



# **How Does the Public Health Workforce Compare with the Broader Public Sector?**

Center for State and Local Government Excellence

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# Webinar Presenters



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## **Center for State and Local Government Excellence**

*Promote excellence in local and state  
governments so they can attract and  
retain talented public servants.*





## **Center for State and Local Government Excellence**

- Public sector retirement plans
- Health and wellness benefits
- Workforce demographics and development

# de Beaumont

**BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES™**

We advance policy, build partnerships and strengthen public health to create communities where people can achieve their best possible health


**Policy**


**Partnerships**

**People**

# PH WINS

PUBLIC HEALTH WORKFORCE  
INTERESTS AND NEEDS SURVEY

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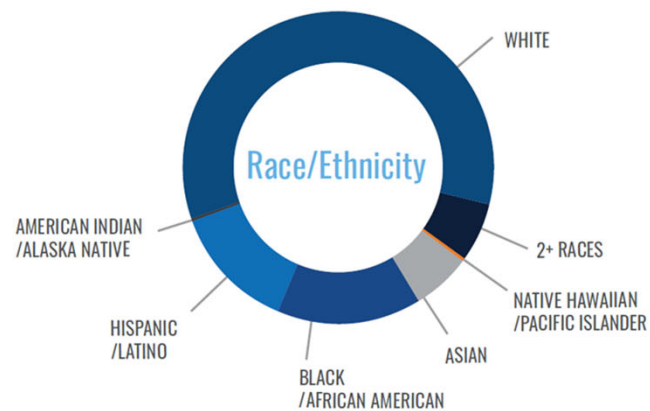
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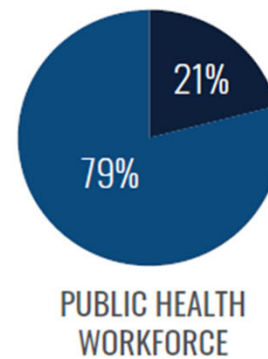


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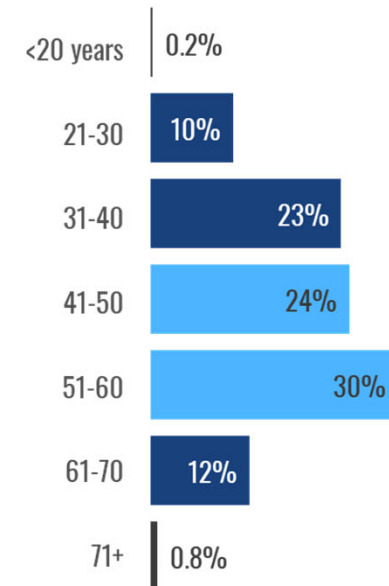
# DEMOGRAPHICS



