Recruiting & Retaining Public Health Workers – Results from the Public Health Workforce Survey

18th Annual NALBOH Conference

Omaha, Nebraska

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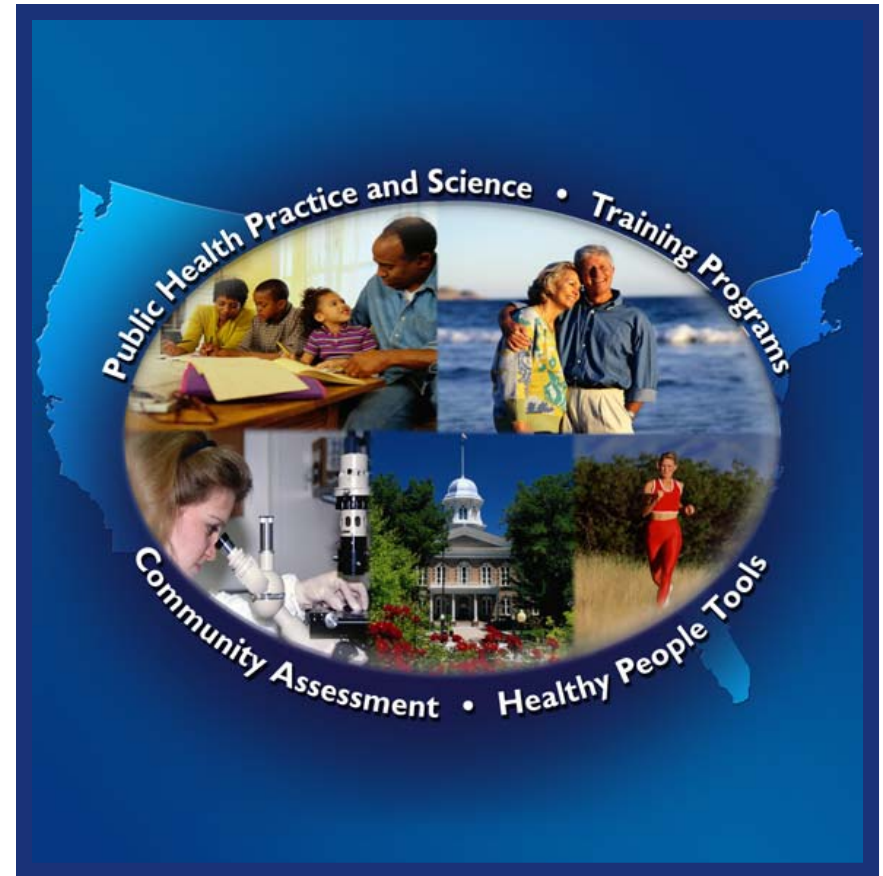
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Overview

- PHF and the Council on Linkages

- Purpose and Background of the Public Health Workforce Survey

- Survey Methods

- Preliminary Findings

- Implications

- Next Steps

...**PHF Mission**:

Improving public health infrastructure and performance through innovative solutions and measurable results.

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Innovative Solutions.
Measurable Results.

Council on Linkages Between Academia and Public Health Practice

Dedicated to improving public health practice and education by:

› Fostering, coordinating, and monitoring links between academia and the public health and healthcare community

› Developing and advancing innovative strategies to build and strengthen public health infrastructure

› Creating a process for continuing public health education throughout one's career

Funded by CDC and Staffed by PHF

Council on Linkages Between Academia and Public Health Practice

> The overall objective of the Council is to improve the relevance of public health education to practice and to promote education throughout one's career

> Grew out of the Public Health Faculty / Agency Forum

> 17 national organizations

- American College of Preventive Medicine
- American Public Health Association
- Association of Schools of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Association for Prevention and Teaching Research
- Centers for Disease Control and Prevention
- Community-Campus Partnerships for Health
- Council of Accredited Masters of Public Health Programs
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Network of Public Health Institutes
- National Library of Medicine
- QUAD Council of Public Health Nursing Organizations
- Society for Public Health Education

