

## NATIONAL SUMMIT SERIES: SUMMIT 1

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# Achieving a Diverse and Effective Public Health Workforce

DECEMBER 6, 2021

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SUMMARY REPORT

# Contents

<b>Introduction</b> .....	<b>3</b>
<i>Lights, Camera, Action: The Future of Public Health</i> National Summit Series . . .	3
Achieving a Diverse and Effective Public Health Workforce .....	4
<b>LIGHTS: Inspiring Public Trust, Sustained Funding and Recruitment</b> .....	<b>6</b>
What Is Public Health? .....	6
Who Is Public Health? .....	8
What Is the Value of Public Health? .....	10
Guiding Lights .....	12
<b>CAMERA: Investing in Sustainability and Centering Equity</b> .....	<b>13</b>
Apply a Scientific Approach to Workforce Development Planning .....	13
Modernize Human Resources Systems and Infrastructure .....	15
Develop Approaches to Utilizing Intermediaries to Supplement and Support the Public Health Workforce Short- and Long-Term .....	21
<b>ACTION: Building a Diverse and Inclusive Workforce</b> .....	<b>23</b>
Steps to Increase Diversity, Equity and Inclusion .....	23
<b>Conclusion</b> .....	<b>26</b>
LIGHTS: Inspiring Public Trust, Sustained Funding and Recruitment .....	26
CAMERA: Investing in Sustainability and Centering Equity .....	26
ACTION: Building a Diverse and Inclusive Workforce .....	27
Themes for Action .....	27
Summit Evaluation and Upcoming Virtual Convenings .....	27

# Introduction

## ***Lights, Camera, Action: The Future of Public Health National Summit Series***

A new summit series launched in December 2021 to explore themes in support of the future of public health with the theme of *Lights, Camera, Action: The Future of Public Health*. This national summit series not only presents a comprehensive and critical view of the current landscape of public health in the United States but—more importantly—it convenes public health workers and key stakeholders across disciplines and across the nation to collaboratively construct a harmonized, strategic and action-oriented approach to move the field forward following decades of underinvestment and two years of a devastating pandemic.

The theme of the summits—*Lights, Camera, Action*—provides a framework through which the field can transform itself to meet the present and future needs of public health in the United States.

- **Lights** are the guiding lights from recent research, recommendations and action plans from leading public health organizations. These exemplars in practice and policy showcase the nation's current gaps and identify solutions to rebuild public health infrastructure.
- **Camera** refers to framing public health through the lens of the pandemic and its impact on the public's trust in the field. Today, there is a need for the United States to refocus the camera to rebuild trust and transform public health. The camera also emphasizes the need for everything public health does and touches to be framed through an equity lens.
- **Action** represents the steps public health officials and partners can take to address the issues illuminated by the lights and captured through the camera lens. Public health officials at all levels of state, local and national governments have a role to play in shaping a public health system built for today's needs and tomorrow's challenges.

The *Lights, Camera, Action National Summit Series* is a collaboration of the CDC Foundation, the National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO) and Big Cities Health Coalition (BCHC). Support for the summits is generously provided by partners United Health Foundation and the Robert Wood Johnson Foundation.

The summit series grew out of a coalition of organizations brought together by the Bipartisan Policy Center to develop a five-year road map for public health leaders and elected officials. Their goal is to influence strategic investments and decision-making to build a more robust and sustainable public

health system. The reports that came out of that coalition, [Public Health Forward: Modernizing the U.S. Public Health System](#) and [The Future of Public Health: A synthesis report for the field](#), provided the foundation for these summits.

Many of the themes and suggestions that emerged from this summit reflect those in the *Public Health Forward* and *The Future of Public Health* reports while also adding details of individual and shared experiences of summit presenters and participants.

The four virtual convenings of the summit series are focused around key priority areas: (1) workforce development; (2) data and technology; (3) financing, law and governance; and (4) cross-sector partnerships and community engagement. The overarching goal of the summits is that together we can write a new script and produce a new future for public health in America.

This summary report provides an overview of the discussion in the first virtual convening held on December 6, 2021. Similar reports will be available following the other three summits as well. In addition, a video recording of the first summit is available at [www.futureofpublichealth.org](http://www.futureofpublichealth.org).

This report highlights key observations and themes for action identified by summit speakers and participants that stakeholders can use to guide their efforts to advance the future of public health in the United States.

## Achieving a Diverse and Effective Public Health Workforce

A 2021 report by Trust for America's Health, [The Impact of Chronic Underfunding on America's Public Health System](#), highlights the root causes of the challenges the public health workforce is facing in its description of the current landscape of public health in the United States:

*“Under-resourced, understaffed, and overburdened health agencies responded to a major pandemic with inadequate systems, and the country’s longstanding failure to invest in disease prevention, to address the root causes of poor health and to promote health equity made the nation less resilient.”*

While the pandemic spotlight made public health more visible to the public, it also made abundantly clear to public health workers how the system has failed them.

*“Throughout the pandemic, we have also seen public health heroes emerge. During this time, we’ve been in the midst of the most dangerous health threat the world has seen in 100 years, and the public health community has really been heroic in their actions, and often their work has been unrecognized. Our nation owes our public health workers a debt of gratitude.”*

**JUDY MONROE, MD, PRESIDENT AND CEO, CDC FOUNDATION**

For these reasons, the first of the four virtual convenings of the *Lights, Camera, Action: The Future of Public Health* summits focused on public health workforce development. Throughout the first summit, speakers and attendees discussed the challenges faced by the public health workforce and how the field can overcome them together and build a stronger, more diverse and more effective workforce for the future.

Speakers acknowledged that this moment is a turning point for public health in the United States. The renewed attention to the field of public health creates a window of opportunity to fundamentally transform public health infrastructure for a sustainable future. That transformation must start with structural change in the way the field is funded.

For decades, public health has been subjected to “feast or famine” funding cycles, where booms in funding in response to periodic crises are followed by years of anemic budgets.

*“We’ve seen this picture before. Something bad happens. They throw some money at it. Sometimes it’s enough, sometimes not, sometimes more than we need in a short period of time, but usually not in a sustainable way. The problem kind of gets controlled but doesn’t completely go away. The resources then dramatically go away, but the performance expectation extends far beyond both the money and the event.”*

**GEORGES BENJAMIN, MD, EXECUTIVE DIRECTOR,  
AMERICAN PUBLIC HEALTH ASSOCIATION**

With the current unprecedented influx of federal funding, this moment provides an unparalleled opportunity to reshape the public health system and make the case for sustained funding and infrastructure to build and support a public health workforce that is prepared to better meet the needs of the workforce, the communities they serve and any future challenges.

*“Today, we’re seeing significant funding come into the public health profession. It is now incumbent on the field—working with our elected officials, community partners, businesses and the public we serve—to ensure the funding is strategically deployed to ensure solid footing for public health going forward.”*

**JUDY MONROE, MD, CDC FOUNDATION**

*“We must build a robust public health workforce, a workforce that is appropriately trained, that is technically expert and reflective of the diversity within the communities that they serve... We need the right people, in the right place, with the right training, at the right time to protect Americans from public health threats.”*

**ROCHELLE P. WALENSKY, MD, MPH, DIRECTOR, CDC**

Throughout the discussions in the plenary session, the breakout groups and the active chat during the summit, several key themes surfaced for how to achieve a diverse and effective public health workforce. This report frames these topics through the summit series’ theme.

