The Public Health Workforce Imperative

Five Priorities for California Local Health Departments

APRIL 2021

Background: The California Chronic Disease Prevention Leadership Project is a collaboration of California's local and state public health leaders dedicated to preventing chronic disease and related disparities. In 2020, the Leadership Team and key partners convened to discuss the impact of the COVID-19 pandemic on chronic disease prevention and health equity, and identify strategies for equipping California's health departments to ensure healthy communities in the 21st century. Informed by the Leadership Team discussions, this brief summarizes five key priorities for California's public health workforce and infrastructure.

Purpose of brief: Local and state health departments, policymakers and legislators, policy and advocacy groups, and community groups can use this brief to (1) describe the roles of local health departments in addressing 21st century public health issues including widening inequities, pandemics, and climate impact; (2) outline the nature and training of the governmental public health workforce necessary to carry out those roles; and (3) make the case for investing in California's public health infrastructure.

The COVID-19 Pandemic Illuminates the Conditions that Determine Health: The COVID-19 pandemic has illustrated how inequities in social and economic conditions lead to inequities in health outcomes, including lower life expectancies and higher hospitalization and death rates from COVID-19. Public health approaches that address long-standing inequities

ranging from systemic racism and unsafe environments to the lack of access to safe and affordable housing, quality educational opportunities and good-paying jobs should be central to California's recovery from the pandemic and to public health in the future.

Public Health Is Pivotal to Achieving a Vibrant, Equitable California: The social and economic factors that so strongly influence health cannot be addressed by quality health care and individual behavior change alone. Public health, with appropriate staff, training, structure and resources, can pursue policy, systems, and environmental (PSE) approaches, and community norm change, to achieve healthier communities and help prepare for future health crises in a way that mitigates impacts and promotes equity. Public health, often as catalyst or convenor, is well placed to work in partnership with communities and other sectors to improve the underlying conditions that influence health.

We Can Do Better – Effective Public Health is Essential for Community Health and Affordable Health Care: The United States spends 18% of its gross domestic product on health care – more than any other country - yet basic health outcomes and chronic disease rates are worse than most other advanced countries. Millions of Americans remain uninsured. Moreover, we have special populations at higher risk. Older adults suffer from an average of five chronic conditions and have traditionally high hospital utilization rates. The pandemic has brought home just how their co-morbidities make them vulnerable to severe illness. That vulnerability to COVID-19 has also proven to be true for younger adults of color who also suffer from those same chronic diseases. In general, African Americans have a life expectancy nearly five years less than whites in California, and for the first time in history, the life expectancy of working-class whites has *declined* since 2012. Spending money on healthcare is not enough. To improve basic community health and control healthcare costs, we need to invest in prevention-oriented PSE approaches.

Reverse the Trend of Underinvestment and Develop a Public Health Infrastructure that Effectively Addresses Today's Public Health Threats: The pandemic has made clear that our public health infrastructure is inadequate and has exposed gaps in our capability to address the striking underlying inequities that chronically lead to unfair health outcomes. Reports from Trust for America's Health show that, between 2008 and 2017, budgets of local health departments shrank as much as 24%, resulting in the loss of more than 50,000 public health department workers across the US. In California, public health funding has plateaued since 2007.[1]

"We have not given health departments the funds to modernize and create a prevention focus across sectors, diseases and health conditions. Health departments across the country are battling 21st century health threats and need appropriate resources to win those battles. The COVID-19 crisis demonstrates this reality in the starkest of terms."

- Trust for America's Health

1 https://phasocal.org/wp-content/uploads/2020/07/Public-Health-Funding-Brief-Final.pdf

Public Health Workforce, Organization, Training and Funding Need to Be Restructured to Address Health Equity, Social Determinants of Health and Support Policy, Systems and Environmental Public Health Strategies: Our public health workforce is largely trained and structured to provide individual preventive health services and health education, and funding and programs are predominantly disease, body part or risk-factor specific. Public health needs more staff trained to understand the underlying determinants of health, engage and empower communities, communicate effectively with the public and policy makers and address systemic racism. In addition, we need local health department (LHD) data and epidemiology capacity that can analyze the social determinants of health and track progress toward achieving health equity. LHDs can be structured to effectively implement PSE approaches, utilizing flexible funding streams that can address broad social determinants and respond nimbly to community needs and emerging public health crises and opportunities.

