Public Health System Workforce Plan

Approved by the Public Health Advisory Board July 10, 2025

Executive Summary:

The Oregon State Legislature provided a $50 million additional investment[1] in 2023 to bolster public health modernization funding for long-term improvements to Oregon's public health system, including statewide planning for public health workforce development and retention. In receipt of these additional funds, the Oregon Health Authority-Public Health Division (OHA-PHD) committed to developing a statewide public health workforce plan.

This comprehensive statewide public health workforce plan is ready for implementation and represents a significant step forward. It's the first plan of its kind to thoroughly address the diverse workforce needs throughout our public health system. In Oregon, the public health workforce includes state and local governmental public health, Tribal health authorities, community-based organizations (CBOs), and academic institutions (depicted in figure 1).
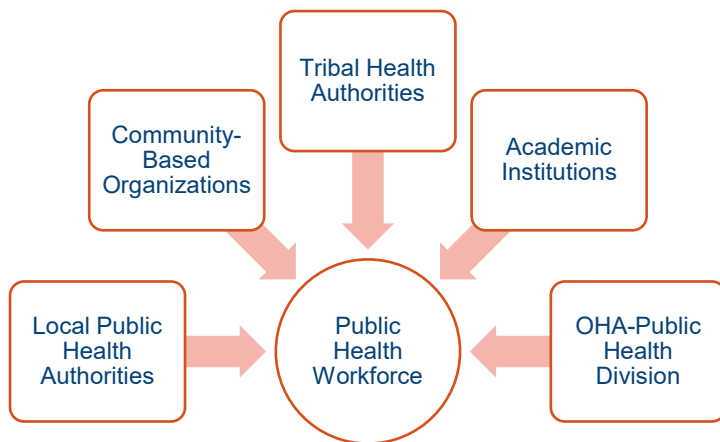

Figure 1 Workforce of the Public Health System in Oregon

Communities across the state rely on partnerships between state and local public health authorities, Federally-Recognized Tribes, CBOs and academic partners to sustain a workforce that provides services and programs as part of a comprehensive public health system. Tribal, state and local governmental public health agencies have statutory authorities for carrying out public health services; often serve as fiscal agents; and provide strategy and infrastructure for the public health system, including technical assistance to service providers.

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[1] **Oregon Health Authority Public Health Division.** (2023). Public Health Modernization: $50 million for health equity in 2023–2025. https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/OHA_053023_Invest.pdf

CBOs strengthen, champion, serve and give voice to communities across Oregon. Academic institutions prepare the future workforce through providing formal education, training and certificate programs for existing and new workers.

In July 2023, OHA requested that the Public Health Advisory Board (PHAB) develop this plan (and a health equity framework) through workgroup processes facilitated within the PHAB structure. OHA subsequently formed workgroups for each deliverable, with PHAB providing guidance on workgroup membership to include public health system partners.

The PHAB Public Health System Workforce workgroup was established in November 2023 to create recommendations for OHA's statewide public health system workforce plan. The workgroup met monthly until June 2024 to analyze data and identify needs. OHA then conducted workforce engagement sessions from July to September 2024. The PHAB workgroup reconvened between September and December 2024 to thoughtfully assess the feedback gathered from workforce engagement sessions, alongside a review of existing data. This collective input served as the foundation for shaping their recommendations. The PHAB workgroup presented their recommendations to PHAB in January 2025, and PHAB approved them in February 2025.

This plan builds upon the PHAB approved recommendations[2] to retain a qualified public health workforce equipped with equity-focused competencies and capabilities for foundational public health programs and services. As a comprehensive plan, it addresses key findings identified through existing assessments and responds to feedback from the public health workforce in Oregon. The plan is structured with the following priorities: recruitment, retention and workforce stability efforts, training and development, and system strategy and infrastructure. This plan complements the 2025 Public Health Modernization Capacity and Cost Assessment (CCA) Report[3] which provides necessary details to project future workforce needs and will inform an implementation plan for the objectives and activities identified in this plan.

