

Background Paper for *Pipeline Workgroup*  
Council on Linkages Between Academia and Public Health Practice  
November 2007

Overview

In an attempt to strengthen the public health workforce, both in numbers and in quality, this workgroup will map the pipeline for public health professionals, charting how, when, and where people enter and leave governmental public health agencies. At this time, members will focus primarily on available qualitative data in an attempt to map the basic public health pipeline and learn where the largest gaps are in this information. The pipeline map should shed light on issues of recruitment and retention of public health workers. Members will meet by telephone conference 3-4 times through May 2008. Public Health Foundation (PHF) staff will support the efforts of this workgroup by coordinating meetings, conducting a literature review, and providing other assistance. Vincent Francisco of the University of North Carolina, representing the Society for Public Health Education on the Council, is chair. The first conference call meeting of the workgroup took place November 16, 2007 from 3:30 p.m. – 4:30 p.m. ET.

Background

In January 2005, Tom Blanford, Associate Director for Teacher Quality at the National Education Association (NEA), made a presentation to the Council on Linkages regarding the teacher workforce pipeline. Mr. Blanford stressed a number of factors which made it difficult to collect data on recruitment and retention. However, over the course of a few years, the NEA was able to map a pipeline, and identify where the largest leaks are, as well as take steps to identify why teachers leave the field.

With new funding from the Centers for Disease Control and Prevention, the Council on Linkages will attempt to map the public health workforce pipeline. In September 2007, PHF staff began researching available data regarding the public health workforce and held a meeting with Mr. Blanford to determine the steps necessary to map public health's pipeline. The research led to the general conclusion that the public health field is somewhat behind the teaching field with regard to available data sources for recruitment and retention. Because a preliminary pipeline is expected by May 2008, it is believed that at this point the Pipeline Workgroup should focus on available *qualitative* data and attempt to determine where the largest gaps in knowledge are so that a plan can be made for future pipeline work.

Steps to a Pipeline

Based upon Mr. Blanford's recommendations, as well as information gathered by PHF staff, the following outline was established for mapping the public health pipeline:

- 1) Define workforce *very* specifically
  - a. Government employees at the local, state and federal levels
    - i. Include volunteers?
    - ii. Include contractors?
  - b. Do we need separate pipelines for different professions within public health?

- 2) Determine sources of employees
  - a. What kind of training do they have?
    - i. Undergraduate, graduate, certificate, license, etc.?
    - ii. What about mid-career training or “re-training?”
    - iii. How many people who participate in training programs actually finish them?
    - iv. Of the students who enter recognized public health education programs, how many finish the program *and* go on to work in governmental public health?
    - v. Since a high percentage of public health graduates are foreign nationals, how many stay in the United States?<sup>1</sup>
  - b. What requirements (if any) are needed to become a public health worker?
    - i. Does this vary state-to-state, county-to-county?
    - ii. Does this vary by profession within public health (i.e., nurses vs. epidemiologists)?
  - c. Other than straight out of school, where do people enter the workforce (i.e., from hospitals, from the private sector, from unrelated professions, etc.)?
- 3) What are people doing while they are public health workers
  - a. Nurses, environmental health workers, epidemiologists, administrators, clerical workers, physicians, etc.
  - b. If 25% are “not categorized,” who are these people and how can we categorize them?<sup>2</sup>
- 4) When/why/how do people leave public health
  - a. Differentiate between leaving *job* (promotion, moving to a new region, taking new job in public health) vs. leaving *field*
  - b. Differentiate between retiring and quitting field
  - c. Do certain professions within public health leave (quit, retire, move) at a higher rate?
  - d. Is there an increasing number of people leaving their jobs and returning as contractors?

### Conclusions

By May 2008, the Pipeline Workgroup will have a preliminary pipeline mapped, based primarily on qualitative data. Ideally, this pipeline will help determine where the biggest gaps in data exist, so that future goals can be established in the hopes of mapping a pipeline based on quantitative data. The work of the Pipeline Workgroup should also aid in the planning of effective worker recruitment and retention efforts.

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<sup>1</sup> Foreign nationals made up 15.2% of new enrollments in 2005, according to the *2005 Annual Data Report published by the Association of Schools of Public Health*. Fall 2005. The full report is available at: [www.asph.org/userfiles/ADR%202005.pdf](http://www.asph.org/userfiles/ADR%202005.pdf)

<sup>2</sup> According to *Public Health Enumeration 2000*. December 2000. The full report is available at: [www.cumc.columbia.edu/dept/nursing/chphsr/pdf/enum2000.pdf](http://www.cumc.columbia.edu/dept/nursing/chphsr/pdf/enum2000.pdf)