

Results of the Prioritization of Public Health Workforce Needs by Public Health Foundational Capability

All people in Oregon deserve to live in a state where they can have the best chance at health. The COVID-19 pandemic highlighted major gaps in our public health system which showed us that new, complex health threats do not impact all Oregonians equally. It is unjust that rural communities, communities of color, tribal communities, disability communities, communities with lower income and other underserved communities experience worse effects of health problems. One key solution to this problem is to create an equity-centered public health system through public health modernization.

[Public Health foundational capabilities](#) are the cross-cutting skills and capacities needed by the public health system to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes. The foundational capabilities are:

1. Communication
2. Policy and Planning
3. Leadership and Organizational Competencies
4. Health Equity and Cultural Responsiveness
5. Community Partnership Development
6. Emergency Preparedness and Response
7. Assessment and Epidemiology

Background

In March 2024, members of the Public Health Accountability Board (PHAB) Public Health System Workforce Workgroup identified workforce needs from their unique perspectives within the public health system. The feedback from the March meeting was noted in an online sticky note platform called Jamboard. The OHA-Public Health Division project team combined the workforce needs identified by the Workgroup with the workforce needs identified in existing public health workforce reports. In May and June 2024, the workgroup members completed polls to rank by order of priority the list of workforce needs for each public health foundational capability.

This document was created to support workgroup discussion on the questions below:

- Is there a top priority that is missing from your perspective?
- Who in the public health workforce needs to be engaged to understand the priority needs further?
- Are there parts of the public health system's workforce that aren't being addressed in the prioritized needs?

JUNE 12th WORKGROUP FACILITATED ACTIVITY 1

COMMUNICATION – TOP 3 WORKFORCE NEEDS

1. Improve communication and coordination of efforts among public health system partners across counties. (8)
2. Craft public health messaging to be relevant and current to 2024,* working with CBOs to develop messaging that resonates with the community. (9)
3. Increase representation by collecting better data and by including all populations at the table, seeking opportunities to engage, collaborate and share. (8)

POLICY AND PLANNING – TOP 3 WORKFORCE NEEDS

1. A lack of strategic planning that includes the entire public health ecosystem. (11)
2. Ability to keep up with real-time planning needs. (10)
3. Organizational/Institutional barriers such as County HR Systems that create barriers to recruiting, hiring and retaining workforce. (6)

HEALTH EQUITY AND CULTURAL RESPONSIVENESS – TOP 3 WORKFORCE NEEDS

1. Diversification of public health delivery systems that is more inclusive and culturally focused. (9) AND Racial inequities and nonrepresentation of communities of color and tribal communities in the public health workforce. (7)
2. Elected leaders may not support health equity work, DEI, and eliminate funding for this work. (6)
3. Constant community needs leads to exhaustion and distrust when the needles is not moved with short-term investments. (5)

JUNE 12th WORKGROUP FACILITATED ACTIVITY 2

COMMUNITY PARTNERSHIP DEVELOPMENT – TOP 3 WORKFORCE NEEDS

1. Lack of long-term funding/sustainability and competing for funding inhibits collaborative work. (7 votes -1st priority)
2. Small communities do not have as many partners or partners with capacity. (6 votes - 2nd priority)
3. Community partnership is not well defined in terms of meaning and impact. (6 votes - 3rd priority)

EMERGENCY PREPAREDNESS AND RESPONSE – TOP 3 WORKFORCE NEEDS

1. Foundational FEMA trainings are not accessible to all people and audiences and creates barriers to inclusion. (9)
2. Funding (8)
3. Unsure of how and where to locate emergency services and support. (10)

ASSESSMENT AND EPIDEMIOLOGY – TOP 3 WORKFORCE NEEDS

1. Rural challenges for recruitment/retention. Need remote positions for data analyst and epidemiologists. (11)
2. Lack of epidemiologists and program evaluation positions – people wearing multiple hats, limited capacity. (11)
3. Improve public health education to include epidemiology and assessment certifications.(6) Cannot grow and mentor professionals.(5)

MAY 8TH WORKGROUP MEETING FACILITATED ACTIVITY

LEADERSHIP AND ORGANIZATIONAL COMPETENCIES – TOP 3 WORKFORCE NEEDS

1. Wearing multiple hats, especially in rural communities, unable to conduct administrator/director duties. (15)
2. Leaders of color are asked to do so many roles, it's emotional and mentally taxing. (14)
3. Recruitment of a diverse workforce, especially in rural areas. (12) AND Temporary and limited term positions do not guarantee long term funding. (12)