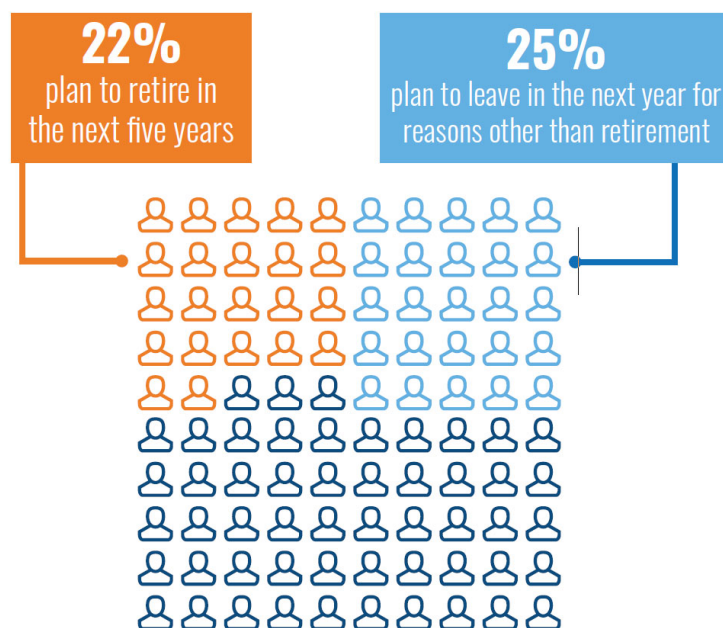
## Gender



## Age



# INTENT TO LEAVE





# REASONS FOR LEAVING

## TOP 5 REASONS FOR LEAVING



Inadequate  
Pay

**46%**



Lack of  
Advancement

**40%**



Workplace  
Environment

**31%**



Job  
Satisfaction

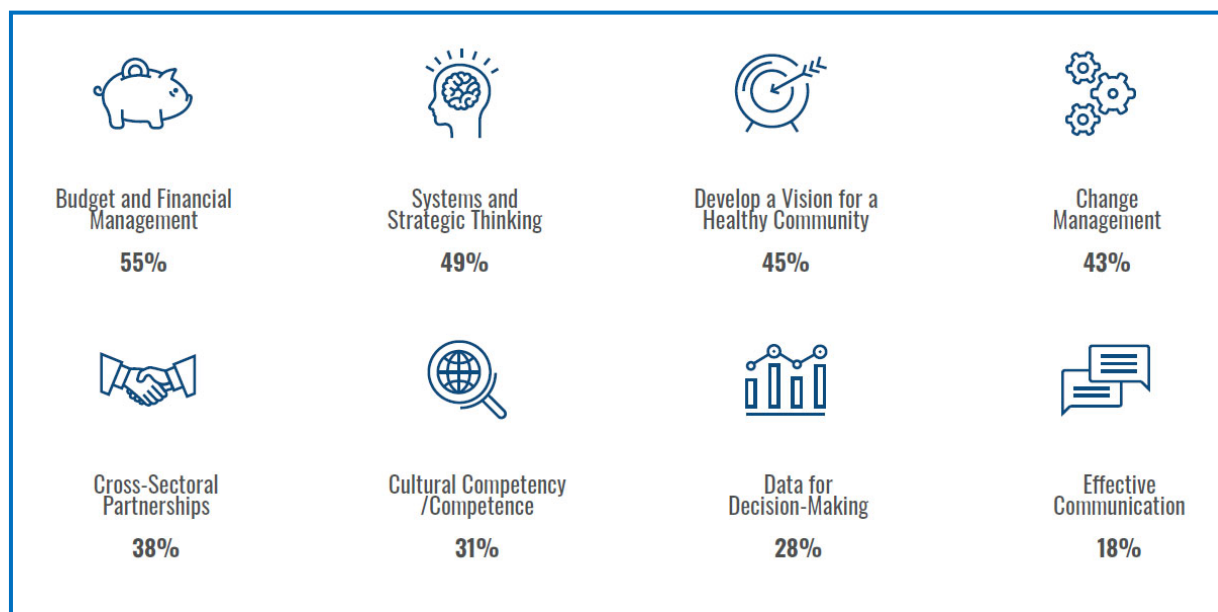
**26%**



Lack of  
Support

**26%**

# TRAINING NEEDS



## How Does the Public Health Workforce Compare with the Broader Public Sector?



March 2020



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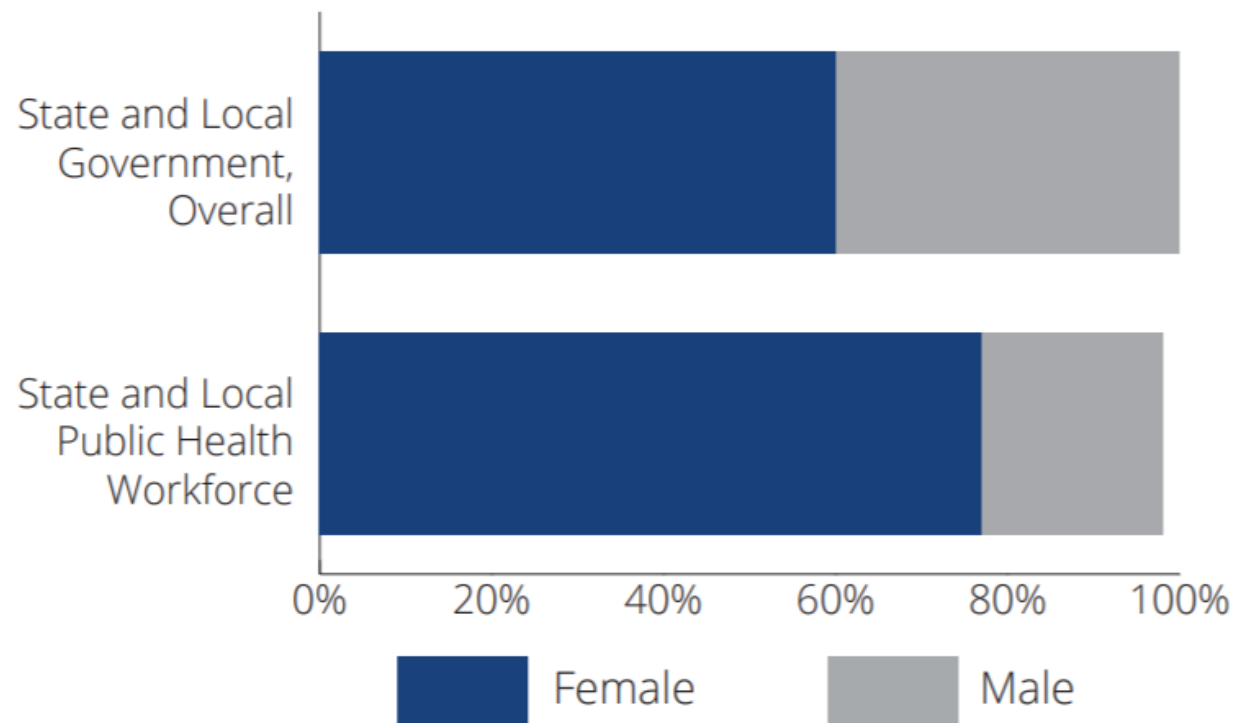
<https://slge.org/assets/uploads/2020/03/public-health-workforce.pdf>