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[2] **Oregon Health Authority Public Health Division.** (2024). *Public health system workforce plan recommendations approved by the Public Health Advisory Board February 2024. Recommendations developed by the PHAB Public Health System Workforce Workgroup.* https://www.oregon.gov/oha/PH/ABOUT/PHAB%20Meeting%20Documents/2024-12-11%20PHAB%20Public%20Health%20System%20Workforce%20Recommendations.pdf

[3] **Oregon Health Authority Public Health Division.** (2025). *Oregon public health modernization capacity and cost assessment report: April 2025.* https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/Modernization%20Capacity%20and%20Cost%20Assessment%2C%20April%202025.pdf

The Appendix is a crosswalk of topics for training and development identified by the PHAB recommendations as well as Oregon's Local Public Health 2025 Workforce Report[4], developed by the Oregon Coalition of Local Public Health Officials (CLHO).

This comprehensive, statewide workforce plan serves as the Oregon Health Authority Public Health Division's (OHA-PHD) commitment to sustaining an equity-centered public health workforce and reflects Oregon's commitment to ensuring the public health workforce is trained, responsive and valued.

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[4] **Oregon Coalition of Local Health Officials.** (2025). *Oregon's Local Public Health 2025 Workforce Report: May 2025.* *https://cdn.oregonclho.org/docs/content/FINAL._Oregon_s_Local_Public_Health_Workforce_Report_%28CLHO%2C_May_2025%29_.pdf*

Public Health System Workforce Plan

Purpose	A comprehensive statewide public health system workforce plan that addresses system-wide public health workforce priorities.
Workforce Priorities	Recruitment, Retention and Workforce Stability, Training and Development, System Strategy and Infrastructure
Lead Agency	OHA-Public Health Division, advised by the Oregon Public Health Advisory Board (PHAB)
Critical Partnerships	Oregon PHAB, Community-based Organizations (CBOs), Academic Partners, Tribal Health Authorities, Local Public Health Authorities, the Conference and Coalition of Local Health Officials (CLHO), Human Resources (HR) professionals from all sectors, Community Health Worker, Traditional Health Worker and Doula certificate/training providers.

Workforce Recruitment Strategies

Public health faces challenges across all sectors in recruiting qualified candidates from diverse talent pools. The objectives and activities below respond to factors such as lower compensation compared to healthcare and private sectors; remote work options as a strategy for areas with limited affordable housing and educational opportunities for public health career pathways -- particularly in rural areas and Tribal communities; and the lack of intentional diversity, equity, and inclusion hiring strategies. These are persistent obstacles for recruitment into public health positions.

Recruitment Initiatives	Objectives and Activities
Hiring Tools	**Develop a statewide hiring toolkit to meet diversity goals for the public health workforce.** • Include templates with guidance built from model policies to *increase recruitment diversity/recruit from a more diverse applicant pool; and* for onboarding. • Ensure clear strategies, goals and metrics.

	• Share inclusive and equitable hiring practices across the system.
Cultural Specificity	**Promote job opportunities through culturally specific channels.** • Post on culturally specific job boards, universities, community colleges, Tribal communities, and high schools - particularly those serving historically excluded groups. • Create recruitment campaign for epidemiology and emergency response roles, focusing on rural areas and diverse talent pools. • Develop outreach initiatives that diversify the public health workforce, increasing recruitment into public health jobs with emphasis on recruitment in rural areas, Tribal communities, and with communities of color.
Collaboration	**Establish a Human Resources (HR) collaboration infrastructure for the public health system.** • Address recruitment barriers through a shared approach in collaboration with HR teams, public health leaders and subject matter experts in equitable hiring practices from across the system. • Engage the network in developing the framework for the priorities identified for recruitment and retention. • Use digital collaboration tools to share templates for language, and desired attributes for positions, hiring processes, interview questions, etc. • Include actionable strategies from real-world examples for integrating older adults into workforce initiatives, fostering innovation, and building resilient communities (retaining, retraining, re-hiring).
Early Career Initiatives	**Promote early career pathways into public health.** • Strengthen internship, mentorship, and fellowship opportunities. • Partner regionally to expand student access to public health careers. • Create practical experiences in underserved schools and rural areas.