Pipeline Workgroup Members

> **Chair**
> *Vincent Francisco*, Department of Public Health Education, University of North Carolina at Greensboro

> **Members**
> *Susan Allan*, School of Public Health, University of Washington

> *Judy Delany*, Office of Workforce and Career Development, Centers for Disease Control and Prevention

> *Julie Gleason-Comstock,* School of Medicine, Wayne University, MI

> *Azania Heyward-James*, Centers for Disease Control and Prevention

> *Beth Lamanna*, University of North Carolina School of Nursing and the Southeast Public Health Training Center

> *Jean Moore*, Center for Health Workforce Studies, SUNY School of Public Health

> *Patrick Remington,* University of Wisconsin Population Health Institute

> *Edward Salsberg*, Association of American Medical Colleges

> *Henry Taylor*, Bloomberg School of Public Health, Johns Hopkins University

> *Tanya Uden-Holman*, School of Public Health, University of Iowa

> *Susan Webb*, University of Kentucky, College of Public Health

> *Marlene Wilken*, Creighton University, School of Nursing

Purpose and Background of Workforce Survey

> Council on Linkages determined need to develop evidence-based recruitment and retention strategies for public health

> Key first step - find data on how and why people enter public health

> Council on Linkages determined that data about the public health workforce are insufficient

> Solution – develop our own data

> Designed survey to determine how, when, and why individuals enter, stay in, and leave the public health workforce – focus on governmental public health

Q: Why is the focus on governmental public health?

A: Public health worker shortages are most critical in the governmental public health sector

Survey Methods
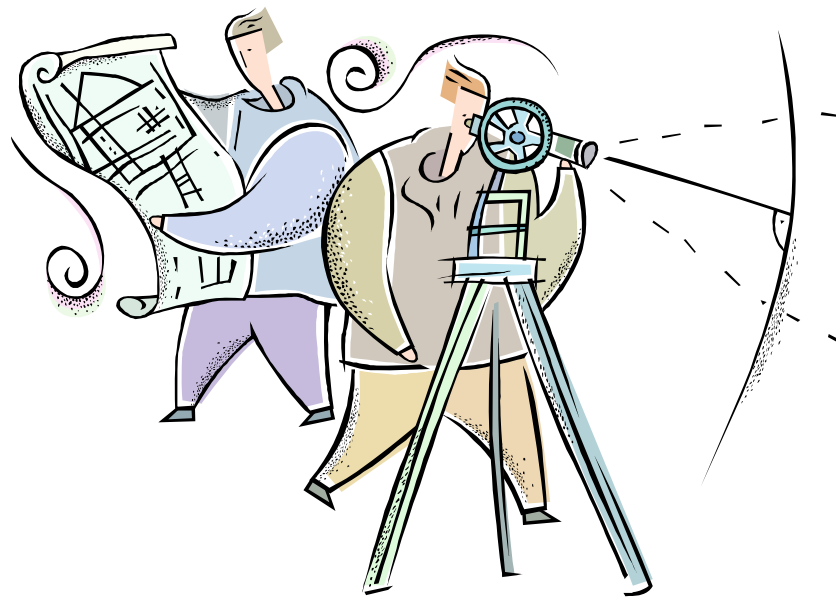
Survey Development (Began March 2009)

- Pipeline Workgroup determined that shorter was better
- Main focus on **RECRUITMENT**
- Validated questions used as a starting point
- Survey Design Consultant enlisted, Jeff Jones, PhD
- Draft reviewed by Pipeline Workgroup (September 2009)
- Revisions ensued and revised draft presented to Council
- Online survey developed

Pilot Testing Phase:
(November 2009 to January 2010)

Pilot Group

- Comprised of 30 individuals
- We thank Council member organizations for recruiting pilot group participants
    - ASTHO, CDC, NACCHO, NALBOH and SOPHE

Survey Communications

- Pre-survey notice
- Survey email containing URL
- Reminder email

Focus Groups (February 2010)

