



Public Health Workforce Shortages

- The U.S. has an estimated 50,000 fewer public health workers than it did 20 years ago.¹
- Governmental public health departments are facing significant workforce shortages that will likely be exacerbated through retirements and the current economic downturn.
- Twenty percent of the average state health agency's workforce will be eligible to retire within three years, and by 2012, over 50 percent of some state health agency workforces will be eligible to retire.²
- Approximately 20 percent of local health department employees will be eligible for retirement by 2010.³
- The average age of new hires in state health agencies is 40.⁴
- Four out of five current public health workers have not had formal training for their specific job functions.⁵
- The National Association of County and City Health Officials (NACCHO) surveyed nearly 2,500 local health departments (LHDs) nationwide in November and December, 2008 to assess the impact of current economic conditions on LHD's budgets and workforce. The survey, to which more than 1,000 LHDs distributed across 46 states responded, found that a majority of respondents are experiencing adverse impacts and expect those to continue. When survey results are extrapolated to all LHD's, NACCHO estimates a total loss of approximately 7,000 local public health workers nationwide and expects this number to increase this year.⁶
- According to a survey conducted by the Association of State & Territorial Health Officials (ASTHO), two states have already lost 15 percent of their workforce through attrition; one of these expects to lose another 15 percent in FY 09. The vacancy rates at state health departments range from 2 percent to 17 percent, with 41 percent of states having a vacancy rate of 10 percent or higher. At least 29 percent of states expect to lose staff through layoffs or attrition in FY 09.⁷

¹ Association of Schools of Public Health. 2008. <http://www.asph.org/document.cfm?page=1038>

² "2007 State Public Health Workforce Survey Results," Association of State and Territorial Health Officers, 2008.

³ "2005 Profile of Local Health Departments," National Association of County and City Health Officials (NACCHO)

⁴ "2007 State Public Health Workforce Survey Results," Association of State and Territorial Health Officers, 2008.

⁵ U.S. Centers for Disease Control and Prevention. *Public Health Infrastructure: A Status Report*. Atlanta: March 2001. <http://www.uic.edu/sph/prepare/courses/ph410/resources/phinfrastrucutre.pdf>

⁶ NACCHO. http://www.naccho.org/advocacy/upload/report_lhdbudgets.pdf

⁷ ASTHO. <http://www.astho.org/pubs/StateBudgetCutsSummary.pdf?PHPSESSID=298bfa1c48356c80047bbbc20f222455>



Public Health Workforce Recommendations

To strengthen the public health workforce, we need to improve data collection; enhance coordination of workforce programs across various agencies and departments of the federal government that administer these programs; and develop incentives for recruitment, retention, and retraining of public health professionals. Below is a series of options to address these goals.

1. Enhance data collection. While there are data that tell us there is an across the board public health workforce problem, an enumeration (better, more comprehensive data) is needed to establish a baseline against which to measure the impact of workforce initiatives going forward. Additionally, these enhanced data would allow us to better understand changing needs, i.e. skills and scope of work, of public health departments. Once collected, these data, along with best practices, need to be widely disseminated, in particular with the Department of Labor (DOL), in order to seriously address the workforce shortage in public health. Potential options include:

- Task HHS with conducting a public health workforce enumeration survey every two years to determine current distribution of jobs including trend lines, wages, benefits, training, and pathways to enter public health. The enumeration should broadly define public health, contain salary information, and examine from where people are entering this workforce. Results should be disseminated to the DOL's Bureau of Labor Statistics.
- Authorize and provide funding to HRSA's National Center for Health Workforce Analysis to conduct the enumeration and disseminate (public) health workforce "best practices." The National Center for Health Workforce Analysis was managed by the Office of Workforce Policy and Performance Management within the Bureau of Health Professions (BHP) in the Health Resources and Services Administration (HRSA). This program, through cooperative agreements and contracts, funded six Regional Centers for Health Workforce studies (the University of California at San Francisco, the University of Illinois at Chicago, the State University of New York at Albany, the University of Washington, the University of Texas Health Science Center at San Antonio, and the University of North Carolina at Chapel). The mission of these Centers included performing direct research on the health care workforce, the development of tools to assist in such activities, and providing technical assistance to policy makers regarding health workforce. The Centers also examined and analyzed issues involving cross-disciplinary assessments of the health workforce at the state and regional levels. Before funding ended in 2005, these Centers produced, in addition to the State Health Workforce Profiles for each State, 86 health workforce reports. H.R. 1946 includes language regarding a National Center for Health Workforce Information and Analysis.
- Authorize a Public Health Research Institute to conduct the enumeration every two years and disseminate the results. The Institute would also have broader responsibilities, such as

identifying public health best practices and providing information about career categories, skill sets, and workforce gaps, addressing complex issues such as social determinants of health, and evaluating and reporting on federal, state, and local public health workforce initiatives, as well as those in the private sector.

2. Enhance coordination through the creation of an interagency advisory panel.

- Various federal government agencies play a role in workforce policy. For example, almost all federal dollars expended on job training and workforce development are overseen by the Department of Labor. The Department of Education also coordinates with the Department of Labor on workforce efforts through various loan and grant programs. The Department of Health and Human Services, the Department of Defense, the Veterans Administration, the Environmental Protection Agency, and the Department of Transportation are all involved in the public health workforce area. To ensure that there is a comprehensive public health workforce strategy, an interagency advisory panel to coordinate workforce development at all levels of government should be created. Such a panel would serve as a clearinghouse that would help link federal, state, and local public health workforce development; coordinate recruiting and training efforts; and coordinate technical assistance to expand the public health workforce.

3. Develop incentives for recruitment, retention and re-training of public health workers.

Potential options include:

- Institute a grant or loan repayment program to undergraduate and graduate students who commit to entering governmental or community public health for a specified number of years. Students would be required to meet certain academic criteria. S. 1882, the Public Health Preparedness Workforce Development Act of 2007, (110th Congress) encompasses this recommendation. TFAH suggests expanding the eligibility beyond those focusing solely on preparedness.
- Provide federal matching funds to state and local governments to invest in recruitment, retention, and retraining for public health workers. Few state or local health departments have funding dedicated to recruiting, retaining, or training the professional workforce that protecting the public's health demand. Federal matching funds would allow such programs to get off the ground and incent states and localities to use their limited funding on these key principles of workforce development.
- Provide health workforce investment grants to states. These grants would be used to improve the supply, distribution, diversity, and development of the health workforce, in particular the governmental public health workforce. Funding could be used to support health workforce training and education capacity and the health care safety net workforce, including community health centers, health workforce diversity, pipeline development, retention, recruitment, career ladders, and other activities. H.R. 1946 develops this concept.
- Provide grants to educational institutions to award scholarships to mid-career public health professional to receive additional training in public health. S. 1882 (110th Congress) fleshes out this recommendation.

- Area Health Education Centers (AHEC) are federally funded programs that link university health science centers with community health delivery systems to provide training sites for students, faculty, and practitioners. A few states, such as Connecticut, have used some of their AHEC funds to establish Youth Health Service Corps initiatives which train and then place high school students as volunteers in community health agencies. The students, who may include those enrolled in vocational and technical education, not only provide some relief to the workforce shortage problem, but may also help develop a pipeline for future public health employees. All AHECs should be required to establish Youth Health Service Corps initiatives, as they were in the past.