

NATIONAL SUMMIT SERIES: SUMMIT 5

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# Strengthening the Public Health Workforce

JUNE 29, 2023

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# Introduction

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

A summit series launched in December 2021, *Lights, Camera, Action: The Future of Public Health* continues not only to present 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-plus years of a devastating pandemic.

The *Lights, Camera, Action* theme 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 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. The 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.

These five virtual convenings focused around key priority areas: (1) workforce development; (2) data and technology; (3) financing, law and governance; (4) cross-sector partnerships and community engagement; and (5) strengthening the public health workforce. The overarching goal of the summits is to create a space where, together, we are able to 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 fifth webinar, held on June 29, 2023, and highlights key observations and themes for action identified by summit speakers and panelists that stakeholders can use to guide their efforts to advance the future of public health in the United States.

In addition, a video recording of each of the summits is available at [www.futureofpublichealth.org](http://www.futureofpublichealth.org), along with relevant resources.

## Strengthening the Public Health Workforce

The latest edition of the *Lights, Camera, Action: The Future of Public Health Summit Series* looked back at COVID-19 pandemic innovations and advancements and ahead to focus on community partnerships, health equity, workforce recruitment and retention and the importance of supporting public health at the state and local levels.

The summit consisted of four parts:

1. Opening Session: Welcome & Opening Remarks
2. Panel 1: Innovation in Public Health Infrastructure
3. Panel 2: Partnership and Community Engagement to Improve Health Equity
4. Closing Session: Call to Action

In the opening session, Judy Monroe, MD, president, and CEO of the CDC Foundation, provided an overview of the Workforce/Vaccine Initiative.

This innovative effort placed a diverse group of around 3,000 people into various positions within 91 State, Tribal, Local, and Territorial (STLT) health departments. These roles ranged from epidemiologists and vaccine demand specialists to communications officers, environmental health coordinators, budget analysts, and health equity managers. The Initiative supported STLTs in swiftly staffing and deploying workers at the peak of the pandemic, allowing jurisdictions to bolster public health infrastructure and deliver critical public health services. Many summit speakers noted the value of the Initiative in recruiting new individuals and talent into the field that had previous exposure to public health. Others described efforts to retain staff from the Initiative after the end of their initial appointment, which also helped address longstanding workforce shortages and recruitment challenges. Monroe described the role of the Initiative in creating a pipeline:

*"The impact of the Workforce/Vaccine Initiative was undeniable. Many of those 3,000 workers who were new to public health have continued to pursue careers in the field. We are excited and we want to keep that pipeline going."*

JUDY MONROE, MD, PRESIDENT AND CEO, CDC FOUNDATION

In the opening session, Monroe discussed additional public health infrastructure efforts with Patricia Simone, MD, director of the Division of Workforce Development at the Centers for Disease Control and Prevention (CDC). Simone also commended the CDC Foundation for the flexibility and effectiveness of the recruitment and staffing model of the Workforce/Vaccine Initiative.

The first panel was moderated by Lisa Waddell, MD, MPH, the CDC Foundation's retired chief medical officer. The panelists included Amy Curtis, PhD, MPH, chief administrator of the Adult Mental Health Division at Hawaii Department of Health, Pam Pontones, MD, deputy health commissioner at the Indiana Department of Health, and Katherine Feldman, DVM, MPH, chief public health scientist at the Maryland Department of Health. The panelists explored jurisdictional capacity and capabilities in the public health workforce and how the pandemic acted as a catalyst for innovative strategies.

Waddell also moderated the second panel, which featured panelists Anne Zink, MD, FACEP, chief medical officer at the Alaska Department of Health, Kimberly Lamar, PhD, MPH, MS, assistant commissioner at the Tennessee Department of Health, and Iris Cardona, MD, chief medical officer at the Puerto Rico Department of Health. The panelists discussed how partnerships and authentic community engagement were critical during the pandemic response, and showcased opportunities for developing a resilient, equitable public health system.

