

RECRUITMENT AND RETENTION: PERSPECTIVES FROM HEALTH and PUBLIC HEALTH

Council on Linkages Between Academia and Public Health Practice

**American Institute for Architects
Tuesday, January 25, 2005**

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The Center for Health Workforce Studies at the University at Albany

- Conducts studies of the supply, demand, use and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- One of six regional centers with a cooperative agreement with HRSA/Bureau of Health Professions



A Study of the Public Health Workforce

- HRSA funded study conducted in 2002-03
 - studied the most pressing health workforce issues facing local and state health departments today
 - assessed the adequacy of the supply of public health workers in relation to the demand for them, particularly registered nurses, physicians, dentists and workers with formal public health training
 - studied the role that schools of public health play in assisting public health agencies to recruit, retain or provide continuing education to their workforce
 - the final report of the study is posted to HRSA's website:
<http://bhpr.hrsa.gov/healthworkforce/reports/default.htm>



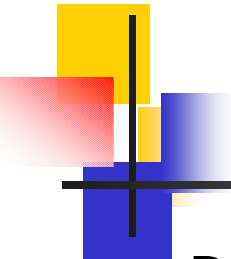
A Six State Case Study of the Public Health Workforce

- The states selected for the study reflected all four organizational models described in ***Local Public Health Practice: Trends and Models***, (APHA, 2000)
- The six states were:
 - New Mexico (centralized model)
 - Montana (decentralized model)
 - Georgia (shared model)
 - California (mixed model)
 - Texas (mixed model)
 - New York (mixed model)



Public Health Workforce Study: OVERVIEW & METHODS

- Researchers from four workforce research centers interviewed state and local health officials in the six case study states and specifically explored:
 - issues around the recruitment, retention and training needs of public health physicians, dentists and nurses,
 - concerns with possible shortages of all categories of public health personnel
 - the relationship between state and local health departments and schools of public health
 - identified and analyzed available data sets on the workforce of public health agencies in the case study states



Public Health Nurse Findings: All 6 States Reported Difficulty Recruiting PHNs

- Budget constraints was a major barrier to recruiting PHNs
 - Hiring freezes and budget cuts resulted in vacant PHN items either going unfilled or being abolished
- When budget constraints weren't an issue,
 - Lack of qualified candidates was a recruitment barrier cited by some health offices, particularly those in rural areas
 - Non-competitive salaries for PHNs contributed to recruitment problems
 - Lengthy processing time for new hires also led to recruitment difficulties



Public Health Nursing RECRUITMENT STRATEGIES

■ **New York, Montana and California:**

- Rural health offices grew their own PHNs

■ **Georgia:**

- Strategic marketing
- Advance step hiring

■ **New Mexico:**

- Starting salary enhancements

■ **Most States:**

- Work hours & benefits was a strength
- Open/continuous recruitment



Public Health Nursing Retention: PHNs Are Easier to Retain Than to Recruit

- In most of the case study states, once they were hired, PHNs tended to stay
 - Health offices in Georgia reported increasing turnover of new hires
- Autonomy, hours, benefits appeared to support retention
- Many of the case study states anticipate PHN retirements over the next 5 years
 - Some states are more worried about PHN retirements than others



Conclusions: Public Health Nurses

- Local and district health offices in all six case study states reported difficulty recruiting PHNs, but less difficulty retaining them
- Reasons for the recruitment difficulties included: budget constraints, a general shortage of RNs, non-competitive salaries and lengthy processing time for new hires
- A wide range of PHN training needs were identified; the greatest unmet need was for public health oriented training
- Lack of access to BSN, MPH and other advanced training programs was a significant problem, particularly in rural areas.



Physicians Played a Variety of Roles in Public Health Agencies

Physicians working in public health served as leaders, administrators, or clinicians

- Their roles were often determined by the size of the agency
 - Some states required physicians for their leadership positions
- Public health agencies in rural areas had fewer physicians on staff and used them primarily as consultants or for the provision of clinical services



Qualifications Varied for Public Health Physicians

- Formal public health training for PHPs, even for those in leadership positions, tended to be a preference rather than a requirement
 - They were more likely to be found in state agencies or in local health departments in urban areas
- Rural health departments were less likely to recruit or employ physicians with formal public health training



Public Health Physician Recruitment and Retention Issues

- Larger health departments reported less difficulty recruiting PHPs
 - They were more likely to recruit on a regional or national level
- Rural health departments who typically drew their staff from local labor markets had more difficulty recruiting physicians
- Budget constraints and low salaries were the most significant barriers to PHP recruitment
- Once hired, physicians tended to be retained, attributable to regular working hours and benefits



