



# Summary of Recruitment Processes, Challenges, Practices, and Emerging Ideas for State and Local Health Departments

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## Overview

This document provides insights into recruitment practices and challenges faced by state and local health departments, based on information gathered by the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), and the Montana Public Health Institute in early 2022. Its purpose is to inform efforts by the National Consortium for Public Health Workforce Development's recruitment and retention Working Group.

We have summarized and categorized the themes from these conversations and have noted recommendations for how to address these challenges. Because jurisdictions differ in requirements, policies, practices, and legislative restrictions and/or guidelines, countering challenges to recruitment, hiring, and retention will require individualized solutions.

NACCHO gathered information by posing questions to its Workforce and Leadership Development Workgroup and having follow up conversations with members of the workgroup, local health officials of mid-size health departments in Michigan, Ohio, and Washington.

ASTHO reviewed notes from conversations regarding human resources challenges from the past six months with state health agency (SHA) employee groups and individuals. Additionally, seven Human Resources and Workforce Development Director Peer Network advisors representing four SHAs convened in February to respond to recruitment related questions.

The Montana Public Health Institute posed questions to rural and frontier local health departments and to the Montana Public Health Workforce Development Group that includes representatives from the Montana Department of Public Health and Human Services, the University of Montana, the Montana Public Health Association, and the Association of Montana Public Health Officials.



## Themes

### Human Resources Processes, Policies, and Procedures

- Both local (LHDs) and state health departments (SHDs) described the ability to offer **competitive pay** as a prevalent recruiting challenge. Pay structures are generally set by the state/county/city and include ranges defined by a step system. It is difficult to change those salary ranges, though it has been done by some localities through salary studies and relentless advocacy. However, salary study results quickly become outdated and regular assessment is needed to remain competitive.
- LHDs working within a **union environment** experience challenges in working with requirements (e.g., degrees and experience) agreed upon through contract negotiation.
- In terms of applications, there are challenges with both quantity and quality. LHDs noted that the **number of applications has declined** and both LHDs and SHDs noted difficulties in **attracting qualified applicants**.
- Rural local health departments said barriers to providing **hiring incentives** (e.g., bonuses, moving expenses) made it difficult to compete with non-governmental organizations. SHDs mentioned an inability to match private sector hiring bonuses.
- Most LHDs noted they did not have a formal process for tracking **key performance indicators (KPIs)**. The two LHDs who tracked KPIs, used (LHD 1) number of interviews conducted, exit interviews conducted, new hires starting, employee separations, and turnover rate; (LHD 2) time to hire, vacancies open and vacancies filled.
- Rural health departments noted an increased desire for **flexible and remote jobs** and an unaccommodating government structure.
- SHAs reported that existing policies and practices kept them from attracting a **new and younger workforce**, who seek flexible work experiences including remote work and adaptable schedules.
- Small LHDs indicated a **lack of capacity** to undertake large recruitment efforts.
- Some SHAs reported **limitations on where state positions may be posted**.
- SHAs also reported the following deterrents to recruitment: **unclear, overly complicated, and time-consuming state processes; rigid qualification requirements**; and state level **caps on hiring and employee rosters**. They also reported **inconsistent support** from the umbrella agency or human resources department. Additionally, **prescriptive formats or language** for position descriptions can be a deterrent to candidates unfamiliar with governmental work or structures.



## Skills, Positions, and Perceptions

- LHDs noted that **public health nurses** are the most difficult to recruit because of the inability to offer competitive pay compared with hospitals.
- Other positions that LHDs noted as difficult to fill were **other specialized roles** such as epidemiologists, mental health specialists, and environmental health specialists, with pay and requirements for special certifications or credentials noted as a barriers.
- SHAs report hard-to-fill positions as epidemiologists, public health nurses, fiscal or program managers, data analysis and informaticians, sanitarians, engineers, and laboratory workers.
- While the overall applicant pool is diminishing, **entry level positions were seen as being easier to fill** than specialized positions or those requiring more experience.
- LHDs noted that **skills were needed across several areas**, with assessment/planning/program evaluation, administration (e.g., records management), communication, and health equity/social justice being particularly noteworthy.
- LHDs mentioned the Foundation Public Health Services (FPHS) and the Core Competencies for Public Health Professionals as **frameworks for identifying skill domains and competencies**.
- Health departments in Montana described the **lack of housing and the rising cost of housing** as a barrier to attracting non-local candidates.
- Both LHDs and SHAs expressed concern that people were not applying for public health positions due to the current **political environment** and the lack of local political support for public health.

