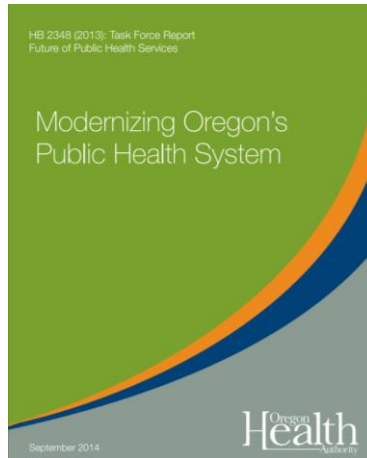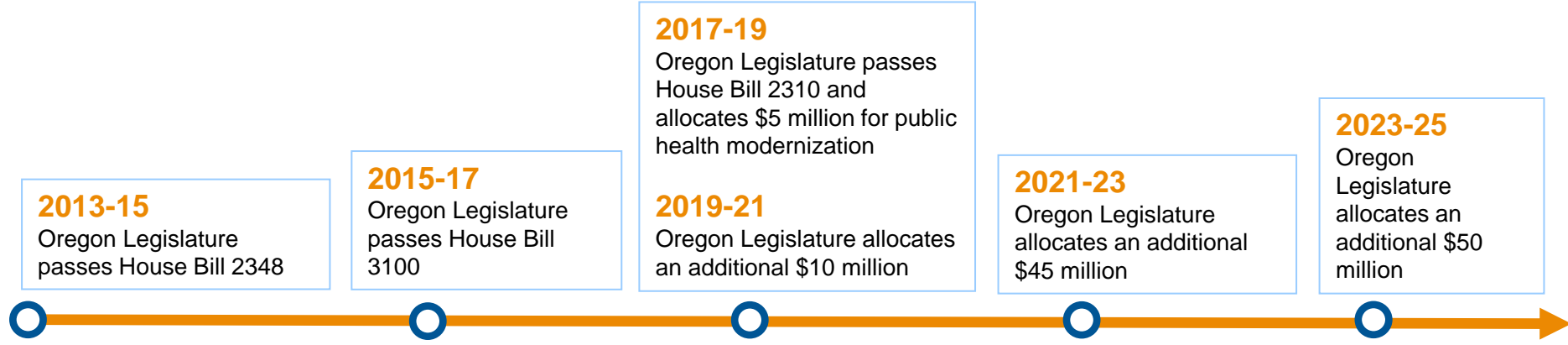**Eliminate health inequities in Oregon by 2030**

Public health and the Triple Aim

1. Better health
2. Better care
3. Lower costs

Why modernize?

- Every Oregonian **deserves** access to the **same public health protections.**
  - Every person in Oregon benefits from a robust public health system.
  - Public health is foundational to the health and social issues that are important to Oregonians.

- Public health issues are **increasingly complex** and **growing rapidly** due to factors like **health inequities** and **climate change**.
  - Examples: 2020 wildfires and COVID-19 pandemic; extreme heat; emerging infectious diseases like mpox
  - Public health is needed to: 1) monitor public health impacts; 2) inform the public about how to protect their health; 3) mitigate health consequences before they turn into costly health care encounters or long-lasting health issues

- **Sustainable** funding and public health workforce is needed to **prepare and respond to** public health crises.
  - Some communities still have limited number of trained public health employees on staff
  - Federal public health funding increases are typically only found during a crisis, and then taken away after the emergency ends, offering little time to plan for and prevent the next crisis.

Oregon Health Authority

Public health modernization milestones

2017-19
Oregon Legislature passes House Bill 2310 and allocates $5 million for public health modernization

2023-25
Oregon Legislature allocates an additional $50 million

2013-15
Oregon Legislature passes House Bill 2348

2015-17
Oregon Legislature passes House Bill 3100

2019-21
Oregon Legislature allocates an additional $10 million

2021-23
Oregon Legislature allocates an additional $45 million

Statewide public health workforce plan

Statewide public health equity framework

Modernized framework for governmental public health services

3 Additional programs

Public Health Modernization

Foundational programs and capabilities are present at every health department.

Foundational programs

2

- Communicable disease control
- Prevention and health promotion
- Environmental health
- Access to clinical preventive services

Foundational capabilities

1

- Leadership and organizational competencies
- Policy and planning
- Health equity and cultural responsiveness
- Communications
- Community partnership development
- Emergency preparedness and response
- Assessment and epidemiology

OHA 8713C (1/17)

Public Health Modernization Evaluation Development

- Evaluation Working Group

- Evaluation Technical Panel

Purpose: To assist Oregon Health Authority Public Health Division in co-creating an evaluation of the 2021-2023 state legislative modernization funding. This work will include development of core evaluation domains and questions, respective methodology, guidance on data interpretation and analysis, and dissemination review.

Oregon Public Health Modernization: Evaluation Domains

Evaluation Domains set in spring 2022

Domain: Public Health Foundational Capabilities

- *If/how has OR Public Health advanced in these capabilities via OHA/LPHA/CBO relationships?*

Domain: Workforce

- *How has the workforce changed in the 2021-2023 Biennium?*
- *What have modernization funded new staff allowed the public health system to do?*
- *What are strategies, methods, facilitators & barriers to recruitment & retention?*
- *Where are there existing gaps?*

Modernization Evaluation Domain: Foundational Public Health Capabilities

If/how has Oregon Public Health advanced in these capabilities through OHA/LPHA/CBO relationships?

Data sources: CBO & LPHA Activity reports with designated evaluation survey questions & OHA internal modernization reporting

LPHA Foundational Capability: Community Partnership Development
Types of LPHA engagement with CBOs

Does your LPHA use any of the following mechanisms to establish and/or provide ongoing support partnerships with community-based organizations? Please consider both public health modernization and other community health initiatives in your response	n (%)
My LPHA regularly meets with CBOs to discuss joint efforts, opportunities to leverage resources and coordination across common goals	25 (78.1%)
My LPHA holds memoranda of understanding, contracts or other formal agreements with CBOs	21 (65.6%)
My LPHA provides technical assistance and other supports to CBOs	20 (62.5%)
My LPHA provides training to CBOs	13 (40.6%)
My LPHA directly funds CBOs	12 (37.5%)

