



Strengthening the Public Health Workforce

Ensuring a Well-Trained and Prepared Workforce to Respond to Future Threats

APHA is committed to working towards improving the recruitment and retention levels of the public health workforce, as well as ensuring that public health professionals are adequately trained. During this time of increasing pressures on the public health infrastructure to respond to emergencies and every day public health activities, there is a need to offer incentives to increase interest in pursuing a career in public health, and give current public health professionals additional incentives to remain in this important line of work. Public health preparedness and public health services and programs are inextricably linked, and must be mutually supported in order to protect the health and safety of the public.

What is needed:

- **Cosponsor S. 506, the Public Health Preparedness Workforce Development Act of 2005, and support companion legislation in the House of Representatives**
- **Support increased funding levels for Health Resources and Services Administration (HRSA) Health Professions Programs under Title VII and VIII**

Why it is important:

- The average age of state public health workers is about 47 years, 7 years older than the average age of the nation's work force.
- Current vacancy rates are as high as 20 percent in some state public health agencies and turnover rates have reached 14 percent in some parts of the country.
- States could lose up to 45 percent of their experienced public health workforce through retirement by the end of 2006.
- S. 506 includes measures that are needed to increase the capacity of the public health workforce to effectively and efficiently protect the health of the nation. If enacted into law, the legislation would provide scholarships to students going into the public health field, and provide loan repayment for current public health workers in exchange for a commitment to additional years of service in public health.
- In addition, in order to lessen racial/ethnic and rural/urban health disparities, S. 506 would provide bonus payments to students/current public health workers who agree to be placed in underserved areas.
- According to a November 2002 report by the Advisory Committee on Training in Primary Care Medicine and Dentistry, graduates of Title VII and VIII HRSA Health Professions Programs are up to 10 times more likely to practice in underserved areas, and they are up to 5 times more likely to be minorities.
- Title VII and VIII programs provide support to students, programs, departments, and institutions to improve the accessibility, quality, and racial and ethnic diversity of the health care workforce.
- In addition to providing unique and essential training and education opportunities, Title VII and VIII programs help meet the health care delivery needs of the areas in this country with severe health professions shortages, at times serving as the only source of health care in many rural and disadvantaged communities.