

Directors Assessment of Workforce Needs Survey (DAWNS)

Affiliate Report

Association of State Public Health Nutritionists (ASPHN)



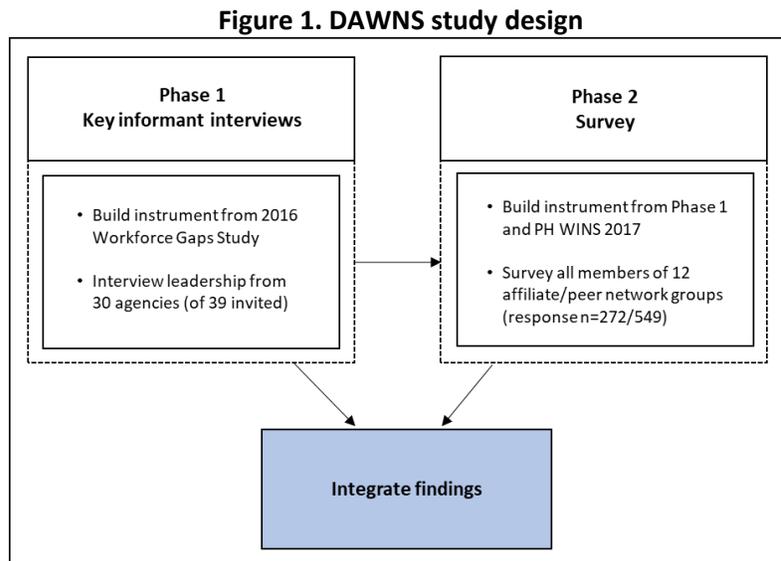
Overview

In 2017, the Association of State and Territorial Health Officials (ASTHO) fielded the Directors Assessment of Workforce Needs Survey (DAWNS) pilot study to understand state public health leadership perspectives on topics such as barriers to staff recruitment, drivers of turnover, and workforce training needs. DAWNS builds on the results of the 2016 Workforce Gaps study¹ and complements ongoing workforce development research, including the Public Health Workforce Interests and Needs Survey (PH WINS)², which focuses on individual practitioner perspectives. DAWNS was designed to address three primary questions:

1. Leadership perception of training needs
2. Barriers to recruitment and retention
3. The value of formal public health education

Methods

DAWNS was conducted in two phases (Figure 1).



Phase 1 – Key informant interviews

Key informant interviews were conducted by phone with thirty-seven members of agency leadership across thirty SHAs to identify systematic gaps and ongoing development programs across their agency.

Phase 2 – Survey pilot

ASTHO recruited its peer networks and affiliated organizations to participate in the survey. Twelve affiliates and peer networks participated in the survey (Figure 2).

¹ Angela J. Beck, Jonathon P. Leider, Fatima Coronado, Elizabeth Harper, "State Health Agency and Local Health Department Workforce: Identifying Top Development Needs", *American Journal of Public Health* 107, no. 9 (September 1, 2017): pp. 1418-1424.
² Sellers K, Leider JP, Harper E, et al. The Public Health Workforce Interests and Needs Survey: the first national survey of state health agency employees. *J Public Health Manag Pract.* 2015;21:S13-S27.

Figure 2. Invited ASTHO Affiliates and Peer Networks

| <u>Affiliates</u> | <u>Peer Networks</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Association of Maternal and Child Health Programs (AMCHP)• Association of Public Health Laboratories (APHL)• Association of State Public Health Nutritionists (ASPHN)• Council of State and Territorial Epidemiologists (CSTE)• National Association of Chronic Disease Directors (NACDD)• Safe States Alliance | <ul style="list-style-type: none">• Directors of Public Health Preparedness (DPHP)• Informatics Directors Peer Network (IDPN)• Public Health Lawyers• State Environmental Health Directors (SEHD)• State Legislative Liaisons• Tobacco Control Network (TCN) |

Key Findings

Overall, 549 SHA leaders across twelve affiliates/peer networks received an invitation to participate in DAWNS; 272 individuals responded. The adjusted response rate was 49%. The Association of State Public Health Nutritionists (ASPHN) had 9 participants in DAWNS and the following analyses are based on their survey response data.

