Information to Action: The Workforce Data of Public Health WINS

SUMMARY REPORT
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OVERVIEW

The Public Health Workforce Interests and Needs Survey (PH WINS) is a survey of state public health agency workers, as well as local health department workers in select states. ASTHO and the de Beaumont Foundation surveyed public health workers about workforce development priorities, the workplace environment, and key national initiatives.

THE THREE MAJOR AIMS OF THE SURVEY ARE:

1. To inform future investments in workforce development.
2. To establish a baseline of key workforce development metrics.
3. To explore workforce attitudes, morale, and climate.
KEY FINDINGS FOR THE STATE PUBLIC HEALTH WORKFORCE

Approximately 40,000 state health agency employees were selected for participation in PH WINS. Of those, 19,171 responded from 37 states, for a response rate of 48 percent (Figure 1). Among permanently-employed central office employees, the adjusted response rate was 46 percent (n=10,246), after accounting for incorrect contact information and staff who left the agency.

1. Seventy-nine percent of state health agency workers report being somewhat or very satisfied with their jobs.

2. If workers carry out their current plans, at least 38 percent of the current workforce will have left governmental public health by 2020.

3. Hispanics/Latinos, men, and younger employees are underrepresented in the state public health workforce.

4. Top competency gaps and training opportunities include: policy analysis and development, business and financial management, systems thinking and social determinants of health, evidence-based public health practice, and collaborating with and engaging diverse communities.
This map indicates the participation status of 50 state health agencies (SHAs) in the 2014 iteration of PH WINS. Staff from 37 states constituted the national sample. In addition, three SHAs increased their sample size to attain agency-level estimates, and 23 had all their employees surveyed. Thirteen states declined participation in PH WINS. (Alaska and Hawaii are not pictured to scale.)
## Overview of the State Public Health Workforce

### Supervisory Status
- Non-Supervisor: 52%
- Team Leader: 15%
- Supervisor: 16%
- Manager: 13%
- Executive: 4%

### Gender
- Female: 72%
- Male: 28%

### Race/Ethnicity
- American Indian or Alaska Native: 1%
- Asian: 5%
- Black or African American: 13%
- Hispanic or Latino: 7%
- Native Hawaiian or Pacific Islander: 0%
- White: 70%
- Two or More Races: 5%

### Position Type
- Administrative: 28%
- Clinical and Lab: 14%
- Public Health Science: 41%
- Social Services and All Other: 16%

### Intent to Leave
- Neither leaving nor retiring: 57%
- Leaving for another job in public health: 5%
- Leaving for a job outside of public health: 13%
- Retiring before 2020: 25%

### Years in Current Health Department
- 0–5 years: 35%
- 6–10 years: 22%
- 11–15 years: 15%
- 16–20 years: 10%
- 21 or more years: 18%

### Years in Public Health
- 0–5 years: 25%
- 6–10 years: 21%
- 11–15 years: 17%
- 16–20 years: 12%
- 21 or more years: 25%

### Age
- 20 or below: 0%
- 21–25: 2%
- 26–30: 6%
- 31–35: 9%
- 36–40: 10%
- 41–45: 12%
- 46–50: 14%
- 51–55: 16%
- 56–60: 17%
- 61–65: 11%
- 66–70: 3%
- 71–75: 1%
- 76 or above: 0%

### Salary/Wage Among Full-Time Employees (95% of Total)
- Less than $25,000: 2%
- $25,000–$35,000: 9%
- $35,000.01–$45,000: 15%
- $45,000.01–$55,000: 19%
- $55,000.01–$65,000: 18%
- $65,000.01–$75,000: 14%
- $75,000.01–$85,000: 10%
- $85,000.01–$95,000: 6%
- $95,000.01–$105,000: 4%
- $105,000.01–$115,000: 2%
- $115,000.01–$125,000: 1%
- $125,000.01–$135,000: 0%
- $135,000.01–$145,000: 0%
- More than $145,000: 1%

### Educational Attainment
- Associates: 18%
- Bachelors: 75%
- Masters: 38%
- Doctoral: 9%
- Any Public Health Degree: 17%
- Any Formal Professional Certification: 33%

