

# GOVERNOR'S PUBLIC HEALTH COMMISSION WORKFORCE

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Presented by Courtney Medlock, MPH

October 21, 2021



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# LEVEL SETTING

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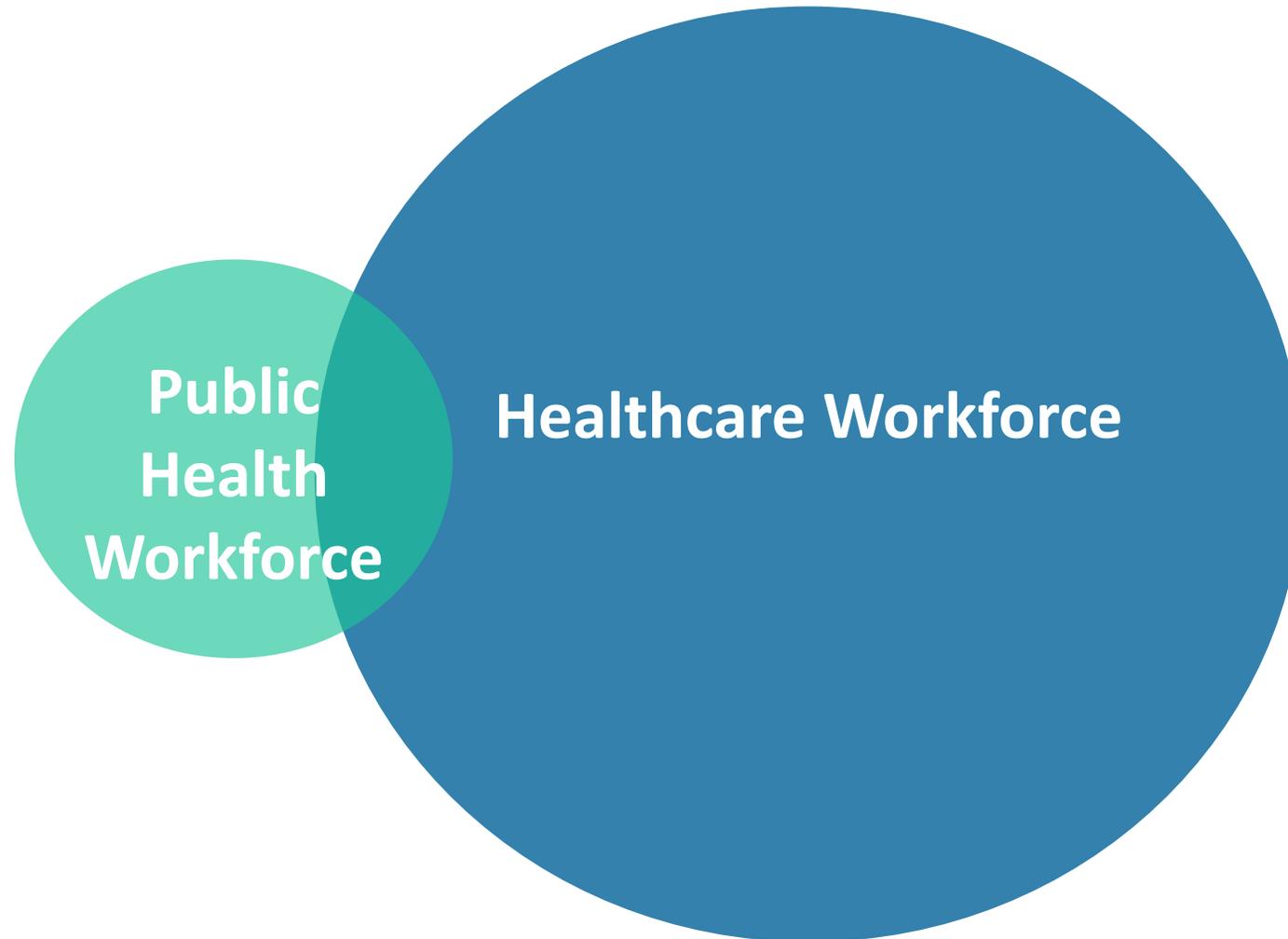


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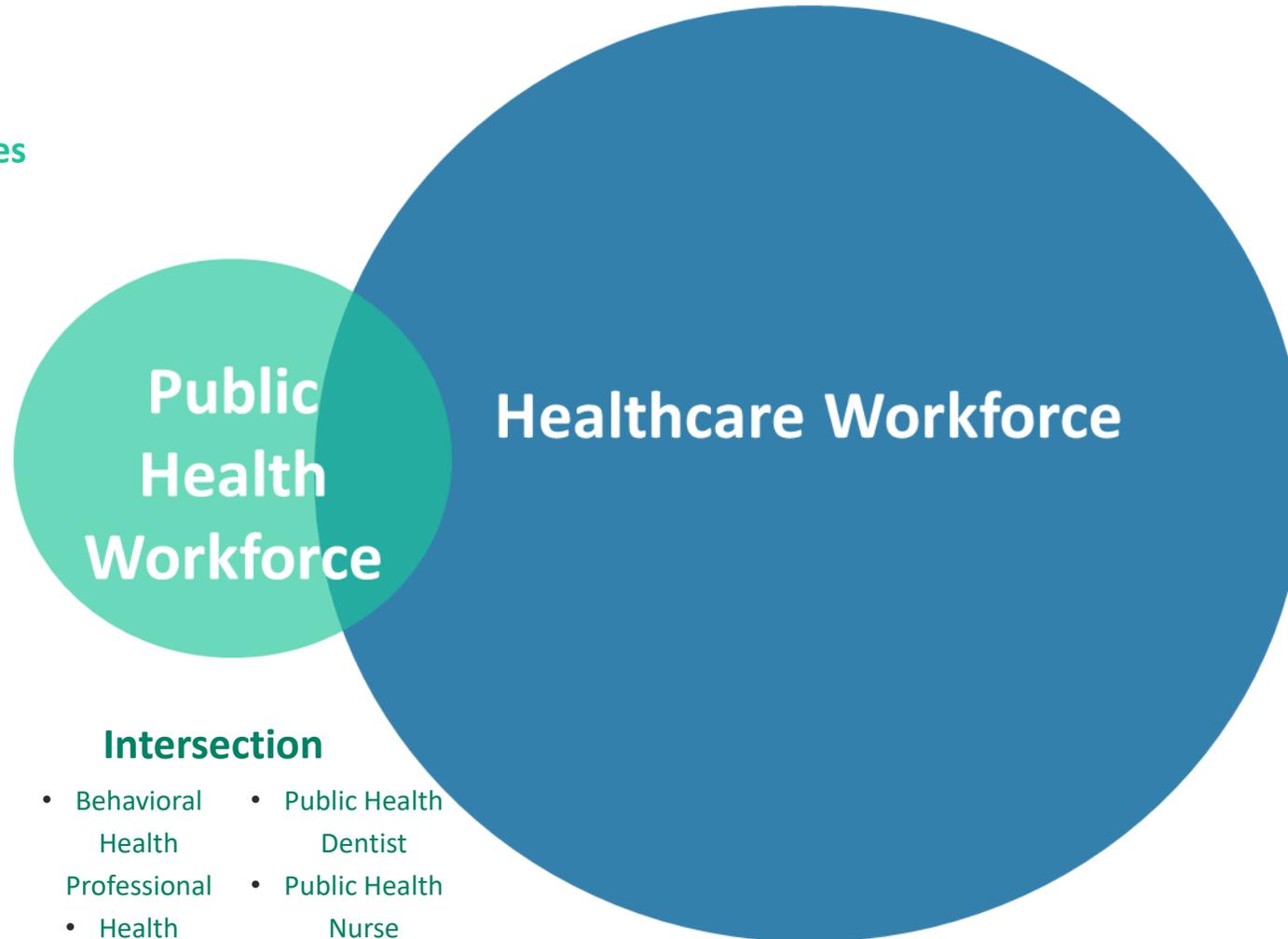
# DEFINING THE HEALTH WORKFORCE



