

State Civil Service Systems and Their Impacts on State Health Agency Workforce Planning

2022 Environmental Scan

For decades, the governmental public health workforce has been underfunded and understaffed. According to *Staffing Up*, a report published in 2021 by the de Beaumont Foundation, an estimated additional 80,000 full-time equivalents are needed to perform foundational public health services – this does not include what is needed to address surge needs such as has been seen during the COVID-19 response.¹

It has long been suspected that civil service systems, originally put in place to protect workers and provide useful structures, also present barriers to rapid, efficient, and equitable hiring practices and limit an agency's ability to be nimble in response to shifting workforce needs.

The Association of State and Territorial Health Officials (ASTHO), on behalf of the de Beaumont Foundation, engaged to “conduct an environmental scan on the landscape of state civil systems, including the assessment of select workforce development plans from accredited state health agencies.” This document provides a summary of that scan conducted in late 2021 and early 2022.

Environmental Scan Protocol and Methods

As a membership organization representing the health officials in 59 states and territories, ASTHO has the unique opportunity to speak regularly with leadership team members of governmental public health agencies. The environmental scan of civil services consisted of several sequential and iterative steps. Interviews and conversations with ASTHO staff representing health programs, human resources and workforce development, accreditation, and governmental and legislative affairs helped to shape the steps, as well as the inquiries made for this scan.

Input was gathered from individuals representing external groups, including the National Conference of State Legislatures (NCSL), National Association of State Budget Officers (NASBO), Columbia University Mailman School of Public Health, National Association of State Personnel Executives (NASPE), National Consortium for Public Health Workforce Development's Working Group in Recruitment and Retention, and ASTHO's Peer Network Advisor Group.

Based on topics from the preceding interviews, ASTHO conducted a literature review to identify existing evidence around the link between civil service systems, workforce planning, and the several key topics prioritized from input interviews, including:

- Varying definitions of “civil service.”
- Civil service examination requirements.
- Full-time Equivalent (FTE) and/or pay caps.
- Position/Job descriptions and requirements.
- Public health accreditation and workforce administration.

The literature review included several strategies for identifying evidence, including:

- A journal database search using Google Scholar and PubMed.
- An internet scan of keywords related to the above topics, using sources identified in input interviews and Google keyword searches.
- A review of select public-facing civil service websites using keywords related to the above topics.

The final phase of the environmental scan was a review of select accredited state health agency (SHA) workforce development plans (WFPs) for references to the following topics:

- Civil service reforms or accommodations.
- Select tactics for navigating civil service rules identified in input interviews and the literature review (e.g., fellowship/internship programs, loan forgiveness, simplified position/job descriptions, flexible minimum qualifications).

Examining the State Civil Service System Landscape

Defining Civil Service

An important barrier to studying the impact of civil service systems on public health workforce planning is the wide range of definitions for “civil service” across states, within governments (e.g., executive agencies vs. budget offices), and by organizations outside of state government, such as labor unions.

Perhaps the most important factor is that no two state civil service systems are identical. Shortly after the Pendleton Act of 1883 established the federal civil service system, which is built on the principles of merit-based recruitment through competitive examinations and protection from political firings, states began to fashion and implement their own merit systems, largely using the federal system as a model, but setting their own institutional structures and parameters.²⁻⁵ While the immediate goal for many states was to prevent incoming governors from replacing state workers with their political supporters, as had been common practice prior,⁶ the ultimate purpose of any civil service system is to maintain a qualified, productive, diverse, and politically neutral workforce that would maintain knowledge and technical competence across administrations.^{4,7-9}

In the decades since, varying degrees of state civil service reform have resulted in a widening array of workforce coverage, protections, and institutional structures between states.⁵ Most reforms have focused on easing—or altogether revocation—of civil service protections that reform advocates argue serve two purposes: maintaining democratic oversight of the bureaucracy by elected officials and increased efficiency and flexibility in implementing policy objectives.⁷ Dissenters point to the risk of reverting to an executive branch staffed through patronage.^{8,10}

Further complicating such an exercise is a wide range in terminology used to describe civil service systems, their beneficiaries, and their processes. This was clear in both the initial interviews with workforce planning stakeholders and in the reviewed evidence. A “civil service system” is often used interchangeably with a “merit system.”⁴ Different states or organizations may refer to staff who are beneficiaries of civil service protections as “classified” employees,^{4,11-13} “merit” staff,^{14,15} “competitive” service,^{3,8} or even colloquially as the “permanent government”¹⁰ as compared to terms like “at will”^{14,15}

or “excepted service”^{3,8} for staff who do not fall under civil service protections. The definitions of such terms can be vaguely defined. Even within the civil service workforce, a state may differentiate between staff who are “represented” and “non-represented” by labor organizations.¹³

Variability in State Civil Service Systems

Despite state civil service models varying substantially, no systematic effort to summarize these differences was noted. This poses a barrier to examining impacts on workforce planning because such research would require those involved to manually gather data on each state’s current civil service model as a preliminary step. Based on the results of the literature review and the feedback from initial interviews, this data would be of considerable value to the public health workforce research community; however, the degree of manual data collection was outside the scope of this environmental scan.

