2017 NATIONAL FINDINGS

PUBLIC HEALTH WORKFORCE INTERESTS AND NEEDS SURVEY

PH WINS

de Beaumont FOUNDATION

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NACCHO
National Association of County & City Health Officials

BIG CITIES HEALTH COALITION

PH WINS

PUBLIC HEALTH WORKFORCE INTERESTS AND NEEDS SURVEY

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OVERVIEW

Americans today live in communities increasingly impacted by evolving public health challenges. Whether the threat is obesity, pollution, substance abuse, or violence, nearly every government, institution, and family is affected by nascent health crises. Taken cumulatively, the strain on the country's financial and professional resources by these and other conditions is often described as the current "national health crisis," with an impact predicted to drive U.S. healthcare costs to 20 percent of GDP by 2020. [1]

For decades, confronting this negative trend at the national level has informed presidential administrations, CDC policies, and numerous blue-ribbon commissions. But for communities and families with the everyday consequences of issues like unsafe food and water, pollution, and preventable disease, their frontline defense is the state and local public health professional. Across the country, more than 200,000 public health professionals work to guide health policies, monitor and respond to health threats, and improve the health of all Americans.

As the country's response to our health challenges evolves, it's important to track the public health workforce. Just as the manufacturing and technology sectors monitor the recruitment and retention of science, technology, and engineering professionals – whose availability is considered a vital measure of the country's current and future economic health – so should the nation's public health workforce be assessed for its ability to serve the states and communities affected by the nation's most urgent health issues.

To that end, the de Beaumont Foundation and the Association of State and Territorial Health Officials (ASTHO) launched the Public Health Workforce Interests and Needs Survey (PH WINS) for the first time in 2014. This is the second report, sharing findings from the 2017 survey, which expanded to include local health department staff. The survey was fielded in cooperation with ASTHO, the National Association of County & City Health Officials (NACCHO), and the Big Cities Health Coalition (BCHC). The report includes insights on what motivates and inspires public health professionals and identifies significant gaps and opportunities to strengthen the workforce. We hope that health officials, policymakers, and other stakeholders concerned with the nation's health will consider these trends when formulating budgets, policies, and regulations that may help address the country's need for safe, healthy communities.

PARTICIPATING ORGANIZATIONS:

Association of State and Territorial Health Officials: chief health officials of the U.S. states, territories, and the District of Columbia, who oversee more than 100,000 public health professionals

National Association of County & City Health Officials: nearly 2,800 city, county, metropolitan, district, and tribal health departments, with nearly 150,000 employees

Big Cities Health Coalition: top health officials in 30 largest U.S. cities

1 https://www.healthaffairs.org/do/10.1377/hblog20180904.457305/full/

ABOUT THE SURVEY

America's public health workforce plays a vital role in protecting the health of people and the communities where they live, learn, work, and play. Public health professionals protect and improve community health by:

