

New York's Public Health Workforce: Continuing Challenges and Opportunities

Final Report of the Public Health Workforce Task Force
and the Ad Hoc Committee to Strengthen the Public Health System

September 2008

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Dear Dr. Streck:

On behalf of the members of the Public Health Workforce Task Force, I am pleased to present our final report, *New York's Public Health Workforce: Continuing Challenges and Opportunities*. This report also serves as the final report of the Ad Hoc Committee to Strengthen the Public Health Infrastructure.

The Ad Hoc Committee to Strengthen the Public Health Infrastructure was created in 2003 to follow up on recommendations from the Public Health Council's report *Strengthening New York's Public Health System for the 21st Century*. That report urged the Public Health Council to address three issues: the public health workforce, public health organizational systems and organizations, and data and information systems. This final report describes progress to date in all three areas, and focuses in detail on the work of the Public Health Workforce Task Force, created in 2005 in response to the original report. The primary goal of the Task Force was to develop and implement a plan of action that would create the systems needed to strengthen and continually improve New York's state and local public health workforce through leadership, recruitment, training and education and retention.

Since the publication of "Roadmap: Strengthening the Public Health Workforce in New York State" in 2006, the Task Force has progressed towards achieving this goal. It has expanded efforts to increase the interest and availability of public health careers, increased training and educational opportunities for the current workforce and developed technical assistance and assessment tools to strengthen the system. It collaborated with partners throughout the public health field, and pursued activities addressing all major goal areas of the workforce system.

The results of the Task Force's efforts show that while significant progress has been made in establishing a strong workforce to serve New York State, further action is still required. The implementation of recommendations on monitoring workforce trends, recruiting, retaining and training employees and strengthening leadership is needed to ensure that strong workforce. This work will be addressed through smaller committees rather than a large Task Force. At the request of the Task Force, I am recommending that the Public Health Council dissolve the Task Force. Because the Ad Hoc Committee to Strengthen the Public Health Infrastructure has also addressed many of the recommendations in the 2003 report, I am also recommending that this Committee be dissolved.

I would like to thank the members of the Ad Hoc Committee and the Public Health Workforce Task Force members for their dedication to these important issues. Time and resources provided by the New York-New Jersey Public Health Training Center, in particular, Marita Murrman, EdD, Kristine Gebbie, Dr.PH, R.N, and Kate Collier, were paramount to the Task Force's success.

The state and local public health workforce is appreciative of the support from the Public Health Council, Commissioner Daines and State staff for addressing these issues and implementing measures to strengthen the current and future public health workforce. We urge you to continue your efforts in support of this important issue.

Sincerely yours,

Jo

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Chairperson, Ad Hoc Committee to
Strengthen the Public Health Infrastructure
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EXECUTIVE SUMMARY

The New York State Public Health Council has a longstanding interest in, and commitment to, a strong public health system in New York State. In 2003, the Council established the Ad Hoc Committee to Strengthen the Public Health Infrastructure to address recommendations from its 2003 report, *Strengthening New York's Public Health System for the 21st Century*. The Public Health Workforce Task Force was created in 2005 as a recommendation of the Ad Hoc Committee. The primary goal of the Task Force was to develop and implement a plan of action to create the systems needed to strengthen and continually improve New York's state and local public health workforce. Members of the Task Force represented state and local health departments, health care organizations, schools and programs of public health and health provider organizations.

The "Roadmap: Strengthening the Public Health Workforce in New York State," completed in 2006, laid out strategies to help the Task Force address four major goal areas: recruitment, retention, training and education and leadership development, as well as strategies to assist the state in monitoring workforce trends. Between 2006 and 2008, Task Force members worked in teams to address these strategies. The accomplishments include the following:

- Improved efforts to monitor workforce trends;
- Expanded marketing efforts to increase interest in governmental public health careers;
- Updated State Sanitary Code regulations to reflect current needs of the local health department workforce;
- A technical assistance tool to assist local health departments to identify strategies to strengthen retention of employees in Local Health Departments;
- Expanded opportunities for formal public health training and development via increased state funding for internships and graduate training in public health;
- Increased continuing education opportunities for public health workers to build recognized core competencies through both distance learning and traditional face-to-face workforce development opportunities;
- A set of public health leadership competencies and self assessment tools for New York's public health leaders as a basis for leadership development; and
- Increased and ongoing collaboration among public health academicians and practitioners and among state public health, civil service and human resources agencies and offices.

The results of our efforts show that while significant progress has been made in establishing a strong workforce to serve New York State, further action is still required. Efforts to monitor workforce trends, recruit, retain and train employees and strengthen leadership, outlined in the Recommendations section of this report, are continuing through the work of smaller project committees rather than a large Task Force. The Task Force urges that the NYS DOH continue to make strengthening the state and local public health workforce a long- term priority supported at the executive level and to report back to the Public Health Council periodically on these efforts.

PREFACE

*“Left unresolved (public health) workforce challenges will undermine the ability of this important and dedicated workforce to protect the public’s health. Rural and underserved areas will not obtain the health services they need, communities will be unprepared to face disasters... and families will not know what they need to protect themselves should an emerging infectious disease, such as pandemic flu or mumps.....become rampant in the United States”.*¹

Over a decade ago the New York State Public Health Council (the Council), as part of its efforts to identify public health priorities for the state, issued the report, *Communities Working Together for a Healthier New York*². The 1996 report noted that a strong public health infrastructure is essential in helping the state meet its public health objectives. In 2001, the Council asked the New York State Department of Health (NYS DOH) for a report on progress in achieving the 12 priorities identified in the report. Although some objectives had been achieved, significant challenges remained. To better understand how the public health infrastructure supported communities in their efforts to achieve public health priorities, the Council directed the NYS DOH to undertake a review of the state’s public health infrastructure.

In 2002, the Public Health Council appointed a Public Health Infrastructure Workgroup to assess the public health system throughout the state and to provide recommendations on how to strengthen the system. Specifically the Workgroup focused on three components of the infrastructure: the public health workforce, public health organizational systems and relationships, and public health data and information systems.

The workgroup found that the state was facing significant challenges to maintain an adequate infrastructure capable of providing essential public health services. In 2003, the workgroup advanced the following set of priority recommendations related to each of the three infrastructure components to begin addressing these challenges³:

Public Health Workforce

1. Convene a statewide public health training task force, including the schools of public health in New York State, State and local health departments and other academic partners. This task force will consider issues of access, competency-based training, leadership subjects and public health career curricula at schools and colleges.
2. Initiate a review of the NYS Sanitary Code to ensure that job titles and minimum qualifications are appropriate to meet today’s public health needs and to consider how the code qualifications and training requirements can be revised to support career ladders.

¹ Perlino, C.M. (2006). Issue brief: American public health association. Washington, DC.

² New York State Public Health Council. (1996). *Communities working together for a healthier New York*. Retrieved September 5, 2008 from: http://www.health.ny.gov/press/reports/docs/communities_working_together.pdf.

³ New York State Public Health Council. (2003). *Strengthening New York’s public health system for the 21st century*. Retrieved September 5, 2008 from: <http://www.health.state.ny.us/press/reports/century/index.htm>.

Public Health Organizational Systems and Relationships

3. State and local health departments (LHDs) examine regional, multi-county models for providing essential public health services where specialty knowledge, expertise or other resources might be shared across regions.
4. NYS DOH and its academic partners creatively use and make available to counties expert resources available in disease surveillance, epidemiological analysis, community organizing, and public health administration.
5. The NYS DOH and LHDs, academic institutions, and others develop strong leadership training opportunities for public health professionals.
6. The State and local health departments work with the media to consider a campaign to improve the public's understanding of the public health system and its benefits.

