# Local Public Health Workforce Report Focus

## Overall Goals of the LPHA WF Report

1. ​​Understand the size of the LPH workforce and the number of key positions in the LPH workforce.
2. Support LPHAs in recruiting, hiring, and retaining the PH workforce.
3. Advocate to the Oregon Legislature for policy and funding that supports the LPHA workforce.
4. Advocate to the Oregon Health Authority and local elected leaders for programs and supports for the LPHA workforce.

**Tentative Release Date:** September, 2024

## Methods

### Survey

A survey will go out to all administrators and HR personnel (TBD if these will be separate surveys or the same). The survey will include all the close-ended questions listed below, a place to upload relevant documents, and open-ended questions from the focus groups for people who were not able to participate in the focus groups. This allows people to share their qualitative experiences in multiple ways.

**Timeline**

* Survey development: May-June
* Survey open: July
* Data cleaned and analyzed: August

### Document review

We will ask health departments to submit their completed Costing and Capacity Assessment spreadsheet to get FTE and staff numbers. This is to avoid duplication and to make it simple for health administrators. There will be a place in the survey for them to upload this document. If a county does not complete the survey, we will reach out to ask for the CCA via email.

[Rede Group Collab Space](https://redegroup.co/or-public-health-modernization-capacity-and-cost-assessment) (with all CCA tools and guidance)

We will also ask for Administrators/HR to submit their county pay scales so we can capture the full range/series for each position of interest. In the survey, we will ask them to identify the classification for the positions of interest, and then we will provide a place in the survey to upload pay scale documents.

**Timeline**:

* CCAs are due to Rede Group by 8/23/24. Rede Group will validate the assessments as they are turned in. Since we probably want the validated assessments, we’ll likely be collecting these in late August. These will be the last data we collect, summarize, and add to the report.
* Pay scale data can be requested from HR via a survey with an upload link.

### Focus Groups

We will host 3-5 focus groups in late June through July. The WFD Committee will need to decide if they want the focus groups built around a topic (people who are interested in that topic can attend) or if they want all topics included in each focus group and repeated on different dates (to include as many people as possible since scheduling is always challenging).

**Who is invited?**

* Administrators
* EH Supervisors (get on CLEHS agenda?)

**Timeline:**

* Scheduling: invites to go out in May for July dates
* Focus group script development: June
* Hold focus groups: July
* Data cleaned and analyzed: August

### Data Analysis

Quantitative: summary statistics

Qualitative: generate topical codes, identify categories and themes, content analysis

## Key Questions

**How many FTE are in the LPH workforce? How many staff are in the LPH workforce?**

*Source*: [FPHS Costing and Capacity Assessment Tool](https://docs.google.com/spreadsheets/d/1a6PpO6LP0tvhL9464_TOictuEG-H6fOH/edit?usp=drive_link&ouid=105670202251536142269&rtpof=true&sd=true) - Document Review

*Considerations:*

We will request that all LPHAs send their CCA spreadsheet to CLHO. Because we will request the whole spreadsheet, we can include a variety of positions, but priority positions include:

* Public Health Nurses
* Epidemiologists
* Environmental Health Specialists
* Emergency Preparedness and Response
* Traditional Health Workers/Community Health Workers
* DIS and Lead Investigators
* Health Officer (see below)

Where possible, we will compare these data against previous WF Report.

**How many staff are contracted (not employed) by LPHs?**

*Source*: [FPHS Costing and Capacity Assessment Tool](https://docs.google.com/spreadsheets/d/1a6PpO6LP0tvhL9464_TOictuEG-H6fOH/edit?usp=drive_link&ouid=105670202251536142269&rtpof=true&sd=true), Sheet 4, K61

**How many positions in LPHs are shared across jurisdictions?**

*Source*: Administrator report via survey

*Considerations*:

* The survey questions will need to capture the number of shared positions AND where/how they are employed (multiple employers? Housed at one agency? etc.).
* We’ll also need to consider FTE vs the actual number of staff members employed.

**What is the retention/turnover rate for LPH employees?**

*Source*: HR report via survey - we will use the same retention rate calculation used by the CDC PHIG reporting (Kusuma is sharing this with us).

*Considerations*:

* Do we only capture 2023, or do we capture multiple years?
* If we are doing multiple years, how do we differentiate between COVID-specific positions vs retiring people?
* How do we differentiate between turnover and layoffs?
* Do we want multiple years to show trends?