Preventing disease

Promoting health and well-being

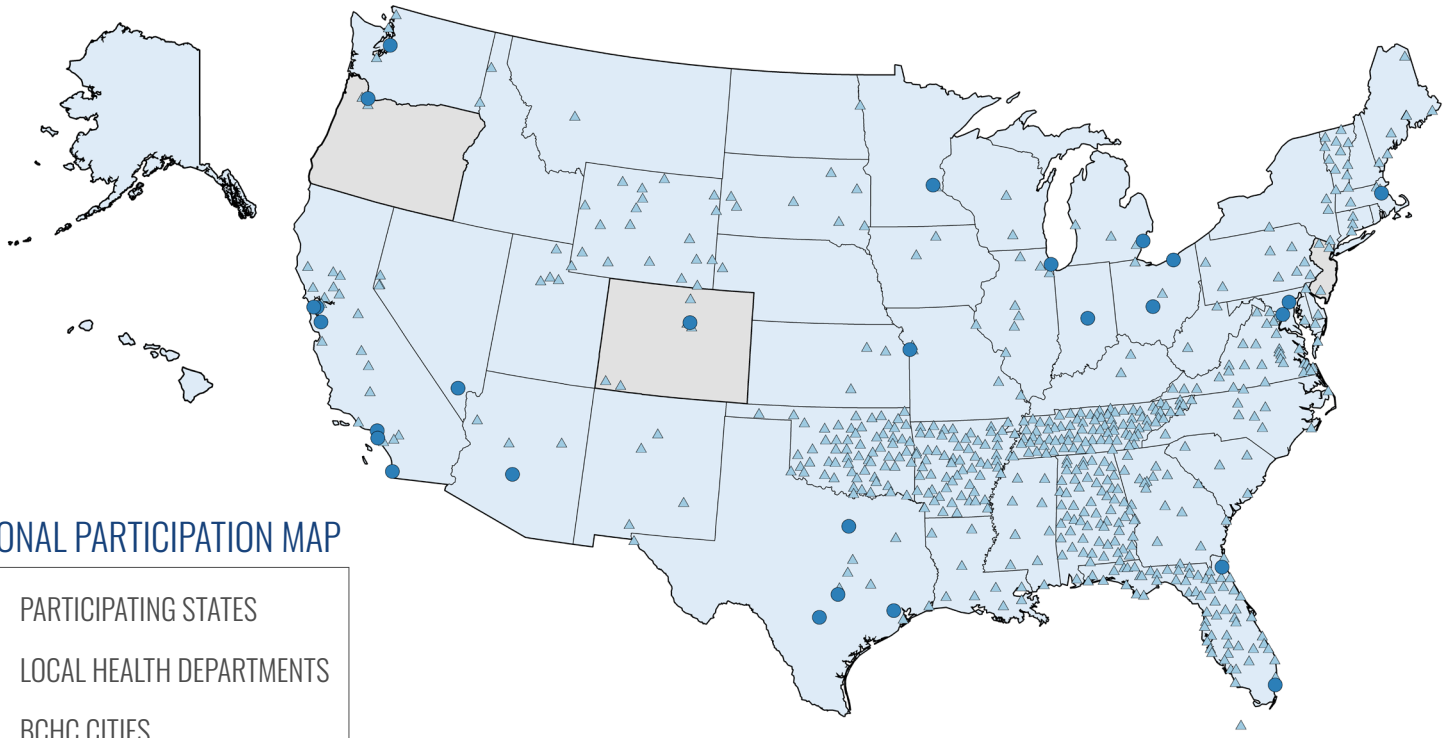
Protecting communities

Building partnerships

The Public Health Workforce Interests and Needs Survey (PH WINS), the only nationally representative survey of state and local public health workers, reveals important data and trends that can inform leadership decisions and strengthen the health of communities nationwide. The survey provides high-quality, actionable data on attitudes, morale, and climate among the public health workforce and identifies gaps in skills and experience.

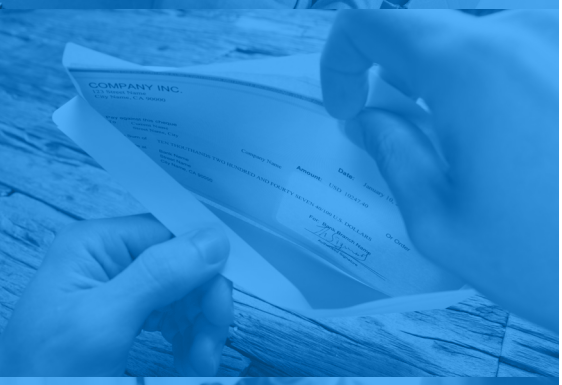
State and local agencies, the federal government, foundations, and others have used findings from PH WINS to identify and address training needs and to prepare the workforce for the future.

For the 2017 PH WINS survey, 47 state health agencies and 25 large-city agencies participated. For the first time, the survey also included workers in a nationally representative sample of local health departments with at least 25 staff and serving a jurisdiction of at least 25,000.



NATIONAL PARTICIPATION MAP

- PARTICIPATING STATES
- LOCAL HEALTH DEPARTMENTS
- BCHC CITIES



KEY FINDINGS

Despite high levels of job satisfaction, a large proportion of workers are **considering leaving their jobs in the next year**. Top reasons include dissatisfaction with pay, lack of opportunity for advancement, and workplace environment.

The majority of workers are satisfied with their jobs, but are **less satisfied with their organizations and even less so with their pay**.