1. The most significant barriers to recruitment, as reported by ASPHN respondents, were competition from private sector (78%), low wages/salaries (78%), and inability to create appropriate position types (77%).
2. Top skill gaps and training opportunities among staff overseen by ASPHN respondents include:
 - Support application of quality improvement strategies for agency programs and services
 - Assess the drivers in your environment
 - Collect valid and reliable data for use in decision making
3. The most commonly identified drivers of turnover for ASPHN respondents were pay (88%), lack of opportunities for advancement (78%), and other opportunities outside agency (63%). However, the drivers of turnover that respondents perceived their agency were adequately addressing were: lack of acknowledgement/recognition, lack of training, and lack of flexibility (flex hours/telework).

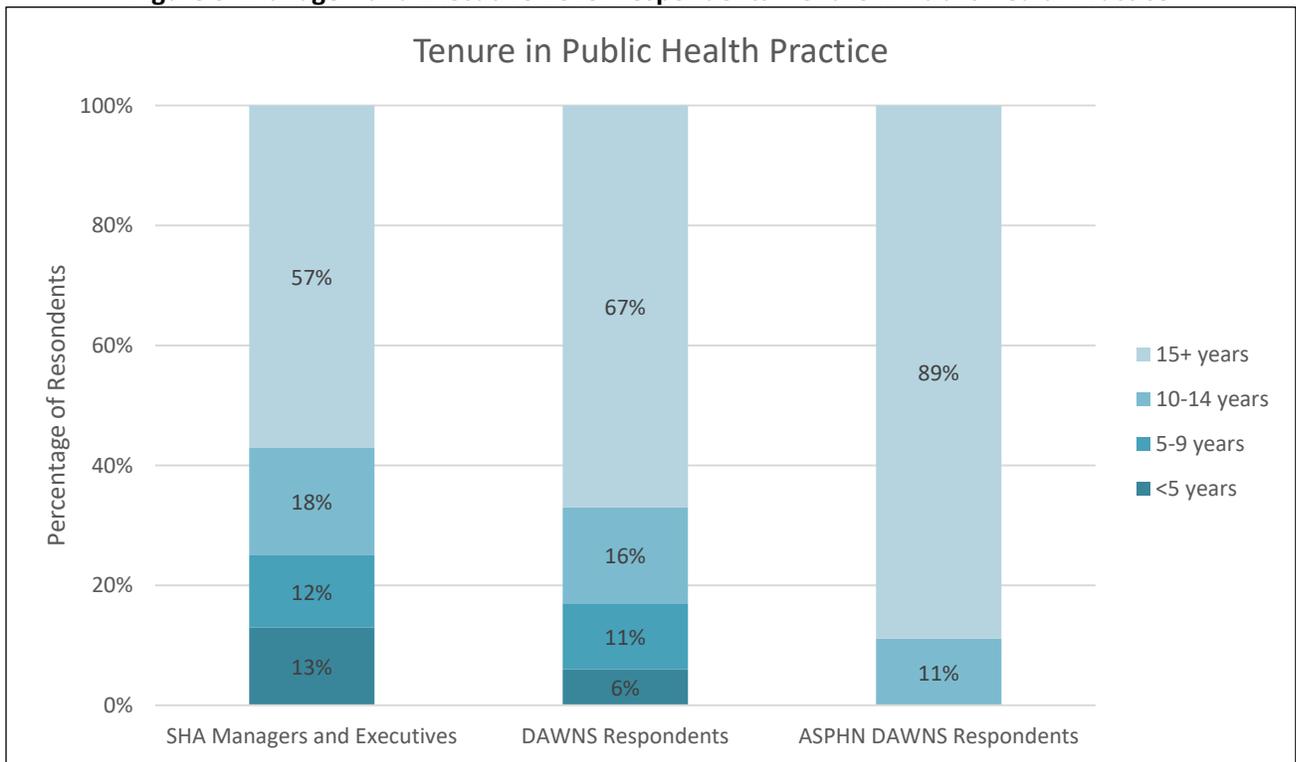
Table 1. Overview of DAWNS Respondents

| Percent of Respondents, by Affiliate/Peer Network | | | |
|-----------------------------------------------------------|-----|--------------------------------------------|-----|
| Association of Maternal and Child Health Programs (AMCHP) | | | 9% |
| Association of Public Health Laboratories (APHL) | | | 12% |
| Association of State Public Health Nutritionists (ASPHN) | | | 4% |
| Council of State and Territorial Epidemiologists (CSTE) | | | 10% |
| Directors of Public Health Preparedness (DPHP) | | | 14% |
| Informatics Directors Peer Network (IDPN) | | | 5% |
| National Association of Chronic Disease Directors (NACDD) | | | 12% |
| Public Health Lawyers | | | 1% |
| Safe States Alliance | | | 9% |
| State Environmental Health Directors (SEHD) | | | 10% |
| State Legislative Liaisons | | | 3% |
| Tobacco Control Network (TCN) | | | 11% |
