Insights on Actionable Strategies

to Strengthen the Public Health Workforce; Focusing on Recruitment and Retention

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PH Leads Steering Committee Feedback Synthesis Report

The Public Health Leadership and Education Advancing Data Science (PH LEADS) Steering Committee was convened to guide the development of curricula, training models, and workforce strategies that align with the evolving needs of the public health field. Comprised of a diverse and accomplished group of leaders from academia, local and state health departments, and public health innovation organizations, the committee offers deep expertise in areas such as data science, health equity, workforce development, epidemiology, and systems leadership. Their lived experience and professional insight provide a powerful lens through which to examine the current gaps and future priorities in public health education and leadership training.

The PH LEADS Steering Committee's charge was to support PH LEADS through strategic mentorship and the co-development of recommendations in three key domains:

1. recruitment and retention,
2. curricular development guidance,
3. and the alignment of education and training with public health workforce needs.

Over the course of quarterly meetings and in-depth review assignments, committee members offered critical insights into the shortcomings of existing educational pathways and proposed forward-looking strategies to modernize training, improve diversity and equity in leadership, and better prepare the workforce to meet emerging challenges.

This document synthesizes the PH LEADS Steering Committee's recommendations, highlighting actionable strategies and thematic priorities as it relates to strengthening public health workforce recruitment and retention.

The *NNPHI Systems Approach Handbook (July 2024)* served as a key resource for the PH LEADS Steering Committee in its review of workforce challenges, particularly around recruitment and retention. The handbook introduces foundational concepts such as feedback loops, leverage points, and adaptive learning, while encouraging a shift away from siloed, programmatic approaches toward more integrated, equity-centered strategies. As part of their participation, the PH LEADS Steering Committee members reviewed the handbook with a specific focus on its implications for public health workforce sustainability.

Hiring Practices and Job Accessibility

A core area of feedback centered on reforming hiring practices to remove systemic barriers and modernize job accessibility. Members emphasized the need for departments to partner closely with hiring managers and human resources professionals to develop applicant-friendly guidance—particularly for prospective candidates unfamiliar with government hiring structures. Suggested strategies included free resume review sessions, bias-aware applicant prompts (e.g., "Please speak to your individual contributions"), and revised criteria for international applicants and those for whom English is a second language.

Participants called attention to the exclusionary nature of many entry-level job descriptions, noting that requirements like bachelor's degrees and several years of experience disqualify new graduates from even the most basic roles. To counter this, the committee proposed limits on how much experience applicants can have for entry-level roles, elimination of vague degree-based criteria, and use of alternative credentials and demonstrable competencies.

Remote work was cited as a crucial strategy to improve geographic and demographic equity. Several contributors noted that requiring in-person presence in central urban offices systematically excludes rural, Tribal, and otherwise distant community members—many of whom could offer critical lived expertise.

REFORMING HIRING PRACTICES

to remove systemic barriers and modernize job accessibility

DEVELOPING APPLICANT-FRIENDLY GUIDANCE STRATEGIES

REMOVING BARRIERS FOR ENTRY-LEVEL JOBS

OFFERING REMOTE WORK TO IMPROVE GEOGRAPHIC & DEMOGRAPHIC EQUITY

Job Classifications and Promotion Pathways

Committee members voiced concerns about outdated job classifications, inadequate compensation, and unclear pathways for advancement. They urged health departments to revisit job descriptions and salary bands to better align with education levels, cost of living, and labor market trends.

One recommendation proposed the development of transparent career maps—visual guides that outline the skills and experiences needed for upward mobility (e.g., moving from Health Educator to Program Manager).

Additionally, members encouraged leadership to create more equitable promotion policies by investing in mentorship programs, training hiring managers to recognize bias, and analyzing promotion data by race, gender, and other demographics.

Retention Through Engagement and Organizational Culture

Retention, the committee emphasized, is not solely based on compensation—though fair pay and benefits remain vital. **Instead, members described an urgent need to foster organizational cultures that promote engagement, psychological safety, and professional development.**