### Proportion of Responses by Paired HHS Regions
- New England and Atlantic (HHS 1 and 2): 17%
- Mid-Atlantic and Great Lakes (HHS 3 and 5): 17%
- South (HHS 4 and 6): 37%
- Mountain/Midwest (HHS 7 and 8): 12%
- West (HHS 9 and 10): 17%

Note: All national estimates have a margin of error of ±1 percent.
As shown in Table 1, a large majority of the workforce is female (72%), most report being non-Hispanic White (70%), and most are over 40 years of age (73%). The mean employee age is 48.2.

According to U.S. Census data, the SHA workforce is relatively representative of the U.S. population. However, the workforce does not adequately represent men, Hispanic/Latinos, and younger employees.

52% do not have supervisory or management responsibilities.

54% have over 11 years of experience.

FIGURE 2: SUPERVISORY STATUS

EDUCATION AND EXPERIENCE

- Over half (52%) of state health agency workers do not have supervisory or management responsibilities (Figure 2).

- Nearly 60 percent of workers have been serving in their current position for five years or less. However, the remaining workforce has significant experience.

- Over half (54%) have 11 or more years of experience in the field.

- Only 17 percent of workers have any public health degree.

- The mean salary range of SHA employees is between $55,000 and $65,000.
JOB SATISFACTION

• Employees are more satisfied with their jobs than with their organizations, and more satisfied with their organizations than with their pay (Figure 3).

• Approximately one quarter (24%) report being somewhat dissatisfied with their pay, and 15 percent report being very dissatisfied with their pay.

FIGURE 3: JOB SATISFACTION

- Very dissatisfied 4%
- Somewhat dissatisfied 10%
- Neither dissatisfied nor satisfied 8%
- Somewhat satisfied 39%
- Very satisfied 40%

79% are somewhat or very satisfied with their jobs.

FIGURE 4: INTENT TO LEAVE

- Not planning to leave or retire 57%
- Leaving for another job not in public health 13%
- Leaving for another job in public health 5%
- Planning to retire 25%

13% plan to seek work outside governmental public health in the next year.

- Despite a high level of job satisfaction, 13 percent of workers plan to leave their jobs in the next year for jobs that are not in public health and an additional 25 percent plan to retire before 2020 (Figure 4).
A CULTURE OF LEARNING

- Almost all (92%) SHA employees are able to use working hours to participate in training, and rarely (30%) have continuing education requirements.

- Only 57 percent of state health agency employees report being recognized for their achievements, and only 45 percent report that their training needs are assessed.

**FIGURE 5: SHA SUPPORT FOR PROFESSIONAL DEVELOPMENT**

Note: Estimates have a margin of error of ±1 percent.

<table>
<thead>
<tr>
<th>Support</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow use of working hours to participate in training.</td>
<td>92%</td>
</tr>
<tr>
<td>Provide on-site training.</td>
<td>80%</td>
</tr>
<tr>
<td>Pay travel/registration fees for trainings.</td>
<td>77%</td>
</tr>
<tr>
<td>Have staff position(s) responsible for internal training.</td>
<td>62%</td>
</tr>
<tr>
<td>Include education and training objectives in performance reviews.</td>
<td>59%</td>
</tr>
<tr>
<td>Require continuing education.</td>
<td>30%</td>
</tr>
</tbody>
</table>

TRAINING NEEDS

Training needs were identified by calculating the proportion of employees who believe the skill is somewhat or very important and also rate themselves as either unable to perform or at a beginner level for this skill. The top training needs (orange bars in Figure 6) are:

- Influencing policy development.

- Understanding the relationship between a new policy and many types of public health problems.

- Assessing the broad array of factors that influence specific public health problems.

- Preparing a program budget with justification.