## Size of the Workforce, 2017

- 19,544,000 **state and local government employees overall**
- 973,160 are in **Healthcare Practitioners and Technical Occupations** and 254,170 are in **Healthcare Support Occupations**
- 244,230 state and local **public health employees**

**Figure 1.** *Gender, 2017*



**Sources:** de Beaumont Foundation, "Public Health Workforce Interests and Needs Survey," available at <https://www.debeaumont.org/ph-wins/>, and IPUMS CPS, "Current Population Survey Data for Social, Economic and Health Research," available at <https://cps.ipums.org/cps/>.

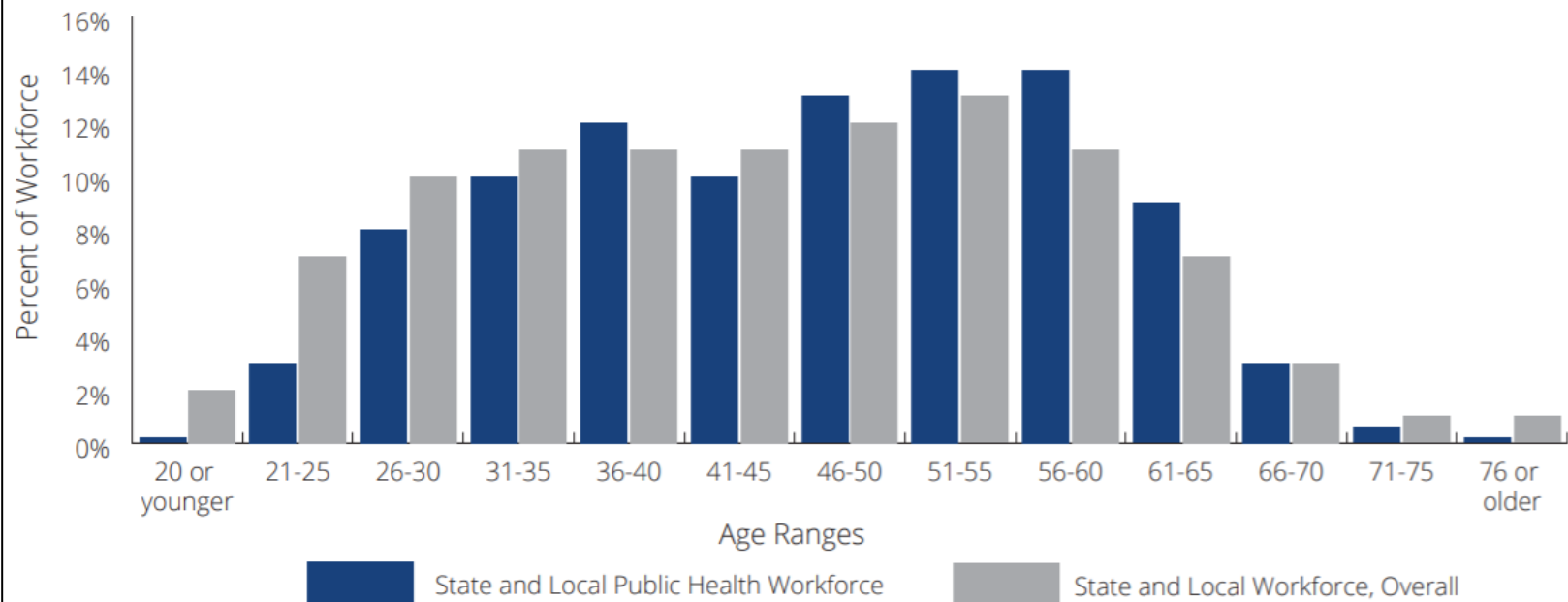
**Figure 2.** *Race and Ethnicity, 2017*

