The Average State Health Official (SHO)

- 61% are male
- 65% have a medical degree
- 48% have a formal public health degree
- 70% had previous governmental public health experience
- 57% worked in governmental public health immediately before becoming a SHO

The proportion of SHOs that were female increased significantly by decade from 5.6% in the 1970s/80s to 46.4% in the 2010s. Currently, state governmental public health workforce is 72% women.

Trends Among SHOs 1980 – 2017

- SHO tenure is the lowest it has ever been
- Average Tenure Among Former Private Sector CEOs: 5.25 years
- Average Tenure Among Former SHOs: 8 years
- Median Tenure Among Former SHOs: 4 years
- Average Tenure of SHOs:
  - 1970s-80s: 5.9 years
  - 1990s: 7.2 years
  - 2000s: 4.8 years
  - 2010s: 2.9 years

Most Common Reasons for Turnover

- Voluntary: 45.8%
- Accepting another position in anticipation of a change in state administration: 22.9%
- A new administration appointed another SHO: 10.3%
- Terminated: 12.0%

What Former SHOs Wish They Had Known

**Political Processes**
- How to relate to the governor’s office
- How best to relate to the governor’s senior staff
- Better understand, relate to, and influence the legislative process

**How State Government Works**
- Better understanding of governmental budgeting and finance and how to defend the agency’s budget
- How to manage governmental change
- Overcoming silo issues, changing organizational culture, and workforce development strategies

**Partnership Development Approaches**
- Cross-sectoral partnership development approaches
- Ways to work more effectively with other agencies of state government
- Better understand relationships with the federal government including grants and other policy issues

Defining SHO Success

**Team Building**
1. Support formal development for existing team members
2. Conduct formal leadership succession planning
3. Recruit and retain new talent to address skill gaps
4. Enhance team cohesion through team-building experiences

**Organizational Accomplishments**
1. Policy change, including laws, regulations, and departmental policies that support evidence-based interventions
2. Program development through a new or enhanced public health agency organizational focus