Purpose was to…

- Determine interpretation of survey questions
- Assess clarity of survey questions
- Assess ease of use of the online survey
- Assess whether time needed to complete the survey was reasonable
- Determine questions that should be added
- Explore strategies for achieving a high response rate

Refining the Survey Instrument…

> **Ensued after focus groups (early March 2010)**
> - Sought counsel from Jeff Jones

> **Revised survey instrument (March 2010)**
> - To reflect changes suggested by focus group participants and Jeff Jones

Survey Participants

Survey pool consisted of

- 21 TRAIN affiliates opted in
- Alabama Department of Public Health
- Over 80,000 individuals

- Survey in field from April to May 2010

Strategies to Obtain a High Response Rate

> **Publicizing the Survey**

- Several Council member organizations publicized the survey in their electronic communications

  > APHA, APTR, ASPH, ASTHO, NACCHO, NALBOH, NNPHI and the Quad Council

> Incentives for Survey Respondents

- Several Council member organizations and the Public Health Foundation generously donated prizes for survey participants

  > CAMP, CCPH, NALBOH, NEHA, NLM and SOPHE

  > Visit www.phf.org/link/surveyprizes.htm to view the full listing of prizes

Survey Findings

Response Rate…

Survey deployed to	**82,209** individuals
Survey received by	**70,315**
Number of respondents	**11,637**
Target response rate	**20%**
Actual response rate	**17%**

To NALBOH (and others) for your efforts to help us to obtain a high response rate!!!

Survey Limitation and Strengths

> While many people responded, the survey results **do not** necessarily reflect the opinions of the general public health workforce

> This is the first effort to hear **directly** from public health workers

> While survey results can not be generalized, hearing the opinions of over 11,000 public health workers can indeed inform policy making

Respondent Population…

Ever worked in public health	**65%**
Currently working in governmental public health	**60%** (of those who have worked in public health)
Average years worked in governmental public health	12.6
Average age	47
Top responding states	**55% from AR, KS, KY, OH, OK, TX, VA, WI**

Current Work Settings of Respondents

State Government	54%
Local Government	27%
Healthcare	26%
Nonprofit Organization	10%
Academe	7%
Private Industry	3%
Federal Government	3%
Self Employed	2%
Tribal or Territorial	0.5%
Unemployed	3%

Current Professional Roles

Nurse	**26%**
Administrator/Director/Manager	**21%**
Administrative Support	**15%**
Health Educator	**12%**
Non-clinical Public Health Service Provider	**12%**
Emergency Responder/Planner	**10%**
Allied Health Professional	**7%**
Environmental Health Specialist	**6%**
Faculty/Educator	**4%**
Data Analyst	**4%**
Biostats/Epi, Lab Prof., Researcher	**3% each**
Physician, Student	**2% each**

Respondent Population…

Gender	78% Female 22% Male
Race and Ethnicity	78% White 8% Black/African American 7% Hispanic/Latino/Spanish 2% Indian or Alaska Native 2% Asian

Where Respondents Were Prior to Entering Governmental Public Health

School	High School – 2%
	Associate Program – 2%
	Undergraduate Program – 9%
	Graduate Program – 8%
	Doctoral/Advanced Program – 2%
Employment	Healthcare – 20%
	Private Sector Org – 15%
	Governmental Agency – 7%
	Nonprofit Org – 7%
	Academic Org – 4%
	Self-Employed – 3%
	Retirement – 1%
Retired	1%
Unemployed	4%

Highest Education Level When Entering Public Health

High School	**16.1%**
Associate Degree	**20.0%**
Bachelor's Degree (Other than Public Health)	**35.8%**
Master's Degree (Other than Public Health)	**12.5%**

Public Health Degrees
    Bachelor's
    Master's
    Doctoral
	Total – 10.0%
	    4.4%
	    5.3%
	    0.3%

Current Education Level (highest attained)

High School	**12.6%**
Associate Degree	**18.5%**
Bachelor's Degree (Other than Public Health)	**31.7%**
Master's Degree (Other than Public Health)	**17.5% - Greatest Growth**

Public Health Degrees
    Bachelor's
    Master's
    Doctoral
	Total – 12.1%
	    3.4%
	    8.1%
	    0.6%

Factors Influencing Decision to Work with Current Employer...

