

Local Health Department Workforce Recruitment and Retention: Challenges and Opportunities

A Practitioner Briefing



A report by the research teams of the Health Policy and Administration Division, School of Public Health, University of Illinois at Chicago, and the Center for State and Local Government Excellence. The research was funded by the Robert Wood Johnson Foundation.

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Local Health Department Workforce Recruitment and Retention: Challenges and Opportunities

A Practitioner Briefing

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Executive Summary

Local health departments face significant challenges as they carry out their missions of promoting the health and well-being of residents in the communities they serve. With demands for public health services on the rise, health departments are operating in an environment of tight revenues¹, reduced intergovernmental transfers, and an aging workforce. How health officials handle recruitment and retention against the backdrop of constrained resources will directly affect how well they provide vital public health services to individuals and communities across the country.

Between 2004 and 2010, the local health workforce experienced changes in size and composition. The most rapid decline in the size of the workforce occurred between 2008 and 2010. Health departments serving populations between 50,000 and one million and state-wide health departments faced the most severe reductions, while health departments serving populations under 49,999 and greater than one million expanded the size of their workforces between 2005 and 2010, according to the National Association of County and City Health Officials (NACCHO). More generally, in the 2004–2010 period, healthcare practitioner and technical occupations remained flat in number and support occupations dropped by about 15 percent, according to data from the Bureau of Labor Statistics (BLS).

This report examines workforce recruitment and retention challenges and opportunities in local health departments. It draws on data from the U.S. Bureau of Labor Statistics (BLS), the National Association of County and City Health Officials (NACCHO), and a 2012 original survey of health departments on recruitment and retention policies and programs. In addition, it provides case studies of local health departments that have been successful in recruiting and retaining the talent they need to carry out their public health mission.

Findings from the survey indicate that health department leadership is concerned about recruiting and retaining well-qualified employees and keeping currently funded positions. Survey respondents identified specific challenges to retaining well-qualified employees such as human resources rules and procedures and lack of opportunities for advancement. Recruitment strategies used by health departments tend to be somewhat limited, with smaller departments using fewer approaches. In addition, few health departments that responded to the survey use formal succession planning for managing talent and ensuring that they can fulfill their missions despite leadership and staff turnover. The majority of health departments rely on informal succession planning.

Six case studies examine approaches taken by health departments of various sizes, in different regions, and serving populations with a range of demographics to address recruitment, retention, and succession planning. Promising practices cited in several case studies include:

- Recognizing employee contributions through both non-monetary and monetary rewards
- Providing opportunities for leadership and professional development, flexibility, and autonomy as a way to motivate and retain employees
- Hiring leaders who model strong leadership and inspire employees
- Employing formal and systematic succession planning to retain knowledge and expertise
- Pursuing grants to supplement department resources
- Promoting public service and public health as a desirable career choice
- Investing in organizational and leadership development

- Planning early for future workforce needs
- Investing in and developing talent from all parts of the organization and from schools of public health and nursing as a recruitment and retention tool.

The lessons learned from these cases provide a starting point for other local health departments to improve their ability to recruit and retain skilled employees.

Chapter 1: Overview of the Local Health Workforce

This chapter provides an overview of the changes in the local public health workforce covering:

- Individual local public health occupations and future projections using data from Bureau of Labor Statistics (BLS) Current Employment Statistics,² Occupational Employment Statistics,³ and Employment Projections.⁴
- Comparisons of staffing changes in health departments between 2005 and 2010 using data from National Association of County and City Health Officials (NACCHO) National Profiles of Local Health Departments.⁵

Combined, these data provide an overview of all local government healthcare positions including those in the local health department workforce.

U.S. Bureau of Labor Statistics Data on the Local Health Workforce

2004–2010 Position Changes

BLS provides data on two major occupational segments of the local health workforce: healthcare practitioner and technical⁶ and healthcare support occupations.⁷ Additional job types that fill important roles in the local public health sector that are not included in the first two groups are covered as other occupations.⁸ BLS data for these three segments are provided in Figures 1.1, 1.2, and 1.3.

Between 2004 and 2010, the health care practitioner and technical occupations went from 167,740 workers to 167,890 workers. Positions that saw some of the sharpest declines were diagnostic medical sonographers (down about 77 percent), health diagnosing and treating practitioners (down 75 percent), and cardiovascular technologists and technicians (down 50 percent). Some of the positions that saw the greatest growth were dietetic technicians (up about 134 percent), recreational therapists (up about 127 percent), and pediatricians (up 125 percent). Figure 1.1 summarizes changes in total positions in healthcare practitioner and technical occupations.

Healthcare support occupations experienced a 15 percent drop in the total number of positions, from 64,290 positions in 2004 to 54,890 in 2010. Figure 1.2 summarizes the data for these positions. Positions that experienced the greatest declines were home health aides (down about 31 percent), medical transcription-

ists (down about 22 percent), and physical therapist assistants (down 20 percent). Positions that increased the most during the period were massage therapists (up about 238 percent), pharmacy aides (up 58 percent), and dental assistants (up 59 percent).

Other local public healthcare positions not included in these two categories are listed in Figure 1.3.⁹ While there is no aggregate total of these positions from BLS because they are pulled from a range of occupational categories, adding up the columns in Figure 1.3, there were 89,550 other local public healthcare positions in 2004 compared to 91,610 positions in 2010, a 1.4 percent increase. Positions that experienced the greatest decreases were statisticians (down about 24 percent) and mental health counselors (down about 10 percent). The positions that saw increases were epidemiologists (up about 79 percent), microbiologists (up about 24 percent), and public relations specialists (up about 24 percent).

Ten-Year Position Projections

BLS projected that the number of most local government healthcare positions would increase between 2010 and 2020 to keep pace with the needs of a growing and aging population.¹⁰ Ten-year average growth projections in the two formal categories are as follows:

- Healthcare practitioner and technical occupations – 13.2 percent
- Healthcare support occupations – 11.0 percent

There is considerable variation in the 10-year growth projections for individual positions within the categories. Among some of the core local health department positions, growth projections range from 9 to 20 percent as follows:

- Epidemiologists – 19.6 percent
- Home Health Aid positions – 19.3 percent
- Physicians and surgeons – 9.2 percent
- Medical and clinical laboratory technicians – 9.2 percent

NACCHO Profile Study on Local Public Health Positions and Staffing Cuts

The National Association of County and City Health Officials (NACCHO) National Profile of Local Health Departments is a nationwide study investigating local public health infrastructure topics such as governance,

