REBUILDING PUBLIC HEALTH'S WORKFORCE FOR THE NEXT GENERATION

Celine Gounder 00:33

Good morning. Well, good afternoon, I guess, everyone. Sorry, my day has been a bit of a blur. Welcome to this session on "Rebuilding Public Health's Workforce for the Next Generation." With me today, including Kelly Gebo, who's dean of the Milken Institute here at George Washington University here in DC, Dani Fallin, who is dean of the Rollins School of Public Health at Emory, and Jyoti Pathak, who is the founding dean of the School of Technology for Public Health at Arizona State University. So, I just want to start with a few stats here. A national survey of about 57,000 state and local health department workers found that only 22 percent have a public health degree. That was before the federal cuts of 2025. Since then, the CDC has lost about 30 percent of its staff, and MPH enrollment fell 15 percent in one year. The three people next to me run schools that train the workforce we're here to talk about. I want to start with a question for all three of you, starting with Kelly. Who staffs—excuse me, I'm getting over a cold—who staffs the health department?

Kelly Gebo 01:54

So, I think we have a lot of different experts who staff health departments. We have, obviously, physicians, health-care workers, community health workers, and we have public health practitioners. We also have a number of opportunities for students and other trainees to be involved, and one of the greatest, I think, learning opportunities is for our students to be involved in those opportunities. I do think that people who are trained in public health are the people who are going to be the experts and are going to be able to help devise solutions for the issues that our departments of public health are running against.

Celine Gounder 02:27

Dani, do you want to answer?

Daniele Fallin 02:28

Sure. So, you mentioned that a lot of folks working in public health don't have public health degrees. It was true in the state of Georgia, where I live, that as we entered the pandemic, there were very few

epidemiologists actually in our districts and the Department of Public Health run by the state. And so we started a program then that took people with an MPH degree, not necessarily from our school, but from any school, who were willing to work with the state and place them in these districts for two years, where they had a mentor from an academic institution, ours, and then also a mentor within the district and the state department of health. And they worked for two years supporting that team. And then they had the opportunity of being hired later, and we still do that program today. And what I love about that model is, certainly, it's a pipeline for the state. In fact, it's been so great for them because you get two years where you're not paying as the state to test out folks, and then if they really do work, then you can keep them. And for our graduates and many MPH graduates, it's an immediate experience of what state and local health looks like in terms of delivery. It's been a really great partnership between government and academic public health to be able to meet each other's aspirations.

Celine Gounder 03:40

And Jyoti.

Jyoti Pathak 03:43

Yeah, as a new school, we just launched our programs last year, so we are relatively new in this arena. Our experience has been precisely along the same lines, that we have established academic health department partnerships with our state department of health, with local county and public health departments. And we actually did a very small survey recently to understand some of their workforce-related needs. And what we identified was that overwhelmingly about roughly 95 percent of frontline public health professionals are actually using technology, broadly speaking, AI included, in their day-to-day job. But at the same time, strikingly, 90 percent of those organizations, agencies, as well as frontline leaders, do not have the formal technical training, do not have the foundational background, and then more importantly do not have local and regional and state-level governance models around adoption of AI and using such technology. So, that is an area that our school is trying to work hand in hand with these units and developing programs, both for new students who are enrolling in our units, but also for upskilling the workforce.

Celine Gounder 05:05

Dani, you told me that many of your graduates, more of your graduates, are going to jobs outside of government now, and that you think that's a good thing. How do you make the case, though, to, say, a county health officer in rural Georgia who can't get an epidemiologist for their offices?

