

*Background Paper for the Pipeline Workgroup*  
**(Updated Summer 2010)**

**Overview**

The purpose of this workgroup is to develop and recommend to the Council, strategies aimed at strengthening the US public health workforce. Presently, a survey of the public health workforce is being conducted. The survey is being fielded to nearly 100,000 public health professionals that are registered [TRAIN](#)<sup>1</sup> users. The purpose of the survey is to determine how, when, and why individuals enter, stay in, and leave the governmental public health workforce. Survey results will be used by the Council and other organizations to create evidence-based recruitment and retention strategies for the US public health system!

Public Health Foundation (PHF) staff support workgroup efforts by coordinating meetings and providing technical assistance. Vincent Francisco, PhD of the University of North Carolina at Greensboro serves as Workgroup Chair, and Jeff Jones, PhD (a survey expert at the University of Kentucky) is assisting with data analysis.

**When it all started**

In January 2005, Tom Blanford, Associate Director for Teacher Quality at the National Education Association (NEA), gave a presentation to Council members regarding the “teacher workforce pipeline.” Mr. Blanford indicated that while a number of factors had initially made it difficult to collect data on recruitment and retention, over the course of a few years, NEA has been able to map the pipeline, and identify where the largest leaks lie. This has enabled NEA to determine why teachers enter, stay in and leave the field. The Council used the NEA model in its initial efforts to map the pipeline by collecting information on the number of public health workers, using existing qualitative data.

**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?

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<sup>1</sup> TRAIN is the learning management system developed by Public Health Foundation (PHF).

- v. Since a high percentage of public health graduates are foreign nationals, how many stay in the United States?<sup>2</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>3</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?

### **Plans for the Near Future**

Preliminary survey data will be presented during the in-person meeting of the Council in May 2010.

### **Additional Information**

For more information about the Pipeline Workgroup, please contact Pamela Saungweme at 202-218-4424 or [psaungweme@phf.org](mailto:psaungweme@phf.org).

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<sup>2</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/ADR2005.pdf](http://www.asph.org/userfiles/ADR2005.pdf)

<sup>3</sup> According to *Public Health Enumeration 2000*. December 2000. The full report is available at: [www.astho.org/pubs/WorkforceEnumerationReport.pdf](http://www.astho.org/pubs/WorkforceEnumerationReport.pdf)