Figure 1.1. Healthcare practitioner and technical occupations

	2004	2006	2008	2010	2004 to 2010 Change
Healthcare Practitioner and Technical Occupations	167,470	165,740	168,520	167,890	0.3%
Dentists, General	530	570	660	720	35.8%
Dietitians and Nutritionists	3,490	3,990	4,120	3,970	13.8%
Optometrists	40	40	50	70	75.0%
Pharmacists	820	770	980	1,070	30.5%
Family and General Practitioners	3,750	4,700	4,850	2,760	-24.4%
Internists, General	70	50	n/a	150	114.3%
Pediatricians, General	40	30	60	90	125.0%
Psychiatrists	1,700	1,640	n/a	1,540	-9.4%
Physicians and Surgeons, All Other	1,580	1,710	1,990	1,470	-7.0%
Physician Assistants	470	460	650	610	29.8%
Registered Nurses	51,320	47,950	48,820	45,580	-11.2%
Audiologists	180	180	170	130	-27.8%
Occupational Therapists	940	1,270	1,460	1,270	35.1%
Physical Therapists	1,000	1,270	1,640	1,180	18.0%
Recreational Therapists	600	900	1,190	1,360	126.7%
Respiratory Therapists	250	280	n/a	220	-12.0%
Speech-Language Pathologists	1,200	1,660	1,830	1,250	-4.2%
Therapists, All Other	170	190	250	340	100.0%
Health Diagnosing and Treating Practitioners, All Other	1,990	1,320	990	500	-74.9%
Medical and Clinical Laboratory Technologists	760	810	n/a	900	18.4%
Medical and Clinical Laboratory Technicians	1,290	1,460	n/a	920	-28.7%
Dental Hygienists	320	280	340	480	50.0%
Cardiovascular Technologists and Technicians	80	70	80	40	-50.0%
Diagnostic Medical Sonographers	170	280	210	40	76.5%
Radiologic Technologists and Technicians	420	320	520	620	47.6%
Dietetic Technicians	880	1,690	1,790	2,060	134.1%
Pharmacy Technicians	670	710	1,040	1,070	59.7%
Licensed Practical and Licensed Vocational Nurses	16,620	15,520	17,440	17,270	3.9%
Medical Records and Health Information Technicians	3,000	1,780	n/a	2,420	-19.3%
Health Technologists and Technicians, All Other	1,010	850	740	730	-27.7%
Occupational Health and Safety Specialists	7,010	6,410	6,790	6,900	-1.6%
Occupational Health and Safety Technicians	1,320	1,670	1,730	1,880	42.4%
Healthcare Practitioner and Technical Workers, All Other	1,310	810	730	600	-54.2%

Source: U.S. Bureau of Labor Statistics Occupational Employment Statistics (<http://www.bls.gov/oes/tables.htm> → May year → National industry-specific (HTML) → Sector 92 or 99 → NAICS 999300 - Local Government [OES designation])

Figure 1.2. Healthcare support occupations

	2004	2006	2008	2010	2004 to 2010 Change
Healthcare Support Occupations	64,290	56,670	58,170	54,890	-14.6%
Home Health Aides	13,360	13,410	11,820	9,250	-30.8%
Nursing Aides, Orderlies, and Attendants	14,970	34,460	36,650	35,670	-15.0%
Occupational Therapist Assistants	250	270	n/a	210	-16.0%
Occupational Therapist Aides	70	50	70	70	0.0%
Physical Therapist Assistants	400	360	360	320	-20.0%
Physical Therapist Aides	200	180	190	210	5.0%
Massage Therapists	80	170	210	270	237.5%
Dental Assistants	830	930	1,060	1,320	59.0%
Medical Assistants	2,140	1,990	2,230	2,890	35.0%
Medical Equipment Preparers	120	60	60	130	8.3%
Medical Transcriptionists	310	320	n/a	270	-21.9%
Pharmacy Aides	120	50	n/a	190	58.3%
Healthcare Support Workers, All Other	n/a	2,930	3,180	2,670	n/a

Source: U.S. Bureau of Labor Statistics Occupational Employment Statistics (<http://www.bls.gov/oes/tables.htm> → May year → National industry-specific (HTML) → Sector 92 or 99 → NAICS 999300 - Local Government [OES designation])

Figure 1.3. Other occupations

	2004	2006	2008	2010	Percent change 2004 to 2010
Other Occupations					
Medical and Health Services Managers	9,920	8,760	9,340	9,220	-7.1%
Statisticians	590	330	360	450	-23.7%
Environmental Engineering Technicians	2,010	2,400	n/a	2,110	5.0%
Environmental Engineers	3,670	4,680	5,210	3,960	7.9%
Microbiologists	510	660	680	630	23.5%
Epidemiologists	650	1,020	n/a	1,160	78.5%
Environmental Scientists and Specialists, Including Health	10,010	9,360	10,120	11,300	12.9%
Environmental Science and Protection Technicians, Including Health	6,440	7,510	6,870	6,780	5.3%
Substance Abuse and Behavioral Disorder Counselors	6,710	6,190	6,040	6,720	0.1%
Mental Health Counselors	11,180	8,880	9,410	10,050	-10.1%
Healthcare Social Workers	10,130	10,240	10,210	9,680	-4.4%
Mental Health and Substance Abuse Social Workers	12,970	12,780	11,740	12,710	-2.0%
Health Educators	6,660	7,130	7,460	6,820	2.4%
Public Relations Specialists	8,100	9,150	9,850	10,020	23.7%

Source: U.S. Bureau of Labor Statistics Occupational Employment Statistics (<http://www.bls.gov/oes/tables.htm> → May year → National industry-specific (HTML) → Sector 92 or 99 → NAICS 999300 - Local Government [OES designation])

Figure 1.4. Projected 10-year growth for healthcare practitioner and technical occupations

Respiratory Therapists	20.1%	Licensed Practical and Licensed Vocational Nurses	9.2%
Radiologic Technologists and Technicians	20.1%	Dentists, General	9.2%
Emergency Medical Technicians and Paramedics	19.6%	Recreational Therapists	9.2%
Health Diagnosing and Treating Practitioners, All Other	9.2%	Occupational Therapists	9.2%
Therapists, All Other	9.2%	Physical Therapists	9.2%
Healthcare Practitioner and Technical Workers, All Other	9.2%	Health Technologists and Technicians, All Other	9.2%
Physician Assistants	9.2%	Physicians and Surgeons	9.2%
Pharmacists	9.2%	Medical and Clinical Laboratory Technicians	9.2%
Pharmacy Technicians	9.2%	Dental Hygienists	9.2%
Speech-Language Pathologists	9.2%	Audiologists	9.2%
Dietetic Technicians	9.2%	Registered Nurses	8.8%
Occupational Health and Safety Technicians	9.2%	Dietitians and Nutritionists	8.8%
Medical Records and Health Information Technicians	9.2%	Optometrists	8.8%
Occupational Health and Safety Specialists	9.2%		

Source: U.S. Bureau of Labor Statistics Employment Projections (www.bls.gov/emp/ep_table_109.htm). Local government, excluding education and hospitals.