Daniele Fallin 05:25

Yeah. So, the conversation that we had was about our conversations with our own students and recent graduates, is to think outside of a single sector. We all know public health covers every sector of society. You can be in transportation and truly be a public health deliverer, right? And so we've really been broadening the aspirations of our students to think not only about government public health, but about all other sectors. And so I should start by saying, we certainly still very much populate and endorse government public health as a pipeline. We live and breathe right next to the CDC, and we certainly have obligations to our state and local health departments as well. So, my answer to that question, Celine, would be—it's not an either/or—that, in fact, if we want to change how health looks in our society, we can't have a single sector. We absolutely have to have our state, local, and federal health workers, and we need folks working at Delta to be thinking about public health, and folks who are working in tech to be

thinking about public health. And so I think it's been a great thing for our folks to expand their aspirations of how you can use public health training in the workforce broadly.

Celine Gounder 06:37

Kelly, you had said, if we don't train this generation, we're in real trouble in 10 or 12 years from now. Who is in trouble, more specifically? Is it government? Is it everyone? How is it going to affect the general public?

Kelly Gebo 06:50

So, I think there's a number of potential ramifications. If we aren't training scientists who can do research and are going to be on the cutting edge of new knowledge moving forward, that's going to be a big problem for us. If we don't have public health practitioners, because public health has not been considered a profession according to the new Department of Ed laws, it really affects loans and other issues related to going to school. If we don't have international students because of visa issues or they've been banned from coming to the US, it limits the populations of students that we can expose our students to. And I think all of those are going to put every single person in this room at risk. So, if we don't have the public health professionals and we don't have the scientists to be able to study these things five to 10 years from now or for generations to come, that's going to be a loss for the US and globally.

Celine Gounder 07:39

And Jyoti, your school builds training programs to order for health departments. What did they ask you that might have surprised you? Do you have a slightly different mandate than the others here?

Jyoti Pathak 07:54

Yeah. So, maybe piggybacking on what both Kelly and Dani said, I think there was a report from Bureau of Labor Statistics around April or May of this year that the profession of epidemiologists is going to grow by up to about 19 to 20 percent until 2035. So, all the epidemiologists in the room, AI is not coming after your job. But I think in our conversations, the way we engage with our local and state county health departments is, what are the new types of job opportunities which do not exist today but might come to fruition 10 years from now? So, for example, could we imagine a role such as, I don't know, AI auditor, who is responsible for validating population health algorithms, AI machine learning algorithms, to ensure that these are not injecting additional bias and disparity into the system? Could we think about digital epidemiologists, individuals who can analyze wastewater data, who can look at signals from wearable devices, who can look at social media data, to perhaps identify an outbreak before the patient actually shows up to the emergency room? So, I think there are these new kinds of job opportunities which are somewhat nebulous at this stage. So, when we are training our students, we are providing that necessary skill set and the background so that they are hopefully more prepared for jobs that are not here today.

Celine Gounder 09:27

I understand that, at your retreat, state and county health department leaders put heat, substance use, and housing on the same whiteboard. What would a graduate of your school do with all of that on day one?

Jyoti Pathak 09:41

Yeah, I think that's a great question. So, when we are engaging, again, with our organizations, there are these three or four priorities. And while, on one hand, they might look at isolated problems, they are actually highly intertwined. Heat leads to more individuals who are at risk of overdosing, and the combination of methamphetamine and heat-related illnesses, these are all well studied. And so when we are training our students, we are imparting them the idea of being a bit more of a systems thinker as opposed to thinking of solving one question at a time. And so some of our courses are designed by faculty from systems engineering, so that you are incorporating the idea of a much more holistic view of addressing some of these threats.

Celine Gounder 10:34

So, since 2025, a number of universities have started doing the work that CDC used to do. So, a couple examples, the University of Minnesota CIDRAP and their Vaccine Integrity Project is reviewing vaccines. Yale built a public health data dashboard with PopHIVE. Dani, Rollins runs AIDSVu and has taken on more HIV prevention data as CDC has shrunk. You're also helping plan what replaces the PRAMS pregnancy survey. Can a university keep a national data system alive and, if so, for how long?