Types of LPHA engagement with CBOs
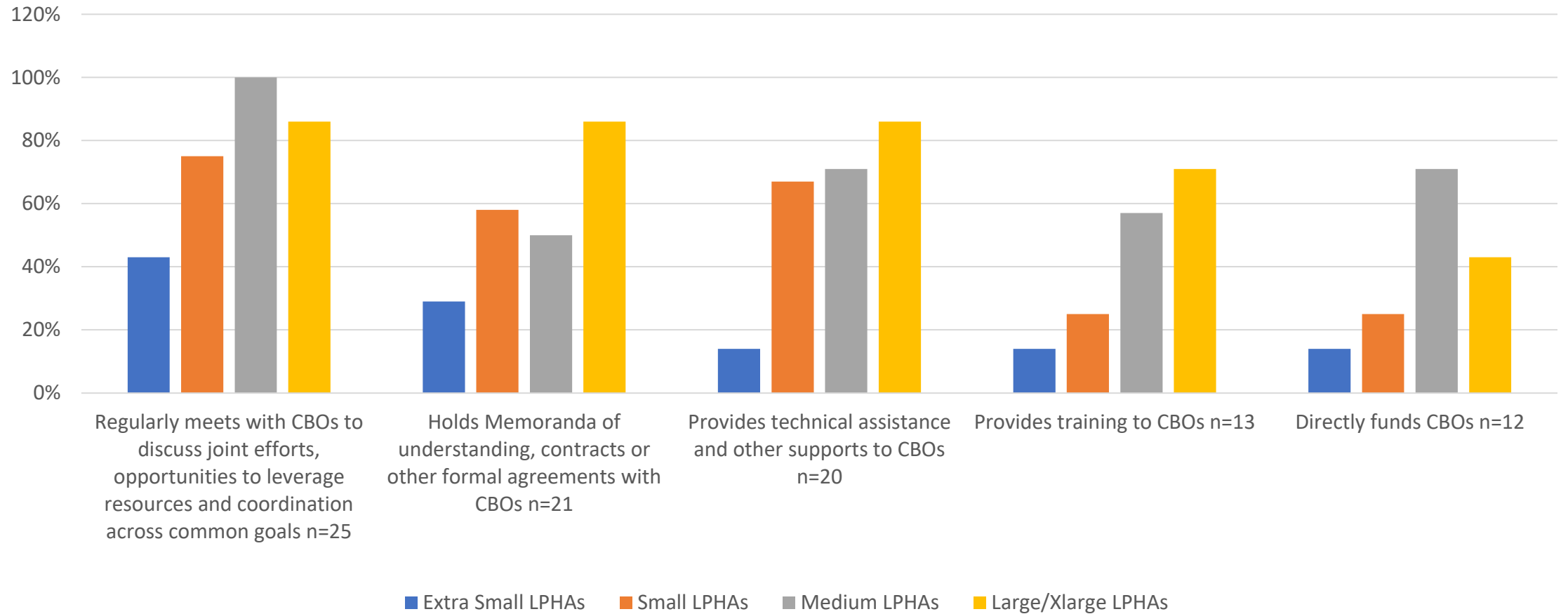
Note: Number of Oregon LPHAs Extra Small =7; Small =12; Medium =7; Large/XLarge =7 ; Source: LPHA Activity Report

CBO Community Partnership Development

N=47	
Does your project involve participating or facilitating community coalitions?	28 (59.6%)
Are one or more local health departments participating in the coalitions? PHAB Domain 4: 4.1.2A	11 (39.3%)
Is OHA Public Health Division participating in the coalition? PHAB Domain 4: 4.1.2A	11 (39.3%)

Example: CBO/LPHA/OHA Community Partnership Development

"Our workshops were attended by OHA personnel and County X Public Health personnel and have highlighted the need for policy changes, clear communication and strong community-based interventions. The next step in this process is our monthly workgroups, which will be devoted to more targeted collaborations around developing a set of policy recommendations."

LPHA Foundational Capability: Communications

Communication Strategies	n (%)
Ensure communications with the general public and/or at-risk populations about communicable disease risks, including outbreak investigations PHAB Domain 2 Measure 2.2.5A Risk Communications Plan	26 (81.3%)
Develop, update and/or implement a communications plan with partners that is cross-cutting and equity-focused.	18 (56.3%)
Implement culturally responsive communications systems	15 (46.9%)
Facilitate communications among priority populations and decision-makers, elevating community priorities and health equity considerations in long-term planning and policymaking	15 (46.9%)

CBO Communications

N=47	
Have you planned or implemented culturally specific communications and/or outreach during this reporting period?	44 (93.6%)
Did you collaborate with one or more Local Public Health Departments in the development or dissemination of those communications or outreach?	44 (93.6%)
Did you plan or implement outreach and/or communications in a language other than English during this reporting period	37 (84.1%)

EXAMPLE: CBO/LPHA/OHA Communications – MPOX Response

LPHA Foundational Capability: Assessment & Epidemiology

In what ways has your LPHA expanded collaborations with community partners to collect and provide public health data?	n (%)
My LPHA is providing data upon request to community partners.	20 (62.5%)
My LPHA is working with community partners to engage communities in data collection	18 (56.3%)
My LPHA is in increasing data accessibility through dashboards, improved online access or other mechanisms.	18 (56.3%)
My LPHA is working with community partners to better understand their data needs.	17 (53.1%)
My LPHA is working with community partners to better understand and interpret public health data from communities' perspectives.	13 (40.6%)
My LPHA is working with community partners to provide public health data that is culturally and linguistically relevant.	13 (40.6%)

CBO Use of Govt Public Health Data for Project Workplan

| CBO n=47	n(%)
Do you currently use or do you plan to use public health data **provided by your local health department** to carry out your project workplan?	28 (59.6%)
Do you currently use or do you plan to use public health data **provided by OHA** to carry out your project workplan?	23 (51.1%)

Assessment/Epi & Partnership Example

To co-create solutions with CBOs and communities experiencing the greatest burden of disease, County X is creating "data parties." A data party is sharing data and asking partners (CBOs as well as individuals) to help with interpretation – it is also known as "participatory analysis". One of the questions we ask in the party is "what's missing? What do we want to know that's not here?" County X is hoping to use data parties as both an opportunity to improve data literacy in the community as well as to engage community members in identifying priorities and solutions.

Source: Key informant interviews of LPHA and state public health leadership

LPHA Foundational Capability: Policy & Planning

Are you working with, or do you plan to work with new partners on policy development or implementation that is related to your modernization priorities?

