Recruiting and Retaining a Highly Qualified Governmental Public Health Workforce

NCSL State Public Health Symposium

Amber Norris Williams
Senior Vice President, Leadership & Organizational Performance, ASTHO
June 22, 2022
The **public health workforce** plays an essential role in securing the vital conditions for optimal health and well-being for all to thrive. A *diverse, engaged, well-resourced, well-trained* public health workforce is needed to meet the demands of public health today and prepare for the needs of tomorrow.
Public health has been underfunded long before COVID-19, hurting response to COVID-19 and limiting ongoing public health work.

As population increased from 2010 to 2018, overall expenditures by public health agencies declined by 10.3% (a difference in billions)

Source: New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading Up to the COVID-19 Pandemic | ASTHO
Over 7 years prior to COVID-19, state health departments alone lost over 10,000 positions.

The ratio of public health workforce to US population has decreased drastically.

**Number of Public Health Workers**
(per 100,000 People)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>220</td>
</tr>
<tr>
<td>2000</td>
<td>158</td>
</tr>
</tbody>
</table>

Source: New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading Up to the COVID-19 Pandemic | ASTHO
Workforce Shortages Now & In the Future

2008 – warned that by 2020 "the nation will be facing a shortfall of more than 250,000 public health workers" calling for increased federal funding for state health departments, worker training, enumerate and identify current and future needs of the workforce.
- Association of Schools and Programs in Public Health

2008 – Following the Great Recession, governmental public health lost ~51,000 jobs and were never replaced

2009 – Highlighted the "persistent lack of commitment to the public's health"
- American Academy of Pediatrics

2010 - "Shortchanging America's Health: A State-By-State Look at How Public Health Dollars Are Spent"
- Trust for America's Health

2012 – Citation of insufficient funding for public health
- Institute of Medicine (now the National Academy of Medicine)

2014 – PH WINS is first field reporting the workforce is dissatisfied with pay level; median annual earnings were $55-65,000
12% of positions at state health agencies are vacant and only 24% of those vacancies are being recruited for

2017 – PH WINS finds a large portion of workers are considering leaving their organization in the next year due to dissatisfaction with pay and other factors

2021 – PH WINS data released so far shows alarming levels of burnout and stress, threats and harassment; more than 25% are considering leaving

Sources: A deficit of 250,000 public health workers is no way to fight Covid-19 (statnews.com)
What Staffing Needed?

- State and local governmental public health departments need an **80% increase in their workforce** to provide a minimum set of public health services to the nation.

Source: [Staffing Up: Workforce Levels Needed to Provide Basic Public Health Services for All Americans](https://www.astho.org/resources/research/what-staffing-needed/)
The Workforce Burnout Data is Concerning

56% reported at least 1 symptom of PTSD

25% of the public health workforce are considering leaving

The Public Health Workforce Interest and Needs Survey (PH WINS) is the first and only nationally representative survey of state, city, and local public health workers that identifies trends in attitudes, morale, and climate that impact our public health workforce resulting in costly turnover and infrastructure gaps, and heightened costs.

Source: PH WINS 2021: Rising Stress and Burnout in Public Health (debeaumont.org)
Public Health Workers are Being Threatened

41%

Percent of public health executives felt bullied, threatened, or harassed

Source: PH WINS 2021: Rising Stress and Burnout in Public Health (debeaumont.org)
Many Public Health Workers Intend to Leave in the Next 5 Years

Top 5 Reasons for Leaving

- Pay: 49%
- Work overload / burnout: 41%
- Lack of opportunities for advancement: 40%
- Stress: 37%
- Organizational climate/culture: 37%

39% of employees who are considering leaving said the pandemic has made them more likely to leave.
Cost due to Public Health Workforce Turnover

A decline in the public health workforce could threaten the health and safety of communities, especially when combined with rising health threats, including more frequent disease outbreaks, the opioid epidemic, and increases in chronic diseases.

"These professionals do important work that most people don’t even realize is happening, preventing major diseases and outbreaks before they even happen. They play an essential role in keeping communities healthy and safe, every day.”

Source: New Workforce Survey: Public Health Turnover Could Pose Threat to Community Health - de Beaumont Foundation
Overall, public health employees remain committed and satisfied

- 79% Satisfied with job
- 68% Satisfied with organization
- 94% “The work I do is important”
- 93% “I am determined to give my best effort at work every day”
Challenges to PH Recruitment

1. Overall decline in quantity and quality of applications

2. Lack ability to offer competitive pay and hiring incentives such as loan repayment

3. Limitations due to outdated HR systems, rules, and procedures

4. Working within union/civil service environment

5. Existing policies that prevent attracting a diverse and younger workforce
Public Health Graduates Interest in Governmental Public Health

- Between 1992 and 2016
  - the number of institutions awarding graduate public health degrees quadrupled
  - graduate public health degree conferrals increased more than 300%
  - number of undergraduate public health degrees conferred increased 750%
- Only 14% of the workforce has formal public health training.