Daniele Fallin 11:11

Yeah. So, I think it was said in earlier sessions here today, we cannot—both academic, nor foundations or others can replace the role that government plays. There's so many positives to having coordinated efforts at the federal level. But you gave some good examples where, because we already had partnerships between the CDC managing federal things and some of our experts and our faculty, we were able to continue to develop things like mapping of where you can find PrEP, if you're looking for a PrEP Locator to do HIV prevention, or where HIV and AIDS are occurring. That's what AIDSVu does. So, those partnerships already existed and really have helped us to do those kinds of things. The maternal morbidity and mortality information that comes from something called PRAMS is also a federal asset that works with each state, and what we're seeing there is that the CDC is still employing several folks to do that work, but they are on paid leave. So, they are not actually able to do the work that is necessary to continue that. And so, different parts of the country are putting together their own kind of coalitions to work with states to provide the technical assistance necessary for the data collection of the information that was coming from PRAMS, and then to work with third-party organization that does then the data management, weighting, and then hopefully the data distribution, although that is really still a CDC effort. So, we and others have been working to help build the roadmaps that would make that possible for the CDC and the federal agencies to continue to do in the future, because that really is the best, rather than a misaligned or potentially misaligned thing happening in different parts of the country. But those are just a couple of examples of where many academic folks and other kinds of nonprofits are trying to fill the void while we can, but with an eye to how are we setting a roadmap that some of those things do become federal responsibility again, because that's really the best design for them.

Celine Gounder 13:06

You mentioned CDC refugees on our call. *[Laughter]* What are they doing? You've taken some of them in.

Daniele Fallin 13:14

Yeah. So, we have the privilege of being so close to the main campus of CDC, although CDC, as you all know, has folks working around the country and around the world. But that meant that when there are a

lot of everyday investigators of the CDC all the way up to leaders of the CDC, when many of them either lost their jobs or chose to leave their positions, many already had affiliations with us, and some were invited for the first time to become what we call health policy scholars. And so they are now adjunct faculty with us, and they meet with students monthly. We have these table talks with faculty where we're bringing in issues around something like PRAMS, we just talked about, or around chronic disease management or other things. And it's really wonderful to get the benefit of their knowledge and perspective, because of their federal expertise. But really, it's not so much thinking about the past. It's how can we work together to think about what the roadmap in the future should look like. And, lessons learned, the CDC and other federal agencies were not and are not perfect. So, what could we do better when we think about redeploying this work into the future?

Celine Gounder 14:21

Kelly, GW's Health Scholars Legal Initiative files friend-of-the-court briefs on public health cases. Is that a job for a school of public health, or does that put you in the fight in a perhaps awkward way?

Kelly Gebo 14:37

So, our Hirsh Center has done a number of really impactful briefs that I think have really changed the way that the courts have thought about some of these public health issues. And I think that our scholars, between the School of Public Health and the School of Law, have really helped change the way public health policy is being decided. And so I can't imagine a more important role for them than being involved in that. And so if we as public health professionals aren't taking a stand and telling people what needs to be done, I think we're going to be at a deficit. I think it really does, given what has happened at the CDC and others where there's a shooting, it makes us recognize that putting a public face out there is dangerous. And so we have to be careful in the ways that we do that. But I could not be more proud of the group that is doing this work and how it has changed public health policy in this country.

Celine Gounder 15:28

And how are your students involved in that work?

Kelly Gebo 15:30

So, we have students who are helping do the research that is involved to putting those briefs together, and then actually helping solicit public health professionals across the country. Thank you to my colleagues who have helped sign these briefs. It has been impactful to have a national group of signatories who put their names behind this research that then goes in for the amicus briefs. And we have students who are involved in all levels of that process. And it's been a great opportunity for them to see the impact of the work that they're actually doing in their research one day and turning it into policy very soon thereafter.

Celine Gounder 16:05

And Jyoti, Arizona's members of Congress got you $2 million for a heat preparedness center. Now, you're a public university. Does the state then get to tell you how to use that funding, what to be working on, and so forth?