Public  
Health  
Workforce

Healthcare Workforce

# WHAT DO WE KNOW ABOUT INDIANA'S HEALTH WORKFORCE?



## Public Health Workforce Roles

- Administrative or Clerical Personnel
- Emergency Preparedness Staff
- Environmental Health Worker
  - Epidemiologist
  - Health Educator
  - Laboratory Worker
- Public Health Informatics
- Public Health Manager
- Public Information Specialist
  - Other Public Health Professional/Uncategorized Public Health Workers

Public Health Workforce

Healthcare Workforce

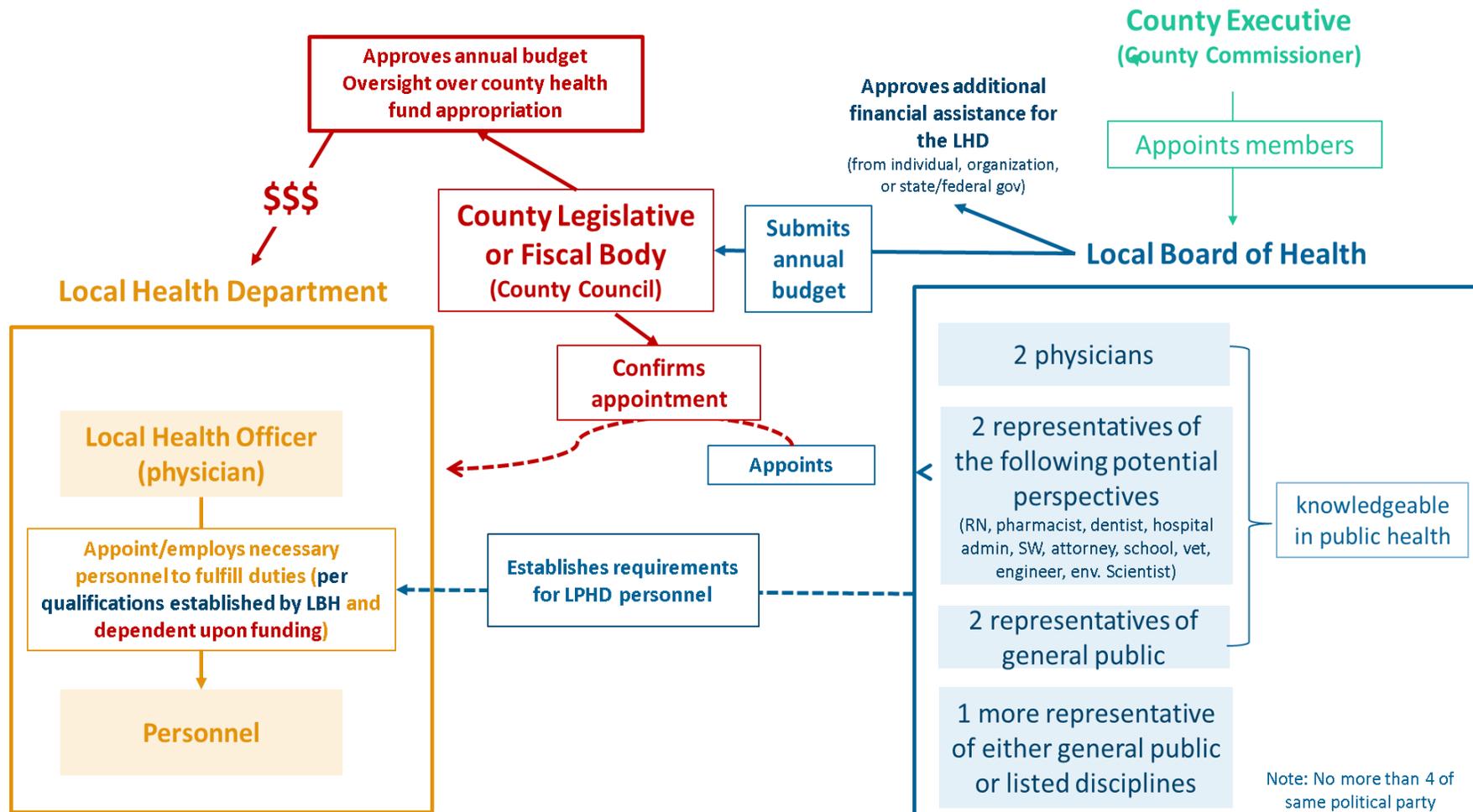
## Intersection

- Behavioral Health Professional
- Health Educator
- Nutritionist
- Public Health Dentist
- Public Health Nurse
- Public Health Physician

## Healthcare Workforce Roles

- Behavioral Health Professional
  - Health Educator
  - Nutritionist
  - Dentist
  - Nurse
  - Physician
  - Hygienist
- Occupational Therapist
  - Physical Therapist
  - Optometrist
- Respiratory Care Practitioner