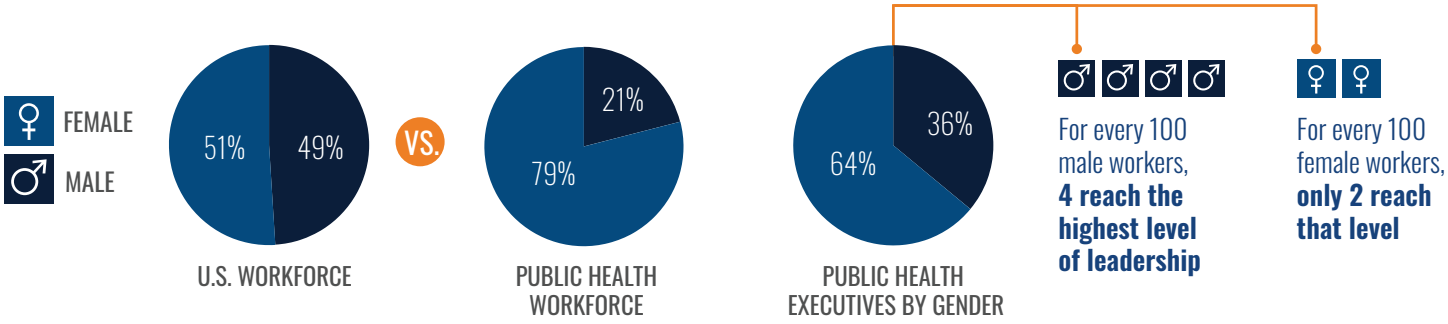
Workers indicate a **high level of engagement**, but do not believe that creativity and innovation are rewarded or that communication between senior leadership and staff is good.

The **top areas of training needs** are budgeting and financial management, systems and strategic thinking, change management, and developing a vision for a healthy community.

Demographically, **the workforce is not representative of the nation** in terms of gender or age.

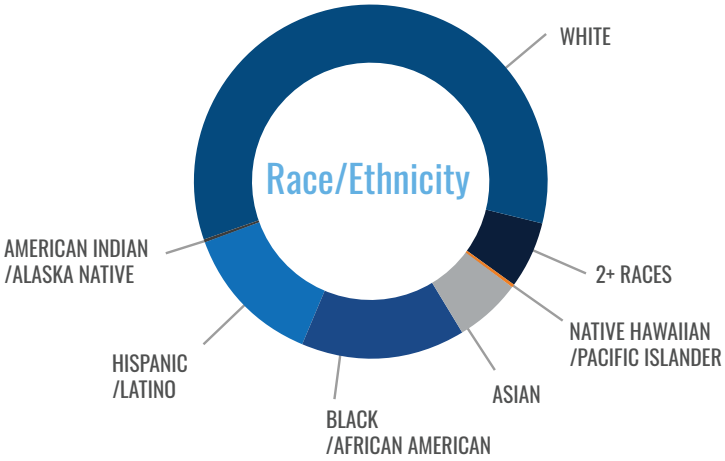
WORKFORCE DEMOGRAPHICS

The governmental public health workforce is predominantly white, female, and over the age of 40. However, when comparing different segments of the workforce, key differences emerge:



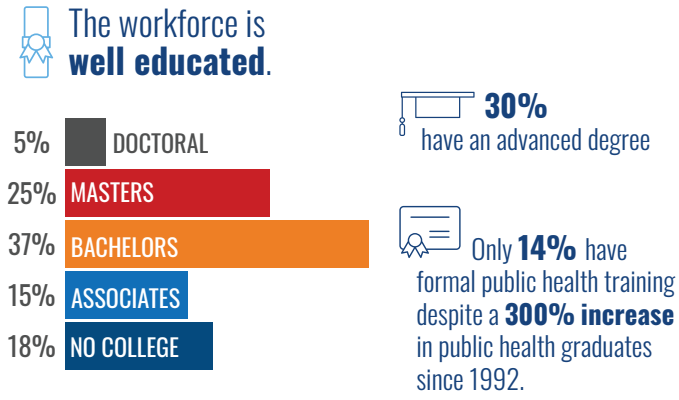
- A larger proportion of the workforce in local health departments is female (83%), compared with state health agencies (72%) and BCHC health departments (75%).

- The workforce in BCHC health departments is predominantly made up of people of color, with approximately one-third of the workforce (32%) identifying as white. That number is 64% in state health agencies and 56% in local health departments.



The workforce is generally well educated, with 30% of the workforce having a master's degree or higher. However, only 14% of the workforce has formal training in public health.

- A larger proportion of the state employees (39%) and BCHC employees (37%) have an advanced degree – more than local employees (25%). Additionally, 19% of the state and BCHC workforces have a degree in public health, compared with 12% for local workers.