	State and Local Public Health Workforce	State and Local Workforce, Overall
White	57.2%	67.3%
Black or African American	15.5%	13.6%
Hispanic or Latino	12.7%	12.5%
Asian	5.3%	4.4%
American Indian or Alaska Native	.4%	.8%
Native Hawaiian or other Pacific Islander	.4%	.4%
Two or more races	6.2%	1%

**Note:** The above percentages are derived from variable categories offered in the PH WINS data set. CPS data offered was categorized and calculated to align with these same categories with reference to the U.S. Office of Personnel Management definition/data standard, found at: <https://dw.opm.gov/datastandards/dataStandard/1442?index=E>. Totals might not sum to 100% due to rounding.

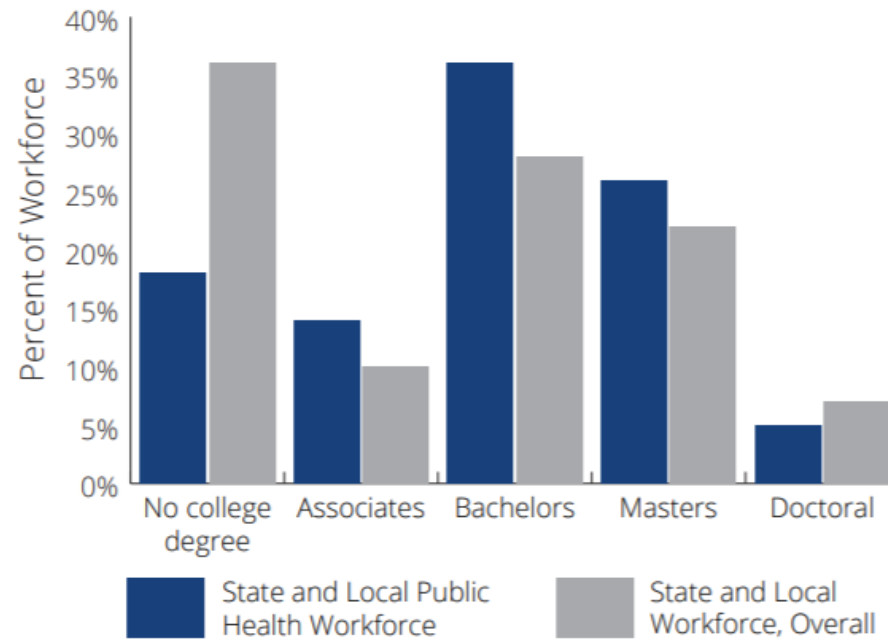
**Sources:** de Beaumont Foundation, "Public Health Workforce Interests and Needs Survey," available at <https://www.debeaumont.org/ph-wins/>, and IPUMS CPS, "Current Population Survey Data for Social, Economic and Health Research," available at <https://cps.ipums.org/cps/>.

