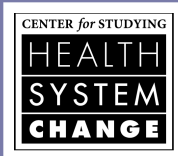


Public Health Workforce Shortages Imperil the Public's Health

Keeneland Conference
April 9-11, 2008

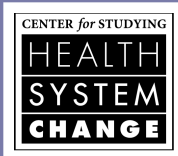
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The Center for Studying Health System Change



Acknowledgments

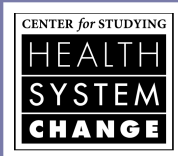
- Co-authors
 - Robert E. Hurley, Ph.D.
 - Johanna R. Lauer, B.A.

- Research supported under a grant from a special solicitation for Public Health Systems Research through the Robert Wood Johnson Foundation's Health Care Financing and Organization Initiative, which is administered by AcademyHealth



Public Health Workforce Crisis

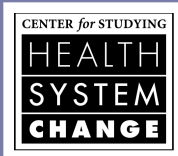
- Low priority placed on financing public health
- Workforce shortages = difficulty of public health agencies to meet core responsibilities
- Little concern/awareness among the general public
- Difficulties enumerating public health workforce and documenting shortages



Data and Methods (1)

- Community-based perspective
 - Cleveland
 - Greenville (SC)
 - Indianapolis
 - Little Rock
 - Orange County (CA)
 - Phoenix

- Six of the 12 communities from the Community Tracking Study (CTS) representing different structural models



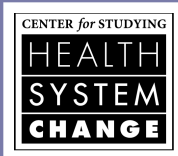
Data and Methods (2)

- 46 interviews conducted between November 2007 and January 2008

- Respondents, included representatives of:
 - State and local public health agencies
 - State public health associations
 - Public health academic training programs
 - Other knowledgeable observers

- Two-person research teams conducted interviews

- Interview data coded and analyzed using Atlas.ti



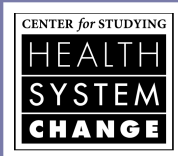
Nature and Extent of Shortages

- Occupational
 - Nurses most prominently
 - Others – microbiologists, lab technicians, physicians, pharmacists

- Many workers lack of formal orientation to public health; some workers have deficits in core public health skills

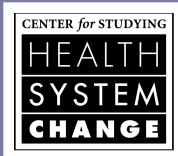
- Specific skill sets
 - Leadership and management

- Limiting outsourcing of critical functions



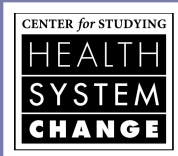
Factors Influencing Shortages

- While many of these factors have existed for some time, they are reportedly worsening:
 - Inadequate public health funding
 - Uncompetitive salaries and benefits
 - Looming exodus of retiring workers
 - Insufficient supply of trained workers
 - Lack of enthusiasm for public health careers



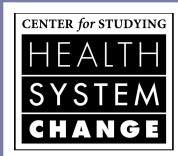
Inadequate Public Health Funding

- Universally seen as problematic
- Increased federal funding since 9/11 for emergency preparedness activities (including workforce), but now declining
- Communities with significant demographic changes are particularly impacted
- Lack of political support and understanding



Uncompetitive Salaries and Benefits

- Funding difficulties preclude public health agencies from effectively competing for workers
- Competition most intense with:
 - Acute care hospitals – nurses and others
 - Biotechnology companies, universities – epidemiologists
 - Private laboratories –scientists and technicians
- Waning competitive advantage of public sector benefits and work schedules
- Inflexible government hiring and compensation systems

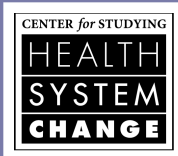


Looming Exodus of Retiring Workers

- Public health's silent crisis
 - Aging workforce and looming exodus of workers

- Inadequate succession planning
 - Loss of important institutional knowledge
 - Loss of mentoring and other collegial relationships