Jyoti Pathak 16:22

Not to my knowledge. So, first of all, we are very grateful for the support that state has given for this initiative. Heat is a big issue in the state of Arizona. And in particularly, I think there is a broader discourse, certainly within Arizona and nationally, around AI data centers. And that is an important topic that this particular group of colleagues is going to focus on. I don't know how much the audience knows about the research around this space, but there has been studies that have shown, and particularly around Phoenix, where there is a massive growth of data centers, both within the metro area as well as in other parts of the state, where research has shown that by the heat that is generated from these AI servers within your neighborhood could actually increase your neighborhood temperatures by up to four degrees because of the downwind effects. And so that's, of course, a huge problem. These data centers are like massive hair dryers. So, they're blowing hot air out. And so there is a lot of activity right now, certainly within our campus, where our faculty are engaging with faculty from School of Engineering to think about more closed-loop cooling systems, where actually you are cooling the AI chip at the server, which then minimizes water consumption, which then minimizes heat dissipation, and that has downstream implications from a public health point of view. So, it is requiring us to think about unorthodox ways of partnerships and collaborations. Typically, a thermal engineer does not think of partnering with a public health professor, but we are trying to infuse these collaborations.

Celine Gounder 18:17

And in asking you each of these questions, you're not shying away from what is political. We all know public health can be political, but I think historically, we haven't always prepared our public health students for some of those roles. How do each of you think about that, starting with you, Dani?

Daniele Fallin 18:34

Sure. So, my predecessor is a man named Jim Curran, and he was famous for saying that public health will always be political but it doesn't need to be partisan, and I agree with him wholeheartedly. But we are living in a partisan world, and so to do the work of public health means understanding how to be inclusive in your conversation. So, we actually have now been training our faculty, our staff, and our students in better dialogue skills, in active listening, in figuring out how you can listen without judgment and also not with endorsement, that that doesn't have to be the case, and that through that, you can work on public health anywhere. So, in Georgia, things look a little bit bluer at the moment, but in general, we are very much a purple state, and if you want to be an effective rural health worker, you better be able to listen to someone who may have very different political beliefs than you because you're trying to solve the health problems in their community. And so we think that this part of open dialogue and communication skills is a critical piece of the public health competency moving forward.

Celine Gounder 19:34

Kelly?

Kelly Gebo 19:35

I think that public health shouldn't be red or blue. It's a field that is trying to improve health outcomes for all, and I think that's one of the things that's really difficult, and I've encouraged our faculty and students to be able to listen and to think carefully about what somebody is saying. And if you're afraid to get a vaccine because you're afraid of being microchipped, or you're afraid of your reproductive capabilities, or you're afraid of your population being experimented on, it's very different, and the messaging has to be specific

to that particular audience. And so I think the whole idea of us saying, "Oh, wear a mask and get a vaccine," is a little naive, and the idea that we're the experts and not being able to convey to a certain population. So, I think we have to work with trusted providers, whether those are ministers and religious leaders, whether those are coaches and athletes, whether those are influencers and social media, thinking about how do we get the message across in a way that is scientifically correct, but also is in a way that the audiences can hear it, to me, is one of the things we need to do. And I think we also need to listen, and we, in public health, haven't been always the best listeners, and so I've been encouraging our faculty and staff and students to do that, and to understand and to ask, "Why do you think that? How did you get to that conclusion?" so that you have a better understanding of how that person thinks. And I think it's only through that process that we're going to be able to come up with better, not necessarily arguments, but better defense of whatever we're feeling if it potentially is in disagreement.

Celine Gounder 21:00

And Jyoti.