- **Lights:** Repositioning public health’s public image will be key to regaining public trust, advocating for sustained investment and recruiting a diverse workforce that represents the communities public health serves.
- **Camera:** Ensuring a diverse and effective public health workforce requires investing in sustainability and centering equity.
- **Action:** Doubling down on building a diverse and inclusive workforce will help to eliminate issues illuminated by the lights and refocused by the camera.

## LIGHTS:

# Inspiring Public Trust, Sustained Funding And Recruitment

### LIGHTS

- What Is Public Health?

Who Is Public Health?

What Is the Value of Public Health?

Guiding Lights

A fundamental issue the first convening shined a light on is the need for public health to reposition itself to simultaneously meet the needs of rebuilding public trust; making the case for ongoing investment and infrastructure supports; and supporting, retaining and increasing the diversity of the workforce.

*“One of our biggest challenges in public health is telling our story—telling it effectively, telling it meaningfully, telling it in a way that people can understand what exactly it is that we do. The narrative that we have built for ourselves has not been effective.”*

**RENEE CANADY, PHD, CHIEF EXECUTIVE OFFICER, MPHI**

Public health must develop a unified campaign to effectively rebuild its image, communicate the universal value of public health across all stakeholders and regain public trust. These messages should not only strengthen public perceptions of the value of public health and build support for ongoing investment in public health systems but also aid in recruiting from the diverse communities public health serves.

### What Is Public Health?

As Georges Benjamin, MD, executive director of the American Public Health Association (APHA), stated during this first virtual convening, “we all in public health used to chuckle about the fact that even our family members didn’t know what we did.”

An eternal problem for the field has been that no one pays attention to public health when things are going well. The past two years of the COVID-19 pandemic, however, have brought to light how essential it is to consistently inform the public of all the field does to improve their lives, in both good times and bad.

During the pandemic, the dialogue about public health has often been overtaken by individuals outside of the field, including some who previously had limited awareness of public health and its emphasis on prevention and health equity.

In order to build greater public appreciation for and trust in the public health profession, including attracting a more diverse workforce, the field must do a better job explaining the essential role of public health in promoting and securing community well-being and health equity.

## Frame public health as essential infrastructure

One important suggestion that emerged from summit 1 is reframing public health as part of the nation's essential infrastructure. The terms "essential workers" and "infrastructure" have become commonplace over the last year or two, so the concept has a solid foundation from which to build.

*"Over the last six or eight months in Washington, DC, the buzzword has been 'infrastructure.' And we hear about roads, bridges, tunnels or the electric grid, water, energy.... It's time that we communicate to the nation as well as policy makers that if public health isn't part of our nation's infrastructure, I don't know what is. It's exactly what everyone takes for granted, and yet it's necessary to ensure the conditions so that populations can be healthy."*

**ANAND PAREKH, MD, CHIEF MEDICAL ADVISOR, BIPARTISAN POLICY CENTER**

This framing does not need to be a partisan issue. Indiana's Governor Eric Holcomb recognized the fundamental role of public health in the economy when he called his state's public health system "its Achilles' heel" in Indiana's economic recovery and resiliency. In response, he established by [executive order](#) the Governor's Public Health Commission to find solutions to strengthen the state's public health system.

Similarly, rather than framing public health workforce development as a public health problem, participants in this first virtual summit proposed that it should be framed as a local and state workforce opportunity.

Another way to frame public health as essential infrastructure, as one summit attendee suggested, is by advocating for the Health Resources and Services Administration (HRSA) to create a designation for public health shortage areas (PHSAs), since HRSA identifies other community infrastructure shortfalls by designating health professional shortage areas (HPSAs) and medically underserved areas (MUAs).

## Address the recent politicization of public health work through strategic communications

Summit 1 also shined a light on tensions within public health. For example, regarding the recent politicization of the field, one participant said:

*"We need to stop trying to remain apolitical. This environment is too precarious to try and advocate in good faith with those who don't believe COVID-19 is real, that systemic racism doesn't exist and that climate change is a hoax. If we want to save lives, we need to be brave and honest in our language."*

Dr. Benjamin explained the key is acknowledging that public health functions in an inherently political environment, while at the same time striving to maintain "the respect and trust of all the people that provide us oversight including our elected officials, our bosses, as well as the public."

## Introduce public health education early in schools

One suggestion put forward in the summit to build and maintain respect and trust is to start early by educating the public about public health in elementary, middle schools and high schools. Introducing children to the field of public health from an early age will communicate the good that public health does and inspire trust and support while also sparking future interest in students to want to become part of the public health workforce.

As several summit participants noted, "public health is so mission-driven, and many young people are looking for that." Teaching students to recognize what public health is and does from a young age can serve as an excellent recruitment tool.

## LIGHTS

What Is Public Health?

• **Who Is Public Health?**

What Is the Value of Public Health?

Guiding Lights

## Who Is Public Health?

### Update formal enumeration and taxonomy of the public health workforce

The best recent estimates of the public health workforce come from a 2018 *Forces of Change report* from NACCHO that found the public health system lost 56,000 jobs over the last decade, mainly due to funding shortfalls. Similarly, a 2019 NACCHO [issue brief](#) determined that local health departments lost 17 percent of their staff since 2008, noting that “the workforce has not fully recovered from the cuts suffered during and after the Great Recession.” A 2021 *Staffing Up report* recommends that the public health system needs a minimum of 80,000 more full-time public health workers—an 80-percent increase from current levels—to adequately serve the nation.

*“We’re here today because we agree we never again want to see public health in the position we were at the start of this current pandemic.... The pandemic laid bare the gaps resulting from the decades-long erosion of workforce support.”*

**ROCHELLE WALENSKY, MD, MPH, CDC**

In order to make the case for sustained funding and support for the public health workforce, the field needs accurate and localized data detailing where and when those gaps exist. Participants in one of the breakout group discussions highlighted the value of consistent, reliable and readily accessible data on the composition of the local public health workforce and its needs.

*“We need a solid advocacy backbone. We need to align profiles and make sure we know how much staff and money we need when senators and others need quick answers. We often can’t get full data and do good advocacy work because health departments don’t have time to send the data.”*

Furthermore, a key aspect of repositioning public health with unified messaging will involve clarifying for the public the multisectoral and multidisciplinary nature of the public health workforce. To communicate the multitude of ways public health shapes and positively influences the lives of the public and to celebrate the diversity of its workforce, the field should define the vast array of disciplines and sectors that engage in public health work. One summit attendee provided an example of one effort to do just that from [the United Kingdom](#).

### Emphasize community power-building as a core function of public health infrastructure

Beyond communicating the field’s value, it is essential the new public health narrative leverage the current attention on the devastating and ongoing impacts of systemic racism by shining a spotlight on its implications for public health. Drawing attention to the role the public health workforce can play in addressing systemic racism can also help encourage members of the most-impacted communities to join the field.

One way to achieve this vision is by emphasizing the community power-building function of public health work. Human Impact Partners (HIP) described this approach in a tweet during the summit:

*“Our vision of public health includes power-building with historically marginalized communities and creating space for their expertise as part of the workforce development conversation and the ecosystem of a healthy public health system.”*

**HUMAN IMPACT PARTNERS (@HUMANIMPACT\_HIP)**

The Kresge Foundation also shared details of its initiative [in partnership with Human Impact Partners](#) for power-building with public health departments.

