April 9, 2021

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr:

On behalf of the Association of State and Territorial Health Officials (ASTHO), I want to thank you and your committee for your steadfast leadership in developing solutions to update and expand our national workforce. ASTHO is pleased and appreciative of the opportunity to engage and provide the following comments to strengthen and build back our public health workforce. Furthermore, we are grateful for the investment from the Biden Administration and Congress to provide $7.66 billion to bolster the public health workforce. We are currently partnering with the Administration and the Department of Health and Human Services to ensure that these resources are flexible and expended in a manner that meets the intent of Congress. The comments and recommendations we share below were also shared with the administration, and although they are specific to the public health workforce, they are largely part of our broader comments about building and sustaining a workforce that will adequately protect and promote the health of Americans well into the future.

ASTHO is a 501(c)(3) nonprofit membership association serving the chiefs of state and territorial health agencies and the more than 100,000 public health staff that work in those agencies. Our mission, from which our organizational strategy flows, is to support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being. ASTHO tracks, evaluates, and advises members on the impact and formation of policy—public or private—pertaining to health that may affect state or territorial health agencies’ administration and provides guidance and technical assistance to its members on improving the nation’s health.

ASTHO is also pleased to support Chairwoman Murray’s Public Health Infrastructure Saves Live Act (S. 674) which would establish a core public health infrastructure program at the Centers for Disease Control and Prevention, as well as award grants to state, local, tribal, and territorial public health departments to ensure they have the tools, workforce, and systems in place to address existing and emerging health threats and reduce health disparities.

We respectfully submit for your consideration comments related to your request regarding “How to enhance or improve workforce training in direct relation to the COVID-19 pandemic and economic recovery, including ways to address workforce needs of the health care and public health sectors.”
Additionally, we are supportive of the comments and recommendations provided by two of our affiliates, the Association of Public Health Laboratories and the Council of State and Territorial Epidemiologists, given their expertise in the workforce needs for public health laboratories and epidemiologists within state, local, tribal and territorial health departments.

**Building Back Better with a 21st Century Public Health Workforce**

The public health workforce must be thoughtfully built back and long-term funding must be secured to meet both the immediate needs to address the COVID-19 pandemic, as well as future and critical chronic disease and communicable disease prevention efforts associated with the pandemic recovery and preparedness for emerging health threats, including our next pandemic. Recruiting, hiring, and modernizing the public health workforce will require considerable alignment between local and state needs and federal resources and leadership to be successful. While the need to deploy public health workers is immediate and may be best served by programs such as a Public Health Corps, careful attention must be paid to increasing sustained capacity that will meet state, local, territorial and tribal public health needs in their relevant contexts, requiring jurisdiction-specific planning and development to prevent disease and promote wellness overall.

ASTHO has five recommendations to support the expansion of the public health workforce:

- **Sustained Funding:** Short-term federal funding via emergency supplemental bills will not build back the lasting capacity needed to protect and promote the public’s health. Alternative funding models must be explored to ensure predictable and sustained funding over the next decade. These funding models could potentially be outside of discretionary appropriations and provided through a “public health infrastructure fund” approach.

- **Allow Maximum Flexibility:** Rather than constraining states by defining what types of occupations and how many individuals should be employed by states, workforce dollars should be flexibly block granted to states for use in hiring the public health professionals and experts needed to meet both the current and future workforce needs of the jurisdiction. Funding should be guided by state-based needs assessments of their anticipated workforce needs and accountability measures should be developed to assure block grant funds are used appropriately to build public health workforce capacity in the jurisdiction over the program period. Ensuring maximum flexibility is critical to enabling public health agencies to recruit and retain staff.

- **Diversity:** The growth and retention of the public health workforce should contain a specific focus on racial and ethnic diversity to address issues of trust, confidence, and representation of the diversity of the residents served by the public health agency in both rural and urban areas.

- **Paraprofessionals:** Expanding the public health workforce should include highly trained public health scientists, nurses, specialists, and public health paraprofessional workers such as community health workers. Paraprofessionals could act as linkage to care specialists; their roles may not require bachelor’s or master’s level training to be successful in the field.

- **Leveraging Existing Infrastructure at Public Health Agencies:** New or additional public health workers should be integrated and managed utilizing existing governmental public health agencies at the federal, state, local, territorial, and tribal levels to promote connection and collaboration with existing public health efforts. A public health workforce, including volunteers in a Public Health Corps, should not operate outside of existing public health and health care
response planning. Management systems are in place in state emergency operation centers and new efforts must be integrated with current capabilities to assure coordinated planning of deployment and consistent implementation of liability protections and safety measures.

To build back the public health capacity needed to control COVID-19 and protect the public from future pandemics, ASTHO supports efforts to recruit public health workers in the following three broad categories based on state and territorial needs:

- **Core Public Health Capacity Positions:** Diverse positions including epidemiologist and disease surveillance specialists, public health laboratory technicians, informatics specialists, communication experts, public policy experts, public health educators, experts in public health law, experts in community engagement, and additional administrative management and leadership staff. These positions will support essential non-disease-specific core functions that have been identified as necessary to meet established public health standards.

- **Clinical Care Positions:** Many governmental public health agencies provide clinical care to targeted populations. Public health nurses, physicians, dentists, social workers, among others would be recruited to provide clinical services to their jurisdictions. This cadre of clinical care practitioners will strengthen the partnerships between the clinical and the public health sectors, with particular attention to addressing adverse childhood experiences, assisting with the plans to expand the ranks of COVID-19 vaccinators to the public and the training, and deployment of community health workers.

- **Public Health Community Engagement and Outreach Specialists:** These workers would support public health department efforts to address preventable illnesses, injuries, and deaths, and be deployed to address the most significant chronic and infectious disease risks within the communities, including COVID-19. These workers would include paraprofessional community health workers who can serve as contact tracers as well as disease investigation specialists to serve as case investigators for COVID-19 and other communicable diseases. They may also conduct outreach and education activities specific to vaccine distribution and uptake, chronic disease prevention and management, and linkages to healthcare systems.

To expedite the recruitment, hiring and placement of this expanded workforce, ASTHO recommends a combination of approaches that include:

- **Direct Hire Authority:** Jurisdictions would be funded to hire new staff directly to support response and recovery activities for COVID-19, and broader public health work post-COVID-19.

- **Federal Direct Assistance:** Jurisdictions would have the option of requesting staffing from federal agencies in lieu of grant funding.

- **Public Health Service Commissioned Corps Officer Expansion:** Jurisdictions would request Public Health Service Commissioned Corps officers on jurisdiction-specific billets funded with federal dollars.

- **Federal Field Placements:** Jurisdictions would request field placements for specific public health specialists including those from the epidemic intelligence service officers, career epidemiologist field officers, public health advisors, public health associates, and other fellows or specialists to meet local or state needs.
• **Third Party Staffing Arrangements:** Jurisdictions would work through third-party fiduciary organizations to support the short- and long-term recruitment of necessary workforce and serve as the administrative home for this expanded workforce. Entities with a proven track record for large cohort national hiring such as the Corporation for National and Community Service could be used if driven by public health needs and in close coordination with state, local, and territorial health departments.

In closing, ASTHO thanks the Committee for the opportunity to provide comments and its consideration of our recommendations. Should you have any questions, please feel free to contact Jeffrey Ekoma, ASTHO’s director for government affairs, at jekoma@astho.org.

Sincerely,

Michael R. Fraser, PhD, MS, CAE, FCPP
Chief Executive Officer, ASTHO