



From Fargo to Traverse City to Youngstown: Workforce development needs and opportunities abound within Michigan and across Region V

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Agenda for today

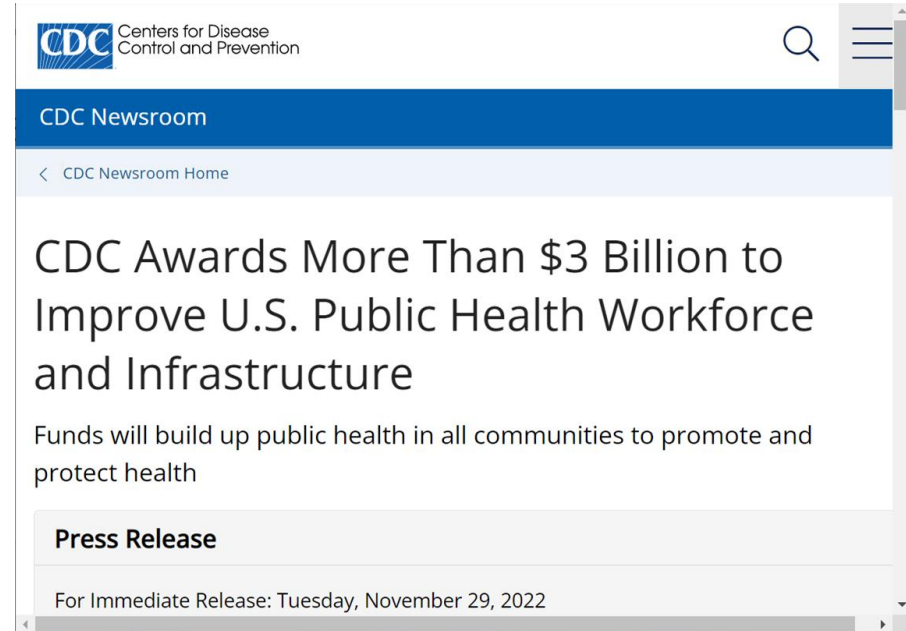
- Introduce the workforce problem
- In depth examination of workforce assessment data in Michigan and Region V
- Discuss what we might do about *all these problems*

Some brief background on me

- Direct the Center for Public Health Systems at UMN SPH
- PI on HRSA/CDC Public Health Workforce Research Center
- Evaluation Director of the Region V Public Health Training Center, housed at University of Michigan
- Worked in the public sector, for a public health philanthropy, as well as independent consulting before joining UMN

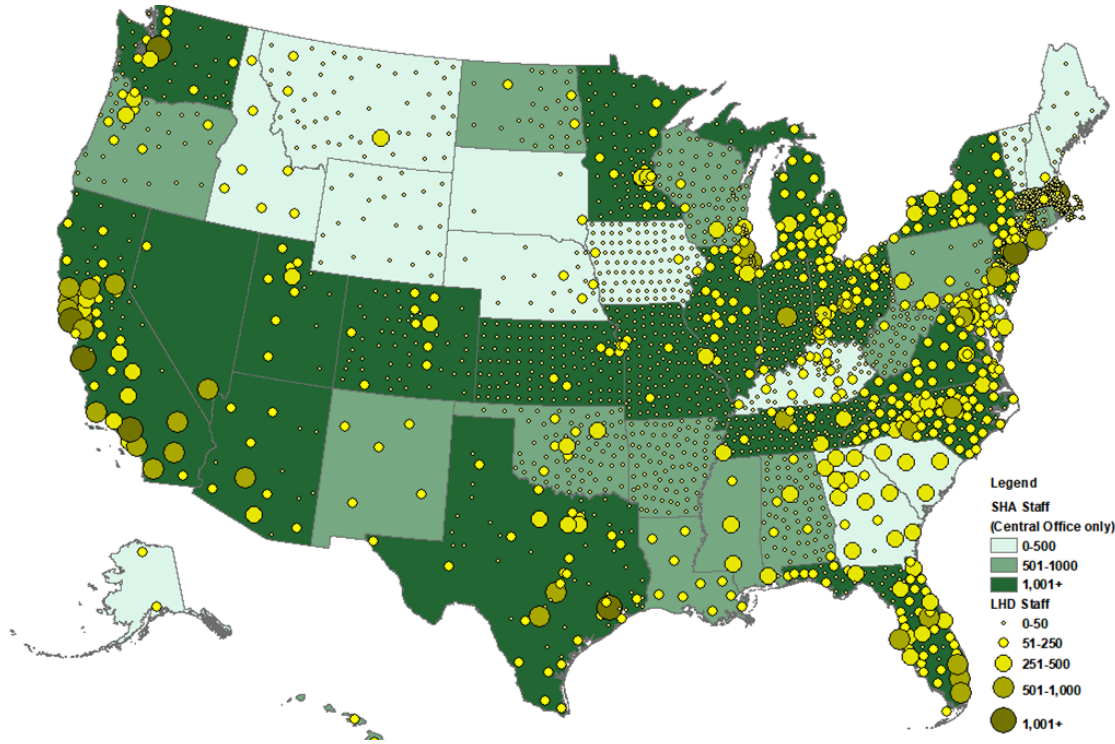
Some brief background on (points to all of this)

- It's a pretty strange time to be in public health workforce.
- After years of disinvestment, CDC is playing catchup
 - though it is one-time money
- Here at UMN, we are the new national home of the Public Health Workforce



Let's talk public health workforce

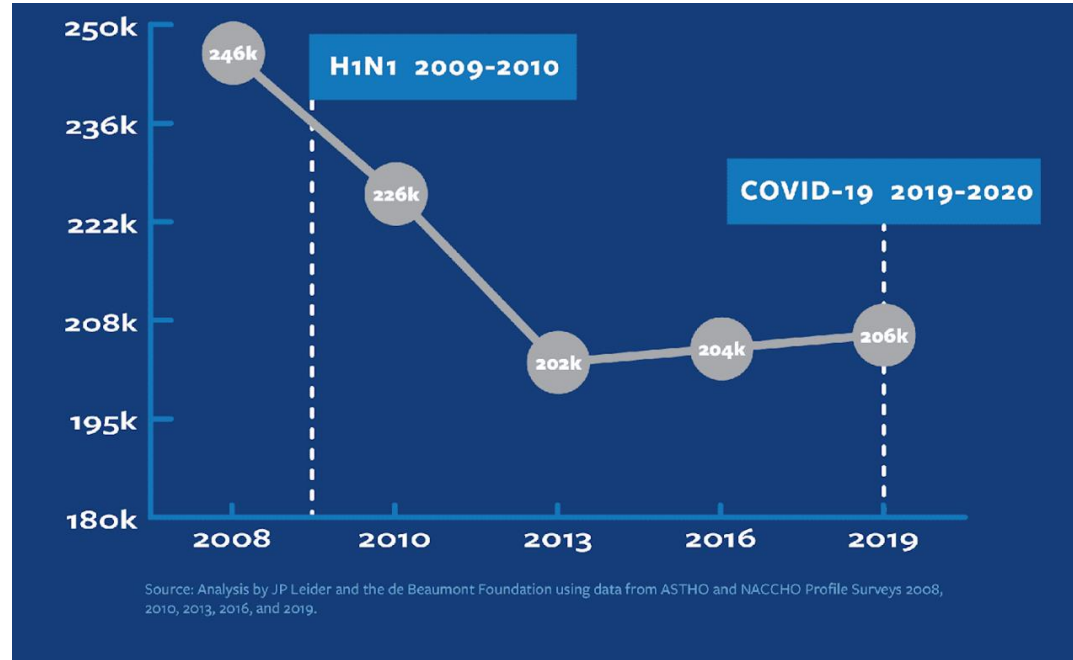
Size of the state and local public health workforce, 2021



Source: Leider et al.'s analysis of ASTHO and NACCHO Profiles, PH WINS 2021. Not pictured are territorial or tribal health departments

Prior to COVID-19, the governmental public health workforce had been hit hard

- State and local health departments lost almost 40,000 jobs between the onset of the Great Recession and COVID-19
- This represents a 15%-20% decrease in the workforce



Shortages abounded

Recent research found pre-COVID shortages of 80,000 FTE at the state and local levels ([Leider et al., Staffing Up, 2022](#))