In a [NACCHO Exchange article](#), Human Impact Partners explain how community engagement has long been integral to the work of public health, particularly in local health departments. In fact, as HIP points out, one of the [10 essential public health services](#) is to “strengthen, support, and mobilize communities and partnerships.” But HIP encourages the field to go further to address systemic inequities:

*“This is our growing edge in public health—to shift the purpose of our community engagement to be in service of community power-building.”*

Local health departments can best support community-based organizations in power-building by leveraging the power that being a government agency grants them, such as providing data and information to support community demands, using their authority to provide testimony when requested, highlighting the health impacts of proposed policies on specific communities and providing direct support and capacity building through funding.

All of this work requires dedicated long-term partnerships with community-based organizations—not just one-off coalitions focused on a single issue but ideally permanent alliances. These kinds of alliances can be explored further in summit 4, which will focus on catalyzing cross-sectoral partnerships and community engagement.

### **Lift up the key role played by community health workers in bridging the gap between government and communities**

The importance of community health workers (CHWs) and promotores (in Latino/a/x communities) was a dominant theme throughout the virtual convening on workforce development. Some key comments from panelists in summit 1 included:

*“It is that community connection that often makes the difference, especially as we’re working with communities who are very skeptical about public health and government. We’re really trying to better connect local public health with the culture, the traditions and the languages that are needed in their own communities.”*

**ANTONIA BLINN**, DIRECTOR OF PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT, MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

*“[Just as they were during the HIV/AIDS epidemic,] community health workers have been the essential workers, and they’ve been critical in fighting the pandemic and with vaccinations. We’ve been lauded for our ability to go out into the community to be able to reach those that are hard to reach, because we know where to find them.”*

**MARIA LEMUS**, EXECUTIVE DIRECTOR, VISIÓN Y COMPROMISO

One of the panelists acknowledged that now is the moment to lift up the valuable contributions of these public health workers to the field, because it is their expertise that is needed to meet the challenges of the future.

*“We have the ability to promote an expanded understanding of community health workers as a professional workforce that is acknowledged, supported and resourced effectively. This is the moment to do that, and it will help us achieve our ultimate goal of addressing determinants of health by having that community-informed workforce really lead the way. It’s community health workers and so many others who have the experience at the community level that are going to be necessary to really drive the effectiveness of our public health workforce moving forward.”*

**NICOLE ALEXANDER-SCOTT, MD, MPH, DIRECTOR,**  
RHODE ISLAND DEPARTMENT OF HEALTH

A summit attendee concurred regarding the value of CHWs for the future of public health: “I’ve seen community-based contact tracers make deep connections across the political spectrum. They could reach out as community health workers, beyond COVID, on public health issues across the life course.”

## LIGHTS

What Is Public Health?

Who Is Public Health?

- **What Is the Value of Public Health?**

Guiding Lights

## What Is the Value of Public Health?

### Feature diverse perspectives and messengers

To educate the public on the work of public health and the value this work provides, it is essential to engage a variety of perspectives including economists, the private sector and the arts.

One summit participant noted that having a public information officer (PIO) embedded in their health department was very helpful for messaging and “making sure the residents knew the scope of public health, its implications and how none of it works without their buy-in.”

Other attendees noted the importance of the economic perspective in communicating public health’s value, particularly to the business community and policy makers, through indicators such as cost savings and return on investment:

*“Public health supports economic security. Labor and industry professionals know this, but we seem to focus on the social impacts. Unfortunately, economic security has a broader listening audience. So we need to work these talking points and data into our messaging.”*

A preview for summit 2 was the recognition that public health needs to establish sources of consistent, readily available data for such advocacy.

To help deliver messaging to the most-impacted communities, once again it is essential to appreciate the key role of community partners and CHWs—in this case as ambassadors for public health.

*“We need to partner with community-based organizations, faith-based organizations and tribal-serving and indigenous-serving organizations to really make sure that during this pandemic we’re providing information in a way that is meaningful and is coming from community members who are trusted gatekeepers in those communities.”*

**ANTONIA BLINN, MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

## Engage legislators early and often to educate them about public health

Panelists and summit participants from the National Conference of State Legislatures (NCSL) provided useful insight into how public health can use this moment of increased attention to public health to develop mutually beneficial working relationships with legislators. They recommend engaging with legislators long before an emergency situation arises. This approach helps both parties better understand what each brings to the table to achieve health equity for the community.

*“State legislators are learning a lot about public health this year. It’s a great time to let them know about what you’re doing, what you need. Policy makers are getting interested in learning how they can support public health to be prepared for the next pandemic—from across parties, across the country.”*

**TAHRA JOHNSON, MPH, ASSOCIATE DIRECTOR, NCSL**

*“This is a GREAT time for educating state legislators. Public health has a spotlight, but I don’t think all policy makers understand the clear role and value of public health professionals. I suggest identifying the health committee chairs in your state and reaching out to them and their staff...perhaps off the heels of newly released data and help them interpret it.”*

**KELLY HUGHES, NCSL**

## Advocate for sustained, long-term funding once pandemic-induced interest wanes

Finally, the field needs to utilize its diverse perspectives, messengers and relationships with legislators to advocate for sustained funding for public health beyond the recent influx of short-term investments.

*“When you implement policies that even go outside of the healthcare sector that are related to promoting health and cost control in states, when we can tie these messages around health with economic impact as well as a story of how it’s directly impacting communities—these can be powerful tools in which we can actually raise awareness of the importance of investing in public health. But it’s going to take all of us to be able to champion those messages and to not lose sight of this. As we continue to navigate through the pandemic, we have to continue to then explain what does public health do on a day-to-day basis. Because often public health is invisible outside of the crisis, and yet we know how important and critical public health is on an everyday basis to promoting and protecting communities’ health.”*

**J. NADINE GRACIA, MD, TRUST FOR AMERICA’S HEALTH**

*“We all need to make sure that policy makers, philanthropy, elected officials, public health leaders really understand just how vital the public health workforce is and that we need to invest in that workforce—and not just with dollars but all the other resources that we need to ensure that they and we can all do our jobs effectively.”*

**CHRISSE JULIANO, MPP, EXECUTIVE DIRECTOR,  
BIG CITIES HEALTH COALITION**

## LIGHTS

What Is Public Health?

Who Is Public Health?

What Is the Value of Public Health?

- **Guiding Lights**

## Guiding Lights

### Aspirational guidelines for the future of public health

Fundamental to the work of rebuilding public trust in public health, advocating for sustained funding and recruiting a diverse workforce with unified messages are several recent articulations of goals for the future of public health in the United States. Resources that inspired this national summit series include:

- [Public Health 3.0](#)
- [Public Health 3.0 After COVID-19—Reboot or Upgrade?](#)
- [10 Essential Public Health Services \(updated 2020\)](#)
- [Public Health Forward: Modernizing the U.S. Public Health System](#)
- [The Future of Public Health: A synthesis report for the field](#)

### Communications tools and resources

Presenters and participants in the first virtual summit recommended specific tools and resources for effectively communicating the value of public health. Examples include:

- “The [Public Health Communications Collaborative](#) has been the best thing for our local health department. People react to that messaging better than to our state health department,” according to one participant.
- Another participant noted that the City University of New York Graduate School of Public Health developed a fully online graduate program in [Health Communication for Social Change](#).
- The [Journal of Health Communication](#) was also recommended because it “provides a strong evidence base for investment in advancing communication capacity building and ultimately trust in public health leadership and infrastructure.”