AGE	
20 OR BELOW	.21%
21-25	2%
26-30	8%
31-35	10%
36-40	13%
41-45	11%
46-50	13%
51-55	15%
56-60	15%
61-65	10%
66-70	2%
71-75	.58%
76 OR ABOVE	.2%

GENDER	
MALE	21%
FEMALE	78%
NON-BINARY	1%

RACE	
AMERICAN INDIAN/ALASKA NATIVE	.4%
ASIAN	6%
BLACK OR AFRICAN AMERICAN	15%
HISPANIC OR LATINO	13%
NATIVE HAWAIIAN/ PACIFIC ISLANDER	.42%
WHITE	59%
TWO OR MORE RACES	6%

POSITION TYPE	
ADMINISTRATIVE	40%
CLINICAL AND LAB	24%
PUBLIC HEALTH SCIENCE	33%
SOCIAL SERVICES AND ALL OTHER	2%

TENURE IN CURRENT HEALTH DEPARTMENT	
0-5 YEARS	43%
6-10 YEARS	17%
11-15 YEARS	14%
16-20 YEARS	12%
21+ YEARS	14%

TENURE IN PUBLIC HEALTH	
0-5 YEARS	30%
6-10 YEARS	18%
11-15 YEARS	15%
16-20 YEARS	14%
21+ YEARS	22%

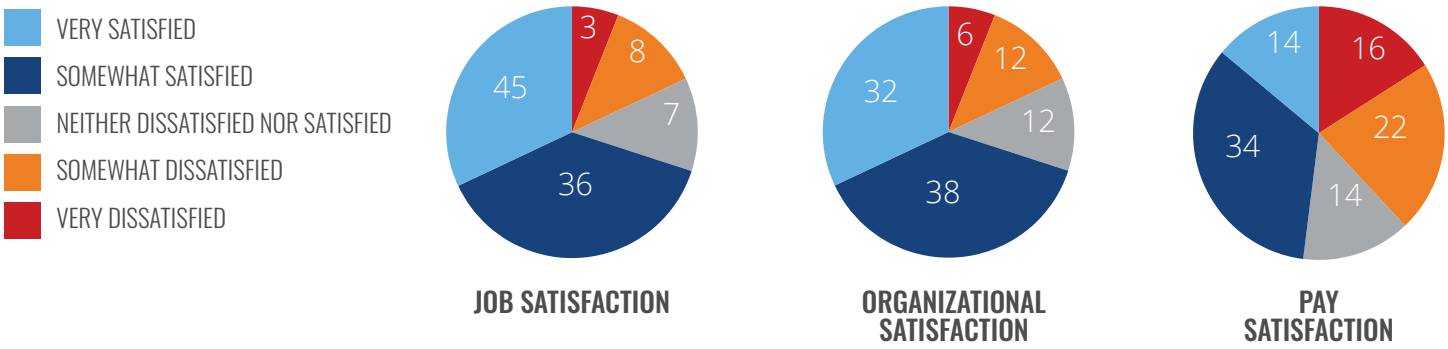
HIGHEST DEGREE ATTAINED	
NO COLLEGE DEGREE	18%
ASSOCIATES	15%
BACHELORS	37%
MASTERS	25%
DOCTORAL	5%

PUBLIC HEALTH DEGREE	
YES	14%
NO	86%

ANNUALIZED SALARY	
LESS THAN $25,000	4%
$25,000-$34,999	16%
$35,000-$44,999	18%
$45,000-$54,999	18%
$55,000-$64,999	14%
$65,000-$74,999	10%
$75,000-$84,999	7%
$85,000-$94,999	5%
$95,000-$104,999	4%
$105,000-$114,999	2%
$115,000-$124,999	1%
$125,000-$134,999	.55%
$135,000-$144,999	.5%
$145,000 OR MORE	.84%

To learn more about the survey, or to read the digital appendix, visit **www.phwins.org**

NATIONAL SATISFACTION DATA BY PERCENT



Public health professionals are generally satisfied with their jobs, with 81% indicating that they are somewhat or very satisfied with their jobs. They are less satisfied with their organizations, with 70% indicating that they are somewhat or very satisfied with their organization. Pay satisfaction is even lower, with 48% of staff somewhat or very satisfied with their pay.

Survey respondents were asked to rate their agreement with 17 items related to employee engagement. The findings indicate that the governmental public health workforce is mission-driven, but factors like pay, lack of opportunities for advancement, and workplace culture can negatively affect engagement and satisfaction.

