

## Public Health Agencies Face Workforce Shortage

By Irakli Khodeli

**S**tate public health agencies have been struggling with a workforce shortage for more than a decade. But the issue came under a new spotlight after the September 11 terrorist attacks, when investigations revealed deficiencies in the nation's bioterrorism preparedness and response capacity at the state and local levels.

The federal budget for fiscal year 2004 allocated \$940 million for state and local public health departments to improve their laboratory capacity, epidemiology, disease surveillance, professional training and communication infrastructure. Despite these funding initiatives, a recent CSG/National Association of State Personnel Executives survey of human resource directors in state public health departments revealed that states currently face a wide range of public health workforce issues.

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The workforce shortage is most noticeable among public health nurses. Out of 37 responding states, 30 identified nursing as the field that will be most affected by worker shortages in the future. But nursing is not the only field affected. There are also current or emerging shortages of epidemiologists in 15 states, laboratory workers in 11 states and environmental health specialists in 11 states.

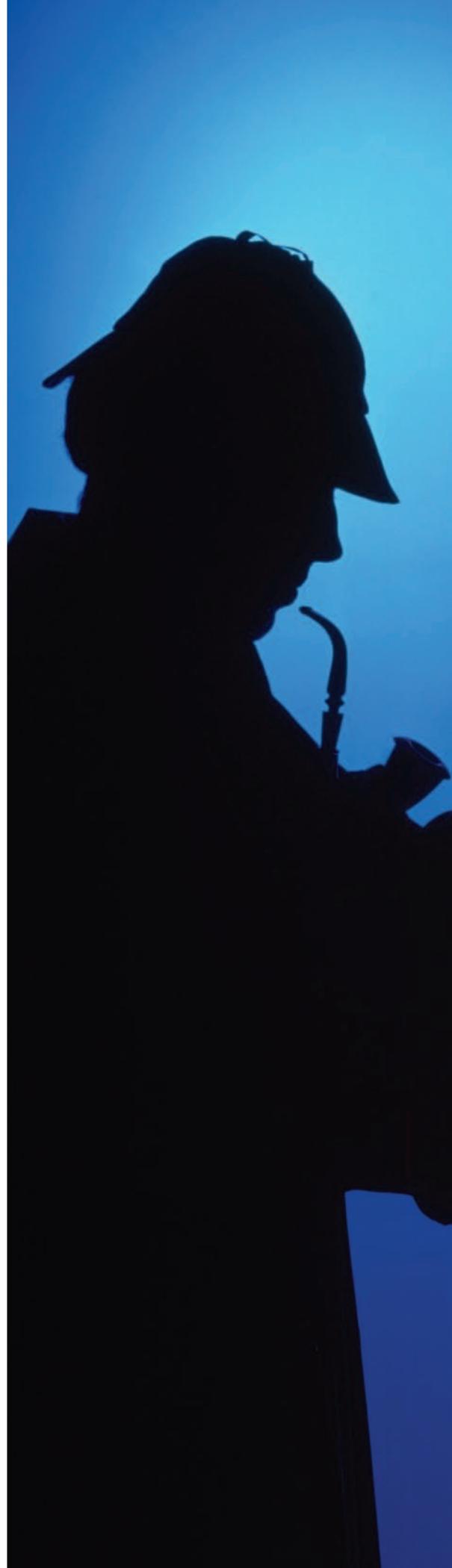
The public health workforce is aging. CSG found that in 32 states responding to the question, the average age of public health employees is almost 47 years. On average, in 29 states that responded, about 24 percent of the public health workforce is eligible for retirement, ranging from 5 percent in New Mexico to 45.9 percent in Nebraska. In addition to the workers who are approaching retirement, states must contend with an annual employee turnover rate that averages almost 14 percent in the 27 states that responded.

Among the 37 states that responded to the survey, several trends are emerging in the approaches to workforce recruitment and retention. Ten states reported that they are considering higher pay and benefits to recruit and retain workers. Unfortunately, tight state budgets do not always allow for salary increases.

As an alternative measure, 14 states promote incentives designed to advance the competencies of their public workforce, such as work-study arrangements, professional training, distance learning opportunities and loan repayment and scholarship programs. Four states focus on enhancing leadership capacity of their public health managers through leadership training institutes. And four states offer telecommuting and other flexible scheduling opportunities to their public health employees.

Seven states use recruiting strategies that promote public health careers at high schools and on college campuses. Five states reported using information technology and the Web to expand their outreach and optimize their marketing methods. Four states have established special task forces to deal with public health worker shortages.