- Creates a platform for change
 - Which may have been difficult with existing staff
 - Opportunity to lower costs

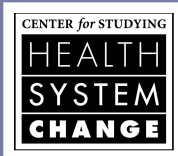


Insufficient Supply of Trained Workers

- Demands for nurses continue to exceed supply
 - Aging of the nursing workforce
 - Training capacity constraints

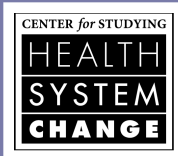
- Other workers in short supply
 - Advanced degrees
 - Public health training

- Workers with specialized skills difficult to find
 - Bilingual
 - Leadership and management



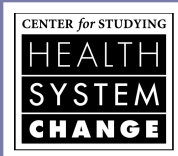
Lack of Enthusiasm for Public Health Careers

- Generate more enthusiasm for public health as a career
 - Particularly among young people
- Public service employment held in relatively low esteem (even among graduates of public health programs)
- Absence of a clear career path
 - Limited opportunities for advancement
 - Competing organizations offer more opportunities
- Public health work environment increasingly stressful, which makes recruitment and retention more difficult



Community Responses to Shortages

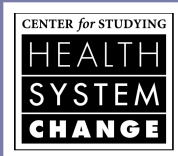
- Constrained by factors such as the lack of funding, but strategies emphasize:
 - Monitoring and planning
 - Recruitment
 - Retention
 - Workforce development and training
 - Academic linkages
 - Racial, ethnic and linguistic diversity



Monitoring and Planning

- **Varies across communities**
 - Some communities have conducted more extensive studies of the “pipeline” of workers
 - Other communities rely on anecdotal evidence, observations, and specific recruitment difficulties

- **Strategies to respond**
 - Monitoring and planning activities
 - Pooled efforts among various public health agencies

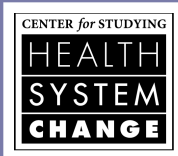


Recruitment

- Salary upgrades, sign-on bonuses

- Registered nurses
 - Full-time nurse recruiter
 - Job redesign/narrowing of requisite skill levels
 - Limiting hires to bachelor degree nurses

- Efforts to reach potential hires earlier in their career choice processes

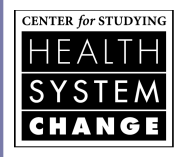


Retention

- Salary adjustments, retention bonuses

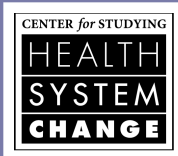
- Educational opportunities
 - Tuition reimbursement
 - Release time
 - Financial rewards

- Formal mentoring, shadowing and job rotation programs



Workforce Development and Training

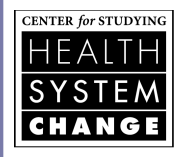
- Basic training needs
- Core competencies (Council of Linkages)
- Communication-related investments
 - Online/distance education
- Leadership and management training



Academic Linkages

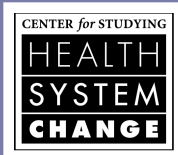
- Prominence of schools and programs in public health in many communities
 - Graduate public health programs
 - Graduate certificate courses
 - Continuing education

