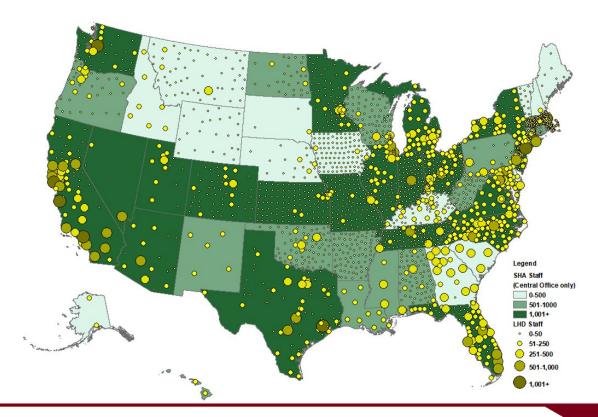
Meeting the needs of the 21st century public health workforce

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Size of the state and local public health workforce, 2021





What do these staff do? Common public health jobs:

Management and Leadership

- Agency Director
- Program Director
- Health Officer

Professional and Scientific

- PHEP Coordinator
- Epidemiologist
- Public Health Nurse
- Dietitian
- Sanitarian / Inspector
- Policy Analyst

Technical and Outreach

- Disease Intervention Specialist
- Community Health Worker
- Peer Counselor
- Community Health Navigator

Support Services

- Administrators
- Accountants
- Human Resources

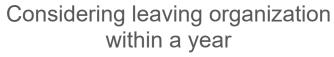


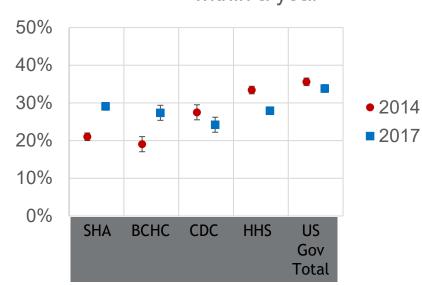
		Manager or Program Manager, 6% Business Support - Accountant Fiscal, 3%		Environmental Health Worker, 5%		Clerical Personnel - Secretary, 4%
	Registered Nurse – Public Health or Community Health Nurse, 9%			t - ant/	Social Worker/Soc al Services Professiona , 2%	Program
		Health Educator, 4%	Epidemio		Sanitarian or Inspector, 2%	Nursing and Home Health Aide, 2%
All other, 40%	Clerical Personnel - Administrative Assistant, 8%	Nutritionist or Dietitian, 3%	Registe Nurse Unspecif 3%		Community Health Worker, 2%	ss/Manage



The governmental public health workforce is in transition

- In 2017, about 22% of state and local public health staff were planning to retire within five years.
- In 2017, about 25% 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 2023.
 - Plus those that quit that aren't planning to currently







Determinants of intent to leave (pre-COVID)

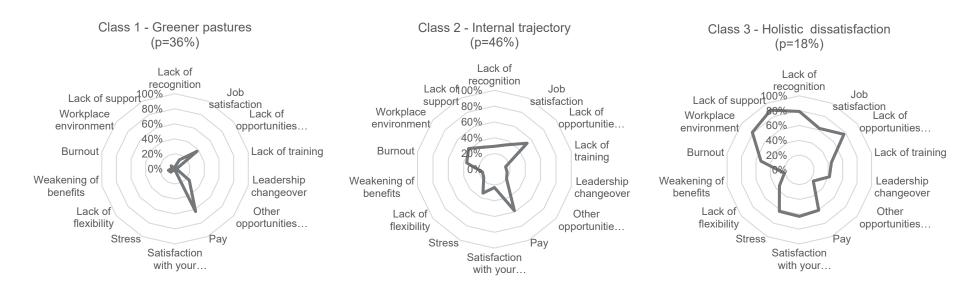
- Previous work has found correlates of intent to leave include:
 - Job satisfaction
 - Pay satisfaction
 - Employee engagement
 - Supervisory satisfaction
 - Supervisory status
 - Perceptions of organizational support

- Educational attainment
- Tenure in organization
- Age
- Race/ethnicity
- Setting



Reasons for intending to leave are varied and various:

Results of a latent class analysis on reasons staff are considering leaving



What skills might we lose?