Milestones:

6-12 months	12-24 months	Ongoing
Workgroup established for HR teams and recruitment staff from across the system.	Statewide hiring framework created by HR workgroup with DEI goals identified for the public health workforce. Resource sharing hub for culturally specific outreach initiatives for promoting jobs in public health. Collaboration plan in place for strengthening early career pathways across the system.	Review recruitment campaigns and recruitment data annually once framework is established. Review reach of job postings to ensure jobs are posted on culturally specific channels within the first year of launch. Update resource sharing hub.

Workforce Retention & Stability

According to CLHO's 2021 Workforce Report, 16 public health administrators left their positions between 2021 and 2022. CLHO's 2025 Workforce Report updated that as of April 2025, another 17 administrators left their positions. In total, since 2021, 33 leadership transitions occurred at the local level; and since 2020 five leadership transitions occurred at the state-level with three different permanent directors and two interim directors leading the OHA-Public Health Division. Like many sectors, the public health field faces the dual challenge of an aging workforce and the urgent need to retain experienced professionals while inspiring and welcoming new talent. Intergenerational strategies, which leverage the strengths of a multi-generational workforce, offer a promising path to address this challenge by promoting knowledge transfer, fostering an inclusive environment, and supporting the needs of all workers, including our aging workforce.

Like recruitment, low pay is identified as a barrier to retention, particularly in rural parts of the state, in Tribal communities, in immigrant and refugee communities, and in areas where housing prices are unaffordable. Other barriers identified for retention and workforce stability include burnout, high workload, high stress and uncertainty and, limited leadership development and career progression opportunities. The objectives respond to these needs through system-wide collaboration, leadership and wellbeing activities.

Retention and Stability Initiatives	Objectives and Activities
Collaboration	**Develop and maintain the structures necessary for workforce partners to collaborate on retention efforts.** • Convene an Oregon public health human resources network with every public health system workforce sector represented to create a plan for shared retention efforts across the system. • Use digital collaboration tools to share templates for onboarding and retention strategies. • Develop and maintain strong, sustained partnerships with community-based organizations and community partners that support Tribal communities, communities of color, older adults in the workforce, immigrants and refugees, and rural communities
Leadership	**Enhance leadership development opportunities.** • Implement statewide public health leadership programs and develop resources for effective succession planning. • Explore and pilot mentorship and sponsorship programs that prioritize staff working on equity and in high-stress roles and responds to the needs of staff with identities that are underrepresented in leadership roles.
Workforce Wellbeing	**Support career progression and a diverse public health workforce.** • Implement strategies to prevent burnout and promote career progression to reduce turnover. • Maintain a diverse workforce by implementing comprehensive strategies that offer support across the public health system, such as affinity learning spaces, professional networking opportunities, and employee resource groups.

Milestones:

Within 12 months	Bi-annually	Annually
System-wide mentorship pilot program rolled out.	PH-WINS data assessed and shared to influence retention activities.	Leadership-level retention rates reviewed for state and local governmental public health roles.

Workforce Training & Development

Public health modernization identifies the workforce capabilities required for delivering effective public health programs and services. The training and development objectives below are responsive to the needs and gaps identified by the PHAB through the most recent workforce data; feedback from the workforce; the public health modernization evaluation of workforce capacity and, the capacity and cost assessment report (see resources). Intergenerational and cross-cultural training and development initiatives are intended to build foundational capabilities (knowledge, skills, education and experience) across the system. Successful training and development initiatives cannot be dependent on funding alone. They require dedication to staff time in sustained effort for system-wide collaboration to plan, implement, and evaluate trainings provided. A training crosswalk in the Appendix of this plan expands upon the activities listed below.