Figure 1.5. Projected 10-year growth for healthcare support and other occupations

Public Relations Specialists	20.1%	Dental Assistants	9.2%
Epidemiologists	19.6%	Physical Therapist Aides	9.2%
Massage Therapists	19.6%	Environmental Science and Protection Technicians, Including Health	9.2%
Home Health Aides	19.3%	Medical and Health Services Managers	9.2%
Healthcare Support Workers, All Other	9.2%	Mental Health and Substance Abuse Social Workers	9.2%
Nursing Aides, Orderlies, and Attendants	9.2%	Substance Abuse and Behavioral Disorder Counselors	9.2%
Occupational Therapist Assistants	9.2%	Healthcare Social Workers	9.2%
Medical Transcriptionists	9.2%	Environmental Scientists and Specialists, Including Health	9.2%
Medical Assistants	9.2%	Mental Health Counselors	9.2%
Psychiatric Aides	9.2%	Environmental Engineering Technicians	9.2%
Pharmacy Aides	9.2%	Statisticians	9.2%
Occupational Therapist Assistants	9.2%	Environmental Engineers	9.2%
Physical Therapist Aides	9.2%	Microbiologists	9.2%
Medical Equipment Preparers	9.2%	Health Educators	8.5%

Source: U.S. Bureau of Labor Statistics Employment Projections (www.bls.gov/emp/ep_table_109.htm). Local government, excluding education and hospitals.

finance, workforce, and public health activities. To compare the data across different jurisdiction sizes during the period 2005 through 2010, the number of positions was adjusted per 100,000 population creating totals that may be smaller or larger than the actual number of positions in any department.

Workforce data from the profile study was examined from three different perspectives to compare changes in full-time equivalent (FTE) positions in health departments across the country:

- Population of the service area
- Governance structure of the department (local, shared local-state, and state)
- Type of services offered.

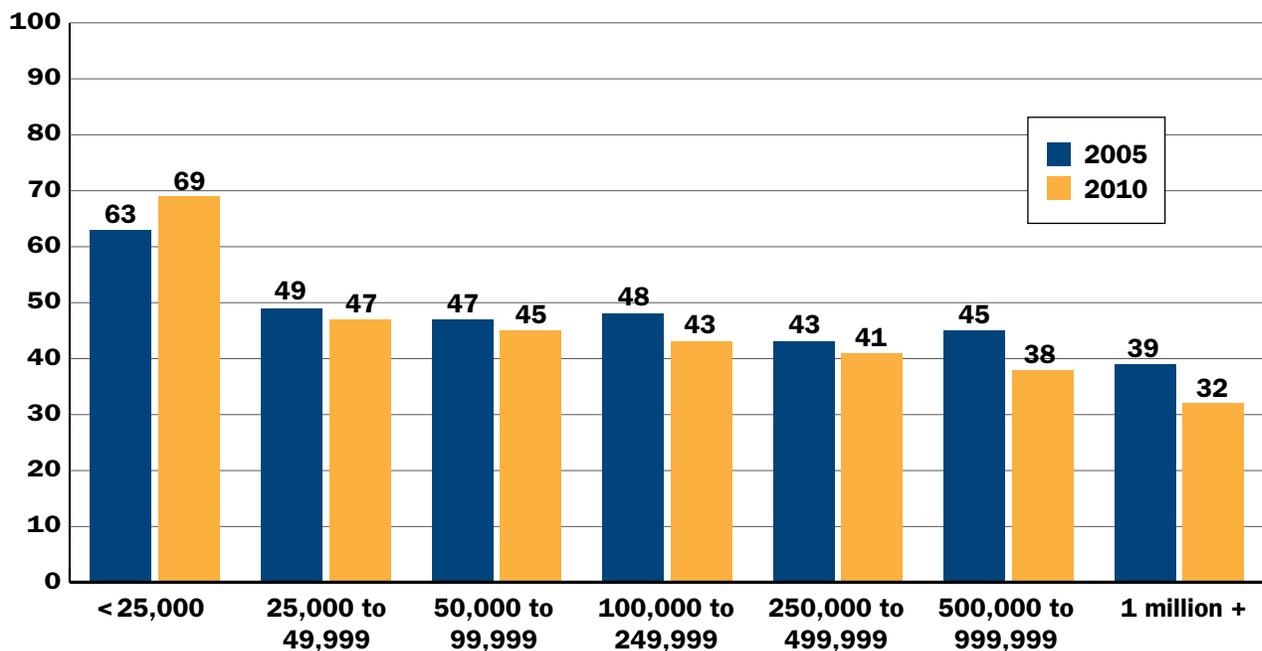
Figure 1.6 shows the adjusted median number of FTE positions across seven population ranges. Figure 1.7 shows the positions by governance structure; and Figure 1.8 by type of services offered.

The following findings emerged from this analysis.

- Between 2005 and 2010, the number of FTE positions in health departments was fairly stable. The median number of FTEs per 100,000 across all local health departments was 51.52 in 2005 and 51.05 in 2010, a difference of less than half a position.

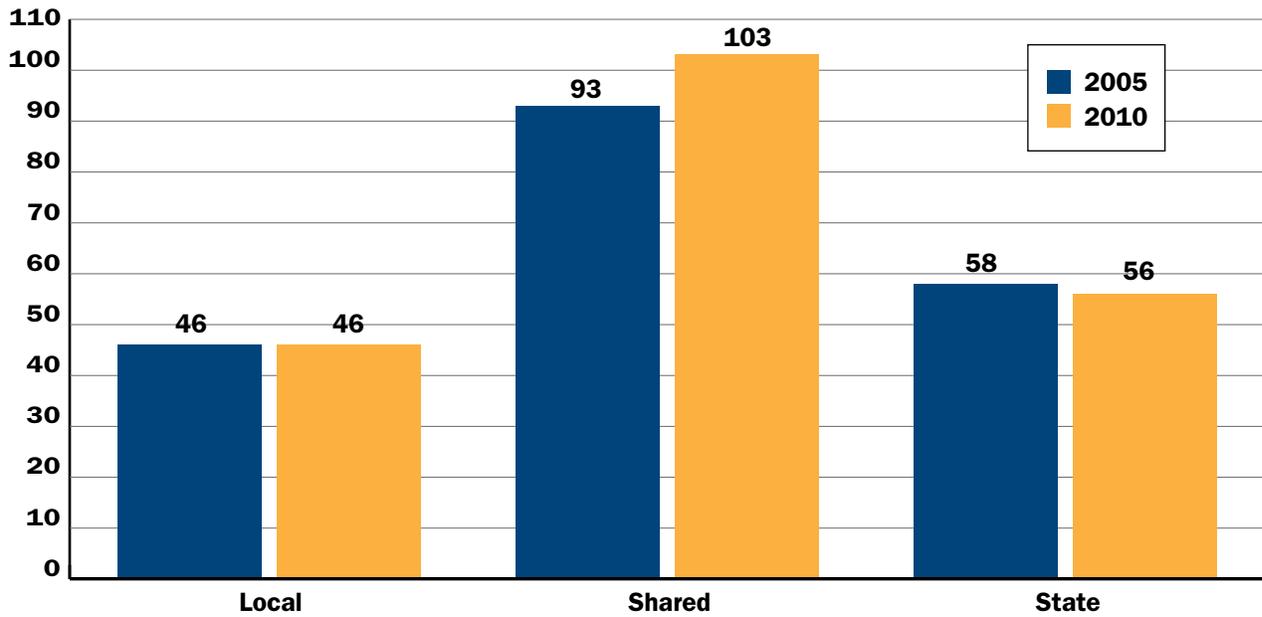
- Health departments serving the smallest communities (less than 25,000 population) experienced an increase in number of positions. All departments serving communities above 25,000, in contrast, showed a decrease in the number of positions per 100,000 population.
- Health departments in the smallest jurisdictions have the highest adjusted number of FTEs, while health departments in the largest jurisdictions have the lowest adjusted number of FTEs. These differences are likely a function of larger jurisdictions being able to make use of economies of scale.
- The median number of FTEs in both local and shared state-local departments increased slightly over the five-year period (.54 FTEs per 100,000 and 1.35 FTEs per 100,000 respectively). State health departments experienced a decline of 1.68 FTE positions.
- Departments that provide no clinical services have the smallest number of staff adjusted for population and those offering more than one clinical service have the largest adjusted staff. Surprisingly health departments offering only home health services have larger staffs than those offering only primary care or behavioral and mental health services. Departments

