

The bridge between public health education and government workforce needs fixing

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The COVID-19 pandemic has uncovered long-term underinvestment in the public health workforce, including staff losses and underfunding for public health education, according to a new paper in the *American Journal of Public Health*. For training of individuals in health departments to succeed, we must assess needs, increase access to education for future public health professionals, and invest in the existing public health workforce, according to Columbia Mailman School of Public Health authors Heather Krasna and Dean Linda P. Fried.

It has been estimated that for every dollar spent on [public health](#), \$14.30 is saved on [health care](#) and related costs.

"The public health [workforce](#) is a critical element of the public health system and infrastructure, but a reduction in the number of public health workers in the core government public health workforce is well documented," says Heather Krasna, MS, assistant dean of career services at Columbia Mailman School. "And with 22 percent of government public health workers planning to retire by 2023, workforce losses are expected to worsen. Meanwhile, the for-[profit sector](#) is increasingly hiring public health graduates."

"With only 14 percent of governmental public health professionals having a [formal education](#) in the field of public health, rebuilding and expanding the U.S. public health system will require a new generation of highly trained, diverse public health professionals to create a healthier America, and these professionals will need a [public health education](#)," says Linda P. Fried, MD, MPH, Columbia Mailman School Dean and DeLamar Professor of Public Health Practice and Professor of

Epidemiology.

Even with increased enrollments in public health degree programs, it is unlikely that enough public health graduates are entering government to address unmet needs. Although many students are motivated to work in government public health, many have concerns about career paths, wages, employee empowerment, and opportunities for innovation within government, according to the authors.

To ensure a highly trained, diverse public health workforce and replace retiring workers while adding to capacity to handle the COVID-19 pandemic and other public health challenges, authors Krasna and Fried offer the following recommendations:

- Undertake new workforce research, including large scale surveys on the number and types of workers needed in specific public health occupations.
- Make reforms to public service loan forgiveness and create student loan repayment programs specifically for public health graduates. Existing loan forgiveness and repayment for clinicians should also encourage work in public health.
- Attract diverse candidates with recruitment campaigns and reforms. Programs should be significantly expanded to improve the pipeline of hirees for governmental public health from academia. This includes streamlining the hiring process in government agencies.
- Sustain workforce investment. Expanded funding for public health workers must become permanent. This is essential for creating a unified public health workforce recruitment and training plan.

"We can no longer rely on 'emergency'-based, short-term, earmarked funding that disappears when a crisis ends," notes Krasna. "Without long-

term investment in education for new public health professionals and programs easing entry into government careers, a recovery from COVID-19 and improvements in the public's [health](#) will be impossible."

More information: Heather Krasna et al, Generation Public Health: Fixing the Broken Bridge Between Public Health Education and the Governmental Workforce, *American Journal of Public Health* (2021). [DOI: 10.2105/AJPH.2021.306317](https://doi.org/10.2105/AJPH.2021.306317)

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