16 (50%) yes

LPHA working with or plan to work with new partners on policy development or implementation related to modernization priorities
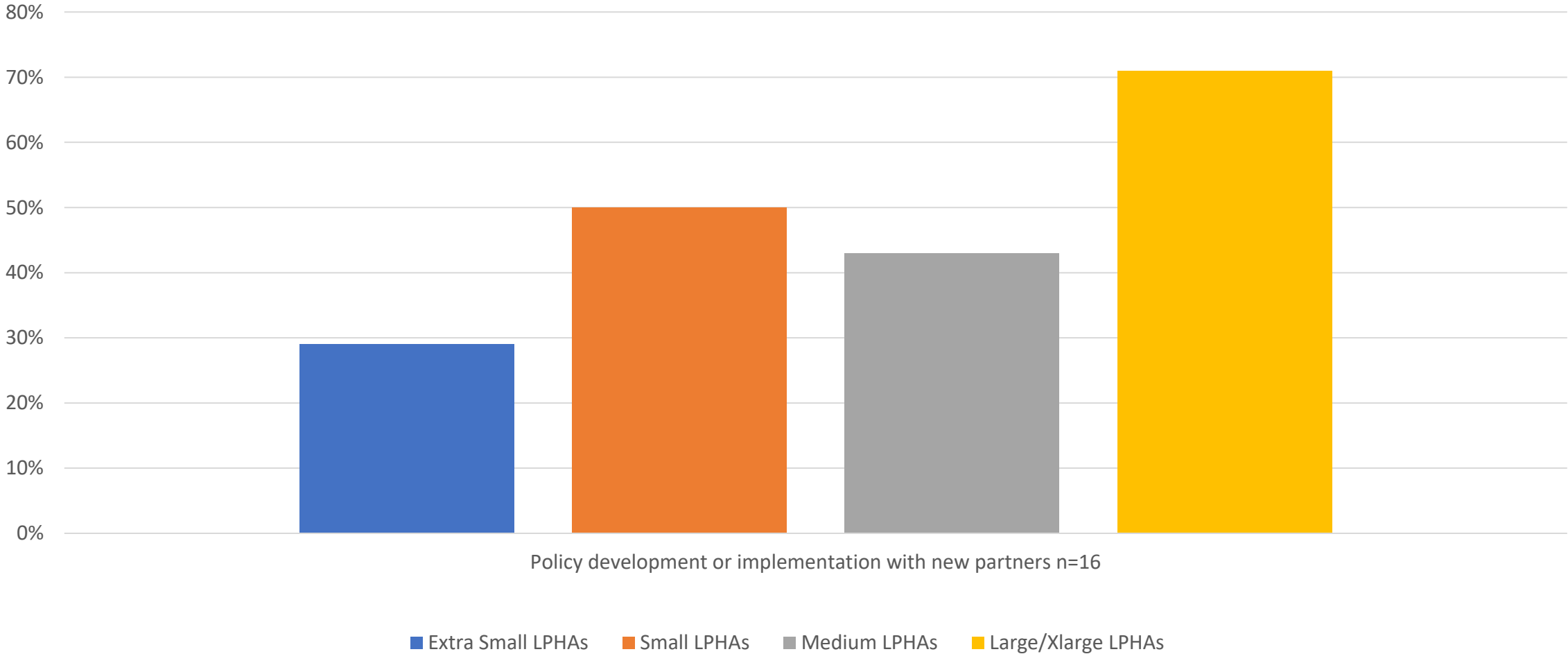
Policy development or implementation with new partners n=16

■ Extra Small LPHAs ■ Small LPHAs ■ Medium LPHAs ■ Large/XLarge LPHAs

Note: Number of Oregon LPHAs Extra Small =7; Small =12; Medium =7; Large/XLarge =7 ; Source: LPHA Activity Report

CBO Policy & Planning

N=47	
Does your project involve developing or implementing policy changes?	16 (34%)
Work with OHA PHD on policy development or implementation? (n=16)	8 (50%)
Work with LPHA on policy development or implementation? (n=16)	4 (25%)
Work with other state agency on policy development or implementation? (n=16)	5 (31%)

Foundational Capabilities Domain: Key Takeaways

- Strong partnerships were developed or expanded with communities that experience the worst health outcomes. Greater focus by LPHAs and CBOs in the Community Partnership Development and Communication foundational capabilities than in the Assessment and Epidemiology and the Policy and Planning foundational capabilities.

- Focused efforts on Community Partnership Development and Communications make sense given the developmental stage of partner collaboration.

- Health Equity and Cultural Responsiveness capability and the Community Partnership Development capability integrate throughout all foundational capabilities. The Health Equity and Cultural Responsiveness capability was harder to measure in procedures or actions.

- More examples emerged of dyad collaboration (i.e., OHA/CBO, LPHA/CBO and OHA/LPHA) than of triad collaboration (i.e., CBO/LPHA/OHA).

Foundational Capabilities Domain: Recommendations

- Support understanding & recognition of strengths & contributions of government and non-government partners in each capability; examples of what triad work can look like in different areas of the state and by differing capabilities.

- Essential to this work is assessing if there is common understanding of key terms among funded partners to describe public health system and how to measure it.

- Examine when/where/how does dyad vs triad collaboration seem relevant and most beneficial to the populations served? What are some barriers & facilitators to triad work?

Foundational Capabilities Domain: Recommendations

- Explore hiring an external facilitator with training in Industrial/Organizational Psychology or related discipline to better understand all partner needs and areas for growth and collaboration. Given less frequent triad collaboration, examine components of organizational trust, what prevents and what supports its development across system partners.

- Invest in developing & sharing stories with clear examples of how the work is being done collaboratively by funded partners.

- Gain an improved understanding if Oregon residents see public health advancing in these core services & capabilities.

- Supports findings & recommendations from SB1554 Report

  Among the gaps CBOs identified in the support they received was a limited understanding of how to operationalize equity in COVID response activities.   The report also noted the need to foster and maintain relationships and collaboration between CBOs, OHA and LPHAs.

PUBLIC HEALTH

Career Choices That Make a Difference

BERNARD J. TURNOCK
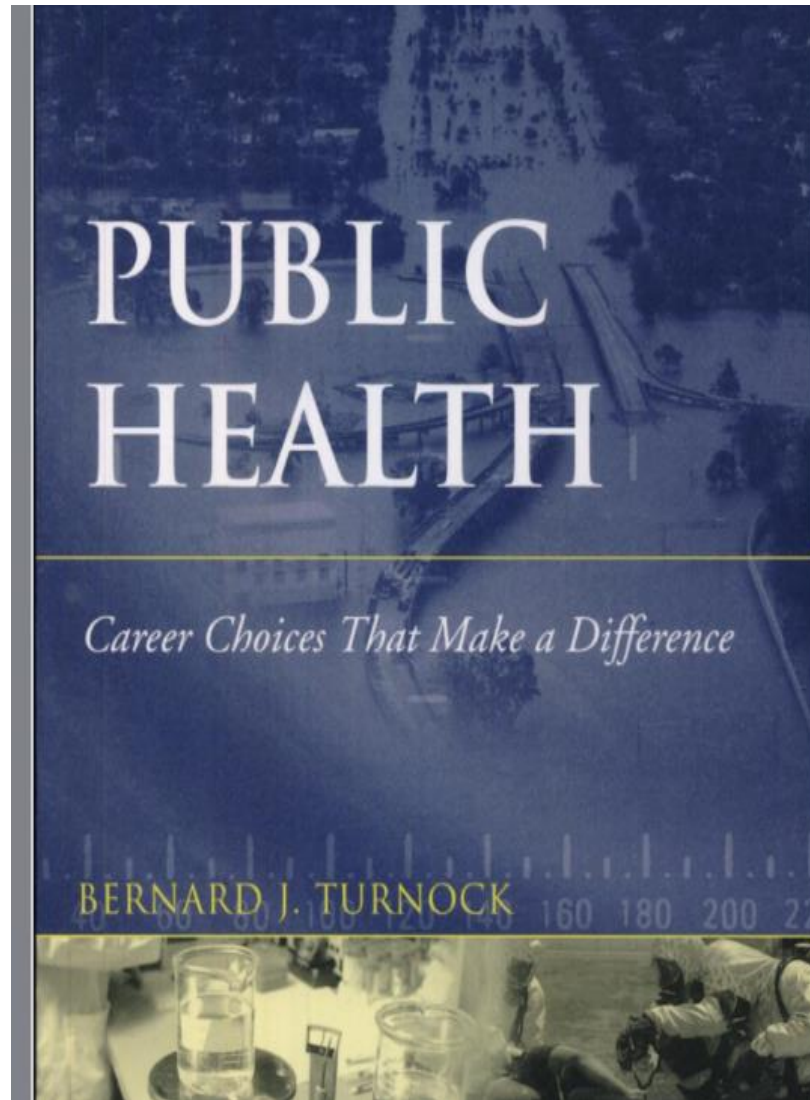
Dedicating the work of Evaluation Domain: PH Workforce to my former Doctoral Advisor Barney Turnock