FACTORS	Entering	Remaining
Specific Work Functions or Activities Involved in Current Position	1	2
Job Security	2	1
Competitive Benefits	3	3
Identifying with the Mission of the Organization	4	4
Enjoy living in the area (e.g. climate, amenities, culture)	5	6
Personal commitment to public service	6	5
Wanted to live close to family and friends	7	8
Wanted a job in the public health field	8	9
Future Opportunities for Training/Continuing Education	9	10
Flexibility of Work Schedule	10	7
Ability to Innovate	11	11
Competitive Salary	12	14
Future Opportunities for Promotion	13	15
Autonomy/Employee empowerment	14	13
Needed a job, but it didn't matter if it was in public health	15	16
Immediate Opportunity for Advancement/Promotion	16	17
Wanted to work with specific individual(s)	17	12
Family member/role model was/is working in public health	18	19
Ability to Telecommute	19	18

Are there generational differences in recruitment and retention?

Age Group (in years)	18-29	30-39	40-49	50-59	60-69	70-79	p-value
Job Security							
Recruitment	6.78	7.05	6.86	6.74	6.26	5.22	<0.001*
Retention	7.42	7.56	7.46	7.44	6.97	5.75	<0.001*
Flexibility of Work Schedule							
Recruitment	5.86	5.88	5.50	5.14	4.95	5.40	<0.001*
Retention	6.42	6.78	6.40	6.01	5.64	5.82	<0.001*
Ability to Telecommute							
Recruitment	1.56	1.60	1.23	1.24	1.11	1.04	<0.001*
Retention	1.98	2.29	1.88	1.80	1.67	1.37	<0.001*
Autonomy/Employee empowerment							
Recruitment							<0.001*
Retention	4.65	4.52	4.17	4.19	4.08	3.95	0.022*
	5.05	5.21	5.10	5.05	4.74	4.73	
Specific Work Functions or Activities Involved in Current Position							
Recruitment	7.02	6.94	6.87	6.87	7.04	6.79	0.004*
Retention	6.62	6.74	6.97	6.95	7.15	6.73	<0.001*

Are there generational differences in recruitment and retention?

Age Group (in years)	18-29	30-39	40-49	50-59	60-69	70-79	p-value
Identifying with the Mission of the Organization Recruitment Retention	6.39 6.22	6.26 6.34	6.41 6.67	6.59 6.83	6.88 7.06	7.68 7.81	<0.001* <0.001*
Ability to Innovate Recruitment Retention	5.58 5.53	5.33 5.56	5.19 5.65	5.24 5.67	5.49 5.65	5.98 6.35	<0.001* 0.017*
Immediate Opportunity for Advancement/Promotion Recruitment Retention	4.19 3.98	4.10 3.86	3.81 3.53	3.46 2.96	3.18 2.48	3.25 3.30	<0.001* <0.001*
Future Opportunities for Promotion Recruitment Retention	5.77 5.41	5.38 4.93	4.86 4.31	4.34 3.39	3.95 2.75	4.00 2.41	<0.001* <0.001*
Opportunities for Training/Continuing Education Recruitment Retention	6.61 6.60	6.04 6.09	5.77 5.91	5.63 5.66	5.54 5.30	5.74 5.39	<0.001* <0.001*

Are there generational differences in recruitment and retention?