	Local	State	Total
Infrastructure			
Assessment	4,500	4,500	9,000
All Hazards	3,000	2,000	5,000
Other Foundational Capabilities	17,500	8,000	25,500
Foundational Areas			
Chronic Disease & Injury	8,000	5,000	13,000
Communicable Disease	4,500	1,500	6,000
Environmental Health	7,500	2,000	9,500
Maternal and Child Health	5,500	1,000	6,500
Access/Linkage to Care	3,500	1,000	4,500
Total	54,000	26,000	80,000

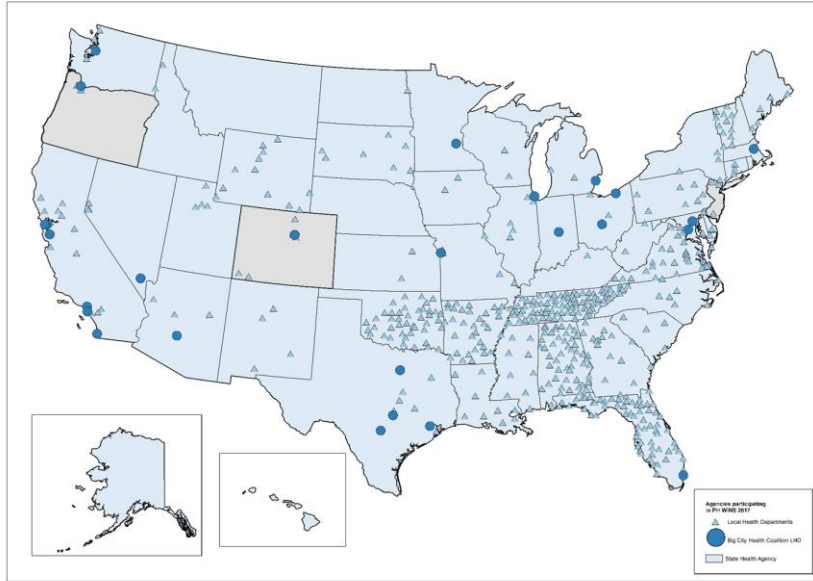
But what do we know about our workforce?

Thanks to new surveys (and your participation), quite a bit

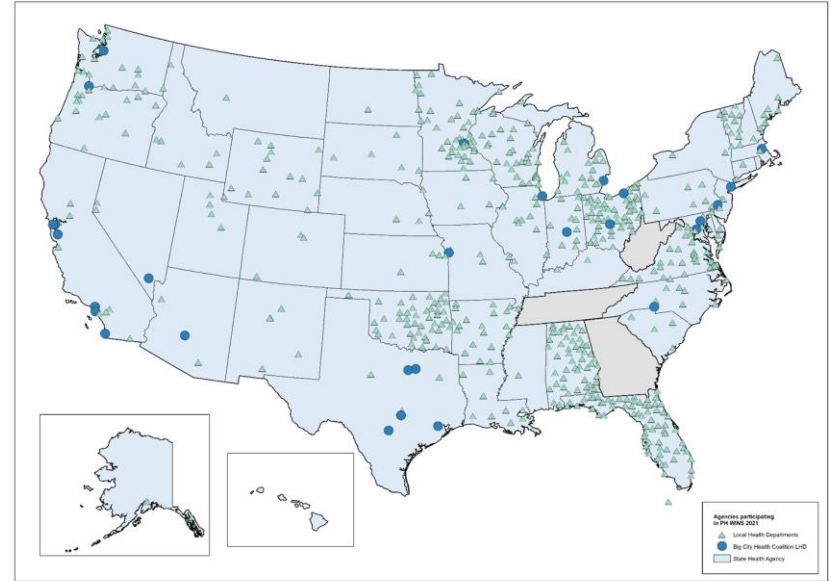
Before 2014, we didn't know how much of our workforce had a public health degree, was thinking about leaving, was planning to retire, etc

Now we can combine individual-level survey data via the Public Health Workforce and Interests and Needs Survey ([PH WINS](#)) with organizational studies like [ASTHO](#) and [NACCHO](#) field to create fuller pictures of our field

