



# American Public Health Association

*Working for a Healthier World*

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Testimony of the American Public Health Association  
“Addressing Healthcare Workforce Issues for the Future”  
Senate Committee on Health, Education, Labor, and Pensions  
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The American Public Health Association (APHA) is the nation’s oldest, largest and most diverse organization of public health professionals in the world, dedicated to protecting all Americans and their communities from preventable, serious health threats and assuring community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. We are pleased to submit our views on the public health workforce and future needs for public health professionals.

## **Summary**

The size of the public health workforce is expected to decline by half over the next few years due to retirement and other issues, including salary disparities between the private and public sectors. If current public health workforce trends are not reversed, a critical shortage of public health professionals is imminent. This is not only a national problem; it becomes international when a domestic shortage leads to the recruitment of public health professionals from other countries, exacerbating their own shortages. However, this shortage can and should be reversed.

Ultimately, a comprehensive approach to the shortage is needed. Reauthorizing and increasing funding for the Health Resources and Services Administration (HRSA) health professions programs and implementing federally funded student loan repayment and scholarship programs, coupled with additional investments in the public health infrastructure, leadership development, and training, would constitute a major and much-needed step in the right direction and can no longer be delayed.

## **The supply shrinks as the demand grows**

Public health protects individuals, families and communities from serious health threats—ranging from diabetes to bird flu—that are oftentimes preventable. Despite the importance of public health in the health of our society, this workforce is facing critical challenges, namely a precipitous decline in numbers and resources. Within the next few years, state and federal public health agencies could lose up to half of their workforce to retirement, the private sector and other opportunities. Compounding this problem is the fact that some four out of five public health employees lack formal public health training. Due to local and state budget crises and federal budget cuts targeted at health programs, the potential for a shortage of highly skilled public health professionals has become immediate and severe in scope.

Ironically, the public health workforce shortage is emerging at a time when public health must take on more responsibility in addition to the ongoing role of preventing disease and promoting health. While resources dedicated to public health are declining, the public health workforce is expected to

respond to new and emerging health problems and large-scale public health emergencies, ranging from pandemic influenza to bioterrorism. However, there are inadequate numbers of public health personnel and students in training even to respond to the current demand. In addition, individuals trained in public health tend to be employed in settings other than traditional public health agencies. The most severe shortages are found in the fields of epidemiology, public health nursing, laboratory science, environmental health, and veterinary public health.

Left unresolved, the workforce challenges will undermine the ability of this important and dedicated workforce to protect the public's health. Rural and underserved areas will not obtain the health services they need, communities will be unprepared to face disasters like Hurricane Katrina and families will not know what they need to do to protect themselves should an emerging infectious disease, such as pandemic flu, become rampant in the United States.

### **Title VII and VIII: Why are these programs so important?**

Programs funded and administered under Titles VII and VIII of the Public Health Services Act are vital to increasing the number of providers working in the public health sector, as well as improving the diversity of the public health work force. Increasing the number of underrepresented minorities in the healthcare field is important because evidence shows that underrepresented minorities are more likely to treat minority patients and provide healthcare to the poor, uninsured and publicly insured patients, significantly improving access to care for racial and ethnic minorities, low-income people and other medically underserved patients.

Title VII of the Public Health Services Act, enacted in 1963, and Title VIII, enacted in 1964, were both created in response to a shortage of healthcare providers. Title VII programs are designed to encourage healthcare workers to practice in underserved areas, increase the number of primary care providers, increase the number of minority and disadvantaged students enrolling in healthcare programs and increase the number of faculty in healthcare education and training programs. Title VIII programs focus on training advanced practice nurses, increasing the number of minority and disadvantaged students enrolling in nursing programs, and improving nurse retention through career development and improved patient care systems.

Over the years, the law has been amended to authorize a number of programs with important objectives. For example, in 1998, Title VII was amended to allow the HRSA to provide grants to support traineeships for people in epidemiology, environmental health and maternal and child health, as well as other public health professions where there are critical work force shortages. In 1998, Title VIII was amended to authorize student loan repayment and scholarships programs to fund education and training for public health nurses, registered nurses, nurse midwives and other nurse specialties.