| Gender | | In current position (years) | |
| Male | 39% | <5 | 47% |
| Female | 61% | 5-9 | 28% |
| | | 10-14 | 14% |
| | | 15+ | 11% |
| Race/Ethnicity | | In current agency (years) | |
| American Indian or Alaskan Native | 1% | <5 | 19% |
| Asian | 5% | 5-9 | 18% |
| Black/African American | 7% | 10-14 | 17% |
| Hispanic/Latino | 3% | 15+ | 46% |
| Native Hawaiian or other Pacific Islander | 3% | | |
| Two or more races | 2% | | |
| White | 79% | | |
| Age (years) | | In public health practice (years) | |
| <30 | 0% | <5 | 6% |
| 30-44 | 28% | 5-9 | 11% |
| 45-59 | 52% | 10-14 | 16% |
| 60+ | 20% | 15+ | 67% |
| Educational attainment (highest degree) | | In public health management (years) | |
| Bachelors | 18% | <5 | 16% |
| Masters | 49% | 5-9 | 21% |
| Doctoral | 32% | 10-14 | 19% |
| None | 1% | 15+ | 44% |

The average age of the public health workforce overall is 48 years old¹ and 39% of DAWNS respondents were under age 48. Respondents had served in their current position for 6.6 years on average (median = 5), in their current agency for 14 years on average (median = 13), in public health practice for 19 years on average (median = 19), and in management for 13 years on average (median = 12). Of the 12 respondent groups, the largest responding groups were DPHP, APHL, and NACDD (n=31, 27, and 26 respondents, respectively).

DAWNS respondents' tenure in public health practice was relatively representative of an SHA manager or executive's tenure in public health practice, as reported in PH WINS 2014¹. Notably, a higher percentage of DAWNS respondents had been in public health practice for over 15 years (67% versus 57%) (Figure 3).

Figure 3. Manager- and Executive-Level Respondents' Tenure in Public Health Practice



The following figures and tables refer to affiliate-specific data and findings, except where otherwise noted.