# INDIANA'S LOCAL HEALTH DEPARTMENT WORKFORCE PROVISIONS AND STRUCTURE



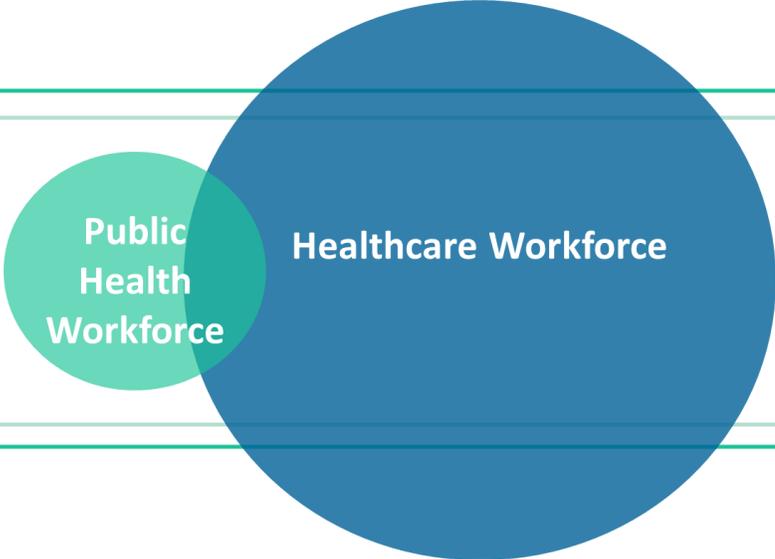
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# PUBLIC HEALTH WORKFORCE

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Health  
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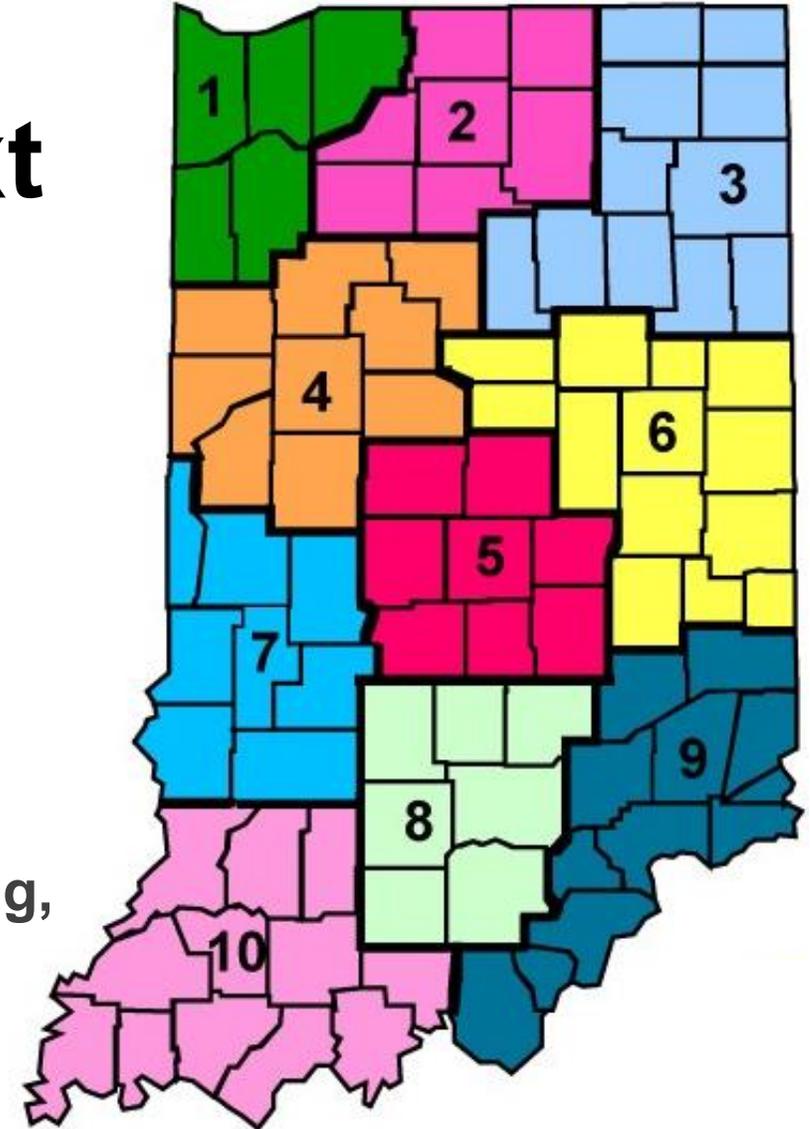
# Indiana's Public Health Workforce: Insights and Gaps

Presentation for the Governor's Public Health Commission – October 21, 2021  
Valerie A. Yeager, DrPH, MPhil

Department of Health Policy and Management  
Indiana University Richard M. Fairbanks School of Public Health

# Indiana Workforce Context

- Structure of the public health system
- Services provided
  - Available in all communities and aligned with the public health services expected in all communities to protect and ensure the health of the population?
- Number of employees
- Skills and expertise within the workforce
  - Relate to job training, recruitment, and retention



## Sources of Data and Evidence about Indiana’s Public Health Workforce

| Survey/<br>Dataset | PH WINS (Public Health Workforce Interests and Needs Survey)   | Region V<br>2020 Public Health Training Center Survey  | Statewide annual survey of LHDs   |
|--------------------|--|--|---|
| <b>Details</b>     | Individual employees provide information on education, job satisfaction, retention, and competency gaps as well as individual demographics.  | Questions about training needs. Survey completed by health officer or representative about their employees | Administrator (or rep.) completes survey about staffing (FT/PT) by specific roles and starting salaries by role. Also collects budget// funding data, as well as number of services provided & fees collected.                              |
| <b>Limitations</b> | Historically only surveyed Marion County Public Health Department (MCPHD) and IDOH with <=50% response rate.<br><i>Current survey in the field with 12 LHDs in Indiana &amp; closing end of October.</i> | First survey conducted in 2020. ONLY 35 of IN’s 95 LHDs responded  | <i>Workforce gaps/needs, recruitment/retention issues not included in the report. Data not collected by each LHD annually. Information seems to be reported differently across LHDs (e.g., financial data validity/reliability issues).</i> |



**Current data about Indiana's local public health workforce are limited**

# **Indiana LHD Workforce Characteristics**

# LHD Employees by Population Served

| Population Served | Number of LHDs (% of 94) | Average Number of Full-Time Employees (range) | Average Number of Part-Time Employees (range) | Average TOTAL Employees (range) |
|-------------------|--------------------------|---|---|---------------------------------|
| 25,000 or less    | <b>30</b><br>(32%)       | <b>4</b><br>(0-12)                            | <b>3</b><br>(0-11)                            | <b>6</b><br>(3-14)              |
| 25-50,000         | <b>35</b><br>(37%)       | <b>6</b><br>(3-12)                            | <b>2</b><br>(0-7)                             | <b>9</b><br>(4-17)              |
| 50-100,000        | <b>12</b><br>(13%)       | <b>12</b><br>(7-20)                           | <b>5</b><br>(1-7)                             | <b>17</b><br>(8-27)             |
| 100-200,000       | <b>11</b><br>(12%)       | <b>25</b><br>(13-55)                          | <b>6</b><br>(0-20)                            | <b>32</b><br>(15-75)            |
| 200-300,000       | <b>2</b><br>(2%)         | <b>64</b><br>(55-73)                          | <b>13</b><br>(1-24)                           | <b>77</b><br>(56-97)            |
| 300,000 or more   | <b>4</b><br>(4%)         | <b>204</b><br>(25-692)                        | <b>20</b><br>(3-53)                           | <b>224</b><br>(32-745)          |

*Note: Data from IDOH Annual LHD Surveys*



# Employee Roles by LHD Size

The annual state survey of LHDs asks for information about a specific list of employees.