Age Group (in years)	18-29	30-39	40-49	50-59	60-69	70-79	p-value
Competitive Salary							
Recruitment	5.38	5.19	4.73	4.55	4.28	3.95	<0.001*
Retention	5.46	5.36	5.36	4.82	4.39	3.83	<0.001*
Competitive Benefits							
Recruitment	6.98	6.94	6.80	6.68	6.32	5.44	<0.001*
Retention	6.92	6.94	6.76	6.76	6.38	5.22	<0.001*
Enjoy living in the area (e.g. climate, amenities, culture)							
Recruitment	5.99	6.05	6.26	6.16	6.15	6.17	0.003*
Retention	6.32	6.38	6.61	6.63	6.52	6.66	<0.001*
Wanted to live close to family and friends							
Recruitment							
Retention	5.97	5.90	6.00	5.83	5.60	4.71	<0.001*
	6.29	6.16	6.36	6.25	5.98	5.14	0.001*
Wanted to work with specific individual(s)							
Recruitment							
Retention	3.39	3.36	3.38	3.15	3.10	3.12	0.053
	5.36	5.25	5.18	5.10	4.89	4.81	<0.001*

Are there generational differences in recruitment and retention?

Age Group (in years)	18-29	30-39	40-49	50-59	60-69	70-79	p-value
Wanted a job in the public health field Recruitment Retention	6.53 6.46	6.02 6.11	5.71 6.07	5.70 6.11	5.75 5.99	5.65 5.78	<0.001* 0.001*
Needed a job, but it didn't matter if it was in public health Recruitment Retention	4.18 4.05	3.93 3.67	3.86 3.63	3.87 3.40	3.76 3.12	2.73 1.93	0.815 <0.001*
Personal commitment to public service Recruitment Retention	6.21 6.37	6.03 6.39	6.10 6.70	6.16 6.73	6.23 6.82	6.66 6.90	<0.001* <0.001*
Family member/role model was/is working in public health Recruitment Retention	1.97 2.03	1.86 1.85	1.75 1.70	1.53 1.48	1.50 1.31	2.26 1.43	<0.001* <0.001*

Organization's Leadership Characteristics…

	Strongly Agree or Agree	Strongly or Somewhat Disagree
Trust/Respect	56%	33%
High Professional Standards	65%	22%
Appropriate Performance Evaluations	53%	28%
Constructive Feedback	55%	28%
Shared Vision	55%	31%

Management Addresses Employee Concerns…

	Strongly Agree or Agree	Strongly or Somewhat Disagree
Tools Needed to do Job	63%	22%
Professional Development	60%	24%
Autonomy/Employee Empowerment	47%	28%
Leadership Issues	45%	32%
New Employee Support	48%	22%
Safety and Security	64%	14%

Characteristics About Organization's Professional Development…

	Strongly Agree or Agree	Strongly or Somewhat Disagree
Resources Available for Employees	36%	51%
Adequate Time Provided	45%	38%
Training to Fully Use Technology	48%	28%
Leadership Issues	45%	35%
Opportunities to Learn from One Another	66%	18%
Provides Employees with Most Needed Knowledge and Skills	66%	21%

Responses to open-ended question...

Is there anything else you would like to tell us that we did not ask?

› *"There needs to be more of a career ladder for employees to be able to advance."*

› *"As a Public Health Nurse, I like the focus on "prevention" rather than "taking care of sick people." I like the autonomy of working under a medical director rather than following specific orders given by individual doctors."*

› *"We are here to help people attain healthy lifestyles through education and prevention. With a budget crisis, some feel it is hard to get the trainings they need. I have some college credits through night courses I have taken over the years, but not enough to earn a degree."*

Potential Implications........

> Given the seeming importance of employee benefits, future recruitment and retention efforts may be harmed if government cuts back on benefits.

> Focusing efforts on salary structures may not be an important way to recruit and retain public health workers.

> Leaders and managers may be able to positively impact recruitment and retention in organizations through actions not requiring additional funding.

> Attention to and resources for professional development appear to be far less than desirable, suggesting a need to find efficient ways to provide more professional development opportunities.

> Healthcare settings may be a place to increase attention for recruiting individuals into governmental public health.

Next Steps

> Develop report based on survey findings

> Pipeline Workgroup will convene
> > Early fall
> > Additional analyses and qualitative review
> > > Differences by age groups?
> > > Differences by employer groups?

> Development of recruitment and retention strategies
> > Learn from NEA and others
> > Evidence-assisted decision making

What do these findings mean to you?

What else should we look for in the data?

Thank You!