PH WINS participation 2017 & 2021

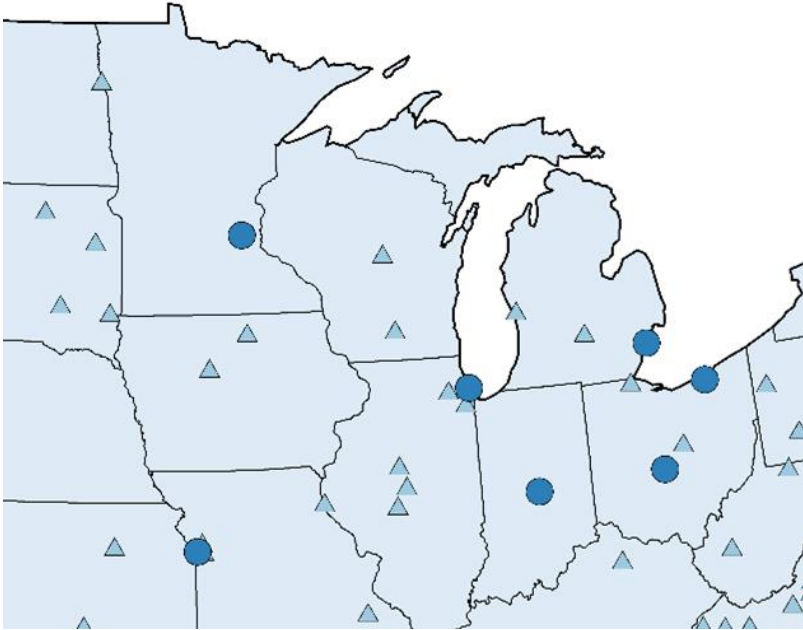


2017

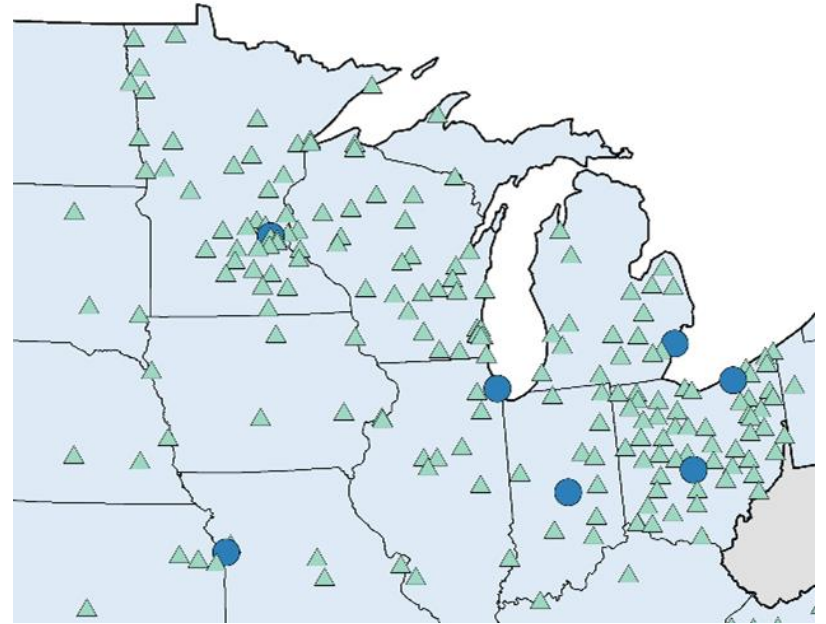


2021

PH WINS participation 2017 & 2021



2017



2021

More participation, more insight

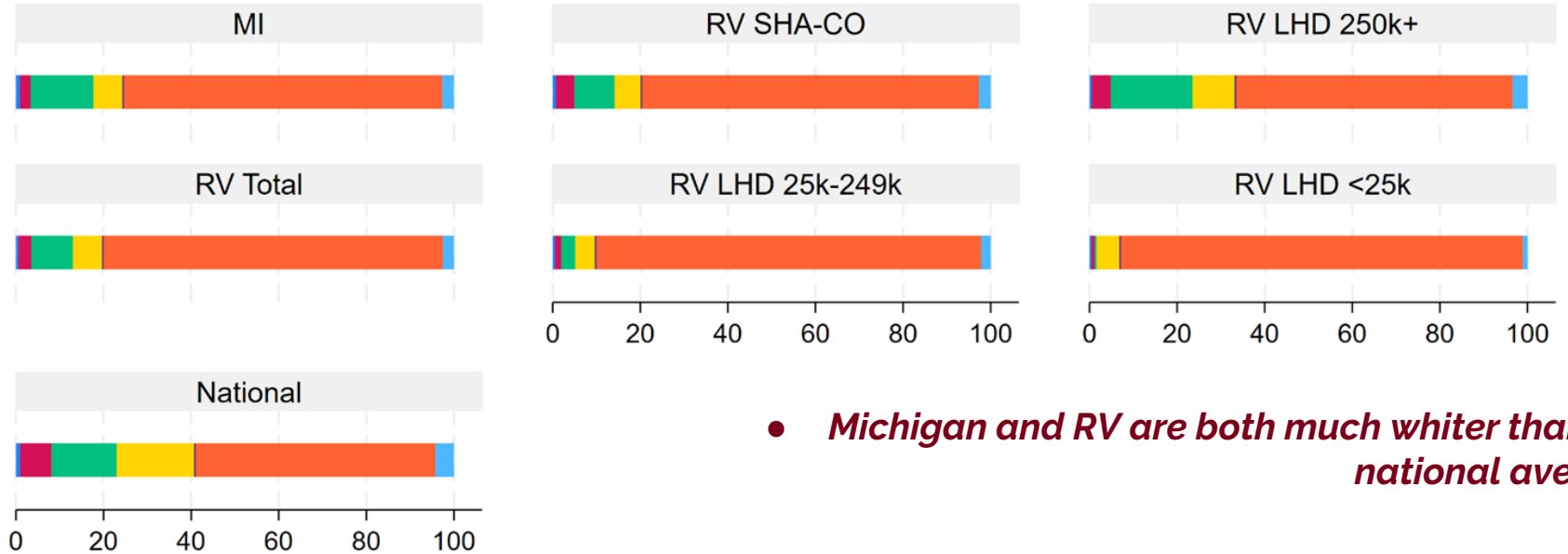
- In 2017, 365 public health staff in Michigan participated
- In 2021, 1,374 did, including 1000+ from local agencies

What do we know from the data?

Compared to the RV and National numbers...

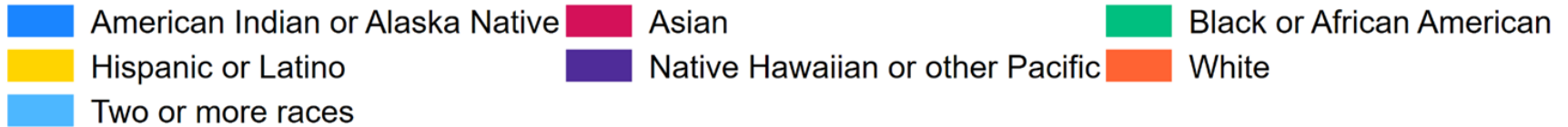
- In Michigan, staff demographics lean heavily toward a workforce that is whiter, older, and identifies more frequently as women than the national average
 - This differs by geography and agency size/type
- ***Over half the workforce has been at their agency 5 years or less, consistent with the national and regional averages***

Agency Size by Race/Ethnicity in 2021

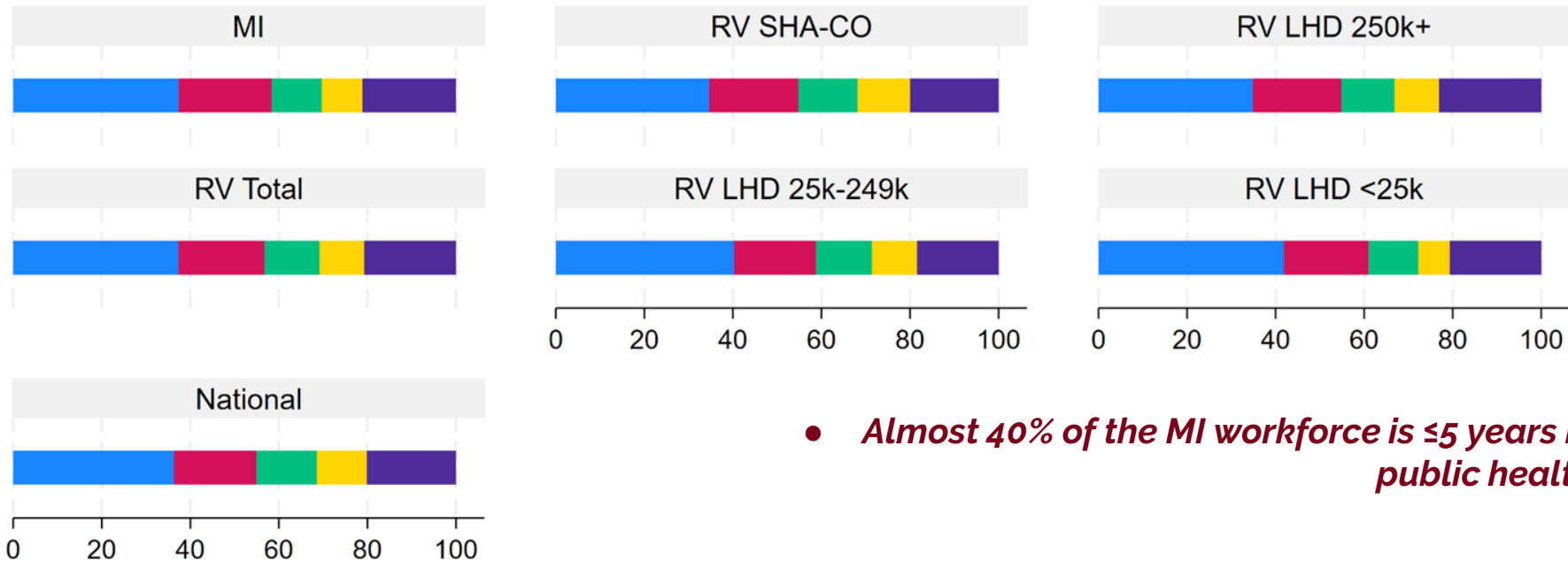


● *Michigan and RV are both much whiter than the national average*

Percent



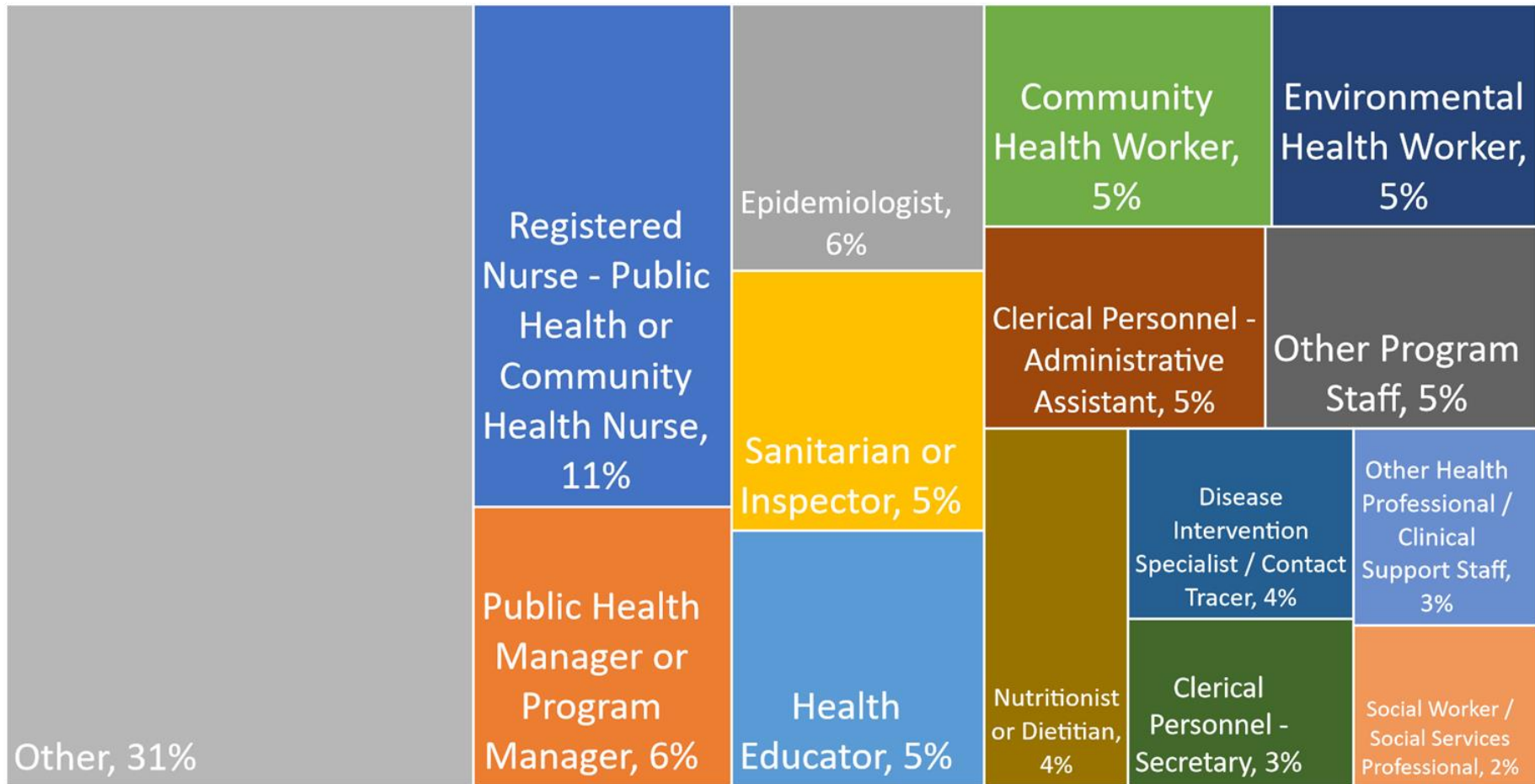
Size by Tenure in Public Health Practice in 2021



