

Building Back Stronger:

A Post-Pandemic Public Health Workforce

Thursday, July 22, 2021 11:00 AM - 12:00 PM







Welcome & 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







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Dr. Patricia Simone Director, Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology, and Laboratory Services



Adriane Casalotti Chief of Public and Government Affairs, National Association of County and City Health Officials

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



Issue: Decades of Underinvestment

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)

Workforce Development is More Than Staffing



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 <u>https://www.whitehouse.gov/briefing-room/legislation/2021/01/20/</u> ARP Act Legislation <u>https://www.congress.gov/bill/117th-congress/house-bill/1319</u> 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

Summary of CDC COVID-19 funding to jurisdictions www.cdc.gov/budget/fact-sheets/covid-19/funding/index.html

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:

https://www.cdc.gov/publichealthgateway/docs/partnerships/OT21-2103-Awardees.pdf

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 <u>https://www.cdc.gov/workforce/resources.html</u>

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
 <u>communities they serve</u>
- Input from PH leaders across jurisdictions to inform design and focus
- Sustained investment
 State, local commitment
 & address systemic
 barriers





Workforce Development: Our Pathway Forward in a Time of Tremendous Opportunity

Steps we take now

- ▷ Impact for years to come
- Strong, diverse public health workforce
- Public health leaders of tomorrow



Building Back Stronger: A Post-Pandemic Public Health Workforce

Adriane Casalotti, MPH, MSW

Chief, Government and Public Affairs acasalotti@naccho.org





The National Connection for Local Public Health

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

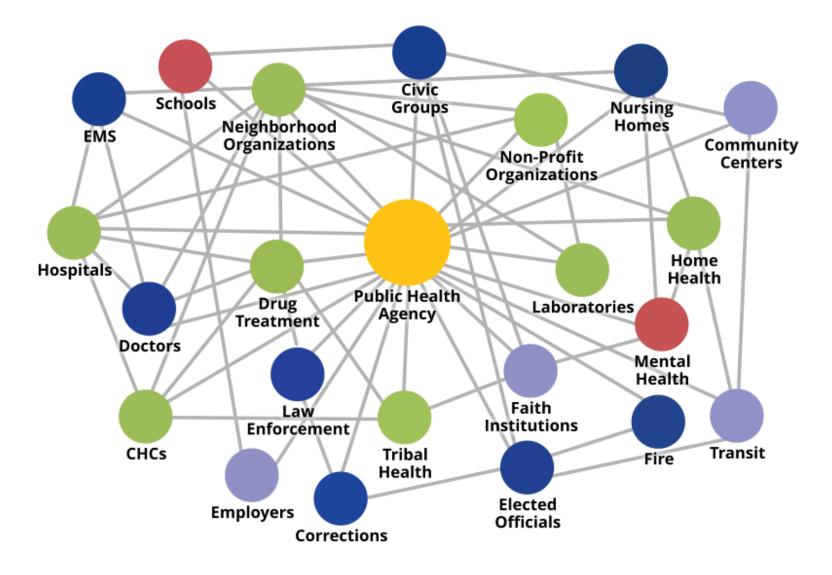


"The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals."

