

Expanding the Future Public Health Workforce: Recruitment Lessons From an Undergraduate Pathway Program

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ABSTRACT

The John R. Lewis Undergraduate Public Health Scholars programs provide the opportunity for undergraduate students and recent graduates to explore pathways into the public health field. An important goal is recruiting and selecting students who will benefit from the opportunity. The programs use a variety of methods, including in-person recruitment events, an online and social media presence, and word-of-mouth through alumni and program contact networks. A combination of national and regional recruitment methods helps reach applicants across the country. A holistic application review process focuses on public health potential as demonstrated through essays, recommendation letters, and interviews. From 2023 to 2025, these efforts yielded 9607 applicants and 746 participants (8% applicant-to-participant rate). Participants represented 47 US states and territories, and almost all (98%) completed the intensive program. These findings suggest that a coordinated, multisite recruitment and holistic review model can generate a large applicant pool, support high program completion, and ultimately strengthen the future public health workforce.

KEY WORDS: pathways program, public health workforce, academic partnership, community

Introduction

Pathway programs for undergraduate students offer an evidence-based model to strengthen the public health workforce to serve communities across the United States.¹ Recruiting promising undergraduates into these programs is an essential first step. Prior literature highlights several recruitment best practices. First, recruitment should include a variety of methods, including national, targeted, and collaborative outreach with academic institutions, public health organizations, and professional organizations.² Engaging program alumni in recruitment efforts further

strengthens these approaches through authentic perspectives on program benefits, including community-building.² Programs can reduce barriers to applying by providing information sessions, transparent guidance, financial support for participation, and access to other resources such as mentorship and social support.³ Finally, holistic or “whole file” review processes, which de-emphasize GPA and standardized test scores in favor of essays, interviews, and demonstrated potential, can broaden the pool of applicants and identify those most likely to benefit from the program.⁴ This article describes recruitment strategies, applicant and

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The authors declare no conflicts of interest.

Funding by the Centers for Disease Control and Prevention, through Grant Award Number NU50CD300862.

The CDC Lewis Scholars Program is supported by the US Centers for Disease Control and Prevention (CDC). The contents are those of the author(s) and do not represent the official views of the CDC.

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DOI: 10.1097/PHH.0000000000002477

participant characteristics, selection processes, and completion outcomes from 2023 through 2025 across the seven sites of the CDC John R. Lewis Undergraduate Public Health Scholars Program, a collaborative, multisite program.

Methods

Recruitment for the Lewis Scholars Programs begins in early fall, and continues through the January application deadline to support broad access and maximize the applicant pools. The programs use multimodal outreach that balances national reach with targeted, localized engagement. Outreach is conducted in-person and virtually. These efforts use professional networking sites, job boards, and social media such as LinkedIn, Handshake, and Instagram. A variety of outreach, recruitment, and office hours events are offered to promote interest in the program across the country. A key strategy for applicant engagement has been sharing recruitment materials with program champions (alumni, academic advisors, public health professionals), to facilitate word-of-mouth referrals. In addition, each program maintains a website describing key program information and the benefits of participation, including financial support, housing, transportation, training, experiential learning, and mentorship. Websites also provide answers to questions about the application process.

Among the seven institutions, recruitment is particularly designed to reach Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities, state-funded universities, and community colleges. In addition to recruiting at various universities, the programs also emphasize selecting participants who may have had limited access to research-intensive or public health training opportunities. Recruitment spans across the United States and its territories. Specific efforts are taken to expand recruitment into locations where sites have received few applications.

While the seven Lewis Scholars programs have unique characteristics, they share common elements, including specific eligibility criteria. Historically, programs require applicants to be a rising undergraduate junior, senior, or recent community college or baccalaureate graduate; US citizen, national, or permanent resident; authorized to work in the United States; and attending (or have graduated from) a US or US territory institution.