Title VII and VIII programs are the only federally funded programs with the goal of improving the supply and distribution of health professions and generating a supply of providers who work in medically underserved communities. These programs achieve their goal by providing scholarships and loan repayment to minority students and students who agree to work in medically underserved areas for three years. While other federally funded programs, such as the National Health Service Corps and graduate medical education programs, provide funding for physician residencies and training for nurses and other allied health professions, those programs do not cover all health

professions, such as physician assistants. In addition, those programs do not have the goal of increasing the number of providers from underrepresented minority communities.

### **Title VII and VIII are successful**

Title VII funding has expanded the primary care physician work force. In addition, primary care physicians graduating from Title VII programs are two times to four times more likely than other graduates to practice in medically underserved communities. These programs also help increase the number of underrepresented groups in the health professions, which helps reduce or eliminate health disparities by being able to better respond to the needs of minority and underserved populations. Title VII funding supports the education and training of more than 10,000 underrepresented minority graduates, residents and faculty each year. Underrepresented populations within the health professions will allow for decisions to be made about healthcare that will reflect the values and beliefs of the entire population, and heighten the cultural sensitivity of services delivered.

### **Funding for these programs is insufficient**

Currently, funding of these vital programs is insufficient to ensure an adequate supply of healthcare providers for our most vulnerable populations: Stagnant or significantly reduced funding of these programs over the past three years makes it difficult to rebuild, strengthen and diversify our public health work force.

- The Centers for Excellence Program received a \$22 million reduction in funding in 2006 and very little new money was provided in 2008. This program provides grants to universities and colleges that enroll underrepresented minorities above the national average to increase the diversity in the healthcare workforce and provide education and training to future healthcare providers regarding the needs of minority and other underserved populations. As a result of the decreased funding, the number of colleges and universities funded dropped from 34 in 2005 to four in 2006.
- The Health Careers Opportunity Program received a \$31 million reduction in funding in 2006. While some new money was provided in 2008, the amount does not approach 2005 levels. This program provides grants to eligible accredited schools and public and private nonprofit health educational entities to increase the number of people from disadvantaged backgrounds entering and graduating from health and allied health professions programs and increase diversity in the health professions work force. In fiscal year 2005, 74 programs received funding. If additional funding is not provided, 83 percent of these programs will be unable to continue operation.
- The Training in Primary Care Medicine and Dentistry Program received a \$40 million reduction in funding in 2006. While some new money was provided in 2008, the amount does not approach 2005 levels. This program provides grants to public or nonprofit private hospitals, schools of medicine, osteopathic medicine, dentistry, physician assistants and other public or private nonprofit entities that educate and train primary care providers. These providers are necessary to achieve good health maintenance and disease prevention. As a result of decreased funding, there were no new grants in 2006 and ongoing grants were reduced. This resulted in reduced or eliminated programs at universities across the country.

## **APHA Recommendation**

Congress must reauthorize Titles VII and VIII of the Public Health Services Act this year and make a renewed investment in these vital programs by appropriating \$550 million for fiscal year 2009. The decrease in Title VII and Title VIII funding has resulted in the reduction or elimination of vital education and training opportunities for healthcare workers. Increased funding would strengthen and diversify the healthcare work force resulting in improved access to care for the nation's most vulnerable and underserved communities.

There are additional evidence-based solutions to address public health workforce shortages in recruitment, retention and diversity. The following policy and legislative solutions must be implemented at this critical time in history to avert a major public health workforce crisis:

- Establish federally funded public health workforce scholarship and loan repayment programs. Such programs should be modeled after those outlined in the Public Health Preparedness Workforce Development Act, introduced by Senators Hagel and Durbin.
- Increase core financial support for the public health infrastructure.
- Enhance leadership development programs for the public health workforce.
- Expand internship and fellowship programs in the public health professions, in such agencies as the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).

We thank the Senate Health, Education, Labor, and Pensions Committee for the opportunity to present our views on these important public health workforce issues.