Building Back Stronger:

A Post-Pandemic Public Health Workforce

Thursday, July 22, 2021
11:00 AM – 12:00 PM
Welcome & Housekeeping
Housekeeping

- Please be muted during speaker presentations

- Q&A will take place at the end of the presentation

- Use chat feature to ask questions before or during Q&A

- Webinar is being recorded; we will make slides available after
Carol Moehrle
District Director, Idaho North Central Public Health District
Chair, Public Health and Healthy Communities Subcommittee
Presenters

Dr. Patricia Simone
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Public Health Workforce
Bridge ● Build ● Sustain

July 22, 2021

Pattie Simone, MD
Director
Division of Scientific Education and Professional Development
Center for Surveillance, Epidemiology, and Laboratory Services
By 2020, the nation will be facing a shortfall of more than 250,000 public health workers.

—Association of Schools of Public Health* (2008)

Over the past decade, the public health workforce has shrunk by approximately 56,000 positions primarily due to funding issues.

—Trust for America’s Health (2020)

*Predecessor to ASPPH
Workforce Development is More Than Staffing

- Diversity, equity, and inclusion
- Recruitment
- Hiring/personnel actions
- Data and systems
- Training, upskilling
- Fellowships and technical assistance
Workforce Development has Fallen Behind Across Public Health

Even with increased funding, substantial barriers remain
American Rescue Plan (ARP)

ARP policy announced in January 2021 proposing
- Expand the public health workforce
- Fund 100,000 public health workers
- Work in their local communities
- Build our long-term public health capacity

ARP Act Section 2501 included $7,660,000,000 for establishing, expanding, and sustaining a public health workforce

ARP Policy https://www.whitehouse.gov/briefing-room/legislation/2021/01/20/

ARP lays the foundation to build an equitable health force capable of addressing the interlocking crises of health and social inequity
Workforce Development: the Way Forward

- **Bridge:** from the ongoing COVID pandemic to moving the nation through the next stages of the COVID response

- **Build:** a stronger, more diverse workforce than we have ever had

- **Sustain:** the progress made by these programs with an eye on the future of the public health workforce in the U.S.
Bridge to the Next Phase of COVID Response: CDC Opportunities


Critical, immediate staffing

▷ **CDC Foundation**: 1-year, $200M  
  ○ Variety of disciplines, hired by CDCF, placed in jurisdictions and CBOs

▷ **Crisis cooperative agreement**: 2-year, $2B  
  ○ 50 states, 8 territories, 6 localities, 1 tribe  
  ○ School health, community-based hiring
CDC Funding for Counties

**CDC-RFA-DP21-2109** – *Community Health Workers for COVID Response and Resilient Communities (CCR)*

▷ Currently in objective reviews, awards in late August

**CDC-RFA-OT21-2103**: *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*

▷ Awarded $2.25B–June 1, 2021-June 1, 2023

▷ List of awarded entities:
Build the Public Health Workforce, Stronger and More Diverse

- **Disease Intervention Specialists:** $200M/year for 5 years
  - Contact tracing, outbreak response, DIS certification

- **Public Health AmeriCorps:** 5-year grant program
  - 1000 members/year
  - Reflect communities they serve

- **Public Health Internships and Fellowships**
  - Expanding successful programs

Webinar on CDC’s American Rescue Plan Public Health Workforce Programs
[https://www.cdc.gov/workforce/resources.html](https://www.cdc.gov/workforce/resources.html)
Opportunities in Workforce Development

Best practices and lessons learned

- Modernize hiring systems and data
- Professional development and skills
- Student experiences
- Recruitment and diversity
- Student loan repayment
Sustain Progress and Invest in the Future

▷ New PH workforce program
  ○ $3B, multiyear grant program
  ○ Build PH workforce representing the communities they serve
  ○ Input from PH leaders across jurisdictions to inform design and focus

▷ Sustained investment

▷ State, local commitment & address systemic barriers
Steps we take now
▷ Impact for years to come
▷ Strong, diverse public health workforce
▷ Public health leaders of tomorrow

Workforce Development: Our Pathway Forward in a Time of Tremendous Opportunity
Building Back Stronger: A Post-Pandemic Public Health Workforce

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What is NACCHO?

NACCHO is the only organization dedicated to serving every local health department in the nation. NACCHO serves 3000 local health departments and is the leader in providing cutting-edge, skill-building, professional resources and programs, seeking health equity, and supporting effective local public health practice and systems.

* Pronounced: NAY-cho
Public Health Defined

“The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.”

