

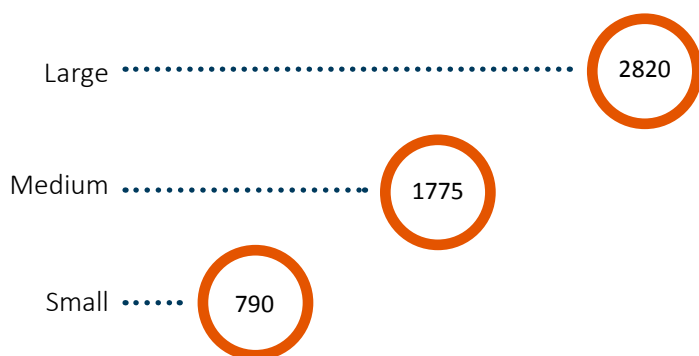
State Health Agency Workforce Characteristics

In each jurisdiction, state health agency (SHA) workforce capacity and office locations vary widely, in part because of differences in agency characteristics such as governance, structure, and the size of the population each SHA serves. The Association of State and Territorial Public Health Officials (ASTHO) collects information on SHA workforce capacity, including both full-time equivalents (FTEs) and temporary/contract employees. This data brief provides information about state public health workforce capacity as of 2019 and offers insight into how SHA characteristics shape the workforce.

How large is the state health agency workforce?

A total of 93,885 employees worked at SHAs in 2019. Those employees represented the workforce capacity of 91,540 FTEs, with some staff members employed on a part-time basis. FTEs employed per SHA ranged from a low of 212 to a high of 12,471.

Average FTE staff varies greatly by state.



The state population subgroups are based on tertiles (i.e., highest third, middle third, lowest third) of state population. The ranges of state population for each tertile are:

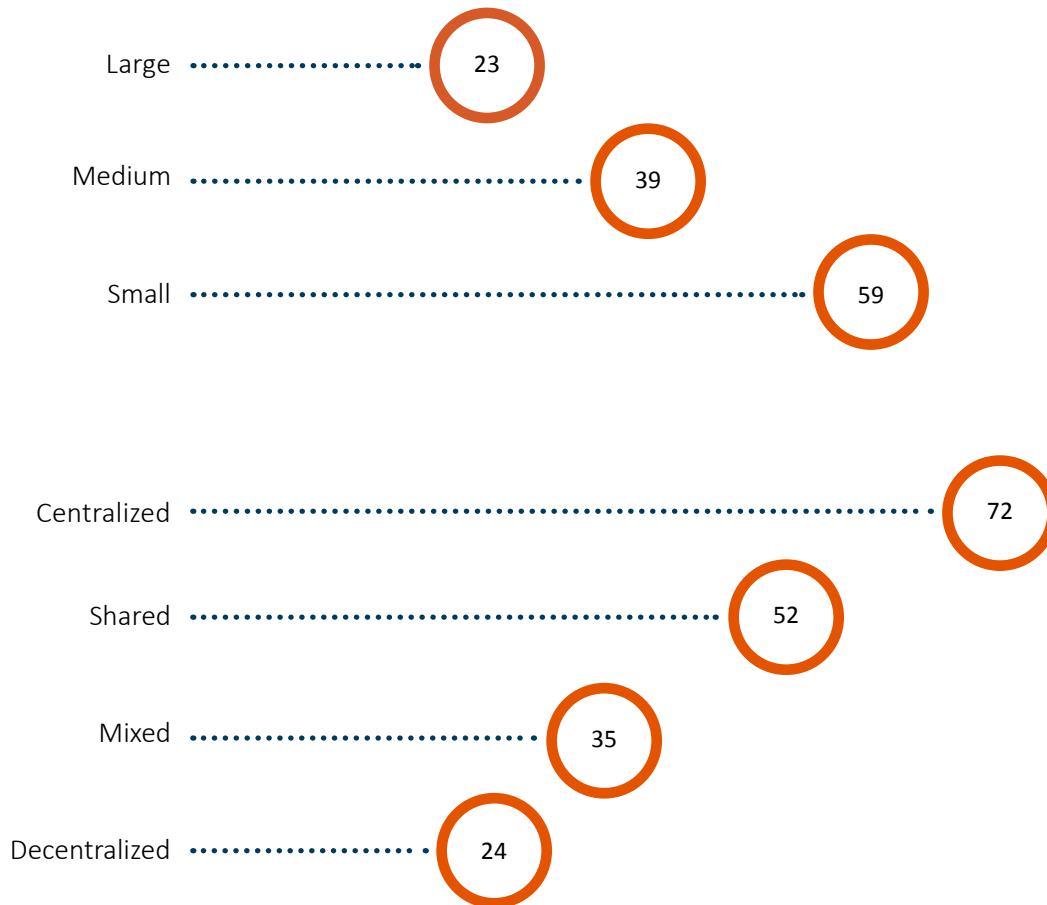
Large: greater than 6.1 million.