## CAMERA:

# Investing in Sustainability and Centering Equity

### CAMERA

- **Apply a Scientific Approach to Workforce Development Planning**

Modernize Human Resources Systems and Infrastructure

Develop Approaches to Utilizing Intermediaries to Supplement and Support the Public Health Workforce Short- and Long-Term

After shining a spotlight on the value of public health to rebuild public trust, advocate for sustained funding and inspire and recruit the diverse workforce necessary to succeed, it is time to refocus the camera. In order to achieve a diverse and effective public health workforce, it is imperative to concentrate on investing in sustainability while centering equity. The pandemic has helped to shine a spotlight on the work of public health, and with the spotlight has come an influx of new federal funding. It is incumbent upon the field to refocus the camera to ensure this funding is used to invest in a sustainable and equitable future for public health in the United States.

The needed investment must come in many forms. As one speaker described it:

*“It is not as simple as having money to hire. We need to modernize antiquated hiring systems and conduct comprehensive workforce planning. We need to focus on professional development, mentorship and training for the needed strategic and technical skills. We need to work with academia to give more students applied learning experiences to better prepare them for jobs and public health. And we need to figure out how to get more of the large number of public health graduates to choose public service and jobs in governmental public health.”*

**PATRICIA SIMONE, MD, DIRECTOR, DIVISION OF SCIENTIFIC EDUCATION AND PROFESSIONAL DEVELOPMENT, CDC**

### **Apply a Scientific Approach to Workforce Development Planning**

Although the nation is in the midst of multiple crises, it is critical to hold true to the scientific foundations of public health by taking a measured and intentional approach to workforce development planning.

As Lisa Macon Harrison, board president of the National Association for County and City Health Officials (NACCHO), put it in her welcome statement, “The public health workforce deserves to get somewhere by design, not just by perseverance.” One summit attendee summed up how the field should go about taking a scientific approach to workforce development:

*“We must generate the research and evidence base that is desperately needed to guide these infrastructure-building and workforce development efforts and to examine what’s working or not as we go forward, as funds are spent, etc. This kind of public health services and systems research (PHSSR) seems super critical here.”*

### **Assess what is working and not working in public health workforce development**

Many recommendations were offered throughout the summit by presenters and participants to conduct background research that will inform workforce development efforts to center equity moving forward. These include:

- Identify levers for change within the purview of public health and what needs to be escalated to legislators.
- In states with federally recognized tribes, assess current capacity and infrastructure to determine how state and tribal health departments can complement each other without duplication.
- Identify best practices and lessons learned during the pandemic and how these can and should inform future workforce development and preparedness (e.g., update administrative preparedness plans required for Public Health Emergency Preparedness grants).
- Prepare an assessment of how new public health money can exacerbate or improve inequities in the public health workforce and communities. Then develop and implement plans to ensure the latter.
- Conduct a legal epidemiological study of how civil service hiring processes lead to a less diverse workforce.
- Identify structural barriers such as state-level policies on hiring or flexible working conditions that need to be dismantled or, if possible, reformed so that public health can stay competitive as an employer.
- Encourage innovation by funding, implementing and evaluating demonstration projects in promising areas such as apprenticeships for pipeline development.

### **Utilize statewide commissions to chart a path forward for public health workforce development**

Statewide commissions were discussed throughout the summit and were the topic of one of the breakout workgroups in the latter part of the virtual convening. These discussions identified best practices and lessons learned from existing and past commissions that public health should embrace moving forward. These best practices include the following:

- Bring together a diverse, multisectoral group of influential people from across the state to help support the rebuilding of public health infrastructure and the improvement of health from a variety of perspectives.
- Begin by educating commission members to ensure a shared understanding of what public health is and does and what needs to be accomplished by the commission. Then build upon this common foundation to establish shared clarity of purpose and objectives.
- Engage tribal partners from the beginning as respected partners and collaborators, ensuring that tribal sovereignty and self-determination are adhered to and respected throughout the entire process.
- Involve key players such as personnel and finance divisions early on.
- Solicit input early and often from marginalized communities that stand to benefit most. Be thoughtful and deliberate about what equitable community member participation could and should look like.
- Prioritize the participation of community partners and community health workers in workforce planning. As one summit attendee put it, we should “leverage the skills of community health workers in not only connecting with communities but they should also be at the table to provide really great feedback in improving our systems to be a more diverse system.”

## CAMERA

Apply a Scientific Approach to Workforce Development Planning

- **Modernize Human Resources Systems and Infrastructure**

Develop Approaches to Utilizing Intermediaries to Supplement and Support the Public Health Workforce Short- and Long-Term

- Engage legislators at various levels from the beginning. Having legislators in commission leadership roles encourages them to play an active role in thinking about how to operationalize recommended changes.
- Create a mechanism to link existing and future commissions and nurture a community of continuous and shared learning.

## Modernize Human Resources Systems and Infrastructure

Many comments throughout the first virtual convening expressed frustration with outdated state and local human resources systems and practices. There was a consensus that public health needs to refocus its lens to achieve a diverse and effective workforce by shifting the perspective from a purely administrative human resources approach to more strategic talent acquisition and proactive talent management. And all of this work must be viewed through the lens of diversity, equity and inclusion.

### Center diversity, equity and inclusion (DEI)

One of the polls conducted during summit 1 asked attendees how their jurisdictions have used new federal funding for workforce development. While health equity was not provided as an option, several attendees noted in the chat that they used the funding to build capacity for addressing health disparities and to advance health equity. As the pandemic has emphasized and these participants highlighted, centering equity is essential to modernizing and rebuilding the public health workforce infrastructure.

One participant noted in the chat how “structural racism in public health systems and practices hinders us from innovative hiring and serves as a barrier to our effectiveness in partnering and working with communities and how and where we invest our resources and time.” Panelists offered suggestions for how to modernize human resources systems and infrastructure to overcome these barriers.

*“We need to identify structural barriers within the public health system that impede diversity and inclusion efforts.... Agencies need to develop specific recruitment and retention guidelines, programming and other norms within the organizational culture to support a more diverse workforce.”*

**NICOLE ALEXANDER-SCOTT, MD, MPH, RHODE ISLAND DEPARTMENT OF HEALTH**

*“Structures around hiring and maintaining our workforce are antiquated and ineffective at valuing diversity. Most local, state and federal government positions require public health experience (for nurses, for example) before they can be hired at competitive wage levels. This is a structure that prevents flexibility and innovation in hiring practices. We need to address these practices with governors so they can make changes to state offices of human resources and state statutory/policy-level hiring practices that need updating.”*

**LISA MACON HARRISON, MPH, BOARD PRESIDENT, NACCHO**

Another key element to centering diversity, equity and inclusion in public health workforce development is ensuring existing leadership is on board with a true understanding of what DEI means in policy and practice for their workplace and communities. As one summit participant put it, “building a representative workforce means teaching strategies for being intentional about DEI to our current leaders. It must become a competency for all leaders and a portion of every strategic plan.”