● *Almost 40% of the MI workforce is ≤5 years in public health*

Percent



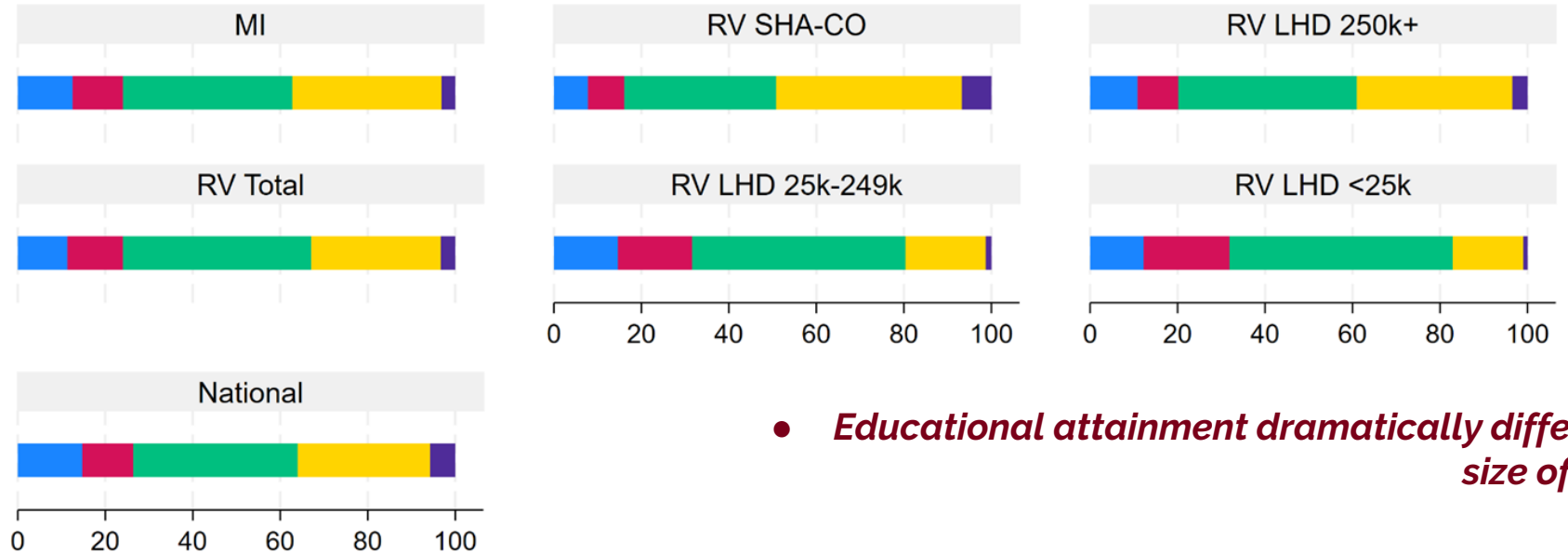


Source: PH WINS, 2021 - **Staffing in Michigan**

How else are Michigan's workers' characteristics different?

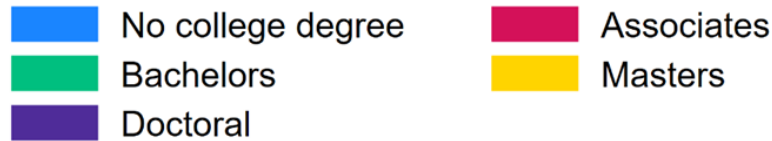
- Educational attainment on par with national averages
 - Small and mid-sized jurisdictions very different than larger jurisdictions
 - Relatively low levels of formal public health degree attainment at any level (16%)
- Higher levels of contractor use across the state than elsewhere in region or national averages