Data and Information Systems

7. The NYS Department of Health (DOH), New York State Association of County Health Officials (NYSACHO), and NYS Association of Information Technology Directors develop a comprehensive state data and information system plan for a system architecture capable of meeting today's public health infrastructure requirements.
8. The federal, state and local governments standardize public health program indicators so effectiveness can be measured and shifts in policy direction or service delivery appropriately made.
9. The NYS DOH and its academic partners collaborate to develop methods to teach public health evaluation methodologies to strengthen the capacity of State and local health departments to undertake evaluations.

Since publication of these recommendations in 2003, numerous implementation activities have been initiated in all three component areas. This report focuses on the accomplishments to date relating to the public health workforce. While workforce was only one of three components, the need for a sufficiently sized and competent workforce was a central theme in each of the three component areas, and success in those areas is dependent on a robust public health workforce. Appendix A summarizes the progress to date in the other two components.

THE PUBLIC HEALTH WORKFORCE

The public health workforce is defined as “...those individuals responsible for providing essential public health services regardless of the organization in which they work and who are competent to perform public health functions and assure the delivery of essential public health services.”⁴

The Public Health Workforce Task Force

In July 2005, the NYS DOH initiated a new collaborative effort to consider and find solutions to the challenges facing the governmental public health workforce. In conjunction with the New York-New Jersey Public Health Training Center⁵, the New York State Department of Health implemented a major recommendation of the Public Health Infrastructure Workgroup by convening the Public Health Workforce Task Force (“the Task Force”). The mission of the Task Force was to:

Develop and implement a plan of action that will create the systems needed to strengthen and continually improve New York’s state and local public health workforce through leadership, recruitment, training and education, and retention.

Task Force members included 48 representatives from 29 organizations, including the State and local health departments, schools and programs of public health in New York State, the State Department of Civil Service, and professional associations.

Task Force Process

Between July 2005 and August 2008, the Task Force held four meetings to consider four major goal areas related to workforce. These were leadership, recruitment, retention, and training and education. The Task Force then added the additional goal of monitoring the size and composition of the workforce to assess on-going trends. The Task Force proposed and prioritized strategies as part of a comprehensive plan to achieve a diverse and skilled governmental public health workforce able to protect and improve the health of New Yorkers. Related strategies were clustered to provide a focus for 8 project teams. Task Force members volunteered to participate in project teams to more completely develop action plans and implement short-term strategies.⁶ Chairpersons of each team represented academia, state and local health departments, and professional associations.

⁴ New York State Public Health Council. (2003). Strengthening New York’s public health system for the 21st century. p. 40. Retrieved September 5, 2008 from: <http://www.health.state.ny.us/press/reports/century/index.htm>.

⁵ The NYNJ PHTC is one of 14 Public Health Training Centers across the nation, funded by the Health Resources and Services Administration (HRSA) to bring the theoretical expertise of faculty at accredited schools of public health together with the practical experience of leaders in public health practice. It is a collaborative project of the Columbia University Mailman School of Public Health, the University at Albany School of Public Health, the University of Medicine and Dentistry of New Jersey School of Public Health, and partnering state, city, county, and local health departments in NY and NJ.

⁶ Project charters were developed to guide implementation activities. The project charters combined related strategies from each of the four goal areas into eight themes. Professional, academic and governmental public health organizations served on the work teams to design and implement action plans to achieve the recommended strategies in each theme area. The themes were: strengthened academic/ practice partnerships, strengthen workplace policies

In May 2006, the Task Force published its first report, “Roadmap: Strengthening the Public Health Workforce,” that summarized the Task Force recommendations for action. This “Roadmap” was endorsed by the Council in 2006, as well as by a number of key stakeholder organizations.⁷

Progress reports to the Task Force by the 8 project teams in January and September, 2007 included reassessment of the viability of the assigned initial strategies and the availability of implementation, the span of influence or control the Task Force could exert on the strategies, progress made in implementing priority strategies, as well as the most current information on state workforce and academic trends. The teams then revised the original strategies and developed a new set of short term next steps to be implemented in 2008-2010. The Task Force also recommended replacing the full Task Force with smaller working committees to implement and institutionalize efforts.

This 2008 Task Force Report updates the challenges facing the New York State public health workforce, summarizes Task Force accomplishments, and outlines recommended next steps to continue to make progress in strengthening the human capital employed in governmental public health agencies.

and procedures, assess leadership skills, define workforce competencies and gaps, market public health careers to college aged students and adults, locate and advocate for new resources, hire staff with the right skills and provide career development opportunities and implement workforce development programs.

⁷ New York State Public health Workforce Task Force. (2006). Roadmap: Strengthening the public health workforce in New York State. Retrieved September 5, 2008 from:
http://www.health.ny.gov/press/reports/docs/strengthening_the_public_health_workforce.pdf.

CURRENT STATUS OF THE PUBLIC HEALTH WORKFORCE

Studies conducted by national and New York State organizations on the public health governmental workforce have identified serious challenges to the ability of state and local public health agencies to deliver adequate public health services. These challenges include:

1. *Inadequate numbers of public health personnel.* A 2000 United States Health and Human Services Administration study found that New York State had approximately 73 workers per 100,000 of population, compared to 158 per 100,000 for the entire country. *New York was found to be in the lower third of states in public health workers per capita.*⁸
2. *A graying workforce with significant percentages of individuals eligible to retire in the near future.* A 2007 study conducted by the Association of State and Territorial Health Officials (ASTHO) reported that the median age of state public health employees is 47, whereas the median age of the overall American workforce is 40.8. The study concluded that “if trends in the state public health workforce remain unchecked, it may continue to see dramatic aging, with significantly higher numbers of retirement eligible employees than the rest of the nation.”⁹ New York State reported an increase in the average age of public health workers from 46 in 2003 to approximately 53 in 2007.¹⁰ *State and local health departments may face a significant gap in institutional knowledge if they lose a high number of retirees in the short term.*

Approximately 32% of private sector workers are classified as knowledge workers, while almost 70% of public sector employees fall in this category. Knowledge workers require specialized education, training or skills; this requirement limits the size of the pool of potential employees. *Given anticipated retirements, the public sector will need to replace more knowledge workers than the private sector.*¹¹

The general public appears to be unaware of the impact of the departure of significant numbers of experienced staff on government’s ability to provide services and meet responsibilities. In a study of the public’s perception of how significant an issue retirements pose for government in the short term, *only one in three (31%) see the retirements as a major issue for state government; and fewer (24%) see it as an issue for local governments.*¹²

3. *Governmental agencies are facing a major leadership crisis* with some public health organizations facing leadership turnovers of 50% or higher. A 2005 ASTHO study found

⁸ U. S. Department of Health and Human Services Health Resources and Services Administration. (2001). The public health work force: Enumeration 2000. Washington DC.

⁹ Association of State and Territorial Health Officials. (2008). 2007 State public health workforce survey results. p. 9.

¹⁰ ASTHO. (2008). 2007 State public health workforce survey results. p. 9.

¹¹ Greenfield, S. (2007). Public sector employment: The current situation. p. 2. Retrieved September 5, 2008 from: <http://www.slge.org/>.

¹² Princeton Survey Research Associates International for the Center for Excellence in State and Local Government. (2008). Facing the future: Retirements, second careers to reshape state and local governments in the post Katrina era.