Five Priorities for California's Local Health Department Workforce:

1. Fund a public health workforce and programs to address the root causes of community disease: Local health department funding should have the flexibility to address the most fundamental social, environmental, and economic causes of community disease – including poverty, racism, and the rapidly expanding threat of climate change. Currently, 95% of LHD funding comes in categorical program streams, often locked-in to narrow, rigid or outdated program models that have little relevance to the needs of current public health practice. Integrated funding streams cut across multiple diseases and risk factors and provide the ability to respond to community needs, emerging opportunities, and emergencies. While there are always immediate resource needs for emergency response from pandemics to climate-associated catastrophic wildfires, LHDs need substantial sustained funding for prevention of chronic disease and improving community conditions. The public health workforce must be ready and nimble to analyze the root causes of emergent public health issues, help identify and develop relationships across relevant sectors to jointly respond, and support networks and relationships with community organizers. LHDs need the ability to utilize funding streams to become actively involved in an array of local community efforts that may significantly but *indirectly* affect health co-morbidities.

2. Equip the public health workforce to address institutionalized racism and promote health equity: A robust and healthy community that enjoys a vibrant economy is dependent upon all its members having access to the resources and opportunities they need to achieve optimum health. Systemic racism and historical inequities are devastating to health. Public health can play a role in redressing long standing unhealthy living and working conditions by addressing limited job creation and community disinvestment, poor educational opportunities, and vulnerability to climate change and degraded physical environments, especially in communities of color. There are many opportunities across the spectrum; examples include:

LHDs could work with community partners to develop housing trust funds to foster affordable housing, educate policymakers on redlining legacies, work with businesses to offer apprenticeships for low-income residents, institute incentive programs to enable more students in under resourced high schools to graduate, garner climate change funding to plant tree canopies to help reduce heat islands, and advocate for active transportation projects that promote walkable neighborhoods, etc. Most LHDs do not have dedicated funding to work on health equity or racial justice issues. California's LHDs should be equipped with training and funding to work with partners to close the race life expectancy gap and ensure everyone has the opportunities they need to lead a healthy life.

3. Train the public health workforce to strengthen and enhance collaboration with interdisciplinary partners, local communities and community organizations: While COVID-19 has made urgent the need for contact tracers and testing, it also has shown that housing, workplace conditions, incarceration, economic security, and environment factors are central to the pandemic and to public health. LHDs need to recruit, train, and promote more staff who can identify and understand the fundamental health determinants in communities and engage residents to effectively partner to address them. LHD staff must improve their efforts to share funding and power with community groups. LHDs also need staff who can spend more time to understand more deeply the roles, capabilities, and dynamics of other key agencies – schools, planning departments, transportation agencies, public works departments, law enforcement and others – and partner with them to implement policies that improve health and achieve mutual goals. LHDs need to be facile in modern media and communication strategies that can link health to policies for policy makers and engage the diverse communities, cultures and political orientations in California. Through collaborative work over time, the LHD becomes the credible source for health information and science and a trusted partner in the community.

4. Develop a workforce pipeline to implement an updated set of core public health competencies, practices, tools, and skills: Develop a comprehensive outreach and workforce development plan that includes high schools, community colleges, schools of public health, prison reentry programs, social services, and labor and workforce development programs. Establish a pipeline that starts in community educational settings and goes through graduate school to create the public health workforce we need. Provide funding supports such as loan forgiveness programs, scholarships, and more equitable school funding to support a pipeline of workers from the neighborhoods most impacted by systemic racism and other health vulnerabilities. Employ more community health workers who can address the physical and social needs of communities and broaden their role in decision- making, organizing, and civic engagement. Engage health educators who can go beyond individual behavior change to long-term issues like racial inequities, climate change and chronic disease. Select staff and leadership who reflect the community, including groups experiencing inequities. Promote leaders who can communicate effectively and build bridges with both community members and policymakers in high-visibility situations. This approach will create a generation

of public health workers connected to communities who are prepared to respond to current crises and are committed to creating ongoing conditions that promote health.