Due to these inconsistencies in civil service models and the lack of systematic data on these differences, the literature review is focused on three specific questions raised in initial interviews as top priorities for workforce planning:

- How do civil service exam requirements differ across states?
- How do civil service requirements dictate how position descriptions and minimum requirements are written?
- How do caps on full-time equivalents (FTEs) and compensation impact recruitment and retention strategies?

For each topic, the literature review summarizes the background, the impact of civil service rules and regulations, and any patterns in recent state reform efforts related to the topic.

Examining Impacts on State Health Agencies (SHAs)

How do civil service exam requirements differ across states?

As noted above, merit-based recruitment through examinations has been a core principle of civil service since the Pendleton Act of 1883, which mandated “open, competitive examinations for testing the fitness of applicants for the public service now classified or to be classified hereunder.”¹⁶ Examinations were similarly incorporated into state models; though, as with other facets of civil service, political interpretation and subsequent reforms resulted in a wide array of different exam requirements across states.⁵ Scores from examinations are frequently rank ordered, with only a specified number of top scorers eligible to be interviewed for open positions—a rule often following the naming convention of “Rule of ___” (i.e., Rule of Two, Rule of Three).¹⁷

For states that maintain an examination requirement, interpretation of what constitutes an examination also varies. For example, Washington defines an examination as “a scored competitive written, oral, or performance test;”¹³ whereas Louisiana defines it as “any formal assessment or combination of assessments used to evaluate an applicant’s qualifications and job-related competencies”, including but not limited to “tests, experience and training evaluations, minimum qualifications, resume evaluations, structured oral examinations, and job interviews.”¹² Some states, such as New Jersey, have at times required a written test not only for new hire candidates but for internal promotion candidates as well.⁶

Reforms targeting civil service exam requirements tend to fall under a few categories. The first is removing civil service exams from the hiring process, either in full or in part. Some states have removed exam requirements altogether,⁴ while others have exams to verify specific skills but have removed ranked lists or have allowed recruiters more flexibility in leveraging exams where they deem them appropriate.^{7,11} Another theme has been more flexible alternatives to ranked written exams, such as pass/fail classifications and other categorical or hierarchical “banding” of candidates (e.g., best qualified, qualified, not qualified).^{6,7} Some reforms have targeted issues of universal accessibility, such as increasing flexibility in exam scheduling¹⁷ or offering exemptions for specific groups like veterans¹⁸ or persons with disabilities.¹⁹

As of 2019, only half of U.S. states still required civil service exams for recruitment,²⁰ down from 35 states in 2015.¹⁸ 25 states still required candidate lists from an external department or board in 2015, requiring that new employees come from these specific employment lists.¹⁸

How do civil service requirements dictate how position descriptions and minimum requirements are written?

The scan found that outdated, rigid, and unappealing job descriptions and job requirements are barriers to state public health workforce planning,^{11,21} but it is unclear from existing literature whether such practices are a direct result of the merit system itself²² or more of an historical artifact or reflection of cultural patterns around conformity and predictability of roles and responsibilities that are common in many governmental agencies.²

Whether or not these outdated job description formats are directly tied to civil service rules, the impact on recruitment and even retention is clear in the available evidence. Studies examining public health graduates find that the rigidity of minimum qualifications and inconsistency in job requirements across government public health job listings deter many candidates from pursuing these roles.^{23,24} The effects can also extend into workforce retention efforts, where similar surveys of the existing public health workforce identified frustrations with the presentation and accessibility of job listings and their impact on which candidates fill open positions.²²

Advocates point to several tactics states can take to modernize job descriptions.

One is to prioritize making job descriptions more appealing to candidates by highlighting the positive impacts of government public health roles,^{23,25} limiting use of common business-oriented language, and not over-describing the role’s responsibilities.¹¹

Another is to make minimum requirements related to prior field experience,²⁰ specific degrees, software competencies, and residency less rigid;²³ all of which can exclude otherwise qualified candidates with comparable qualifications. Even identifying and removing outdated physical job requirements that may no longer apply to the modern role (e.g., ability to lift boxes of files) can make a job description more appealing and accessible.¹¹

How do centralized controls on full-time equivalents (FTEs) and compensation impact recruitment and retention strategies?