*“The value of a diverse workforce starts with a local government that values diversity and is taking practical steps toward systemic inclusion.”*

**BLAIRE BRYANT**, ASSOCIATE LEGISLATIVE DIRECTOR—  
HEALTH, NATIONAL ASSOCIATION OF COUNTIES

The pandemic and the structural inequities it has revealed led more than 200 health departments and other public agencies to declare racism a public health crisis or emergency. While the American Public Health Association [stated](#) “these declarations are an important first step in the movement to advance racial equity and justice,” APHA also insisted these declarations “must be followed by allocation of resources and strategic action.” To that end, the National Network of Public Health Institutes (NNPHI) released a resource guide from its recent [ECHO Public Health](#) series on operationalizing anti-racism through performance management, which was shared during summit 1.

### Develop new pipelines and define career pathways to attract and retain a diverse workforce

One approach to developing nontraditional pipelines for the public health workforce that came up throughout the virtual convening was apprenticeships. Summit participants had many suggestions for how apprenticeships can help fill the gaps in the public health workforce.

- *“Focusing on academic programs for public health competency has not really worked. Most graduates don’t have the applied knowledge, skills and abilities (KSA) needed. Some programs have field experience, but it takes 6 to 12 months to really train someone to do public health work.”*
- *“The Registered Apprenticeship system can be used to solve many of the challenges highlighted—whether it is used for entry-level positions, building a pipeline of potential talent or using it as a transition program for newly graduated candidates.”*

To increase the attractiveness of the field to aspiring and current public health workers, it is essential to establish more structured career pathways and skill ladders. This will be especially relevant for new COVID-19 hires so that they can envision a future for themselves in public health and a clear path to get there. Summit 1 participants offered suggestions in the chat for how to achieve this vision:

- *“We need clear guided pathways: If I’m in this job, then I can do this. And this training will help me do this, etc.”*
- *“I would like to see an industry- or trade-created licensing or ladder program. Right now, everything is dependent on academia, which is fine for learning the profession prior to the first job. But we need programs that are on the job like other trades. We have some of these programs, but they are not valued as much as in some other industries. Value would be reflected by pay increases, step promotions, titles, positions, authorities, etc.”*
- *“I completely agree with career pathway work. We need to look at first job, second job, etc., determine education/training/CTE for each level, and better align with Department of Labor codes (O\*NET).”*

### Provide staff with needed supports for their own well-being and to help with retention

*“The pandemic stretched thin our already lean workforce. Our bench was not deep prior.”*

**LISA MACON HARRISON**, MPH, NACCHO

*“Our public health workforce needs to hear from us that their frustration and feeling of being burned out is not their failure but our failure to have a system that supports their humanity and diversity.”*

**ANNE ZINK**, MD, PRESIDENT-ELECT, ASTHO

In many of the presentations in summit 1 and throughout the chat, people spoke of how public health is used to “doing more with less.” Public health workers were frequently referred to as “heroes.” But one thing the last two years have shined a light on is that the heroism required to make an underfunded and under-resourced public health system work takes a serious toll on the well-being of its workers.

As Lisa Macon Harrison of NACCHO cited in her opening statement, “this spring CDC found that over half of our public health workers were experiencing symptoms of PTSD.” Attendees did not shy away from sharing their thoughts on the subject in the chat.

- *“As someone contemplating (re)entering the public health and social welfare workforce, may I suggest that we jettison the language of heroism and recognize the fundamental need to restructure the public health work environment to support the mental and emotional health of public health workers.”*
- *“Doing more with less should not be celebrated.”*
- *“This is not sustainable.”*

Once talented and diverse public health professionals are on board, the field must do all that is possible to keep them. Employers can do this by providing and funding excellent benefits—including flexible scheduling, generous paid time off and behavioral health supports—as well as ongoing skills training and professional development, equitable and regular merit-based pay increases and promotions, and mentorship. All of these efforts are needed for public health to retain and build the workforce required in the present and the future.

*“We’re only as good as the people we keep.”*

**ANNE ZINK, MD, ASTHO**

*“We have to honor the now as we think about the future. Any time we’re looking across our agencies and figuring out what we need to do our best work, we have to continue to evaluate future needs. But that doesn’t mean we ignore the needs of those who are with us right now and retaining the excellent, experienced, skilled workforce we already have.”*

**LISA MACON HARRISON, MPH, NACCHO**

Mentorship came up in nearly every conversation about skills development and retaining talented staff. Many summit participants offered suggestions in the chat for how to implement successful mentorship programs.

- *“New hires need a community of practice and a support network plus mentoring so that they have a peer community keeping them motivated to stay. Burnout is contagious! Prevention of burnout prevents contagion to the new hires.”*
- *“The current workforce and those thinking of retiring in the next few years could be awesome mentors. Transferring knowledge is key—building on the past is important.”*
- *“We need good mentorship programs, but with so many seasoned professionals who have retired we should think about how to tap back into the resource of retired public health professionals to serve in a mentorship role.”*
- *“A change in standard operating procedures to ensure diverse advancement is to have leaders/supervisors to mentor at least three staff, of which two do not look like them (e.g., academic, racial, cultural, etc.).”*

## Invest in salaries

One of the most straightforward ways to show staff they are valued is to pay them fairly and appropriately. It is not only necessary to break from the designation of public health workers as heroes for their ability to do more with less but also to dismantle the martyrdom complex of public service in public health. It is hypocritical to ask public health workers to promote health and well-being in their communities while they are working too many hours for too little pay to be able to nurture their own health and well-being. Public health salaries need to reflect and promote this balance.

Furthermore, many presenters and participants at the first virtual convening expressed frustration at their inability to compete with private companies that offer much higher salaries. One of the polls conducted during the plenary asked attendees to identify the top structural barrier to building the public health workforce, and they were allowed to choose only one answer. The results below show that salaries are by far the biggest barrier to achieving the public health workforce the nation needs and deserves.

<b>POLL: What is the top structural barrier for building the public health workforce in your jurisdiction? (Select only 1.)</b>	<b>% of total responses</b>
Hiring practices	10
Hiring freezes	3
<b>Salaries</b>	<b>41</b>
<b>HR practices that are out of date OR unnecessarily complex</b>	<b>19</b>
Legislative policies that restrict hiring	8
<b>Structural biases (e.g., education and experience)</b>	<b>16</b>
Other (enter the barrier in the chat)	3

In the chat, several people noted that “All of the above” should have been an option, as it was difficult to choose just one. Another attendee noted that HR practices set salaries.

To attract and retain a talented workforce, public health must allocate and advocate for more resources to pay workers fairly and competitively. Attendees fully endorsed this sentiment in the chat and pointed out its relevance to diversity, equity and inclusion.

- *“Investing in people also means paying a salary that is fair and equitable. Most employees in public health are at the poverty line, and hiring a master’s-level candidate at \$30K is ridiculous.”*
- *“Keeping in mind that we may also be seeing a large number of individuals coming into public health mid-career or later in career with families and responsibilities that do not lend themselves to fellowships or lower-paying training roles. These individuals need to be able to come into public health without having to take major pay cuts or demotions of any sort that might prove to be a barrier for a large segment of individuals. New grads also need to be coming into roles with adequate compensation. With student loans on their backs, no one can afford to work for less than their worth.”*

## Advocate for changes to funding mechanisms for long-term development and stability

Wanting to pay workers a fair salary and having the financial capacity to do so are, of course, two very different things. As public health leadership and human resources have only so much control over how they distribute the limited funds available to them, one of the most important things the profession can do to advocate for the workforce that is needed is to demand changes to funding mechanisms to allow for long-term planning and investing in more stable permanent positions.