Oregon Public Health Modernization: Evaluation Domains

Domain 1: Workforce

- *How has the workforce changed in the 2021-2023 Biennium?*

- *What have modernization funded staff allowed the public health system to do?*

- *What are strategies, methods, facilitators & barriers to recruitment & retention?*

- *Where are there existing gaps?*

Domain 1	Focus areas and sample questions	Methods
Workforce	**General** • How has the workforce changed in the 2021-2023 biennium? • What have modernization funded staff allowed the public health system to do? • Where are there still existing gaps? *Retention* • Strategies & Utilization • Inclusion & engagement • Facilitators and barriers to retaining staff & specifically staff of color and representing populations served • Succession plans & sharing of institutional and community knowledge *Recruitment* • Partnerships • Methods • Incentives • Barriers and facilitators to recruiting staff & specifically staff of color and representing communities served	***Document review*** • LPHA activity reports – designated evaluation survey questions • OPHD and LPHA modernization budgets • OPHD Mod funded Position Descriptions • OPHD HR analytics ***Secondary data analysis* (review of existing data & datasets)** • Public Health Workforce Interest & Needs Survey (PHWINS) data - Oregon Public Health Division & LPHAs • Oregon ASTHO Profile • Oregon Epidemiology Capacity Assessment ***Primary data collection*** Key informant Interviews of LPHA and OPHD Administrators/Hiring Managers-Retention and Recruitment

How has the Oregon public health workforce changed in the 2021-2023 biennium?

1. Increased LPHA & OPHD Environmental Health & Communicable Disease staff

2. Increased LPHA & OPHD staff working in Foundational Capabilities

3. Bridging organizational silos and restructuring

4. More people centered

5. Beginning efforts to have health department staff reflect communities served

Increased Staff in Program areas: Environmental Health staff & Communicable Disease & Foundational Capabilities

2021-2023 Modernization-Funded Governmental Public Health Workforce: Foundational Programs

Foundational Program	LPHA Sample Position Titles	Regional Sample Position Titles	OPHD Sample Position Titles
Communicable Disease	• Population Health Epidemiologist • CD Control Investigator • Senior Community Health Analyst, CD • Infectious Disease Control & Prevention Program Manager	• CD Control Investigator • COVID Health Educator, Bilingual • Congregate Settings Outreach Nurse • Long-Term Facilities Outreach Nurse • Public Health Nurse, On-Call	• Manager for Disease in Carceral Settings • Surge Capacity Epidemiologist
Environmental Health	• EHS II – Vulnerable Population Outbreak Response & Prevention • Climate Justice Coordinator • Climate Policy Lead • Climate and Health, Program Planner	• Environmental Hazards Preparedness Coordinator • Climate Planning Coordinator	• Emerging Environmental Health Risks Lead • Environmental Epidemiologist (Water & Climate) • Climate & Health Equity Strategist • Land Use & Health Policy Specialist • Healthy Homes Operations and Policy Analyst • Environmental Public Health Section Manager • Public Health Toxicologist

"One of the other regional positions is what we've titled a Climate Planning Coordinator.... It's also regional and this is really a brand-new area of work for us. We've not really done anything in climate of any consequence in the past, nor have to our knowledge any of the partners in the regional collaborative this side of the state."

Oregon Public Health Division Workforce: Foundational Capabilities

- **Number of Distinct Job Positions: 18 total (new & existing)**

- **Position Titles for Staff focused on Foundational Capabilities:**

Leadership & Organizational Competencies Positions

- Public Health Modernization Lead
- Budget Contracts Coordinator
- Strategic Operations Lead
- Interoperability Coordinator

Health Equity & Cultural Responsiveness Positions

- Health Equity Coordinator

Community Partnership Development Positions

- Operations Strategist Community of Practice
- Community Engagement Program Manager
- Community Engagement Coordinators (10 positions)

Policy & Planning Positions

- Legislative Policy Lead

Oregon Local Public Health Agencies Staffing Foundational Capabilities	n (%)
Creating new staff positions for foundational capabilities that span program areas	22 (68.8%)
Which foundational capabilities? (n=22)	
Assessment & Epidemiology	16 (72.7%)
Health Equity & Cultural Responsiveness	14 (63.6%)
Community Partnership Development	12 (54.5%)
Communications	12 (54.5%)
Policy & Planning	11 (50.0%)
Other	6 (27.2%)

Source: LPHA Activity Report November 2022

Bridging Health Department Silos & Restructuring

LPHA Organizational changes as a result of modernization investments & priorities	n (%)
Restructuring teams to align with modernization priorities	14 (43.8%)
Increasing management positions to support teams and progress toward priorities	14 (43.8%)

Examples of cross-program restructuring:
- Restructuring to create FC-specific work groups or creating a lead for each FC
- Restructured teams so all FC-specific staff report to the same leadership and serve across all program areas
- Expanding teams and/or changing position descriptions and responsibilities of staff to include deliverables outside of program-specific areas

Examples of program-specific restructuring:
- Created a new CD-only team that expanded capacity for communications and partnership development
- Created a new EH team under a modernization supervisor

EXAMPLE

LPHA PUBLIC HEALTH DIVISION STRUCTURE

OCTOBER 2022

PH Director

PH Modernization and Advancement Section
Epidemiology and assessment
Equity
Emergency preparedness
Outreach and engagement
Communication
Community partnerships
Leadership and organization

Communicable Disease (CD) and Health Promotion Section

Environmental Health Section

Maternal, Child, Family Health Section

CD reporting and prevention (COVID, other CD, Immunizations, school exclusion)

Harm Reduction

Health Promotion (TPEP, ADPEP, Problem Gambling)

Licensing (Pools and spas, food establishments, hotels, RV parks)

Drinking water systems

Vital Records

Nurse Home Visiting
Nurse Family Partnership
Cacoon
Babies First
Family Connects

Parents as Teachers

Oregon Public Health Division
Office of the State Public Health Director
Oregon Health Authority

							Center for Health Protection	Andre Ourso Administrator
Radiation Protection Services	OR Psilocybin Services Program	OR Medical Marijuana Program	Health Licensing	Health Care Regulation & Quality Improvement	Environmental Public Health	Drinking Water Services		

					Center for Prevention and Health Promotion	Timothy Noe Administrator
Nutrition & Health Screening (WIC)	Maternal & Child Health Section	Injury & Violence Prevention Section	Health Promotion and Chronic Disease Prevention Section	Adolescent Health, ScreenWise & Reproductive Health		

						Center for Public Health Practice	Collette Young Administrator
OR State Public Health Laboratory	Immunization Section	Health Security, Preparedness, and Response	HIV, STD, and TB Section	Center for Health Statistics	Acute & Communicable Disease Prevention		

			Equity Office	Erica Sandoval Director
System Integrations	Community Specific Strategies	Health Education and Wellbeing		