Applications collect key information, including relevant self-reported demographic characteristics, essay responses, resumes, academic transcripts, and recommendation letters. Essays require applicants to describe their interest and experience in public

health, personal strengths, and perspectives or contributions they would bring to the cohort. Each site creates its own application, which varies in exact content and format. While demographic questions and response options are aligned with CDC reporting requirements, exact definitions may have varied slightly by site. Applicants can apply to multiple sites for multiple years but can only participate in the program once.

After the application deadline, program teams conduct a multistep evaluation process to select the final cohort. This overall process is a holistic review, considering the whole profile of each candidate—and not simply statistics like GPA or years of experience—to identify candidates with strong public health interest and potential. Although exact scoring rubrics vary by site, the overarching process is shared. The first step is a rubric-guided review of written essay responses, prior research and other applied experiences, extracurricular involvement, and strength of recommendation letters. A select group of top-scoring applicants is invited to interview with program staff through phone or teleconference platforms. Programs typically interview at least 2 times the number of candidates as slots available (eg, at least 70 interviews for 35 slots). Sites use panel or group interview formats, with all aiming for 2 interviewers per interview to enhance fairness and reliability. Final decisions are determined by total application and interview scores, along with professional mentor and program alignment. Final acceptance letters are issued to the highest-ranking candidates, while a waitlist is maintained to fill spots that become available. The review, interview, and selection process begins in February, with final acceptances delivered in early April to allow adequate time for enrollment and onboarding prior to program start in May or June.

Programs have used a variety of secure platforms to manage applications and enrollment; many have found success with Qualtrics. Applicant and participant demographics are exported from these systems, cleaned, and summarized across cohorts to describe who applies, who is selected, and who completes the program.

For our analysis, these data were combined across programs and years to obtain overall aggregate statistics. Responses to questions on the application were required, with “Decline to State” or “Unknown” opt-out options available for respondents. However, missing data exist if a question was not asked at a particular site; these results are tabulated as “Data Unavailable.” If an applicant submitted multiple valid, unique applications to different sites or in different years, all data are retained in the results. Descriptive statistics and cross-tabulations were used to examine

how well the program reached applicants nationwide and to monitor progress toward recruitment goals.

IRB review was not deemed necessary because we used administrative program data for evaluation purposes only.

Results

Within the analyzed period of 2023–2025, the number of applications increased yearly, with 2430 applications across all seven sites in 2023; 3387 in 2024; and 3790 in 2025. The number of applications per site ranged from 101 to 1197 (mean of 457) depending on the year.

Once offers were extended, yield was high, with 88% overall accepting a spot in the program. In total, 746 individuals were selected and accepted a spot in a program during these 3 years, and cohort sizes ranged from 25 to 59 (mean of 36), resulting in an overall average applicant-to-participation rate of 8% (10% in 2023, 8% in 2024%, and 6% in 2025).

Among the 746 total participants, 732 (98%) completed the intensive program. This required completion of all deliverables, which slightly vary across sites but include required activities, applied experience hours, a research poster, and a final evaluation.

Applicant and participant statistics are summarized in Table 1. Nearly half (46%) of applicants reported being Pell Grant eligible, and 39% first-generation college students. Almost all applicants (97%) were between ages 18–26, and the largest proportion (42%) were juniors at the time of application. Programs recruited applicants from every state, as well as the territories of Puerto Rico, Guam, US Virgin Islands, and Northern Mariana Islands. Applicants most commonly reported hearing about the program through the CDC website, each site's program website, or through word-of-mouth, which included program alumni, friends, and professors or academic advisors (Table 2).