It was unclear from our scan whether FTE and compensation caps have a direct impact on workforce planning, nor was it clear how directly state civil service rules and regulations influence these policies. Personnel and compensation constraints have been common mechanisms for state governments in efforts to curb wasteful spending,² and according to the National Association of State Budget Officers, 25 of 51 budget offices (i.e., 50 states and the District of Columbia) have agency personnel/hiring controls, 21 have caps on agency personnel positions, and 33 have position control for new or the refill of agency positions.²⁶

In examining the possible impact of agency personnel limits, available evidence confirms that unemployment among the public sector workforce has been on the rise both in the United States and abroad over the course of the COVID-19 pandemic;²⁷ however, no evidence was identified to suggest that these challenges are a direct result of FTE caps, nor were examples of direct impacts of FTE caps on state health agency recruitment or retention efforts identified.

Evidence of the impact of compensation policies was similarly limited, with research on these policies focused more on pay freezes than on pay caps;²⁸ however, there was evidence of indirect impacts that pay policies can have on recruitment and retention. Studies examining the behavior of public health graduates identified perceived limits on government public health salaries as a deterrent.^{23,29} The evidence of such impacts was less consistent for the existing public health workforce, with some studies pointing to noncompetitive salaries as a leading cause of employee dissatisfaction,²² while others suggested salaries were an insignificant factor when compared with satisfaction with the job itself.²⁴

Recent and proposed reforms to address these challenges have centered on making state public health salaries more competitive, though there were few state examples on which to draw. A few states have tied increased salaries to revocation of civil service protections.¹¹ Federal precedents were more common, with some agencies opting to expand eligibility for retention bonuses in recent years,^{3,30} particularly to combat the retention challenges during the COVID-19 pandemic.³¹ Advocates have also pointed to the need for an update to the government's pay classification system to make it more occupation- and market-sensitive.⁹

Examination of State Health Agency Workforce Development Plans

National voluntary accreditation for state and local health jurisdictions was launched in 2011 by the Public Health Accreditation Board (PHAB); there are currently 40 state health agencies that are accredited. The accreditation process measures performance against evidence-based standards organized around the 10 Public Health Essential Services, referenced as Domains. Domain 8 of the PHAB Standards and Measures, *Build a Diverse and Skilled Workforce*, requires states' demonstration of (distinctions between initial and reaccreditation not maintained here):

- Participation in collaborative activity to promote public health as a career.
- Efforts to recruit a qualified and diverse workforce.

- An agency Workforce Development Plan (WDP).
- Individual development plans.
- Policies that demonstrate a supportive work environment (including at least one of the following: work-life balance, recognition, wellness, and inclusive culture).
- Support of tribal or local jurisdictions' workforce efforts.

Workforce is also referenced within other Domains. For instance:

- Domain 2 requires a process for expediting managing and hiring personnel in response to an event, as well as a schedule for training of surge personnel.
- Domain 10 requires documentation of how policies are reviewed and revised – including human resources policies. Activities related to labor laws, telework, diversity and leadership development, are named as possible examples, but are not prescribed. Likewise, human resources policies and procedures regarding recruitment, selection and appointment are required, however specific content is not.
- Domain 5 identifies matters affecting the workforce as an example of documentation of how a department stays informed of issues discussed by the governing entity, elected officials, and others that set policies.
- Within Domain 7, healthcare workforce issues are called out as examples of efforts to develop or improve systems or policies related to access to care.

There are no specific references to civil service systems within the Standards or Measures, meaning that jurisdictions are not required to demonstrate the impact upon their work or to address resulting barriers should they exist. It should be noted that the absence of this type of activity within the WDP does not mean that related action is not being taken, only that it is not part of the agency document.

For the purposes of this review, WDPs from eight accredited state health agencies were reviewed. Plans were solicited from state health agencies and shared with the expectation of confidentiality. Only one of the eight WDPs directly mentioned civil service, the merit system, classified employees, or the competitive service. This state health agency identified civil service classifications/rules as a barrier to workforce development implementation due to added administrative steps for managers and confusion for general staff. The agency stated that they are partnering with the human resources and administrative units to address pay inequity, diversity in recruitment, and career ladders.

Most states named at least one strategy or action to address some of the perceived barriers that civil service rules and/or processes can present. Two of the eight Workforce Development Plans mentioned the intent to improve the hiring process. One state notes a high rate of turnover in the first six years of employment and acknowledged “opportunities for improvement with the hiring process,” though the plan left their approach to improving the process undefined. Another state included “decrease time to fill vacant positions” as an objective within a broader goal addressing recruitment, hiring, and retention. Strategies included developing new hiring and training modules and implementing a “10-day rule” between each step of the hiring process.

