RESEARCH BRIEF I OCTOBER 2021

STAFFING UP
Workforce Levels Needed to Provide Basic Public Health Services for All Americans

State and local governmental public health departments need an 80% increase in their workforce to provide a minimum set of public health services to the nation.

Despite the critical role that state and local governmental public health departments play in ensuring the safety, security, and prosperity of local communities, they have been consistently underfunded.

Budget and staffing cuts have weakened the nation's collective health and increased its vulnerability to emerging infectious disease and unchecked chronic disease. In the past decade, state and local health departments lost 15 percent of their essential staff. These cuts have limited the ability of health departments to plan for and respond to emergencies like the COVID-19 pandemic and to meet the daily needs of their communities.

Americans count on public health departments to prevent disease outbreaks and injury, monitor health status, provide scientific expertise, and respond to crises of increasing magnitude and frequency, and they deserve a public health system that is sufficiently resourced to protect and promote the health of all Americans. Even though funds have been allocated for the response to the pandemic, this short-term investment does not sufficiently address our weakened infrastructure. To advance a thoughtful reinvestment in public health, the de Beaumont Foundation and the Public Health National Center for Innovations conducted a first-of-its-kind analysis to estimate the number of state and local public health department staff needed to deliver basic, everyday services adequately and equitably.

Based on this analysis, state and local health departments need to hire a minimum of 80,000 more full-time equivalent positions (FTEs) — an increase of nearly 80% — to provide adequate infrastructure and a minimum package of public health services. (See Figure 1.) This increase in staffing would provide the infrastructure needed upon which additional staff could be added to provide more comprehensive services to respond to emergencies.

Based on existing shortages, approximately 54,000 of these additional FTEs should be deployed to local health departments and 26,000 to state health departments. (See Figures 2 and 3.)

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While all state and local departments need additional FTEs, the most acute needs are in local health departments that serve fewer than 100,000 people.

Note: The estimates presented in this brief encompass only the minimum number of FTEs needed for the development of infrastructure and provision of minimum services. They do not account for additional FTEs that may be temporarily required to respond to the extensive needs of pandemics or other new challenges.

Figure 1: New FTEs Needed by Population Served

	Current FTEs for basic foundational public health services	Total FTEs needed for full implementation	Additional FTEs needed for full implementation	Percentage change needed
<25,000	4,000	13,000	+9,000	230%
25,000-49,999	5,500	13,000	+7,500	140%
50,000-99,999	7,000	15,000	+8,000	110%
100,000-199,999	8,500	14,500	+6,000	70%
200,000-499,999	14,000	20,000	+6,000	40%
500,000+	33,500	51,000	+17,500	50%
Local Health Departments	72,500	126,500	+54,000	70%
State Health Departments	31,000	57,000	+26,000	80%
Total	**103,500**	**183,500**	**+80,000**	**80%**

Note: Estimates are rounded to the nearest 500 FTEs and the nearest 10% change.