The summit closed with a Call to Action. Monroe moderated the discussion, which included Anand Parekh, MD, MPH, chief medical advisor at Bipartisan Policy Center, Brian Castrucci, DrPH, MA, president and CEO of the de Beaumont Foundation, and Carolina Luna-Pinto, MPH, CHES, (USPHS, CAPT), acting director of the CDC Office of Minority Health & Health Equity. The panelists suggested specific strategies for policy, workforce recruitment, and systems change to strengthen the nation's public health workforce.

The overall structure of Lights, Camera, Action provides a framework through which the themes of Summit 5 can be more closely explored:

- **Lights:** Identifying and addressing gaps in public health infrastructure will be key to ensuring that STLT health departments can continue to meet the needs of the public and prepare for future emergencies.
- **Camera:** Leveraging strengths to develop sustainable infrastructure allows jurisdictions to implement long-term solutions that work for their unique circumstances.
- **Action:** Using flexible funding to support rapid response helps support STLT health departments in implementing effective and innovative solutions to emerging public health problems.

## LIGHTS:

# Identifying and Addressing Gaps in Public Health Infrastructure

The Strengthening the Public Health Workforce summit shined a light on public health challenges exacerbated by the COVID-19 pandemic, including the politicization of public health, insufficient funding and infrastructure, hiring barriers, health inequities and public health workforce and capacity gaps.

Simone noted that public health workforce and capacity challenges predated the COVID-19 pandemic. After decades of underinvestment in STLT health departments, the number of public health workers decreased by 56,000 from 2010 to 2020.

*“COVID further highlighted the fundamental role of the public health workforce in responding to emergencies and demonstrated the consequences of that underinvestment. We also learned that despite the influx of emergency funding, funding wasn’t the only barrier. There were hiring barriers at federal state and local levels. Skills had not kept up with changes in technology. There were issues with diversity, equity, and inclusion, and we didn’t have the systems and data to assess and monitor what was needed.”*

**PATRICIA SIMONE**, MD, DIRECTOR, DIVISION OF WORKFORCE DEVELOPMENT, CDC

Brian Castrucci, DrPH, MA, president, and CEO of the de Beaumont Foundation, also noted his organization’s study revealing the U.S. public health workforce shrank by nearly 50% from 2017 to 2021. Employees who left their jobs in those five years represented 75% of the public health workforce aged 35 years or younger.

Many panelists also noted the value of the Workforce/Vaccine Initiative in recruiting individuals with limited exposure to public health, introducing them to its life-saving work. Others described efforts to retain staff from the Initiative after the end of their initial appointment, which also continued to help address longstanding workforce shortages and recruitment challenges.

Speakers also acknowledged opportunities to address capacity challenges in the short term, such as no longer requiring a medical degree for nonclinical public health leadership positions, and they emphasized the need for sustainable, long-term solutions to workforce shortages to support a robust, diverse national public health system. To that end, Simone reported CDC’s new Public Health Infrastructure Grant requires every recipient organization to hire a workforce capacity director.

## Gaps in Public Health Emergency Preparedness

The COVID-19 pandemic challenged public health organizations' ability to respond quickly and effectively to emerging threats. Carolina Luna-Pinto, MPH, CHES, (USPHS, CAPT), acting director, CDC Office of Minority Health & Health Equity, discussed how Puerto Rico and the U.S. Virgin Islands drew on their experiences in responding to major natural disasters before the pandemic to institutionalize approaches for future emergencies. For example, the Puerto Rico Department of Health developed a central system to coordinate funding from multiple agencies during the Hurricane Maria response, which helped them manage the subsequent influx of COVID-19 funds. Ms. Luna-Pinto suggested state and local health departments can similarly leverage lessons learned to improve public health state and local health departments preparedness and response:

*"[The Puerto Rico Department of Health] keeps tweaking their emergency response plan, which is not just to respond to one event. It could be multiple events at the same time. I think that's something that other jurisdictions can learn from Puerto Rico and the U.S. Virgin Islands, that they had to look at things from multiple levels."*