*nearly 20% of senior deputies, those next in charge below the state health official, were eligible to retire in 2005 and had an average age of 50.6 years.*¹³

4. On a national level, *chronic shortages of public health professionals can be anticipated in a majority of states for the next decade*, as predicted by the 2007 ASTHO study. Shortages will be particularly acute for public health nurses. Other professions facing workforce shortages include epidemiologists, laboratorians, and environmental health practitioners.¹⁴ In 2007 the Municipal Services Division of New York State Department of Civil Service conducted a study of recruitment difficulties in LHDs. *Local health departments report recruiting difficulties for approximately 25% of positions with the highest concentration of recruiting difficulty in the nursing professions. Other titles where agencies are experiencing difficulties include Public Health Sanitarian and Public Health Educator.*

Governmental health agencies must make personnel and operational decisions by trying to balance competing priorities. Unfilled positions place burdens on management and staff as they work to meet obligations in providing services. This situation makes it more difficult for agencies to do more than what is mandated, such as provide release time for staff training and development or to participate in activities such as surveys or other statewide planning initiatives.

5. *States across the U.S. cited a number of recruitment challenges*, including budget constraints, non-competitive wages, recent college graduates' lack of understanding of the benefits associated with public health careers, lack of visibility of the importance of public health careers, and bureaucratic processes in selection and hiring of qualified candidates.¹⁵ According to the NYS Department of Civil Service survey conducted in 2007, *local civil service agencies cited low salaries as a leading reason for recruitment difficulties by local health departments. The state's current fiscal situation makes addressing recruitment even more challenging.*

The Center for State and Local Excellence found that public sector workers with post secondary degrees earn less than private sector workers with bachelor's degrees. Disparities increase as education increases. Public sector employees with bachelor's degrees earn 25 to 35% less than those in the private sector.¹⁶ Many titles included in the State Sanitary Code require a college degree; consequently salary issues may significantly contribute to recruitment issues.

A Center for State and Local Excellence study also found that there is a perception that government jobs are harder to get than jobs in the private sector. Fifty-seven percent felt this was true for state government jobs, and 52% felt this was true for local government jobs. Specifically, *a majority of those surveyed felt it was hard to find out about job openings in*

¹³ ASTHO. (2008). 2007 State public health workforce survey results. p. 5.

¹⁴ ASTHO. (2008). 2007 State public health workforce survey results. p. 1.

¹⁵ ASTHO. (2008). 2007 State public health workforce survey results.

¹⁶ Greenfield, S. (2007). Public sector employment: The current situation. p 5. Retrieved September 5, 2008 from: <http://www.slge.org/vertical/Sites/{A260E1DF-5AEE-459D-84C4-876EFE1E4032}/uploads/{B4579F88-660D-49DD-8D52-F6928BD43C46}.PDF>.

*state and local government. Fifty one percent thought it was too complicated to apply for state positions and 43% felt it was too complicated to apply for local positions.*¹⁷

6. *An estimated 80% of the current national workforce lacks formal training in public health. A 2006 enumeration study of LHDs completed for the Public Health Workforce Taskforce found that only 2% of county public health staff had an advanced degree in public health.*¹⁸ As noted by the Public Health Infrastructure Workgroup in 2003, “Improvement in work force training is essential to ensure there is a pool of trained professionals entering the workforce and that continuing education is accessible, relevant and linked to core competencies.”¹⁹

Despite the number of challenges described above, there are also opportunities to capitalize on:

1. *There is increased interest in the public health workforce on a national level. As ASTHO reports, “Thanks to several national, state, and local efforts, these startling trends in public health workforce have been elevated to the attention of leaders and policymakers.”*²⁰ National organizations studying the public health workforce include ASTHO, the National Association of State Personnel Executives, the Council of State Governments, the Council of State and Territorial Epidemiologists, the Health Resources and Services Administration, the Association of Schools of Public Health and, most recently, the Center for Excellence in State and Local Government.
2. The Center of State and Local Excellence found that *earnings of workers with less than a college degree were higher in the public sector than workers with less than a college degree in the private sector.* Recruitment efforts capitalizing on this have a potential for increasing the diversity of the workforce by targeting underrepresented groups for entry-level positions and then developing those individuals so they might take advantage of career ladders.²¹
3. The potential for the *departure of a significant number of retirees in the near term will open opportunities for current workers to take advantage of career ladders.*
4. National trends indicate that *older workers are postponing retirement, allowing health departments to preserve institutional knowledge through mentoring, job shadowing and succession planning.*²²

¹⁷ Princeton Survey Research Associates International for the Center for State and Local Government Excellence. (2008). Facing the future: Retirements, second careers to reshape state and local governments in the post- Katrina era. p 6.

¹⁸ McGinnis S, Robertson D, and Moore J. (2008). Enumeration of the local public health workforce in New York: 2006. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany.

¹⁹ New York State Public Health Council. (2003). Strengthening New York’s public health system for the 21st century. p. 3. Retrieved September 5, 2008 from: <http://www.health.state.ny.us/press/reports/century/index.htm>.

²⁰ ASTHO. (2008). 2007 State public health workforce survey results. p. 5.

²¹ Greenfield, S. (2007). Public sector employment: The current situation.. p 5. Retrieved September 5, 2008 from: <http://www.slge.org/vertical/Sites/{A260E1DF-5AEE-459D-84C4-876EFE1E4032}/uploads/{B4579F88-660D-49DD-8D52-F6928BD43C46}.PDF>.

²² ASTHO. (2008). 2007 State public health workforce survey results. p.19.

5. Access to available training opportunities in public health has increased since the initial report of the Infrastructure Workgroup in 2003. The workforce does not have to rely on traditional face-to-face training to maintain skills. Numerous training opportunities are available through distance learning modes, including webcasts, web-based courses and live telecasts. Such opportunities reduce costs of travel for health department employees and provide increased flexibility for employees to fit training into their work schedules. However, it should be noted that many public health workers indicate that they prefer face-to-face training over distance learning.

ACCOMPLISHMENTS OF THE PUBLIC HEALTH WORKFORCE TASK FORCE

New York has become a leader in the nation in its comprehensive approach to addressing its public health workforce issues. Overall the efforts of the Task Force resulted in the specific actions and products below:

- Improved efforts to monitor workforce trends;
- Expanded marketing efforts to increase interest in governmental public health careers;
- Updated State Sanitary Code regulations to reflect current needs of the local health department workforce;
- Developed a technical assistance tool to assist local health departments to identify strategies to strengthen retention of employees in Local Health Departments;
- Expanded opportunities for formal public health training and development via increased state funding for internships and graduate training in public health;
- Increased continuing education opportunities for public health workers to build recognized core competencies through both distance learning and traditional face-to-face workforce development opportunities; and
- Developed public health leadership competencies and self assessment tools for New York's public health leaders as a basis for leadership development.²³

In addition to these actions, significant progress has been made in increasing collaboration on public health workforce issues among academic and practice partners in public and private agencies, as well as strengthening collaboration among state and local public health agencies, state public health and civil service agencies and human resources offices. Some organizations established new ways to examine and address these issues. The New York State Association of County Health Officials (NYSACHO), for example, instituted first a Public Health Nursing Committee, and subsequently a Public Health Workforce Committee, representing and addressing the workforce issues, challenges, and solutions in local public health. These efforts and relationships will be essential in continued efforts to strengthen the public health workforce.

Specific activities and findings supporting each of the five major goal areas (monitoring, recruitment, retention, training/education and leadership) are described below.

Monitor the Public Health Workforce Trends

The Task Force recommended that a study of the size and the composition of the public health workforce be conducted to provide local baseline data. These data would facilitate identification of performance measures to assess the effectiveness of implemented strategies. The enumeration study was conducted in 32 of the 58 local health departments in the state, not including NYC, by the Center for Workforce Studies at the University at Albany School of Public Health from June 2006 to January 2007.²⁴ The study documents that the retention of workers continues to be a

²³ Leadership competencies will be available on the Learning Management System website after the pilot test is completed.