				Finance	Nadia Davidson Director
Center Support	OSPHD Partners / Division	COVID	Budget		

			Field Operations	Akiko Saito Director
Special Populations	Nursing	Regional		

	Health Officer	Dean Sidelinger Public Health Officer State Epidemiologist
Research and Evaluation		

Rachael Banks State Public Health Director

Dawn Quitugua Executive Assistant

				Policy & Partnerships	Cara Biddlecom Deputy Director (PHD) Director Policy & Partnerships
Community Engagement	LPHA / Tribes	Policy	Strategic Initiatives		

			Operations	Kirsten Aird Director
People and Professional Supports	Business Innovation and Integration	OSPHD Office		

More People Centered

Nationally
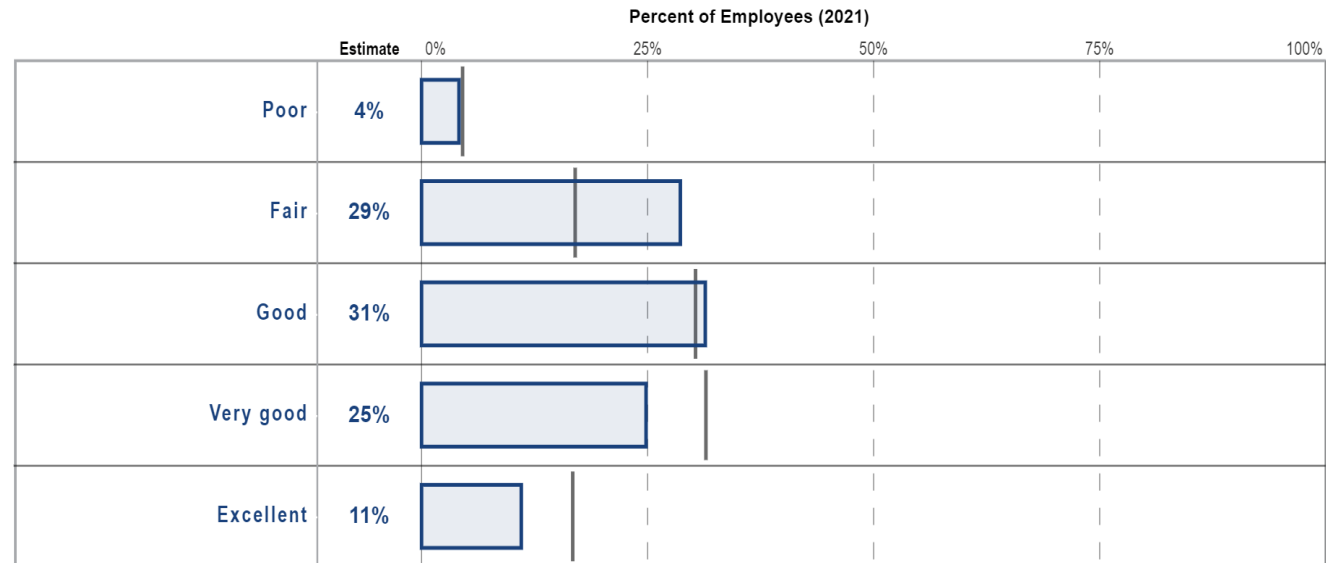More than 1 in 5 employees rate their mental health as "Poor" or "Fair"

Oregon Public Health Division
1 in 3 employees rate their mental health as "Poor" or "Fair"

OVERALL MENTAL & EMOTIONAL WELL-BEING
OHA: ALL EMPLOYEES
COMPARED TO NATIONAL, ALL EMPLOYEES

Percent of Employees (2021)

	Estimate
Poor	4%
Fair	29%
Good	31%
Very good	25%
Excellent	11%

Caveats: Respondents were asked to rate their mental or emotional health. This was a new question for PH WINS 2021.

PH WINS
PUBLIC HEALTH WORKFORCE
INTERESTS AND NEEDS SURVEY

PH WINS is an ongoing collaboration of:

de Beaumont
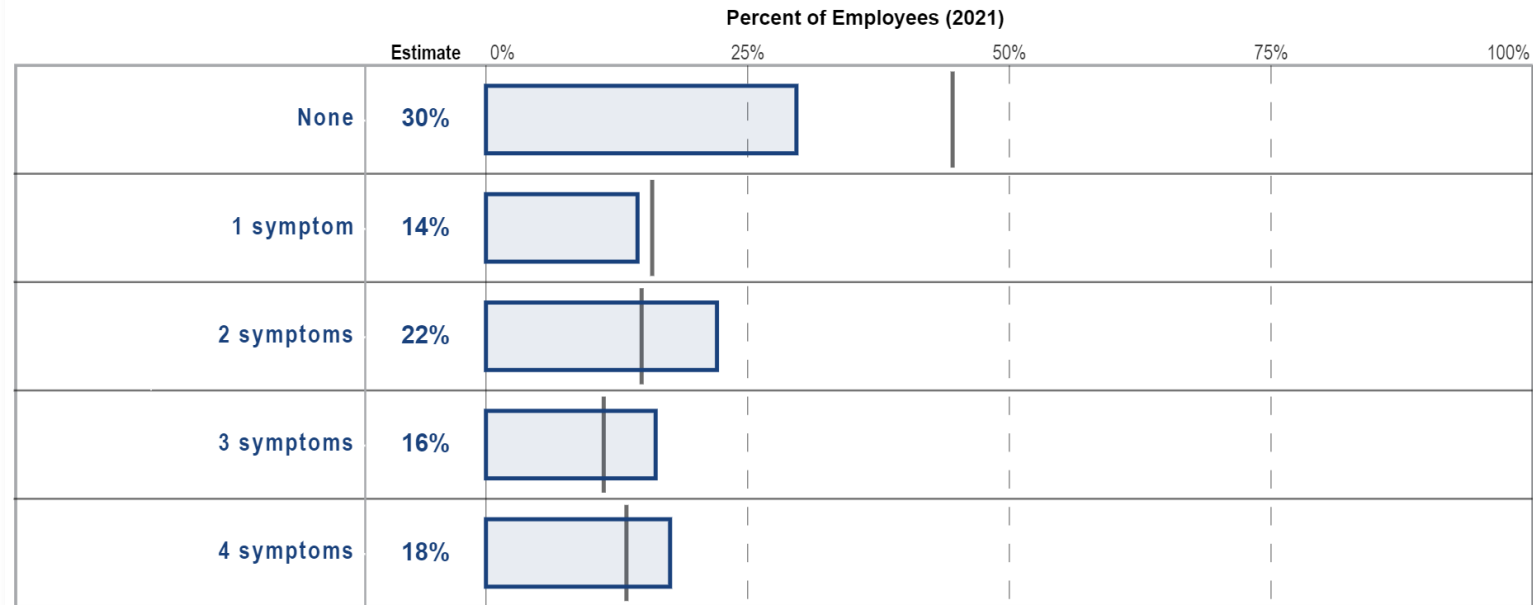BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

astho™

Nationally

55% of employees reported at least one symptom of PTSD

25% of employees reported 3 or more symptoms, indicating probable PTSD

Oregon Public Health Division

70% of employees report at least one symptom of PTSD

34% of employees reported 3 or more symptoms, indicating probable PTSD

REPORTED SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER
OHA: ALL EMPLOYEES
COMPARED TO NATIONAL, ALL EMPLOYEES

Percent of Employees (2021)

	Estimate	0%	25%	50%	75%	100%
None	30%					
1 symptom	14%					
2 symptoms	22%					
3 symptoms	16%					
4 symptoms	18%					

Caveats: Respondents were asked if they experienced certain post-traumatic stress disorder symptoms related to the coronavirus or COVID-19 outbreak. The question was adapted from the DSM-IV. Those reporting 3 or more symptoms are considered to have probable PTSD.

