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**OREGON HEALTH AUTHORITY**

**EARLY CAREER PATHWAYS PANEL**

Celebrate  
Connect  
Be Inspired

**National Public Health Week 2026**

*Jessica Hamner is the Community Health & Family Services Manager at the Ko-Kwel Wellness Center. Along with three other public health professionals, she participated in panel discussion about career pathways in public health. The other panelists were Emily Henke, Executive Director, Oregon Public Health Institute; Helen Kidane, Senior Social Epidemiologist, Oregon Health Authority Public Health Division; Kari Wilhite, Public Health Administrator, Polk County Health Services.*

This April, during National Public Health Week, I had the opportunity to join colleagues from across Oregon for the Early Career Pathways Panel hosted by the Oregon Health Authority (OHA). The purpose was to highlight how people find their way into public health—and, just as importantly, to remind those already in the field why they chose this work in the first place.

One theme surfaced quickly and stayed consistent throughout the conversation: very few public health careers follow a straight line. In fact, many of us don't set out thinking "this is public health." We realize it later, often in the middle of doing the work.

For me, that realization came long before my job title reflected it.

I was working as an Indian Child Welfare Act (ICWA) caseworker, navigating housing instability, access to healthcare, food insecurity, and safety for families that were already carrying the weight of generational trauma. At the time, it was categorized as child welfare. But in practice, it was prevention—supporting, stability, reducing stressors, and strengthening protective factors. It was about changing the conditions that shape outcomes, not just responding after harm had already happened.

That shift in perspective reframed everything. Public health stopped feeling like a field you have to enter and started feeling like something you're already doing, if you're paying attention.

### ***For Those Already in the Field: Remembering What Matters***

Public health can be demanding work. Over time, it's easy to get pulled into the operational reality of it—funding constraints, staffing shortages, compliance requirements, and the constant need to adapt. But, at its core, the work is still about people. And more specifically, it's about trust.

The moments that continue to matter most are not tied to a single program or measurable outcome, they're the moments when trust shows up. When communities ask questions, push back respectfully, or ultimately make difficult decisions based on information that's been shared in a way that feels grounded and relational. When guidance is received not as a directive or fear-based messaging, but something rooted in mutual respect.

In public health, trust is the true infrastructure.

That becomes especially visible during public health emergencies. Whether it's wildfire, a pandemic, or a community-level crisis, preparedness isn't just about having a plan, it's about whether people trust the information enough to act on it when it matters.

In those moments, public health shows up in real time. Guidance shifts quickly. Information is imperfect. Decisions carry immediate impact. And what determines whether systems function isn't just coordination, it's relationship. Communities respond to people they trust, not just systems they're told to follow.

A lot of preparedness work happens long before an emergency ever occurs. It's embedded in everyday conversations, in how programs are designed, and in whether communities feel respected and included in decision making. When that foundation is in place, public health doesn't arrive during the crisis, it's already there.

You can have strong data, thoughtful policies, and well-designed programs, but without trust, none of it moves. With trust, even imperfect information can still be acted on responsibly. That's the difference between public health as a system that tells people what to do, and public health as a process that people choose to engage in.

For those who have been in this field for a while, that understanding becomes one of the most important things you carry forward, not just for your work, but for the people coming into it.

### ***For Those Working on the Edges: You May Already Be Here***

There are a lot of people working adjacent roles to public health who don't always see themselves as part of it—education, housing, social services, behavioral health, community-based programs, and emergency response.

But if your work involves reducing harm, supporting stability, or navigating the realities of how people access resources, you are already doing public health.

The challenge is that the field isn't always named in ways that make that visible.

One of the most meaningful questions for the panel was: When did you realize you were doing public health, even if your job title didn't say it yet? For many of us, that realization came after years of work, not at the beginning. And that matters, because it means the pathways into this field are broader than they often appear.

Public health is not confined to clinics, epidemiology, or specific roles. It lives wherever people are working to shift conditions so that individuals and communities have a better chance to thrive. Sometimes, the transition into public health isn't about changing what you do, it's about recognizing the value of the work you've already been doing.

### ***For Early Career Professionals: The Path is Not Linear, and It Doesn't Need to Be***

One of the biggest misconceptions about public health is that there's a clearly defined entry point and a clear path forward. In reality, most people in this field build their careers by following experiences, opportunities, and relationships, rather than a single, mapped out plan. That can feel uncertain in the beginning, but it's also what makes this field adaptable.

Early on, I thought technical skills would matter most—policy knowledge, program design, data. And those things do matter. But over time, it became clear that one of the most important skills in public health is something harder to define: working toward understanding how people function, why they make the decisions they do, how they interpret risk, and how their lived experience shapes those choices. It's not a skill you master. It's one you practice continuously.

What experience teaches you, sometimes slowly, is that most people already understand risk. Decisions are shaped by context: access, trust, history with systems, trauma, culture, and competing priorities. When we don't take the time to understand that context, we often design programs that make sense on paper but don't work in practice.

Curiosity changes that. Asking "What's making this hard right now?" creates a very different outcome than telling someone what they should do. Curiosity builds trust. Trust builds engagement. And engagement is what allows public health efforts to actually reach people.

For those just starting out, that mindset matters as much as any technical skill. It requires humility, patience, and a willingness to be uncomfortable at times, and to recognize that change is often slow, nonlinear, and not always immediately visible.

### ***The Thread that Connects All of This: People, Relationships, and Time***

Much of what we do is not immediately visible. It often feels like planting something you may not see fully grow within your own timeline. That can be challenging, especially early in your career, when you want to see tangible results.

But impact in public health accumulates. It shows up in systems that function more equitably, in communities that trust the information being shared, and in relationships that hold steady during periods of uncertainty. That's what allows the work to continue, across roles, across programs, and across generations of the workforce.

One of the consistent themes across the panel, and across public health more broadly, is that this work is long-term.

### ***A Pathway that Begins Where You Are***

If there is one message to carry forward, it's this: public health is not a single role or entry point. It is a field shaped by people who bring different experiences, skills, and perspectives.

For those already doing the work, it may be a moment to reconnect with why you started. For those working on the edges, it may be recognizing that you are already part of it. And for those just

beginning, it may be allowing your path to take shape over time, rather than trying to define it all at once.

Public health grows because people decide their work belongs within it, sometimes long before the title catches up. And in this moment, that decision still matters.

\* Jessica Hamner is a SERV-OR volunteer and a member of the Bulletin Development Team.