²⁴McGinnis S, Robertson D, and Moore J. (2008). Enumeration of the local public health workforce in New York: 2006. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany.

major challenge facing New York's local health departments. Specifically, the study of local public health workers found that:

- The average local public health worker, with a median age of 49, is older than the US civilian worker, with a median age of 40. Sixty-two percent of local public health workers are between the ages of 45 and 64;
- Administrators are the oldest workers (median age of 51.5) followed by nurses and other clinical staff (median age of 50);
- Eighteen percent are ready to retire within the next five years;
- Nearly one quarter (24%) work in Nursing job titles;
- Almost one quarter are new to public health, with 23% reporting that they began their public health careers within the last five years;
- Almost half of those who entered the field within the last 5 years are over the age of 44;
- Twenty percent of those under 35 reported plans to leave the field of public health within the next five years;
- The workforce is not as diverse as the population it serves. Blacks/African Americans and Hispanics/Latinos were particularly underrepresented in the public health workforce (4% and 3% respectively), when compared to their overall representation in the New York State outside of New York City population (8% for both groups);
- Almost 20% have advanced degrees (master's or higher) but only 2% have graduate degrees in public health. Twenty percent are eager to pursue additional advanced education; and
- Sixty-four percent reported receiving training in emergency preparedness but many reported the need for additional training in this and other areas including communicable and infectious diseases and management/supervisory skills.

In addition to this major enumeration study, the NYS DOH Center for Environmental Health conducted a statewide enumeration study of the environmental health workforce in 2007. This survey was used to develop an active database for tracking employment trends, competency credentials, and professional interests of LHD environmental health staff.

Recruitment

Recruitment efforts focused on strengthening marketing to promote public health careers and specifically to increase the number of qualified and diverse individuals seeking employment at governmental public health organizations. These efforts were based on a strengthened collaboration between the State and local health departments, the New York State Department of Civil Service, and academic institutions. The activities conducted are described below:

1. Enacted changes to the New York State Sanitary Code Part 11 (last revised in 1979) in August, 2008 to assist LHDs fill key public health positions with appropriately trained individuals able to meet ongoing and emerging public health needs.²⁵ The changes:
 - Modernize job descriptions and qualifications of local public health positions;

²⁵ The complete set of changes to 10 NYCRR Part 11 can be found at:
<http://www.dos.state.ny.us/info/register/2008/aug20/toc.htm>

- Strengthen the skills of new hires in a number of positions by requiring 15 hours of continuing education in the first year to prepare them for new responsibilities;
 - Formalize the qualifications and recognized core competencies required by public health leaders and a process to assure the ability to recruit and develop leaders with identified competencies; and
 - Add new titles to reflect key public health functions.
2. Developed and launched the *Public Health Works!* section of the DOH website to raise public awareness of public health career options.²⁶
 3. Used National Public Health Week in 2006, 2007 and 2008 to highlight the benefits of investing in public health and prevention, the important work of local health departments and the roles of governmental public health employees in promoting and protecting the health of New Yorkers. Activities included the release of survey data on support for public health by New Yorkers, the launch of the *Public Health Works!* Website and campaign and visits by the NYS Commissioner of Health around the state to speak out about public health.^{27 28}
 4. Surveyed 68 Masters of Public Health (MPH) students at the University at Albany School of Public Health in March 2007 to evaluate when, how and why students became interested in public health and to use the findings to develop tailored outreach/marketing campaigns to increase the number and diversity of individuals that pursue public health education and careers. The results demonstrated that recruitment efforts should target students at high school and college level; should highlight career ladder opportunities and job benefits such as tuition support and pension and emphasize significant societal contributions made by public health personnel.
 5. Surveyed new hires to identify what most influenced them to take a job with the NYS DOH, in an effort to identify and enhance recruitment strategies to increase the number of qualified individuals seeking and accepting employment at the agency. The survey was sent to 475 new NYS DOH employees (less than 1 year of service) in January 2008. Over 230 new employees responded. The reasons cited most frequently were job security, benefits and opportunities for career enhancement. In addition, in 2007 CEH initiated a marketing survey used with all Basic Environmental Health Program students. Initial results show additional factors as major contributors to selecting an environmental health career (combination of science and social elements, desire to do meaningful work, and opportunities for field work, in addition to benefits and job security).

²⁶New York State Department of Health. (2008). Public health works. Retrieved September 5, 2008 from: www.health.ny.gov/prevention/public_health_works.

²⁷ New York State Department of Health. (2007). State health commissioner Daines kicks off public health week. Retrieved September 5, 2008 from: http://www.health.ny.gov/press/releases/2007/2007-03-30_public_health_works.htm.

²⁸New York State Department of Health. (2008). Health department launches prevention agenda, kicks off public health week. Retrieved September 5, 2008 from: http://www.health.ny.gov/press/releases/2008/2008-04-07_health_department_launches_public_health_week.htm.

6. Developed a comprehensive and coordinated set of printed brochures and bulletins to market environmental health positions and disseminated materials to local health departments and college career offices statewide to assist in recruitment activities. The survey instruments for new hires will continue to be used to assure marketing materials for LHD environmental health staff are appropriate and address the factors that most influence the decision to accept employment.
7. Attended career and job fairs sponsored by colleges and the NYS Department of Labor at locations throughout New York to promote and discuss employment opportunities and distribute recruitment materials.
8. Identified and promoted new websites/links to post recruitment materials for a variety of state and local public health job titles.
9. Supported funding for paid internships at local and state health departments through the Public Health Leaders of Tomorrow (PHLOT) program at the University at Albany School of Public Health to increase interest in governmental public health careers. In the first two years of the program, PHLOT provided University at Albany students with 106 internships at the NYS Department of Health or local health departments.²⁹ The Public Health Management Leaders of Tomorrow Program represents recognition of and investment in the future public health workforce by New York State. The School will assist students in identifying viable careers with the NYS Department of Health or Local Health Departments and track the success rate among students applying for these positions.
10. Convened an academic/practice conference to increase the number and quality of internships in public health agencies for students pursuing a master's in public health in New York State. Internships can increase interest in future public health careers.

The conference was held in March, 2007 at the New York City Department of Health and Mental Hygiene. There were 35 attendees, including representatives from the NYS DOH; the New York City Department of Health and Mental Hygiene; other LHDs in New York and New Jersey; the New York State Nurses Association; and nearly all schools and programs of public health in New York State. Prior to the event, representatives from schools and programs of public health completed a survey about the administration of MPH student practica in their school, with the results shared among the participants to facilitate exchange of best practices.

The event featured presentations on the history of academic/practice collaborations in public health, how CEPH accreditation standards may affect academic/practice collaborations and local health department certification and how it may affect collaborations. Local leaders facilitated break-out groups using discussion questions

²⁹ For more information on the Public Health Leaders of Tomorrow program, see the University at Albany School of Public Health website: www.albany.edu/sph.

provided by the speakers. These presentations and subsequent discussion contributed to the Training and Education goals described on the following pages.

