



NATIONAL  
CONSORTIUM  
FOR  
PUBLIC HEALTH  
WORKFORCE DEVELOPMENT

# Common Agenda

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# About the Common Agenda

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The National Consortium for Public Health Workforce Development collaborates to ensure the public health workforce has the skills, resources, and support it needs to partner with communities to address the social determinants of health and achieve health equity.

We work across multiple sectors to unite leaders and employees of state, Tribal, local, and territorial public health agencies; universities and training providers; philanthropic organizations; federal agencies; community members; policymakers; partners in healthcare, and allies in other institutions to align our actions, support and promote research, facilitate shared learning, and improve understanding of the value of a well-trained, well-resourced, and diverse public health workforce.

The Common Agenda is our statement of how we will approach this formidable task. It was developed through the leadership of the National Consortium's Steering Committee, but nevertheless reflects the input of countless individuals, representing innumerable institutions across the country, including — most importantly — members of the very public health workforce it intends to support to succeed.

The Common Agenda clarifies the challenges, identifies the goals, and defines the strategies that the National Consortium will work with others to undertake in pursuit of our collective vision. It holds the Consortium accountable by asserting the role we will play in the work and spells out the principles that will guide the Consortium in our efforts.

At this moment in history, we should all be keenly aware of just how significantly public health affects each one of us, in all aspects of our lives. Therefore, just as the creation of the Common Agenda was a collective activity; realizing its vision will be as well.

**Please join us.**

[publichealthworkforcedevelopment.org](http://publichealthworkforcedevelopment.org)



## About the Common Agenda

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### Steering Committee Members

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## Vision

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The public health workforce is an effective, trusted partner to communities in addressing the social determinants of health and achieving health equity to create a nation where everyone can thrive.

To advance this vision, we focus on ensuring that the state, Tribal, local, and territorial public health workforce reflects diverse backgrounds,<sup>1</sup> works in inclusive and supportive work environments, and is skilled, resourced, and supported.

## Mission

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We collaborate to strengthen and support the public health workforce through research, public engagement, advocacy, convening, and by creating learning opportunities.

Change requires the actions of many, including state, Tribal, local, and territorial public health leaders; universities and training providers; philanthropic organizations; federal agencies; policymakers; the public health workforce; partners in healthcare and other sectors; and community members. In addition to influencing others, we also commit to transforming our own work to advance our shared strategy.

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<sup>1</sup> Note: Throughout the common agenda, our use of “diverse,” “the workforce reflects the communities it serves,” and “health equity” is inclusive of race, ethnicity, ability, gender, sexuality, economic status, geography and other identities and experiences.



## Guiding Principles

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- Center racial equity, social justice, and transformation in our work.
- Include diverse points of view.
- Engage practitioners in the work.
- Prioritize action over deliberation.
- Make decisions based on evidence.
- Take on tough challenges that are key to lasting progress.

## How Consortium Members Work Together

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- Commit to lifelong learning.
- Bring our authentic selves to this work.
- Find joy in the work.
- Follow through on our commitments to the group and the communities we serve.



# Consortium's Roles

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The Consortium will facilitate change through the following roles, infusing a focus on health equity throughout our work.

- 1. Improve the equity, quality, and responsiveness** of public and philanthropic programs and secure long-term funding to support the workforce by
  - a. Developing shared recommendations based in evidence and experience;
  - b. Using shared recommendations to advocate for changes in “p” policy (i.e., organizational policies, practices, and financial resources) and to inform “P” policy (i.e., public policy)<sup>2</sup>;
  - c. Improving the field’s knowledge about what works by developing a research agenda and mobilizing resources to support new research; and
  - d. Partnering with leaders in government reform to update merit systems, civil service requirements, HR systems, and other government-wide systems associated with strengthening the governmental public health workforce.
  
- 2. Deepen cross-sector leaders’ engagement in advancing health equity**, especially as it relates to public health workforce issues by
  - a. Convening people from health, education, business, technology, and other fields, alongside public health and working with them to develop a vision for partnering with each other and communities to address the social determinants of health and eliminate structural racism; and
  - b. Supporting leadership engagement, learning and practice communities, and dissemination of practical guidance to promote the adoption of anti-racist policies, procedures, organizational and employment practices, and agency culture.
  
- 3. Promote the public health workforce and build the public’s confidence in our field** through public engagement regarding the government’s role in advancing public health, the need for investment in the public health workforce, and the role that the public health workforce can play in partnering with communities to advance health equity.
  
- 4. Elevate the voices of the workforce** (across multiple levels, roles, and diverse populations) by regularly seeking their input to guide the Consortium’s work and to influence the field.
  