**Figure 3. Age of Workforce, 2017**



**Sources:** de Beaumont Foundation, "Public Health Workforce Interests and Needs Survey," available at <https://www.debeaumont.org/ph-wins/>, and IPUMS CPS, "Current Population Survey Data for Social, Economic and Health Research," available at <https://cps.ipums.org/cps/>.

**Figure 4. Educational Attainment**

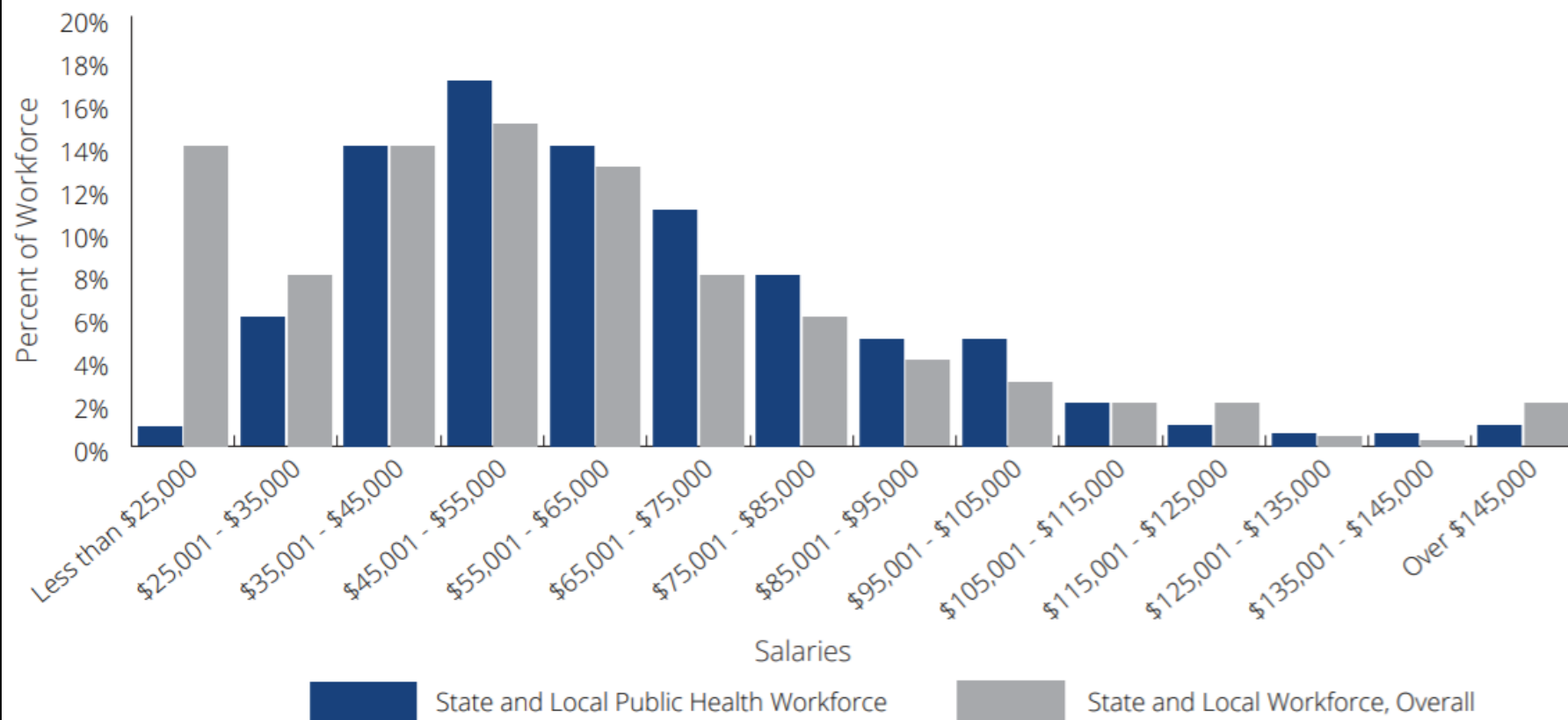


**Note:** The doctoral category offered in Figure 4 is comprised of PH WINS categorizing all degrees above a master's degree into this segment, while the two categories of the Current Population Survey [professional degree (for example: MD, DDS, DVM, LLB, JD) and doctorate (for example, PhD, EdD)] have been combined into one category.<sup>21</sup>