1. Administrator/Chief Executive
2. Chief/Main Finance Officer/Payroll Administrator
3. Chief/Main Food Inspector/Director
4. Chief/Main Pollution Septic Inspector/Director
5. Chief/Main Public Health Nurse or Clinic Director
6. Chief/Main Vector Control Staff/Director
7. Chief/Main Vital Records Staff/Registrar
8. Other Chief/Manager/Director Staff not listed above

- Accreditation Coordinator
- Community Health Worker
- Dentist
- Disease Intervention Specialist (DIS) or Infectious Disease Specialist
- Emergency Preparedness Coordinator
- Environmental Health Specialist (non-mgmt.)
- Finance/Payroll Staff (non-mgmt.)
- Food Inspector (non-mgmt.)
- Health Educator
- Laboratory Staff (including mgmt. staff)
- Lead Poisoning/Healthy Homes Staff
- Licensed Practical Nurse (LPN)
- Medical Assistant (MA)
- Nurse Practitioner (NP)
- Physician (other than Health Officer)
- Physician Assistant (PA)
- Public Health Nurse (non-mgmt.)
- Septic Inspector (non-mgmt.)
- Secretary/Support Staff
- Swimming Pool Inspector
- Vector Control Staff (non mgmt.)
- Vital Records Staff (clerks)
- Other

**Note that epidemiologists or individuals with informatics skills that facilitate data analysis for evidence-based decision-making are not on these lists.**



# Local Health Officials

We know that among health officials in the LHDs in Indiana, 55 are part-time and 39 have full-time roles in their agencies.

Smaller LHDs tend to employ part-time health officials who often serve as a physician in a clinical setting and support the LHD as needed.

***We have some insights into the training gaps among Indiana's governmental public health workforce, but the data is too limited to be actionable.***

# Training Needs among Indiana's Governmental Public Health Employees at 35 LHDS

- 97% (n=34/35) of the LHDS that responded to the Region V Survey indicated that they “allow” use of working hours to participate in training; whether staff have capacity to participate remains unknown.
- 89% (n=31) report some funds for travel/registration fees for training
- 63% (n=22) provide onsite training for staff

## **Less common among responding LHDS:**

- including education and training objectives in performance reviews (31%, n=11)
- requiring continuing education (43%, n=15)
- providing recognition of achievement (34%, n=12)
- having a staff position(s) responsible for internal training (34%, n=12)

*Note: Data from 2020 Region V Training Needs Assessment Survey*



# Top 5 Training Needs among 35 of Indiana's LHDs

1. Describe financial analysis methods applicable to program and service delivery (49%)
2. Describe the value of an agency business plan (37%)
3. Deliver socially, culturally, and linguistically appropriate programs and customer service (26%)
4. Describe the influence of internal changes on organizational practice (17%)
5. Support inclusion of health equity and social justice principles into planning for program and service delivery (14%)
5. Describe the value of community strategic planning that results in a community health assessment or community health improvement plan(14%)

*Note: Data from 2020 Region V Training Needs Assessment Survey*



# Training Needs among IDOH Employees



## Non-supervisors

Systems and Strategic Thinking  
Budget and Financial Management  
Develop a Vision for a Healthy Community

## TOP SKILL GAPS AND TRAINING OPPORTUNITIES

### Supervisors and Managers

Budget and Financial Management  
Systems and Strategic Thinking  
Cultural Competency/Competence

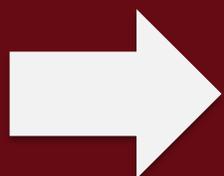


### Executives

Budget and Financial Management  
Change Management  
Develop a Vision for a Healthy Community

*Note: Data from from PH WINS 2017*

**Nationally, the vast majority of public health workers (4 out of 5) do not have formal training in public health.<sup>4</sup>**



Impacts the feasibility of cross-training for competencies and the provision of foundational public health services.

Nationally, the vast majority of public health workers (4 out of 5) do not have formal training in public health.<sup>4</sup>

We do not have specific data on this in Indiana.  
A strategic LHD and workforce assessment is needed for Indiana.

services. vision of foundational



**Current data about Indiana's local public health workforce are limited,**

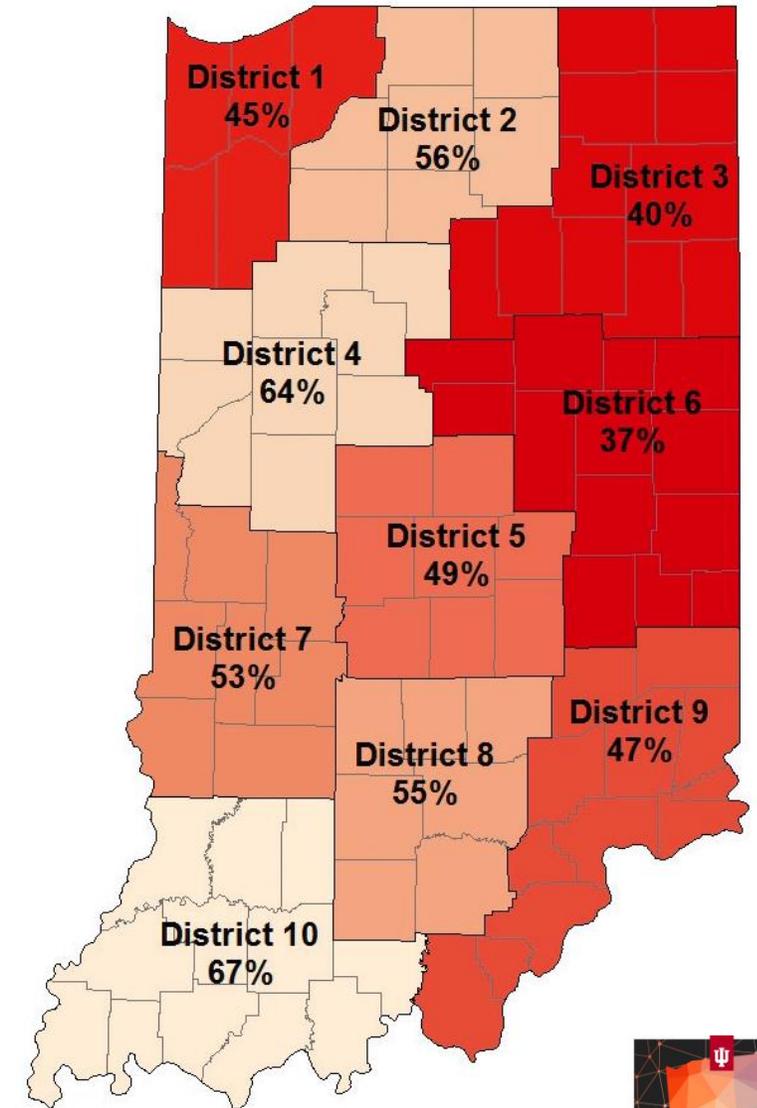
**making it difficult to predict the best path forward.**