Figure 1.6. Median number of FTEs per 100,000 population by jurisdiction size in 2005 and 2010



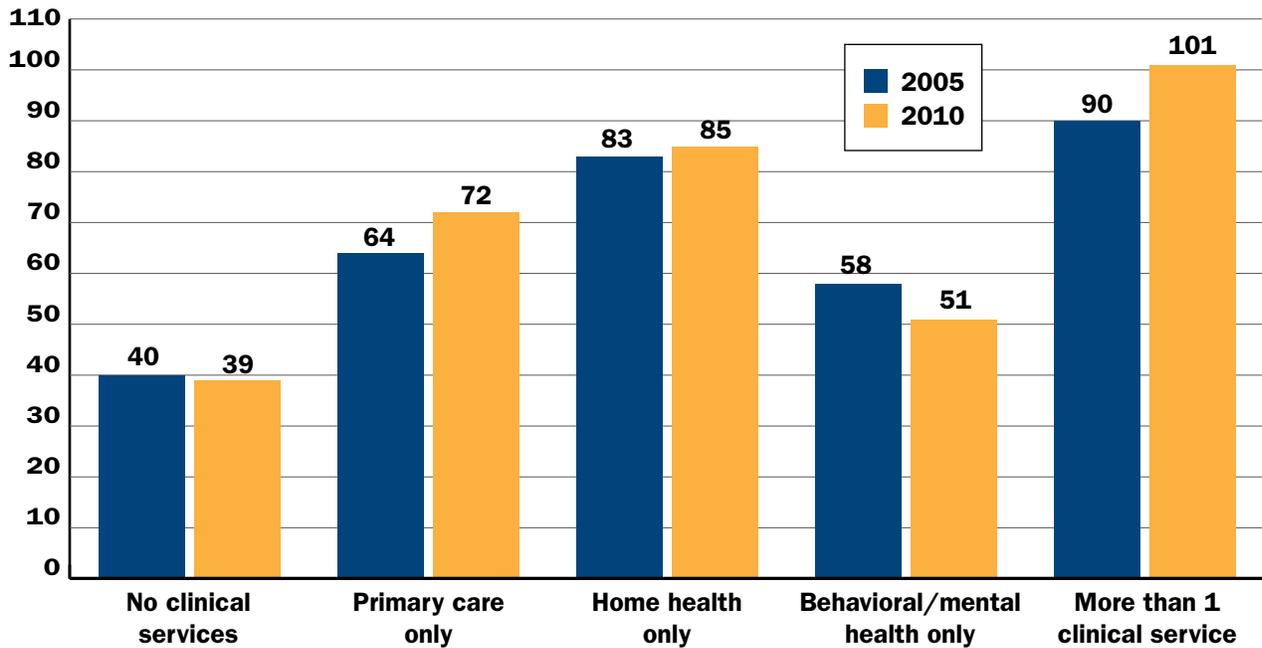
Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2005 and 2010)

Figure 1.7. Median number of FTEs per 100,000 population by governance type in 2005 and 2010



Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2005 and 2010)

Figure 1.8. Median number of FTEs per 100,000 population by types of services in 2005 and 2010



Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2005 and 2010)

offering more than one clinical service showed the largest increase in positions over the period.

A comparison of workforce changes that occurred between 2005–2010 and between 2008–2010 shows that 52 percent of health departments experienced a decrease in the number of FTE positions from 2008–2010, compared with 44 percent from 2005–2010, suggesting that cutbacks accelerated in 2009 and 2010. Figures 1.9a and 1.9b highlight the comparative data. Additional comparisons of workforce changes from 2005 to 2010 were examined by jurisdiction size, governance structure, and types of services offered.¹¹

This analysis showed fairly significant staff reductions in all categories including:

- Nearly half of health departments, except those serving populations less than 25,000, experienced staff cuts. Health departments serving jurisdictions of at least 500,000 but less than one million fared the worst, with 69 percent reporting a reduction in positions.
- More than 55 percent of state-local health departments reported lost positions.
- When divided by types of services offered, nearly 50 percent of all health departments experienced staff reductions, except those providing only home health with 42 percent reporting staff reductions.

Figures 1.10, 1.11, and 1.12 summarize this comparative data.

Types of Staff Cuts

NACCHO’s 2010 Profile Study also examined the types of staff cuts health departments experienced. The largest percentage of positions lost during 2010 came from attrition (41 percent), followed by layoffs (21 percent), reduced hours (15 percent), and mandatory furloughs

(11 percent). Figures 1.13, 1.14, and 1.15 summarize the data by jurisdiction size, governance structure, and types of services provided. The following highlights emerged from this analysis.

- The number of positions lost due to layoffs and attrition generally grew by jurisdiction size although departments serving populations over one million reported a slightly lower level of layoffs than those with populations between 250,000 and 999,999. Relatively few departments of any size lost positions due to reduced hours. Furloughs were rare in the smallest jurisdictions.
- Shared local-state health departments had the highest level of position reductions except for reduced work hours.
- No clear patterns emerged when health departments were divided by types of services provided. Departments offering only home health care services had the lowest percentage of layoffs and furloughs, and departments offering more than one clinical service had the highest percentage of positions lost to attrition without replacement.