Figure 2: Current and Needed FTEs for State and Local Health Departments

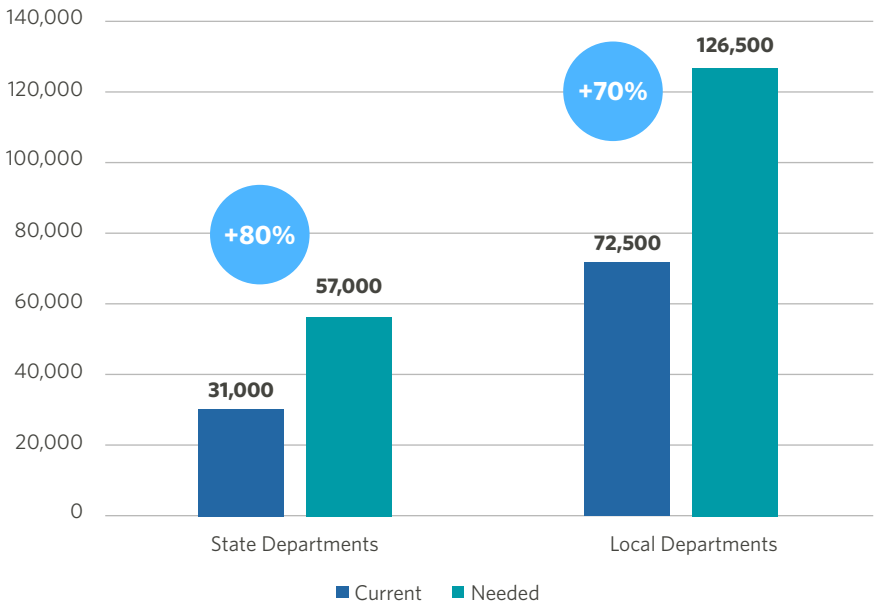
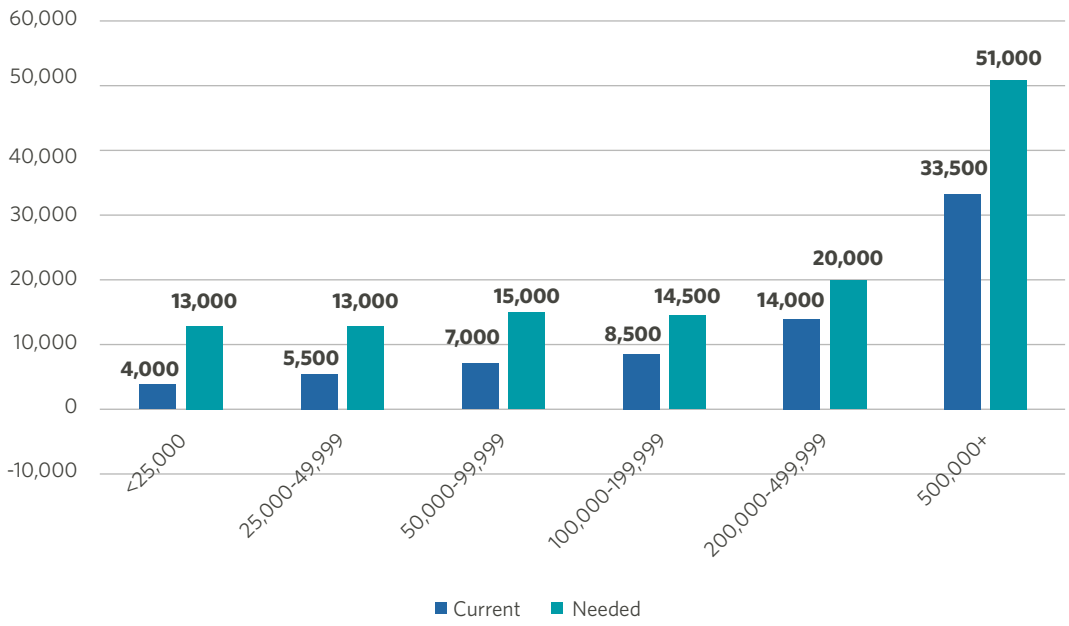


Figure 3: Number of Foundational FTEs (Current vs. Needed)



The 80,000 FTEs would need to represent differing levels and types of expertise. Of those positions dedicated to infrastructure, one quarter of the needed FTEs should be dedicated to assessment. Among foundational areas, chronic disease and injury prevention are in greatest need of additional FTEs. (See Figure 4.)

Figure 4: New FTEs Needed by Category

	Local	State	Total
Infrastructure			
Assessment	4,500	4,500	9,000
All Hazards	3,000	2,000	5,000
Other Foundational Capabilities	17,500	8,000	25,500
Foundational Areas			
Chronic Disease and Injury	8,000	5,000	13,000
Communicable Disease	4,500	1,500	6,000
Environmental Health	7,500	2,000	9,500
Maternal and Child Health	5,500	1,000	6,500
Access/Linkage to Care	3,500	1,000	4,500
Total	**54,000**	**26,000**	**80,000**

PROCESS AND METHODS

The de Beaumont Foundation and the Public Health National Center for Innovations at the Public Health Accreditation Board conducted this analysis, guided by a team of experts in methodology and the public health workforce, a Research Advisory Committee of public health scholars and data experts, and a Steering Committee composed of national leaders in public health policy and practice.