Additionally, only 50 percent of workers report that employees have sufficient training to use the technology needed to do their work.
**FIGURE 6: SHA TOP TRAINING NEEDS**

- **Influencing policy development.**
  - High Importance/Low Skill: 32%
  - High Importance/High Skill: 55%
  - Low Importance/High Skill: 5%
  - Low Importance/Low Skill: 8%

- **Understanding the relationship between a new policy and many types of public health problems.**
  - High Importance/Low Skill: 28%
  - High Importance/High Skill: 63%
  - Low Importance/High Skill: 4%
  - Low Importance/Low Skill: 6%

- **Assessing the broad array of factors that influence specific public health problems.**
  - High Importance/Low Skill: 24%
  - High Importance/High Skill: 65%
  - Low Importance/High Skill: 4%
  - Low Importance/Low Skill: 7%

- **Ensuring that programs are managed within the current and forecasted budget constraints.**
  - High Importance/Low Skill: 22%
  - High Importance/High Skill: 68%
  - Low Importance/High Skill: 4%
  - Low Importance/Low Skill: 6%

- **Anticipating the changes in your environment (physical, political, environmental) that may influence your work.**
  - High Importance/Low Skill: 21%
  - High Importance/High Skill: 71%
  - Low Importance/High Skill: 4%
  - Low Importance/Low Skill: 4%

- **Applying quality improvement concepts in my work.**
  - High Importance/Low Skill: 21%
  - High Importance/High Skill: 74%
  - Low Importance/High Skill: 2%
  - Low Importance/Low Skill: 3%

- **Addressing the needs of diverse populations in a culturally sensitive way.**
  - High Importance/Low Skill: 21%
  - High Importance/High Skill: 70%
  - Low Importance/High Skill: 5%
  - Low Importance/Low Skill: 4%

- **Applying evidence-based approaches to solve public health issues.**
  - High Importance/Low Skill: 20%
  - High Importance/High Skill: 70%
  - Low Importance/High Skill: 3%
  - Low Importance/Low Skill: 5%

- **Interpreting public health data to answer questions.**
  - High Importance/Low Skill: 18%
  - High Importance/High Skill: 74%
  - Low Importance/High Skill: 3%
  - Low Importance/Low Skill: 4%

- **Engaging partners outside your health department to collaborate on projects.**
  - High Importance/Low Skill: 17%
  - High Importance/High Skill: 75%
  - Low Importance/High Skill: 5%
  - Low Importance/Low Skill: 4%

- **Communicating in a way that persuades others to act.**
  - High Importance/Low Skill: 15%
  - High Importance/High Skill: 81%
  - Low Importance/High Skill: 3%
  - Low Importance/Low Skill: 2%

- **Communicating ideas and information in a way that different audiences can understand.**
  - High Importance/Low Skill: 10%
  - High Importance/High Skill: 87%
  - Low Importance/High Skill: 2%
  - Low Importance/Low Skill: 1%

- **Gathering reliable information to answer questions.**
  - High Importance/Low Skill: 7%
  - High Importance/High Skill: 92%
  - Low Importance/High Skill: 1%

Margins of error range from ±1%–3 percent. Percentages may not add up to 100 because of rounding.
FIGURE 7: SHA PERCEPTIONS OF NATIONAL TRENDS

- Implementation of the Affordable Care Act
  - 92% have heard of the trend.
  - 85% consider it somewhat/very important to public health.
  - 43% believe it will impact their day-to-day work a fair amount.
  - 40% think more emphasis should be placed on this trend in the future.

- Health in All Policies
  - 86% have heard of the trend.
  - 52% consider it somewhat/very important to public health.
  - 46% believe it will impact their day-to-day work a great amount.
  - 41% think more emphasis should be placed on this trend in the future.

- Evidence-Based Public Health Practice
  - 93% have heard of the trend.
  - 75% consider it somewhat/very important to public health.
  - 59% believe it will impact their day-to-day work a fair amount.
  - 48% think more emphasis should be placed on this trend in the future.

- Public Health and Primary Care Integration
  - 91% have heard of the trend.
  - 74% consider it somewhat/very important to public health.
  - 49% believe it will impact their day-to-day work a fair amount.
  - 52% think more emphasis should be placed on this trend in the future.