PH WINS is an ongoing collaboration of:

PH WINS
PUBLIC HEALTH WORKFORCE
INTERESTS AND NEEDS SURVEY

de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

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Oregon LPHAs

70% of employees reported at least one symptom of PTSD

36% of employees reported 3 or more symptoms, indicating probable PTSD
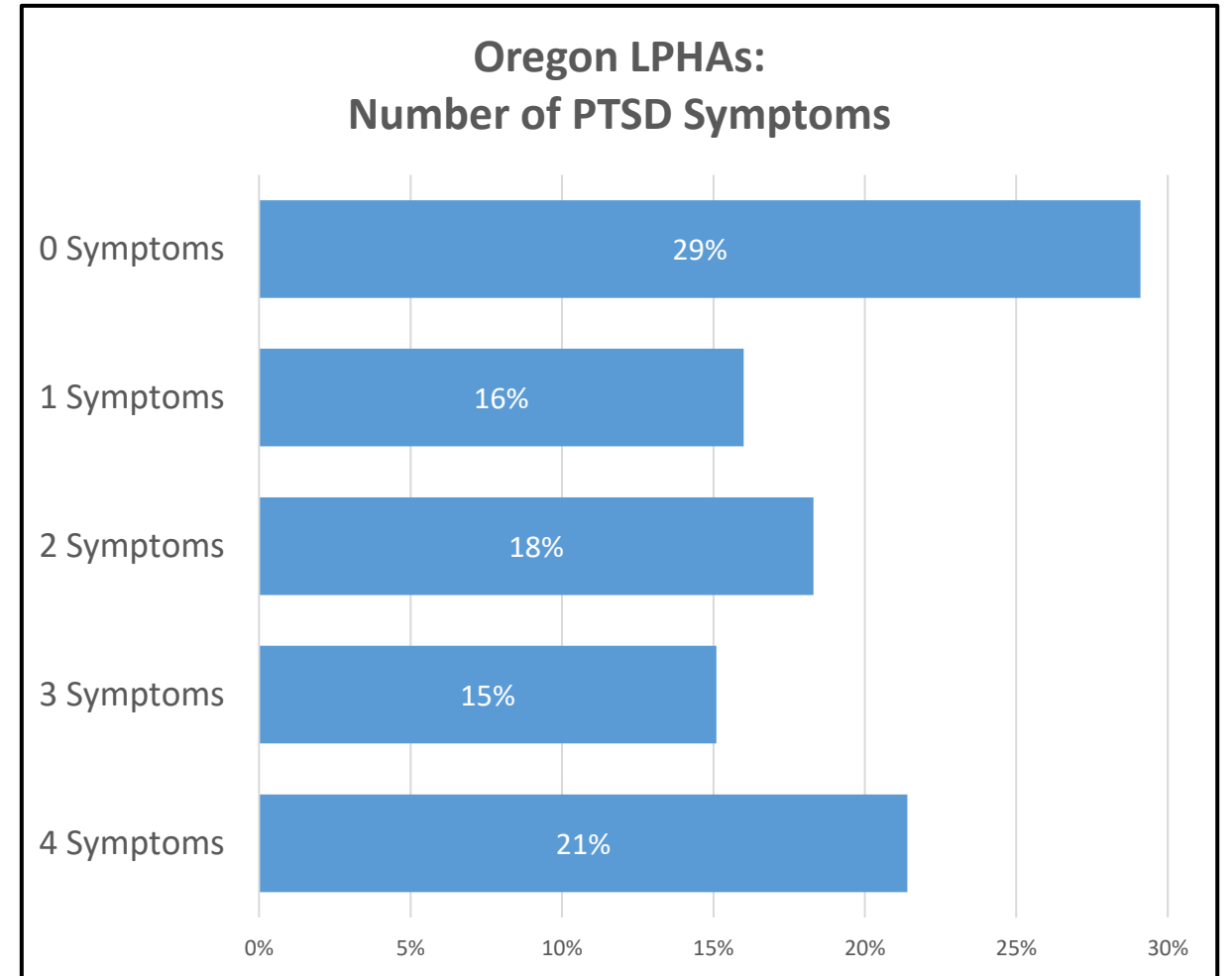
Note: Combined file of 18 Oregon LPHAs who participated in 2021 PHWINS; n=611 LPHA employees.
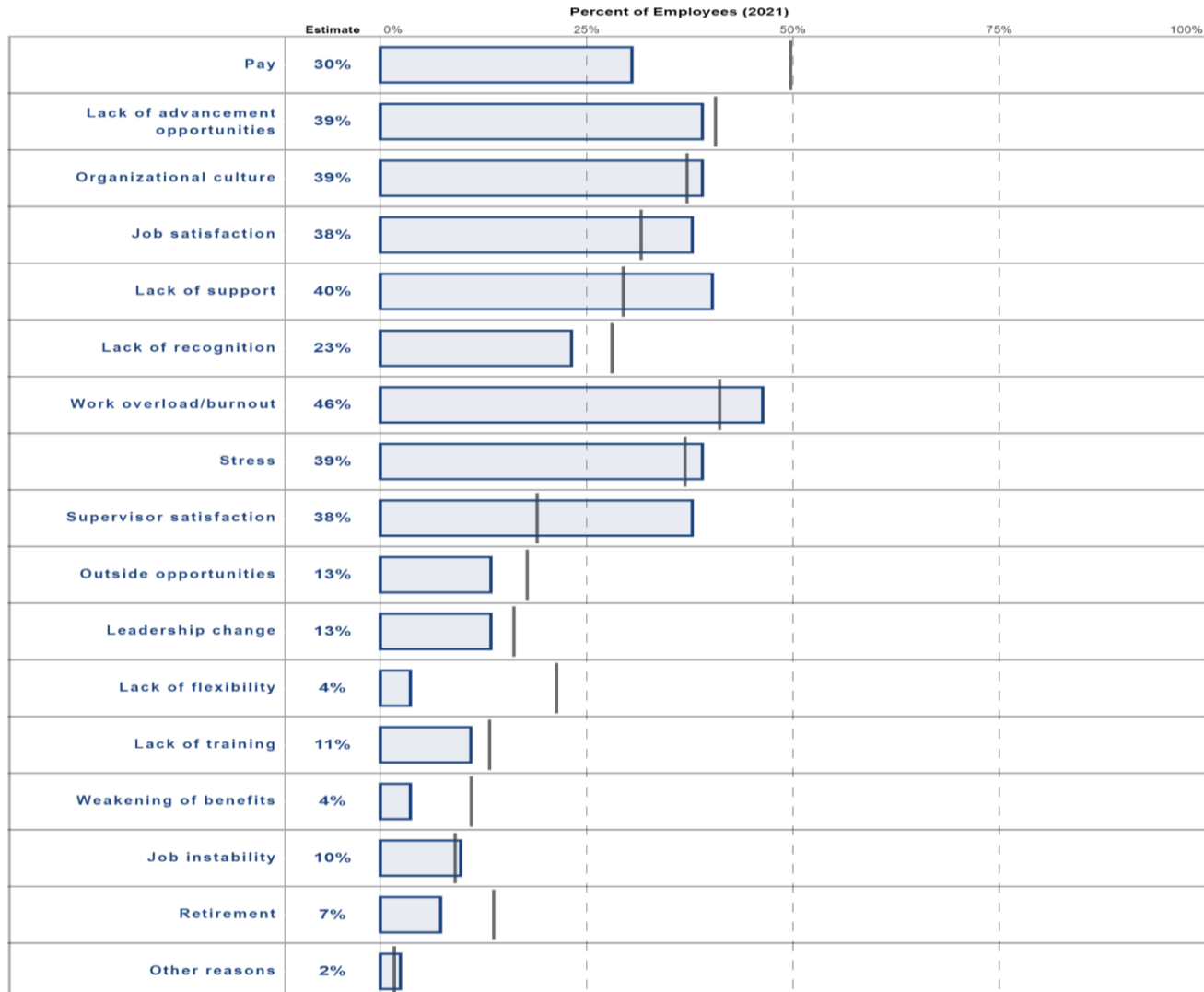
Top reasons for leaving