Training and Development Initiatives	Objectives and Activities
Emergency Preparedness and Response	**Expand emergency preparedness and response training within the public health system** • Provide cross-training opportunities within the public health system for existing workforce, ensuring that needs are met in scenarios with barriers of no additional funding or new positions. • Integrate trainings for emergency preparedness and response for Community Health Worker, Traditional Health Worker, navigator, and call center workforce.

Cultural Responsiveness	**Enhance culturally responsive community engagement skills.** • Expand and invest in existing trainings that provide culturally responsive Community Health Worker (CHW), Traditional Health Worker (THW), and Doula training with public health content. • Strengthen workforce expertise in language accessibility services (including accessing interpreters, plain language, and physical and digital accessibility standards). • Provide specialized training for staff in governmental public health to meet the diverse needs of communities, especially new immigrants and refugees. • Build workforce capacity for community engagement including trainings in data collection, partnership building and cultural competency.
Core Public Health Skills	**Provide learning opportunities for building skills in foundational capabilities.** • Prioritize policy and planning, health equity and cultural responsiveness, and leadership and organizational competencies (these capabilities are identified as highest need and lowest capacity in existing workforce). • Provide system-wide public health essentials training on foundational knowledge (i.e. Oregon's public health system, structures, authority, decision making processes, policy, funding, equity goals, and public health modernization). • Improve public health education and use of digital tools across the system. • Data collection and analysis to build skills in standards for Race, Ethnicity, and Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data and approaches that teach data justice, equity-informed analysis, and tribal data sovereignty. This includes training and development for advanced data analysis skills, including big data, small data, qualitative and quantitative methods, and data justice principles.
Workforce Wellbeing	**Provide learning opportunities that support public health workforce wellbeing across the system.** • Shared learning spaces on topics such as: resilience, burnout prevention, and mental health support. • Provide implicit bias training to identify and reduce bias and the impacts of bias in workforce recruitment and hiring; retention and workforce stability, training and development opportunities; and leadership pathways.

Milestones:

Within 12 months	In tandem with trainings	After 1 year
Scopes of work and training providers identified	Evaluations for training and development opportunities and integrated in decision making processes for future trainings	Impact assessment

Workforce System Strategy and Infrastructure

This priority responds to the absence of system-wide strategy and infrastructure initiatives for priorities identified in this plan. Objectives and activities included here, are in addition to or expanded from those reflected in the other priorities. This priority includes leadership development and organizational competencies required for the system to function and achieve its goals. The objectives and activities represent the collective capabilities of the workforce, rather than individual skills, and are essential for system success. Examples of organizational competencies include leadership, innovation, problem-solving, and change management. This priority necessitates a commitment to cultivating collaborative responsibility across the public health system.

System Strategy and Infrastructure Initiatives	Objectives and Activities

Career Ladders/ Pathways	**Develop the next generation of public health workforce.** • Invest in partnerships with academic institutions to introduce and encourage students to career pathways in public health. • Include lessons learned from surge bench programs that universities participated in with OHA during the covid-19 response. • Share templates, language, policies/procedures, and contractual tools across the public health system to support workforce onboarding, including student opportunities in public health projects and internships system wide. • Pursue public health tuition support for existing workforce; include certifications as career growth opportunities to "grow your own" public health workforce (dedicated to the needs identified by Tribal communities and communities in rural areas of the state).
Leadership Development	**Support organizational stability through diverse leadership development & retention** • Create mentorship and sponsorship programs for public health leaders from historically marginalized and underrepresented backgrounds and populations.
Collaboration	**Support system-wide conversations about public health workforce.** • To the extent possible, maximize existing spaces with strategic partnerships between state/local governmental public health, Tribes, CBOs, and academic sector to address priorities of this plan. • Consider convening statewide and/or regional coalitions dedicated to addressing public health workforce challenges and developing organizational trust across the system in times of funding and resource constraints. Identify change champions (within every workforce sector). **Share communications developed by system partners to promote accountability for the priorities of this plan.** • Communicate frequently and openly with public health advisory/decision-making bodies, as well as with staff and organizational leaders across the public health system. • Continuously engage and communicate with the workforce on the efforts of this plan; including specific approaches with managers.
Organizational Competencies	**Identify areas of this plan that would be supported by change management approaches** • Engage and integrate with project management throughout the implementation of changes that occur through this plan.