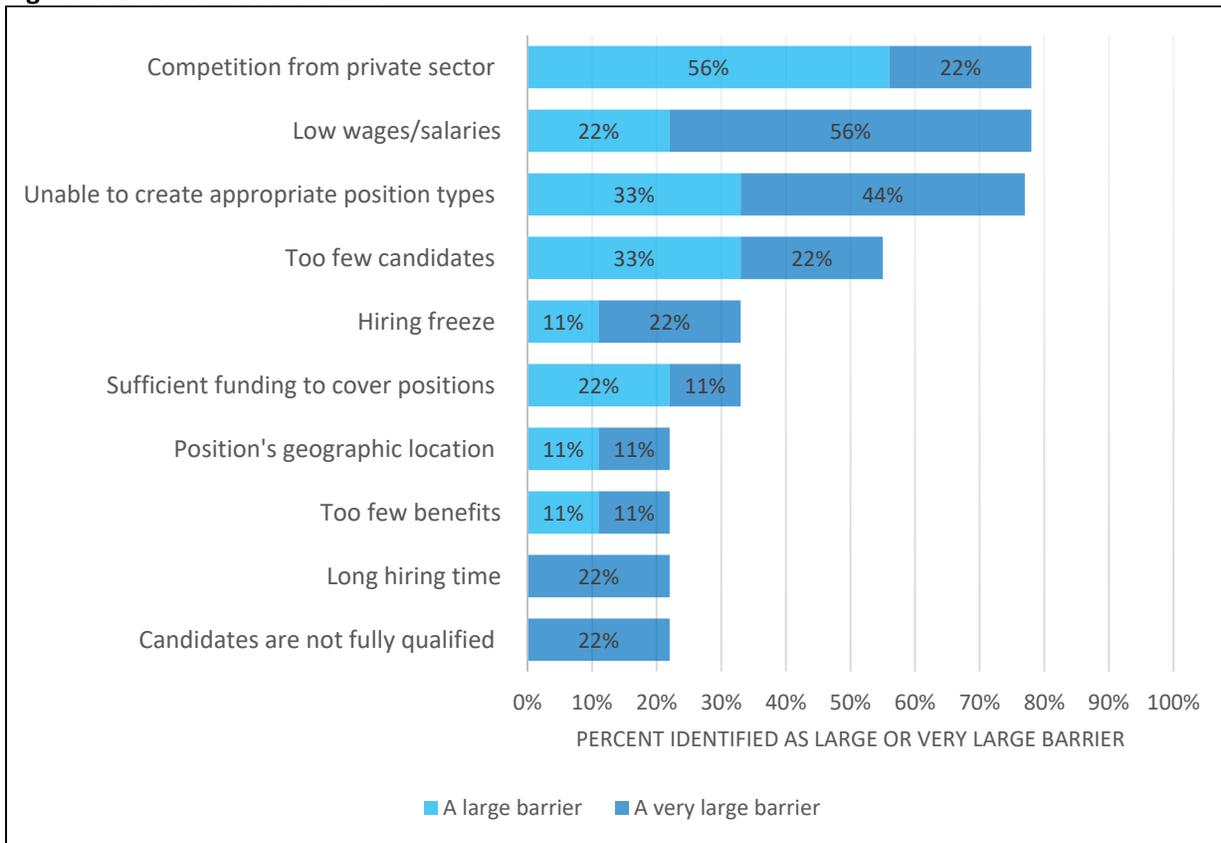
Barriers to Recruitment

The most significant barriers to recruitment, as experienced by ASPHN respondents, were competition from private sector (78%), low wages/salaries (78%), and inability to create appropriate position types (77%) (Figure 4). Wages/salaries too low and competition from private sector were also two of the most significant barriers as reported by respondents in the other affiliates/peer networks that participated in the survey (Table 2).

Table 2. Top barriers to recruitment

| ASPHN | | All other affiliate/peer networks | |
|---------------------------------------------|-----|-----------------------------------------|-----|
| Competition from private sector | 78% | Low wages/salaries | 74% |
| Low wages/salaries | 78% | Insufficient funding to cover positions | 61% |
| Unable to create appropriate position types | 77% | Competition from private sector | 56% |

Figure 4. Barriers to recruitment



Drivers of Turnover

Respondents selected which drivers of turnover they experienced among the non-clerical, non-supervisory, professional public health staff they oversaw. Respondents were also asked which drivers of turnover their agency was adequately addressing. The most commonly identified drivers of turnover for ASPHN respondents were pay (88%), lack of opportunities for advancement (78%), and other opportunities outside agency (63%) (Figure 5). Respondents in other affiliates/peer networks also perceived these to be the most common drivers of turnover at 70%, 67%, and 68%, respectively. The drivers of turnover that ASPHN respondents perceived their agency were adequately addressing were: lack of acknowledgement/recognition, lack of training, and lack of flexibility (flex hours/telework) (Table 3).