- 5. Align members’ own work with the Consortium’s agenda to advance shared goals.**

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<sup>2</sup> Note: Direct advocacy efforts will be led by others specializing in advocacy and organizing.



# Focus

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The public health system is complex and includes professionals from the public, nonprofit, and private sectors, academia, and law. To provide a concrete starting place, the National Consortium will focus on state, Tribal, local, and territorial public health (i.e., governmental public health). Nevertheless, we hope our work will ultimately benefit the entire public health workforce.

The governmental public health workforce faces several pressing issues, and we know that it is important to focus our efforts to create meaningful impact. In choosing focus areas, we used the following criteria as a guide:

- **Need:** It is essential to address this challenge to achieve our vision.
- **Unaddressed opportunity:** The Consortium would be making a unique contribution to the field.
- **Consortium's ability to influence:** Working at a national level, we have the expertise, relationships, and influence to make progress.
- **Clarity on solution:** We can see feasible ways to make progress.

We believe it will be most impactful for the Consortium to focus on three areas:

- **Advancing Health Equity through the Workforce**
- **Building Robust and Equitable Pathways in Public Health**
- **Supporting Learning and Professional Development**





# Challenges, Goals, and Strategies

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## 1. Advancing Health Equity Through The Workforce

### Challenges

As we have seen with COVID-19, our communities are inextricably linked. We all do better when those of us facing structural barriers to health can thrive. The public health workforce has an important role to play in advancing health equity, including collaborating with communities to address the social determinants of health, treating and supporting people in managing existing health challenges, and responding to urgent health crises.

Fulfilling our potential to advance health equity requires the will to challenge the status quo; an understanding of equity and social justice in its various forms, including anti-racism; knowledge of practical steps to transform health departments' policies, practices, partnerships, and culture; and dedicated resources and leadership support for doing this work.

Although many who work in governmental public health value racial equity and social justice, this is not yet true of everyone. Those who do may lack guidance for doing the deep work of shifting their own mindsets and practices or for taking practical action in community-facing work and internally within health departments. Meanwhile, even the most committed and knowledgeable public health workers are working within legacy systems and cultures that impose constraints on making change.

While far from the sole components of equipping the public health system to advance health equity, diversity and inclusion are important pieces of the puzzle. Several studies have shown that diverse teams are more innovative and effective than homogeneous ones.<sup>3</sup> Specifically in public health, knowledge of the community is an invaluable asset. People with various life experiences, whether Black, Indigenous, or other people of color; rural or urban; LGBTQ+ people; immigrants; people with disabilities; people with low incomes, and others, all face unique public health challenges and have unique insights into ways of achieving health and the opportunity to thrive. To support the entire community, public health departments need to have a workforce with a diverse array of perspectives and experiences. Moreover, everyone needs empathy, humility, and skills to listen, learn, and collaborate with communities to eliminate structural racism and address the social determinants of health.

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<sup>3</sup> David Rock and Heidi Grant. Why Diverse Teams are Smarter. Harvard Business Review. November 4, 2016. <https://hbr.org/2016/11/why-diverse-teams-are-smarter>



## Challenges, Goals, and Strategies • 1. Advancing Health Equity Through The Workforce

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Viewed nationally, health department staff are diverse across race and gender, but this is not true everywhere or across all roles. In general, people in leadership positions are less diverse. Moreover, the cultures of many health departments are not as inclusive as they should be. In an inclusive workplace, everyone believes their contributions are welcome and encouraged, feels a sense of belonging with their colleagues, and has opportunities for advancement and growth. An inclusive workplace that allows for a diversity of perspectives will foster the creativity and innovation needed to address the urgent and complex public health challenges of today and tomorrow. Inclusive workplaces also offer pay, benefits, and work environments that attract and retain people from a variety of backgrounds (i.e., do not depend on financial privilege or exceptional self-sacrifice among staff). Creating inclusive workplaces benefits everyone.

In addition, health departments need to have the knowledge and skill sets to address the specific experiences of their communities and mitigate the specific barriers they face. For example, our rural communities – which a substantial and increasing number of BIPOCs call home – are especially underfunded and understaffed while also navigating significant health challenges. People living in rural communities often face long distances to access health care and unique challenges with the social determinants of health. Recruitment and retention of providers to rural areas presents significant challenges.

Tribal health departments also face significant challenges with supporting Native American communities in both rural and urban areas. Despite Tribal communities experiencing disproportionate health challenges, Tribal health departments are significantly underfunded.<sup>4</sup> Many Tribal health departments and health care facilities also have difficulty recruiting and retaining staff, especially in the most remote locations.