**CAROLINA LUNA-PINTO**, MPH, CHES (USPHS, CAPT), ACTING DIRECTOR,  
OFFICE OF MINORITY HEALTH, CDC

## Underfunding of STLT Health Departments

Speakers discussed how the pandemic highlighted the consequences of decades of underinvestment in public health by both federal and state legislatures. Addressing federal financing, Anand Parekh, MD, chief medical advisor of the Bipartisan Policy Center, identified ongoing challenges including fiscal constraints and discretionary spending caps resulting from the recent debt ceiling agreement. He noted that critical legislation, such as the Pandemic and All-Hazards Preparedness Act and the SUPPORT for Patients and Communities Act, would require reauthorization to continue to provide essential support to the nation's public health system. Pam Pontones, MA, deputy health commissioner at the Indiana Department of Public Health, described the state's recent successful legislative action to address underfunding of local health departments.

## Politicization of Public Health

The COVID-19 pandemic placed unprecedented scrutiny on the practice of public health. While some state legislatures celebrated bipartisan successes in supporting mitigation, others were opposed to interventions thought to interfere with individual rights or freedoms.

Summit speakers recommended strengthening partnerships—particularly with local and state government and the business community—to address divisions. Luna-Pinto, noted that states could look to Puerto Rico and the U.S. Virgin Islands as examples of health departments with close connections with their governors.

Castrucci recommended making a case for the value of public health and highlighting the core role public health plays in national safety, suggesting:

*"Start telling people how awesome you are.. Start telling people what we've done. We've increased life expectancy by 25 years, and that's going backwards because we've turned on the methods that got us there in the first place. We cannot become a nation that turns its back on vaccination. We cannot become a nation that turns our back on public health, because if we do, we threaten our safety, our security, and our economic prosperity."*

**BRIAN CASTRUCCI**, DrPH, MA, PRESIDENT AND CEO, DE BEAUMONT FOUNDATION

Speakers also noted the importance of trust, and the devastating role mistrust of government plays. Parekh observed, for example:

*"[Public health] affects every single thing that Americans are really doing, and where they live in their communities. I think there's an opportunity for us to take back how we define public health, ensure that the public understands how public health relates to them... At the end of the day, it's all about trust. We keep on saying that, but that's true. Public health will be as effective as the trusting relationships that we can develop."*

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

## Addressing Inequities

Disparities in COVID-19 infection and mortality rates revealed deeply rooted inequities. Anne Zink, MD, FACEP, chief medical officer at the Alaska Department of Health, noted many Alaska Native people have generational trauma associated with the disproportionate impact of the 1918 flu pandemic on their communities. The department worked closely with Alaska Native communities to develop tailored communications and approaches to the public health emergency that prioritized self-determination and cultural relevance.

### Acknowledging unique rural challenges

Zink of the Alaska Department of Health also described challenges related to meeting the needs of rural community members in Alaska, where distributing vaccines in remote communities often required transportation by dog sled or snowmobile. Collecting and processing tests from rural Alaskan communities could also take multiple days or weeks. Some communities had limited running water, which affected messaging about handwashing to avoid COVID-19 transmission. Kimberly Lamar, PhD, MPH, MS, assistant commissioner at Tennessee Department of Health, spoke about limited broadband access in rural communities, describing how local health departments adapted messaging strategies to compensate, including door-to-door outreach:

*"When we have our communications going out through social media, internet, it was really, really challenging for many of our small rural counties to be able to access that information."*

**KIMBERLY LAMAR, PHD, MPH, MS, ASSISTANT COMMISSIONER,  
DIVISION OF HEALTH DISPARITIES ELIMINATION,  
TENNESSEE DEPARTMENT OF HEALTH**

Gaps and barriers identified during the summit pose persistent challenges to the strength and resilience of the nation's public health workforce. The Camera section describes sustainable approaches to workforce development.



