

PUBLIC HEALTH JOBS NOW!

Recommendations for the Implementation of Sections of the American Rescue Plan Act

Public Health Jobs Now! is a campaign of labor unions, community-based organizations, faith-based organizations, public health experts and advocates that worked for the inclusion of hundreds of thousands of good new jobs in public and community health in the *American Rescue Plan Act*.

To combat COVID and advance health equity and racial justice, we believe that certain approaches in implementation are essential:

Building the Public Health Workforce We Need Requires Smart Investments

- The Department of Health and Human Services (HHS) should draw upon all relevant sections of the American Rescue Plan Act (ARPA) for funding the public health workforce. Short-term hiring should be funded through those sections of the ARPA dedicated to specific short-term COVID needs such as vaccination and contact tracing (e.g., Sections 2401 and 2406). Section 2501 funds should be dedicated to longer-term employment and capacity-building.
- Section 2501 Public Health Workforce jobs should be full-time, longer-term (e.g., 2+ years) jobs. This will give states, localities and community-based organizations (CBOs) the ability to build a trained and experienced workforce capable of addressing the long-term publichealth impacts of COVID.
- Public health workers should be recruited and trained to foster a broad skill set, so they can transition from addressing acute COVID-19 to addressing the social determinants that have driven the inequitable impact of COVID-19. Partnerships with public health apprenticeship programs that have strong connections to impacted communities, health departments, and CBOs should be strongly encouraged.
- HHS should require that Sec. 2501 funding supplement, not supplant, state and local public health funding streams to ensure that governments maintain their efforts around public health.
- HHS should create a formula for subgrants to ensure some funds make it to local health departments for the purposes of Sec. 2501. Sens. Gillibrand, Bennett, Smith, Klobuchar, Van Hollen, and Booker recommended one possible formula in their [letter of intent](#).
- HHS should create a tracking tool that gives granular information on where ARPA funds are going to help ensure funds are used effectively.

All Public Health Jobs Created Through ARPA Should Be Good Jobs

- All Sec. 2501 jobs should require strong labor standards. Workforce members should be (1) paid no less than the higher of \$15/hr or prevailing wage for the applicable area and occupation in accordance with the Service Contract Act; provided with (2) fringe benefits, including health, retirement, and paid family and medical leave; and (3) have a choice to join a union. We support the specific language in the “Health Force Member Compensation” section of the [letter of intent](#) by Sens. Gillibrand, Bennett, Van Hollen, Smith, Klobuchar, and Booker.
- Workforce members (especially social support specialists and community health workers) should be recruited from the communities most affected by COVID-19 and other disadvantaged populations. Not only is trust and cultural and linguistic competence essential to delivering effective and racially equitable public health services, but targeted hiring helps mitigate the economic harms of the COVID crisis on disproportionately impacted communities.
- To ensure Sec. 2501 funds build upon and extend existing public health workforce capabilities, current workers should have strong protections against displacement, and recently laid-off or furloughed public health workers should have a right to recall.

- o Pathways for career development are critical to recruit, retain, and expand the public health workforce, and all funds distributed under Sec. 2501 should require a strategic plan for developing public health careers.
- o Loan forgiveness should be funded through other means, rather than take away from the intent of the workforce funding in Sec. 2501.
- o HHS should clarify that Sec. 2501 funds cannot be subgranted to for-profit organizations, used to contract out to for-profit organizations, or used for any purpose other than employment, PPE, and administration by health departments and nonprofit private or public organizations.

Building Capacity in Communities

- o We cannot halt the pandemic without a workforce that shares lived experiences with those most affected. Trust and local expertise is fundamental to effective vaccination, contact tracing, and health equity work. HHS should require that states and localities using ARPA funds recruit and hire from vulnerable communities, and ensure linguistic and cultural competence. States and localities should also be instructed to partner with the local grassroots CBOs that will be most effective in this work.
- o HHS should ensure that any ARPA funding that goes to CBOs can be allocated up front to meet the needs of small CBOs and state and local health departments to cover capacity expansion costs.
- o HHS should require states to avoid citizenship and excessive degree/licensure/certification requirements that might exclude qualified candidates, particularly for community-based roles. Candidates can be assessed for basic literacy, numeracy, and data collection skills regardless of their actual educational attainment, and building these skills into onboarding curricula and on-the-job training can further strengthen workforce professionalization and standardization. Where applicable, training programs should be paired with state-mandated accreditation. Criminal legal system involvement should not remove a candidate from consideration.
- o HHS should require states to involve the community in a needs assessment for long-term workforce positions, and build a roadmap for communities to create planning councils, modeled after those created by the Ryan White Act, that give CBOs, labor organizations, and community members the ability to contribute to plans to implement ARPA workforce funds at the local level. Small CBOs are often the most effective in reaching local communities, advancing equity, and hiring a diverse workforce. They also know community needs. But they are often at a disadvantage in gaining funds and excluded from planning processes.
- o CBOs with demonstrated experience addressing health needs and those with a track record of working with BIPOC communities to provide culturally and linguistically appropriate care should also be given priority and support in accessing funding for CBOs (i.e. via pooled funding mechanisms and up-front grants) through HRSA funding.
- o To ensure that this funding drives long-term capacity building, administrative and capacity-building costs must be permitted, as stated in Sec. 2501 (b)(3).

These Asks Are Supported by the Following Organizations, As Part of the Public Health Jobs Now! Campaign:

American Medical Student Association
 Bayard Rustin Liberation Initiative
 The Center for Popular Democracy
 Congregation of Our Lady of Charity of the Good
 Shepard, US Provinces
 DC Dorothy Day Catholic Worker
 El Sol Neighborhood Educational Center
 Hispanic Federation
 Marked By COVID

National Advocacy Center of the Sisters of the Good
 Shepard
 NETWORK Lobby for Catholic Social Justice
 Partners In Health
 People's Action
 Right to Health Action
 Service Employees International Union
 Treatment Action Group
 Yale Global Health Justice Partnership