

# The Future of Public Health Workforce

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**HEALTH AND  
HUMAN SERVICES**



# BACKGROUND: BUILDING A STRONG FOUNDATION OF PUBLIC HEALTH INFRASTRUCTURE, LEADING WITH THE PEOPLE

## phnci<sup>\*</sup> Foundational Public Health Services in Action

### PUBLIC HEALTH INFRASTRUCTURE

- ✓ Assessment/Surveillance
- ✓ Emergency Preparedness and Response
- ✓ Policy Development and Support
- ✓ Communications
- ✓ Community Partnership Development
- ✓ Organizational Administrative Competencies
- ✓ Accountability/ Performance Management

- 7 Foundational Capacities of Public Health are the suite of skills, programs, and activities that must be available in state and local health departments everywhere.
- Gaps in these foundational capabilities are magnified during times of crisis.
- North Carolina is using this evidenced-based framework to identify workforce needs at the State and local levels for COVID-19 response and recovery

# PRINCIPLES FOR PUBLIC HEALTH FINANCING

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1. All people in America should be served by a public health agency that ensures equitable access to and protection by certain foundational public health capabilities.
2. Financing of foundational public health capabilities is a governmental responsibility and should be assured through sustainable, dedicated revenue streams.
3. Responsibility for financing and assuring foundational public health capabilities should be shared by local, state and federal government.
4. Foundational public health capabilities should be assessed and provided in every community based on national standards.
5. Investment of funds should promote equity in health outcomes for all people in America, both within and among communities.
6. Quality provision of foundational public health capabilities should be a condition of continued funding, with performance evaluated using evidence-based approaches.

## ARPA PH WORKFORCE FUNDING

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**Purpose:** “This funding is intended to establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.”

**Duration:** November 2021 – June 30, 2023

### **CDC Guidance:**

- Ensuring a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse work force across all levels who are representative of, and have language competence for, the local communities they serve.
- CDC’s Social Vulnerability Index should be used to inform jurisdictional activities, strategies, and hiring.

## PUBLIC HEALTH WORKFORCE ARPA FUNDING

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Congress allocated \$7B for PH Workforce



\$2B released through CDC PH Workforce Funding



\$62M is NC's share (available over 2 years)

