



The [21st Century \(21C\) Learning Community](#) participates in many in-depth conversations and peer learning to promote public health system transformation. Key learnings from those activities highlight processes, activities, and opportunities related to: Foundational Public Health Services, assessment and costing, workforce, data modernization, public health accreditation, and more.

Foundational Capabilities

The Foundational Capabilities are the cross-cutting skills and capacities needed to support the public health infrastructure which includes basic public health protections, programs, and activities key to ensuring community health, wellbeing, and achieving equitable outcomes. 21C states share advice, practices, and thought-provoking questions related to three Foundational Capabilities: Equity, Community Partnership Development, and Public Health Workforce.

EQUITY

Equity is essential in all transformation efforts and 21C states have been intentional about incorporating equity principles in their work. States have infused equity at the organizational and community levels, and have equity resources through staff (i.e., equity coordinators) and training centers (e.g., regional public health training centers).

However, imbedding equity takes time. In partnerships and communities, getting started and creating shared, accepted language is a challenge. It is important to create a narrative without the buzzwords – most people can get behind the concept but not the word “equity.” One public health department shifted from “Diversity, Equity, and Inclusion” language to “innovation, access, and belonging,” and used the concept of improving health and well-being for everyone.

Awesome Advice for Incorporating Equity

Ensure staff look like the communities they serve and understand a community's norms and values.

Create and share equity statements to explain and model the organizational commitment to equity.

Consider messaging and use words and terms that resonate. The concept of equity is what is important.

COMMUNITY PARTNERSHIP DEVELOPMENT

Sustaining relationships and shifting from just input to community voice and shared/ceded power is vital, especially in the changing landscape of public health. 21C states have focused on the future of public health and how to build up workforce and maximize community partnerships. Key considerations include:

- Health departments are not seen as a trusted partner and community voice is often lost when states miss action at the local level. Building authentic relationships is important to partnership development.

- Community health workers are key and might be missing in current conversations about community partnership development.
- Healthcare and public health are often conflated, and it is hard to get the community to understand why public health should matter to them.
- Public health authority has been weakened or stripped during the COVID-19 pandemic.

Awesome Advice for Community Partnership Development

• There are no shortcuts to building trust – it takes time, repeated conversations, commitment, follow-through, and understanding needs.

• Recognize and compensate community members for their contributions (e.g. time, ideas). Pool resources across organizations.

• Lobby transformation efforts through private partners like state public health associations, medical providers, large health groups, etc.

PUBLIC HEALTH WORKFORCE

Workforce issues persisted long before the COVID-19 pandemic – baby boomers are retiring, institutional knowledge is being lost, and the public health landscape is rapidly changing. Workforce challenges among 21C states include:

- **Assessment** – identifying workforce gaps and filling those gaps with talent, expertise, and resources.
- **Right-sizing** – boosting service sharing efforts and restructuring for sustainability.
- **Competition** – considering compensation packages not limited to salary and standardizing pay scales to attract workforce.

Awesome Advice for Addressing Public Health Workforce

Develop strong connections to universities within your state to meet workforce demands. These partnerships and connections can help grow the workforce, revise curricula to meet current needs, and develop ongoing training of the future workforce.

Consider using the core competencies as a starting point in workforce development and to institutionalize shared competencies around certain areas like social determinants of health.

Explore or create competencies for non-credentialed individuals who have community expertise. This is particularly useful in rural areas where hiring may be difficult. For example, utilizing community health workers.

21C states (both decentralized and centralized) shared that having regional positions are tremendously valuable, especially:

- Accreditation coordinators
- Communications specialists
- Community health workers
- Disease intervention specialists
- Emergency preparedness planners
- Epidemiologists
- Health equity coordinators
- Human resource professionals
- Infectious disease specialists
- Nurses/public health nurses
- Tobacco prevention coordinators