## Guiding Lights

### Aspirational guidelines for the future of public health

Reports 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](#)

### Recommended resources

Presenters and participants in the fifth virtual summit spoke about these specific tools and resources. Examples include:

- [Public Health Infrastructure Center](#)
- [Public Health AmeriCorps](#)
- [CDC/HRSA Public Health Workforce Research Center](#)
- [A Guide to Building Tribal Public Health Capacity](#)
- [Indiana Governor’s Public Health Commission Report](#)
- [Healthy People 2030](#)
- [The STRETCH Framework](#)
- [CDC/ATSDR Social Vulnerability Index \(SVI\)](#)

### Additional resources

Additional resources related to strengthening the public health workforce include:

- [Bridging Critical Public Health Gaps](#)
- [The Impact of Chronic Underfunding on Americas Public Health System: Trends, Risks, and Recommendations](#)
- [Public Health Careers](#)
- [ASTHO: PH-HERO Workforce Resource Center](#)
- [Public Health Accreditation Board—Public Health Learnings](#)
- [CDC COVID-19 Response Health Equity Strategy: Accelerating Process Towards Reducing COVID-19 Disparities and Achieving Health Equity](#)
- [Advancing Science and Health Equity—Measures of Success](#)

## CAMERA:

# Leveraging Strengths to Develop Sustainable Infrastructure

While the COVID-19 pandemic shined a light on gaps in the national public health system, it also helped focus the lens on the strengths that individual states leveraged to support a healthier and more equitable future. Overall, panelists focused on ways public health practitioners can navigate current systems to create positive change. The main themes that emerged were bipartisanship, equity, partnerships and workforce development.

### **Galvanizing Bipartisan Support to Fund Public Health Infrastructure**

Speakers discussed the importance of engaging stakeholders and policymakers on both sides of the aisle to increase public health funding at the state level. Pontones of the Indiana Department of Public Health described a bipartisan approach to formalizing flexibility in public health funding: the Governor's Public Health Commission Indiana. Governor Eric Holcomb mandated the creation of this 16-member commission to review the strengths and weaknesses of the public health system and make recommendations for improvement.

CDC Foundation President and CEO Judy Monroe co-chaired the panel, which produced a final report that included 32 recommendations to ensure every Hoosier has equal access to state public health services. In 2023, the Indiana state legislature allocated \$225 million in direct funding over two years to local health departments based on the report's recommendations—a vast increase over the average yearly allocation for local health departments. Counties are eligible to receive the new funding if they opt in and provide a 20% match.

Katherine Feldman, DVM, MPH, chief public health scientist at the Maryland Department of Health, noted her state also established a public health workforce commission based on Indiana's model to address the needs of their population. Parekh of the Bipartisan Policy Center suggested additional states could follow Indiana's example:

*"Federal leadership is important, but state leadership is critical as well...more states can emulate what Indiana has done: a very open, transparent, data-driven bipartisan process to galvanize stakeholders as well as policymakers on both sides of the aisle to really increase public health funding at the state level."*

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

## Promoting Equity and Inclusion to Advance Health Outcomes

Speakers discussed drawing on the lived experiences of community members to holistically assess the context of public health problems and address the root causes of emergent public health crises. STLT health departments seek to maintain equity at the forefront of decision-making processes by increasing diversity in the public health workforce and among those informing policy. Kimberly Lamar of the Tennessee Department of Health noted that equitable infrastructure also enables health departments to address disparities beyond COVID-19.

### Formalize systems to include diverse voices in decision-making processes

Speakers emphasized the importance of engaging and partnering with community-based organizations and listening to community members and stakeholders when identifying strategies to support public health infrastructure over the long term. Indiana's Public Health Commission included representation from diverse organizations across the state's 92 counties, such as local health departments, the Indiana Department of Health, healthcare organizations, community partners and professional associations.

Zink of the Alaska Department of Health suggested institutionalizing equitable structures to ensure long-term sustainability for public health interventions. For example, the Alaska Department of Health has a longstanding partnership with the Alaska Native Tribal Health Consortium (ANTHC), which represents 229 federally recognized tribes in the state. The department worked with the consortium to establish a 10-year strategic roadmap called Healthy Alaskans 2030.