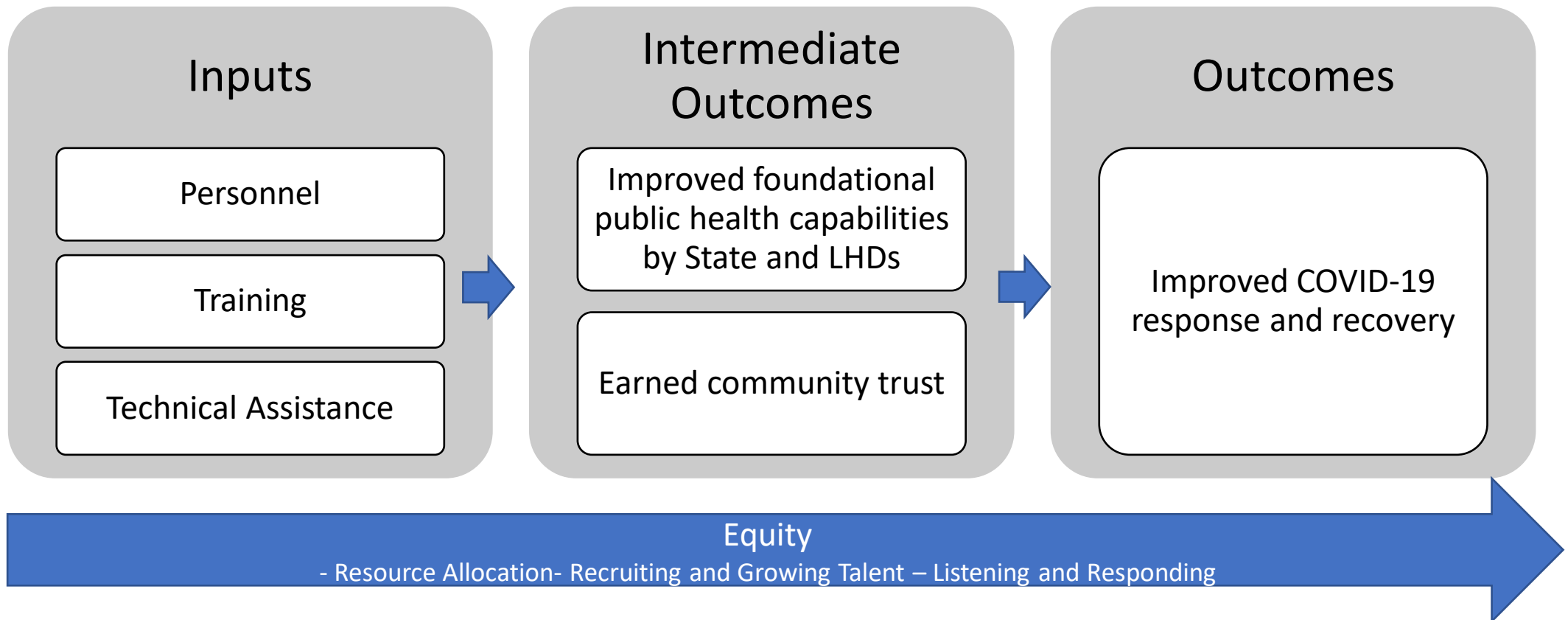


65% must go locally for school health and other workforce needs = **\$200,000/county per year**

Thus, decision to use a regionalized funding approach

## THEORY OF CHANGE:

Strengthening public health workforce will yield an enhanced COVID-19 response, recovery, preparedness for the future.

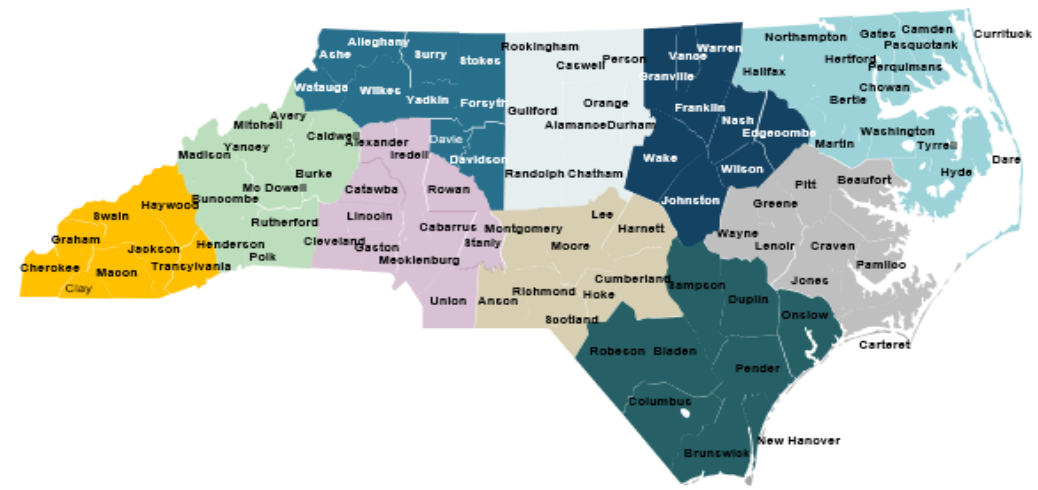


Note: this theory of change aligns and is synergistic with the “Advancing Equity”/Health Disparities funding stream.

