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

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www.phf.org/link

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

**Funded by the CDC and HRSA
Staffed by PHF**

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
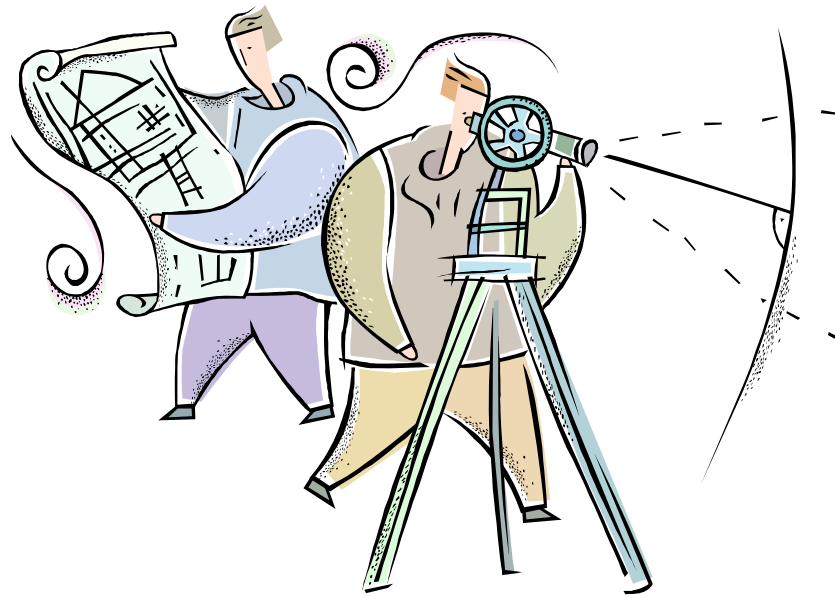
Pipeline Workgroup Members

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 Drehobl,* 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!!!
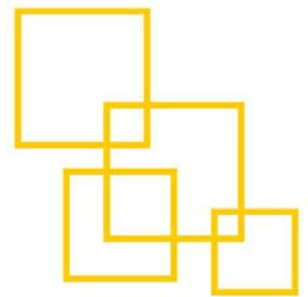
Differences in Responses Between Survey Populations

> **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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Current Work Settings of Respondents

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 recruitment and retention factors

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*

Differences in recruitment and retention factors

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*

Differences in recruitment and retention factors

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	5.97	5.90	6.00	5.83	5.60	4.71	<0.001*
Retention	6.29	6.16	6.36	6.25	5.98	5.14	0.001*
Wanted to work with specific individual(s)							
Recruitment	3.39	3.36	3.38	3.15	3.10	3.12	0.053
Retention	5.36	5.25	5.18	5.10	4.89	4.81	<0.001*

Differences in recruitment and retention factors

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*

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%)*

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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%)*

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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%)*

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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 or 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!