



# Recruiting and Retaining a Highly Qualified Governmental Public Health Workforce

NCSL State Public Health Symposium

**Amber Norris Williams**

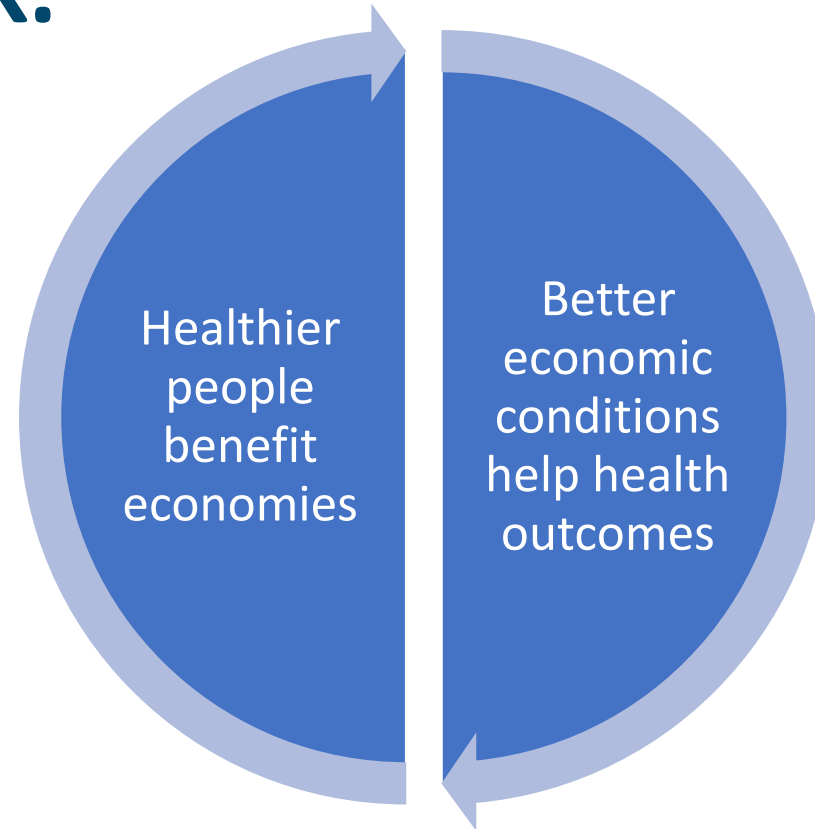
Senior Vice President, Leadership & Organizational Performance, ASTHO  
June 22, 2022

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 meet the demands of public health today and prepare for the needs of tomorrow.



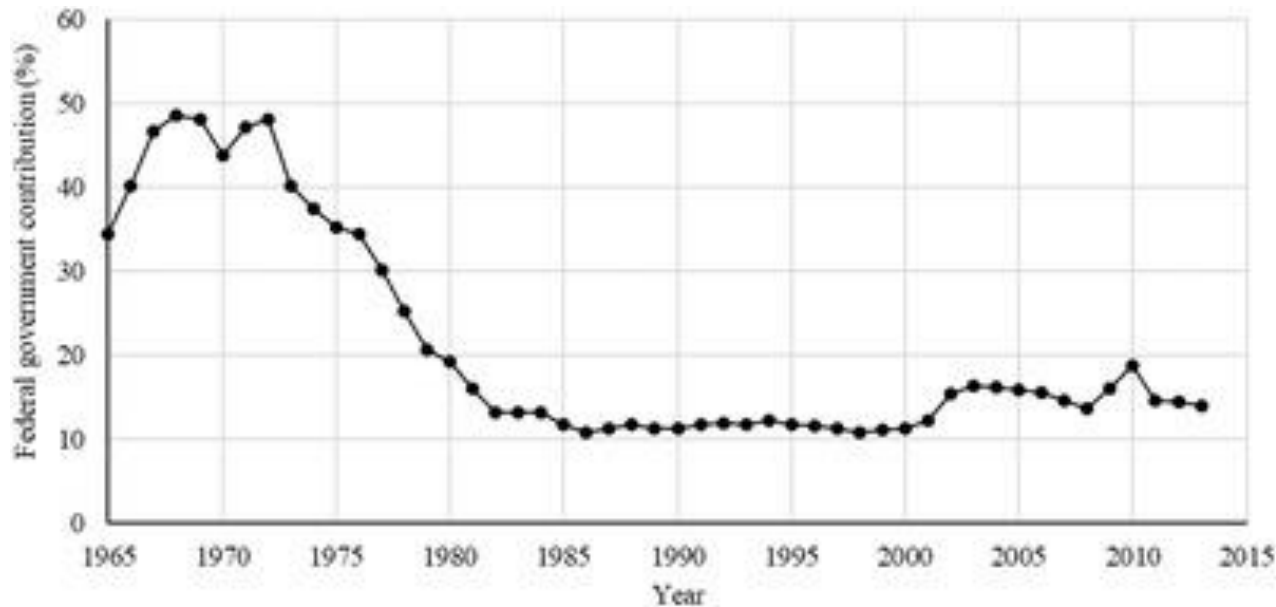
# Public health has been underfunded long before COVID-19, hurting response to COVID-19 and limiting ongoing public health work.