Medium: between 3 million and 6.1 million.

Small: less than 3 million.

As expected, when SHAs were divided into high, medium, and low tertiles based on size of population served, the average FTEs per agency increased with state population. The average FTE staff for states with large populations is more than three and a half times the average for states with small populations. Proportionally, states with smaller populations have more FTEs serving their populations. SHAs in states with the smallest populations employ over twice as many FTEs per 100K than states with the largest populations (see figures below). On average, SHAs with centralized public health governance employ three times as many FTEs per 100K than SHAs with decentralized governance. This difference is driven mainly by local health department staff, who are most often SHA employees in centralized systems but local agency employees in decentralized systems.

Average FTEs per 100,000 state residents is largest in states with small populations and centralized public health governance.



Public health governance refers to the relationship between state public health agencies and local health departments. The types of governance are:

Centralized: At least 75% of the state’s population is served by local health departments that are units of the SHA (i.e., the local health department staff are SHA employees).

Decentralized: At least 75% of the state’s population is served by local health departments that are units of local government.

Shared: At least 75% of the state’s population is served by local health departments where both state and local officials have some degree of authority for appointing or approving local chief executives, making fiscal decisions, and/or issuing public health orders.

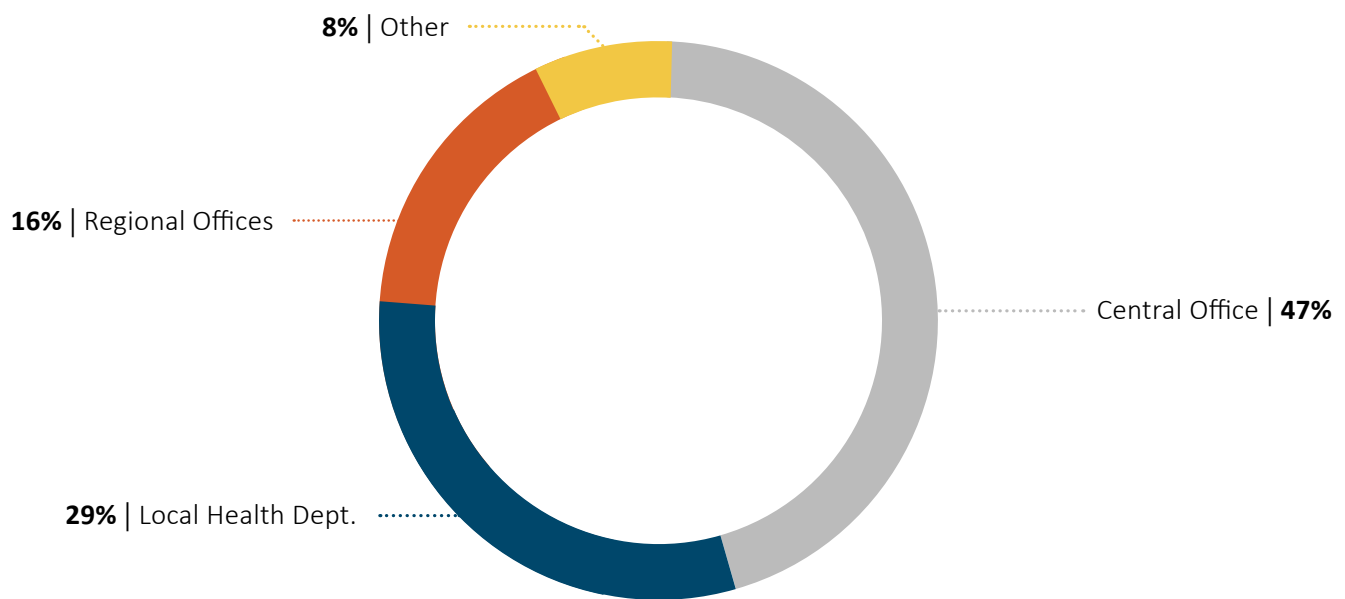
Mixed: Governance varies among local health departments within a state, and no one system of public health governance applies to 75% or more of the state’s population.