Retention

Increasing salaries and financial incentives for the public health workforce was beyond the control of the Task Force. Instead the Task Force focused on efforts to develop systems to support retention of employees in addition to sharing tools that local health departments could implement to improve processes and procedures within their control. The activities conducted are described below:

1. Obtained approval to change the NYS Sanitary Code to increase the opportunity for career ladders within LHDs by adding a new job title, the Public Health Nurse 2 title, to the series of public health nurse job titles already in the Code. Similarly, the title of Environmental Health Director was added to the environmental health job title series. Previously there were only two titles in the public health nurse group, public health nurse and supervising public health nurse. This new job title will enable local health departments that establish the public health nurse 2 position to provide career ladders to their nurses. Similarly creating the Environmental Health Director position will enable experienced environmental health professionals to establish or maintain their career within a local health department.
2. Provided tuition support through the University at Albany Public Health Leaders of Tomorrow for state and local health department staff who want to pursue MPH certificates or degrees at the University at Albany School of Public Health. In the first two years of the program, PHLOT supported tuition for state and local health department staff who took a total of 216 courses. Supporting education and growth of employees encourages retention by increasing the potential for career growth and promotion.
3. Created the *Public Health Works!* Honor Roll³⁰ to recognize employees in local health departments. Local Health Department employees were nominated and selected annually for inclusion. The Honor Roll recognized outstanding employees and raises public awareness of essential services that public health employees provide to New Yorkers.
4. Collected best practices in retention from LHDs and disseminated results to LHDs via the bulletin "*Finding Quality Public Health Workers...and Keeping Them, What New York State's LHDs Have Learned*".

Training and Education

The training and education activities focused on leveraging resources and increasing collaboration among partners to identify training and education needs and create or facilitate access to training. A critical partner in these efforts was the New York- New Jersey Public Health Training Center (NYNJ PHTC), a partnership of academic and public health practice

³⁰ New York State Department of Health. (2008). *Public Health Works! Honor Roll*. Retrieved September 5, 2008 from: http://www.health.ny.gov/prevention/public_health_works/honor_roll/.

organizations that provide resources for public health continuing education. The Center receives HRSA funding to strengthen the technical, scientific, managerial and leadership core competencies of the current and future public health workforce by emphasizing the development of the existing workforce. The activities conducted are described below:

1. Incorporated a new continuing education requirement in the State Sanitary code for several key public health titles (supervising public health nurse, public health nurse 2, public health technician, public health educator) to assure that staff hired in these titles develop the necessary core competencies to assure high quality services to the public. On-the-job training can improve employee satisfaction and assist in retention of staff.

The changes to the Sanitary Code were developed between 2003-06 in consultation with subject matter experts including managers from LHDs throughout the state, public health nurses, public health educators and environmental health staff from LHDs and the NYS DOH, human resources personnel from the NYS DOH and staff from the Municipal Service Division of the New York State Department of Civil Service. The experts served on profession-specific committees reviewing the public health nurse, public health educator and public health sanitarian, technician and environmental health positions. The proposed changes are based on the work of these experts; research conducted with LHD staff in the affected positions; and consultation with the New York Association of County Health Officials (NYSACHO), the New York State Association of Counties (NYSAC) and unions that represent these positions, including the Civil Service Employees Association and the New York State Nurses Association.

2. Developed a Continuing Education program for Public Health Educators who will be required to obtain 15 hours of continuing education because of the State Sanitary Code changes. This program was developed based on recommendations from a group of state and local public health educators and academicians from schools of public health and public health education and will include distance based programs in addition on one annual in person training.
3. Invested significant resources in distance-based continuing education in partnership with Albany SPH and the NYNJ PHTC.³¹ These investments included the development of on-line programs based on needs identified by NYS DOH and LHDs. These programs focused on developing competencies in general public health knowledge, cross-cultural communication, leadership (supervision), and improved communication skills.
4. Increased collaboration between the University at Albany School of Public Health, the NYS Department of Health and LHDs to obtain grant funding from the NYS Health Workforce Retraining Initiative for basic epidemiology training for front-line public health nurses and sanitarians dealing with disease outbreaks. This training will include 27 workshops and will reach 500 staff from LHDs over the next three years. This same funding source supported health literacy training and emergency preparedness training for public health workers in NYC.

³¹ For more information on the New York- New Jersey Public Health Training Center please visit: <http://www.nynj-phtc.org/>.

5. Piloted *NY Learns Public Health* (<https://www.NYLearnsPH.com>), a learning management system or LMS, which is a web-based tool designed to facilitate the tracking of learners, courses, and competencies for state, local and allied public health and health agencies throughout New York. The LMS allows for searching a database of online and classroom courses, allows learners to register for sections, complete quizzes, track course completion and includes a self assessment tool to help identify public health training opportunities relevant to job role.³² The system has proven to be an effective and easy-to-use tool for promoting courses, registering learners and monitoring and tracking course completion. Currently the system hosts almost 300 public health related courses, and is being used to track completion of Emergency Preparedness Training requirements. In coordination with the University at Albany School of Public Health, the system is also host to the Basic Environmental Health Program, a learning track required by the State Sanitary Code. This program has been effectively coordinated and managed using the NYLearnsPH.com LMS for over 90 environmental health staff in LHDs, district and field offices during the last year.
6. Supported the organization of Public Health Nursing summits by the NYNJ PHTC. The purpose of these summits has been to bring together academic and practice public health nurses to strengthen the public health nursing practice in the state. This effort targets the single largest professional group in the governmental public health workforce. Included in the summits were representatives of state and local health departments, schools of nursing and nursing and local health department associations. Seven summits were held from November 2005 to June 2008, with an average of 50 participants from around the state per meeting.
7. Piloted a year-long partnership to assess the training needs of the Albany County Department of Health staff and then designed and delivered tailored competency-based distance learning and face to face training to respond to identified needs, in conjunction with the NYNJ PHTC and the NYS DOH. Training has focused on developing leadership and supervisory competencies as well as improved communication.

Leadership Development and Assessment

The focus of the Task Force was to strengthen the leadership skills of those at work in governmental public health agencies. The activities conducted are described below:

1. Identified a set of public health leadership competencies for public health leaders drawn from the work of national organizations and adapted for the needs of the New York workforce. The competencies will be used as a basis for self-assessment and continuing education curriculum development. These competencies have been linked to three leadership levels (entry level, mid-level and senior level) and representative titles for each of those levels used at the local and state health departments were identified. Self

³² For more information on the *New York Learns Public Health* program, please visit: <https://www.NYLearnsPH.com>.

assessment tools, built on these competencies, will be piloted by State and local health departments in 2008. Once finalized, access to the tool and courses available to address needed leadership competencies will be through the *NY Learns Public Health* learning management system.

2. Obtained approval to amend the NYS Sanitary Code to support the implementation of an education and experience plan for new public health directors and commissioners who need additional experience or public health education to lead their agencies.

Local commissioners of health and public health directors are responsible for protecting the health and safety of county residents. These individuals exercise important powers under the New York State's Public Health Law and lead agencies responsible for preventing and responding to epidemics and the spread of disease, protecting against environmental hazards, promoting healthy lifestyles, helping communities respond to disasters, and working with community partners to assure access to high quality health services. In recent years in New York State, local public health leaders have been asked to take on emerging and complex health issues such as bioterrorism preparedness, epidemics or threatened epidemics like West Nile Virus and SARS, planning for pandemic influenza, including managing limited vaccine supplies, and addressing the surge in chronic conditions such as diabetes, obesity, and asthma.

While it has always been important to have well prepared local public health leaders, the range of public health challenges now facing New Yorkers makes it even more critical for local commissioners of health and public health directors to be sufficiently qualified. The revisions to the Code modernize the education and experience requirements. The revisions also provide an opportunity for the State Commissioner of Health to conditionally approve, for a time limited period, those candidates who do not have all of the required education or experience qualifications, as long as the candidates develop and implement a public health education or experience plan during that conditional appointment. The opportunity to appoint conditional candidates is needed because some rural counties have demonstrated that they lack an existing adequate pool of qualified candidates and/or resources to hire public health professionals meeting existing and proposed requirements.