 Using training needs assessments from PH WINS, we can estimate the number of staff considering leaving that self-rate importance and ability for a number of Knowledge, Skills, and Abilities.



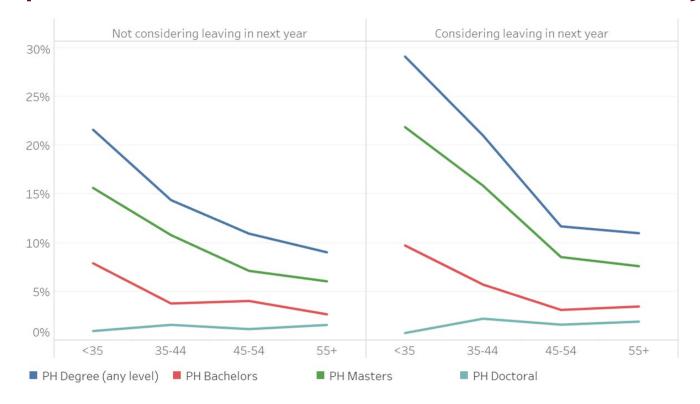
What skills might we lose?

Top 10 High importance/high ability topics that will need replacing (Non-supervisors considering leaving/retiring)



- 10,000 20,000 30,000 40,000 Number of nonsupervisory staff with skill who were considering leaving (pre-COVID)

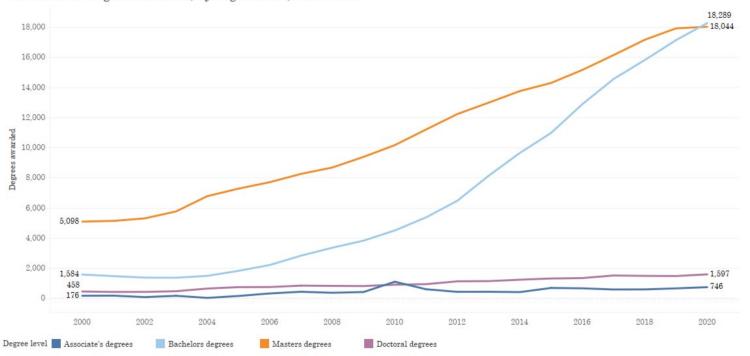
Who replaces these staff? Educational attainment by age





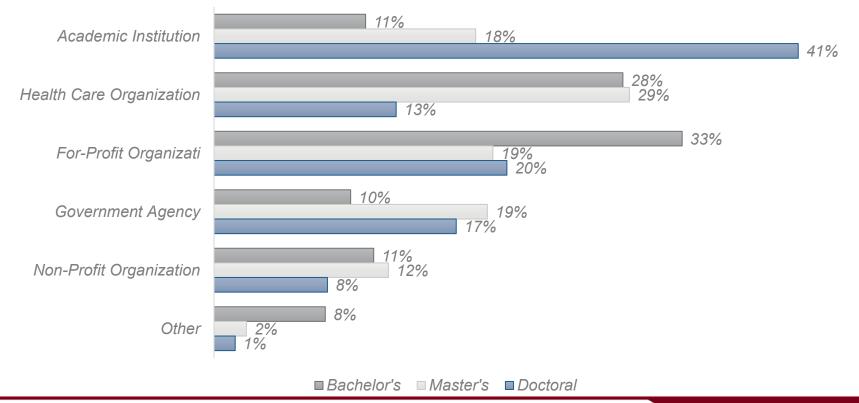
Theoretically, we should have plenty of people with public health degrees to replace those leaving

Public health degrees awarded, by degree level, 2000-2020





But can public health departments recruit public health graduates? First job post-graduation, by sector, graduating classes 2015-2019





Source: Plepys et al., 2021 AJPH

Discussion

- Pre-COVID, we estimated approximately one-third of the governmental public health workforce would leave or retire in the coming years
 - Early indicators are that COVID-19 has massively increased this trend
 - Who will replace those leaving PH?
 - How can recruitment be competitive?
 - How will justice, equity, diversity, and inclusion be centered in recruitment efforts?
- What will public health education look like in the future?
 - Will COVID-19 'bump' overtake the pre-COVID slowdown?
 - What skills will the new workforce need?





Questions?

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