—CEA Winslow

Photo: IF Fisher and EL Fisk

Community Chief Health Strategists
Governmental Public Health Spending Accounts for Only 2.6% of the $3.8 Trillion Spent on Health Care in the United States
Local Health Department Revenue Sources

- Medicaid/Medicare: 10%
- Non-clinical fees/fines: 8%
- Federal direct: 11%
- State sources: 21%
- Federal pass-through: 16%
- Private health insurance: 2%
- Private foundations: 1%
- Patient fees: 1%
- Other: 5%
- Local sources: 25%

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We are investing less in keeping our constituents healthy and safe.
Median annual expenditures per capita

The following states have insufficient expenditure data:
- DE
- HI
- MS
- SD
- VT

- Less than $30
- $30-$49.99
- $50-$69.99
- $70 or more
Workforce composition
Change in Full-Time Equivalents (FTEs) per 10,000 people since 2008 by size of population served
Local health departments impact our lives every day

Local health departments promote and protect the health of people and the communities where they live and work.

- Immunization
- Tobacco control
- Emergency preparedness
- Maternal and child health
- Environmental health
- Food safety
- Infectious disease
- Chronic disease
- Injury and violence prevention

COVID-19
The Public Health Funding Pipeline

• Health Department Funding

CDC → State Health Department (+ 5-6 Large Cities) → Local Health Departments ?

• COVID Relief Fund/Coronavirus State and Local Fiscal Recovery Funds

Treasury → State/Large Jurisdictions → Local Governments → ?

Local health department funding varies by state in if, how much and when funds get to local communities.

Once received, it takes time to activate those dollars:
Hiring/Training Staff
Supply Acquisition
Workforce Recommendations

• Build, Support, and Maintain the Existing Workforce

• Consult with Local Health Leaders and Engage with Existing Public Health Workforce

• Federal Funding Must be Sustained and Predictable

• Resources, Both People and Dollars, Must Get to the Ground Level Quickly

• Ensure Balance and Coordination Across Short- and Long-term Staffing Schemes

• Leverage Existing Infrastructure at Health Departments and Across Workforce Programs

• Diversify the Workforce to Reflect the Community

• Priority Governmental Public Health Workforce Skillsets, Not Just Positions

• Mechanisms for Local Support
  • Direct hire
  • Long-term detaillees
  • Fiduciary
  • Shared staffing
American Rescue Plan Public Health Workforce Investment

• $4.4 billion to surge PH staffing
  • $2 billion to state and local health departments (2 years)
    25% for school nurses
    40% of remaining for local hiring (local health departments and CBOs)
    Can be used to bolster administrative/grants support as well as professional development
  • $1 billion for Disease Intervention Specialists (~1500 FTEs; 5 years)
  • $400 million to develop new Public Health AmeriCorps program
  • $245 million to bolster CDC workforce programs
  • $80 million to train public health data scientists
  • $337 million to build public health laboratory workforce

• $3 billion for new multi-year grant program targeting “under-resourced” health departments and focused on hiring staff from the communities they serve. Intended to serve as a bridge from short term surge to more sustainable staffing needs.
How Local Officials Can Support LHD Workforce

• Enhance predictable, sustainable local funding for public health departments.

• Address burdensome hiring/staffing procedures to quickly build current staff and create a more robust workforce.

• Improved salaries to attract recent graduates to the public sector and retain current, skilled, employees.

• Advocate on behalf of local health departments in the state legislature, county council, and city council—providing political support.

• Enhance career ladder/professional development opportunities.
Where Do We Go From Here?

- As the pandemic subsides, need to bridge gaps, rebuild, and sustain public health infrastructure
- Tracking of public health funding to local health departments.
- Continue to advocate for workforce and infrastructure
  - Public Health Loan Repayment Act (H.R. 3297) reintroduced in the House by Rep. Crow (D-CO) and Burgess (R-TX)
  - Public Health Infrastructure Saves Lives Act (S. 674) introduced by Sen. Patty Murray (D-WA)
NACCHO Advocacy Resources

• Policy and Legislative Agenda – http://naccho.org/advocacy/resources

• Policy Statements - http://naccho.org/advocacy/activities

• Federal Funding info - http://naccho.org/advocacy/funding-priorities

• News From Washington - https://www.naccho.org/advocacy/news

• Podcasts from Washington – http://naccho.org/communications/blogs

• Sign up for Congressional Action Network: TEXT “JoinCAN” to 50457
Questions?
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