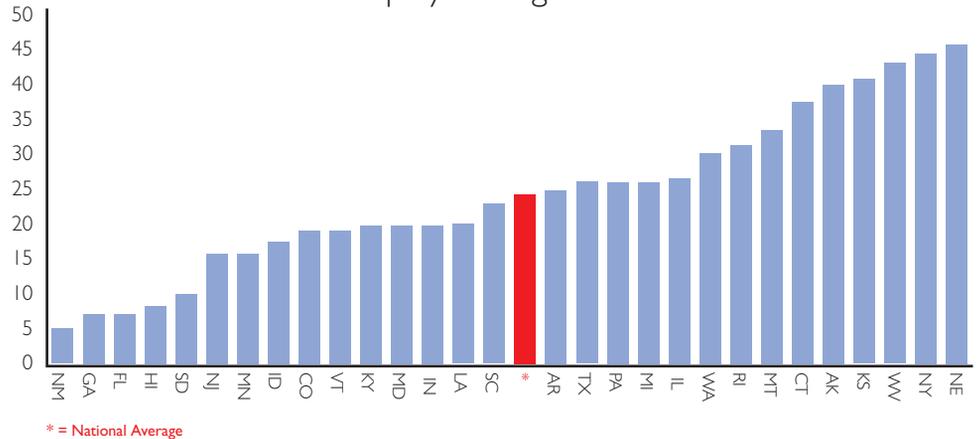
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While these approaches offer viable solutions to the problem, not every state can successfully implement every strategy. For this reason, the survey also asked states to identify the keys to solving or preventing a human capital crisis in state health agencies. Sixteen states identified increasing pay and benefits as a key to solving the worker shortage. Better marketing of public health careers to students in medical fields and other prospective employees was the second most common solution, identified by eight states. Five states noted that the ability to adjust pay scales quickly to attract and retain employees when the market shrinks for particular occupational categories would help the state's recruiting efforts. Eleven state public health agencies considered partnering with various professional educational institutions to design public health programs and curricula. Seven states reported professional training for the current public health workforce as a key to solving a retention problem.

State and local public health infrastructure is the first line of defense against a bioterrorist attack, and an adequate supply of competent health professionals is a vital component of this infrastructure. The survey indicates that states are working on new approaches to public health workforce recruitment and retention in order to maintain a high capacity for health emergency preparedness and response. The benefits of improved state and local

Public Health Employees Eligible for Retirement



public health infrastructure are not limited to the protection against bioterrorism; they include a better response to more common public health crises, such as West Nile virus, SARS and influenza.

*TrendsAlert: Public Health Care Worker Shortage* explores the trends in public health worker shortages in more detail, and provides a wider overview of public health infrastructures in the states. The report will be available at [www.csg.org](http://www.csg.org) (keyword: public health worker shortage).

— *Irakli Khodeli is a research assistant at The Council of State Governments.*

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“Like the rest of the nation, Garden City must improve the graduation rate for its Hispanic student population,” Morris said.

In North Carolina and surrounding Southern states, rural communities have witnessed increased numbers of Hispanic families settling in to work at the poultry and furniture industries as well as in urban areas at minimum-wage, low-skilled jobs. The influx of adult workers during the past 10 years has increased the need for ELL programs for their children. States vary, however, in terms of their legislative provisions and funding for ELL programs, according to an immigration specialist with SERVE, an education organization that advocates improved educational opportunities in the Southeast.

“In the SERVE region, which includes Florida, Georgia, North Carolina, South Carolina, Alabama and Mississippi, the states of Florida, Georgia, and North Carolina seem to offer the most legislative guidance and funding on the state level,”

said Stephanie Humphries, author of a SERVE study on immigration issues in the Southeast.

Some plans are the result of court decisions. “Districts in Florida, for example, submit Limited English Proficiency education plans to the state Department of Education for review, the result of the *LULAC et al. v. State Board of Education* consent decree,” she said.

Humphries, who is a program specialist for reading and school improvement in SERVE’s Greensboro, North Carolina office, said districts in the other SERVE states primarily pursue federal funding and must comply with federal guidelines. “Too, there is often some crossover between federal and state programs,” she said. “For example, although most funding for Alabama’s ELL programs may come through Title III, the state earmarks funds for at-risk students. As a result, some ELL programs may receive state monies if they serve ELLs who are at-risk.”

Humphries said no specific instructional model for ELLs is mandated on the federal level. “This doesn’t mean that parameters aren’t in place,” she said. “Title VI of The Civil Rights Act of 1964, Title III of the No Child Left Behind and court decisions such as *Lau v. Nichols* and *Castañeda v. Pickard* have clarified that programs for ELLs must be based on sound educational theory, adequately supported so that the programs have a realistic chance of success, and periodically evaluated and revised. So, the goals are in place, but states and districts decide how best to meet them.”

The issues of English Language Learners and in-state tuition for undocumented students are just two parts of the complex problems state legislatures face in trying to narrow the achievement gap for all minorities.

— *Charlotte Postlewaite is chief education policy analyst at The Council of State Governments.*