Chapter Summary

Following decreases in the number of health care workers between 2004 and 2010 in some job classes, particularly healthcare support occupations which declined by 15 percent, the Bureau of Labor Statistics (BLS) predicts that the local government healthcare workforce will increase through 2020 to keep pace with the growing and aging U.S. population. Specifically, BLS predicts that core local health department positions will rise between 9 and 20 percent over the next 10 years. Examples of predicted growth in core positions include:

Figure 1.9a. Change in FTEs 2005–2010

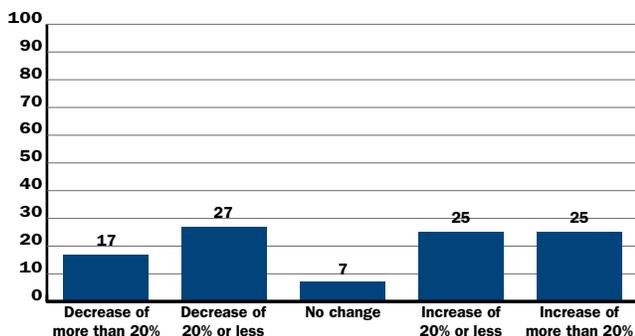
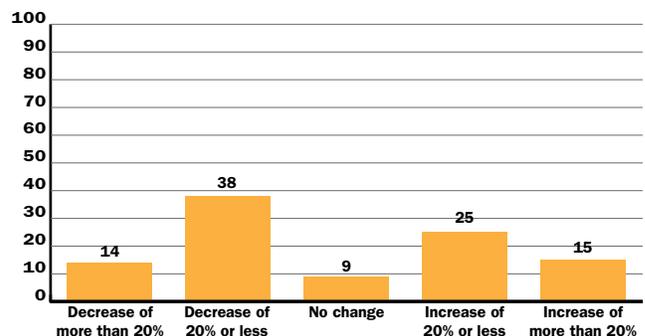
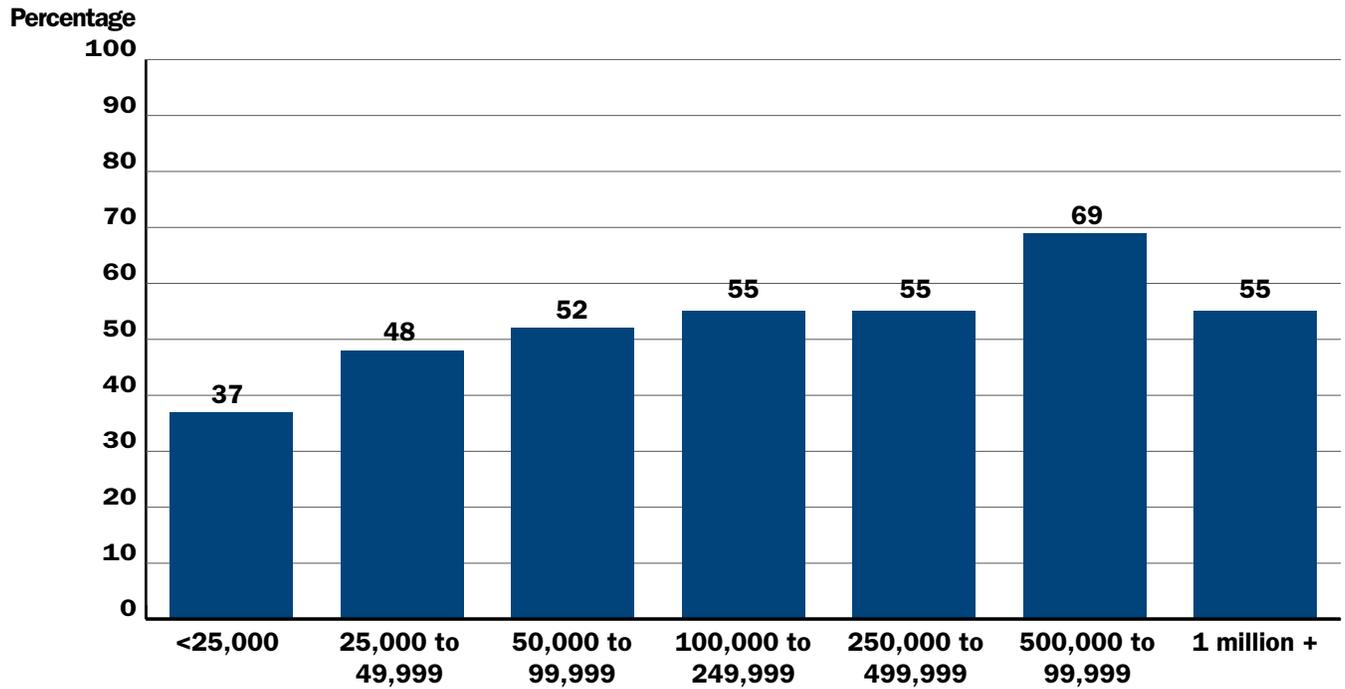


Figure 1.9b. Change in FTEs 2008–2010



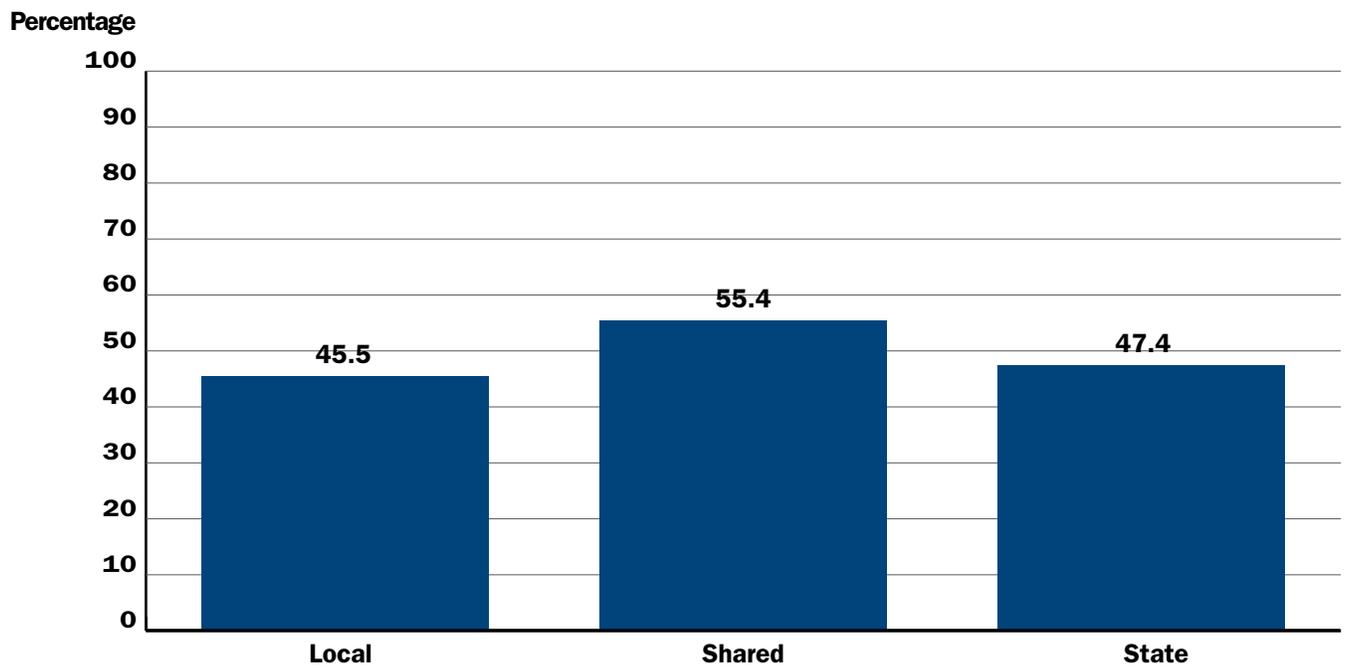
Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2005 and 2010)