Figure 5. Drivers of turnover

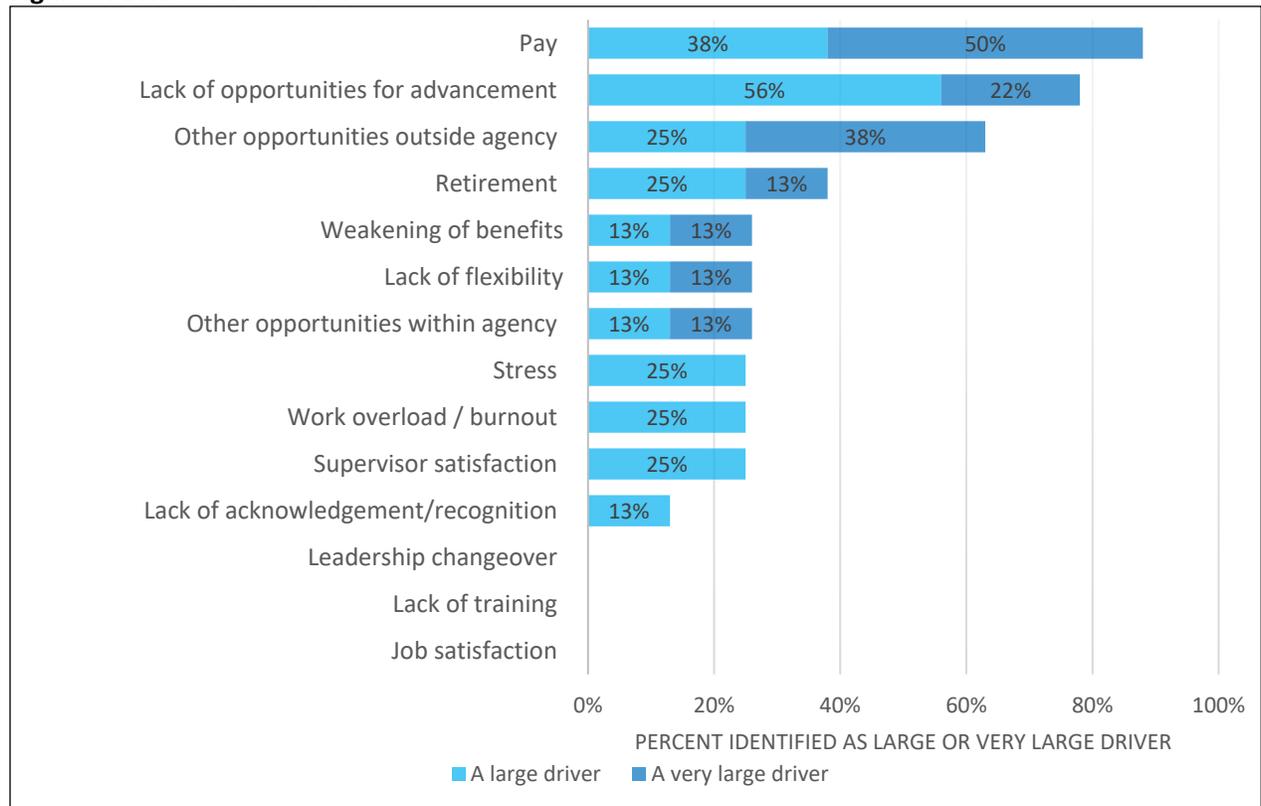


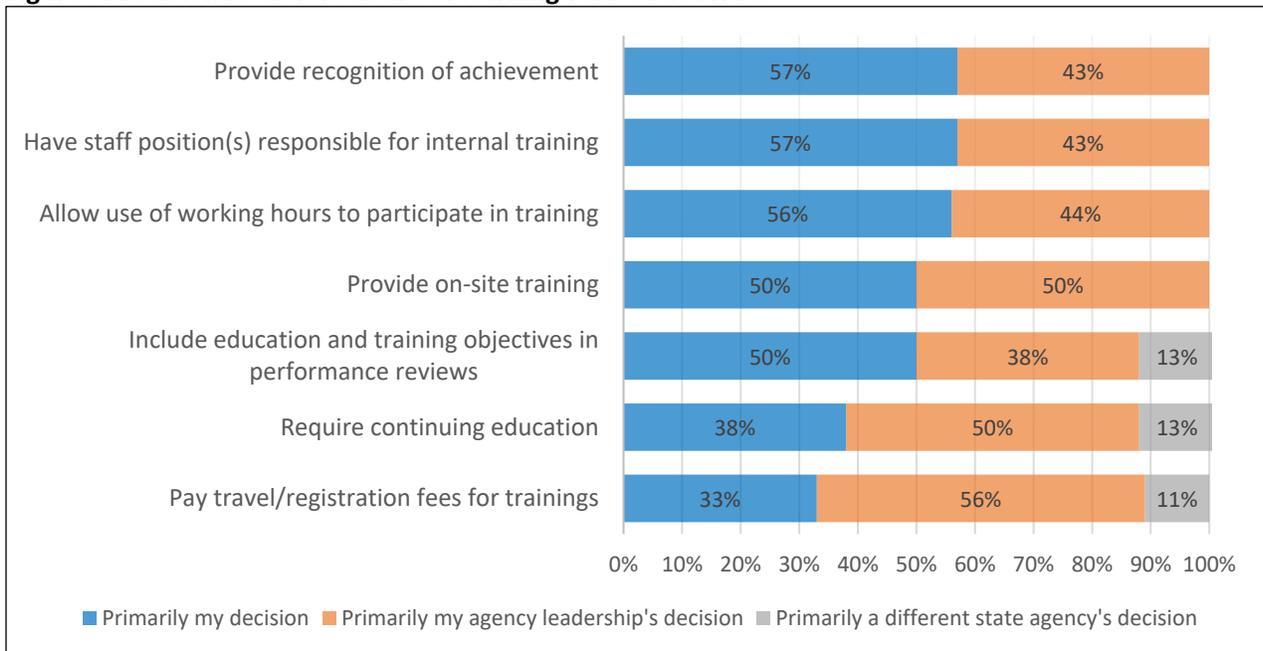
Table 3. What percent of each driver is being adequately addressed by the agency?