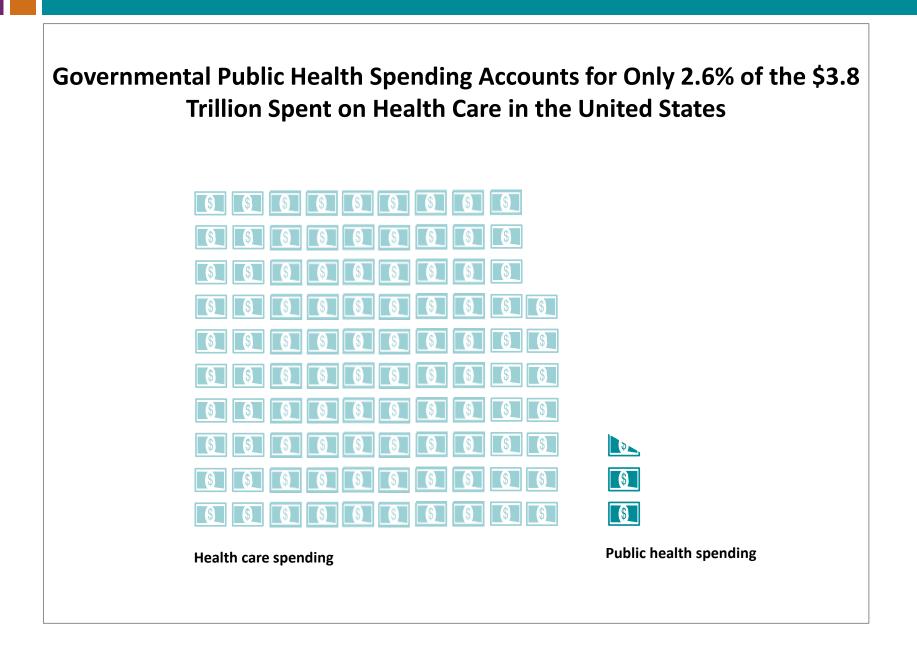
-CEA Winslow

Photo: IF Fisher and EL Fisk

Community Chief Health Strategists

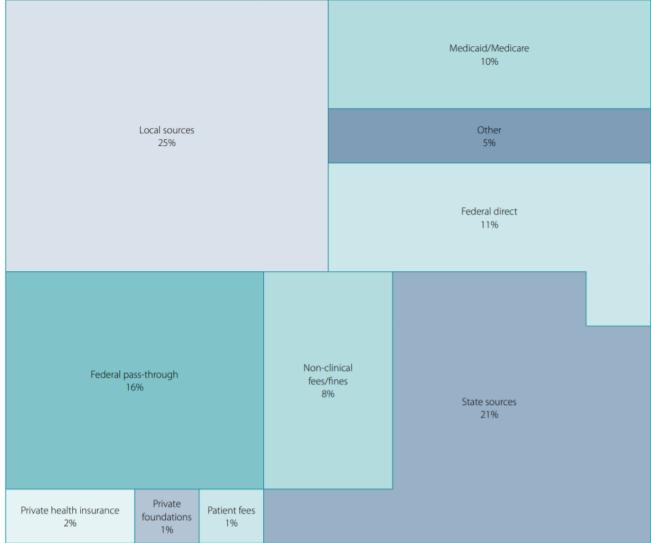








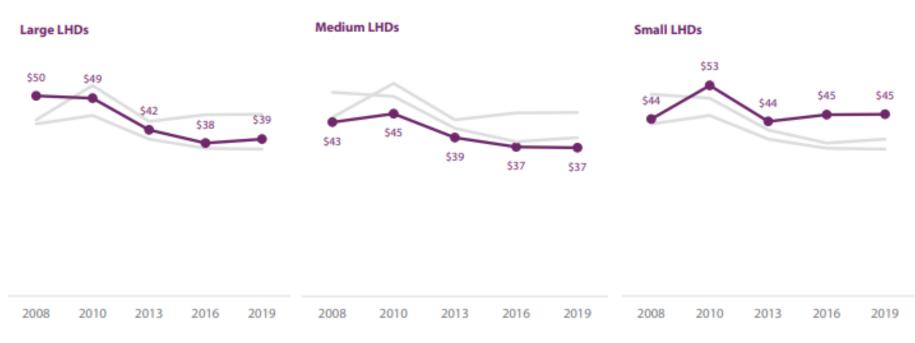
Local Health Department Revenue Sources





We are investing less in keeping our constituents healthy and safe

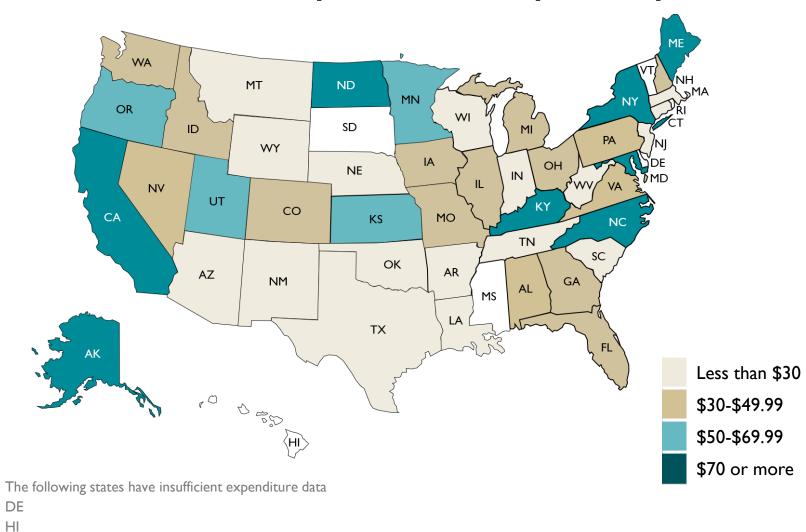
Figure 5. Median annual per capita expenditures over time by size of population served, adjusted for inflation



n=712-2,097. Statistics have been adjusted to reflect inflation rates based on the Bureau of Labor Statistics' Consumer Price Index. Light grey lines depict other LHDs sizes not highlighted in purple. Large LHDs serve a population of 50,000+; medium LHDs serve a population of fewer than 50,000.