Participants in the first virtual convening pointed out some of the challenges that time-limited grant funding creates for them. A specific request to extend the CDC Health Disparities Grant funding for at least another year was endorsed by several attendees.

- *"My funding is time-limited. Knowing about funding extensions earlier would be hugely helpful, and I know a drive for recruitment too. In a candidate market, time-limited roles are not as attractive, despite how amazing working in public health is and especially at the local level."*
- *"We are challenged to hire new staff if we can't show dedicated funds for >2 years."*

Presenter J. Nadine Gracia, MD, of Trust for America's Health, also described the challenges of sporadic and erratic federal funding when she said:

*"Such a key issue is the boom-and-bust cycle of funding: a crisis happens and we get the influx of funding. And then after the emergency it's directed elsewhere or the funding ends."*

One summit attendee responded to this statement in the chat with, "How do we turn temporary funding into a permanent workforce?"

Beyond pushing for longer-term grant funding and more predictable federal funding, the field needs to advocate for funding that allows hiring of permanent staff. One of the key factors that will enable this change is for public health to move toward "disease-agnostic funding," as Dr. Rochelle Walensky, of the CDC, put it:

*"We must provide stable resources that allow public health departments to adequately recruit competency and retain their public health workforce with adequate flexibility to respond to the emerging threats and needs. And, perhaps most critically, our funding has to be disease-agnostic. It must be that the person you hire for 'x' disease can also work on 'y' disease. We must leverage skills in one area so that they can be used at any moment in time for another."*

Dr. Walensky explained that the American Rescue Plan provides \$3 billion in grant funding for the CDC to make an unprecedented investment that "will offer jurisdictions funding to move from their urgent short-term goals to a sustainable forward-facing approach." Other potential solutions were offered up by summit attendees:

- *"We should look into establishing 'trust funds/revolving accounts' to support ongoing work that can retain funds and not get absorbed back into the state coffers."*
- *"An innovation could be to dictate within CDC/HRSA/other funding policies that a certain number of funded dollars to states need to go to the local health department level if the following things are in place: DEI practices are up-to-date, accreditation has been achieved and all job postings MUST advertise the entire salary range from hiring level to final earning potential in that salary range to attract the best and brightest. The issue of equity will come up with the current workforce, and that's how we will raise all boats simultaneously—hire the best and brightest, change culture and improve salaries."*
- *"More flexibility in funds, like the Health Disparities funds, has allowed us to sustain our community-based engagement work, which was strengthened through our vaccine equity efforts."*

Another specific recommendation for investing in the diverse workforce the nation needs is to find ways to properly fund CHWs.

- *"There are too many obstacles with universities and counties in terms of getting that money out the door. Sometimes it takes months before that money gets out. And by the time the community gets it it's 25 cents on the dollar. That's just not—you can't do a program that way."*
- *"CMS and our state healthcare financing agencies need to recognize CHWs as a reimbursable provider."*

A poll conducted during the plenary asked attendees the extent to which they employ CHWs or promotores. Only 16 percent responded that they have fully integrated CHWs.

<b>POLL: To what extent is your local or state public health department employing community health workers (CHWs) or promotores? (Select only 1.)</b>	<b>% of total responses</b>
Fully integrated, full-time employees	16
Partner with community-based organizations who have CHWs or promotores on staff	21
Partner with healthcare providers who have CHWs or promotores on staff	7
Intermittent or occasional use, depending on program funding	22
Not currently including CHWs or promotores in local or state public health work	9
Other (enter how in the chat)	0
N/A	25

Regarding funding for CHWs, one summit attendee asked in the chat if there is “a reimbursement mechanism through Medicaid and other private insurers for CHWs.” Another participant replied that “it differs among states. A few (like Rhode Island) have changed state law (state plan amendment) or used 1115 waivers to activate Medicaid reimbursement for CHW services.”

### **Provide targeted funding and administrative support to meet unique needs of tribal and small local or rural health departments**

Finally, to effectively center diversity, equity and inclusion in human resources infrastructure, public health needs to recognize that small local or rural health departments do not have the capacity to compete with large urban health departments. Similarly, it is essential that tribal health departments are adequately funded.

In a 2021 editorial in the *American Journal of Public Health (AJPH)* titled [“Going Beyond Public Health 3.0,”](#) Brittany Perrote and Arianne Noorestani point out that:

*“Traditional funding practices often exclude the very people they strive to support, further reinforcing the power imbalances that contribute to health disparities.”*

Likewise, summit attendees noted that “competitive funding often leads to resources going to where there’s already capacity rather than where there isn’t.” To this end, summit participants had two specific recommendations regarding funding:

- *“The federal government should provide adequate funding directly to the tribes, without competitive grant processes.”*
- *“To make these partnerships more successful, CDC should pass a greater percentage of funding directly to local health departments, bypassing the state. Locals who get funding from states have to comply with state AND federal contracting rules.”*

Furthermore, several summit participants raised the issue that small local and rural health departments need additional administrative HR support to succeed.

- *“Offering HR support to the state health departments/local health departments via the CDC Foundation model for recruitment, training, etc., may be helpful also. Small local health departments have difficulties putting those services together strategically.”*
- *“The grant process is a barrier for small and rural areas. There isn’t staff to write for a grant and still wear all the hats they have to wear. We have to reduce these barriers for all health departments to have access to these workforce development programs.”*
- *“The Academic Health Department model can be a real mutually beneficial structure to connect Schools of Public Health and local health departments. I have a rural academic health department, and we have formal agreements for much more than just training a public health pipeline. But the schools also place academic specialists in our local health department for sharing expertise in*

## CAMERA

Apply a Scientific Approach to Workforce Development Planning

Modernize Human Resources Systems and Infrastructure

- Develop Approaches to Utilizing Intermediaries to Supplement and Support the Public Health Workforce Short- and Long-Term

evaluation, QI and grant writing/management. People do not realize how underfunded rural health departments are and how much we depend on grant funding to support our workforce.”

Geographic limitations were also raised as a unique issue specific to small local and rural health departments.

- “Not every place has qualified people in their locale, so transplanting people may be required much like we do for doctors and dentists.”
- “Most of the programs mentioned for public health capacity building rely on a subject-matter expert (SME)-apprentice relationship. The number of expert public health professionals willing to support training of recent grads in an apprenticeship process is a limiting factor. While the AmeriCorps program sounds great, how do you use this program across geographical areas? I would suggest blockchain technology to be integrated into this program to make it more robust.”

### Develop Approaches to Utilizing Intermediaries to Supplement and Support the Public Health Workforce Short- and Long-Term

Intermediaries came up several times in the plenary of the virtual convening, and one of the breakout group discussions was devoted to the role of intermediaries in supporting the public health workforce. A poll conducted during the plenary found that summit attendees have achieved the most success moving forward their public health agenda working with foundations at the local, state or regional level and with academia. Public health institutes and national foundations were also ranked highly. Other partners mentioned in the chat include tribal epidemiological centers and community-based organizations.