Size by Educational Attainment in 2021

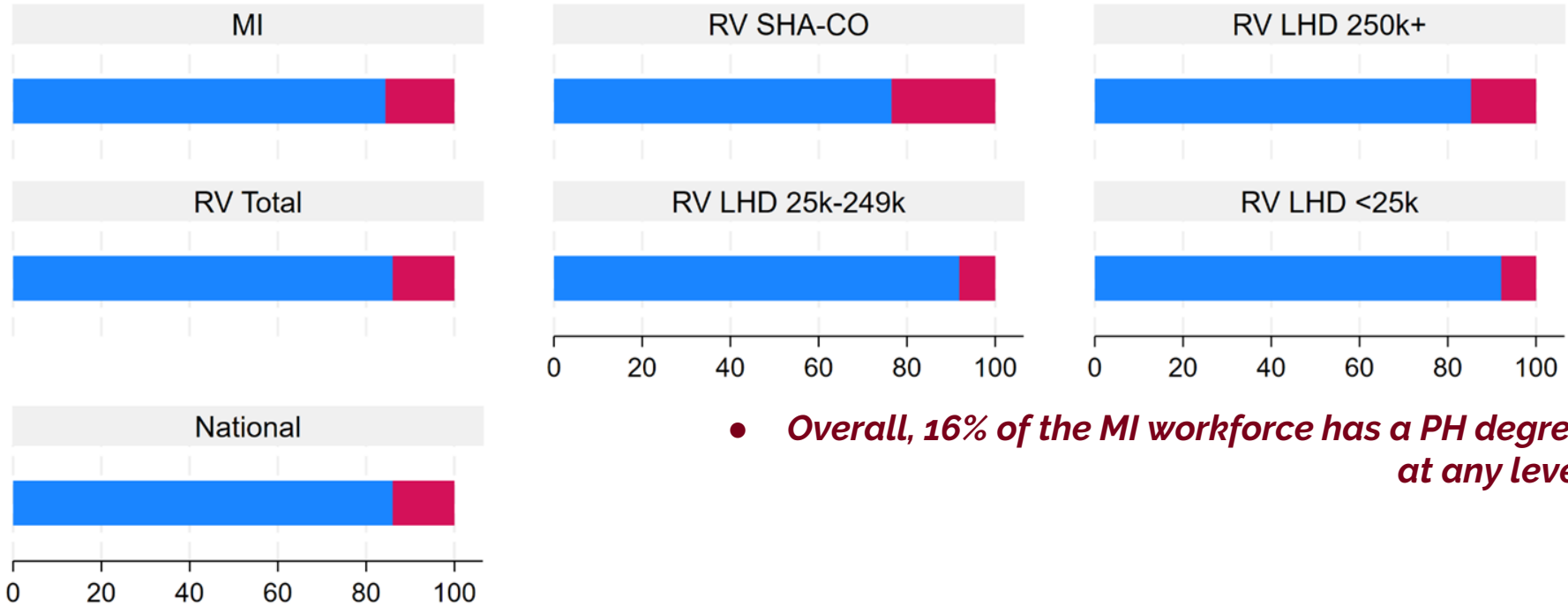


- ***Educational attainment dramatically differs by size of LHD***

Percent



Size by PH Degree (Bach/Mast/Doc) in 2021

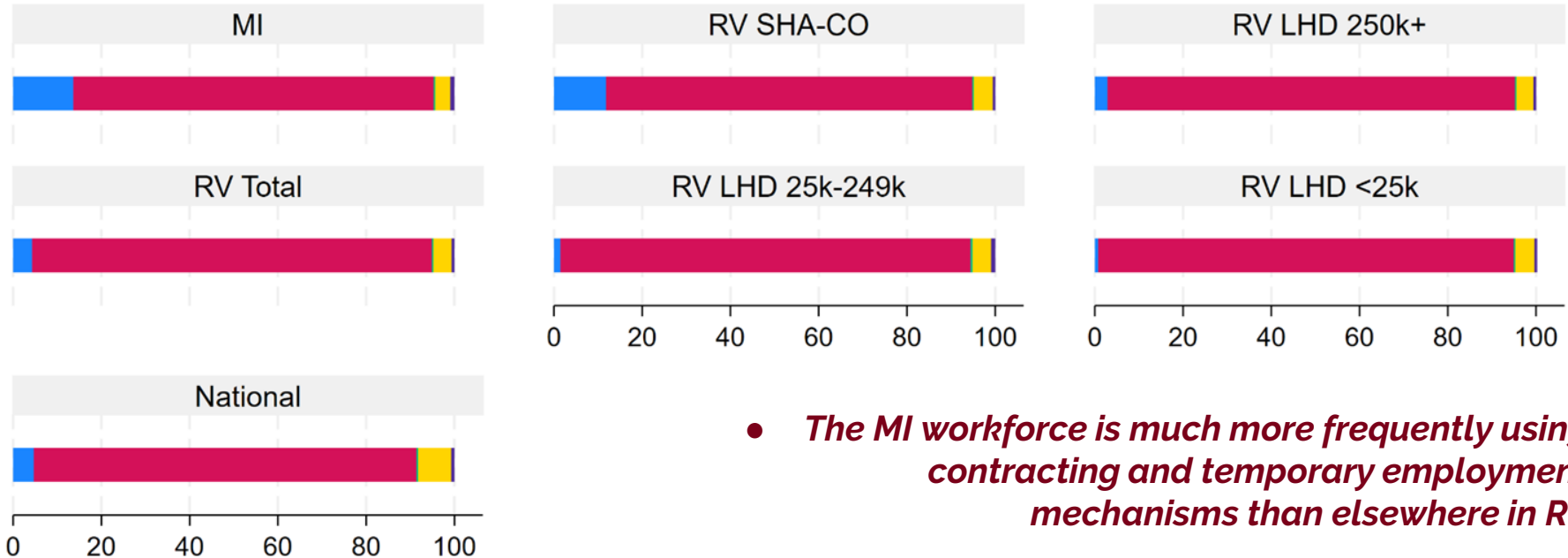


● ***Overall, 16% of the MI workforce has a PH degree at any level***

Percent



Size by Employment status in 2021

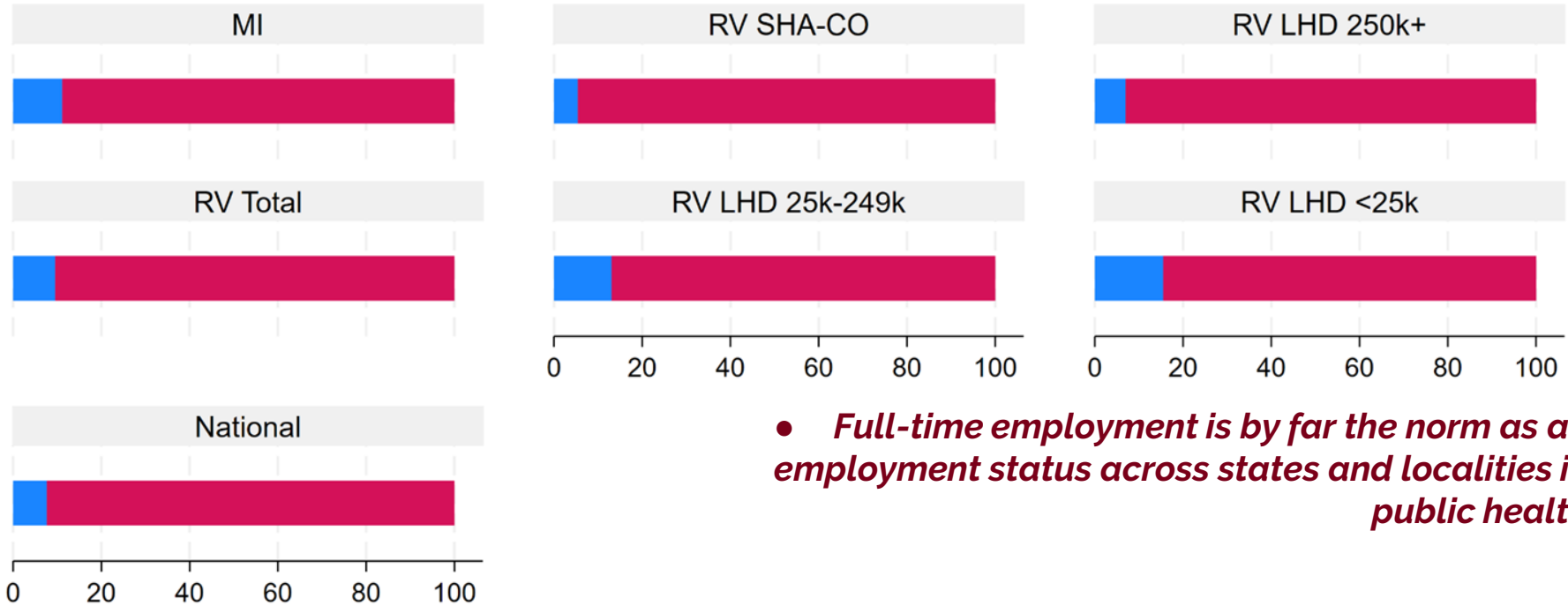


- *The MI workforce is much more frequently using contracting and temporary employment mechanisms than elsewhere in RV*

Percent



Size by Full-time/Part-time in 2021



● *Full-time employment is by far the norm as an employment status across states and localities in public health*

Percent



What can we learn from the data?

