

May 16, 2022

The Toll of COVID-19 on Public Health Workers Demands We Invest in Public Health

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The Pandemic and Local Health Departments

More than two years intensely combatting the COVID-19 pandemic has proven an enormous strain on our country's health departments. In Oxford and Henderson, North Carolina, at [Granville Vance Public Health](#), I have seen the effects of public health workforce burnout first-hand. Leaders are called upon to offer creative approaches to keep critical staff. As quickly as our systems will allow, we are updating policies on family leave, hybrid work, salary and bonus pay to keep our most valuable assets in place – our public health workforce. For those on the public service front lines who fight disease, organize and staff vaccine clinics during extended hours, holidays, and weekends, taking needed time away from work feels difficult and stressful – especially in rural areas where the workforce bench is not deep, and each nurse leads multiple programs and service areas.

Like other industries, public health officials conduct exit interviews with staff upon their departure to document several quality improvement data points, including reasons for leaving agencies. In 2021, we saw more indications of burnout listed as a reason with added comments such as, “My cup is just empty.” Another departing worker stated, “I was offered \$10,000 per year more in salary to do a less stressful job with better hours elsewhere without being (verbally) attacked by the public.”

Our Public Health Workforce

According to studies conducted before the pandemic by the [National Association of County and City Health Officials](#) (NACCHO), which represents the country's nearly 3,000 local health departments, local and state health departments lost more than 20% of their workforce capacity between the recession of 2008 and the beginning of the pandemic. More than 50,000 jobs were lost, leaving local health departments to do more with less.

Fifty-five percent of local public health professionals are over the age of 45. Moreover, almost 25% of health department staff are eligible for retirement. Projections suggest nearly half of the local and state health department workforce might leave in coming years. At the same time, competition with the private sector, low pay, and geographic challenges contribute to difficulty recruiting new talent with key public health skills. Combined, these forces indicate a public health workforce crisis that must be addressed.

What Can We Do?

We must increase **SUSTAINABLE** federal and state funding specifically for our public health departments to staff 21st century public health teams and at the very least, return to pre-2008 levels. We must have a workforce ready in communities large and small *before* a disaster like COVID-19 strikes, not after. And we must provide incentives for new people to enter the profession and stay by enacting and implementing a loan repayment program for public health professionals who agree to serve three years in a local, state, or tribal health department, which is being considered by Congress. Policies at state and federal levels can also be effective tools to enforce much-needed updates to state human resource job descriptions, provide updates to skills and educational backgrounds for new roles such as public health informatics, and connect associated pay scales for the governmental local public health workforce to new competitive standards.

Our local public health workforce has worked tirelessly at a cost to their own mental and physical health. We need to invest in them and the system at large so they can continue to work to protect us, fight disease, promote health, and contribute the economy in ways only a healthy workforce can. The NC Institute of Medicine is rounding out a timely task force effort on the “*Future of Local Public Health in NC*” where top leaders across business, academia, government, and philanthropy are working together to develop a vision and share recommendations to achieve that vision through modernized data systems, improved communication, and the connection between clinic services and population health. (<https://nciom.org/future-of-local-public-health-in-north-carolina/>). As the fathers of quality improvement have taught us, “Every system is perfectly designed to get the results it gets.”

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About Ms. Harrison

Lisa Macon Harrison is Local Health Director of Granville Vance Public Health and President of the Board of Directors of the National Association of County and City Health Officials.