## We know there is a workforce CAPACITY issue.

Indiana communities are less likely to be implementing nationally recommended public health activities compared to other states.

→ **Directly linked to the CAPACITY of the system, which is a function of the number of employees and their workload as well as the expertise of the workforce**



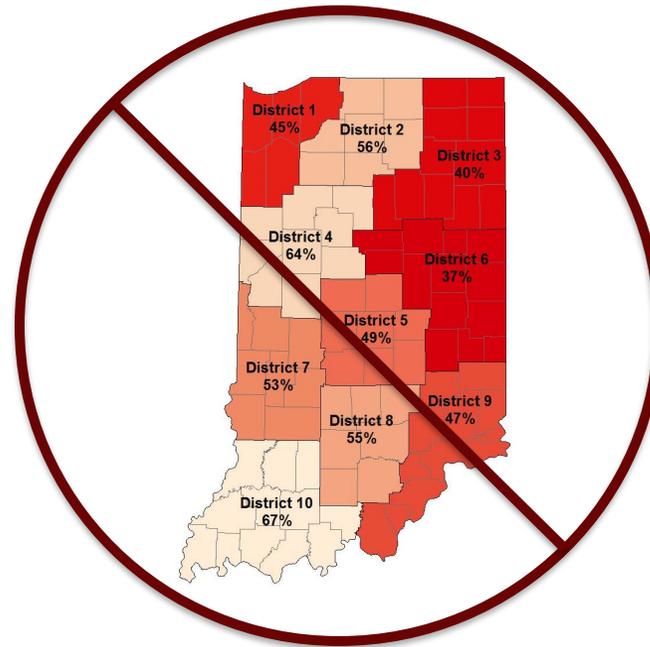
Map shows average proportion of activities completed by LHDs (weighted by population)



# Specific tools and skills appear to be missing from many of Indiana's LHDs

Epidemiologic expertise

Emergency preparedness expertise & capabilities



Informatics expertise and data analytics to inform education/services relevant to community needs

Information technology infrastructure

# Six Overarching Issues Identified in the 2020 Public Health Systems Report

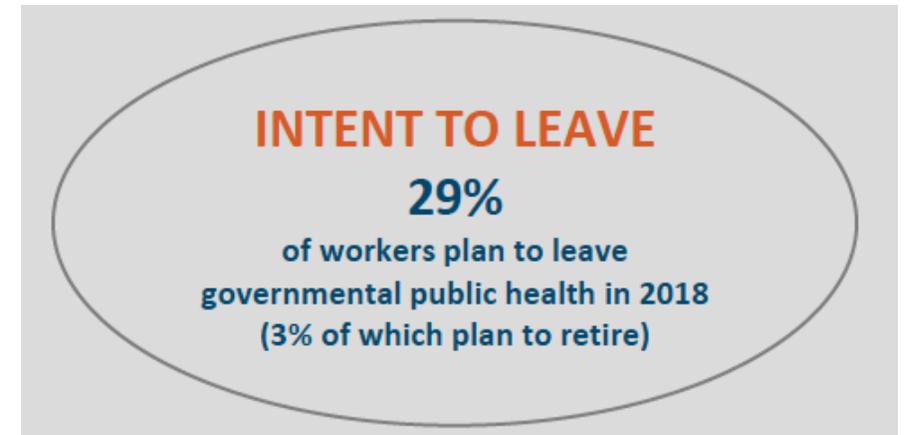
1. Public health is not well understood and is undervalued
2. Public health does not have sufficient funding to be as effective as needed
3. There is a lack of specific types of public health expertise at the local level
4. There is a lack of connectedness and communication between the state health department (SHD) and local health departments (LHDs)
5. There is insufficient technology and essential infrastructure coupled with inconsistent data for evidence-based decision making
6. The local public health system is not providing the essential public health services consistently across communities.



# Workforce Retention Context

Public health needs to retain valuable employees and recruiting highly skilled new employees. Job satisfaction data will be helpful, but we only know a little about job satisfaction (only among state public health employees).

We also know that ~30% reported intending to leave their jobs in the near term.



2017 Indiana PH WINS Insights (IDOH Employees Only)



***Almost all available data are missing insights about recruitment and retention issues in Indiana's SHD and LHDs.***

*While we have national evidence about recruitment and retention barriers, we only have a handful of anecdotal reports from Indiana about which roles are hardest to fill and other issues.*

*Currently, information on recruitment barriers is not being collected.*

# National Findings about Governmental Public Health Recruitment Barriers

- *a general lack of awareness of job postings*<sup>5</sup>
- *misalignment between job requirements (e.g., merit-based requirements) and the available workforce*<sup>5,6</sup>
- *misalignment between openings and expected salaries (i.e., competition for the workforce)*<sup>5,6,7</sup>

# Summary Workforce Considerations

- Vast majority of public health workers do not have formal training in public health (likely true in Indiana as well)
- Recent national and IDOH workforce surveys indicate a wave of retirements/losses are on the horizon; yet recruitment of skilled public health workers remains challenging<sup>8</sup>

