NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

11-04

STATEMENT OF POLICY

LOCAL PUBLIC HEALTH WORKFORCE DEVELOPMENT

Policy

The National Association of County and City Health Officials represents local health departments (LHDs) that play a vital role in protecting many aspects of the public's health including instances of emerging infectious diseases, chronic diseases, bioterrorism, and natural disasters. As threats have increased and become more complex, the LHD role has expanded and demands new and different skills for its workforce. The public health workforce receives insufficient attention compared to its importance and value to the health of our nation's population. In order to have the capacity to address the roles of LHDs and the consequential workforce challenges to be public health ready, NACCHO supports the following:

- Transformation of the U.S. health system that is focused on systems integration, prevention, and health maintenance that includes a strong population education and upstream health improvement component;
- Ongoing training and support for public health leadership development;
- Accountable baseline federal funding for all LHDs to have the workforce to provide essential services in public health;
- A strategic system-wide effort to increase the production, recruitment, and retention of the public health workforce that is sufficient, competent, and diverse;[1]
    - Increased federal funding for health professions training programs, such as the National Health Service Corps and Titles VII and VIII of the Public Health Service Act, and the Workforce Investment Act;
    - Enhanced scholarship and loan repayment programs;
    - Direct immediate funding to retain and bolster workforce capacity; and
    - Targeted efforts to encourage minorities and other underrepresented populations (including people with disabilities) to enter the public health workforce.
        - Investment in fellowships, internships, and other pathways for minorities, including people with disabilities.
- Succession planning to support consistent and efficient delivery of local public health services necessary to ensure the public's health;
- Enhanced competency through education and continuous training of public health workers;
    - Development of competency frameworks;
    - Creation of curricula and training courses with academic partners:
        - Based on public health competencies;
        - Relevant to the existing public health workforce at personal education milestones ranging from high school completion to graduate level degrees; and
        - In partnership with community colleges, schools of public health and other academic institutions (i.e., high schools, adult learning centers, etc.) in workforce development efforts.

        - Development of academic health departments; and
    - Delivery of training courses that are available and accessible to the LHD workforce in multiple platforms including online, self-study, traditional, and non-traditional classrooms toward either certificate or degree programs.
- Strong evidence-based research of the public health workforce that will support these efforts; and
    - Enumeration of the local health department workforce;
    - Description of the local health department workforce;
    - Linkage of the work of academia to local health departments; and
    - Development of relationships between governmental research organizations (National Institutes of Health, Agency for Healthcare Research and Quality, Health Resources and Services Administration (HRSA), etc.) and LHDs.
- Investment in a health information exchange network accessible to LHDs that provides real-time health information and outcomes data for quality improvement, analysis, and research.
    - Data exchange for all stakeholders in health including federal, state and local public health agencies, insurers, hospitals, private providers, and consumers;
    - Development of health information technology (HIT) workforce to maximize and optimize the return on investment on HIT infrastructure; and
    - Recognition that health information is a personal and community asset and must be able to be used for individual and population health improvement with appropriate privacy safeguards.

Justification

Every day, residents of our nation benefit from services provided through LHDs. While often taken for granted, it is the public health workforce at the local level that plays a pivotal role in protecting and promoting the health of communities across this country. Through a preventive approach, public health professionals seek to avoid and delay the onset of disease, illness, and injury and ensure safe environments and conditions that promote the health, equity, and well-being of entire populations.

Nationwide, there is an inadequate focus on prevention and population health with a skewed focus on healthcare. Chronic diseases, such as heart disease, cancer, stroke, and diabetes, affect the lives of one in 10 Americans and cause nearly 70 percent of all deaths in the United States.[2] Rates of obesity, a risk factor for future health complications, continue to increase across the country. Nearly one-third of U.S. adults are obese.[3] Unfortunately, the approach to tackling these health problems is often reactive rather than proactive. The focus tends to be on more costly healthcare services and intervention rather than a comprehensive approach to health and well-being that includes prevention and is the core of public health practice.

The cost of healthcare services and health outcome measures are misaligned in the United States. In 2009, nearly 19 percent of the total gross domestic product was devoted to spending on illness—a figure much higher than other developed countries.[4] Evidence shows that this higher spending does not necessarily result in better health outcomes for many measures such as life expectancy or infant mortality. [5] There is great opportunity for cost savings to the entire system through the preventative approach taken by public health professionals; the evidence base showing the return on investment for prevention is beginning to develop.

The public health workforce faces many challenges. Although the Patient Protection and Affordable Care Act established the Prevention and Public Health Fund, the first guaranteed funding stream for public health, priorities at the local, state, and national levels are constantly changing, resulting in funding inconsistencies. State and local agencies face severe budget cuts and are being forced to lay off public health workers. Providing

competitive wages remains a challenge that affects not only the existing workforce but the ability of agencies to recruit new workers to the public health field. Challenges in the area of education and training also exist. An estimated 80 percent of public health workers lack formal public health training, and only 20 percent of top LHD executives have graduate training in public health.[6,7] Additionally, LHDs, particularly those in rural and remote areas, often face issues with accessibility of education and training of their workforce. Public health training fellowships and loan repayment programs, such as the National Health Service Corps at HRSA and the Public Health Prevention Service at the Centers for Disease Control and Prevention, help to build the pipeline for the future public health workforce. These programs and new innovative programs, particularly those that can attract workers to underserved populations, have potential to strengthen the public health workforce and improve the health of communities nationwide.

Many core components of public health workforce training are still under development. There is a pressing need to determine competency frameworks for public health professions. Research on the public health workforce is insufficient. The last enumeration of the public health workforce was completed in 2000 and, though valuable, was incomplete. The enumeration of the public health workforce should occur routinely. Job descriptions that clearly articulate the role of public health professionals are lacking. Links between competency use and health outcomes are underdeveloped. The impact of academic relationships with LHDs needs to be evaluated and assessed. Strengthening the evidence base to justify the value of public health and prevention and its links to improved health outcomes is essential.

New opportunities demand a bolstered public health workforce. Advances in HIT require new workers with new skills and increased training for the existing workforce. Workers who are able to understand and manage new technological systems and statutory requirements of the Patient Protection and Affordable Care Act are needed in LHDs across the country.

Record of Action

Adopted by NACCHO Board of Directors
May 19, 2011

References

1. NACCHO's whitepaper, "Describing the Local Public Health Workforce: Workers who Prevent, Promote, and Protect the Nation's Health" This paper briefly describes the roles and responsibilities of 11 occupational categories that are likely to exist in an LHD. Many other occupational types can be found in LHDs. Examples of these occupations are also included in this whitepaper. Found at: http://www.naccho.org/topics/workforce/upload/LPHWorkforce.pdf
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3. Flegal, KM, Carroll, MD, Ogden, CL, and Curtin, LR. (2010). Prevalence and Trends in Obesity among US Adults, 1999-2008. *Journal of the American Medical Association*. 303 (3) 235-241. Retrieved February 23, 2011, from http://jama.ama-assn.org/content/303/3/235.full?ijkey=ijKHq6YbJn3Oo&keytype=ref&siteid=amajnls.
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