Nationally
1. Pay
2. Work overload/burnout
3. Stress

Oregon Public Health Division
1. Work overload/burnout
2. Lack of support
3. Lack of advancement opportunities, Organizational culture & Stress

REASONS FOR LEAVING
OHA: ALL EMPLOYEES
COMPARED TO NATIONAL, ALL EMPLOYEES

Percent of Employees (2021)

	Estimate
Pay	30%
Lack of advancement opportunities	39%
Organizational culture	39%
Job satisfaction	38%
Lack of support	40%
Lack of recognition	23%
Work overload/burnout	46%
Stress	39%
Supervisor satisfaction	38%
Outside opportunities	13%
Leadership change	13%
Lack of flexibility	4%
Lack of training	11%
Weakening of benefits	4%
Job instability	10%
Retirement	7%
Other reasons	2%

PH WINS
PUBLIC HEALTH WORKFORCE
INTERESTS AND NEEDS SURVEY
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astho

"The expectation that when you're away it's OK to have your life, you know…but it's OK to unzip your work suit and have your home life. You can step out and it's the way to go. It's very healthy and I think a lot of us have learned that the hard way through overwork and suffering the trauma of this pandemic. So, I think that's really important for retention to not only care for people when they're working, but that holistically they are well."

Source: Key informant interviews of LPHA and state public health leadership

What have modernization funded new staff allowed Oregon's public health system to do?

Climate work

"Environmental epidemiology position is going to allow us to address and respond to legislative requests to media requests on a broader set of issues that we just haven't had the capacity to do. To put out reports and studies that we haven't been able to do that draw the connection in particular between climate and health."

Cross cutting foundational capabilities from sample position descriptions

- **Policy** –"Supports public health policy and legislative strategy development for the Public Health Division"; "leads legislatively-mandated workgroups, ensures fulfillment of legislative deliverables and provides guidance to sections and programs on legislative policy using equity, community engagement, the State Health Improvement Plan and community need as guideposts for policy priorities"

- **Community Engagement** – "Part of a team providing day-to-day support to community-based organization (CBO) grantees conducting community engagement, health education and public health program implementation...supports CBOs providing culturally and linguistically responsive services in the community. supports development of grant agreements, reporting and quality and helps identify and relieve barriers to CBOs accessing the supports they need from OHA, local public health and state agencies so they can effectively serve their communities."

- **Communications** – "Manage linguistically and culturally specific communication pathways and content."

- **Operations/Fiscal -** "Develop, coordinate and analyze program budgets, coordinate the awarding and monitoring of grants/contract planning and development, contract negotiation, grant/contract administration, budget and fiscal oversight, and provide technical assistance to staff and grantees/contracts"

Funding for essential public health employees (e.g. health officer, supervisors, preparedness)

Funding for essential employees

Funding for supervisors/managers - "because you know it's hard enough to get the federal grants to cover the supervising managers who are supervising staff. I could not get paid for."

Recruitment: Strategies & Methods

- Hiring internally
- Opening positions to those out of state (Oregon Public Health Division) and in some places outside the county lines
- Lump sum payments or signing bonuses for some management positions
- Relocation assistance but policy is vague and unclear only for management positions
- Remote/hybrid work flexibility
- Sharing job openings with community partners, higher education, professional resources, agency website, etc.
- Contracting work
- Organizational reputation as a facilitator
- Paid advertisements for platforms like Indeed and Facebook, also local radio

Source: Key informant interviews of LPHA and state public health leadership

Barriers to Recruitment

Administrative barriers
- External Human Resources not within the Public Health Agency
- Ability to obtain specific public health classifications and commensurate pay scales

Hiring timelines

"Trying to get positions through class and comp...when we have legislators asking us why we aren't implementing stuff nine months after they gave us the money to do it."

Applicant pool – hit or miss dependent on content area (fiscal, nursing and EH noted); failed recruitments

Location – rural counties

"When we talk to people from out of Oregon and then we say we're in Oregon, they often think Portland in their minds and where we are at is not the same. It is very much different. And so sometimes that's sometimes a barrier, especially if it's somebody who's not familiar with our area or who hasn't been here before."

Compensation/salary

"So that becomes a tricky thing when you're asking people to give you feedback on what they need and what they need is more money, and you continuously cannot meet the demand."

"we're really limited by pay. I think that's probably the biggest one. We just can't pay people what we want in order to retain the good candidates that do apply. It's hard to get them at a pay scale that's appealing."

Administrative Recruitment Barriers

What are the top five operational priorities for your public health agency (OPHD) for the current fiscal year (July 1, 2021-June 30, 2022)?

- Priority 1 Workforce diversity recruitment, retention and promotion
- Priority 2 Financial management, administration and oversight
- Priority 3 Information technology systems maintenance and upgrades
- Priority 4 Workforce wellness, security, safety and occupational health services
- Priority 5 Community engagement toward development of equitable legislative policy and administrative rules

Source: ASTHO Profile (August, 2022)

Hiring Timelines
Piloted Question 2022 LPHA Activity Report – Time to Fill

- List time to hire in months. Enter "vacant" if position has not been filled. Enter "N/A" if this information is not tracked.

- * Calculate time to hire as the amount of time between when a position is first posted and when a candidate begins employment.

Of the 55 positions entered by LPHAs:

17 vacant;

10 data not available;

RANGE: 1-13 months was entered as time to hire (unclear if internal candidates)

Hiring Timelines PHD – Time to Fill

Between July 1, 2021, and April 5, 2023, the median number of calendar days it took to fill a position in OHA-PHD – from the date the job description was posted, to a new hire's first day of work – was 86 days. In January 2023, Governor Kotek issued a letter to agency directors stating that the average time to fill a position should not exceed 50 days.