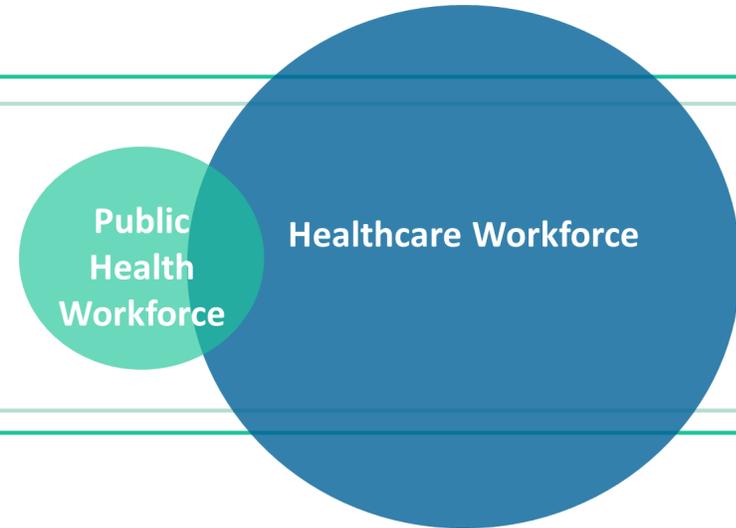
The establishment of a tuition reimbursement program is needed to recruit new expertise to the governmental workforce and to enhance formal training of public health staff across state and local public health agencies



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# HEALTH CARE WORKFORCE

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# INDIANA'S HEALTH CARE WORKFORCE

Indiana's has a large number of professions, roles, and occupations that deliver or support they delivery of comprehensive health care services for Hoosiers.

Many health care professions are state regulated through licensure or certification.

Indiana has put provisions in place to ensure the availability of data to inform health care workforce policy and planning for regulated professions.

Full Digital Repository of Indiana Health Care Workforce Reports, Briefs, and Memos available at: <https://scholarworks.iupui.edu/handle/1805/5420>



# HEALTH WORKFORCE DATA: INDIANA STRATEGY

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Supplemental information collected as a part of routine license renewal - SEA 223-2018

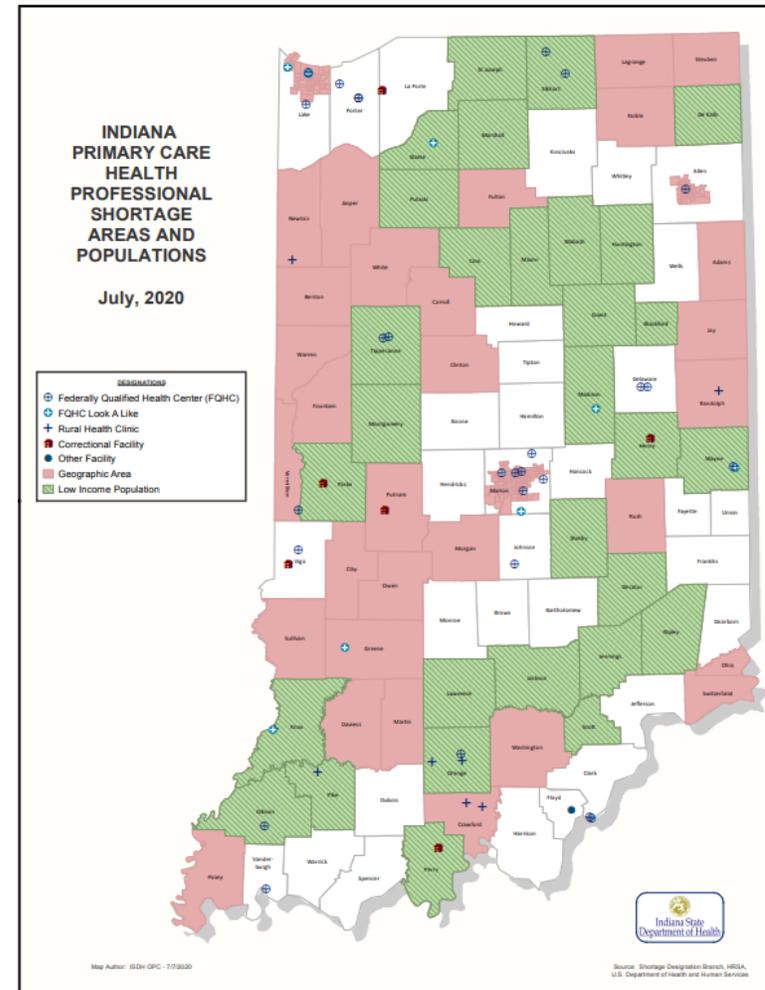
- **Values**
  - Minimum necessary to support state health care workforce policy and planning
  - Minimizes burden for Indiana health professionals (multiple surveys, calls, etc.)
- **Benefits**
  - Supports identification of workforce shortages and alignment of incentive programs
  - Ensures data are available to inform policy and support policy evaluation
  - Cost-effective



# INDIANA HEALTH CARE WORKFORCE ISSUES

## Selected Issues

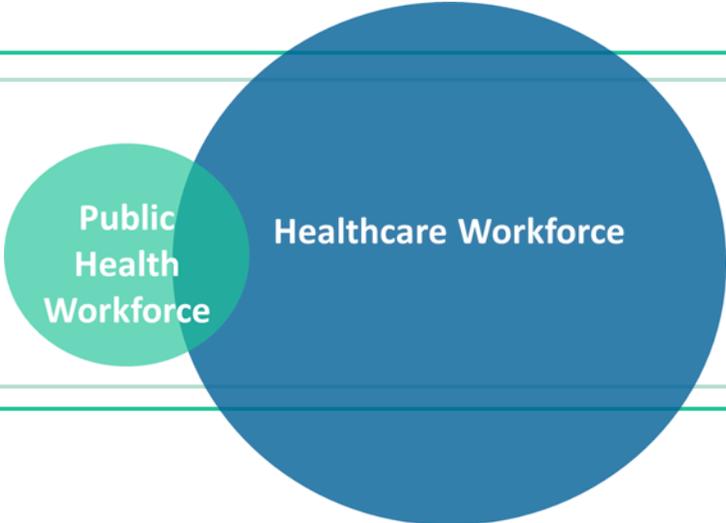
- Workforce Shortages in Rural and Underserved Areas
- Overall Shortages of Primary Care Physicians, Psychiatrists, Long-term Care Workforce
- Acute Shortages of Nursing Staff
- Direct Care Workforce Recruitment and Retention Challenges
- Faculty shortages (especially nursing)



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# THE INTERSECTION: PUBLIC HEALTH & HEALTH CARE

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# PHYSICIANS

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Of the 17,384 active Indiana Physicians (2019):

- **28 physicians reported a Local Health Department**
  - **4.0 Full-time Equivalents (FTE) of Physicians**
    - Example: There are 5 family medicine physicians that reported LHD as one of their practice locations. Their reported hours at an LHD account for a total of 0.1 FTE, or less than 4 hours a week total.
  - **8 reported Preventive Medicine/Public Health**



# NURSES

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Of 81,539 active Registered Nurses in Indiana (2019):