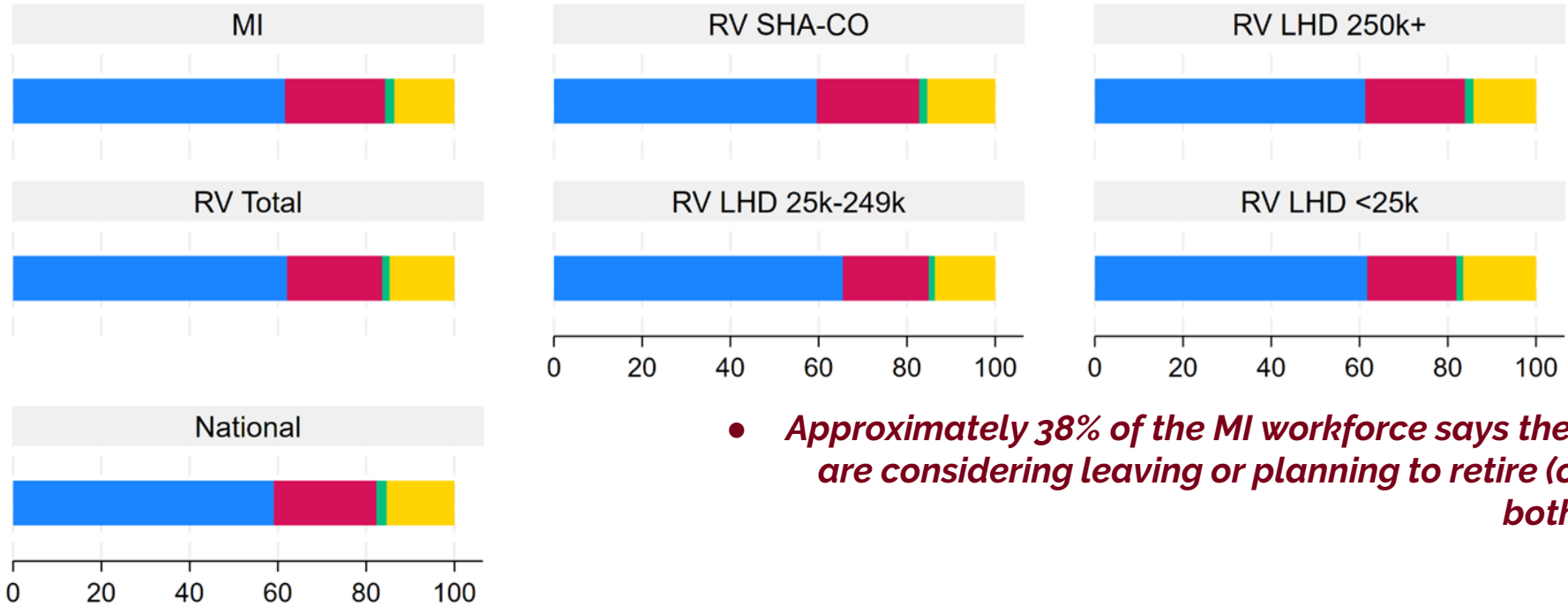
- Between 2017 and 2021, about 46% of health department staff separated (among those that could be tracked nationally)
 - Even so, around 40% of staff nationally, regionally and in Michigan say they are thinking about retiring, leaving, or both
- There may still be some substantial training needs in the workforce (more on this in a minute)

What can we learn from the data?

- Things are rough.
- We can quantify that for education and advocacy, but we can also see bright spots.

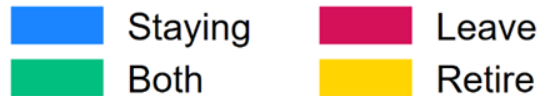
Let's do both

Size by Planning to Leave or Retire in 2021

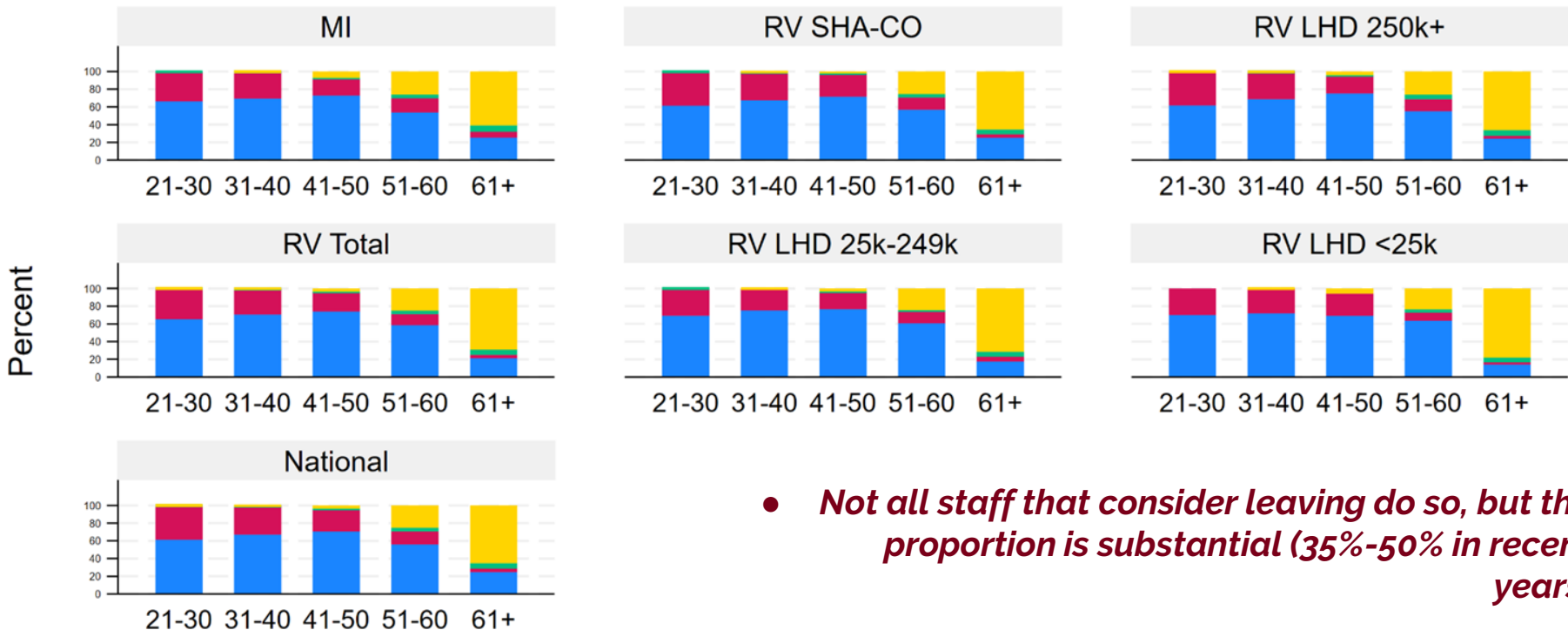


- *Approximately 38% of the MI workforce says they are considering leaving or planning to retire (or both)*

Percent



Considering Leaving / Retiring by Age



- *Not all staff that consider leaving do so, but the proportion is substantial (35%-50% in recent years)*



Enter COVID-19

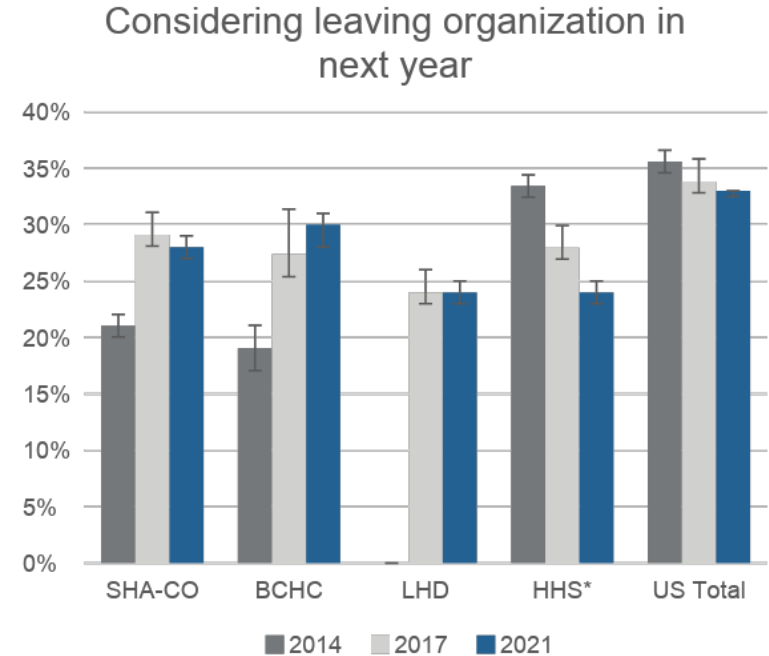
Retention and burnout became paramount during COVID-19, for both front-line and executive staff ([Hare Bork et al., MMWR, 2022](#))

Leaders in public health report harassment and personal threats ([Ward et al., AJP, 2022](#))

Front-line workers report symptoms of post-traumatic stress, and burnout, associated with intent to leave and COVID-19 response ([Leider et al., JPHMP 2023](#))