## Role of External Organizations to Build and Strengthen the Workforce Pipeline

- The LHDs all cited **strong university partnerships** as beneficial to building a strong workforce pipeline. However, relationships were not as strong as they could be, and engagement was inconsistent.
- Being able to tap into **university faculty expertise** was noted as particularly beneficial, including to supplement unfilled roles and limited experience.
- LHDs noted that universities were also a **resource for promoting positions** on job boards and through university networks.
- LHDs want to link with universities to have students do their internship/practicum work with them, but noted concerns about **capacity, time, duration, and perceived ability to supervise**.



- SHAs reported **using intermediary sources** such as temporary agencies, contractors, universities, community-based organizations, and entities such as the CDC Foundation as recruitment sources. These arrangements allow for **shorter-term workers in the absence of sustainable funding sources**, reduction in administrative or human resource functions performed by the SHA (e.g., recruitment, onboarding, and payroll), more flexible hiring processes, and faster hiring times. In some cases, workers secured through these alternative methods have more flexible qualification requirements that result in more candidates who may not meet educational expectations but are capable of performing the job.
- Unfortunately, these **short-term solutions have downsides**. Contractors do not acquire a state personnel history, may not qualify for benefits, or have access to training and development opportunities offered to direct hires. In addition, there may be a salary differential between state employees and contractors, creating unintended tensions.
- SHAs use existing **internship and fellowship programs** to temporarily extend their workforces without acquiring permanent positions.
- Some health departments cited **struggles with recruiting for environmental health** or other positions that have specific educational requirements because applicants did not meet the certification or degree requirement.

## Sustainability

- LHDs need **long-term, predictable funding** to ensure they are fully staffed.
- LHDs must be confident that funding to support infrastructure is getting to where it needs to be and is being spent appropriately to support public health efforts.
- Similar to local counterparts, SHAs named **longer term, sustainable, and flexible funding sources** to support more reliable planning and implementation that accounts for needs that vary across local and state boundaries and jurisdictions.

## Recommendations

- Support **regular pay studies** to determine competitiveness and positioning within the market, with a particular focus on for-profit sectors.
- Explore **loan forgiveness** as a strategy to attract candidates who want to work in government but feel they must take on higher paying jobs to repay student loans.
- Provide guidance on **how to seek salary increases** for public health positions (e.g., toolkit, talking points).
- Identify **recruitment best practices** across sectors to determine innovative methods for reaching and attracting potential applicants.
- Supply **technical assistance and toolkits** to support creating and managing remote and flexible positions.



- Provide tools and resources for **developing and monitoring recruitment KPIs**.
- Focus on building competencies across multiple skill domains noted in the FPHS and the Core Competencies for Public Health Professionals, including **communications** and **health equity** as priority areas for hiring and integrating across programs.
- Determine how to make **pay and working conditions competitive** and in line with evolving workplace environment values to attract qualified candidates, particularly in specialized positions.
- When universities are promoting positions for LHDs, ensure **outreach to alumni groups** in addition to current or recent graduates.
- For **students who are interested in environmental health** or other positions that have specific educational requirements for certifications, universities may be able to guide them to undertake the needed coursework, particularly in the sciences, to meet certification requirements.
- Universities can **promote public health as a profession** — including internships in health departments — to students not already pursuing degrees in public health.
- Provide additional **training to public health management** regarding how to supervise and mentor university students in public health.
- Advocate for **sustained funding** for health departments through a united national voice.

## What's Working

While there are several challenges associated with recruitment, health departments noted several practices and programs they were already implementing to address these challenges.

- In lieu of offering higher pay and bonuses, focus on **benefits, building high morale, a positive culture, and the value of mission driven work**. Ideas included special interest clubs for staff, mentoring programs for new staff, employee wellness programs, greater workplace flexibility (e.g., remote work, adaptable schedules), self-care programs, staff awards, opportunities to pursue employee passions through trainings and other opportunities, and staff rotations to build a deeper understanding of work across the department.
- **Institute internal workgroups and programs** such as a workforce development group to discuss strategies and activities, including recruitment and retention and health and staff equity.
- **Provide bonuses** (e.g., signing, retention, and referral bonuses) **and increase compensation** when funding to do so is available.
- **Get creative with recruitment posting strategies**, including producing innovative social media content, and leveraging community partnerships.
- **Encourage staff to pursue further education** by providing tuition reimbursement and putting a greater emphasis on professional development.