**How many vacancies are there in the LPH workforce?**

* Point-in-time estimate of vacancies (currently-funded positions that are not currently filled)
* Is this number of vacancies typical for your organization?
* Which positions are the most difficult to recruit/fill?

**What does the LPHA Health Officer workforce look like?**

*Source:* Administrator report via survey

* Do you have a HO? (y/n)
	+ Select option: County Employee, Contracted, Volunteer
	+ How many hours do they work per week?
* Do you have a deputy HO? (y/n)
	+ Select option: County Employee, Contracted, Volunteer
	+ How many hours do they work per week?
* Does your HO or deputy HO work with other LPHAs? If yes, which LPHAs?
* Can you share the job description of your HO?
* Related: Where does your Medical Examiner sit within the county?

**What is the average wage (starting, mid, and ending) for key LPH positions?**

*Source:* Administrator/HR report via survey

*Considerations:*

* Proposal: in the survey, ask HR or the administrator to list the classifications for the key positions of interest (RN, Epis, EHS, Administrator, Preparedness, THW/CHW, DIS, WIC dietician, WIC certifier, WIC Breastfeeding Coordinator, and IBCLC) and then add a spot for them to submit payscale data (spreadsheet preferred, PDF is fine). We can then pull all the series for the relevant positions.
* Previous thoughts here.

**Succession Planning:**

* Do you have a succession plan for new leaders in your health department?
* When you became the health administrator, what were some challenges you faced? What were some supports you had?
* Have you done anything differently to prepare for the next leaders? If so, what?
* Did you borrow a plan from other health leaders/counties who have gone through major turnover?

**Career Pathways:**

* Is there a common pathway for people joining your health department? Examples may include: internship programs, agreements with community colleges/universities, high school programs, word-of-mouth, etc.
* OR just ask “Do you have any of the following? Internship, training program, etc…
	+ Ability to answer might vary based on county size
* How do you recruit from within your community?
	+ Where do you post jobs?
	+ What events do you go to/host?
* How do you recruit from outside of your community?
	+ Where do you post jobs?
	+ What events do you go to/host?
* How do people move within your organization? Up? Laterally? Leave?

**Recruitment:**

* Public health serves all people in their communities. How are you making sure your LPH workforce serves underserved/minority populations in the community effectively?
* What are your current methods to diversify the workforce?
* Is your staff reflective of your community as a whole?
* Are there tangible goals within your organization surrounding diversity, equity, and inclusion? Who makes sure these goals are met?

**Training:**

* What support does your organization provide for staff professional/skill development?
* For new hires WITH a public health background, what are the main areas of training needs you see?
* For new hires WITHOUT a public health background, what are the main areas of training needs you see?
* What sources do you use for training your staff? - Survey
* If there was something universities and community colleges could do to support the public health workforce, what would it be?
* Ohsu-psu school of public health has a committee to refine the public health curriculum and make it more applicable to the real world including clinical work and modernization training.

**Retention:**

* What are the top three reasons people leave your organization? [gather from HR]
* What are some successes you’ve had with retaining staff?

**EVALUATION - how have you used the WF Report/will use the WF Report?**

**Additional Questions (for internal purposes): - Survey**

* Labor union representative
	+ Are staff at your LPH represented by a labor union(s)? Y/N
	+ Which ones? Select all that apply
		- AFSCME
		- ONA
		- SEIU
		- AFL-CIO
		- Other (please specify)
		- None
	+ Does this union represent all county government staff or just public health department staff?
		- All county government, public health department staff, other
		- Open-ended explanation box for other
* Accreditation: which of the following describes your organization concerning the Public Health Accreditation Board?
	+ Accredited by PHAB
	+ Submitted accreditation application
	+ Registered in e-PHAB
	+ Plans to apply, but not yet registered in e-PHAB
	+ Undecided
	+ Decided not to apply
	+ Do not know
	+ If you are not accredited, what is the main reason?
		- Fees are too high
		- Application requires too much time and effort
		- Standards exceed the capacity of my LHD
		- Governing body has directed LHD not to pursue
		- PHAB accreditation Standards are not appropriate for LHD
		- Already accredited/pursuing accreditation by another agency besides PHAB
		- Other reasons

**Questions that won’t be included but may be separate projects**

* Which PEs do you receive funding through?
	+ This could be a checklist survey to members, or we could get this from OHA.
	+ This gives us a clear picture of which departments are capacitated for which programs - helps with our advocacy.