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

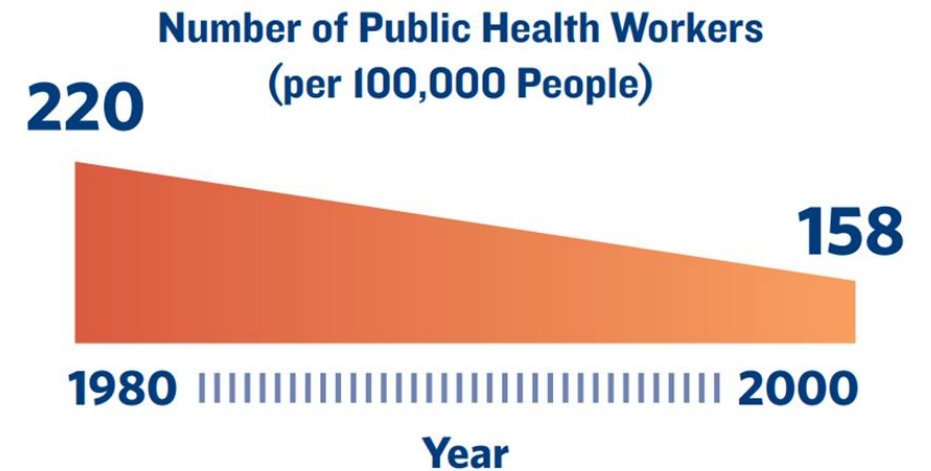


[Source: New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading Up to the COVID-19 Pandemic | ASTHO](#)

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



[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 \(statnews.com\)](https://www.statnews.com/2021/05/12/a-deficit-of-250000-public-health-workers-is-no-way-to-fight-covid-19/)

# 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](#)

	Local	State	Total
Infrastructure			
Assessment	4,500	4,500	9,000
All Hazards	3,000	2,000	5,000
Other Foundational Capabilities	17,500	8,000	25,500
Foundational Areas			
Chronic Disease and Injury	8,000	5,000	13,000
Communicable Disease	4,500	1,500	6,000
Environmental Health	7,500	2,000	9,500
Maternal and Child Health	5,500	1,000	6,500
Access/Linkage to Care	3,500	1,000	4,500
<b>Total</b>	<b>54,000</b>	<b>26,000</b>	<b>80,000</b>

# 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 \(debeaumont.org\)](https://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](https://debeaumont.org))



KRForbesPhotography  
@KRForbesPhoto



A small group of protestors have gathered in front of the central Ohio home of Dr Amy Acton. Neighbors report several men walking up and down the street with assault weapons stating that there will be no violence. "For now" [#ohio](#) [#amyacton](#) [#thisisamerica](#) [#asseenincbus](#)