Source: Attracting New Talent to GPH Workforce
Strategies & Opportunities

- Appealing to and highlighting the benefits of mission/purpose-driven work
- Reviewing and updating position classifications and qualifications
- Focus on morale, wellness (including mental wellbeing), and improving culture
- Strengthening internal professional development programs
- Strengthening pay and benefits
- Expanding recruitment strategies

WELLNESS
- Mental health access/ EAPs
- Encourage self-care
- Link to wellness programs such as walking clubs or yoga classes

TIME
- Compensate employees fairly
- Allow for remote or hybrid work
- Flexible work schedules
- Emphasize wellbeing and self-care

ENGAGEMENT
- Increase (bi-directional) communications
- Support management to support teams
- Implement fair performance evaluations
- Mentorship programming & leadership development
- Consider rotations in different divisions
- Increase staff awards and recognition
Legislative Trends in Some States

• Consideration of legislation to standardize health care volunteers during emergencies
• Laws enacted to expand PH workforce
• Addressing harassment and threats of violence
• Efforts to sustain funding / study needs

Source: Legislative Prospectus: Public Health Workforce | ASTHO

This Photo by Unknown Author is licensed under CC BY-SA
Amber Norris Williams
Senior Vice President, Leadership & Organizational Performance
Association of State and Territorial Health Officials
awilliams@astho.org
Public Health Workforce
State Examples

Colorado, Georgia, Oklahoma, Oregon and Utah

Reviewed or enacted laws that regarding protections for public health workers against harassment and/or threats of violence

Nevada S 424 (2021)

Creates the Public Health Resource Office to analyze public health infrastructure needs

New Hampshire S 419 (2022)

Establishes a commission to study the delivery of public health services
Healthcare Workforce State Action Strategies

- Understanding Workforce Needs
- Expanding the Workforce/Scope of Practice
- Increasing the Pipeline
- Retaining Current Professionals
State Actions

Understanding Workforce Needs

- **Alabama** SJR 62 (2022) – Creates the Health Care Workforce Taskforce to respond to staffing shortages. Includes six healthcare associations and two education boards. Findings and recommendations to be presented to the Alabama legislature.

- **Maryland** H 625 (2022) – Establishes a commission to study the healthcare workforce crisis in the state of Maryland and determine the extent of workforce shortages, turnover rates and strategies to address immediate needs.

- **Tennessee** H 2213 (2022) - Creates a task force to review how reimbursement rates and wages impact the availability of the healthcare workforce.
State Actions

Increasing the Pipeline

• **Connecticut S 251 (2022)** – Requires the Office of Workforce Strategy, in collaboration with the Department of Health and others to increase the number of health care workers through expanding and enhancing higher education programs.

• **Mississippi H 1517 (2022)** – Makes an appropriation to the Office of Workforce Development for direct training and expenses related to healthcare training at community and junior colleges.

• **Oregon H 4003 (2022)** – Requires the Board of Nursing to issue a nurse internship license for students. Nurse interns may receive academic credit and monetary compensation for working as an intern.
State Actions

Expanding the Workforce/Scope of Practice

- **Wisconsin** S 13 (2021) – Allows a dentist to administer coronavirus or influenza vaccine, and **South Carolina** H 3900 (2021, enacted) – Authorizing certain podiatrists to administer COVID-19 vaccine.

- **Illinois** H 5465 (2022) – Creates the Task Force on Internationally Licensed Health Care Professionals to remove barriers to licensure and practice of healthcare professional from other countries.

- **Tennessee** S 1266 (2021) – Requires rules that permit persons qualified as nurse aids during a public health emergency to become certified as nursing assistants.
State Actions

Retaining Current Professionals

- **Maryland S 700 (2022)** – Requires Secretary of Health to establish the Prevent Workplace Violence in Health Care Settings Awareness campaign.

- **Illinois H 4645 (2022)** – Creates a program to be administered by the Department of Health to allow health care professionals or behavioral health providers to apply for loan repayment assistance.

- **New York A 9007 (2022)** – Adds a state nurse loan repayment program that may be awarded to nurses working in areas determined to be underserved; nurses must work in the area for three consecutive years.
NCSL Resources

- State Public Health Legislation Database
- State Action on Coronavirus (COVID-19) Database
- Health Costs, Coverage and Delivery State Legislation Database
- State Strategies to Recruit and Retain the Behavioral Health Workforce
Legislative Respondents

Senator Kay Kirkpatrick, M.D.,
Georgia, District 32
Chair, Veterans, Military and Homeland Security

Representative Kyle Mullica
Colorado, District 24
Member, Health, Insurance and Environment and Business Affairs & Labor
Questions

Contact for questions: Shannon Kolman, Policy Specialist
shannon.Kolman@ncsl.org; 303-856-1411