

April 23, 2009

The Honorable Henry Waxman  
Chair  
House Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Representative Waxman:

The undersigned organizations urge you to include in health reform legislation efforts to strengthen the public health workforce. Our nation is facing a public health workforce crisis. The Association of Schools of Public Health estimates that by 2020, our nation will be facing a shortage of 250,000 public health workers, including public health physicians, public health nurses, laboratory professionals, epidemiologists, biostatisticians, environmental health experts, health educators, and health administrators. Moreover, an estimated 23 percent of the governmental public health workforce will be eligible to retire by 2012. Worsening public health workforce shortages put Americans at grave risk. Measures to rebuild the workforce must be taken immediately.

In order to address immediate critical shortages in the public health workforce and fortify the pipeline of new public health professionals, we urge you to include the following key provisions:

**Enhance data collection:** The National Center for Health Workforce Analysis should be reestablished under the administration of HRSA to conduct and support statistical and epidemiological activities for assessing and improving the supply, distribution, diversity, and development of the current and future public health workforce. Sample legislative language can be found in section 4 of the Health Workforce Investment Act of 2009, H.R. 1946.

**Enhance coordination:** An interagency advisory council should be established to ensure a comprehensive public health workforce strategy and coordinate workforce development across all levels of government. Sample legislative language can be found in section 3 of the Health Workforce Investment Act of 2009, H.R. 1946.

**Develop incentives:** Incentives for the recruitment, retention and continuing education of public health professionals could include:

- Reauthorizing public health workforce development programs under Title VII of the Public Health Service Act (PHSA), which include grants for public health training centers; public health traineeships; preventive medicine residencies; and grants to state and local governments, academic institutions and other entities under section 765 of the PHSA (which have never been funded). These programs, administered by HRSA's Bureau of Health Professions, help to address the critical shortages in certain public health disciplines and learning needs of the public health workforce. They also assist in the development and maintenance of residency training programs.
- Establishing public health workforce scholarship and loan repayment programs under Title VII of the PHSA to support undergraduate and graduate students who commit to entering governmental or community public health for a specified number of years. Scholarships and loan repayment should also be made available to mid-career professionals in the public health workforce to receive additional training. Sample legislative language can be found in the Public Health Preparedness Workforce

Development Act of 2007, S. 1882. However, the focus of these programs should be expanded beyond preparedness to include all areas of public health.

- Provide grants to states to invest in state-specific public health workforce planning and development. This program would contribute to the development of innovative approaches to address the unique needs of different states. Sample legislative language can be found in section 5 of the Health Workforce Investment Act of 2009, H.R. 1946. Providing federal matching funds to state and local governments would also support investment in public health workforce development.
- Require Area Health Education Centers to establish Youth Health Service Corps initiatives, as they were in the past. These initiatives train and place high school students as volunteers in community health agencies. Students not only provide relief to the workforce shortage problem, but may also contribute to the public health workforce pipeline.

Please feel free to contact us if you have any questions regarding these recommendations. We look forward to working with you on this and other important public health issues this year.

Sincerely,

American College of Preventive Medicine  
American Medical Student Association  
American Public Health Association  
Association for Prevention Teaching and Research  
Association of Schools of Public Health  
Association of State and Territorial Health Officials  
National Association of County & City Health Officials  
National Association of Local Boards of Health  
Partnership for Prevention  
Society for Public Health Education