Improve technical assistance, fiscal processes, and communications across the system.

- Provide more frequent, consistent, and clear communications in technical assistance.
- Create collaboration spaces for sharing tools across the system.

Create a system wide workforce training plan (based on the cross walk included in this plan).

- Utilize this plan to identify topics and training platforms suitable for system-wide workforce audience.
- Identify and utilize necessary fiscal and business practices to procure training providers and provide system-wide training offerings.

Milestones:

Within 12 months	Within 12-18 months	Bi-annually
Centralized sharing platform for supporting academic partnerships (templates or example agreements for student workers and internships); cross-sector and regional sharing agreements for surge capacity and student internship/projects intended for use by the public health system.	Statewide strategy for public health tuition support and public health certification programs to promote career pathways developed.	Improvements to technical assistance, communication efforts documented, and evaluation reports shared.

Resources/References:

- [Oregon Health Authority Public Health Division (OHA-PHD-), Office of the State Public Health Director, Operations Unit](#) – the Workforce Team within the Operations Unit of OHA-PHD coordinated the PHAB Public Health System Workforce Workgroup responsible for crafting the recommendations that shaped this plan.

  During this plan's development, OHA-PHD also conducted a Cost and Capacity Assessment, released the biennial Oregon Public Health Modernization Evaluation Report (that assessed organizational structure and workforce needs), and established a contractual mechanism to support workforce training and development. These efforts are referenced in this plan and integral to implementation, further details provided below.
    - [OHA Public Health Modernization 2025 Capacity and Cost Assessment Report](#)
    - [Public Health Modernization Evaluation Report 2023-2025 Biennium](#)
    - The OHA-PHD developed a price agreement titled "Training/Technical Assistance/Workshops Price Agreement" to support the training needs and build the foundational capabilities and skills identified within this plan.

- The [Oregon Conference of Local Health Officials (CLHO)](#) is established in Oregon statute ([ORS 431.330](#)). All local public health administrators and local health officers are members of CLHO. CLHO provides recommendations to OHA-PHD to support a modernized, effective, coordinated, and sustainable governmental public health system in the state. The [Oregon Coalition of Local Health Officials](#) is a 501(c)(6) nonprofit organization representing Oregon's Local Public Health Authorities. The Coalition is contracted by OHA-PHD to provide support to the Conference of Local Health Officials. Although both the Coalition and the Conference are referred to as CLHO, they are distinct entities with separate functions and goals. Oregon CLHO staff participated in the workgroup that developed the recommendations used to shape this plan. The [Oregon Coalition of Local Health Officials Workforce Report](#) was released May 2025 and is referenced in this plan.

- [Community-based Organizations (CBOs)](#) – OHA Public Health Division recognizes the essential role of CBOs in community-driven, culturally and linguistically responsive public health service. OHA's commitment to eliminating health inequities by 2030 relies upon building trusted relationships with CBOs from every county and supporting their efforts to uplift community health priorities that are grounded in equity and accessibility. OHA-PHD funds community organizations throughout Oregon to advance the goals of [Public Health Modernization](#).

- Tribal Health Agencies – OHA-PHD will continue to work with Tribes through a formal process each biennium to determine their allocation of public health modernization investments and workforce priorities.

- The Public Health Advisory Board (PHAB) approved the [Public Health System Workforce Plan Recommendations](#) submitted by the PHAB Public Health System Workforce Workgroup in January 2025. This PHAB workgroup met monthly from January – December 2024 to review existing data on workforce needs, gaps, recommendations, and feedback from engagement sessions conducted in June - September 2024 with workers in the public health system. The goal of the workgroup was to provide recommendations to PHAB that would ultimately be utilized by the OHA-PHD to meet a [Public Health Modernization deliverable](#) of developing this plan.