The governmental public health workforce is in transition

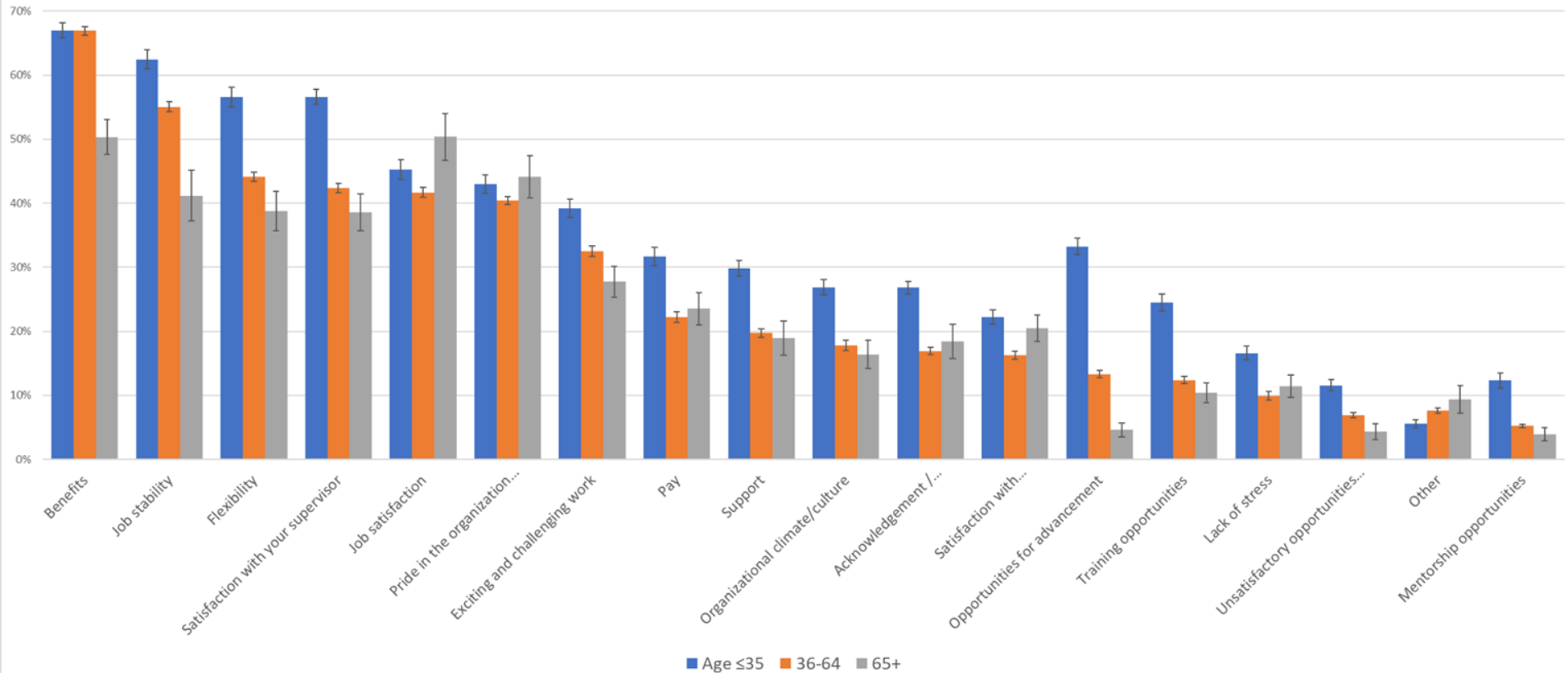
- In 2021, about 20% of state and local public health staff were planning to retire within five years.
- In 2021, about 27% were considering leaving for reasons other than retirement.
- This differs dramatically by government type, and has increased since 2014 (except among federal government staff).
- If every staff member that was planning to retire or quit did, around 40% of the workforce would turnover by 2025.
 - Plus those that quit that aren't planning to currently



We know why people leave

- Previous work has found correlates of intent to leave include:
 - Job satisfaction
 - Pay satisfaction
 - Employee engagement
 - Supervisory satisfaction
 - Supervisory status
 - Perceptions of organizational support
 - Educational attainment
 - Tenure in organization
 - Age
 - Race/ethnicity
 - Setting
 - Stress / burnout

Why do people stay?



Discussion - so what do we do about it?

Since 1992, there has been a 300% increase in public health graduates, but they are not going into governmental public health

- We should ask, first, is this a failure on our (collective) part
 - Maybe not? Maybe so.

One clear reality is that governmental public health is in for a hard road ahead

- I do not think that means academia should view itself as a savior, but should strive to be a partner

Discussion - so what do we do about it?

We can focus on on

1. improving educational access, modernizing talent acquisition, and improving workplace culture,
2. training the existing workforce
3. addressing student debt, and
4. improving systems to monitor and track workforce trends over time

Improving educational access, modernizing talent acquisition, and improving workplace culture

- It is reality that we are having a hard time competing with the private sector in recruitment and retention
 - But all is not lost

Improving educational access, modernizing talent acquisition, and improving workplace culture

- Don't wait to modernize your entire hiring approach, or for your city / county to upgrade their HR Information System
 - Make incremental progress
 - Bringing down vacancy rates affects your whole agency
 - Bringing down onboarding time affects your whole agency
 - Improving yields on offers affects your whole agency
- Innovation doesn't require a revolution (in recruiting)

Improving educational access, modernizing talent acquisition, and improving workplace culture

- We can also focus much more on what we can improve
 - Yes, pay is important for retention
 - Workplace culture and environment, arguably more so
- Think about how those who want further education can be supported
 - Likely through opportunities from outside your org

Training the existing workforce

- If less than 20% of the MI workforce has a public health degree, training is going to be pretty important.
- Fortunately, we've got the Region V Public Health Training Center, as well as other low- or no-cost options.
 - [RVPHTC](#) offers dozens of standalone courses, curricula and specific programs or certificates, as well as student placements for those looking to be more connected to pathway programs
 - Other resources (like [TRAIN](#)) offer additional courses for those who are interested

Addressing student debt

- Student debt is a growing burden, and one that is shown to keep graduates from entering the public sector workforce
- Public Health student loan repayment has passed Congress, but [is not funded](#)
- Individual agencies can look to state-based programs, but also educate and inform Congressional representatives on the historic role other student loan repayment programs have had on the health workforce

Improving systems to monitor and track workforce trends over time

- This sound boring but... shouldn't we know how many people work in public health?
- How many people want to stay vs leave?
- How many people work in which job?

- The federal government knows how many folks work in a Michigan dentist's office, but not in local public health departments.

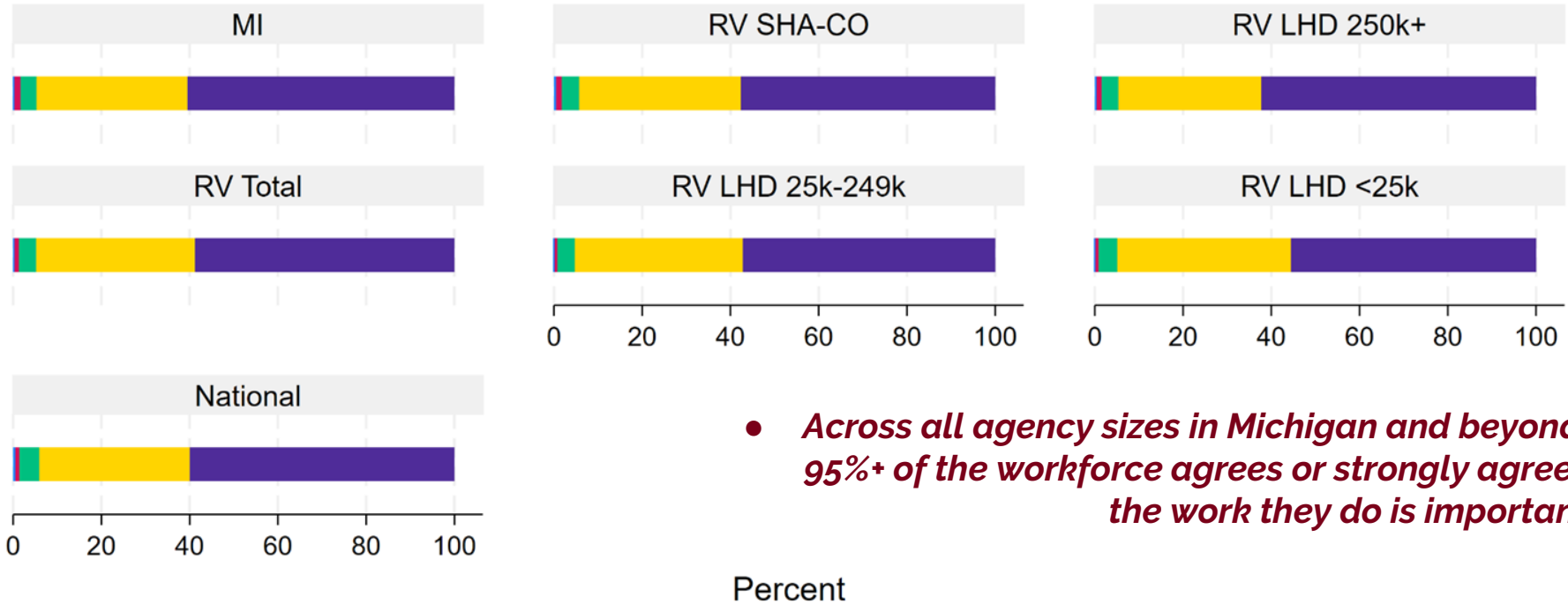
Where are those bright spots again?