WHAT IS DRIVING **ENGAGEMENT?**

ENGAGEMENT ITEM (TOP AND BOTTOM 3)	ESTIMATE
I AM DETERMINED TO GIVE MY BEST EFFORT AT WORK EVERY DAY	**95%**
THE WORK I DO IS IMPORTANT	**95%**
I KNOW HOW MY WORK RELATES TO THE AGENCY'S GOALS AND PRIORITIES	**89%**
EMPLOYEES HAVE SUFFICIENT TRAINING TO FULLY UTILIZE TECHNOLOGY NEEDED FOR THEIR WORK	**57%**
COMMUNICATION BETWEEN SENIOR LEADERSHIP AND EMPLOYEES IS GOOD IN MY ORGANIZATION	**49%**
CREATIVITY AND INNOVATION ARE REWARDED	**44%**

INTENT TO LEAVE

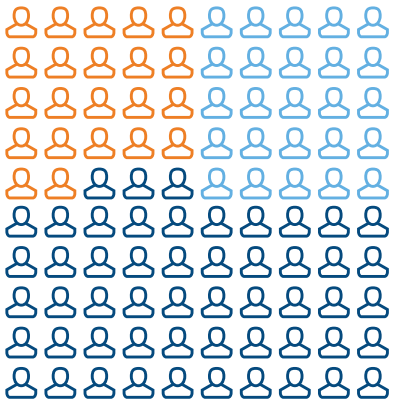
Health departments face a high rate of turnover. Nearly half of workers are considering leaving their organizations within the next five years, including people who will retire and many who may leave the public health field altogether. Of those considering leaving, 57% have been thinking about leaving for more than six months. Among professionals considering leaving, the top reasons they cited were pay, lack of opportunities for advancement, and workplace environment.

- Since 2014, there has been a 41% increase in the proportion of workers planning to leave their jobs.
- A slightly larger proportion of the state workforce is considering leaving in the next year (28%) than the city workforce (26%) and the local workforce (21%).
- While the top reasons for leaving are consistent across state and local health departments, the reason cited by the most staff considering leaving in state and local health departments was pay (46%), while in BCHC health departments it was lack of opportunities for advancement (46%).

NEARLY HALF
of the workforce is considering leaving their organization the next five years

22% plan to retire in the next five years

25% plan to leave in the next year for reasons other than retirement



Since 2014, there has been a
41% INCREASE
in employees planning to leave their organization

Certain populations that are already underrepresented are poised to leave in large numbers in the next year:

32% of Millennials

34% of those with a degree in public health

31% of men

24% of women executives

TOP 5 REASONS FOR LEAVING

Inadequate Pay	Lack of Advancement	Workplace Environment	Job Satisfaction	Lack of Support
46%	40%	31%	26%	26%

TRAINING NEEDS

PH WINS 2017 assessed self-reported proficiency and importance of about 20 cross-cutting skills in the workforce that will be **critical to address public health challenges now and in the future.** These skills are organized into eight areas of focus.

Among these eight areas, the top training needs identified were budgeting and financial management (55% with a skill gap), systems and strategic thinking (49%), and developing a vision for a healthy community (45%). The top two areas of training needs are consistent across supervisory status in the workforce, but the third largest area of need varies. For non-supervisors, the third largest need is change management, while for those with supervisory, management, or executive-level responsibilities, the third most important need is developing a vision for a healthy community.

Budget and Financial Management

55%

Systems and Strategic Thinking

49%

Develop a Vision for a Healthy Community

45%

Change Management

43%

Cross-Sectoral Partnerships

38%

Cultural Competency /Competence

31%

Data for Decision-Making

28%

Effective Communication

18%

To learn more about the survey, or to read the digital appendix, visit **www.phwins.org**