Jyoti Pathak 21:01

Yeah, no, all excellent points by Dani and Kelly. Maybe just double-clicking on what you just said. So, one of the things that we have been doing in our classroom is that all our first-year MPH students interacts with an AI persona that we created called Samantha. So, Samantha is an Arizona native. She's a mom of two kids, but she has vaccine hesitancy due to personal, religious, and cultural beliefs. So, the assignment for the students, in this case, this is an AI agent, to actually interact with Samantha, try to understand from where she's coming at, build an empathetic way of engaging, and essentially provide information that is scientifically grounded on benefits of vaccinations. But at the same time, develop this critical skill set of auditing the AI tool, because we have intentionally designed the AI solution so that it would hallucinate every now and then. So, how are the students actually capturing the fact that the system is hallucinating and it is deviating from what historical epidemiological studies have shown? So, it's a way by which we are infusing technology in the context of understanding and listening but, at the same time, developing this critical communication skill set, which is actually very close to ground reality.

Celine Gounder 22:26

Kelly—

Kelly Gebo 22:26

One of the—

Celine Gounder 22:27

Oh, sorry. Go ahead.

Kelly Gebo 22:28

I was just going to say, one of the things we have in one of our courses is, our students do debates, and they get assigned a side. And interestingly, I sat in on one. They start with relatively minor, do you root for the Ravens or the Commanders? But they move up—

Daniele Fallin 22:44

We know that answer.

Kelly Gebo 22:46

Excuse me. *[Laughter]* But they move up in seriousness, and the final exam was on capital punishment. And so everybody in the room actually was against capital punishment, but half the students were assigned that side and they had to come up with thoughtful arguments for it, and then they switch. And so you have to learn to argue from both sides and you have to learn to listen from the other side. And the students have said it's one of the most useful learning experiences they have, to be able to understand both how to see an argument and how to respond to it.

Celine Gounder 23:18

You had mentioned social media before, and this is a very, at least since we trained, it's a novel, new challenge in public health. How do each of you train your students on how to use it, how to respond, and perhaps to be more proactive in using social media and working with other influencers? Maybe starting with you, Jyoti.

Jyoti Pathak 23:39

Yeah. So, this is, again, a new thread within our program. We actually just recruited a faculty member from Wisconsin, and all her research is on faking the fake news. So, she develops and goes underneath the hood about why a particular social media campaign, which might be spreading some kind of misinformation and disinformation, and then tries to wage anti-campaigns, and how can algorithms be used in developing a solution like that. So, in our program, we are intentionally injecting the idea that our students need to not just be public health system managers, but actually be public health system builders. They need to have the technical skill sets to actually go underneath the hood and question why a particular, in this case, a message is becoming more viral and what algorithms and tools could be designed to actually mitigate that. So, there is a course that we have created precisely on fighting misinformation, disinformation, but coming at this from a purely technological point of view.

Kelly Gebo 24:50

I think we've done a number of interesting things in the school with public health communications in terms of how to communicate with audiences of a variety of different levels. So, thinking about young influencers and elderly populations who may be less amenable or less receptive to social media and how do you construct messages that are appropriate for those populations. And I think the social media interns that we've had in our school have been wonderful in terms of helping us think through what are the messages we want to convey for our school. Everything from advertising why it's a great school and you should come to the School of Public Health to what are some issues in public health that may be in the community about measles vaccines or other types of controversial topics and trying to present arguments in a way that is both scientifically valid as well as potentially nonjudgmental.

Celine Gounder 25:37

And Dani.

Daniele Fallin 25:38

Yeah. So, we have a science communication certificate program now, and what we focus on, actually for all of our students, not just those in that program, are clear, concise, and modern in terms of your communication competencies. And so, the clear and concise will depend on audience, as actually will the modernity of it. But the modern, I think, is really critical in thinking through what are these tools of communication that meet audiences where they are. So, social media's a good example of that, but we really think through all of those different ones. And so one of the examples then of how we've put that to practice for us is developing a radio show with NPR that's now a national show, that's also a podcast called *Health Wanted*. And the leader of that, Laurel Bristow, the host of that, also runs our Instagram page. And so she's really showing, and we have students who come and intern with our group, that show how do you think about audience, how are you clear, concise, and are you approaching the right modern tool for the right audience. And so that has been, I think, a really wonderful way for us to both demonstrate and provide experiences for students.