| Driver of turnover | Percent adequately addressing driver of turnover |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|
| Lack of acknowledgement/recognition | 50% |
| Lack of training | 38% |
| Lack of flexibility (flex hours/telework) | 25% |
| Job satisfaction | 13% |
| Other opportunities within agency | 13% |
| Retirement | 13% |
| Supervisor satisfaction | 13% |
| Weakening of benefits (e.g., retirement contributions/pensions, health insurance) | 13% |
| Stress | 13% |
| Lack of opportunities for advancement | 11% |
| Leadership changeover | 0% |
| Other opportunities outside agency | 0% |
| Pay | 0% |
| Work overload/burnout | 0% |

Culture of Learning

Respondents were asked about a number of activities related to a “culture of learning”¹, including the prevalence of the activities and the locus of decision-making authority to conduct the activities. Over 55% of ASPHN respondents indicated that it was primarily their decision to provide recognition of achievement, have staff position(s) responsible for internal training, and allow use of working hours to participate in training. Paying travel/registration fees for trainings and requiring continuing education were more frequently cited as primarily being agency or state-level decisions (Figure 6).

Figure 6. Decision locus for culture of learning-related activities

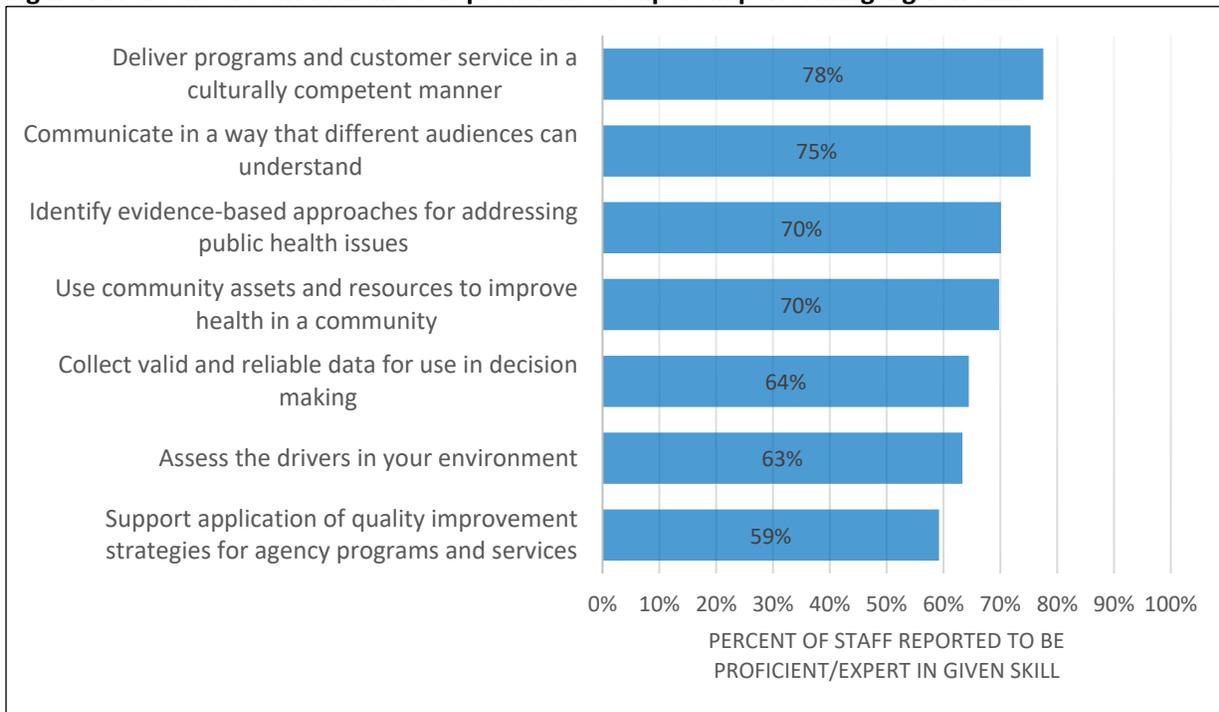


Training

Respondents were asked to identify the importance of seven key skills to the day-to-day work of their non-clerical, non-supervisory, professional public health staff and their staff’s ability to perform those skills. While respondents nearly universally indicated the select skills were somewhat or very important in their staff’s day-to-day work, there was significant variation in the percent of ASPHN respondents who felt their staff were proficient or at an expert level in performing a given skill (Figure 7). The overall top training needs, defined as skills of high importance in which staff have low proficiency, are:

- Support application of quality improvement strategies for agency programs and services
- Assess the drivers in your environment
- Collect valid and reliable data for use in decision making

Figure 7. Percent of staff identified as proficient or expert in performing a given skill



Readiness

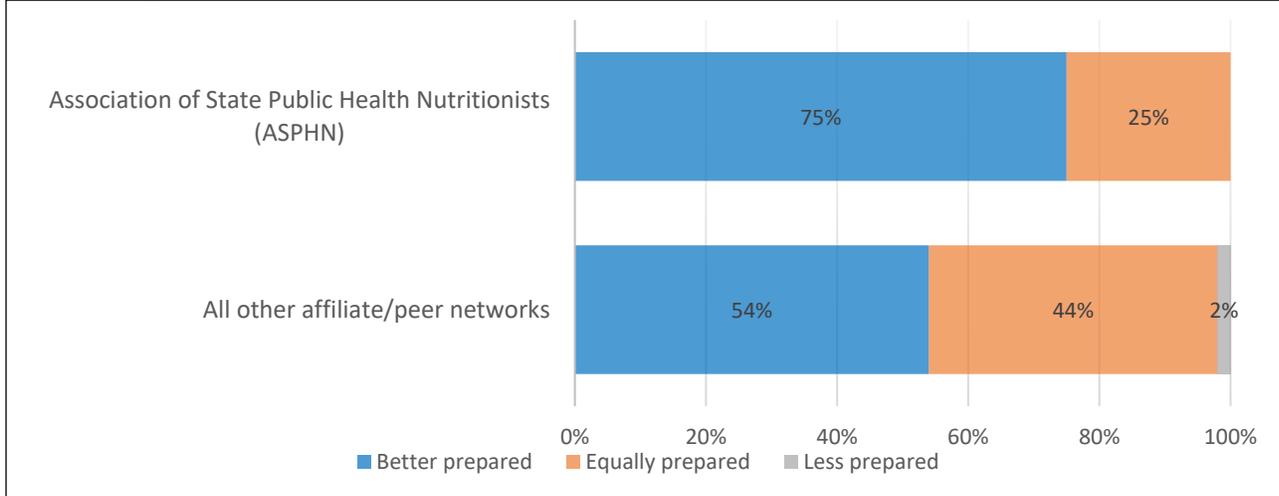
Respondents were asked about the readiness of their newly-hired, non-clerical, non-supervisory, professional public health staff. The survey question asked how many months it took, on average, for staff of different backgrounds to be able to function independently in their jobs (Table 4).

Table 4. Average time for new hires to become independent (months)

| Affiliate/Peer Network | Bachelor's degree | Public health master's degree | Other master's degree |
|-----------------------------------|-------------------|-------------------------------|-----------------------|
| ASPHN | 12 | 8 | 11 |
| All other affiliate/peer networks | 10 | 8 | 9 |

Respondents also assessed the preparedness of new, non-clerical, non-supervisory, professional public health staff with a public health master's degree as compared to staff with other master's degrees (Figure 8). Seventy-five percent responded that staff with a public health master's degree were better prepared than those with another master's degree and the other 25% said staff with a master's degree were equally prepared regardless of degree focus coming onboard a new position in the agency.

Figure 8. Preparedness of new staff with public health master’s degrees compared to non-public health master’s degrees



Conclusion

The DAWNS pilot project provides important information that captures manager perspectives on their public health workforce with the opportunity to draw comparisons between affiliate/peer network groups. From their inception, DAWNS and PH WINS 2017 were designed to allow for integration of findings along two survey domains – training needs and recruitment and retention. The complementary nature of these surveys offers a unique opportunity for detailed inspection of workforce development needs from both leadership/management and front-line staff perspectives. The DAWNS pilot data can be used in conjunction with upcoming findings from PH WINS 2017 to provide a holistic view that can be used to tailor capacity strengthening and workforce development efforts within select program areas.

Acknowledgements

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