

Recruiting & Retaining Public Health Workers – Lessons Learned from a Survey of Public Health Workers

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Presenter Disclosures

Vincent T Francisco, PhD
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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose.

Overview

About the Council on Linkages Between Academia and Public Health Practice

Public Health Workforce Survey Background

Methods

Findings

Implications

Next Steps



Council on Linkages Between Academia and Public Health Practice

- Mission – to improve 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

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Council Member 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

Background of the Workforce Survey

- Council on Linkages determined need to develop evidence-based recruitment and retention strategies for public health
- Key first step - finding 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 state and local governmental public health



Pipeline Workgroup Members

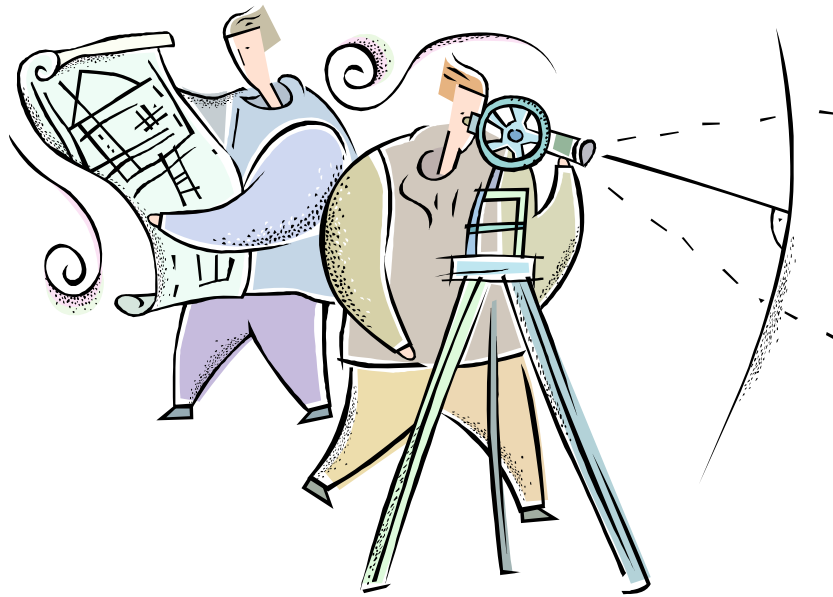
Chair

- *Vincent Francisco*, Department of Public Health Education, University of North Carolina at Greensboro, NC

Members

- *Susan Allan*, School of Public Health, University of Washington, WA
- *Ralph Cordell*, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA
- *Pat Drehabl*, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA
- *Julie Gleason-Comstock*, School of Medicine, Wayne University, MI
- *Georgia Heise*, Three Rivers District Health Department, KY
- *Azania Heyward-James*, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA
- *Jean Moore*, Center for Health Workforce Studies, SUNY School of Public Health, NY
- *Clese Erikson*, Association of American Medical Colleges, DC
- *Henry Taylor*, Bloomberg School of Public Health, Johns Hopkins University, MD
- *Tanya Uden-Holman*, School of Public Health, University of Iowa, IA
- *Susan Webb*, University of Kentucky, College of Public Health, KY
- *Marlene Wilken*, Creighton University, School of Nursing, NE

Methods



Survey Development (Began March 2009)

- Pipeline Workgroup determined that shorter was better
- Main focus on **RECRUITMENT**
- Validated questions used as a starting point
 - (e.g. National Education Association)
- Survey research experts and statisticians enlisted from the University of KY
 - Assisted with survey development and refinement
- Draft survey presented to Pipeline Workgroup for review and comment
 - September 2009
- Revisions ensued and revised draft was presented to Council
 - Fall 2009
- Online survey also developed Fall 2009



Pilot Testing Phase (November 2009 to January 2010)

- Pilot Group
 - Comprised of 30 individuals (local, state and federal representatives)
 - We thank Council member organizations for recruiting pilot group participants
 - ASTHO
 - CDC
 - NACCHO
 - NALBOH
 - SOPHE
- Survey communications deployed to pilot group
 - Pre-survey notice
 - Survey email containing URL to survey site
 - Email reminders

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 the University of KY



- **Refined survey instrument (March 2010)**

- Per changes suggested by focus group participants and University of Kentucky survey experts and statisticians

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
 - Prizes included:
 - Gift cards, gift packages, gift certificates, public health books, free registration to national meetings, free membership to Council member organizations

Survey Participants

> **Survey pool consisted of**

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



> **Two survey populations**

- All governmental public health users of TRAIN and non-governmental public health users of TRAIN in academe, NGOs, and healthcare settings (total survey population - 82,209)
- Random sample of the 82,209 individuals surveyed

> **Survey in field from April to May 2010**



Survey Limitations 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 throughout the US
- While survey results can not be generalized, hearing the opinions of nearly 12,000 public health workers can indeed inform policy making



Findings



Response Rate...

