Recruitment, Re-tooling, and Retention

Strategies to address public health worker shortages, improve diversity, and strengthen cultural competency

Presented by:
Ron Bialek/Chris Day
Public Health Foundation

March 1, 2007
The Public Health Foundation: Who We Are

- Non-profit, non-membership organization.
- Governed by representative Board of Directors.
- Support national, federal, state, and local public health agency efforts including schools and programs in public health.
- Focus on public health infrastructure.
- Three core areas: Connecting people to useful information, helping people use information, and creating new information for the field.
The overall objective of the Council is to improve the relevance of public health education to practice.

Grew out of the Public Health Faculty / Agency Forum.

17 NATIONAL 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 Teachers of Preventive Medicine
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention
- Community-Campus Partnerships for Health
- Council on Accredited Master 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 Library of Medicine
- National Network of Public Health Institutes
- QUAD Council of Public Health Nursing Organizations
- Society for Public Health Education

Funded by HRSA and Staffed by PHF
My tasks

- Frame some of the issues
  - Quantify the problem
  - Define the problem
- Highlight types of strategies NACCHO may wish to explore with its members
  - What’s the evidence?
  - Are there strategies worth considering?
- Engage in a dialogue about where we want the field to be and how to get there
Quantify the problem

(sort of....)
70 million Baby Boomers

Figure 8: Projected Number of Americans Over 65 and Over 85,
in millions, 2000–2030

Our population IS aging

**News Flash**: 25% of U.S. Population Hispanic, 8% Asian in 2050

Table 1a. Projected Population of the United States, by Race and Hispanic Origin: 2000 to 2050
(In thousands except as indicated. As of July 1. Resident population.)

<table>
<thead>
<tr>
<th>Population or percent and race of Hispanic origin</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>POPULATION TOTAL</td>
<td>282,125</td>
<td>308,936</td>
<td>335,805</td>
<td>363,584</td>
<td>391,946</td>
<td>419,854</td>
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<tr>
<td>White alone</td>
<td>228,548</td>
<td>244,995</td>
<td>260,629</td>
<td>275,731</td>
<td>289,660</td>
<td>302,626</td>
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<tr>
<td>Black alone</td>
<td>35,013</td>
<td>40,454</td>
<td>45,365</td>
<td>50,442</td>
<td>55,676</td>
<td>61,361</td>
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<tr>
<td>Asian Alone</td>
<td>10,684</td>
<td>14,241</td>
<td>17,888</td>
<td>22,580</td>
<td>27,992</td>
<td>33,430</td>
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<tr>
<td>All other races 1/</td>
<td>7,075</td>
<td>9,246</td>
<td>11,622</td>
<td>14,631</td>
<td>18,368</td>
<td>22,437</td>
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<tr>
<td>Hispanic (of any race)</td>
<td>35,622</td>
<td>47,756</td>
<td>59,756</td>
<td>73,055</td>
<td>87,585</td>
<td>102,560</td>
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<tr>
<td>White alone, not Hispanic</td>
<td>195,729</td>
<td>201,112</td>
<td>205,536</td>
<td>209,176</td>
<td>210,331</td>
<td>210,283</td>
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</table>

<table>
<thead>
<tr>
<th>PERCENT OF TOTAL POPULATION</th>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
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</tr>
<tr>
<td>White alone</td>
<td>27.1</td>
<td>27.1</td>
<td>27.1</td>
<td>27.1</td>
<td>27.1</td>
<td>27.1</td>
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<tr>
<td>Black alone</td>
<td>12.7</td>
<td>13.1</td>
<td>13.5</td>
<td>13.9</td>
<td>14.3</td>
<td>14.5</td>
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<tr>
<td>Asian Alone</td>
<td>3.8</td>
<td>4.0</td>
<td>5.4</td>
<td>6.2</td>
<td>7.1</td>
<td>8.0</td>
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<tr>
<td>All other races 1/</td>
<td>2.5</td>
<td>3.0</td>
<td>3.5</td>
<td>4.1</td>
<td>4.7</td>
<td>5.3</td>
</tr>
<tr>
<td>Hispanic (of any race)</td>
<td>12.6</td>
<td>15.5</td>
<td>17.8</td>
<td>20.1</td>
<td>22.3</td>
<td>24.4</td>
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<tr>
<td>White alone, not Hispanic</td>
<td>69.4</td>
<td>65.1</td>
<td>61.3</td>
<td>57.5</td>
<td>53.7</td>
<td>50.1</td>
</tr>
</tbody>
</table>

1/ Includes American Indian and Alaska Native alone, Native Hawaiian and Other Pacific Islander alone, and Two or More Races

Source: U.S. Census Bureau, 2004, "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin,"
http://www.census.gov/ipc/www/usinterimproj/}

Internet Release Date: March 18, 2004
Four out of five public health employees lack formal public health training or up to 80% formerly untrained.