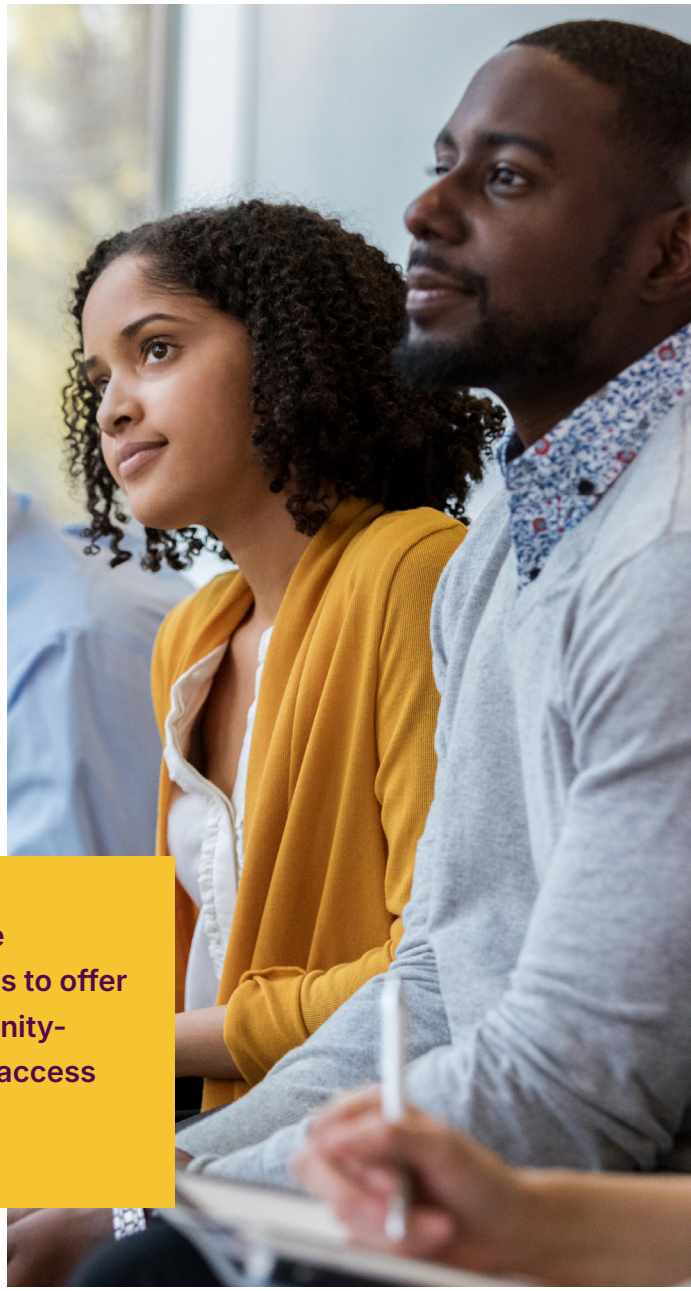
Retention strategies included "buddy systems" for onboarding, structured on-the-job training, and formal recognition of staff contributions, whether through awards, verbal praise, or team-wide celebrations.

To retain and elevate underrepresented staff, departments must invest in continued education—particularly around community engagement, plain language, and data visualization. Upskilling existing staff, especially in data roles, both fills current capacity gaps and creates long-term pathways to advancement.

Workforce Pipeline and Academic Partnerships

The committee strongly supported growing the public health workforce through partnerships with educational institutions, especially HBCUs, Tribal Colleges, MSIs, and community colleges.

These partnerships can facilitate pipelines into the workforce by embedding students in internships, fellowships, and mentorships during their training. Notably, several members recommended aligning curricula more closely with realistic workplace practice— such as integrating skill-building in software tools like R, SAS, GIS, and Tableau as well as applied knowledge like budgeting, grant writing, and risk communication.



To address both recruitment and workforce readiness, members called on hiring entities to offer micro-credentials, bootcamps, and community-based training opportunities that prioritize access for historically excluded populations.

Narrative, Visibility, and Community-Based Recruitment

A recurring theme was the need to reframe how public health jobs are communicated. Committee members recommended showcasing success stories of underrepresented professionals in leadership roles—telling the story of "what I do, how I got my start, and why my work matters." These stories can be disseminated through social media, virtual workshops, and community-based venues ranging from public libraries to transit hubs.

Recruiting from within communities was viewed as essential. This approach not only deepens trust and cultural relevance but also supports long-term retention by aligning jobs with lived commitments to their own neighborhoods.

Dissemination and Systems-Level Change

Finally, the committee encouraged wide dissemination of recruitment and retention data. Listening session insights and workforce trend reports should be translated into accessible formats like infographics, webinars, and policy briefs. These materials, they argued, should be shared broadly with academic partners, professional associations, and local organizations to catalyze sector-wide change.

Public health departments, they concluded, must adopt people-first, equity-focused, and competency-aligned approaches to hiring and retention. Only then can we build a public health workforce that reflects and serves the communities it exists to protect.