Celine Gounder 26:47

Now, Jyoti, you had mentioned AI, one application of that with Samantha. Your school is putting technology, as I understand it, in every course in one way or another. Name one public health job that AI makes smaller in five years, and one it creates.

Jyoti Pathak 27:06

Well, I think the whole idea of syndromic surveillance, I think I have really a lot of hope that AI is going to actually allow us to scale syndromic surveillance in very unprecedented ways, especially when you start looking at multimodal, multistreaming information that goes beyond what is self-reported. I think the job of a syndromic surveillance officer 2.0 is going to be—in my mind again—look very, very unique. One maybe new type of job opportunity that, again, we have talked with our City of Phoenix. So, City of Phoenix actually has a heat czar. We talk about heat a lot. And, in our conversations, there are again, discussions about what could a urban heat modeler type of a role could reside within the Office of Heat, where there's intersection between public health, between urban zoning, between municipality, especially, again, in the context of as these new data centers are getting built. And so that is a new job category that we think will become highly important, not just in the state of Arizona, but maybe globally across the country.

Celine Gounder 28:21

Now, Dani, I understand that you think of AI in terms of education, research, and practice. What are employers asking for that your students maybe can't do yet, but need to learn how to do?

Daniele Fallin 28:34

Yeah, so we have an employer advisory board to check in with what they're looking for in our graduates, and we hear AI a lot from them. But as you pointed out, that falls in so many buckets, and we've heard about that today. So, there's AI that's part of research that we do, and AI as the target of the research, and then there's AI in how we deliver education, and then also what's in the curriculum. And then there's AI that just improves operational efficiency or other kinds of tools. And they talk about wanting students, or graduates, who are well versed in all of those different applications. But one thing that I think is relevant to

what we heard earlier today in this meeting, someone said, I think it was the head of one of the pharma agencies, said, "I'm worried that deploying AI amongst our own workforce will mean people start phoning it in and aren't thinking about what they're doing." And so, one of the things that employers have told us, and that we think a lot about, and it fits to what's been said about epidemiologists are not going to be replaced by AI, it's really that sweet spot of the combination of deep expertise in public health with the knowledge to use AI in ways that improve its impact on health but don't replace that expertise. Still asking the right questions, still understanding whether AI is giving you the right outputs. All of those things mean that those two have to happen together, and that's what we hear from employers is, "I don't want a sort of robotic approach. I want deep expertise, but it understands how to use these tools in innovative ways that are going to make this more impactful and more quickly."

Celine Gounder 30:02

And Kelly, you had expressed some concerns about AI that is trained on, say, mostly white, middle-aged men and their data. In public health, we think a lot about disparities, gender, race, etc. How are you teaching your students to be aware of some of the problems here with AI and to address them?

Kelly Gebo 30:22

So, as you were thinking about new careers, I was thinking about AI ethicist, right, as one of them, is thinking about what are the limitations of the dataset you're using. And when we do studies and we know that our population is made up of a certain demographic, we acknowledge that within the research paper that we publish. But if you ask AI to generate some estimate for you, you don't know what data it is using to pull that information. And so I think it's really important for students and others who use these tools to really think about where is it pulling the data from, what are the limitations of that data, and how could the data that goes into it be made better? And so one of the things I'm hoping is that we're going to have our students be able to identify sources to be able to make data more broad, including underrepresented biomedical research populations. Being able to have individualized medical decision-making is great as long as it's based on somebody that looks like you, or somebody that has your risk factors, or somebody that is also on the medications you're taking. So, I think those are the types of things that we're going to get better at as we move forward, and being able to really think about the huge amounts of electronic health records that are out there, and how do you potentially harness that information in a safe and ethical way.