Through ANTHC, Alaska worked with tribes to identify which vaccine distribution models would meet their needs. Alaska's equitable engagement model acknowledged tribes' ability and desire to care for their communities. State efforts focused on getting tribes the resources they needed to distribute and communicate about vaccines:

*"We sometimes joke about, 'We'll be here before you, and we'll be here after you.' Let's make sure that health equity is built in before us so it's here after us, and that we've got the data information, and that we're constantly thinking about listening as much as, if not more than talking so that we can empower communities because they know what's best for their community. We all want sovereignty. We all want ownership over our own health, and really as public health professionals, we owe it to our communities to listen and to serve."*

**ANNE ZINK, MD, FACEP, CHIEF MEDICAL OFFICER, ALASKA DEPARTMENT OF HEALTH,  
PRESIDENT, ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS**

The Tennessee Department of Health institutionalized a bidirectional feedback mechanism with community partners through the Health Disparities Task Force. Tennessee worked with community outreach workers to identify and recruit approximately 2,000 task force members from across the state and engage them in identifying their communities' needs and priorities.

Lamar of the Tennessee Department of Health reiterated the importance of listening to communities, building relationships with trusted community members like faith leaders and supporting community-led initiatives:

*“What we don't want to do as a Department of Health is tell them what we think they need to do, and what we think they need. We really need that level of engagement to come from that local community, and we just serve in a [supporting] role.”*

**KIMBERLY LAMAR**, PHD, MPH, MS, ASSISTANT COMMISSIONER,  
DIVISION OF HEALTH DISPARITIES ELIMINATION,  
TENNESSEE DEPARTMENT OF HEALTH

### Use data to examine health equity trends

Speakers discussed tracking and disseminating data related to health disparities to document the needs of communities that experience inequities and make informed decisions for action. Amy Curtis, PhD, MPH, chief administrator of the Adult Mental Health Division at Hawaii Department of Health, described engaging epidemiologists to review data surrounding health equity and aspects of race and ethnicity. Similarly, data analysts in Tennessee looked at data, including the Social Vulnerability Index and local COVID cases and outcomes, to identify priority areas for outreach workers. In addition, Alaska provides publicly available data dashboards and metrics related to the health of Alaskans, including Alaska Native people.

### Establishing New Partnerships to Provide Effective Services

STLT health departments leveraged the strengths of new and existing partners to build their emergency response capacity. As part of the Test to Treat program, the Puerto Rico Health Department collaborated with the U.S. Health Resources and Services Administration and local federally qualified community health centers to establish 20 additional testing sites across the island. Iris Cardona, MD, chief medical officer for the Puerto Rico Department of Health, highlighted several other successes from private-public partnerships. For example, 500 pharmacies across all 78 municipalities in Puerto Rico now dispense oral antivirals to eligible patients, a major increase from the 25 the Department began working with in December 2021.

The Puerto Rico Department of Health also helped train a network of more than 900 providers to find creative and innovative ways to vaccinate the population in diverse settings. The Department developed relationships with multiple traditional and non-traditional partners, including hospitals, community health centers, schools, embassies, airports, supermarkets, beaches and hotels. Cardona of the Puerto Rico Department of Health lauded these new collaborations:

*“We were very successful in achieving the goal to get COVID vaccines in the arms of our people. I think that our ability to create partnerships and collaboration is what made the difference.”*

**IRIS CARDONA**, MD, CHIEF MEDICAL OFFICER, PUERTO RICO DEPARTMENT OF HEALTH

### Building Capacity through Workforce Development

Speakers discussed efforts to build workforce capacity that extended beyond surge staffing support.

Simone of the CDC described three key CDC programs aimed at supporting public health infrastructure:

- **Public Health AmeriCorps** is a joint effort between CDC and AmeriCorps to build a more diverse workforce by developing pathways to public health-related careers through onsite experience and training. The program focuses on recruiting members who reflect their communities and aims to support more than 4,000 AmeriCorps members in rural and

urban areas.