As a national collaboration, the Consortium will collaborate with rural communities, Tribal communities, and others so their leadership guides this effort and solutions meet their specific needs and leverage their specific knowledge and assets.

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<sup>4</sup> Source: Mary Smith. Native Americans: A Crisis in Health Equity. American Bar Association. [https://www.americanbar.org/groups/crsj/publications/human\\_rights\\_magazine\\_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/](https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/)



## Challenges, Goals, and Strategies • 1. Advancing Health Equity Through The Workforce

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### Goals and Strategies

Thankfully, many have been doing the work of advancing health equity for a long time, and an increasing number of people and organizations are contributing to these efforts. After considering the current landscape and opportunities for the Consortium to add to (and not duplicate) work already underway, we determined our focus will be to build the workforce's ability to advance health equity by embedding intentional equity-focused strategies into our approach to the two other focus areas.

#### **Building Robust and Equitable Pathways In Public Health**

We will be better able to advance health equity if the workforce includes people from an array of backgrounds, identities, and experience—including Black, Indigenous, and people of color; people with disabilities; LGBTQ+ people; people from rural communities—and if people are invested in as leaders and supported to bring their knowledge of community priorities and needs to governmental public health. We will advance this through efforts to build equitable pathways to and through public health careers.

#### **Supporting Learning and Professional Development**

We also need to modernize the public health system. This will require the actions of many people, across the country, working within and across state, Tribal, local, and territorial health departments, nonprofits, academia, philanthropy, and other organizations. Consortium members can equip health department leaders and staff with learning experiences that increase knowledge, empathy, and humility, provide practical skills, and build the resolve to eliminate structural racism and other systemic barriers in all aspects of culture, systems, day-to-day practice, policy development, funding, and partnerships with other sectors. The Consortium will provide a forum for alignment and partnership to support this work to succeed.



## Challenges, Goals, and Strategies

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## 2. Building Robust and Equitable Pathways In Public Health

### Challenges

The governmental public health system should have the opportunity to recruit from a diverse pool of people who are aware of governmental public health, interested in joining the workforce, and are prepared with the knowledge, capabilities, experience, and commitment to health equity to partner effectively with communities. There is a particular need to expand opportunities and reduce barriers for Black and Indigenous communities, people of color, people with disabilities, and people from rural areas, who are under-represented in governmental public health, particularly in leadership positions.

We know that for many in the field, their interest was nurtured through direct experience working in a health department (e.g., through an internship or fellowship). People who might otherwise be interested in joining the field do not have enough exposure to governmental public health to spark their interest, or they may have poor perceptions of governmental public health jobs and a lack of understanding about the work. Moreover, public health education and training is expensive and not all internships are paid, making these opportunities inaccessible to people from lower-income backgrounds. HBCUs, HSIs, Tribal colleges, and other minority-serving institutions, community colleges, and rural-serving institutions play important roles in building awareness and training potential health department staff. As a field, we can do more to learn from, connect with, and support these institutions to strengthen pathways between these students and governmental public health careers.

When it comes to recruitment, we need modernized qualifications and systems that (a) recognize that a variety of skills and experiences equip candidates to support communities with addressing the social determinants of health and advancing health equity; and (b) allow candidates to move expediently through the application, interview, and final selection processes. Right now, the process can be slow, confusing, and difficult due to outdated systems, processes, job descriptions, and requirements. Additionally, the elimination of entry-level jobs due to budget cuts have made it difficult for early-career professionals to enter the field. Many state, Tribal, local, and territorial health departments find it difficult to pay competitive salaries in some positions, which can make it challenging to attract candidates, particularly those with student debt.



## Challenges, Goals, and Strategies • 2. Building Robust and Equitable Pathways In Public Health

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When it comes to retention and advancement, the governmental public health workforce has been shrinking –due to both a lack of long-term funding and burnout among staff –and nearly half of current staff plan to leave in the next five years.<sup>5</sup> Low salaries and benefits serve as a barrier to retention, as well as infrastructure, technology, work environments, and professional growth opportunities that have not kept pace with the expectations of today’s workers. Staff of color in particular are not reflected in the leadership of public health departments. Recruitment of diverse staff is important, but attention must be paid to creating inclusive, engaging environments where people stay –and thrive.

It will take the collaboration and partnership of many to address these challenges. Some of the work to build robust and equitable pathways into the public health workforce can be achieved at the national level. Other work must happen at the state, Tribal, local, and territorial levels, and at the level of individuals.