- We have started to see a substantial increase in the total number of staff working across LHDs nationwide
 - Will that stay permanently?
- Historic investments by CDC and the federal government in public health workforce *per se*
 - Will that stay permanently?
- Acknowledgement that public health is *a thing*
 - Will that stay permanently?

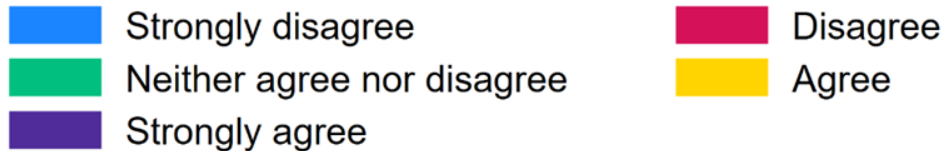
Where are those bright spots again?

- We care about what we do, we know it's important

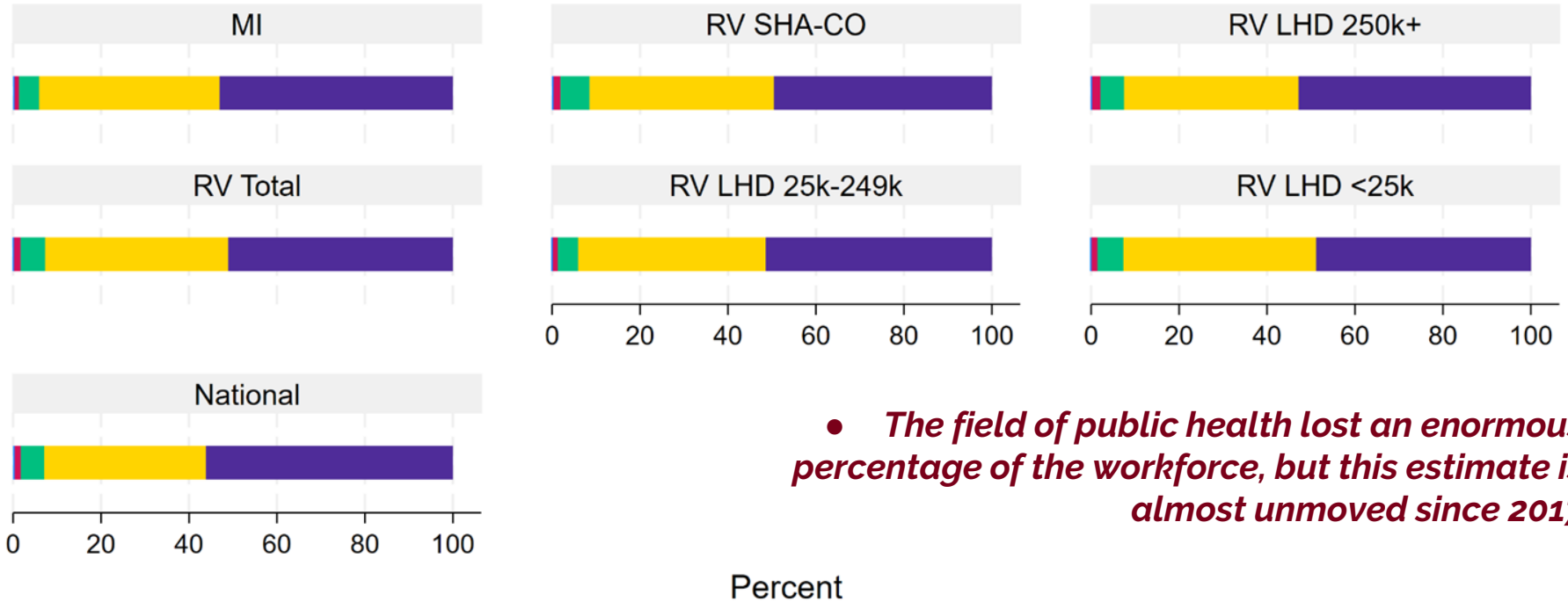
Size by The work I do is important in 2021



- ***Across all agency sizes in Michigan and beyond, 95%+ of the workforce agrees or strongly agrees the work they do is important***

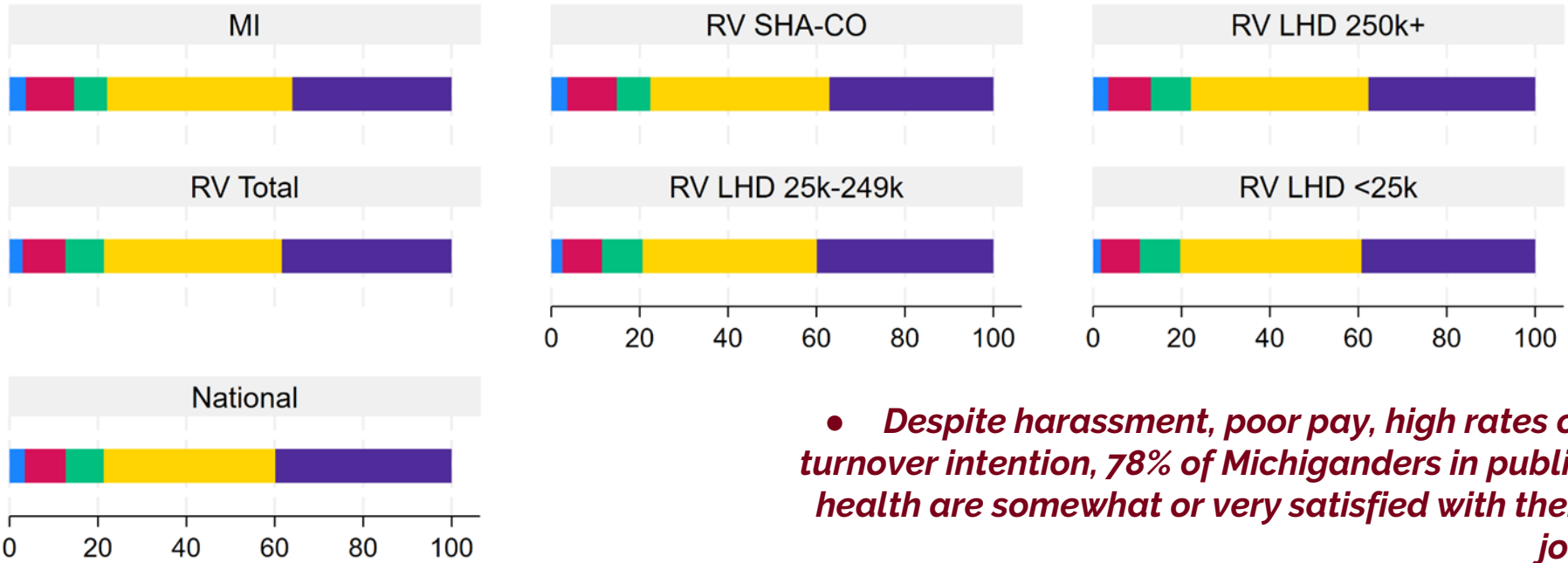


Size by I am determined to give my best effort at work every day in 2021



● *The field of public health lost an enormous percentage of the workforce, but this estimate is almost unmoved since 2017*

Agency Size by Job satisfaction in 2021



● *Despite harassment, poor pay, high rates of turnover intention, 78% of Michiganders in public health are somewhat or very satisfied with their job*

Percent



Many questions remain

- How can we
 - be planful?
 - spend the money, wisely?
 - make the growth sustainable?
 - recognize that our role in academia may be a supportive one?

Those are mine – what are yours?

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Questions?

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