** Important to note that this definition of time to fill does not include key process steps that occur before a job description is posted such as review of the position description, internal approval to hire, amount of time to post a position, etc. (Source: OHA Human Resources Data, April 2023)**

Source: OPHD Human Resource Data April 2023

Retention Barriers

1. Overextended managers & needs for support

2. Specific public health classifications (e.g., FPH capabilities and cross-program, system-wide work, informatics, OPAs, etc.)

3. Career pathways for core public health work & corresponding salary

Supervisors & Managers report greater intention to leave compared to all OPHD employees

INTENT TO LEAVE
OHA: SUPERVISORS & MANAGERS
COMPARED TO OHA, ALL EMPLOYEES

Percent of Employees (2021)

	Estimate	0%	25%	50%	75%	100%
Leaving in one year	39%					
Retiring in five years	3%					
Staying	61%					

Caveats: "Leaving in one year" reflects those who are considering leaving their organization in the next year, excluding retirements; "Retiring in five years" reflects those who are considering retiring in the next five years; "Staying" represents those not considering leaving or retiring. This graph does not represent those who have already left or retired.

PH WINS
PUBLIC HEALTH WORKFORCE
INTERESTS AND NEEDS SURVEY

PH WINS is an ongoing collaboration of:

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PH WINS
PUBLIC HEALTH WORKFORCE
INTERESTS AND NEEDS SURVEY

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BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

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Oregon LPHAs: Reasons for Leaving Organization

■ All Staff ■ Supervisors, Managers, Execs

- Work overload/burnout
- Pay
- Stress
- Organizational culture
- Lack of advancement opportunities
- Job satisfaction
- Lack of support
- Other
- Lack of flexibility
- Job instability
- Lack of recognition
- Outside opportunities
- Reasons unrelated to job
- Supervisor Satisfaction
- Lack of training
- Retirement
- Leadership change
- Weakening of benefits

0%   5%   10%   15%   20%   25%

Note: Combined file of 18 Oregon LPHAs who participated in 2021 PHWINS; n=611 LPHA employees.

In answer to being able to give staff what they need "I would say represented staff, yes if that's the focus of your question. If you're talking about managers, I would say no. Because I've had two managers step down from management positions… I think the administrative burdens on managers and the idea that there is, you know, that managers are both subject matter experts specialized in the policy and the program's content and have to carry just enormous bureaucratic burdens with systems that don't work."

"One of the places we've struggled with retention is in the management side because there's a lot of extra things you get to deal with as a manager that are not fun."

"It was a bit of a morale hit, largely for my management staff. I think that's where it felt like it hit the hardest."

Facilitators - Recruiting staff that represent the community

Desire to work with diverse Community Engagement team

Being a manager of color shapes who applies

"We also look to make sure that the (hiring) panel reflects members of the Community so that applicants can see themselves."

" I could add to how we draw people in, including people of color, would be to lean on our relationships, you know public health is our relationships are the foundation of everything."

Source: Key informant interviews of LPHA and state public health leadership

Barriers - Recruiting & Retaining staff that represent the community

- "There's this balance between home growing but then it's juxtaposed to we need to diversify our workforce but it's also perpetuating the systematic racism that this state was built on."

- "What happens when you recruit this person from out of state? That is one of very few people of color in your community …you're welcoming them into your community and celebrating that you hired them. And I'm like, what are you doing to make them feel safe or welcome in your community?"

- "We need to show and tell like it's OK to come to Oregon. And here's the team that you'll meet that's here to support you and you know we need to be proactively reaching out. But I feel like there's a barrier to that because we want to home grow. It's just like a weird that dynamic and I still don't understand it, but I think that as a system, as a public health system, we really need to be thinking about internally - what do people think about us externally? And how do we help shift or shape that narrative? How do we extend that olive branch or whatever the expression is. There is a value (to being) internal and being an outsider."

Barriers - Recruiting & Retaining staff that represent the community

"This is it not a surprise to anyone, but it's really hard to mentor and supervise people of color and feel like I'm doing my job supporting them in advancement when the structures that are as they are, I feel like it's inadequate."

"The hoops that that they've (staff of color) had to jump through in order to stay in one organization and be promoted feel so oppressive and unfair."

"I think that we've done a better job of, you know, recruitment and hiring of staff of color, but retention and advancement of staff of color has been more of a challenge."

Source: Key informant interviews of LPHA and state public health leadership

LPHA Workforce Development Plan

LPHA has a Workforce Development Plan	n (%)
Yes, complete	8 (25%)
Yes, in development	7 (22%)
No	15 (47%)
Unsure	1 (6%)

Workforce Development Plan Components among 15 with plan complete or in development	n (%)
Training and professional development strategies	15 (47%)
Recruitment strategies for diversifying the workforce	8 (25%)
Strategies for staff and management retention	7 (22%)
Strategies for succession planning	1 (6%)

Workforce Development Plan aligns with PHAB Reaccreditation Domain 8, Standard 8.2.1A

Source: LPHA Activity Report November, 2022

Oregon Public Health Division
2023 -2025 Workforce Development Plan Components

In Development. Major Components include:

- Create a culture of belonging

- Training and professional development

- Workforce supports

- Manager training and supports

- Recruitment strategies

- Retention strategies

- Succession planning

Workforce Development Plan aligns with PHAB Reaccreditation Domain 8, Standard 8.2.1A

Succession Planning

LPHA Leadership Changes in the 2021-2023 Biennium

- 18 health administrator/director/manager changes since 7/1/21 across 14 LPHAs (4 LPHAs had multiple leaders turn over)

- 13 health officer changes since 7/1/21 across 11 LPHAs (2 LPHAs had multiple HOs turn over)

- 12 ORS 431.418 designated LPHA Administrators changed in the biennium

(Source: CLHO & ORS designated LPHA Administrator list)

OPHD staff eligible for retirement

Percentage of current full-time classified employees who will be eligible for retirement in the following fiscal years

- Fiscal year 2022 - 5.5%

- Fiscal year 2023 – 9.7%

- Fiscal year 2024- 11.8%

(Source: ASTHO Profile 2021)

Existing workforce gaps

1. Overextended managers & needs for support

2. Preserve institutional knowledge (given turnover & retirements) & continue or develop succession plans

3. Career pathways for core public health work

4. Administrative barriers in hiring

5. Improved understanding hiring cycle times; development of process maps & conduct corresponding Quality Assurance/Quality Improvement activities

6. Understand the extent staff represent the populations served in jurisdictions across the state and the types of positions filled by the demographics of staff

Recommendations to address each gap are synthesized from existing PH workforce literature where applicable and provided in the forthcoming report

The art, science and heart to public health

From my mentor and friend Ed Ehlinger

Discussion

- General thoughts and reflections?

- How do you see this information contributing to PHAB's 2023-2025 Modernization Deliverables?

- Where do you see this work going in the new biennium?

Complete Modernization Evaluation Report to be available this Fall.