Internship programs can be effective in building the entry level workforce pathway^{11,32} by increasing the likelihood of public health graduates choosing governmental public health roles over private and nonprofit competitors.²⁹

Six of the eight WDPs mentioned the agency's intention to improve or expand its internship program. One state intends to standardize the program across the department and create new tools and resources. Another intended to finalize and formalize the internship program, including a new external website interface, new recruitment postings, and new networking with higher education. A third state highlighted activities related to new internship processes around pay, coordination, recruitment/partnerships, and diversity. Two other states mentioned enhancing partnerships, such as those with academic institutions, associations, or non-profits to promote internships. Two states specifically mentioned internships as a more formal pathway for recruitment and hiring or a way to promote agency employment.

Student loan forgiveness benefits are often proposed as a tactic for incentivizing public health graduates to choose governmental public health over private or nonprofit offers that may have higher pay.^{17,33-37} Some evidence suggests certain SHAs have considered pursuing or expanding such incentives,³⁸ but none of the eight WDPs reviewed in this environmental scan mentioned loan forgiveness policies or plans to pursue such policies. Two of the eight WDPs mentioned existing tuition forgiveness/waiver programs for educational opportunities while employed.

Summary

This environmental scan revealed a dearth of evidence on state civil service systems and their impact on state health agency human resource and workforce development functions. In fact, the scan revealed a greater number of questions left unanswered than were resolved; some of the areas for further exploration are listed in Appendix A.

The variability of civil service systems across states and the lack of a central source of data on these differences presents a clear barrier to further research on many state civil service topics. Inconsistencies in definitions, requirements, interpretation, and implementation between and within systems can cause confusion among state health agencies and their employees. Perceived barriers caused in part or whole by civil service requirements include strict exam requirements for recruitment, overly complicated position descriptions, inconsistent job requirements, inaccessible job listings, antiquated qualification expectations, and centralized control of some human resource decision-making.

Comprehensive research to summarize the differences between state civil service systems could serve as a catalyst for new evidence in addressing the specific workforce barriers listed here, and the de Beaumont Foundation and ASTHO can serve as facilitators for or contributors to such research.

While the evidence is not as robust as it could be, it is reasonable in the interim to assume there is truth to limitations perceived to be caused by civil service structures and by existing policy and practices. The de Beaumont Foundation and ASTHO can aid SHAs in pursuing strategies to modernize processes and address perceived barriers based on the recommendations of public health workforce experts and advocates. Once true barriers are identified through new research, additional action will be needed to address policies and processes determined to inhibit hiring and retention of a workforce that meets the needs of both modern agencies and a contemporary workforce. Finally, actions can be organizationally prioritized and committed to through workforce planning processes such as those required by the Public Health Accreditation Board, and then institutionalized through updated agency policies and practices.

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Appendix A: Topics for Further Research

Discussions with subject matter experts and stakeholders unearthed a wealth of topics and questions that would benefit from further examination. These areas are outlined below for consideration.

Additional Civil Service Rules and Regulations Topics

- How are state and territorial health agencies (S/THAs) structured and where do they get their regulatory authority?
- How do civil service grievance policies differ across states?
- Where are bottlenecks within public health human resource processes? Are they institutional processes and rules? Are they policy or practice?

Additional Recruitment and Retention Topics

- Contrast the hiring process against the private and/or nonprofit sectors.
- Does civil service affect non-salary related compensation/benefits (relocation, bonuses, etc.)?
- How do FTE/pay caps limit flexibility to shift employees across functions and/or flex responsibilities?
- What incentive systems can be implemented to draw prospective applicants from fellowship programs, internships, etc.?

Civil Service Examinations

- How prevalent are formal civil service exams today? To what employees or groups of employees do they apply?
- To what degree are the exams a barrier to entry for job seekers?

Compensation and Benefits

- How do civil service rules affect S/THA employees who are paid by another entity (e.g., CDC Foundation)?
- How does collective bargaining impact pay structures within SHAs?

Diversity and Inclusion

- How do civil service requirements overlap and/or impact with EEOC and diversity, equity, and inclusion efforts?
- How do exam and other civil service requirements directly impact diversity numbers and opportunities for advancement?
- How might changes to merit-based hiring requirements impact workforce diversity?
- How do civil service protections prevent opportunities for improved diversity over time by reducing turnover?

HR Policies and Procedures

- What HR mechanisms need to be updated and what is needed to modernize these processes?
- What is the process for making changes/updates when HR systems aren't specific to SHAs?

S/THAs Best Practices and Innovative Solutions

- How have states innovated to address civil service rules and challenges? What have been the lessons learned and how might others adapt it?
- What is low-hanging fruit for reform?