Figure 1.10. Percentage of health departments with FTEs lost by jurisdiction size, 2005–2010



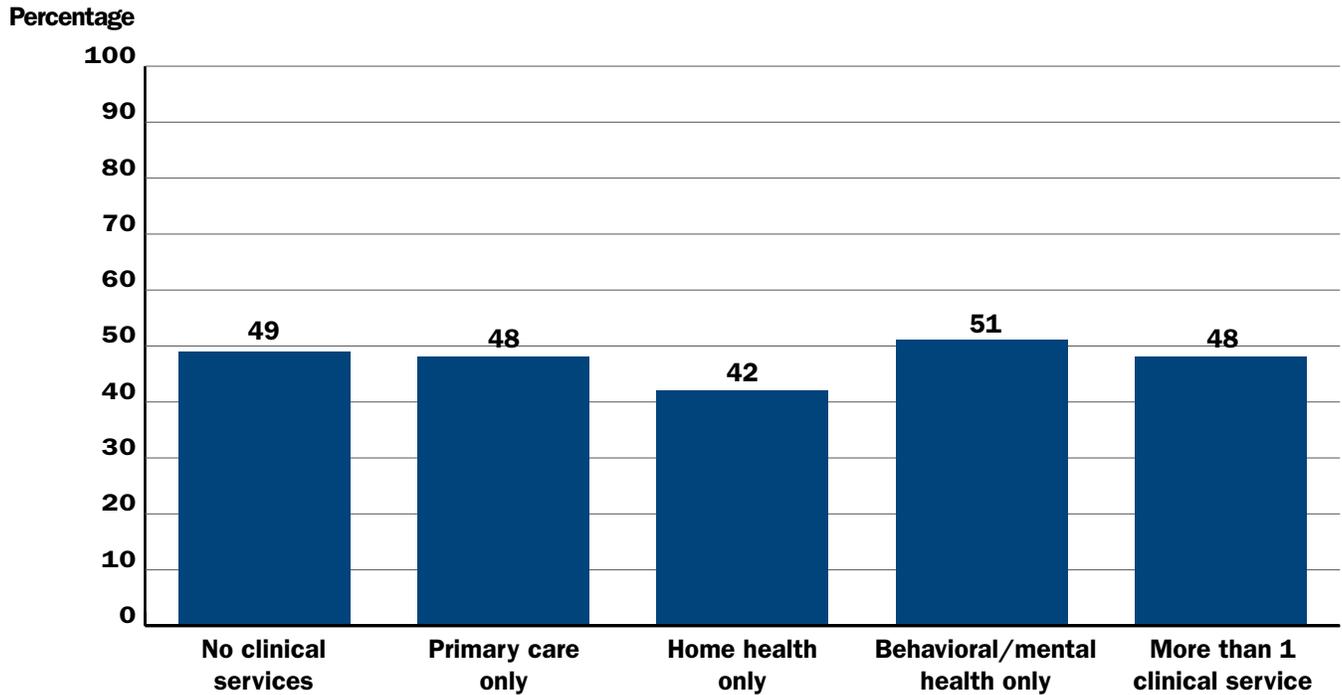
Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2005 and 2010)

Figure 1.11. Percentage of health departments with FTEs lost by governance type, 2005–2010



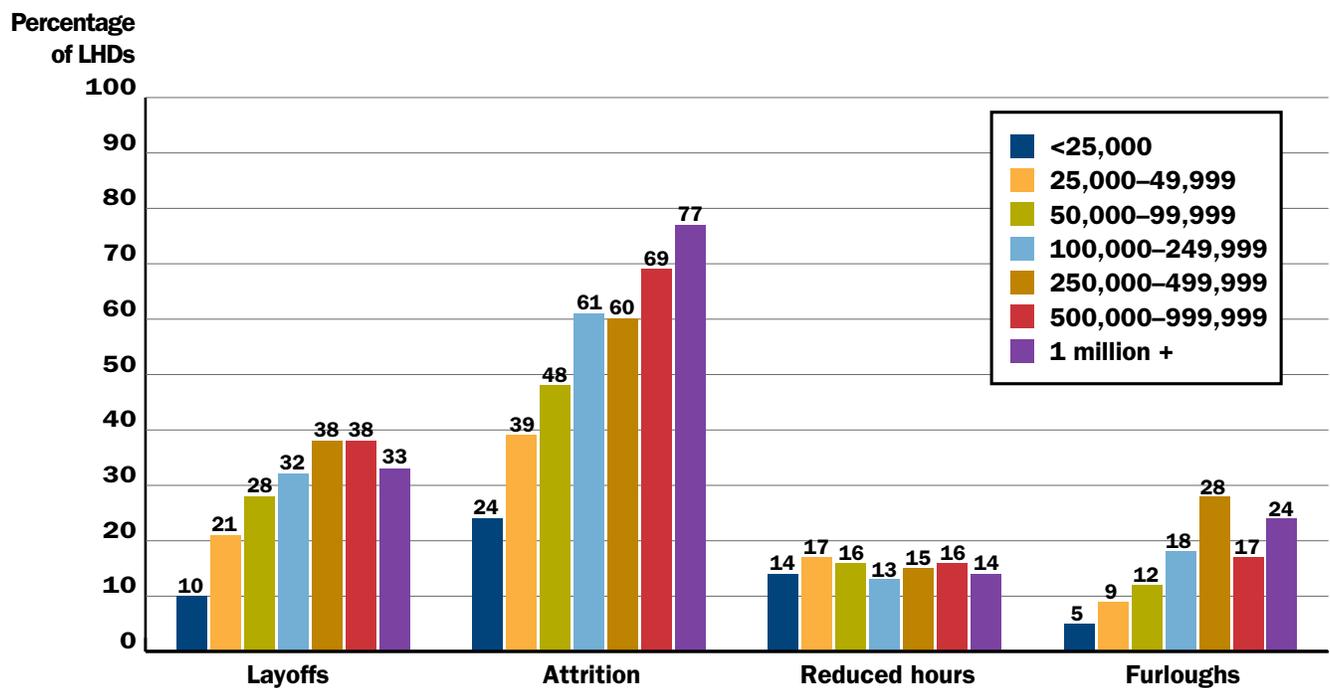
Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2005 and 2010)