### Goals

- There is **broad interest in the public health field**, contributing to a robust pool of future governmental public health staff driven by a commitment to achieving optimal and equitable health for all.
- The pool of individuals interested in working in governmental public health
  - Has **diverse identities and life experiences**;
  - Brings **knowledge of critical job functions** (e.g., quality writing skills, time management, collaboration, communication, empathy, problem-solving, cultural humility, advocacy); and
  - Has the **mix of training and skills needed** today and in the future (including, for many roles, prior familiarity with public health and health equity as well as technical skills).
- In all geographies, **health departments can reach, screen, and hire** diverse candidates with the skills and health equity experience needed in public health today –and tomorrow.
- The public health workforce is **increasingly diverse across roles, levels, and geographies**. Achieving this goal requires health departments to have the following:
  - Hiring and advancement processes that provide everyone with equitable opportunities to grow and thrive in their career path; and
  - Working conditions that support retention and advancement, including increased pay and improved benefits, infrastructure to do the work well, and cultures of belonging and inclusion.

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<sup>5</sup> Source: de Beaumont Foundation and Association of State and Territorial Health Officials (ASTHO), Public Health Workforce Interests and Needs Survey: 2017 Findings. <https://www.debeaumont.org/findings/>



## Challenges, Goals, and Strategies • 2. Building Robust and Equitable Pathways In Public Health

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### Strategies

- 1. Inform federal agencies to strengthen and expand workforce programs that support state, Tribal, local, and territorial public health** so they incorporate significant plans and resources for creating a robust, diverse, and sustainable public health workforce and meet the needs of diverse communities.
- 2. Strengthen plans for retaining people hired during the pandemic into long-term jobs,** including by advising and supporting advocacy for increased long-term funding, a larger workforce, appropriate pay and benefits, and improved data to help the field understand and meet the unique workforce composition needs in each context.
- 3. Review and seek to build on existing research to identify and focus on the most significant barriers to recruiting and retaining diverse, qualified candidates.** Drawing on the research, expand and/or develop solutions that we can advance nationwide through collaboration. These may include the following:
  - Strengthen and expand student loan forgiveness and scholarships;
  - Expand internships, fellowships, and other career on-ramp programs, and ensure these programs meet the needs of individuals from under-represented backgrounds (e.g., paid opportunities, smooth transitions into full-time jobs);
  - Expand opportunities for professionals from other sectors to join public health and provide appropriate training;
  - Update and expand credentialing programs (e.g., Certified in Public Health [CPH], Certified Public Health Education Specialist [CHES], Certified Public Health Administrator [CPHA]) to remove barriers to participation and completion of certification and recertification;
  - Improve marketing of public health in general, and of job openings specifically, and make it easier to find job openings;
  - Partner with leaders in government reform (e.g., National Governor's Association, National Council of State Legislators, unions) to facilitate recruitment by working with government to update merit systems, civil service requirements, and HR systems; and
  - Convene discussions, provide information to support advocacy, and engage in communications to support increasing salaries and improving benefits, both monetary and non-monetary (e.g., flexible working arrangements).



**Challenges, Goals, and Strategies** • 2. Building Robust and Equitable Pathways In Public Health

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**4. Support health department leaders in implementing equitable and innovative management practices and inclusive cultures** by doing the following:

- Supporting Consortium members leading learning and practice communities where health department leaders and staff can shift their own mindsets, identify, and test practical changes, and learn from others facing similar challenges;
- Supporting partners in disseminating best practices guidance, tools, talking points, fact sheets, and policy recommendations for taking practice action to advance equity; and
- Leading by example in our own organizations.

**5. Serve as a resource and partner** for others leading efforts to improve infrastructure and technology, working conditions, size of the workforce, pay, and benefits.



## Challenges, Goals, and Strategies

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### 3. Supporting Learning and Professional Development

#### Challenges

Achieving a strong workforce involves not only bringing in, retaining, and advancing excellent and diverse candidates, but also supporting learning and professional development throughout one's career. In addition to better equipping health departments to collaborate effectively with communities, strengthening learning and professional development can also strengthen retention by indicating how much we value staff and are willing to support them to grow their careers.

Public health departments have reported that staff need stronger — and numerous — skills to meet modern public health challenges due to the complexity of the field. Beyond core public health principles and skills, health departments vary significantly in the skills they require and those they most need to build among their current staff.<sup>6</sup> It can be challenging for staff, managers, and health departments' workforce development professionals to gauge skill levels and skill development needs. We must ensure that public health departments have time and resources to conduct needs assessments to identify challenges and match staff with learning opportunities, and to support staff to participate in learning opportunities and apply their learning in practice.