Celine Gounder 31:30

So, I think we have time for one or two questions from the audience. I was supposed to be given an iPad that would have the questions. But maybe we'll just have people raise their hands. Over here.

Audience Member 1 31:45

Hi. Thank you for the comments. Is that better?

Celine Gounder 31:51

Yeah.

Audience Member 1 31:51

Okay, cool. Thank you for the comments. As somebody who was part of creating a lot of the algorithms and the social media components that you mentioned earlier, I was wondering—two-part question. One, are you not worried that you're a little bit behind on tackling these elements? If you're now doing initiatives to talk to influencers, things like that. And two, how are you going to measure the impact of those initiatives?

Celine Gounder 32:18

Dani, you want to take that?

Daniele Fallin 32:19

Sure. Did everyone hear his question?

Audience Member 2 32:21

No.

Daniele Fallin 32:22

Okay. So, if I can summarize real quick. Are we worried that we're behind when it comes to social media and use of that in terms of both the deliverers, like influencers, but also the algorithms that point to who gets to see what? I hope that's sufficient for what you asked. Yeah. And at least for me, the first thing is, absolutely, we're behind. We're so far behind. Academic public health is not resourced, that may shock you, in the same way that others are. So, we're absolutely worried about that and working towards that every day in ways that we can. In terms of your other question, which was how do we measure impact? There are all kinds of ways, and I would say we're behind on what those impact metrics should be as well. There are certainly things like awareness, that kind of stuff, that sort of traditional media measurements, right? Ultimately, and I know this is going to be a hokey answer from me, so maybe my colleagues have better answers, but ultimately, it's are we making an impact in the communities of interest to us? Are we seeing better vaccine uptake? Are we seeing trust in rural community health workers? Those kinds of things are what we're ultimately going after, and so that, to me, is the end result, but there's a big gap between the kinds of measures that are really the media and marketing measures versus those health measures.

Celine Gounder 33:44

And maybe one more question. Over here on the far left for me.

Jolene (Audience Member) 33:52

Hi, my name is Jolene. I'm a first-year MPH student. I had a question. You guys mentioned that the epidemiology career is expected to grow in a couple of years. So, what are some programs that each of your institution offers that would help bridge the gap with the job market right now, and current graduates, recent graduates, things like that?

Celine Gounder 34:13

Jyoti, if you want to start off.

Jyoti Pathak 34:15

So, as a brand-new school, we do not have a degree program yet. But I'm happy to share, we will be launching a new program in digital epidemiology, most likely by August of 2027. So, please keep an eye on it.

Kelly Gebo 34:31

So, we have all of our students do an experience in the community, whether it is working with a health department or an individual research project, so they are able to gain skills, they have a mentor, and they are having learning objectives that they're working towards. So, by the time they're done, they have a work product and actually potentially a job offer if it's an organization that they've liked working for. And so that has actually worked out very well for our students.

Daniele Fallin 34:55

And we have the Rollins Epidemiology Fellows Program that I mentioned before that works with the state department of health to place folks as a fellow right after your MPH. And then many of those, in fact, about 30 percent of the now workforce in Georgia, state workforce, is from that Rollins Epi Fellows Program. But much like Kelly has described, we also have work-study-ish internships all the way through the MPH with about 300 employers. And so, we're placing somewhere around—actually, no, about 200 employers. We're placing about 300 to 350 students every year with those employers across multiple sectors so that they build the same kind of portfolio that Kelly was talking about and build the relationships to either be employed by that actual internship that they did or to now have a better perspective and be more competitive when they go out into the workforce.

Celine Gounder 35:43

Well, thank you, Dani, Kelly, and Jyoti. Really appreciate your insights on this. We're going to pivot now with another panel looking at rebuilding the biomedical research workforce moving forward.

Jyoti Pathak 35:56

Thank you.

Kelly Gebo 35:56

Thank you.

Daniele Fallin 35:56

Thank you.

Announcer 35:56

We hope you enjoyed the discussion.

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