Where do state health agency staff work?

In addition to the agency's central office, many state health agencies have regional or district offices which provide services to specific geographic regions of the states. In some states, SHA employees may also work in local health departments or be assigned elsewhere (e.g., employees who are detailed to another department or state agency).

Note: Employees counted in these figures include contract workers, temporary workers, and unfilled vacancies for which the jurisdiction has begun recruitment.

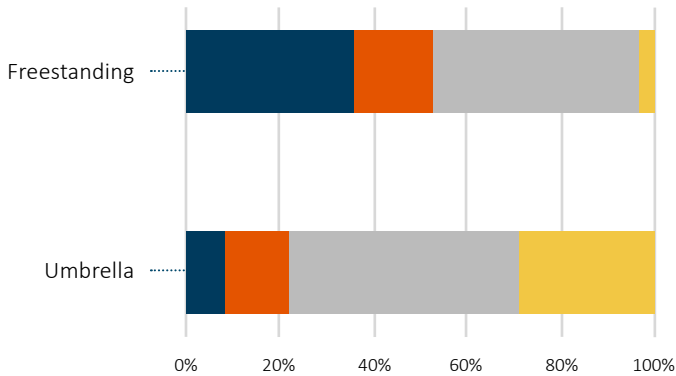
Nearly half of SHA staff are assigned to their agency's central office.



Slightly less than half of all SHA staff are assigned to the **agencies' central offices**. 29% of SHA staff are assigned to **local health departments**, 16% to **regional offices**, and 8% to **other locations**.

Freestanding SHAs, as well as SHAs with shared and centralized governance, have many employees assigned to local health departments.

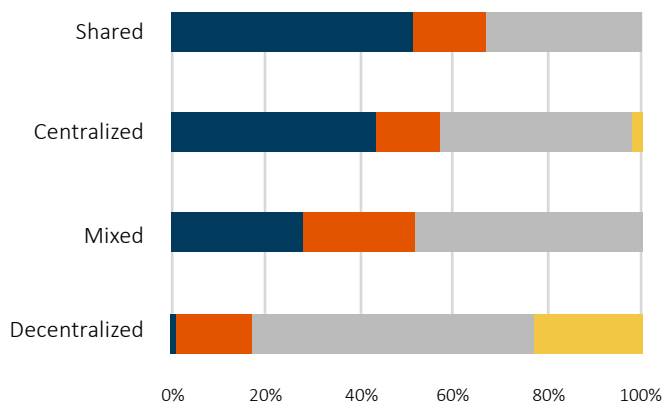
Agency Structure



- **Freestanding agency:** An independent agency within the state government.
- **Umbrella agency:** An agency that is a unit of a larger combined health and human services organization, also referred to as a super agency.

■ % Local
 ■ % Regional
 ■ % Central
 ■ % Elsewhere

Governance



■ % Local
 ■ % Regional
 ■ % Central
 ■ % Elsewhere

Staff assignments show large differences by agency structure. On average, freestanding agencies have relatively large percentages of employees assigned to local offices, while umbrella agencies have relatively large percentages of employees assigned to other locations (e.g., departments or bureaus other than public health within the umbrella agency). Staff assignments also show large differences by public health governance. SHAs in decentralized states have few staff assigned to local health departments, while SHAs in shared and centralized states have large percentages of staff assigned to local offices. SHAs in states with mixed governance fall between these two extremes. In decentralized states, all, or most of the staff in local health departments are employed by local government.

Methodology

The ASTHO Profile of State and Territorial Public Health (Profile) is a survey completed periodically every two to three years since 2007 by all SHAs, Washington, D.C., U.S. territories, and freely associated states. The Profile presents comprehensive data to document changes over time in public health agency activities, structure, financial resources, and workforce. Information on agency structure, region, and the size of the population were collected through secondary sources.

Limitations

SHAs were asked to report the total FTEs working at their agency, including both regular and contract employees, and to include vacant positions that were being actively recruited. The workforce data in this document were collected between spring and summer 2019 and represent the public health workforce at a single point in time. As a result, the data may not be reflective of current state public health workforce capacity.

Information about Profile methods and limitations of the data, including details on missing data and estimates of data points, is available in the technical notes documentation [here](#).

Profile data can be found on ASTHO's website at www.astho.org/profile. For additional information about the ASTHO Profile Survey, contact profile@astho.org.

This report was supported by grant or cooperative agreement number NU38OT000161, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. Support for this publication was also provided in part by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.