3. Supported investment of University at Albany Public Health Leaders of Tomorrow funding to increase the scholarship funding available to LHD leaders to participate in the Northeast Public Health Leadership Institute (NEPHLI). NEPHLI provides a year-long experiential program that builds and improves the leadership skills of public health practitioners and others who are integral to building healthier communities. Since its inception in 1997, NEPHLI has been able to offer limited tuition assistance to a few participants through support from NYSACHO and NYNJ PHTC. PHLOT provided additional support in the form of 5 scholarships for the class that started in 2007 and 4 scholarships for the class that started in 2008.

CONCLUSIONS

This report has outlined numerous issues facing the public health workforce. Between 2005 and 2008, the Task Force was able to make significant progress in improving its understanding of these challenges and taking major steps to address them. These efforts were possible because of the wide range of organizations and individuals involved, and because of the leadership in the Public Health Council, the NYS DOH and the NYNJ PHTC who made public health workforce development a priority. The current fiscal climate adds new challenges to the government's ability to recruit and retain competent workers, and makes strategic action on workforce more important than ever.

The Task Force has determined that continuing work would be conducted best through the efforts of smaller project committees rather than a large Task Force. Consequently, the Task Force is recommending that the Public Health Council dissolve the Task Force with thanks and authorize small groups to implement the short-term steps described below. These important steps meet the criteria of requiring no or minimal additional resources, are within the influence or control of the organizations represented by the Task Force, can be accomplished during 2008-2010, and will have an impact on addressing public health workforce issues.

The NYS DOH needs to continue to make strengthening the state and local public health workforce a long- term priority supported at the executive level. The Public Health Council should schedule periodic status reports on these public health workforce efforts. NYSACHO should continue to support public health workforce development through its Ad Hoc Workforce committee providing assistance and guidance to local health departments on education and training, credentialing, recruitment and retention of key public health professions in the public health workforce serving as the point of communication between NYSACHO and other organizations and committees addressing the public health workforce.

Next Steps

Monitoring

1. Integrate public health workforce data collection into the regular work of the Center for Workforce Studies at the University at Albany. Launch an exit survey of staff in LHDs and/or other tools to measure changes in the public health workforce and track changes based on the baseline data collected in the enumeration in 2005.
2. Maintain an active data base of environmental health staff to track and formally report on employment trends and competency credentials in the New York public health workforce.

Recruitment and Retention

3. Reduce the obstacles that make the state and local civil service hiring process cumbersome, by:
 - Making as many exams as practical “continuous recruitment;”
 - Holding periodic examinations more frequently (maximum interval of two years for entry-level positions);
 - Utilizing Training & Education evaluations rather than written exams as often as possible; and
 - Holding entry level exams during the time of year that promotes effective recruitment at the college level (coincide with colleges being in session).
4. Aggressively promote state and local health department job opportunities via state and national websites and participation in job fairs and college recruitment events. Use the factors that influence an employee’s decision to join the public health workforce identified in the new NYS DOH employee survey - job security, benefits and opportunities for career enhancement - to improve marketing of state and local health department positions.
5. Pursue adding titles to the State Sanitary Code and other systems that would facilitate the entry of recent MPH graduates without work experience into local and State health department positions.
6. Work with state and local civil service systems to create more traineeship arrangements that enable smooth promotional transitions from entry level to mid- level positions as employees obtain appropriate job specific training and experience.
7. Work with the NYS Department of Civil Service to create a periodic process to review state and local health department job descriptions to assure the descriptions accurately reflect the knowledge and skill requirements of the current and future workforce.
8. Work with the NYS Department of Civil Service to develop tools that explain and promote how students pursuing public health careers can seek and apply for civil service positions in state and local public health agencies.
9. Work with the NYS Department of Civil Service to consider the potential development of universal exams and lists for job titles common to most local health departments and the NYS Department of Health to streamline the application process for positions.
10. Continue to enhance the *Public Health Works!* Website to create a “one-stop shop” explaining what public health is, career opportunities, how to pursue careers in public health, where to find internships and links to public health-related educational programs.

Training and Education

11. Continue the collaboration between state and local health departments and academic institutions established with the NYNJ PHTC to support training and development of public health employees and leverage resources.
12. Identify and advocate for additional support for training and development activities.
13. As required by the NYS Sanitary Code changes, launch continuing education programs for public health educators and public health nurses on the state's learning management system, *NY Learns Public Health*.
14. Advocate for financial support for federal loan repayment programs that provide loan repayments linked to service obligation in federal, state and local health departments. These programs support formal education of the future public health workforce in addition to recruitment.
15. Advocate for support for continuing funding of the University at Albany Public Health Leaders of Tomorrow and for increased tuition reimbursement and internship support for all accredited schools and programs of public health in New York State to expand the program statewide.

Leadership

16. Launch the leadership self assessment tool on the learning management system, *NY Learns Public Health*.
17. Continue to support local health department employee participation in the Northeast Public Health Leadership Institute (NEPHLI) through the Public Health Leaders of Tomorrow Initiative.
18. Develop a LHD specific leadership/management training program led by NEPHLI.
19. Promote participation in the national Environmental Public Health Leadership Institute (EPHLI), a one year program similar to NEPHLI tailored to environmental health professionals as well as the National Public Health Leadership Institute.

“We count on public health professionals to prevent the spread of disease, . . . make sure our food is safe to eat, and our air is safe to breath, . . . Those closest to the public health infrastructure know that the safety net is fragile. Public Health is an area that already faces critical shortages, so there is no time to lose.”³³

³³ Keller, E. (2008). Wake up America! The future public health workforce at risk Retrieved September 5, 2008 from: http://www.slge.org/index.asp?Type=B_BASIC&SEC={7F3C617D-E952-42E6-B217-DB77F3BE3456}&DE={1171F6CE-8F47-469B-A58D-36E8CA6E3A44}

APPENDIX A

Accomplishments related to Public Health Systems and Organizations and Data and Information

An Ad Hoc Committee to Implement Recommendations of the Public Health Council report on Public Health Infrastructure was established to follow through on the recommendations coming from the Infrastructure report. This group, chaired by Joan Ellison, Public Health Director in Livingston County, addressed the following issues stemming from the recommendations related to Public Health Organizations and Relationships and Data and Information Systems.

Public Health Organizational Systems and Relationships

1. Regional, multi-county models for providing essential public health services where specialty knowledge, expertise or other resources might be shared across regions.
 - o At the request of the Ad Hoc Committee, the DOH outlined some of the legal considerations bearing on the duty of counties, county boards of health and county health departments to provide public health services and their authority to do so regionally. The DOH found that there is no impediment in state law to the use of non-profit organizations or inter-municipal agreements for the provision of public health services on a multi-county or regional basis. In fact, the DOH successfully pursued a change in statute that had limited the power of a Board of Health to enter into contracts with no more than two counties to obtain or render public health services. The change in statute removes any limit to the number of contracts that counties can have with each other.
 - o The DOH supported grants to single organizations within a region to support a regional approach to emergency preparedness planning.
 - o The DOH has supported a regional approach to a number of public health initiatives including community health assessment, tobacco prevention and control and obesity prevention.

2. Leadership training opportunities for public health professionals.
 - o The Public Health Workforce Task Force established a leadership committee to identify and address leadership training issues. This work includes the development of a competency assessment tool for leaders at three different levels, as well a listing of on-line courses that are available to help strengthen leadership skills. This work is described in more detail in the report.