- The **Public Health Infrastructure Grant** awarded \$3.2 billion to 107 state, local and territorial jurisdictions to strengthen their public health workforce and infrastructure. The grant allows maximum flexibility to support health departments in addressing individual workforce and infrastructure priorities and meeting their most pressing needs.
- The newly formed **National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce** advances three functions with three corresponding divisions: jurisdictional support, partnerships and technical assistance, and workforce development.

*“We know that people don't really catch the bug of public health until they have the experience...Really identifying people who have the passion and giving them an experience early in their education can help them really be interested and then pursue a career in public health later. We need to make those opportunities accessible.”*

**PATRICIA SIMONE**, MD, DIRECTOR, DIVISION OF WORKFORCE DEVELOPMENT, CDC

Simone also discussed other approaches that could help increase the diversity of the public health workforce and ensure workers reflect the communities they serve, such as additional options for student loan repayment. In addition, CDC's Novel Emerging Respiratory Disease Academy offers curricula to provide middle and high school students with exposure to the public health field. Finally, she recommended ensuring opportunities for applied learning at state and local health departments near undergraduate or graduate schools of public health:

In addition, Hawaii's Adult Mental Health Division succeeded in changing psychiatrists from non-exempt to exempt positions, which helped the department overcome longstanding difficulties with recruiting. The state also created and expanded internships and developed innovative programs with community colleges and colleges to expand the pipeline of individuals choosing public health as a career. Cardona of the Puerto Rico Department of Health described an initiative in Puerto Rico to develop and share 117 educational training courses with diverse audiences, including healthcare professionals, community leaders, public health staff and the general public.

Refocusing the camera on the strengths of public health helps illuminate many examples of jurisdictions building a case for investing in sustainable infrastructure, centering community voices, advancing equity, fostering partnerships, and developing the public health workforce. The action section discusses how participating in the Workforce/Vaccine Initiative helped jurisdictions act on the gaps illuminated by the lights and the strengths captured through the camera lens.

## ACTION:

# Supporting Rapid Response and Innovation through Flexible Funding

The CDC Foundation's support for rapidly staffing STLT health departments during the COVID-19 public health emergency was essential to helping achieve the outcomes described in the Camera section. CDC's Simone mentioned flexibility as crucial to supporting rapid response and innovation through flexible funding:

*"We also learned that flexibility is key. Health departments have different challenges and barriers, so a variety of flexible solutions were needed and we had to be flexible in adapting to the new remote work environment... When we started, we thought we were going to be sending hundreds of contact tracers to the health departments, but the [CDC] Foundation staff really listened to what the health departments said they needed, which was not just contact tracers, but rather a wide range of positions, including epidemiologists, data, and laboratory positions, and more cross-cutting positions like grants management, administrative support, and communications."*

**PATRICIA SIMONE**, MD, DIRECTOR, DIVISION OF WORKFORCE DEVELOPMENT, CDC

Feldman of the Maryland Department of Health reiterated the speedy distribution of surge staffing funds helped the health department deploy resources early in the public health emergency. The CDC Foundation's support also helped Maryland create a shared vision for the pandemic response, uniting partners behind the mission of public health:

*"I think so many people attending the summit today understand the challenges in hiring quickly. Not only was it absolutely flexible with the type of people that we could bring on board, it was absolutely quick. It was so speedy. It was almost magical. That allowed us to very quickly get people on board and get people functioning."*

*"This opportunity provided another channel to normalize and return to just our basic, we're all in this together. We're trying to provide public health services to our Maryland residents."*

**KATHERINE FELDMAN**, DVM, MPH, CHIEF PUBLIC HEALTH SCIENTIST,  
MARYLAND DEPARTMENT OF HEALTH

## Recruiting Staff to Address Individual Gaps and Needs

Flexible funding helped the Hawaii Department of Health take unprecedented steps to recruit staff to address critical infrastructure gaps and chronic workforce shortages. The state used the funding to reduce fragmentation in crisis care data by hiring a team of diverse specialists, including data architects, data scientists, epidemiologists, and information technology trainers:

*"We were able to not only take specific positions that had been left open and would have taken a very long time to fill in yet, were instrumental to us being able to do the work we do."*

**AMY CURTIS, PHD, MPH, CHIEF ADMINISTRATOR, ADULT MENTAL HEALTH DIVISION,  
DEPARTMENT OF HEALTH, STATE OF HAWAII**

Feldman discussed how the decentralized Maryland Department of Health worked with local health departments through established communication mechanisms to announce the availability of recruitment support and identify specific staffing needs. The CDC Foundation supported Maryland by advertising positions, screening candidates and setting up interviews, which helped staff dozens of positions at the state and local level.

The flexible approach helped the state recruit staff for outbreak investigation, grants management, nursing, school health, health equity and public health accreditation, among other areas. In addition, Maryland was able to establish Memoranda of Understanding to place public health staff in different settings, such as schools.

## Using Surge Staffing to Support Sustainable Capacity Building

Many jurisdictions retained short-term staff hired during the Workforce/Vaccine Initiative beyond the end of the funding period by securing additional grants or employing alternate hiring mechanisms. For example, the Tennessee Department of Health used the surge staffing support to increase the number of personnel at the Division of Health Disparities Elimination from 14 to 31:

*"I started off with 14 staff...now [I] currently have 31 staff members on my team, most of which are CDCF assignees. We were able to retain all those staff persons on our team. It's been a huge support to do that. This team has been critical to us being able to address vaccine equity across the state."*

**KIMBERLY LAMAR, PhD, MPH, MSEH, ASSISTANT COMMISSIONER, DIVISION OF  
HEALTH DISPARITIES ELIMINATION, TENNESSEE DEPARTMENT OF PUBLIC HEALTH**

Tennessee is also training staff hired in other positions to become community health workers, further ensuring the sustainability of their pandemic-era recruitment strategy.

## Structuring Funding to Preserve Local and Tribal Autonomy

Flexible funding efforts can also acknowledge different jurisdictional governance models. Indiana's public health-infrastructure legislation intentionally preserved local control and local approval for the funding in deference to Indiana's decentralized governance structure. Counties that opted out of the program received legacy funding amounts and could also elect to participate in the future.

In Maryland, local health departments appreciated the ability to define their own needs instead of receiving staffing mandates from the state. Local health departments quickly accepted staffing support when they could ask for assistance with any job classifications, from grants managers to health equity specialists.

## Respecting tribal sovereignty

The Workforce/Vaccine Initiative also provided 76 field employees to 22 tribal consortia, Area Indian Health Boards and federally recognized tribes. The CDC Foundation supported tribes in exercising their legal authority to self-govern and determining their approach to strengthening tribal health systems. In a video message, Stephanie Jay, MPH, a health educator with the Turtle Mountain Band of Chippewa Indians, described the tribe's approach to implementing public health infrastructure while asserting their public health authority:

*"The resources that were provided by the CDC Foundation provided surveillance, messaging, policy creation, expertise— but above all: hope that it can be done. We can create our own public health units and our post-pandemic efforts will continue."*

**STEPHANIE JAY**, MPH, TRIBAL HEALTH EDUCATOR,  
TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS,  
NORTH DAKOTA

The tribe partnered with the CDC Foundation to recruit five field employees, four of whom were enrolled members of Turtle Mountain Band of Chippewa. With flexible funding support, the tribe focused on developing a public health code, strengthening data sovereignty, implementing surveillance and identifying a transparent communication strategy for community members. The Foundation team was also instrumental in establishing the tribe's Turtle Mountain Public Health Department, and was able to create a [guide](#) for tribes looking to do the same.

## Identifying Champions for Public Health Infrastructure Funding

A key aspect of securing sustainable, flexible funding for public health infrastructure is identifying champions who will advocate for change. Speakers discussed developing a shared vision with stakeholders and engaging decision-makers, partners and citizens with lived experiences. For example, Feldman of the Maryland Department of Health described securing the endorsement of Maryland's senior leadership to move legislation and programming forward.