- **307 (246.7 FTE) Public Health as primary role and Public/Community Agency as setting**
  - 1,053 reported Public /Community Health Agency
- **1,380 (1,090.3 FTE) School Health as primary role and School-based Health Agency as setting**
  - 1,607 reported School-based Health Agency
- **100 reported Nursing Faculty as their primary role**



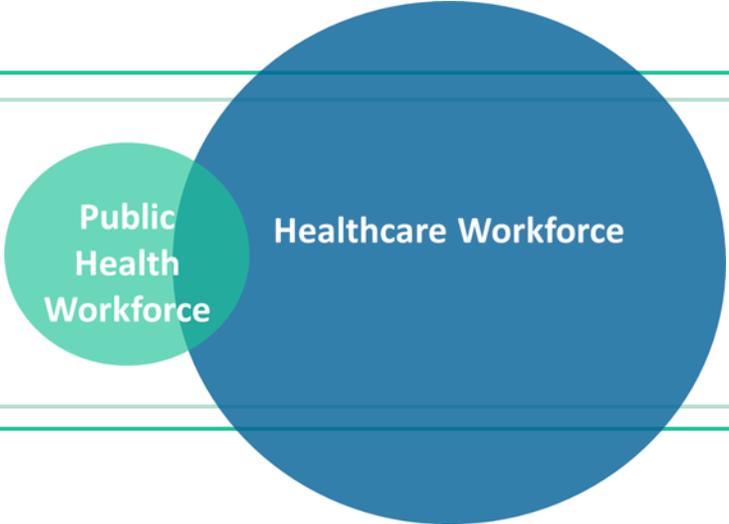
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# ISSUES AND CONSIDERATIONS

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Health  
Workforce

Healthcare Workforce



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# FOUNDATIONAL ISSUE: WORKFORCE ASSESSMENTS

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- National surveys on the Public Health Workforce are not representative of Indiana (especially community/local level)
- Data on health care professionals contributing to Public Health are helpful but could be refined to better capture this information
- Indiana has put in place statute to ensure the collection of health care workforce information
- The (local) public health workforce is a part of the local public health infrastructure and include other types of workers/professionals
- A strategy is needed to ensure data are available to support policy and planning for the entire Health Workforce (Public Health, Health Care, and the Intersection)



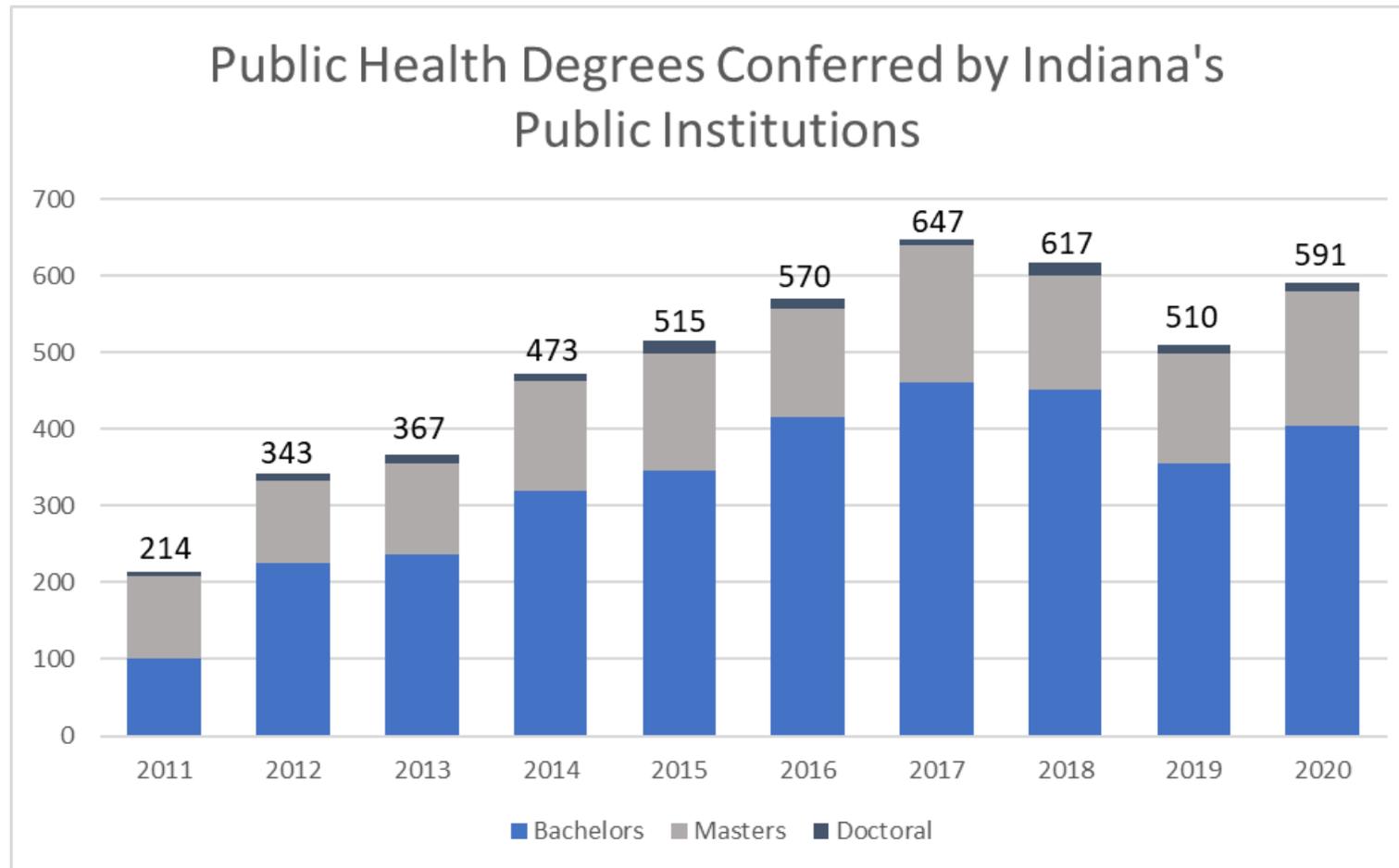
# PRIORITY: ENSURE PUBLIC HEALTH WORKFORCE DATA ARE SUFFICIENT TO INFORM POLICY AND PLANNING

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IDOH could promulgate rules (under authority provided by IC 16-20-1-12) to establish workforce reporting requirements for Local Health Department in administrative code.



# PRIORITY: INDIANA PUBLIC HEALTH GRADUATES ARE INCREASING; WHERE ARE THEY GOING?



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Data obtained from Indiana Commission for Higher Education; Public Academic Institutions with programming under CIP 51.22

# PRIORITY: EXAMINE TALENT RETENTION

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It is recommended that an analysis of existing data on graduation and employment within the State of Indiana be conducted to determine the extent to which public health graduates are 1) employed in the State of Indiana, 2) employed in the public health/health sector, and 3) working in governmental public health.