POLL: Who have you had success with in moving your public health agenda forward by working with intermediaries such as public health institutes, foundations or academia? (Select all that apply.)	% of total responses
Public health institutes(s)	18
National foundations	18
<b>Local, state or regional foundations</b>	<b>26</b>
<b>Academia</b>	<b>24</b>
Others (enter other partners in the chat)	7
N/A	7

#### Clearly define roles and functions of intermediaries and how they can best contribute to building and sustaining internal public health capacity

Summit attendees, and especially participants in the intermediaries breakout group, emphasized the importance of defining just who are public health intermediaries and what are their functions.

Breakout group participants defined the most common public health intermediaries as nonprofits, community-based organizations, public health institutes, academia, philanthropy and member associations. While academic health departments share some characteristics of intermediaries, it was noted that they are distinct entities.

Breakout group participants defined the key functions of intermediaries as follows:

1. administration,
2. hiring staff,
3. building out a workforce for a specific need that is drawn from the community,
4. delivering a program on behalf of the health department, and
5. expanding health department capacity by providing specific resources and talents.

A fundamental tension was highlighted in the breakout group discussion and throughout the summit: intermediaries at their best can fill system gaps and build long-term internal public health capacity, but at their worst they compete with public health or create dependency. To ensure partnerships with intermediaries are fundamentally strengthening internal capacity of health departments, participants shared relevant success stories, opportunities and lessons learned.

### Success stories, opportunities and lessons learned on partnerships with intermediaries

Attendees described in the chat how public health institutes contribute to public health departments' success, especially during emergencies.

- *"We are best when we respond with our existing infrastructure and own incident command—having every person assigned an emergency response role and trying to pull in people from outside their subject matter during emergencies to get experience. The ability to surge internally is so critical. New staff take time to get up and running; it's better to use people familiar with the system and organizations. Modeled from CDC Foundation, we have our own institute in NYC that allows us to hire faster during emergencies. That group can hire in two weeks as opposed to months."*
- *"All jurisdictions should have access to a public health institute similar to NYC's. What policies or practices would be needed or need to change for each state and large city/county health department to have access to an institute?"*

Other opportunities for sustainable partnerships with intermediaries were suggested including an endowment fund and replicating regional hub models like those used for hurricane response.

- *"The Oklahoma Tobacco Endowment Trust has allowed for tobacco cessation efforts to be sustained across the state. What is the opportunity for the creation of a public health endowment trust to help ensure sustainability of the public health workforce? That could be an opportunity for philanthropy to help with sustainability."*
- *"NNPHI is building a public health workforce development hub model in regions whereby our network can partner with health departments to meet needs better and to transition staff employed by the hubs into government when possible. This can be a unique muscle—not turf or bricks and mortar, but a capacity solution approach."*
- *"We should explore/develop regional hub models for emergency response and long-term capacity building. Building a hub model based on the [hurricane response hub](#) model—the idea is to take the model to build innovation hubs, to use the same concept to go in regions of the country with the most need and get as close as you can locally and have hubs work together with each other. When we have a hurricane, those states can use those hubs to surge up. We could have hubs regionally to surge up. The work stays in the communities."*
- *"Another option is to develop a workforce within CDC Foundation to continue to support other local public health agencies with programs or models that work, in a sort of ongoing community capacity training. Inconsistency in public health models within states is a big issue. I am not 100-percent familiar if by the end of a contract the professional is let go, but keeping them to continue to support other states would be appropriate."*

Some lessons learned about working with intermediaries were shared by summit attendees as well as in a 2021 [study](#) published in AJP.

- *"In the initial part of the pandemic, the CDC Foundation placed workforce individuals to get around hiring issues, but this isn't a long-term solution. CDC Foundation learned that working with community-based organizations is the long-term solution: multisector partnerships, thought leadership with organizations at the public health level and community level long-term—creating a new system. Working with our own and local foundations—that flexibility is what made the work work."*
- *"Strategic partnerships will struggle to improve equity unless practices are rooted in the ideals of justice and grounded in local relationships and social networks in the communities that public health is intended to serve."*

## ACTION:

# Building a Diverse and Inclusive Workforce

### ACTION

- Steps to Increase Diversity, Equity and Inclusion

After shining a spotlight on the value of public health and refocusing the camera to invest in sustainability and center equity, public health needs to take action by doubling down on building a diverse and inclusive workforce. As Georges Benjamin of APHA explained in his opening statement, “It’s clear that we don’t need the same kind of workers as we go forward. We need to really try to build the system right.”

Beyond advocating for a larger, better funded and better supported overall public health workforce, it is vital to actively recruit for and build an inclusive work culture to welcome much greater diversity to the workforce. Participants in this first virtual convening identified a variety of types of diversity that should be sought out and welcomed. These include demographic and cultural diversity—in terms of race/ethnicity, age, ability, gender identity, sexual orientation, religion and tribal status, for example—as well as diversity of academic and professional backgrounds or career stages.

### Steps to Increase Diversity, Equity and Inclusion

**Set explicit targets and goals for diversity, monitor and share progress toward goals, periodically evaluate and readjust efforts as needed**

A central need is to develop strategies and targets to ensure accountability as public health aims to increase hiring and retention of public health workers who represent the diversity of the communities they serve.

*“I believe that measurement should not be about how well we are doing to better support blood pressure control, although that is still an incredibly important measure, but about how well we are expanding the public health workforce with staff that look like the people in the communities they serve, and how well are we prepared for the next pandemic.”*

**ROCHELLE WALENSKY, MD, MPH, CDC**

## Eliminate barriers such as education/experiential requirements and reduce “cost of entry”

As public health has come to appreciate the important role so many fields and sectors play in its work, it is necessary for the field to expand its vision of what qualifications are truly needed—and required—for public health workers. Public health can increase the diversity of its workforce in myriad ways by offering and advocating for benefits such as paid internships, apprenticeships, loan forgiveness and tuition reimbursement for continuing education.

*“To reach a more diverse group of students who previously never considered a career in public health, we need to strengthen recruitment with a focus on diversity and health equity and address the important role of student loan repayment and loan forgiveness for public service.”*

PATRICIA SIMONE, MD, CDC

Moreover, the field needs to revisit education and language requirements. A high school degree and English language proficiency, for example, are not particularly relevant for community health workers’ ability to contribute greatly to public health.

Summit attendees also described how inflexible job requirements exclude people who could be excellent candidates.

- *“In my experience, the public health system is not ready for bachelor’s level public health workers. Agencies are requiring master’s-level degrees for their ‘entry level’ positions, (unless you want to work in peer support and not make a reasonable wage). We want to work in the field and help address the pandemic. Do we really need a master’s degree to help?”*
- *“I have found that sometimes great candidates who don’t have MPH degrees have a hard time getting past HR (where screening takes place) through to the hiring manager.”*

## Update and clarify job functions and competencies

In order to get past these structural barriers to recruiting and retaining the diverse, talented workforce public health needs, one action step is for the field to use this moment to reassess job functions and competencies for public health work moving forward. Participants in this first virtual convening offered suggestions in the chat for how to achieve this.

- *“Diversity in the workforce requires leadership to understand how to improve their recruitment processes. It starts with rewriting the position description.”*
- *“Reevaluation of job duties and roles in a post-COVID public health landscape is also key.”*
- *“For innovation in the workforce—I would love to see the U.S. public health workforce using predictive analytics to determine skill sets and needs and to catalog existing skill sets using artificial intelligence and map these out against the needs that the predictive analytics are revealing. We are always responding to and living in the moment and not looking into the future, and as a result we are always trying to catch up.”*

## Expand thinking beyond academic public health pipeline

One way to be proactive about diversifying the workforce is reevaluating the pipelines historically relied upon to produce the public health workforce. It is important to invest in nontraditional pipeline development to attract and retain the diverse workforce the field and communities want and need.