- Public Health Systems and Services Research
  - 93% have heard of the trend.
  - 52% consider it somewhat/very important to public health.
  - 40% believe it will impact their day-to-day work a fair amount.
  - 33% think more emphasis should be placed on this trend in the future.

- Leveraging Electronic Health Information
  - 93% have heard of the trend.
  - 81% consider it somewhat/very important to public health.
  - 58% believe it will impact their day-to-day work a great amount.
  - 57% think more emphasis should be placed on this trend in the future.

- Fostering a Culture of Quality Improvement
  - 96% have heard of the trend.
  - 83% consider it somewhat/very important to public health.
  - 55% believe it will impact their day-to-day work a great amount.
  - 70% think more emphasis should be placed on this trend in the future.

- Cross-Jurisdictional Sharing of Public Health Services
  - 90% have heard of the trend.
  - 72% consider it somewhat/very important to public health.
  - 51% believe it will impact their day-to-day work a great amount.
  - 47% think more emphasis should be placed on this trend in the future.
Perspectives of national trends results are displayed in Figure 7. Workers are more likely to think the trends are important to public health and less likely to think the trends will impact their work or that more emphasis should be placed on each trend. The greatest number of workers have heard about the implementation of the Affordable Care Act (92%), but this was considered to be among the least important of the trends listed (85%).

- “Fostering a culture of quality improvement” is almost universally rated as important (96%) and is considered the trend to be most likely to impact day-to-day work (70%).

- “Evidence-based public health practice” and “public health and primary care integration” are recognized by approximately 75 percent of workers, and are among the most highly-rated trends in terms of importance, at 93 percent and 91 percent, respectively.

- Only 52 percent of workers are familiar with the concept of Health in All Policies.
RECOMMENDATIONS

PH WINS fills a critical gap in public health practice and research by asking public health workers for their own perspectives on national initiatives. Although public health leaders have been building a vision of a transformed health system, previous efforts have not asked a nationally-representative sample of front-line workers how such transformations will impact them. PH WINS gives public health leaders a unique opportunity to better understand the workforce that they lead.

Findings from PH WINS support a number of concrete recommendations.

• Make succession planning a high priority.
  • Devise a strategy to recruit young and mid-career professionals into the field, with a particular emphasis on Hispanic/Latino staff, given their underrepresentation in the workforce.

• Invest in training for the existing public health workforce.
  • Policy analysis and development, business and financial management, systems thinking and social determinants of health, evidence-based public health practice, and collaborating with and engaging diverse communities were all identified training needs.

• Provide information about national public health trends.
  • Although almost half of the workforce has yet to hear about using a health in all policies approach to improve health and health equity, they have heard about quality improvement, harnessing the influx of electronic health information from electronic health records, and integrating public health with healthcare. They believe that these are important initiatives, and are ready to learn more and work harder to make these goals a reality.

• Ensure that workplace policies and practices support job satisfaction and retention.
  • The de Beaumont Foundation has made a $1 million investment in PH WINS: Research to Action, a partnership with ASTHO to strengthen workplace policies and practices through a community of practice. Health departments will use PH WINS data to drive improvements in workforce development.
“Most importantly, PH WINS provides information that can drive our action toward improving public health agencies and our workforce. We are already using the findings to help state health agencies meet current challenges and evolve into organizations that will be even more effective in addressing the issues we will face in the future”

Paul Jarris
Executive Director
ASTHO

“...the unprecedented scale and scope of the Public Health Workforce Interests and Needs Survey (PH WINS) provides uniquely valuable insights into the state of the current public health workforce and points the way to emerging trends and needs for continuing to strengthen the workforce.”

Edward L. Baker
Adjunct Professor, Health Policy and Management
UNC Gillings School of Global Public Health

“PH WINS shows the enormity of our challenge, as well as pointing to opportunities. This undertaking allows us to document and assess the workforce in ways not previously attempted.”

Edward L. Hunter
CEO
de Beaumont Foundation

“...PH WINS and other public health environment surveys provide information about current and emerging health issues and needs, priorities, and factors influencing system changes that impact the public health profession and practice”

Judy Monroe
Deputy Director
Office for State, Tribal, Local, and Territorial Support
CDC