Up to 45% of the Governmental public health workforce will be eligible to retire by 2006.
Public Health
By the Numbers

- **46.6** Average age of a member of the state public health workforce.
- **45-50** Maximum percentage of workforce of federal and some state public health agencies eligible for retirement.
- **20** Percent vacancy rate in several state public health systems.
- **14** Percent annual turnover rate on the state level.
- **500,000** Minimum number of individuals in the governmental public health workforce.
Public Health
By the Numbers

- **6,399** Individuals who graduated from the 36 U.S. accredited schools of public health in 2004.

- **40 %** of workforce comprised of nurses

- **12 %** of Hispanics in U.S. Pop.
  - **2 %** of nurses of Hispanic origin.
  - **3.5 %** of physicians of Hispanic origin.

- **12.5 %** of U.S. Pop. African American.
  - **5 %** of physicians are African American.
Percentage of public health workers by work setting

Impact Greatest: State and Local PH Agencies
Aging Workforce

Is it time to re-tool?

Or retire?
Defining the Problem
Factors Contributing to Public Health Workforce Shortages

- Short term factors
  - Competition for workers and the economy
  - Growing demand for services
  - Increased intensity and complexity of services
  - Educational system cycles and response lags
  - Inefficiencies within & across PH systems
Factors Contributing to Public Health Workforce Shortages

- Workplace factors
  - Poorly trained managers
  - Physically and emotionally demanding work
  - Non-competitive wages and benefits
  - Job design and working conditions
  - Civil service systems tough to navigate and change
  - Paperwork and lack of efficient information systems
Factors Contributing to Public Health Workforce Shortages

- Long term factors
  - Changing racial/ethnic mix in the US
  - Expanded career choices for women
  - The federal budget and public expectations
  - Increases in credential requirements
  - The aging of America: increase in demand
  - The aging of America: decrease in supply of health workers
Students say the problems..

- Student Responses for Top Four Barriers
  - Financial Support
  - Family issues
  - Balancing family, children, and school
  - Unable to work and attend school

Source: MS Office of Nursing Workforce, May 2003
Healthy People 2010 on Infrastructure

- 23-8: Increase the proportion of...public health agencies that incorporate specific competencies in the essential public health services into personnel systems.

- 23-11: Increase the proportion of...public health agencies that meet national performance standards for essential public health services.

- 23-16: Increase the proportion of...public health agencies that gather accurate data on public health expenditures, categorized by essential public health services.
The following two slides represent Chris Day’s views, but they also represent the views of the Public Health Foundation
Non – PC Factors Contributing to Public Health Workforce Shortages

- Unwillingness to be accountable
  - We are too busy providing services….
  - Public health salaries aren’t competitive
  - Better is the enemy of the “it’s O.K.”
  - Anecdotes are the norm
  - Planning and leadership for productivity gains and performance improvement lackluster
  - Duplication is the rule not the exception

- Lack of systems to ensure success
- Incentives for research and advancement in academia not aligned with practice priorities
- Students are not prepared to work in public health
- Mentoring is labor intensive
Non–PC Factors Contributing to Public Health Workforce Shortages

- Unwillingness to invest in our staff
- Competition, not cooperation, is norm
- Focus on leadership, not management
- Funders cut workforce development first
- Political leadership and examples missing
- Politics and economics, not demand or science, drive decision making
- Cubicles are not cool
- Academia and practice continue to be divided
- Have a call to action, but no plan
Evidence – National Education Association (NEA)
I. Pipeline

Where do teachers come from, and where do they go?

II. Context

Special issues and needs in public education.

III. What works

Trade-off: resources and productivity of recruitment and retention initiatives.
Teacher Supply Pipeline

High School Academy

Undergrad

High School

Community College

Ed School

Intern Teaching

Parapros.