3. Media Campaign to assist in improving the public's understanding of the public health system and its benefits.
 - o In 2006, the DOH, in conjunction with the New York State Community Health Partnership, contracted with *Research America!* to survey New Yorkers to find out about their support for public health.³⁴ The poll found that the state's residents value public health and want increased funding for public health services. However, the public's high level of support for public health was not matched by familiarity with the local agencies that deliver it: 33% were not aware of their own local health department, and 40% either did not believe that they personally had benefited from public health services or were not sure. In 2006 and in subsequent years, to increase understanding about public health, the DOH used National Public Health Week to highlight the benefits of investing in public health and prevention, the important work of local health departments and the roles of governmental public health employees in promoting and protecting the health of New Yorkers. Activities included the launch of the *Public Health Works!* Website and campaign and visits by the NYS Commissioner of Health around the state to speak out about public health.³⁵

Data and Information Systems

4. Comprehensive state data and information system plan for a system architecture capable of meeting today's public health infrastructure requirements.
 - o The NYS DOH, in collaboration with NYSACHO and hospital associations, established the Public Health Informatics Governance Group (PHIGG) to enable the state and local health departments, hospitals and other key partners to communicate and exchange information especially when preparing for and responding to public health emergencies. The Informatics Governance Group is a team of representatives of the major partners that advises the NYSDOH about the development of the Commerce System so that the Commerce System, 1) is fully utilized by all the partners as a shared resource and, 2) is an effective tool in communication and data exchange about public health activities in NYS. The Guiding Principles of the Group is to, 1) ensure shared governance among key partners, 2) maximize the use of the existing information infrastructure, 3) develop an infrastructure that promotes everyday use and, 4) increase coordination and reduce duplication among partners.
 - o The PHIGG completed an inventory of internal and externally funded Public Health Preparedness application development efforts and assessed compliance with national standards. The group also defined the needs of NYSDOH, local health departments and hospitals for communication and information exchange so that they are able to

³⁴ Health Care Association of New York State. (2006). New York residents speak out on public health and public health week events April 3-7, 2006. Retrieved September 5, 2008 from: http://www.hanys.org/ny_res_speak_out_on_pub_health.cfm.

³⁵ New York State Department of Health. (2008). Health department launches prevention agenda, kicks off public health week: Commissioner Daines to showcase public health efforts across NYS. Retrieved September 5, 2008 from; http://www.health.ny.gov/press/releases/2008/2008-04-07_health_department_launches_public_health_week.htm.

- manage public health emergencies and to determine how these needs can be met by the NYSDOH Commerce System. An ongoing process has been in place that supports the governance of the technology portfolio, for both existing and planned projects, by the PHIGG.
- o The NYS DOH, with federal and state funds, is working to create a Statewide Health Information Network for New York and promote the adoption of interoperable electronic health records to benefit clinicians while ensuring patients' privacy. New York's goal is to adopt health information technology that will help reduce medical errors, prevent duplicative services and eliminate disparities in the quality of care patients receive. The system can also replace expensive, stand-alone health surveillance systems with an integrated infrastructure to allow for seamless health information exchange for many public health purposes.
 - o The NYSDOH/HRI provided funding to NYSACHO to hire a Project Manager to serve as NYSACHO's informatics liaison to the Informatics Governance Group. Responsibilities include:
 - o Participating in the Governance Group and other NYSDOH Teams as appropriate to ensure a local voice in policy making so that state technology projects are consistent with local constraints and benefit from compatible solutions.
 - o Identifying and documenting the needs and priorities of LHDs affected by existing or proposed state technology projects or programs.
 - o Applying skills and knowledge about information technology hardware to assist in the development and adoption of appropriate information technology in public health.
 - o Assist NYSACHO and SDOH in evaluating and implementing best local practices for policies in information technology and information management.
 - o Develop and maintain NYSACHO website on technology projects, keeping membership informed of new and existing initiatives that impact local public health practice.

5. Public health evaluation training to strengthen the capacity of State and local health departments to undertake evaluations.

- o In 2003, the NYS DOH Assessment Initiative collaborated with the New York State Council on Children and Families on a 2-day Evaluation course titled: "Conducting Evaluations to Meet Your Information Needs". The target audience was local staff from multiple agencies (OCFS, OASAS, United Ways), including some LHDs.
- o Links to web-based strategic planning and evaluation sites were made available to state and local public health staff and their partners through the Community Health Assessment Clearinghouse site on the NYS DOH website.
- o Starting in 2004, the NYS DOH and the University at Albany Prevention Research Center collaboratively developed a course entitled, *Evidence Based Public Health for Local Health Practice*, to strengthen epidemiologic, evaluation and other competencies of public health professionals in LHDs. The course utilized didactic sessions, computer labs, and scenario-based exercises to demonstrate the use of data and evidence in the decision making process. Program evaluation skills were taught using the Logic Model as a framework for program planning, along with separate modules on evaluation methods and economic analysis. Participants were challenged to develop an evaluation strategy for an intervention they selected from their literature review, which was then critiqued.

The course was offered to LHD and their community partners 13 times during the period May 2005 to June 2008. The class size was limited to 24 participants, primarily to allow sufficient interaction during computer-based lab exercises. The sessions reached 340 health professionals, representing the NYS DOH (both state and regional offices), 46 LHDs ranging in size from 24 to more than 5,200 employees, as well as 20 partner organizations (e.g., American Cancer Society chapter). Short- and long-term improvements in knowledge about EBPH, as well as the epidemiologic competencies that support decision making and program evaluation in local health departments were documented using pre/post surveys. These changes are especially important since the majority of participants indicated that they did not have primary responsibility for epidemiology, biostatistics or program evaluation.

APPENDIX B
New York State Public Health Workforce Task Force

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Vision:

A diverse and skilled governmental public health workforce of sufficient size to protect and improve the health of New Yorkers.

Mission:

To develop and implement a plan of action that will create the systems needed to strengthen and continually improve New York's state and local public health workforce through leadership, recruitment, training and education, and retention.

GOALS

Leadership:

Assure that specific systems are in place to identify, mentor, train and test public health leaders.

Recruitment:

Increase the quantity, caliber and diversity of workers qualified to enter the state and local public health workforce in needed roles.

Training & Education:

Sustain the skills and competencies of public health workers to enable them to perform in an evolving public health environment.

Retention:

Retain competent and diverse public health workers in governmental public health careers.

Building a Foundation

Building a Foundation

Partners in Action

Academia

Local Health
Departments

State Health
Departments

Health & Community
Based Organizations

APPENDIX C
**“Finding Quality Public Health Workers...and Keeping Them, What New York State
LHDs have Learned”**

Finding Quality Public Health Workers....

And Keeping Them

What New York State’s Local Health Departments have learned.....

In 2002 the New York State Public Health Council convened a workgroup to assess the state's public health infrastructure and to develop recommendations to improve its public health workforce. The workgroup found that the state's public health workers, who are the front line between disease and the public, are facing threats from retirements, more attractive jobs in the private sector, budget cuts, a shortage of properly trained workers and other issues.

In 2005 the NYS Department of Health, in conjunction with the New York- New Jersey Public Health Training Center³⁶, convened the Public Health Task Force³⁷ to address public health workforce challenges. The Task Force focused on four priority workforce areas: leadership, recruitment, retention, and training and development. The Task Force commissioned a study of the county health department workforce in 2006 and found:

- One in four Local Health Department (LHD) employees is new to the field of public health (23.6%) and/or new to the agency (24.2%) within the past five years.
- Fifty-six percent of recent hires are under 45 years of age, but many recent hires are middle-aged.
- The median age of the LHD workforce is 49, compared to 40 in the civilian labor force.
- Half (49%) of LHD employees ages 55 and older plan to retire in the next 5 years
- One in five LHD employees (21%) under the age of 35 plans to leave the field of public health within the next five years.

These data reinforce the need for LHDs to use effective recruitment and retention strategies. NYSDOH surveyed a sample of LHDs across the state to collect best practices that could be shared with all LHDs.