More than half (58%) of participants reported being Pell Grant eligible, and 48% first-generation college students, a 26% and 24% increase compared with the applicant pool, respectively. Almost all participants (95%) were between ages 18–26, with 40% having completed their college junior year before the program and 39% having completed their senior year. Participants have represented the majority (45) of US states, the District of Columbia, as well as US territories including Puerto Rico and Guam. Of the seven sites, UCLA had the largest representation of first-generation college students (80%) and Pell Grant eligible students (74%) among its participants, while Morehouse had the highest proportion of participants from HBCUs (44%). Sites showed strong regional

geographic trends among participants, with most having strong representation from their state and surrounding states. There were some additional trends, notably including strong representation among the Upper Great Plains at Kennedy Krieger, and among the US Territories of Guam and Puerto Rico at University of Michigan.

Discussion

Findings from the 2023–2025 cohorts suggest that a coordinated, multisite recruitment model can support broad national reach while preserving regional engagement. The seven strategically located sites recruited applicants from all 50 states, D.C., and several territories, demonstrating the program's ability to reach a national audience while drawing a substantial participation from local regions. Individual sites consistently recruited many participants from their surrounding areas, showing that geographically distributed programs can effectively harness regional networks to enhance recruitment. Where gaps remained, programs responded. Kennedy Krieger saw a clear need for stronger recruitment in the Upper Great Plains region and launched partnerships with sites in South Dakota and Montana to better reach potential applicants in that region. Similarly, with support and encouragement from the program officer, the University of Michigan's program increased the number of applicants and participants from Guam and Puerto Rico by building relationships with public health leaders from those localities and engaging program alumni from those US territories.

Recruitment strategies were effective in attracting a large and geographically diverse applicant pool from a range of socioeconomic and educational backgrounds aligned with program priorities. High representation of Pell Grant-eligible and first-generation college students suggests that multimodal outreach and engagement efforts successfully reached students who may benefit most from the program's opportunities. The most common tools to enhance applicant recruitment and provide application guidance were comprehensive and accessible program websites and word-of-mouth, which emphasize the importance of program visibility online and dynamic alumni engagement. Our outreach also highlights financial support provided by the program—such as a stipend, housing, and transportation—emphasizing to applicants the accessibility of the program regardless of financial background.

The admissions process appears well-suited to selecting cohorts that reflect the recruitment goals. The greater representation of students from historically under-resourced and first-generation backgrounds

TABLE 1
Attributes of Lewis Scholars Applicants and Participants, 2023–2025

	Applicants (n = 9607)		Participants (n = 746)	
	No.	%	No.	%
Year of application (%)				
2023	2430	25.3	246	33.0
2024	3387	35.3	271	36.3
2025	3790	39.5	229	30.7
Age (%)				
Under 18 years old	17	0.2	0	0.0
18–22 years old	8553	89.0	651	87.3
23–26 years old	767	8.0	59	7.9
27–35 years old	162	1.7	23	3.1
Over 35 years old	100	1.0	10	1.3
Declined to answer	8	0.1	3	0.4
Pell grant (%)				
Pell Grant eligible	4382	45.6	430	57.6
Not Pell Grant eligible	4721	49.1	273	36.6
Don't know/Declined to answer	504	5.2	43	5.8
First generation student (%)				
First-gen college student	3705	38.6	358	48.0
Not a first-gen college student	5714	59.5	353	47.3
Don't know/Declined to answer	188	2.0	35	4.7
Disability status (%)				
Person with a disability	621	6.5	58	7.8
Not a person with a disability	6379	66.4	552	74.0
Don't know/Declined to answer	242	2.5	47	6.3
Data unavailable	2365	24.6	89	11.9
Education status (time of application, %)				
College freshman	4	0.0	0	0.0
College sophomore	1586	16.5	78	10.5
College junior	4019	41.8	296	39.7
College senior	2837	29.5	290	38.9
College graduate within 12 months	919	9.6	80	10.7
Don't know/Declined to answer	242	2.5	2	0.3
Minority serving institution (%)				
Attend or attended HBCU	553	5.8	67	9.0
Attend or attended other MSI	1498	15.6	180	24.1
Have not attended an MSI	4306	44.8	308	41.3
Don't know/Declined to answer	338	3.5	10	1.3
Data unavailable	2912	30.3	181	24.3
Federal region of residence (%)				
Region 1 (CT, MA, ME, NH, RI, VT)	504	5.2	22	2.9
Region 2 (NJ, NY, PR, VI)	1140	11.9	68	9.1
Region 3 (DE, DC, MD, PA, VA, WV)	1184	12.3	83	11.1
Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)	1856	19.3	152	20.4