5. Equip the data workforce to develop and enhance data capacity, and communicate data to support evolving public health practices: The state should invest in data sharing agreements and legal documentation providing the information LHDs need to make decisions while ensuring privacy and confidentiality. In addition, data and epidemiology capacity in LHDs must be able to handle disease reporting and pandemics as well as to meaningfully assess health and health equity and measure progress toward the determinants of health. LHDs can work with communities to understand data and to enable them to use data to advocate for policies and improve community health. To effectively address disparities, data systems should have the ability to collect and disaggregate demographic data, including race/ethnicity, income, geography, and social determinants of health. Epidemiology staff need training and support to understand how data, including qualitative data, can be used to illuminate how the social conditions in local communities link to historical and current racial inequities – and how to track progress in addressing those inequities.

Conclusion:

Health, equity, climate, and the economy are intertwined, and they are all fundamental to healthy and vibrant communities. The pandemic has created new opportunities for innovation and authentic communication with vulnerable communities within each of these arenas. Investing in a robust and resilient public health infrastructure now will prepare LHDs to address these connected crises through both prevention and response. The timing is right to move forward. Public health approaches that promote strong community resiliency can position California to meet the challenges of new crises in coming years. This kind of bold agenda will inevitably receive push back. The pandemic has shown that as well as science and training, public health especially requires integrity and even courage. The roles detailed above are specific to local health departments. Community organizing groups, residents, and other public and private sectors are also a critical part of California's public health infrastructure and should also be resourced to improve health equity.

Sources: California Chronic Disease Prevention Leadership Team Meetings: April, June and October 2020, and January 2021; Letter to the Governor's Taskforce on Jobs and Economic Recovery led by Human Impact Partners; Public Health Alliance of Southern California's "Investing in Local Health Departments" Brief; California's Shared Vision for Healthy and Resilient Communities led by the California Department of Public Health's Center for Healthy Communities. Funding support provided by The California Endowment.

Layout by Design Action Collective.

The Public Health Workforce Imperative: Five Priorities for Investing in California's Local Health Departments

The COVID-19 pandemic has illustrated the devastating impact of inequities on California communities, and demonstrated the need to invest in a public health workforce that can advance policy, systems, and end environmental strategies to address health equity and the determinants of health. Local and state health departments, policymakers and legislators, policy and advocacy groups, and community groups can use this summary to prioritize investments in their public health workforce.

1. **Fund a public health workforce and programs to address the root causes of community disease.**
   - Move from categorical funding for body parts and diseases to the underlying issues impacting health, including explicit funding for climate and health.
   - Provide training on strategies to address root causes of health.

2. **Equip the public health workforce to address institutionalized racism and promote health equity.**
   - Address past and current impacts of systemic racism on health and develop institutional strategies to correct inequities.
   - Provide dedicated funding and programming for health equity and racial justice.

3. **Train the public health workforce to enhance collaboration with interdisciplinary partners, local communities, and community organizations.**
   - Make working on policy issues with other sectors a core, funded function of public health.
   - Strengthen reciprocal trust with community residents and organizations to collaborate on long-term health issues.

4. **Develop a workforce pipeline to implement updated public health competencies, practices, tools, and skills.**
   - Develop and support a workforce that reflects the community, can more effectively communicate with the public, and can address long-term health challenges and solutions.
   - Staff a workforce that is both prepared for emergency response and can continue work on long-term issues during emergencies.

5. **Equip the data workforce to develop and enhance data capacity, and communicate data to support evolving public health practices.**
   - Improve real time data access in a secure way.
   - Build epidemiology capacity to handle disease reporting and meaningfully assess health and progress toward health equity.

Health, equity, climate, and the economy are intertwined, and they are all fundamental to healthy and vibrant communities. Investing in a robust and resilient public health infrastructure now will prepare local health departments to address connected crises through both prevention and response.

Produced by the California Chronic Disease Prevention Leadership Project in 2021. To access the full brief and sources, please visit: https://chronicdiseaseleadershipproject.com. Funding support provided by The California Endowment.