*Note: The Governor's Public Health Commission could explore a request to the Management and Performance Hub to prepare such analyses.*



# FOUNDATIONAL ISSUE: HEALTH WORKFORCE DEVELOPMENT STRATEGIES

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Workforce and Skills shortages persist (and have been exacerbated by the pandemic):

- Health Care Professionals/workers (ex: nursing, certified nursing aide, dental assistants, respiratory care practitioners, medical assistants,)
- Roles (ex: nursing faculty)
- Settings (ex: school health, long-term care, etc.)
- Skills (ex. formal public health training)



# PRIORITY: RECRUITMENT & RETENTION OF HEALTH WORKFORCE IN AREAS/ROLES OF NEED

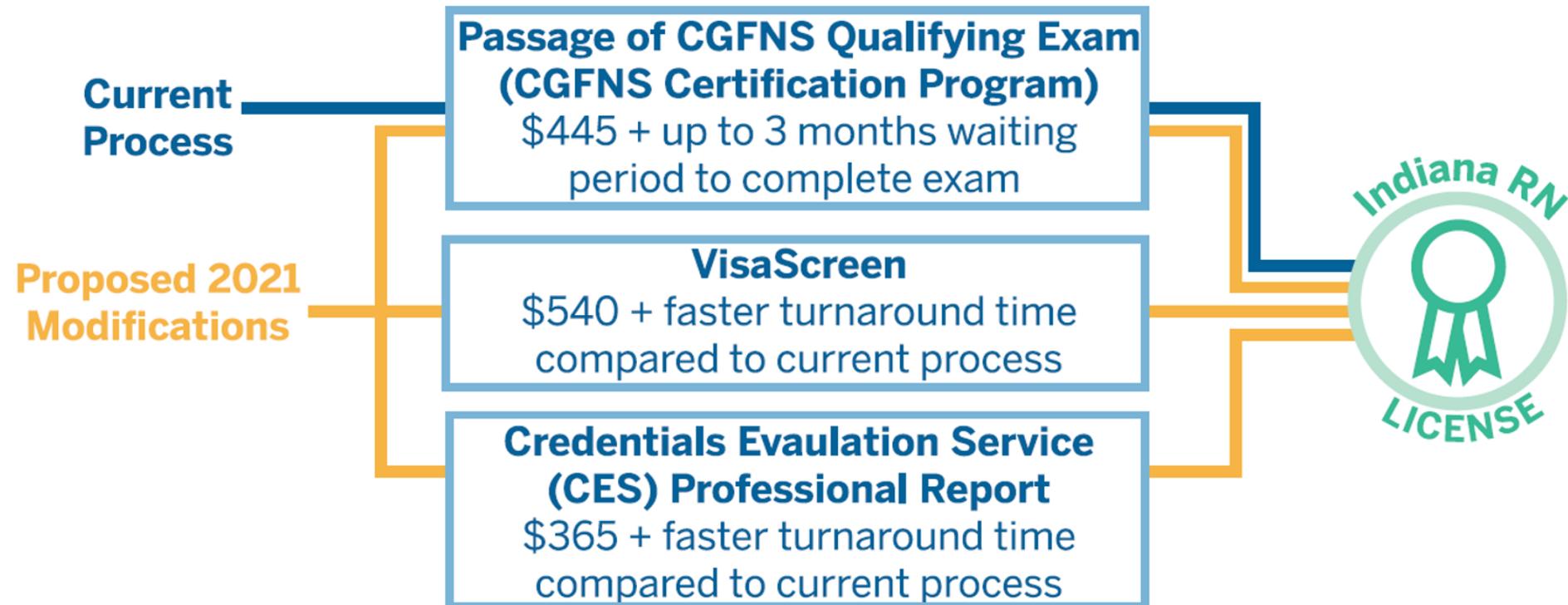
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Establishment of an Indiana Health Workforce Incentive Program to support targeted workforce development for state-defined need (Health Care and Public Health)

- **Examples:**
  - Loan Repayment
  - Tuition Reimbursement
  - Scholarships
  - Tax incentives



# PRIORITY: TAKE LEGISLATIVE ACTION TO REMOVE UNNECESSARY REGULATORY BARRIERS



# PRIORITY: ESTABLISH/EXPAND ACADEMIC/EMPLOYER PARTNERSHIPS IN PUBLIC HEALTH

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## **Current Public Health Students:**

- The Indiana Local Health Department Outreach Division and/or Indiana Area Health Education Center Regional Offices could serve as internship placement coordinator/liaison between local health departments and schools of public health

## **Recent Public Health Graduates:**

- Consider the development of post-graduate public health fellowship opportunities (ex: epidemiology, health information technology, laboratory).

## **Cross Train Health Care Students and Professionals in Public Health:**

- IDOH could designate a staff member to work with Indiana health professions training programs to identify opportunities to partner with public health settings for clinical rotations and experiential learning.



# FOUNDATIONAL ISSUE: HEALTH WORKFORCE POLICY COORDINATION

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- Health workforce initiatives and programs cut across multiple agencies and are critical to nearly every public health and health care discussion
- Opportunities exist to strengthen alignment, leverage synergy and reduce duplication of effort across exist State initiatives
- Historical policy coordination has been informal and primarily focused on the health care workforce (Governor's Health Workforce Council)
- No policy coordination for the public health workforce currently exists



# PRIORITY: PUBLIC HEALTH REPRESENTATION IN HEALTH CARE WORKFORCE DECISIONS TO ALIGN THE INTERSECTION

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The Commission could consider supporting the addition of Public Health Representation on the Indiana Graduate Medical Education (GME) Board.

Indiana Graduate Medical Education Board is tasked with (Source: IC 21-44-7-2)

1. “To provide funding for residents not funded by the federal Centers for Medicare and Medicaid Services.
2. To provide technical assistance for entities that wish to establish a residency program, including the following:
  1. Entities that are not licensed hospitals.
  2. Federally qualified health centers.
3. To provide startup funding for entities that wish to establish a residency program.”

Current 10 member Board has no dedicated Public Health representative.



# PRIORITY: IDENTITY OR DEVELOP STATE CAPACITY FOR COORDINATING ACROSS INDIANA HEALTH WORKFORCE INITIATIVES

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The Commission should consider establishing/identifying entity to support ongoing coordination across Indiana health workforce initiatives.

*Note: The Governor's Health Workforce Council (informal entity) just completed a 5- year review of initiatives and outcomes and is preparing to undertake strategic planning.*



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# QUESTIONS

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