*“The fact that we don’t have a diverse workforce isn’t just a passive coincidence that has occurred. We need to actively acknowledge that pipelines have been set up to go in different directions. And we need to make sure that we really invest at the community level in elevating the voice of the community, valuing their input and providing resources and solutions that they feel will be needed to overcome some of the systemic barriers in place.”*

**NICOLE ALEXANDER-SCOTT, MD, MPH, RHODE ISLAND DEPARTMENT OF HEALTH**

Attendees of summit 1 provided abundant suggestions for alternative pipelines for public health workforce development. Some suggested considering other academic pipelines beyond just MPH programs.

- *“Focusing on the pipeline from community colleges to universities is critical. This alignment helps to develop a diverse pipeline as well as keep student debt down. This also helps our rural and lower-income areas to recruit and build pathways with CNAs, CHWs, CEMS, etc.”*
- *“Tribal colleges and universities are important public health pipelines for their own local and neighboring tribal communities.”*
- *“We need to reach out more to HBCUs, HSIs and tribal professional prep programs.”*
- *“We need to expand our thinking beyond public health grads—IT specialists, policy, environmental specialists, city planners, social workers, etc. We can help them apply their specialized skills through a public health lens. Just need to be competitive in pay to get them in the door!”*

Summit participants also recommended investing in pipelines for people with different professional backgrounds than the standard public health department résumé.

- *“We need more investment in CHWs. They are the connectors and community leaders in addressing health disparities and advocating for better healthcare systems!”*
- *“There needs to be a way to include those older than 40 in these programs and grants. Many want to do public health work but were either never given a chance or had to take positions that paid a livable wage. Also, for those who had career changes because of the pandemic.”*
- *“I hope we can also explore opportunities for experienced corporate professionals to transition into more fulfilling, meaningful work in support of public health. They may not have traditional MPH experience but could add value in lots of other ways. The current school pipeline alone may not be able to keep pace with current workforce demand.”*

# Conclusion

The first virtual convening of the *Lights, Camera, Action: The Future of Public Health* National Summit Series brought together nearly 1,200 public health workers from across the United States. The first summit concentrated on the issue of public health workforce development.

## **LIGHTS: Inspiring Public Trust, Sustained Funding and Recruitment**

Guided by the resources referenced throughout this report, the field can reposition public health through unified messaging to rebuild public trust, advocate for sustained funding for the public health workforce and infrastructure and attract a new and diverse workforce. Key efforts in this work will involve framing public health as essential infrastructure, addressing the recent politicization of the field and introducing public health education early in schools.

Documenting the jobs and workforce that currently make up the field can be accomplished by conducting an updated enumeration of the public health workforce, clarifying the multisectoral and multidisciplinary nature of public health, emphasizing the community power-building function of public health and lifting up the key role that community health workers play in that work.

Last but not least, the field can communicate the universal value of public health to the public by featuring a variety of perspectives and diverse messengers, engaging legislators early and often and advocating for long-term, sustained funding for public health after the urgency of COVID-19 begins to subside.

## **CAMERA: Investing in Sustainability and Centering Equity**

Refocusing attention on investing in sustainability while centering equity will help public health attract and retain the diverse and effective workforce that is needed. Attracting and retaining this talent must start with a scientific approach to workforce development and planning that includes assessing what is working and what is not working and utilizing statewide commissions to engage diverse stakeholders in planning and preparing for the future of public health.

Modernizing public health human resources systems and infrastructure is fundamental to building a diverse and effective workforce. This work requires centering diversity, equity and inclusion; developing new pipelines and defining career pathways to attract and retain a diverse and talented

workforce; providing staff with needed resources and supports for their well-being and investing in fair and competitive salaries; advocating for changes to funding mechanisms that allow for long-term planning and sustainability; and providing targeted supports and funding to tribal and small local and rural health departments.

Developing approaches to working with intermediaries that support and strengthen public health infrastructure in the short and long term will be aided by defining the roles and functions of intermediaries and learning from recommendations and lessons that were shared during this summit.

## **ACTION: Building a Diverse and Inclusive Workforce**

In order to take action to build a diverse and inclusive public health workforce, it is critical to set explicit goals and targets for diversity, monitor and share progress, evaluate and readjust as needed to ensure accountability.

Building upon the unified messaging around the function and value of public health, the field must reevaluate the qualifications required for public health workforce candidates and reduce the “cost of entry” into the field. Reassessing public health job descriptions and competencies after COVID-19 will help determine how to be more flexible and welcome greater diversity by expanding thinking beyond the traditional academic public health pipeline.

Taken together, these efforts will provide an excellent pathway to recruit, hire and retain the diverse and effective workforce needed for public health to confidently and successfully face future health threats.

## **Themes for Action**

This summary report provides an overview of the feedback from the audience of summit 1, capturing a point in time of a very rich discussion with multiple partners. The following key themes emerged from the virtual convening as areas of potential action to move the field of public health forward toward achieving a more diverse and effective public health workforce:

- Advocating for sustained funding and infrastructure supports
- Establishing trust through increasing awareness of the work of public health
- Workforce planning and innovation through partnerships and statewide commissions
- Utilizing intermediaries to complement and strengthen public health capacity
- Providing targeted funding and supports to tribal partners and small local and rural health departments
- Developing new pipelines and career pathways
- Investing in competitive salaries and ongoing professional development
- Providing comprehensive supports for workers’ mental health needs
- Creating accountable mechanisms to build a diverse, equitable and inclusive workforce

For more detailed recommendations for the future of public health, the cohosts and partners of this national summit series urge readers to review the reports that came out of the Bipartisan Policy Institute’s bipartisan coalition, [Public Health Forward: Modernizing the U.S. Public Health System](#) and [The Future of Public Health: A synthesis report for the field](#).

## **Summit Evaluation and Upcoming Virtual Convenings**

The last poll conducted during the plenary asked attendees how effective the summit was in increasing their knowledge of solutions to build the public health workforce. No participants selected strongly disagree, and less than 10 percent provided a neutral response or selected disagree, while

more than 90 percent of attendees agreed or strongly agreed that the summit increased their knowledge of the topic. The hosts hope to maintain such a high level of satisfaction with the future virtual summits and welcome feedback before, during and after the individual summits.

**SUMMIT FEEDBACK POLL: I gained knowledge on solutions to build the public health workforce. The format for the national summit series was conducive to increasing knowledge.**

	<b>% of total responses</b>
Strongly agree	27
Agree	65
Neither agree nor disagree	4
Disagree	5
Strongly disagree	0

The next summit will be held on January 25, 2022, and the topic will be *Creating an Interoperable and Modern Data and Technology Infrastructure*. If you have not already registered, you can do so on the [summit website](#). This website will also include details on the final two virtual summits as that information becomes available.

The last two summits are *Effectively Financing Governmental Public Health Functions and Strengthening Public Health Law and Governance to Support a Modern System* in February 2022 and *Catalyzing Cross-Sectoral Partnerships and Community Engagement* in March 2022.

The cohosts and partners look forward to convening with you virtually and learning from your contributions to the future summits as we plan together how we can shape the future of public health.