**Sources:** de Beaumont Foundation, "Public Health Workforce Interests and Needs Survey," available at <https://www.debeaumont.org/ph-wins/>, and IPUMS CPS, "Current Population Survey Data for Social, Economic and Health Research," available at <https://cps.ipums.org/cps/>.



**Figure 5. Salary Ranges**



**Sources:** de Beaumont Foundation, "Public Health Workforce Interests and Needs Survey," available at <https://www.debeaumont.org/ph-wins/>, and IPUMS CPS, "Current Population Survey Data for Social, Economic and Health Research," available at <https://cps.ipums.org/cps/>.

## Case Studies in Staff Sharing in Local Public Health



April 2019



## Staff Sharing in Public Health: A Checklist for Communicating with Elected and Appointed Officials



### OVERVIEW

State and local governments continue to look for innovative ways to meet their financial obligations and contain costs. At the same time, they must become employers of choice to attract and retain the talent that can deliver high quality services. As local health departments seek innovative approaches to workforce recruitment and retention, one strategy is to share personnel who hold essential skill sets, whether on a one-time or ongoing basis. These staff sharing arrangements, while not yet common among local health departments, have the potential to improve efficiency and effectiveness of services while containing costs. Sharing personnel, positions, or services can address existing staff shortages, help jurisdictions make the most of available resources, enhance flexibility, improve communication and coordination, and even add capacity for more or improved services.

With this in mind, the Center for State and Local Government Excellence, with support from the Center for Sharing Public Health Services, conducted an environmental scan to identify local health departments that are participating in staff sharing arrangements, and then held key informant interviews with multiple personnel representing five staff sharing arrangements to better understand both the opportunities and the challenges associated with these arrangements. These health departments, diverse in geographic region, size, and governance structure, varied in the positions shared, from a health official to an environmental health director to a nutritionist/dietician. The information gathered from these interviews was used to develop the checklist that follows, a guide to communicating with elected and appointed officials about staff sharing in local public health.

### ACKNOWLEDGEMENTS

This checklist was developed by Rivka Liss-Levinson, Ph.D. of the Center for State and Local Government Excellence (SLGE). The author would like to thank: staff from SLGE, the Center for Sharing Public Health Services ([www.pshsharing.org](http://www.pshsharing.org)), the International City/County Management Association, the National Association of County Administrators, and the National League of Cities for their guidance and input; Rob Maguire Designs; and the local public health department personnel from jurisdictions in Minnesota, Missouri, New Jersey, New York, and North Carolina, who generously shared their experiences to help inform the checklist.

### HOW TO USE THIS TOOL

The purpose of this checklist is to help public health departments evaluate the appropriateness of sharing staff among two or more jurisdictions and communicate about staff sharing arrangements with elected and appointed officials so that these decision-makers can make sound policies about sharing staff. The tool outlines important considerations related to logistics, governance, and organizational culture. The checklist has been organized into 5 sections, each corresponding to an action that is critical to successful staff sharing arrangements.



Define



Establish



Implement



Communicate



Evaluate

This guide also includes additional resources that may be of help to you during the process.

While there is no one-size-fits-all approach to staff sharing given how much local health departments vary in size, geographic location, governance structure, finances, and organizational culture, we have tried to be as inclusive as possible; some sections may be more or less relevant to your jurisdiction's particular situation.

Since such an arrangement will involve at least two agencies, it is recommended that each complete a copy of the following checklist, then compare notes to ensure that expectations are consistent and appropriate implementation steps are followed.



[slge.org/workforce](http://slge.org/workforce)



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