Survey deployed to	82,209 individuals
Survey received by	70,315
Number of respondents	11,637 (7,559)*
Target response rate	20%
Actual response rate	17%

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We thank APHA and other Council member organizations for their efforts to help us to obtain a high response rate!!!



Differences in Responses Between Survey Populations

- Two survey populations
 - All governmental public health users of TRAIN and non-governmental public health users of TRAIN in academe, NGOs, and healthcare settings
 - Random sample of the entire population surveyed
- Generally, there were no significant differences between the large group and random sample population

Respondent Population...

Ever worked in public health	65% (100%)*
Currently working in governmental public health	60% (of those who have worked in public health)
Average years worked in governmental public health	13 (13)*
Average age	47 (48)*
Top responding states	55% from AR, KS, KY, OH, OK, TX, VA, WI

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Respondent Population

Continuous Variables	N=11637
# years employed in government public health for current employer Mean (SD) Median (Q1, Q3) (Min, Max)	11.06 (9.03) 9.00 (3.50, 17.00) (0.00, 47.00)
# years employed in government public health agency Mean (SD) Median (Q1, Q3) (Min, Max)	12.61 (9.56) 10.00 (4.50, 19.00) (0.00, 55.00)
Age Mean (SD) Median (Q1, Q3) (Min, Max)	47.27 (11.35) 49.00 (39.00, 56.00) (18.00, 83.00)

Current Work Settings of Respondents

Work Setting	N=11637
State Government	46% (55%)*
Local Government	27% (33%)*
Healthcare	26% (19%)*
Nonprofit Organization	10% (5%)*
Academia	7% (4%)*
Private Industry	3% (1%)*
Federal Government	3% (4%)*
Self Employed	2% (1%)*
Tribal or Territorial	1% (1%)*
Unemployed	3% (1%)*

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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 Public Health

School	High School – 2% (4%)* Associate Program – 3% (5%)* Undergraduate Program – 9% (14%)* Graduate Program – 8% (12%)* Doctoral/Advanced Program – 2% (4%)*
Employment	Healthcare – 20% (31%)* Private Sector Org – 15% (23%)* Governmental Agency – 7% (10%)* Nonprofit Org – 7% (10%)* Academic Org – 4% (6%)* Self-Employed – 3% (4%)*
Retired	1% (1%)*
Unemployed	4% (6%)*

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Highest Education Level When Entering Public Health

High School	16% (13%)*
Associate Degree	20% (17%)*
Bachelor's Degree (Other than Public Health)	36% (40%)*
Master's Degree (Other than Public Health)	13% (13%)*
Public Health Degrees Bachelor's Master's Doctoral	Total – 10% (11%)* 4% (5%)* 5% (6%)* <1% (<1%)*

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Current Education Level (highest attained)

High School	13% (10%)*
Associate Degree	19% (15%)*
Bachelor's Degree (Other than Public Health)	32% (34%)*
Master's Degree (Other than Public Health)	18% - Greatest Growth (19%)*
Public Health Degrees Bachelor's Master's Doctoral	Total – 12% (15%)* 3% (4%)* 8% (10%)* 1% (1%)*

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Differences in Factors Influencing Decision to Work with Current Employer

Age Group-(18-29, 30-39, 40-49, 50-59, 60-69, 70-79) (in years)	F	p-value
Job Security Entering Remaining	12.69 10.11	<0.001 <0.001
Flexibility of Work Schedule Entering Remaining	17.70 20.37	<0.001 <0.001
Ability to Telecommute Entering Remaining	8.23 7.80	0.333 <0.001
Autonomy/Employee empowerment Entering Remaining	5.64 2.70	<0.001 0.019
Specific Work Functions or Activities Involved in Current Position Entering Remaining	1.15 4.98	0..005 <0.001

Based on Scale of 0-10 point interval scale where 0=no influence, 10=a lot of influence

Differences in Factors Influencing Decision to Work with Current Employer

Age Group-(18-29, 30-39, 40-49, 50-59, 60-69, 70-79) (in years)	F	p-value
Identifying with the Mission of the Organization Entering Remaining	8.77 14.74	<0.001 <0.001
Ability to Innovate Entering Remaining	3.34	0.005 0.017
Immediate Opportunity for Advancement/Promotion Recruitment Entering Remaining	20.54 0.961	<0.001 0.440
Future Opportunities for Promotion Entering Remaining	55.93 45.19	<0.001 <0.001
Opportunities for Training/Continuing Education Entering Remaining	16.65 115.345	<0.001 <0.001

Based on Scale of 0-10 point interval scale where 0=no influence, 10=a lot of influence