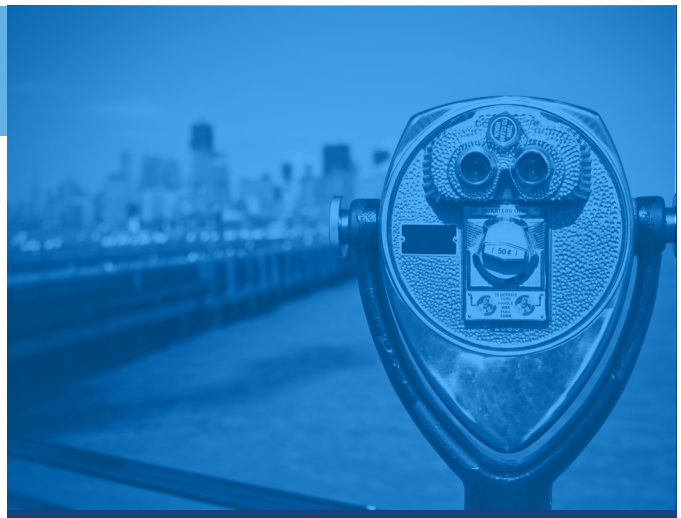
EMERGING CONCEPTS IN PUBLIC HEALTH

As governmental public health practice shifts from traditional delivery of services toward addressing health and well-being on a holistic and policy level, new concepts related to public health practice and its orientation have emerged in the field. PH WINS 2017 sought to understand the workforce's awareness of these concepts, as well as the concepts' perceived impact on staff's day-to-day work.

There is generally low awareness of the emerging concepts related to the orientation of public health practice, such as engagement of other sectors to advance health, compared to those that are related to specific practice, such as quality improvement and evidence-based public health practice. The majority of the workforce was aware of the following concepts: quality improvement (67%), evidence-based public health (62%), and public health and primary care integration (55%). The concepts with the lowest awareness are cross-jurisdictional sharing (48%), multi-sector collaboration (43%), and "Health in All Policies" (35%). Among staff who were aware of a given concept, most said the concept impacts their day-to-day job "some" or "a lot."

Generally, a slightly larger proportion of staff in BCHC health departments were aware of the concepts measured than state and local health department staff. For the majority of concepts, a lower proportion of the state health agency workforce who are aware of a concept believe it has some or a lot of impact on their day-to-day work.

The importance of responding to these emerging trends lies in the desirability of carrying out public health practice on modern principles known to positively influence population health outcomes. Awareness of emerging trends in the public health workforce is a necessary first step for agencies to successfully face challenges, navigate the complexity of the current public health environment, and align their practices.



EMERGING CONCEPT **DEFINITIONS**

Evidence-Based Public Health

is the practice of public health based on the best available scientific evidence, the systematic use of data, information systems and program-planning frameworks, community engagement in decision making, and an emphasis on conducting sound evaluation and disseminating what is learned.

Cross-Jurisdictional Sharing

refers to the sharing of resources, such as equipment or personnel, to provide essential public health services. Sharing may take place across state boundaries (such as between state health agencies) or within a state (such as between a state and local health department or two local health departments).

Quality Improvement

is an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization.

Health in All Policies

is a collaborative approach that considers health as a factor when making policy decisions about sectors such as education, housing, transportation, and neighborhood safety to improve the health of all communities and people.

SOCIAL DETERMINANTS OF HEALTH

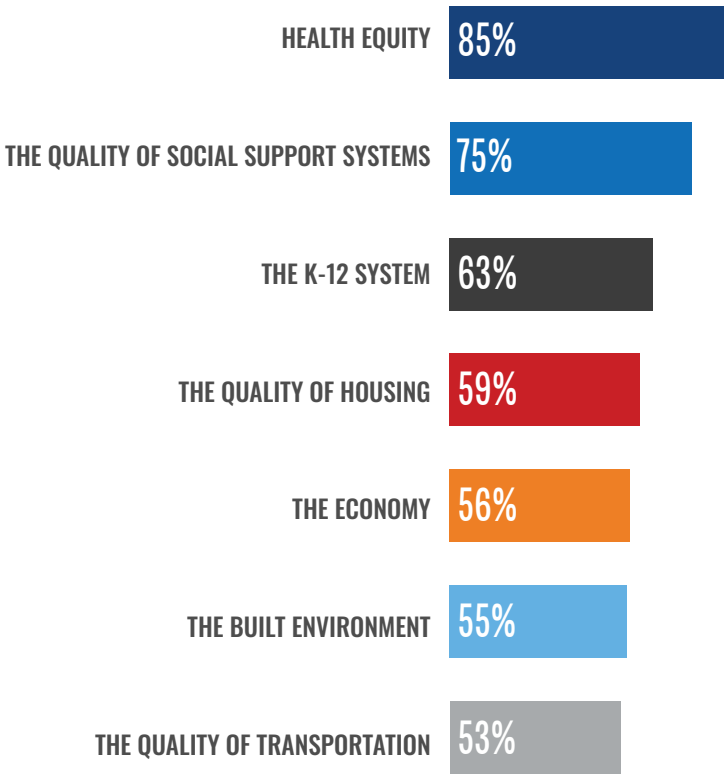
Public health professionals were asked how involved their agency should be in affecting the social determinants of health, or the conditions that impact health, such as social supports, education, housing, transportation, and the economy.