Despite the wealth of existing training and professional development resources in our field, staff currently have limited time and financial support for participating. Because resources for learning and professional development are often tied to specific programs and funding streams, there are unequal opportunities for participation. In addition, there are limited resources available for supporting cross-program learning and professional development — including skill development for operations staff and under-supported clinical and programmatic positions — and for workforce development professionals.

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<sup>6</sup> Note: The variety of skills named by public health leaders points to the complexity of this field and variation across places. To provide an indication of the kinds of skills needed, what follows is a list of skills named in a survey of public health stakeholders completed while developing the common agenda: the [Core Competencies for Public Health Professionals](#); “strategic skills” for meeting the complex needs of current and future public health; frontline, scientific, clinical, and technical skills; foundational management and leadership skills; operations skills (e.g., HR, IT, finance, contracting); knowledge, humility, and practical skills to embed equity into every aspect of health departments' work; and skills for partnering with the communities staff are working in. The report [Adapting and Aligning Public Health Strategic Skills](#) aligns the strategic skills with the Core Competencies.





## Challenges, Goals, and Strategies • 3. Supporting Learning and Professional Development

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Staff face additional barriers including requirements to participate in repetitive and redundant training, travel restrictions in some regions that prevent staff from taking advantage of opportunities to learn across geographies and bring new skills and ideas back to their health departments, and (in some cases) bureaucratic hurdles to participation. We know there are opportunities to make training more interactive and effective. We need to create the kinds of learning experiences that will support everyone to gain technical and adaptive skills, as well as skills to embed health equity in all aspects of health departments' work.

Many of these challenges point to an underlying issue—insufficient support among some policymakers and senior leadership for seeing health departments as dynamic organizations requiring constant updating to respond to the ever-evolving conditions in communities. If leaders across the country positioned health departments as learning organizations, and supported them as such, much more would become possible.

### Goals

- Health department leaders and staff have **substantial and equitable time, resources, and support for engaging in continuous learning** through relevant and effective professional development opportunities. Achieving this goal requires the following:
  - Health department leaders and staff **know what skills they have and need** through resources for implementing needs assessments;
  - Learning and professional development is **supported at all stages of one's career** and is **resourced for people working on public health in all settings and in all roles**, particularly those that are currently under-resourced (e.g., rural, Tribal, territorial, low-income, and others); and
  - Health department leaders **value individual and organizational development.**
- Health department leaders establish work environments that foster **culture, policy, and practice changes that prioritize equity.**



## Challenges, Goals, and Strategies • 3. Supporting Learning and Professional Development

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### Strategies

1. **Inform federal agencies to strengthen and expand federal workforce programs that support state, Tribal, local, and territorial public health** so they incorporate robust plans and resources for training and professional development, resources go beyond categorical funding of specific programs/positions, and there are sustainable and equitable resources for workforce development staff and activities.
2. **Foster partnerships between hiring organizations, academic institutions**, including HBCUs, HSIs, and other minority serving institutions, rural and regional serving institutions, **and other training providers and encourage alignment of incentives** to accomplish the following:
  - Ensure training opportunities through federal programs address the knowledge and skills that workers need today and tomorrow; and
  - Prepare current public health students for new positions in governmental public health and facilitate their entry into jobs.
3. Ensure that **rural, Tribal, and territorial health departments receive targeted support** and professional development that addresses issues unique to their contexts.
4. Review and **seek to build on existing research to identify the most significant barriers** for workers in accessing existing learning opportunities. Drawing on the research, expand and/or develop solutions that we can advance nationwide through collaboration. These may include the following:
  - Encouraging public and philanthropic funders to **build training into programs/ funding opportunities**;
  - Aligning incentives for **health departments to provide staff with time and support** for participating in training and PD opportunities;
  - Increasing support in government agencies for **credentials for public health positions** (e.g., Certified in Public Health [CPH], Certified Public Health Education Specialist [CHES], Certified Public Health Administrator [CPHA]) and lowering barriers to participation and completion of certification and recertification;
  - Working with funders and providers to **increase knowledge about access to learning systems** for those who do and do not have them;
  - Supporting workforce development directors in **assessing needs and identifying trainings**; and
  - Strengthening **leadership training to foster “cultures of learning”** at health departments.



**Challenges, Goals, and Strategies** • 3. Supporting Learning and Professional Development

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**5. Support the field to move from health equity concepts to practical action.** This may include the following:

- Supporting Consortium members to lead learning and practice communities where health department leaders and staff can work to shift their own mindsets, identify and test practical changes, and learn from others facing similar challenges;
- Supporting partners to **disseminate best practice guidance**, tools, talking points, fact sheets, and policy recommendations for taking action to advance equity; and
- Leading by example in our own organizations.



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