³⁶ The New- York New Jersey Public Health Training Center (NYNJ PHTC) is one of 14 Public Health Training Centers funded by the Health Resources and Services Administration. Members include the Columbia University Mailman School of Public Health, the University at Albany School of Public Health, and the University of Medicine and Dentistry of New Jersey School of Public Health, along with the state and local health departments in the two states.

³⁷ Members include the schools and programs of public health in New York State (New York Medical College, Columbia University, University at Albany, Hunter College, CUNY, New York University), the state and local health departments and health provider organizations including the Healthcare Association of New York State, the Schuyler Center for Analysis and Advocacy, the New York State Nurses Association, the New York State Association of County Health Officials and the Medical Society.

What did LHDs identify as major barriers to recruitment and retention?

Major recruitment barriers	Major retention barriers
<ul style="list-style-type: none"> ▪ Civil Service regulations such as the “rule of 3”³⁸ or not being able to hire at “steps”.³⁹ ▪ Salaries which are not competitive with the private sector ▪ Young adult are not aware of career options in public health ▪ Limited options for employee promotion or recognition. 	<ul style="list-style-type: none"> ▪ Limited options for employee promotion or recognition. ▪ Limited opportunities for staff input in LHD functions and processes ▪ Limited career ladders ▪ An aging workforce

What are counties doing to improve recruitment and retention? (A county name is identified next to unique practices; other practices are common to several counties).

Recruitment

Use a breadth of advertising methods

- Local newspaper
- Word of mouth
- Websites (local and national)
 - Public Health Employment Connection: <http://cfusion.sph.emory.edu/PHEC/phec.cfm>
 - NYSACHO: <http://www.nysacho.org/i4e.pages/index.cfm?pageid=1>
- Host an Open House, including advertising through targeted postcard mailings (Washington) and giving the opportunity to see work in action (Onondaga)
- Recruit through local home care agencies (Putnam)
- Develop brochures describing public health, the position and the local health department
- Track how applicants hear about the open position to target future recruitment efforts (Oneida)

Promote the public sector benefits package, which is more enhanced than that found in the private sector (Madison). A public sector package may include:

- Tuition reimbursement and other educational opportunities
- Flexible, family-friendly scheduling policies
- Retirement, health coverage advantages
- Premium pay for difficult to recruit titles (Onondaga)

³⁸ “Rule of 3” is the New York State Civil Service Policy that “All candidates at the highest score are immediately eligible for consideration for appointment. Candidates at lower scores can be considered only when there are **fewer than 3** candidates at higher scores.” <http://www.cs.ny.gov/jobseeker/faq/scorenotices.cfm>

³⁹ Employees receive performance advances equivalent to one-seventh of the difference between the hiring rate and maximum rate for a pay grade for each year of service completed. These performance advances are often referred to as “steps”. “Higher steps” are pay rates that are between the minimum hiring rate and the maximum rate.

Raise awareness of Public Health Career options

- Distribute a Public Health Nursing recruitment video (Oneida)
- Foster strong relationships with local higher education programs (Oneida, Onondaga)
 - Offer opportunities for internships and job shadowing
 - Conduct outreach to recruit recent graduates

Use flexible job titles and descriptions

- Work with county government to allow hiring of experienced workers at a higher step to compete with private sector salaries
- Request to keep some additional unfunded titles on the roster for flexibility to hire good candidates as openings occur (Onondaga)
- Create “Management Intern” titles (Onondaga)
 - Recruit entry-level recent Masters graduates
 - 18-month provisional position—giving opportunity to transition to CS title during this time
- Use titles such as Research Technician I and Research Technician II to recruit and hire recent college graduates (Onondaga)
- Create non-competitive “outreach worker” titles to recruit from local communities (Onondaga)
- Modify job titles and descriptions to best fit employee and his/her qualifications and responsibilities

Retention

Ensure and promote benefits

- Offer flexible scheduling
- Offer tuition reimbursement
- Raise awareness that the overall benefits package (including retirement, insurance, etc.) often is more enhanced than in the private sector
- Offer Corrections nurses “premium pay” (\$5000 bonus annually for NP, \$4000 for RN)— that is not a part of base salary (Onondaga)

Create career ladder opportunities

- Create Senior Public Health Nurse titles (between PHN and Supervising PHN) (Putnam)
- Establish a policy giving credit/salary based on experience (hiring at higher steps) (Rockland)
- Expand the variety of titles within series (Onondaga):
 - Social work titles (PH SW Assistant, PH SW, PH SW Supervisor)
 - Environmental health
 - Laboratory personnel
- Health educator (supervising health educator, program coordinator, director of operations)

Offer preparation, education and training

- Conduct employee orientation and ongoing in-house training
- Conduct succession planning—help younger employees move up to positions people are retiring from
- Conduct regular Employee Performance Reviews (Oneida)
- Encourage employee development by coordinating and/or funding trainings and continuing education opportunities
- Promote and support leadership training for non-management staff
- Use tuition reimbursement to advance education of staff (Onondaga)
- Foster LHD mentoring/preceptorship programs between new and seasoned employees

Create a positive work environment:

- Establish clear policies for open communication channels
- Engage staff actively in strategic planning and decision-making (Madison)
- Encourage contributions to and distribute an internal newsletter (Madison)
- Host a staff picnic or other recreational events
- Conduct regular staff meetings and updates (Madison)

Recognize employees for their good work

- Leaders/supervisors/managers extend personal thanks to staff
- Add description of employee's positive work in his/her personnel file (Putnam, Rockland)
- Host an annual awards program/ceremony (Rockland, Madison)
- Participate in NYS DOH's Public Health Works! Honor Roll program
- Celebrate Nurses Day, Public Health Week, Home Care Week and other national and statewide recognition events

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Some General Recruitment/Retention Ideas to Consider

- Expand the range of titles employed by local health departments to reduce reliance on hard to fill titles.
- Conduct cost-benefit analysis of public health services versus no public health services
- Foster public awareness and support for public health, and combine with public staff recognition initiatives
- Educate and inform local and state legislators about the benefits of public health
- Tap into marketing opportunities that attract the younger generation (technology, MySpace, YouTube)
- Use community resources to recruit for a culturally diverse workforce reflective of the community
- Develop a state-level career-based website similar to <http://cfusion.sph.emory.edu/PHEC/phec.cfm>
- Institute pay-for-performance and merit-based reward opportunities
- Help potential employees understand the Civil Service system and assist in exam/application process

Found some good ideas? Here's who to contact:

<u>County</u>	<u>Contact</u>
Clinton	Paula Calkins Lacombe
Madison	Eric Faisst
Monroe	Cheryl Cutter
Oneida	Cathe Bullwinkle
Onondaga	Jean Smiley
Putnam	Loretta Molinari
Rockland	Joan Facelle
Washington	Patricia Harrison

Additional Resources

New York State Department of Civil Service and Governor's Office of Employee Relations
Tools and Resources

<http://www.cs.ny.gov/successionplanning/resources/index.html#mentoringprograms>

New York State DOH Human Resources Management Group

<http://hrmgweb/hrmg/resources-newemployees.htm>

Council on Linkages Strategies to Address Public Health Worker Shortages

<http://www.phf.org/Link/RR-Strategies.htm>

UC Berkeley Human Resources Workplace Success Stories and related resources

<http://hrweb.berkeley.edu/seads/success/success.htm#implement>

101 Ways to Celebrate People

<http://www.hr.umich.edu/umatter/101.htm>

New York State Department of Health *Public Health Works!* Webpage

http://www.health.ny.gov/prevention/public_health_works/