The vast majority of workers nationally believe their agency should be somewhat or very involved in affecting health equity (85%), and 75% believe their agency should be somewhat or very involved in affecting social support systems.

Much smaller percentages of the workforce believe that their agency should be somewhat or very involved in affecting the economy (56%), the built environment, such as sidewalks, bike lanes, etc. (55%), and transportation (53%).

Generally, larger proportions of local and BCHC health department staff believe that their agency should be somewhat or very involved in affecting all sectors, compared to state health agency staff.

PERCENTAGE OF EMPLOYEES WHO BELIEVE THEIR AGENCY SHOULD BE INVOLVED IN AFFECTING:



PREPARING FOR THE FUTURE

Public health agencies play a critical role in advancing health and well-being for all, and communities depend on a diverse, engaged, and skilled public health workforce. Leveraging the findings from the PH WINS survey, it is critical to consider next steps for the public health system.

How are you **planning for the future**?

Does your workforce **reflect your community**?

How can you **inspire young, diverse workers** to enter a career in public health?

What type of **support and mentoring** is available to younger employees and women in leadership roles?

Do you **reward creativity and innovation** in your work environment?

A skilled public health workforce is essential for protecting and improving the health and wellness of the public and responding to major health threats.

The public health community must improve its ability to:

- **Assess the needs** of the current public health workforce.
- **Communicate the value** of the public health workforce.
- **Equip future leaders** with the skills necessary to respond to and carry out essential responsibilities and the changing landscape of the U.S. public health system.

Toward that goal, the de Beaumont Foundation, ASTHO, NACCHO, BCHC and their partners will continue to inform national, state, and local policymakers about the importance of a fully resourced and highly engaged public health workforce.

To learn more about the survey, or to read the digital appendix, visit **www.phwins.org**

METHODS

SAMPLE FRAMES AND RECRUITMENT

- All state health agencies and member agencies of the Big Cities Health Coalition were invited to participate in PH WINS. Additionally, a random national sample of local health departments (excluding the smallest local health departments with fewer than 25 staff or serving a population of fewer than 25,000) were invited to participate.

- The nationally representative local health department frame included randomly selected BCHC health departments. Thus, there is some overlap between the BCHC frame and the local frame.

- Participating agencies identified a workforce champion, typically a human resources or workforce development director, or someone with interest or expertise in workforce related issues, to assist with the communications and promotional efforts. Participating agencies provided a contact list for all employees to receive the survey.

ADMINISTRATION

- PH WINS was fielded from September 2017 to January 2018. Approximately 102,305 emails were sent to employees at participating health departments. Reminder emails were sent by ASTHO staff and workforce champions throughout the survey period. In some cases, senior leadership also assisted in promoting and encouraging staff to participate.

DATA

- Respondents to PH WINS 2017 included 47,756 employees across 47 state health agencies, 25 BCHC departments, and 71 other local health departments. The overall response rate was 48%.

- The values in this report are sample frame estimates that extrapolate the responses from staff and agencies that participated in the survey to all state and local health departments nationally. Only permanent (non-temporary staff) are included.

- Balanced repeated replication weights were used to adjust variance estimates for the complex design. Weights were adjusted for non-response and population totals across strata - namely by region and whether the respondent worked at the state central office or in a local health department.

THE ORGANIZATIONS BEHIND THE SURVEY

The de Beaumont Foundation creates and invests in bold solutions to build healthier communities. The Foundation advances policy, builds partnerships, and strengthens public health to create communities where people can achieve their best possible health.
www.debeaumont.org

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. territories and freely associated states, and Washington, D.C. ASTHO's mission is to support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.
www.astho.org

The National Association of County and City Health Officials works to improve the health of communities by strengthening and advocating for the nearly 3,000 local healthdepartments across the U.S., seeking optimal health, equity, and security for all people in all communities.
www.naccho.org

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of their residents. Collectively, BCHC member jurisdictions directly impact more than 55 million people, or one in six Americans.
www.bigcitieshealth.org

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