Figure 1.12. Percentage of LHDs with FTEs lost by services provided, 2005–2010



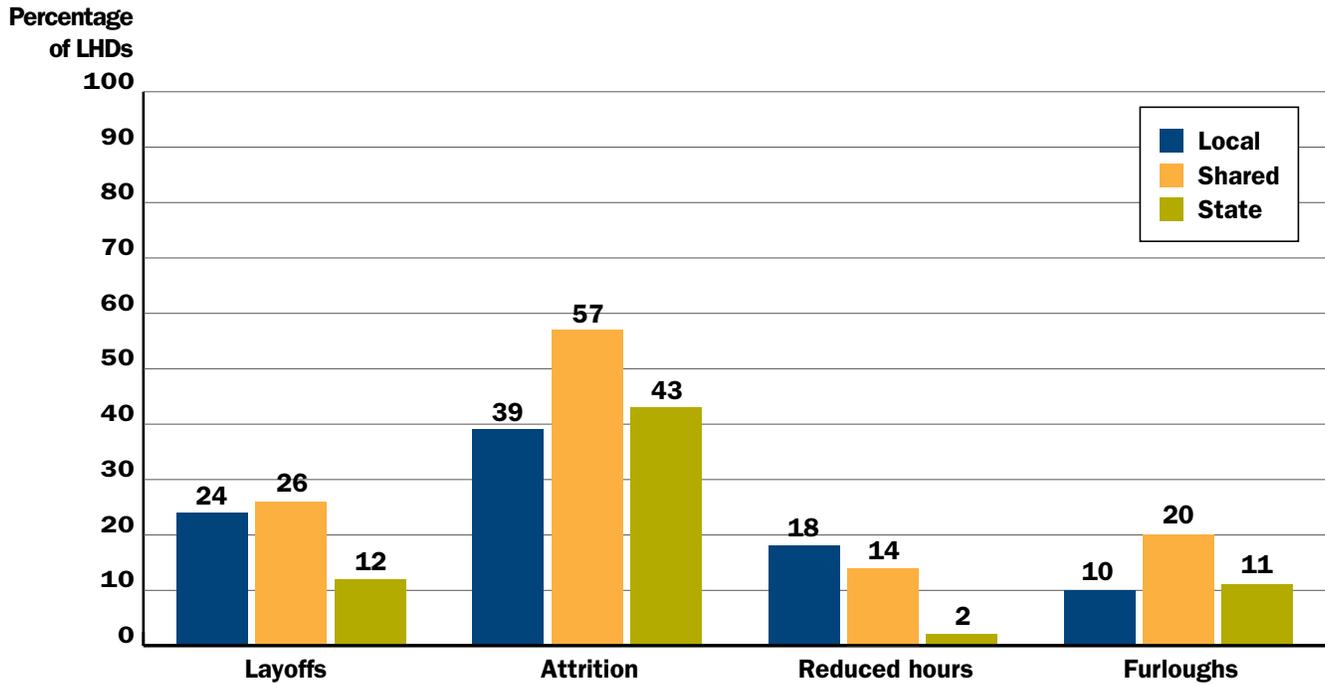
Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2005 and 2010)

Figure 1.13. Staffing cuts by jurisdiction size, 2010



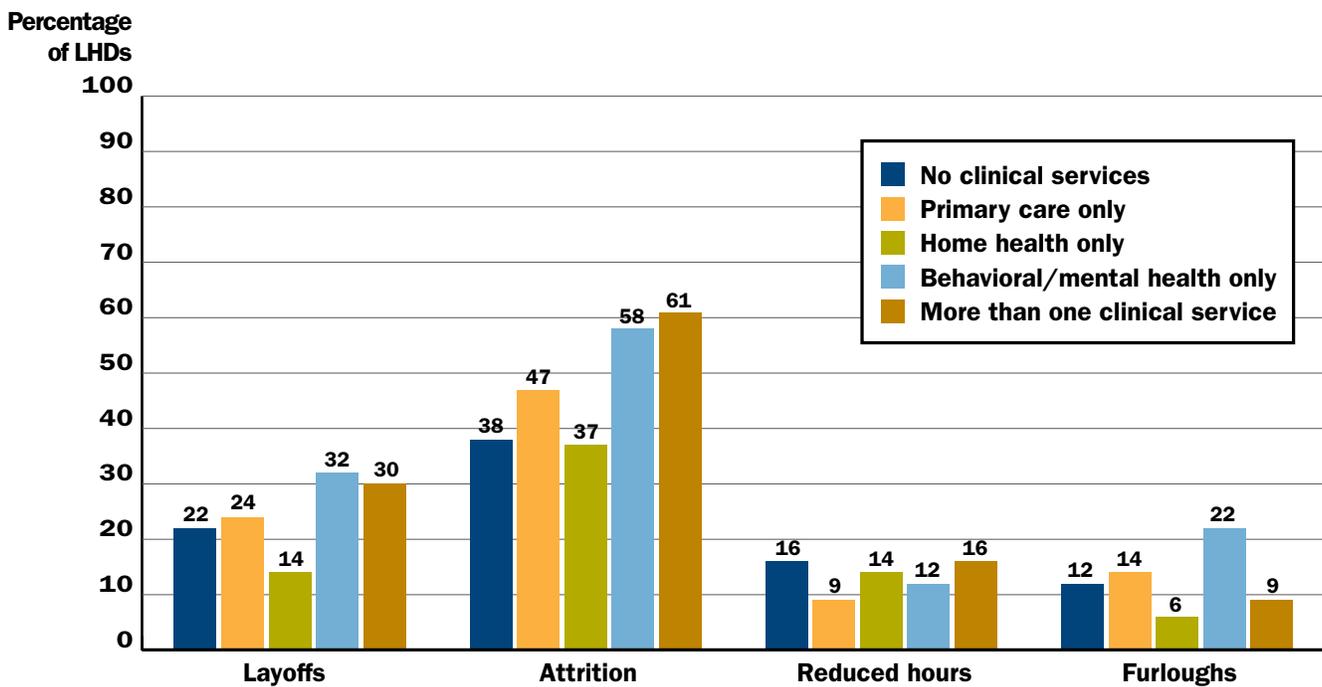
Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2010)

Figure 1.14. Staffing cuts by governance type, 2010



Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2010)

Figure 1.15. Staffing cuts by type of services, 2010



Source: National Association of County and City Health Officials, The National Profile of Local Health Departments Study Series (2010)

- Healthcare practitioner and technical occupations – 13.2 percent
- Healthcare support occupations – 11 percent

The NACCHO Profile Study on Local Health Departments also points to reductions in health department positions over the 2005–2010 timeframe including:

- Nearly half of health departments, except those serving populations less than 25,000, experienced staff cuts. Health departments serving jurisdictions of at least 500,000 populations but less than one million fared the worst, with 69 percent reporting reductions in the number of positions.
- More than 55 percent of state-local health departments reported lost positions.
- While 44 percent of all health departments experienced a decrease in the number of positions between 2005–2010, the percentage of departments experiencing staff reductions increased to 52 percent between 2008 and 2010, suggesting that staff reductions accelerated significantly during the last two years.