The national estimates were generated from data collected from nearly 170 local health departments in four states (Colorado, Ohio, Oregon, and Washington) and three state health departments. These states underwent extensive exercises to cost out their current implementation of baseline services, understand what full implementation would cost, and identify the gap (i.e., the dollars and staff needed to move from current to full implementation). As a result, these states provided the best available data about what infrastructure health departments need to serve communities.

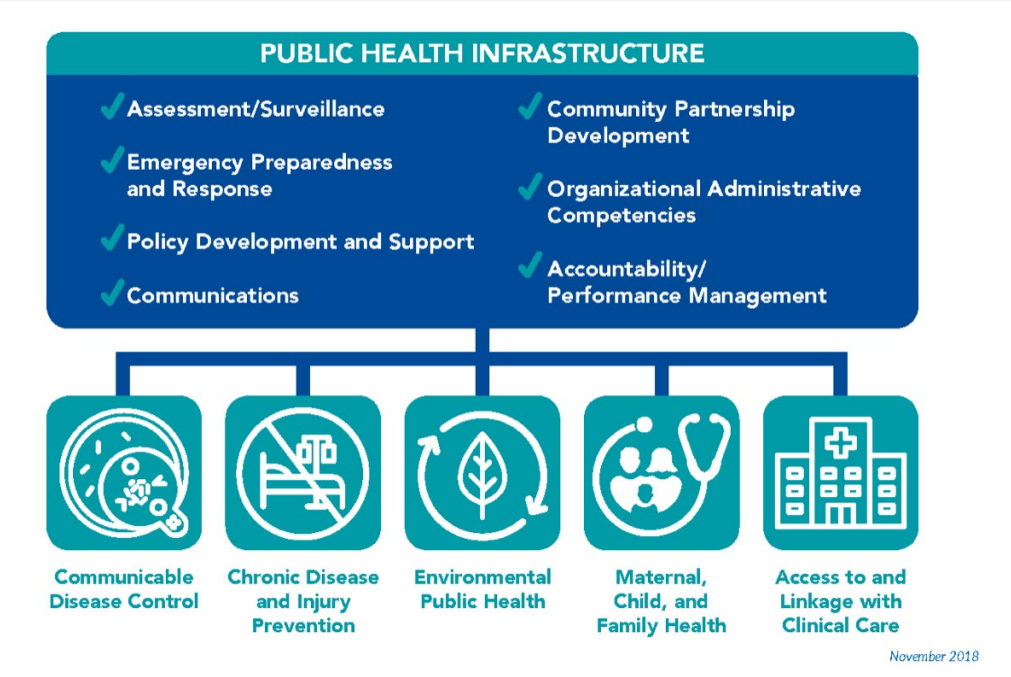
Researchers extrapolated findings from these 173 health departments to the nation's 2,450 local health departments by creating models for the key activities that all health departments should be able to implement, based primarily on population size.

These estimates are calculated based on data from state and local health departments prior to COVID-19. They are also not representative of workforce needs for U.S. territories and freely associated states or Tribal Nations. To better ascertain workforce needs for these entities, collaboration with them should be undertaken, and data should be collected relevant to their needs and desires around public health service provision.

The estimates represent the minimum number of FTEs needed by state and local health departments to provide basic foundational public health services to all communities represented by the Foundational Public Health Services. As shown in Figure 5, the Foundational Public Health Services consist of:

- Seven "foundational capabilities," which are the cross-cutting skills and capacities needed to support basic public health protections and other programs; and
- Five "foundational areas," which are topic-specific programs aimed at improving the health of the community affected by certain diseases or public health threats.

Figure 5: The Foundational Capabilities and Areas of Public Health



The full methodological report is available at www.staffingup.org

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