

Vision

All people are **healthy and well** through the leadership, partnership, and action of a **trusted, effective public health workforce**.

Mission

We collaborate to **strengthen** the state, Tribal, local, and territorial public health workforce so it has the **diversity, capacity, and support** to achieve equitable health for all.

Note: Our use of “diversity,” “the workforce reflects the communities it serves,” and “health equity” is inclusive of race, ethnicity, ability, gender, sexuality, economic status, geography and other identities and experiences.

Guiding Principles

- **Confront injustice** to achieve equity in health and wellbeing.
- Include **diverse points of view**.
- **Engage practitioners** in the work.
- **Prioritize action** over deliberation.
- Make decisions **based on evidence**, when available.
- Commit to **lifelong learning**.
- **Take on tough challenges** that are key to lasting progress.
- **Bring our authentic selves** to this work.
- **Find joy** in the work and have fun together.
- **Follow through** on our commitments to the group and the communities we serve.

Consortium’s Roles

The Consortium will facilitate change through the following roles. We will infuse a focus on health equity throughout our work.

1. **Improve the equity, quality, and responsiveness** of public and philanthropic programs and **secure long-term funding** to support the workforce, by:
 - a. **Developing shared recommendations** based in evidence and experience
 - b. **Advocating with a unified voice and coordinated strategy for changes in “p” policy** (i.e., organizational policies, practices, and financial resources)
 - c. **Providing shared recommendations and timely, credible research/data to inform “P” policy** (i.e., public policy) advocacy efforts, better led by others specializing in advocacy and organizing
 - d. **Improving the field's knowledge** about what works by developing a research agenda and working together to mobilize resources to support new research
2. **Deepen cross-sector leaders’ understanding of health equity** and how it connects to public health workforce issues by:
 - a. Convening **people from health, education, business, technology, and other fields**, and working with them to develop collaborative solutions
 - b. Supporting the development and dissemination of **practical guides** to move health equity ideas into action

3. **Shape the narrative** about the public health workforce through a communications campaign about the importance of health equity and the government’s role in advancing public health
4. **Elevate the voices of the workforce** (across multiple levels, roles, and diverse populations) by **regularly seeking their input** to guide the Consortium’s work and to influence the field
5. **Ensure that the work led by Consortium members advances shared goals by aligning members’ own work** with the Consortium’s agenda

Focus Areas

The governmental public health workforce faces a number of pressing issues, and we know that it is important to focus our efforts to create meaningful impact. In choosing focus areas, we used the following criteria as a guide:

- **Need:** It is *essential* to address this challenge in order to achieve our vision
- **Unaddressed opportunity:** The Consortium would be making a *unique contribution* to the field
- **Consortium’s ability to influence:** Working at a *national level*, we have the *expertise, relationships, and influence* to make progress
- **Clarity on solution:** We can see *feasible ways* to make progress

We believe it will be most impactful for the Consortium to focus on three areas:

1. **Competence in Health Equity**
2. **Pipeline and Recruitment**
3. **Learning and Professional Development**

[Note: Other areas that we considered included advancement, mentorship, retention, and succession planning. We determined that leaders within individual health departments are in the best position to directly address these topics, and that the Consortium’s role in supporting these will be by enhancing learning and professional development opportunities for leaders.]

Challenges, Goals, and Strategies

1. COMPETENCE IN HEALTH EQUITY

Challenges

Fulfilling our potential to advance health equity requires the will to make change, understanding of what health equity is, and knowledge of practical steps to change policies, practices, culture, and other aspects of our work to achieve it.

Right now, not everyone who works in governmental public health values and understands health equity. Overall, health department staff are diverse across race and gender, but leaders are notably less diverse. The workforce also lacks diversity and inclusion in specific roles and across other dimensions of identity and experience.

Our rural communities – which a substantial and increasing number of people of color call home – are especially underfunded and understaffed while also navigating significant health challenges.

For those in the governmental public health workforce who understand and value equity, our systems do not always provide opportunities to use their knowledge and skills to create change.

Many individuals hold equity as a value, but lack guidance for taking practical action in both the spheres of health and workforce development.

Goals and Strategies

We aim to build the workforce's competence in advancing health equity by embedding an equity lens in our approach to the two other focus areas.

We will have greater ability to advance health equity if the workforce reflects the communities it serves and brings its knowledge of community priorities and needs to governmental public health. We will advance this through pipeline and recruitment efforts.

We also need to shift the system. The Consortium can equip health department leaders and staff with increased knowledge and practical skills for embedding health equity into all aspects of culture, systems, day-to-day practice, policy influence, and partnerships with other sectors. We will build knowledge and skills through learning and professional development opportunities.

2. PIPELINE AND RECRUITMENT

Challenges

Pipeline refers to the development of a pool of people who are aware of governmental public health, interested in joining the workforce, and prepared with the knowledge, capabilities, and experience to provide high-quality service to communities.

Currently, we lose potential candidates due to insufficient marketing and outreach across all the backgrounds from which we need staff, poor perceptions of governmental public health jobs, an inability to pay competitive salaries in some positions, mismatches between the training people have and the required qualifications for jobs, and other factors.

