COMMUNITY OF PRACTICE

NACCHO's Local Public Health Finance Community of Practice: March 2026 Summary

In March 2026, NACCHO convened the quarterly meeting of the Local Public Health Finance Community of Practice to focus on workforce hiring and retention challenges that local health departments (LHDs) face. This session brought together finance, workforce, and leadership staff to discuss current workforce trends, recent research finding , and practical strategies for recruiting and retaining staff amid ongoing funding changes and constraints.

This meeting featured an overview of national workforce trends, research presentations from Johns Hopkins Bloomberg School of Public Health and Indiana University Richard M. Fairbanks School of Public Health and facilitated breakout discussions supported by a Mural board to capture participant insights.

Additional Resource: NACCHO previously explored the topic of workforce retention and development, with examples from the field , in a July 2025 webinar titled, "Innovative Funding Strategies for Workforce Development". View the webinar here.

Meeting Summary

- Brief introduction to workforce recruitment and retention challenges, drawing on recent research examining LHD recruitment and retention needs across the employee lifecycle (NACCHO, 2025), as well as national findings on recruitment, retention, and hiring strategies among U.S. local health departments (2025)
- Guest research presentations on findings from the article Innovations and Hiring Improvements to Address Public Health Workforce Recruitment, exploring innovations in recruitment, hiring process improvements, workforce development strategies, and the role of civil service hiring laws. Speakers included Dr. Beth Resnick (Assistant Dean for Public Health Practice and Director, MSPH in Health Policy, Johns Hopkins Bloomberg School of Public Health), Paulani Mui (Assistant Practice Professor, Health Policy and Management, Johns Hopkins Bloomberg School of Public Health), and Dr. Valerie A. Yeager (Professor and Director, Center for Health Policy, Indiana University School of Public Health).
- Breakout discussions and Mural activities focused on workforce impacts, successful strategies, recruitment partnerships, and workarounds for salary constraints.

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Breakout and Mural Discussion

Participants engaged in facilitated breakout discussions and documented their experiences and insights on a shared Mural board. Across groups, participants noted that many funding challenges identified earlier in the year continue to affect their departments, including inflexible or categorical funding that limits responsiveness to community needs, short-term or unstable funding cycles, workforce shortages, and heavy administrative burdens. Rising operational costs, the expiration of COVID-era funding, and inequities in funding distribution, particularly impacting smaller and rural LHDs, were also cited as ongoing obstacles. Collectively, these challenges make it difficult for local health departments to pursue and sustain local priorities when funding is restricted, inconsistent, or insufficient.

The following summarizes the key themes that emerged across groups and on the Mural board:

To what extent has your LHD been impacted y staff turnover, layoffs, and hiring challenges? What strategies and approaches resonated with you most from the presentation?

Participants reported ongoing workforce strain driven by retirements, funding uncertainty, and competitive labor markets. Clinical and specialized roles remain especially difficult to fill, while slow hiring processes, policy constraints, and post-pandemic burnout continue to affect staffing capacity and morale.

Themes that emerged:

- Significant challenges hiring clinical staff and nurses, especially in competitive labor markets.
- Long timelines to update job descriptions and complete hiring processes.
- Salary improvements achieved through compensation studies, though adjustments were slow and uneven.
- Mass retirements following COVID-19, particularly among staff with fewer than five years of tenure.
- Retention challenges linked to burnout, post-pandemic workload pressures, and uncertainty from funding cuts.
- Constraints imposed by county-level policies that limit LHD flexibility.
- Hiring freezes, unfilled vacancies, and frequent turnover in some jurisdictions.

What strategies and approached resonated with you the most from the presentation?

Participants mostly resonated with strategies focused on strengthening workforce pipelines and improving early career experiences. University partnerships, earlier exposure to public health careers, and stronger onboarding were viewed as key opportunities to improve recruitment and retention.

Strategies highlighted include:

- Strengthening relationships with universities, though many noted these partnerships often funnel candidates into epidemiology roles rather than finance or clinical positions.
- Leveraging academic partnerships and ARPA-funded initiatives to expose students to public health careers earlier.
- Improving onboarding processes, recognizing that early experiences strongly influence retention.
- Presenting public health as a viable career path beginning at the K-12 and undergraduate levels.

What approaches have you tried to hire and retain staff? Do you have any recruitment programs or partnerships with local universities and colleges?

Participants shared approaches centered on building sustainable hiring pipelines and reducing internal barriers. These included partnerships with universities, community-based recruitment, revising job descriptions, and creating clearer internship-to-employment pathways.

Approaches shared by participants included:

- Ongoing partnerships with local universities, repeatedly hiring from these pipelines while keeping opportunities open to others.
- Hiring workforce development specialists or hiring coordinators funded through flexible investments to streamline recruitment and on-boarding.
- Recruiting directly from the community to build a workforce with strong local ties and commitment.
- Re-framing job descriptions and requirements to reduce unnecessary barriers and clarify that agencies can support credentialing.
- Creating more equitable and intentional internship programs that align with long-term workforce needs.

What workarounds have you used when salary constraints made it difficult to fill a vacancy?

When salaries were limited, participants emphasized non-monetary incentives such as flexible schedules, strong benefits, professional development, and mission-driven messaging. Supportive work environments and clear communication of total compensation were seen as critical to remaining competitive.

Participants described:

- Hiring new staff at the lower end of salary ranges and emphasizing benefits and growth opportunities.
- Offering flexible work schedules and accommodating family and caregiving needs where possible.
- Highlighting the public health mission and community impact to attract mission-driven candidates.
- Emphasizing non-salary benefits such as health insurance, leave, professional development, and job stability.
- Navigating union requirements that can both protect workers and complicate hiring timelines or negotiations.