Alt Cert Programs

Emergency License

Induction

Career

Years 3 - 10
Leaky Teacher Supply Pipeline

- High School Academy (65-70%)
- Undergrad (42%)
- Ed School
- Intern Teaching
- Community College (50%?)
- Paraprofs
- Alt Cert Programs (60%)
- Emergency License
- Induction (30-50%)
- Retirement
- Career
- Years 3 - 10 (15%?)
Obtaining good recruitment and retention numbers is **Difficult**

- Lack of attention to data
- Change schools and districts
- In and out of workforce
- In and out of school
- Long Term Tracking
Good Data
Long Term Tracking
In and out of school
In and out of workforce
Change schools and districts
Lack of attention to data
Shortages:

87% White
80% female

50 -70% of Science and math teachers in some high poverty districts do not have major or minor in science or math.

Urban and rural teachers leave at a higher rate than suburban teachers.
Repair the LEAKS

Adjust the Flow

Monitor Progress
Pay teachers a lot of money.
Intensive, year-long mentoring program focusing on high Poverty schools (NYC, Philadelphia, Mississippi).

85% - 90% retention rate.
“Call me Mister”

South Carolina (Clemson base) working with HBCUs and community colleges to recruit and support African American males to elementary school teaching.

100+ in the pipeline, first cohort recently graduated.
North Carolina working conditions initiative

Annually survey all teachers, rate schools compared to district and state on teachers perception of their working conditions. Report publicly. Highlight and study successful schools.
High Quality, relevant professional development
Centralized Coordination of Recruitment Efforts

State Level (South Carolina) Clearinghouse (RNT)
Rationalize Hiring Processes
Scholarship Assistance
Targeted Payback in Service Criteria for receipt?
Standards Based Alternative License Programs
Quick and Dirty
Alt License Programs
Salary Supplements
Recruitment Bonuses
High School/Middle School Programs
Lessons?

• Analyze your pipeline
• Look at cost/production
  Apply resources strategically
• Coordinate
• Track your results
• Don’t sacrifice quality for quantity
Strategies for Consideration
Evidence to help **guide** recruitment and retention efforts

- Career ladders
- Enhanced academic practice linkages
- Tenure track opportunities in practice
- Mentoring
- Re-define retirement
- Funding
- Research needed
- Attract talent from other sectors
Evidence to help **guide** recruitment and retention efforts

- Succession planning
- Talent management
- Performance management tools
- Root cause analysis
- Address HR/Personnel issues (salaries, benefits, bonuses, job descriptions, etc)
- Improve image
- Reach into K-12
- Develop the right jobs to attract the right people
- Strengthen practice focus and opportunities in Schools and Programs
Students are an untapped resource

- Comprised of 15 National Student and Independent Organizations
- A forum by which the leaders of over 220,000 health professions students across the country can work together to take action to improve health
- Collectively over 30 million dollar budget annually

American College of Healthcare Executives*
American Student Dental Association
American Dietetic Association
American Medical Association - Medical Student Section
American Medical Student Association
American Optometric Student Association*
American Public Health Association Student Assembly (formerly Public Health Student Caucus)
Student Assembly of the American Physical Therapy Association
National Association of Black Social Workers
National Student Nurses Association*
Public Health Student Caucus
Student Academy of the American Academy of Physician Assistants
Student American Chiropractic Association*
Student National Medical Association
Student Osteopathic Medical Association

* Affiliate or observer status
Welcome to ExploreHealthCareers.org

This award-winning, totally free Website is for anyone who is planning (or even just imagining) a health career. The health field includes a wide range of professions that can take you in more directions than you may realize. Knowledge is power. When you know what your options are, you can make better choices. Check out this Website for pertinent, reliable information that can help you find and pursue your own health career.
Recommendations

- Find the pipes, and figure out the pipeline, and analyze it – Work with Council on Linkages
- Move from reports to implementation – fix the leaks
- Identify a driving force(s) for workforce recruitment and retention - increase the pipeline capacity and flow
- Determine strategies using evidence
- Align mission, management, and funding
- Generate research on relevant workforce questions
- Develop tracking systems to monitor supply and demand
- Adapt strategies to address changing diversity
- Develop cohesive policy
- Reach out to others for help
Questions and Discussion