When it comes to recruitment – how health departments identify, attract, and hire candidates for open jobs – the process can be slow, confusing, and difficult. Meanwhile, the governmental public health workforce has been shrinking – due to both a lack of long-term funding and burnout among staff – and nearly half of current staff plan to leave in the next five years.¹

Goals

- There is **broad interest** in the public health field, contributing to a **robust pipeline of future governmental public health staff** driven by a commitment to achieving equitable health for all.
- The pool of individuals interested in working in governmental public health:
 - Has **diverse identities and life experiences** that reflect the communities in which they serve
 - Brings **professionalism and knowledge of critical job functions** (e.g., quality writing skills, time management, collaboration)
 - Has the **mix of training and skills needed today and in the future** (including, for many roles, prior familiarity with public health and health equity)
- In all geographies, **health departments can reach, screen, and hire diverse candidates** with the technical skills, strategic skills, and health equity experience needed in public health today – and tomorrow.
- New hires **reflect the communities** their agencies serve.

Strategies

1. Provide **input to the Biden-Harris administration’s National Public Health Workforce Program²** and other related plans that aim to create a sustainable public health workforce.
2. Review and **seek to build on existing research to identify the most significant barriers to recruiting diverse candidates** and people with a background in health equity. Develop solutions that we can advance nationwide through collaboration. These may include the following:
 - Strengthen and expand student **loan forgiveness and scholarships**
 - **Expand internships, fellowships, and other career on-ramps** programs, and ensure these programs meet the needs of individuals from under-represented backgrounds (e.g., smooth transitions into full-time jobs)
 - **Expand opportunities for professionals** from other sectors to join public health
 - Update and **expand credential programs** to lower barriers to entry
 - **Improve marketing and develop systems** to make it easier to find job openings
 - Address issues with **state merit systems** by convening people from across states
3. Support health agencies to implement equitable culture and management practices by leading and/or supporting partners in **providing best practices guidance and tools**
4. Develop and implement a plan for **retaining people hired during the pandemic into long-term jobs**, including by advocating for increased long-term funding and a larger workforce

3. LEARNING AND PROFESSIONAL DEVELOPMENT

Challenges

Achieving a strong workforce involves not only bringing in excellent candidates, but also supporting learning throughout one’s career.

Public health departments have reported that staff **lack important skills to meet modern public health challenges**, including the following:

- a. **Foundational management skills** that strongly influence satisfaction and retention
- b. **“Strategic skills”** that equip health departments to meet the complex needs of contemporary and future public health (e.g., systems thinking, change management, persuasive communication)³
- c. **Practical skills to embed equity** into every aspect of health departments’ policies, structures, practices, and culture.

Our field has developed a wealth of training and professional development resources, but staff often have **difficulty accessing them** due to a **lack of funding, inadequate dedicated time, user-unfriendly logistics**, and other factors. Our field could benefit significantly if we found ways to better use the resources we already have.

We also anticipate needing **new or adapted learning opportunities**, particularly for embedding health equity at all aspects of health departments’ work and for supporting leaders to shift culture and practices so staff can put new learning to work. Improvements in learning and professional development would also support retention.

Goals

- Health department leaders and staff **know what skills they need to succeed** and **possess the knowledge and resources to access relevant professional development** opportunities.
- Health department staff have **equitable opportunities to engage in continuous learning** through relevant, accessible, and effective professional development.
- Work environments **value individual and organizational development** and foster **culture, policy, and practice changes that prioritize equity**.
- Learning and professional development is **supported at all stages of one’s career** and is **resourced for people working on public health in all settings**, particularly those that are currently under-resourced (e.g., rural, Tribal, territorial, low-income, and others).

Strategies

1. **Inform the development of the National Public Health Workforce Program** so it incorporates plans and resources for training new hires and current staff in basic public health concepts, health equity, and strategic skills.
2. **Foster partnerships between hiring organizations, academic institutions, and other training providers** to ensure training opportunities through the National Public Health Workforce Program address the knowledge and skills that today’s workers need.
3. **Prepare current public health students** for new positions in governmental public health.
4. Ensure that **rural, Tribal, and territorial health departments receive targeted support** and professional development that addresses issues unique to their context.
5. Review and **seek to build on existing research to identify the most significant barriers** for workers in accessing existing learning opportunities. Develop solutions that we can advance nationwide through collaboration. These may include the following:
 - Encouraging funders to **build training into programs/funding opportunities**
 - Increasing support for **credentials for public health**
 - Working with funders and providers to **simplify burdensome learning systems**
 - Supporting workforce development directors in **assessing needs and identifying trainings**
 - Strengthening **leadership training to foster “cultures of learning”** at health departments. Reinstate and update regional leadership programs.
6. **Support the field to move from health equity concepts to practical action.** This may include providing practical guides to health departments for embedding equity into all aspects of health department’s work and leading by example in our own organizations.

¹ Source: de Beaumont Foundation and Association of State and Territorial Health Officials (ASTHO), Public Health Workforce Interests and Needs Survey: 2017 Findings. <https://www.debeaumont.org/findings/>

² Source: The White House, Executive Order on Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats.

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-establishing-the-covid-19-pandemic-testing-board-and-ensuring-a-sustainable-public-health-workforce-for-covid-19-and-other-biological-threats/>

³ Source: National Consortium for Public Health Workforce Development, Building Skills for a More Strategic Public Health Workforce: A Call to Action. <https://debeaumont.org/wp-content/uploads/2019/04/Building-Skills-for-a-More-Strategic-Public-Health-Workforce.pdf>