

# PUBLIC HEALTH JOBS NOW: A Public Health Jobs Corps to Build a Healthy Future

To address the COVID pandemic and combat ongoing and future public health catastrophes, we urgently need a new Public Health Jobs Corps. Federally funded and locally managed, it will create 1.6 million permanent, quality jobs across America, build a healthier and more equitable future for all Americans, and ensure that Black and brown communities can thrive.

## VISION

The uncontrolled coronavirus epidemic is entering a new and more dangerous phase, particularly for Black, Latinx, immigrant, and indigenous communities of color, and people who are older and living in institutional settings disproportionately impacted by the pandemic.<sup>1</sup> Our support structures and initial vaccination efforts are inadequate. We need urgent action to curb the pandemic, boost the economy, and address the underlying causes of economic and health inequity resulting from hollowed-out caregiving and public health infrastructure. Americans across the political spectrum recognize the urgent need for a major new Public Health Jobs Corps to fight COVID-19, with 75% of likely voters, including 61% of Republicans, supporting the creation of such a program.<sup>2</sup> Similar public health investments have proven to save lives and generate savings through improved chronic disease outcomes, reduced hospitalizations, and lower health care costs,<sup>3</sup> while direct job creation by the government has a higher multiplier effect than other policies. Our coalition of labor unions, public health experts, and advocates is calling for the creation of a Public Health Jobs Corps (PHJC) to create 1.6 million permanent public health jobs, including 540,000 permanent Community Health Worker positions, to address health disparities and rebuild our capacity to address current and future crises. **A systemic investment in jobs focused on the health of historically marginalized communities will address the immediate urgency of the COVID-19 pandemic, improve economic and health outcomes, and dismantle the structural and social factors that drive health inequity.** Many of these jobs can be created immediately, and all of them fully staffed by 2024.

## ROLES

The PHJC will address COVID-19 and rebuild public health infrastructure by serving critical functions at every phase of the pandemic and beyond. The PHJC must include a permanent public health workforce comprised of at least 1.6 million new jobs:

- 650,000 community-based jobs, including a short-term COVID-19 response workforce of 140,000 contact tracers, case investigators, and care coordinators and a long-term, permanent cadre of community health workers focused on vaccine outreach and mobilization, health accompaniment and peer education, resource navigation, and advocacy.
- 250,000 State and Local Public Health Agency Workers to build public health infrastructure and address ongoing health crises (e.g. the opioid epidemic, the obesity epidemic, and environmental drivers of sickness);
- 600,000 School-Based Care Workers (school nurses, counselors, psychologists, social workers, nutrition staff, and more) to support reopening and address the impact of COVID on schools, and to provide all children with access to vital mental, physical, and emotional support;
- 100,000 Social Workers and Legal Aid Support Staff to help individuals access critical support services such as affordable housing.

## CORE PRINCIPLES

COVID has impacted marginalized communities the hardest - people of color, essential workers, and those put at risk by the fraying of our safety net.<sup>4</sup> The PHJC must recruit from and serve these communities, and be designed to build power and combat the structural racism that generates such disparities. Hiring should prevent displacement of the current public sector workforce, and should prioritize individuals from low-income communities, communities of color, LGBTQ, and immigrant populations including people with disabilities; high-need regions such as rural communities; and those facing barriers to employment. Recently laid off public workers should have a right to recall for these positions. PHJC members must be paid living wages, plus benefits, the right to organize and a pathway to joining a union, the right to a safe workplace, with training, pathways for advancement, and access to wraparound support services that will enable workers stressed by pandemic caregiving needs to serve in these jobs, such as childcare and flexible scheduling. Employers should receive incentives for adopting high-road labor practices.

## STRUCTURE

The PHJC should be federally-funded, but implemented locally to align with community priorities and needs. Funding will be allocated based on population and health disparities, with funds disbursed through local priority setting planning bodies and semi-participatory budgeting. To ensure jobs are of high quality, statutory language and federal guidance must create a wage-and-benefits floor for the program with robust labor protections and opportunities for worker voice, as well as stipulate support requirements. The PHJC should be funded in a sustainable ongoing fashion, including dedicated annual appropriations, incorporation into public health funding, Medicaid, or other standing federal programs.

## SIGNATORY ORGANIZATIONS

Service Employees International Union	The Partnership for Working Families
Partners In Health	Demos
Center for Popular Democracy	In the Public Interest
National Employment Law Project	Georgetown Center on Poverty and Inequality
Community Change Action	Policy Link
Insight Center for Community Economic Development	HealthBegins
Yale Global Health Justice Partnership	Right to Health Action
Cornell Center for Health Equity	

## ENDNOTES

- 1 Kaiser Family Foundation. (Aug 2020). Racial Disparities in COVID-19: Key Findings from Available Data and Analysis. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/> .
- 2 Kapczynski, A., Gonsalves, G. and Hansmann, L. (2020) The case for a Community Health Corps: Responding to COVID-19 with a jobs program to build a new infrastructure of care. The Justice Collaborative Institute. <https://tjcinstitute.com/wp-content/uploads/2020/07/Community-Health-Corps.pdf> .
- 3 Penn Center for Community Health Workers. (July 2020). Effects of a standardized CHW intervention on hospitalization among disadvantaged patients with multiple chronic conditions: A pooled analysis of three clinical trials. IMPaCT. <https://pubmed.ncbi.nlm.nih.gov/32643163/> .
- 4 Garfield, R. et al (2020) 'Double Jeopardy: Low Wage Workers at Risk for Health and Financial Implications of COVID-19', KFF, 29 April. <https://www.kff.org/coronavirus-covid-19/issue-brief/double-jeopardy-low-wage-workers-at-risk-for-health-and-financial-implications-of-covid-19/> ; Gould, E. and Wilson, V. (2020) 'Black workers face two of the most lethal preexisting conditions for coronavirus—racism and economic inequality', Economic Policy Institute, June. <https://www.epi.org/publication/black-workers-covid/> .