Median annual expenditures per capita





- MS SD
- VT

Workforce composition

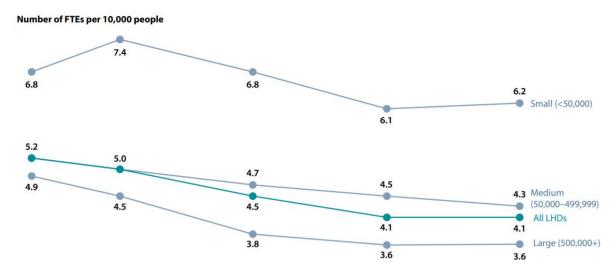
Agency leadership 5%		Community health worker 5%			
Behavioral health staff 6%	Business and financial operations staff 7%				
	Epidemiologist/ statistician 2%		Information systems specialist 2%	Licensed practical or vocational nurse 3%	
	Animal control 0.8%	Public info pro 0.5%	Laboratory worker 2%		
Environmental health worker 12%	Nutritionist 4%		Nursing aide and home health aide 2%		
			Oral health care professional 2%	Registered nurse 18%	
	Office and administrative support staff 19%				
Health educator 6%					
Public health					
Preparedness staff 2% 1%					



n=1,110-1,129

Change in Full-Time Equivalents (FTEs) per 10,000 people

since 2008 by size of population served



2008	2010	2013	2016	2019
n=2,203	n=1,969	n=1,920	n=1,743	n=1,468



Local health departments impact our lives every day





COVID-19 Legislation

Phase I: Corona Preparedness and Response Supplemental Appropriations Total: \$8.3 billio	Act	Relief and E	(CARES Act)		Coronavirus Relief Supple Appropriatio Total: \$900 b	ns Act	
	I8 Ma	ır. 2020	23 Ap	oril 2020		10 Mar. 2	021
6 Mar. 2	6 Mar. 2020		27 Mar. 2020		28 Dec. 2020		
	Phase 2: Fami Coronavirus	lies First Response Act		aycheck Programs and Enhancement		American Rescue	



The Public Health Funding Pipeline

Health Department Funding

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

 COVID Relief Fund/Coronavirus State and Local Fiscal Recovery Funds

Treasury \rightarrow State/Large Jurisdictions \rightarrow Local Governments \rightarrow ?

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

- \$I 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 "underresourced" 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

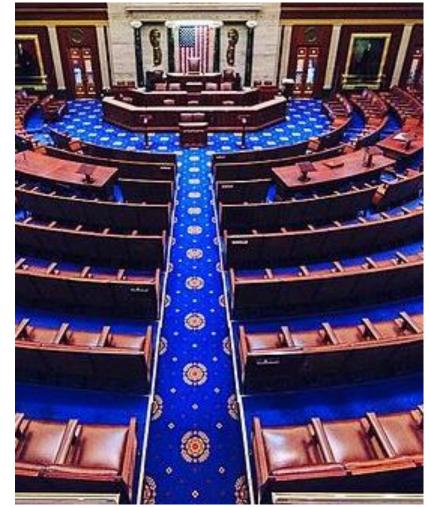
- Enhance predictable, sustainable local funding for public health departments.
- Address burdensome hiring/staffing procedures to quickly build current staff and create a more robust workforce.
- Improved salaries to attract recent graduates to the public sector and retain current, skilled, employees.
- 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 <u>http://naccho.org/advocacy/resources</u>
- Policy Statements -<u>http://naccho.org/advocacy/activities</u>
- Federal Funding info -<u>http://naccho.org/advocacy/funding-priorities</u>
- News From Washington -<u>https://www.naccho.org/advocacy/news</u>
- Podcasts from Washington <u>http://naccho.org/communications/blogs</u>
- Sign up for Congressional Action Network: TEXT "JoinCAN" to 50457









Questions?





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