Keep Communities Healthy by Investing in the Public Health Workforce

The public health workforce is the backbone of our nation’s governmental public health system at the county, city, and state levels. Skilled professionals are the primary resource necessary to deliver public health programs and services: they lead efforts to ensure the safety of the air we breathe, the food we eat, and the water we drink. They prepare and respond to disasters like hurricanes, floods, and wildfires. And they are on the front lines of addressing complex and emerging issues, like the opioid crisis, the spread of novel coronavirus, and the re-emergence of vaccine-preventable diseases like measles.

However, governmental public health was hit hard by the Great Recession, and whereas much of the rest of the public sector workforce has recovered or grown, local and state health departments have not. In fact, local and state health departments have lost nearly a quarter (23%) of their workforce since 2008, shedding over 50,000 jobs across the country.

This deficiency is compounded by the age of the public health workforce — 55% of local public health professionals are over age 45, and almost a quarter of health department staff are eligible for retirement. Between those who plan to retire or pursue jobs in the private sector, projections suggest that nearly half of the local and state health department workforce might leave in coming years. At the same time, competition with the private sector, low pay, and geographic challenges contribute to difficulty recruiting new talent with key public health skills.

Combined, these forces indicate a public health workforce crisis that must be addressed.

The nation is positioned to make incredible progress in addressing longstanding public health problems, but health departments need the people to make a difference. And, as the healthcare system has moved rapidly into an electronic data environment, many public health professionals are not equipped with the technology or the skills to engage with these data systems. Public health is dependent on data to identify trends and target resources where they will have the greatest impact. Federal and state governments have invested heavily in healthcare systems that are able to share data, but these investments will not reach their full potential without public health professionals who can harness their potential to improve their communities.

Congress Can Help

No matter what the public health crisis or opportunity, we need the right people in place to act. That is why we must act to rebuild our public health workforce and prepare it for the future.

Therefore, we call on Congress to take a first step to invest in the public health workforce, by enacting and implementing a loan repayment program for public health professionals who agree to serve two years in a local, state, or tribal health department.
Such a program, modeled off the success of the National Health Service Corps in bringing healthcare providers to communities in need, will help health departments across the country recruit appropriate staff who can tackle 21st century challenges and increase health departments’ capacity, now and in the future, to keep the public healthy and safe.

Supporting Organizations
Association of State and Territorial Health Officials
Big Cities Health Coalition
National Association of County and City Health Officials

While the public health workforce has been cut, serious public health challenges are on the rise:

- The deadliest flu season in a generation occurred in 2017–2018 with 80,000 deaths.
- 2019 saw 1,276 individual cases of measles in 31 states, the most since 1992.
- Syphilis and other STIs are skyrocketing with a 185% increase in congenital syphilis since 2014.
- Vaping among high schoolers has ballooned from 1.5% in 2011 to 27.5% in 2019, reversing the gains made in reducing youth smoking.

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Data Sources
3. 2016 National Profile of Local Health Departments