Differences in Factors Influencing Decision to Work with Current Employer

Age Group-(18-29, 30-39, 40-49, 50-59, 60-69, 70-79) (in years)	F	p-value
Competitive Salary		
Entering	20.15	<0.001
Remaining	19.68	<0.001
Competitive Benefits		
Entering	9.39	<0.001
Remaining	17.06	<0.001
Enjoy living in the area (e.g. climate, amenities, culture)		
Entering	1.10	0.357
Remaining	7.27	<0.001
Wanted to live close to family and friends		
Entering	2.93	0.012
Remaining	1.96	0.082
Wanted to work with specific individual(s)		
Entering	2.36	0.037
Remaining	2.74	0.018

Based on Scale of 0-10 point interval scale where 0=no influence, 10=a lot of influence

Differences in Factors Influencing Decision to Work with Current Employer

Age Group-(18-29, 30-39, 40-49, 50-59, 60-69, 70-79) (in years)	F	p-value
Wanted a job in the public health field		
Entering	9.23	<0.001
Remaining	2.22	0.050
Needed a job, but it didn't matter if it was in public health		
Entering	2.56	0.026
Remaining	2.08	0.065
Personal commitment to public service		
Entering	1.09	<0.001
Remaining	10.40	<0.001
Family member/role model was/is working in public health		
Entering	6.34	<0.001
Remaining	9.91	<0.001

Based on Scale of 0-10 point interval scale where 0=no influence, 10=a lot of influence

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

General Findings : Differences in Rating of Factors

➤ **Generational**

- *Ability to advance & job security* were more important to younger respondents (20s and 30s)
- *Specific work functions/duties* more important to older respondents (50s)

➤ **Regional**

- Midwest
 - *Flexibility of work schedule* more important in this region than others
- West Coast
 - Significantly larger proportion of *younger respondents* compared to other regions
 - *Salary* rated as being more important by respondents than in other regions
 - Respondents in this region were also looking to be *promoted/advance professionally*

➤ **Health department size**

- *Competitive salary* more important to respondents that work in larger health departments

Organization's Leadership Characteristics...

	Strongly Agree or Agree	Strongly or Somewhat Disagree
Trust/Respect	56% (53%)*	33% (36%)*
High Professional Standards	65% (63%)*	22% (24%)*
Appropriate Performance Evaluations	53% (51%)*	28% (29%)*
Constructive Feedback	55% (52%)*	28% (29%)*
Shared Vision	56% (53%)*	31% (33%)*

Based on 5 point Likert scale from strong agree, somewhat agree, neither agree or disagree, somewhat disagree, strongly disagree

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Management Addresses Employee Concerns...

	Strongly Agree or Agree	Strongly or Somewhat Disagree
Tools Needed to do Job	63% (60%)*	22% (24%)*
Professional Development	60% (58%)*	24% (26%)*
Autonomy/Employee Empowerment	47% (45%)*	29% (31%)*
Leadership Issues	45% (44%)*	32% (34%)*
New Employee Support	48% (46%)*	23% (23%)*
Safety and Security	64% (62%)*	14% (15%)*

Based on 5 point Likert scale from strong agree, somewhat agree, neither agree or disagree, somewhat disagree, strongly disagree

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Characteristics About Organization's Professional Development...

	Strongly Agree or Agree	Strongly or Somewhat Disagree
Resources Available for Employees	36% (33%)*	51% (55%)*
Adequate Time Provided	45% (43%)*	38% (41%)*
Training to Fully Use Technology	48% (45%)*	35% (39%)*
Opportunities to Learn from One Another	66% (65%)*	18% (19%)*
Provides Employees with Most Needed Knowledge and Skills	60% (58%)*	21% (23%)*

Based on 5 point Likert scale from strong agree, somewhat agree, neither agree or disagree, somewhat disagree, strongly disagree

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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.”

“It’s not just about earning a paycheck, it’s the sense of satisfaction of contributing to those in need in your community.”

“This has been the most wonderful job experience I could have asked for. The pay stinks; financially I’ve made it work because I would rather look forward to going to work each day than be miserable.”

Responses to open-ended question...

Anger?

- *“My question is how can a governmental agency with a \$27 million budget and only 200 employees be so wasteful, treat employees so poorly and unfairly, and never be held accountable for its actions?”*
- *“I am appalled by the management style of our nurse manager. We work in an environment of sheer intimidation that lacks a sense of support and teamwork.”*
- *“I think some local health organizations are moving away from public health. They are only interested in a few aspects, particularly the ones that make money.”*
- *“Management needs to be more professional and show respect to their employees.”*

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**
 - Workforce Survey Report to be reviewed by Pipeline Workgroup
 - Report to be presented to the Council by early 2011
- **Develop recruitment and retention strategies**
 - Conduct literature review (with assistance from NLM)
 - 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?



Please email psaungweme@phf.org or call 202.218.4424

Thank You!