(continues)

TABLE 1**Attributes of Lewis Scholars Applicants and Participants, 2023–2025 (Continued)**

	Applicants (n = 9607)		Participants (n = 746)	
	No.	%	No.	%
Region 5 (IL, IN, MI, MN, OH, WI)	1126	11.7	78	10.5
Region 6 (AR, LA, NM, OK, TX)	966	10.1	104	13.9
Region 7 (IA, KS, MO, NE)	191	2.0	19	2.5
Region 8 (CO, MT, ND, SD, UT, WY)	203	2.1	40	5.4
Region 9 (AZ, CA, HI, NV, Mariana, Guam)	2012	20.9	162	21.7
Region 10 (AK, ID, OR, WA)	294	3.1	17	2.3
Other/Declined to answer	131	1.4	1	0.1

suggests that holistic review processes can effectively identify candidates with strong potential by looking beyond traditional academic metrics. High completion rates further suggest alignment between selected participants and program expectations.

The collaborative structure of multiple sites with distinct regional and program-specific focuses further demonstrates the impact of the Lewis Scholars model. By broadening the recruitment network while allowing outreach to adapt to the needs of specific regions, the model optimizes both reach and relevance. This approach ensures programs can reach populations with varied backgrounds and address differing public

health interests effectively, maximizing the potential of the Lewis Scholars programs to contribute to a national pathway to public health careers.

There are some notable limitations of this work. These data are descriptive with no comparison, so we can not establish definitive causality between any of our practices and our success. As a multisite analysis, there could be some differences in data collection methods or definitions. Similarly, the application and participant data are self-reported so could contain errors such as misreported demographic, financial, or educational characteristics. However, we do not expect these limitations to affect results. A final

TABLE 2**Source of Recruitment, 2023–2025**

	Applicants (n = 9607)	
	No.	%
Source of hearing about Program		
Program or University website	2927	30.5
Referral/word of mouth	2887	30.1
CDC website	1993	20.7
Internet search	954	9.9
Job board (e.g. Handshake)	657	6.8
Social networking site	468	4.9
Listserv or distribution list	249	2.6
Recruiting event at institute of higher ed.	200	2.1
Individual email correspondence	190	2.0
Vendor booth at a conference/career fair	183	1.9
Printed materials (bulletin boards, fliers)	135	1.4
Professional networking site	83	0.9
Webinar	81	0.8
Recruiting event at community organization	30	0.3
Podcast	2	0.0
Other	503	5.2

Implications for Policy and Practice

- Public health pathways programs serve as a valuable tool to strengthen and expand the public health workforce.
- Pathway programs require expansive outreach across a range of audiences, modalities, and geographic locations to reach a broad pool of target applicants.
- Participant selection should holistically assess candidates' potential for growth rather than prior accomplishments alone, to identify participants who may not otherwise have a clear pathway into a career in public health.
- Effective recruitment and programming require adequate resources to support broad outreach and create compelling opportunities for applicants, particularly amid ongoing funding constraints.

consideration is that some applicants might have applied to multiple programs over multiple years, so would be represented multiple times in the data. Thus, the application totals should not be interpreted as the number of unique applicants, but rather the total number of applications submitted.

This article provides one of the first multisite descriptions of recruitment, holistic selection, and completion outcomes for a national undergraduate public health pathway program. Findings suggest that geographically distributed sites, multimodal outreach, and engagement of institutional and alumni networks can produce a large and diverse applicant pool; and a holistic review process can select participants that succeed in the program.

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