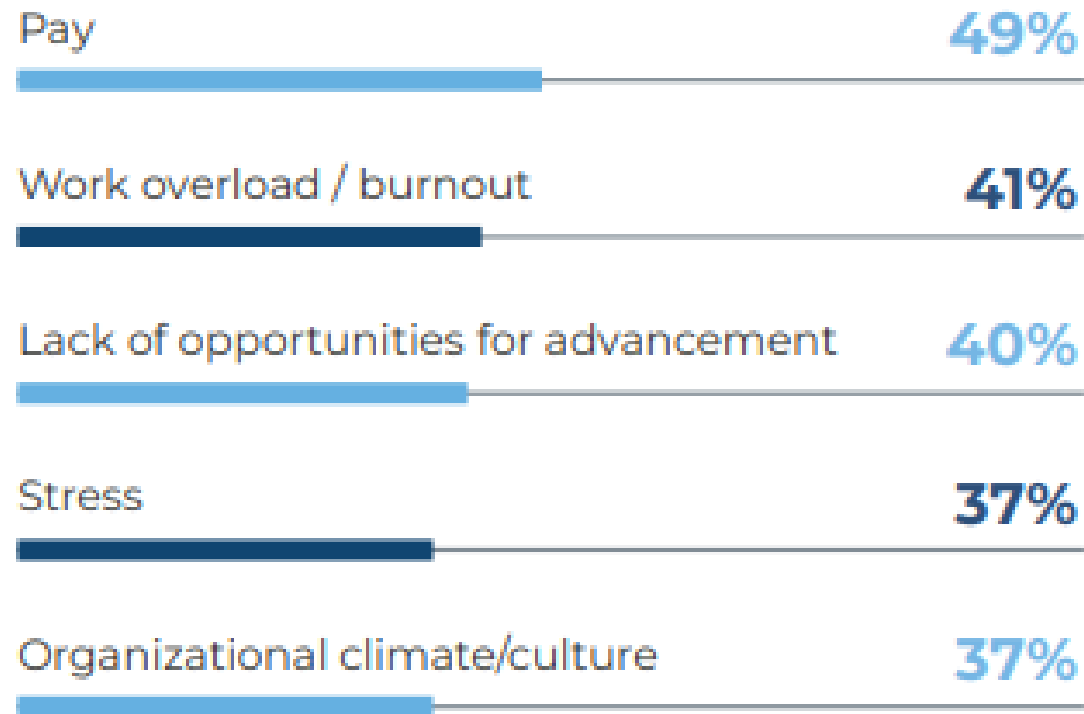
3:54 PM · May 2, 2020 from Columbus, OH





# Many Public Health Workers Intend to Leave in the Next 5 Years

## Top 5 Reasons for Leaving



**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."

## REPLACEMENT COSTS

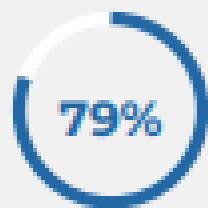
- Recruitment
- Administrative hiring
- Timing issues due to regulated hiring processes
- Training/onboarding

## LOST PRODUCTIVITY

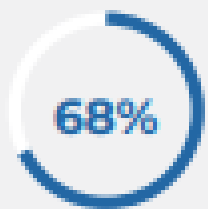
- Due to vacancies
- Due to coworkers taking on tasks
- Due to training period
- Due to complicated hiring mechanisms
- Due to loss of institutional knowledge and partnerships

Source: [New Workforce Survey: Public Health Turnover Could Pose Threat to Community Health - de Beaumont Foundation](#)

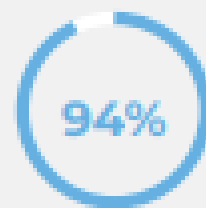
# Overall, public health employees remain committed and satisfied



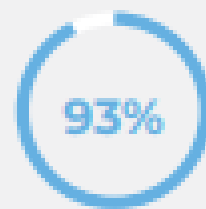
Satisfied with job



Satisfied with organization



"The work I do is important"



"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



The background of the slide features a vibrant sunset sky with warm orange and yellow tones. In the upper center, several black silhouettes of graduation caps are shown in mid-air, as if being tossed by a group. At the bottom, the silhouettes of a crowd of people are visible, with many arms raised in celebration. The overall mood is one of achievement and optimism.

# 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



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Source: [Legislative Prospectus: Public Health Workforce](#) | ASTHO



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# State Legislative Actions Addressing Public Health and Health Care Workforce Challenges

Shannon Kolman, Health Policy Specialist, NCSL

# 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**

**Increasing the  
Pipeline**

**Expanding the  
Workforce/Scope  
of Practice**

**Retaining Current  
Professionals**



## 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.





## 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.



## 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.





## 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](#)

## NCSL State Public Health Legislation Database

The screenshot displays the search interface for the NCSL State Public Health Legislation Database. It features two main filter sections: 'TOPICS' and 'STATES'. The 'TOPICS' section includes a list of checkboxes for various public health topics such as 'Infectious Disease: Syringe Service Programs', 'Vaccines: Access', and 'Vaccines: Requirements'. The 'STATES' section includes a list of checkboxes for various US states, including 'All States', 'Alabama', 'Alaska', 'Arizona', 'Arkansas', 'California', 'Colorado', 'Connecticut', and 'Delaware'. Below these sections are five input fields: 'KEYWORD', 'STATUS' (with a dropdown menu set to 'All'), 'BILL NUMBER', 'YEAR' (with a dropdown menu set to '2022'), and 'AUTHOR'. At the bottom, there are 'Search' and 'Reset All' buttons. The interface is powered by LexisNexis® State Net®.

TOPICS	STATES
<input type="checkbox"/> Infectious Disease: Syringe Service Programs	<input type="checkbox"/> All States
<input type="checkbox"/> Infectious Disease: Treatment and Prevention	<input type="checkbox"/> Alabama
<input type="checkbox"/> Public Health: Information and Reporting	<input type="checkbox"/> Alaska
<input type="checkbox"/> Public Health: Public Health Workforce	<input type="checkbox"/> Arizona
<input type="checkbox"/> Vaccines: Access	<input type="checkbox"/> Arkansas
<input type="checkbox"/> Vaccines: Insurance and Workforce	<input type="checkbox"/> California
<input type="checkbox"/> Vaccines: Other	<input type="checkbox"/> Colorado
<input type="checkbox"/> Vaccines: Registries and Reporting	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Vaccines: Requirements	<input type="checkbox"/> Delaware

KEYWORD	STATUS	BILL NUMBER	YEAR	AUTHOR
	All		2022	

Search Reset All

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# 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  
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