Appendix

Public Health System Workforce Training Crosswalk

The first table in this appendix identifies **system-wide strategy and infrastructure** initiatives which for the purposes of this cross walk includes leadership and organizational competencies; as well as sustaining, developing, and supporting the public health workforce. The second table identifies **public health system workforce trainings** which build the capabilities

Figure 2 Modernized framework for public health services

necessary for implementing public health foundational programs (depicted in Figure 2). These trainings were identified from information within the CLHO Workforce Report and the PHAB 2025 Public Health System Workforce Plan Recommendations.
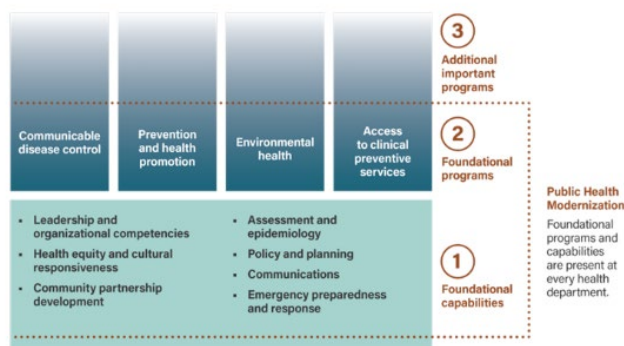
System-wide Strategy and Infrastructure Initiatives

Leadership Development (Both)	
Both	Statewide leadership initiative for early/mid-career staff.
Both	Succession planning, mentorship, and administrator onboarding.
CLHO	Address burnout, politicization, and isolation—especially in rural/frontier areas.
Workforce Recruitment & Retention (Both)	
Both	Statewide DEI hiring framework (model policies, clear strategies/goals/metrics, inclusive/equitable hiring practices, anti-bias training).
Both	Promote job opportunities through culturally specific channels.

CLHO	Support flexible work models (hybrid/remote), especially in housing-impacted regions.
CLHO	Develop wellness infrastructure and team-based staffing models.
CLHO	Cross-training and continuity of operations.
Academic Partnerships & Pipelines (Both)	
Both	Strengthen internship, mentorship, and fellowship opportunities.
Both	Partner regionally to expand student access to public health careers.
CLHO	Create practical experiences in underserved schools and rural areas.
Employee & Collective Care (Both)	
Both	Training on resilience, burnout prevention, and mental health support.
PHAB	Prioritize staff working on equity and in high-stress roles.
Partnerships (PHAB only)	
PHAB	Develop and maintain strong, sustained partnerships with CBOs and other community partners.

Public Health System Workforce Training

Emergency Preparedness & Response (PHAB only)	
PHAB	Public health-adapted FEMA, first aid, disaster navigation.
PHAB	Flexible response systems and data-informed decision-making.
PHAB	Service navigation for emergency support access.
Community Health Workers (CHWs), Traditional Health Workers (THWs), and Doulas (PHAB only)	

PHAB	Continued development and expansion of existing culturally specific public health CHW, THW, and Doula training.
PHAB	Co-creation of public health content in CHW, THW, and Doula training certification programs with Latinx and rural communities.
PHAB	Remove certification barriers for undocumented individuals.

Health Equity & Cultural Competency (Both)

Both	Skills in cultural competency, equitable data practices, and addressing health disparities.
PHAB	Training on engaging immigrants, refugees, people with disabilities, older adults, and marginalized groups and diverse needs

Public Health System Knowledge (Both)

CLHO	Statewide "Public Health Essentials" curriculum.
PHAB	Training on Oregon's public health system, equity goals, and modernization.

Health Education & Communication (PHAB only)

PHAB	Digital tools for outreach and service delivery
PHAB	Combat misinformation and create culturally appropriate messages.
PHAB	Address tech access disparities, especially among CBOs.

Data Analysis & Justice (PHAB only)

PHAB	Skills in qualitative, quantitative, big/small data.
PHAB	Emphasis on data justice and equity-informed analysis.

Language & Accessibility (PHAB only)

PHAB	Interpreter access, plain language use, and physical/digital accessibility standards.

For questions about the implementation of this plan, contact:

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