- HRSA-funded public health institutes

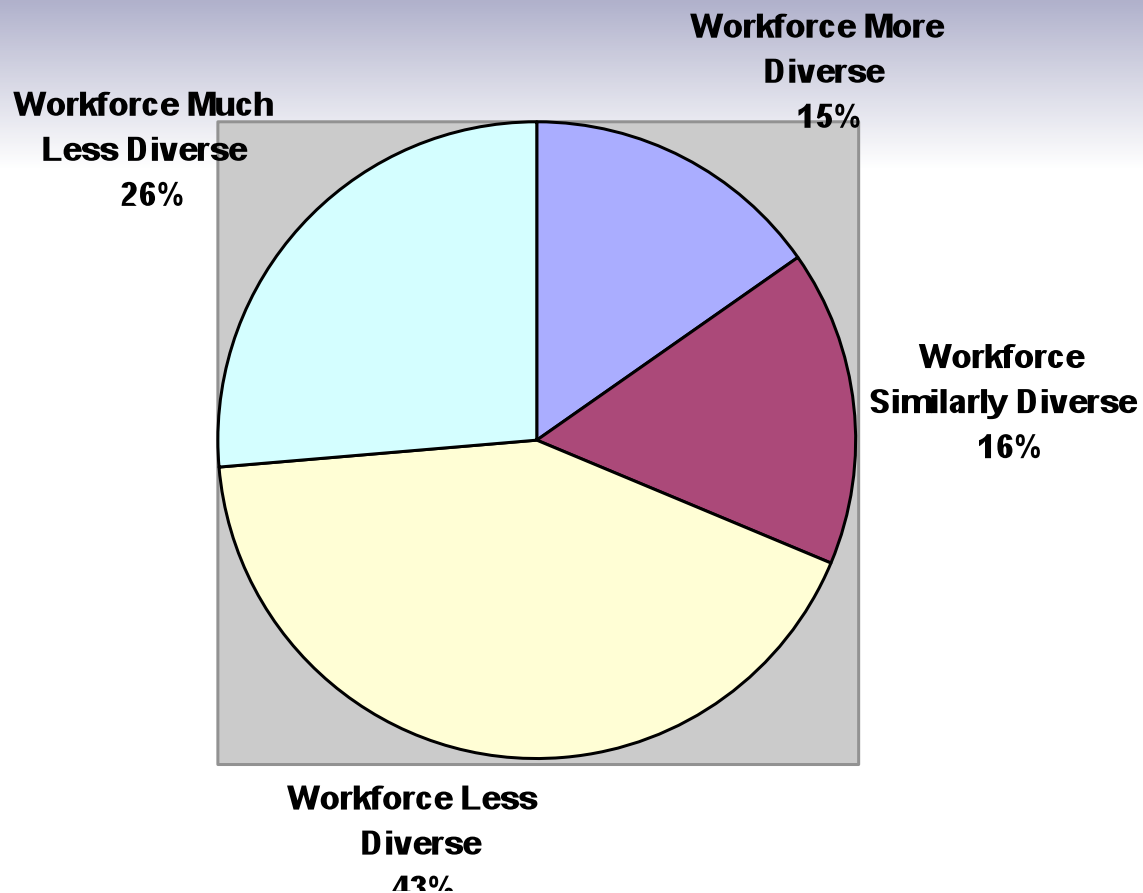


Racial, Ethnic and Linguistic Diversity

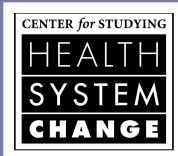
- Need for workforce to “look like” communities served, but difficult to achieve
 - Racial, ethnic and linguistic diversity
 - Cultural competency
 - Career ladders and advancement opportunities



Comparison of Local Health Department Workforces to Populations Served



Source: NACCHO, "The Local Health Department Workforce: Findings from the 2005 National Profile of Local Health Departments Study," Washington, D.C. (January 2007).



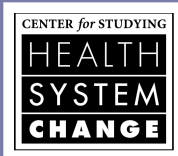
Key Conclusions

- Shortages likely to persist and worsen
- Skill deficits may be more consequential
- Development, training, and retention of existing workforce are critical
- Relationships with academic public health programs require more development and attention
- Opportunities exist with next generation of public health workers if appropriately anticipated and planned

Implications

- Communities are
 - Under-investing in public health
 - Delaying or foregoing some essential services
 - Accepting greater risks of health problems due to insufficient surveillance or inadequately trained workers

- Absent additional support to address the workforce issues, it is unlikely public health will be able to meet growing community need, imperiling the public's health



For More Information

- The Center for Studying Health System Change
 - <http://www.hschange.org>
- Full report will be available April 16th