Oral Health Workforce: Recruitment and Retention Issues

- **The lack of oral health services in most LDHs was more a function of lack of funding (Medicaid or other) for services, not a lack of staff, although staffing could be problematic as well**
- **Many dental public health programs were run by PHNs or other dental staff (RDH, RDA) and utilized volunteer or contract dentists only for services requiring their expertise**
- **There were very few dentists & dental assistants, and even fewer hygienists in public health.**
- **Recruitment of dentists into public health service was difficult, but those who chose it tended to stay**



Oral Health Workforce Recruitment & Retention

- All 6 states reported difficulty recruiting dentists
 - Budget constraints
 - Non-competitive salaries
 - General shortages of dentists
- **Retention of dentists was less of a problem**
 - Once they find a “fit”, the DDS stay
- **Retirement was not noted as a major concern for PH dentists in any state**
- Dental Hygienists
 - Rarely found, if so, difficult to recruit
 - Non-competitive salaries
- Dental Assistants
 - positions not difficult to fill (except in NM)



MPH Recruitment and Retention Issues

- Public health workers with formal public health training, such as a Master of Public Health (MPH), most commonly worked in State health departments or in large public health agencies
- Staff of small public health agencies who obtained MPHs often left their agencies to work in larger organizations that offered better opportunities
- The greatest unmet training need reported by local health departments in this study was for training in core public health concepts



Other Public Health Workforce Shortages

- Other occupations and professions that posed recruitment difficulty in public health included:
 - **nutritionists/dieticians** (NY, GA, NM, TX)
 - NM – building a career ladder in nutrition
 - **social workers** (NY, NM, TX)
 - **health educators** (NY, GA, NM, CA)
 - NY - restrictive regulatory qualifications is a barrier
 - **clerical staff** (NY, GA, NM, TX)
 - **epidemiologists** (NY, GA, NM, TX, CA)
 - strategies to address need include:
 - NY - regional collaborative
 - CA - resource sharing



OTHER WORKFORCE SHORTAGES

- **dental hygienists and dental assistants** (GA, NM)
- **laboratory personnel**, including microbiologists and toxicologists
- **home health aides** (rural NY) and **medical assistants** (NM)
- **environmentalists/ sanitarians** (MT)
 - NY – ‘grow your own’ sanitarians
- **speech language pathologists** (NY)
- **occupational and physical therapists** (NY, CA)



Concern About Retirement

- **A number of district and local health offices in NY, GA, and NM were concerned about losing senior staff to retirement in the next 5 years**
- **Some were more concerned than others:**
 - **In New Mexico, a recently enacted law allowed retired workers to collect pension and continue to work in the state system**
 - **In some states, retirements averted layoffs, but those positions were lost**
- **Some reported the need to engage in succession planning and the need for training to help prepare people for leadership roles**

*What Can We Do to Assure a
Well-trained and Adequate
Public Health Workforce
for the Future?*



Attract New Recruits to Public Health

- Learn more about what attracts potential public health workers to the field and develop innovative recruitment and marketing strategies for careers in public health
- Create a service obligated scholarship or loan repayment program like the National Health Service Corps that provides scholarship or loan repayment in return for a commitment to work in local public health agencies with workforce shortages



Provide Career Development for the Current Public Health Workforce

- **Provide more opportunities for public health training and education that are accessible to local health department staff, particularly those in leadership positions**
- **Provide support and assistance for public health workers to further their education, both graduate and undergraduate, related to critical public health skills and competencies**
- **Identify and describe effective 'career ladders' within State public health systems that could assist other States in developing similar upgrading opportunities**



Create Stronger Ties Between Public Health Education and Practice

- **Identify and describe models of collaboration or 'best practices' between academia and public health practice**
- **Provide incentives to encourage collaboration between relevant educational programs and local public health agencies.**
- **Support the development of a model public health curriculum that could help prepare public health professionals for contemporary public health practice and make the curriculum available to schools of public health, medicine, nursing, and other health professions.**



Collect Better Data on the Public Health Workforce

- Monitor the size and composition of the public health workforce on a regular basis
- Support a 'functional' enumeration of the public health workforce, in order to better understand the roles and responsibilities of public health workers in the context of their state's public health system



Planning for the Future

- Assure an adequate supply of well-trained public health workers
- Increase knowledge and awareness of basic public health concepts and competencies
- Strengthen ties between relevant educational programs and local health departments
- Support a sound public health infrastructure