Parekh also recommended finding common ground with policymakers. For example, legislation for some health-related topics, including rural health care and hospital closures, often receives bipartisan support. Public health leaders, policymakers and state governments can collaborate to identify causes that resonate with multiple audiences, such as connecting public health job growth to economic strength:

*"I think there has to be a case for how this connects to [a] governor's plans for reviving the state's economy for job growth, how public health connects to the economy, how this is a part of job growth and job creation in a state. I think public health has to insert itself into that equation and be at the table there. That's why it's got to go beyond just the public health department, to really the policymakers, as well as the leaders of the state."*

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

Jurisdictions used flexible funding to meet their needs and carry out priority emergency response activities. The Themes for Action summarizes speakers' recommendations for making the case for public health infrastructure funding and other key themes described throughout the summit.



# Conclusion

The fifth virtual convening of the *Lights, Camera, Action: The Future of Public Health* National Summit Series brought together over 500 public health professionals from across the United States to discuss strengthening the public health workforce. Speakers identified multiple examples of building workforce capacity and suggestions for future action. Judy Monroe underscored the importance of supporting a strong public health workforce for the future:

*"Let's continue to look forward into the future. We've talked about ways we can build a better, stronger system, especially ways to strengthen our workforce, the backbone of public health. As you saw in today's examples, without the workforce, the good work doesn't get done."*

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

## **LIGHTS: Identifying and Addressing Gaps in Public Health Infrastructure**

The webinar discussed the importance of a strong, resilient public health infrastructure that will help ensure that STLT health departments can continue to meet the needs of the public and prepare for future emergencies.

## **CAMERA: Leveraging Innovations to Develop Sustainable Infrastructure**

The panelists provided examples of leveraging strengths in STLT health departments to develop sustainable infrastructure that allows jurisdictions to implement long-term solutions for their unique circumstances.

## **ACTION: Supporting Rapid Response and Innovation through Flexible Funding**

Finally, attendees were encouraged to implement flexible funding structures to support rapid response and bolster STLT health departments' ability to implement effective and innovative solutions to emerging public health problems.

## Themes for Action

The following key themes emerged from the virtual convening as areas of potential action to strengthen the public health workforce:

### Reclaim the public health narrative.

- Make the case for public health and its vital role in every community, including by documenting and disseminating public health successes.
- Build trust in public health by issuing clear, consistent messaging and ensuring research findings resonate with different audiences.
- Challenge the societal narrative that medicine/healthcare and public health are diametric opposites by creating synergies with partners in related fields.

### Identify common goals to support public health infrastructure.

- Support bipartisan policy development to create a clear vision for the future of public health that incorporates thoughts and opinions from both sides of the aisle.
- Center the voices of marginalized people, including rural and BIPOC communities, to ensure that initiatives reflect the needs and priorities of communities experiencing inequities.

### Address structural barriers to developing the future public health workforce.

- Promote policy that makes public health more feasible for individuals from diverse economic backgrounds, such as reducing or eliminating student debt or increasing federal funding for need-based grants.
- Eliminate medical requirements for nonclinical jobs in public health to encourage diversity within the workforce and promote new ways of approaching age-old problems.
- Close the wage gap between public health workers and healthcare workers.

### Support development of current and future public health workforce.

- Invest in more work pipeline programs, internships and other entry points to public health careers.
- Ensure workforce programs are tailored to the needs of the current working generation and address issues of equity and accessibility (e.g., paid internships).

### Implement systems to prepare for the next public health emergency.

- Expand the reach of new and existing partnerships, especially with organizations that community members trust, like faith-based institutions and local businesses.
- Prepare to respond quickly in cases of public health emergency by aligning with other agencies in the community with similar missions and eliminating redundancies.
- Formalize partnerships with arrangements like Memoranda of Understanding (MOUs) to establish expectations and procedures before emergencies occur.

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