## COVID-19 PUBLIC HEALTH WORKFORCE: APPROACH

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- Each NCALHD region to appoint a regional “Lead” to be fiscally and administratively responsible for Activity
- Key Activities :
  - Designate or hire a Workforce Development Regional Director
  - Participate in *gap analysis* to determine regional staffing and training needs, based upon foundational capabilities (with NCIPH supported by AHEC)
  - Develop and execute a *staff recruitment and hiring plan* (may hire directly, through CBO, contract)
  - Develop and execute a *regional training plan* (shared responsibility with State for conducting training)
  - Develop and execute a *regional coordination plan* to engage a Regional Public Health Workforce Leadership Team representing all the LHDs in the region
  - Report monthly on status of *staff recruitment and hiring* and *regional training plans*, including demographics of staff recruited and training participants.



# DRAFT DEI STRATEGY

## Grow Pipeline

- Expand existing HBCU Internship program
- Fund IHE (including community colleges) that have initiatives for careers in governmental public health
- Operationalize DEI outreach and networking plan for recruitment

## Hire Talent

- Include diverse hiring panels
- Set-aside funds for advertising positions on job boards that reach HMPs
- Track and report on race and ethnicity data for applications received and successful hires

## Grow Careers

- Track race and ethnicity for training and professional development opportunities
- Design and launch sponsorship/mentorship program for BIPOC at the state and local level

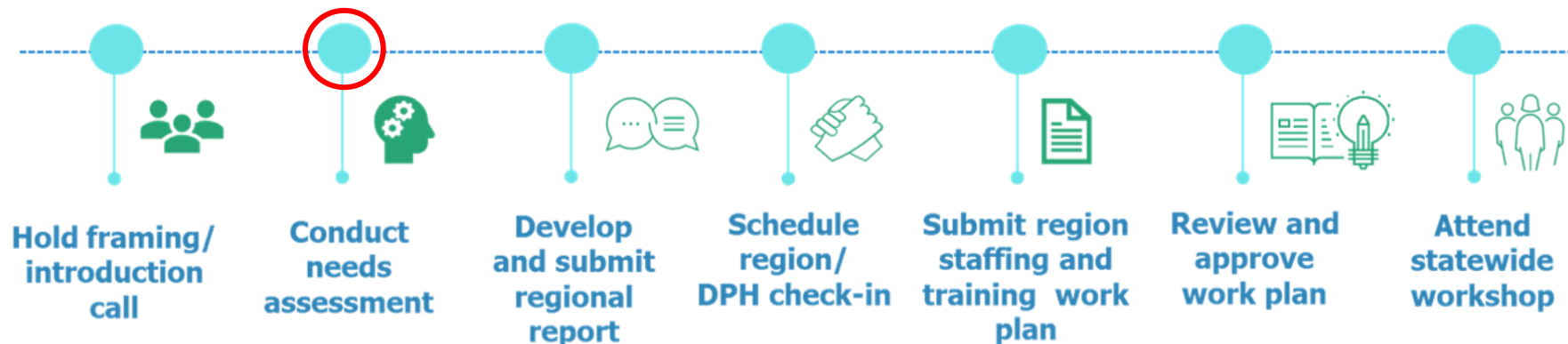
## Improve Culture

- Require supervisors to take inclusive teams training
- Offer DEI training for all staff
- Fund HR position to support salary re-calibration based upon equity data



# CAPACITY STRENGTHENING PROGRAMS

- Hiring and training plans will be informed by assessments conducted by NCIPH. Some of the trainings provided as part of this funding will also be developed and implemented by NCIPH as well as collaborating partners.
- The assessment and trainings will be grounded in the [Foundational Public Health Capabilities](#).
- Although all areas of the foundational capabilities are included in this work, several areas have been prioritized a priori. Within Organizational Administrative Competencies, these include 1) health equity and 2) leadership.
- Will build on the prior success of NCIPH supporting DPH's efforts to build executive leadership and management skills through executive coaching, team-building, and skills-building.





# 5 LEVERS FOR PUBLIC HEALTH TRANSFORMATION

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