The NACCHO data highlights variations in position growth and decline by size of jurisdiction served, governance structure, and services offered. Key findings include:

- Health departments serving the smallest and largest communities (less than 49,999 population and larger than one million) experienced an increase in number of positions between 2005 and 2010. Those serving communities between 50,000 and one million population showed a decrease in the number of positions.

- Health departments in the smallest jurisdictions have the highest adjusted number of FTEs while health departments in the largest jurisdictions have the lowest adjusted number of FTE positions.
- The median number of FTEs in both local and shared state-local departments increased slightly over the 2005–2010 period (.54 FTEs per 100,000 and 1.35 FTEs per 100,000 respectively). State health departments experienced a decline of 1.68 FTE positions.
- Departments that provide no clinical services have the smallest number of staff adjusted for population and those offering more than one clinical service have the largest adjusted staff and showed the largest increase from 2005 through 2010.

According to the 2010 NACCHO Profile Study, personnel reductions were achieved through attrition, layoffs, reduced hours, and mandatory furloughs. The number of positions cut through layoffs and attrition generally grew by jurisdiction size. However, departments serving populations over one million reported a slightly lower level of layoffs than those between 250,000 and 999,999. Relatively few departments of any size lost positions due to reduced hours. Furloughs were rare in the smallest jurisdictions.

While the local public health workforce declined between 2005 and 2010, future expansion is expected due to the growing and aging U.S. population. However, the nature of local public health departments is evolving with the implementation of the *Patient Protection and Affordable Care Act*. Additional research is needed to examine changes in public health department positions and staffing levels that will best meet the public health needs while supporting implementation of the Affordable Care Act.

Chapter 2: Findings from the 2012 Local Health Department Survey

Many local health departments have faced reductions in their workforces and report significant challenges recruiting and retaining staff to fill vacancies. The economic downturn and state budget shortfalls led to reductions in positions in many departments since 2008. At the same time, the public health workforce is aging as baby boomers reach retirement age, and fewer young professionals are entering public health service.¹² These factors combine to create challenges for health departments in maintaining the staff needed to carry out their missions.

This chapter summarizes information gathered in a survey of local health departments conducted in November 2012 by the University of Illinois School of Public Health, Division of Health Policy and Administration, and the Center for State and Local Government Excellence. The survey focused on overall approaches to workforce recruitment and retention and covered:

- The structure of human resources decision-making on health department staffing issues
- Current and most effective recruitment and retention strategies
- Gaps in strategies as indicated by activities health departments would like to add to their recruitment and retention repertoire
- Level of concern among health department officials about recruiting and retaining staff
- Positions that are difficult to fill and/or retain and current vacancies by position
- Perceptions about opportunities for advancement
- Attitudes toward human resources rules and procedures
- Approaches to succession planning.

Survey Methodology

The survey sample was drawn from local health department that responded to NACCHO's 2010 Profile Study. Responding health departments were grouped by jurisdiction size, governance structure, and types of services provided, and then randomly selected from within these classifications. All health departments serving jurisdictions over one million were included. This methodology yielded a sample of 601 health departments. Further adjustments to eliminate potential duplications reduced the sample to 537 health departments.

A 44-item web-based questionnaire was developed with input from nearly two dozen current and former health department officials, including NACCHO's Workforce Committee. Their comments were incorporated into the draft that was pretested in seven health departments of varying sizes and governance structures.

Survey administration began on November 19 and concluded on December 31, 2012, using web-based distribution with mail and electronic contacts. All respondents were contacted at least three times and some up to eight times including a letter, e-mail invitation, postcard reminder, three e-mail reminders, a reminder letter, and phone call. All materials noted that NACCHO endorsed participation in the survey. Attempts to reach 19 health departments were unsuccessful because addresses were undeliverable or the contact name was invalid, reducing the final sample to 518 health departments.

A total of 225 local health departments returned the survey producing a response rate of 43.4 percent. A multivariate logistic regression model was used to examine non-response bias. In a model with jurisdiction size, governance structure, and type of services, local health departments with state/shared governance predicted non-response. No other factors were associated with non-response. Sampling weights were used to adjust for non-response and the complex survey design, and descriptive statistics were used to examine item responses. Because local health departments are so diverse, analyses were carried out by jurisdiction size, governance structure, and geographic region.

Survey Results

Key Findings

Six key findings emerged from the survey responses:

- There is considerable concern among local health departments about recruiting and retaining well-qualified employees and retaining currently funded positions.
- Health department officials report greater concern about retaining funded positions than about recruiting and retaining staff.
- Human resources systems and lack of opportunities for advancement appear to be formidable challenges to retaining well-qualified employees. Examination of human resource rules and procedures is needed to

understand how they may limit health departments’ ability to retain their most qualified staff.

- Many health departments draw from a fairly limited menu of recruitment strategies and may benefit from expanding their range of options. The barriers to adopting a fuller array of recruitment and retention strategies should be identified in further research.
- There are some differences in the use of recruitment and retention strategies based on jurisdiction size, geographic region, and governance structure. Smaller health departments generally use a narrower range of recruitment and retention strategies, perhaps because of fewer resources.
- Very few local health departments have formal processes and written documents guiding their succession planning efforts, with most characterizing their approach as “informal.” Health departments that reported an informal approach to succession planning are engaged in fewer succession planning activities reaching a narrower audience.

The following sections provide a more detailed analysis of the survey responses that led to these key findings. The information is presented in 13 categories: (1) concern about recruitment and retention, (2) human resources decision making, (3) current recruitment strategies, (4) most effective recruitment strategies,

(5) desired recruitment strategies, (6) recruitment challenges, (7) current vacancies, (8) retention strategies, (9) most effective retention strategies, (10) desired retention strategies, (11) challenges in retaining qualified staff, (12) opportunities for advancement, and (13) human resources rules and procedures. A detailed section on succession planning follows the analysis of recruitment and retention data.

Concern about Recruitment and Retention

Fifty-nine (59) percent of health departments are very or extremely concerned about finding well-qualified applicants; 62 percent are concerned about retaining well-qualified employees; and 70 percent are concerned about retaining currently funded positions. The concern is widespread among health departments of all sizes, locations, governance structures, and service offerings.

Human Resources Decision Making

Human resources decision making in health departments may be the sole responsibility of the health department or a shared responsibility with another governmental entity such as a city/county human resources department. In some cases, the health department may have no responsibility for human resources decision making. Figure 2.2 shows the extent of responsibility the responding health departments have for seven primary human resources functions.

Figure 2.1. Level of concern about recruitment and retention

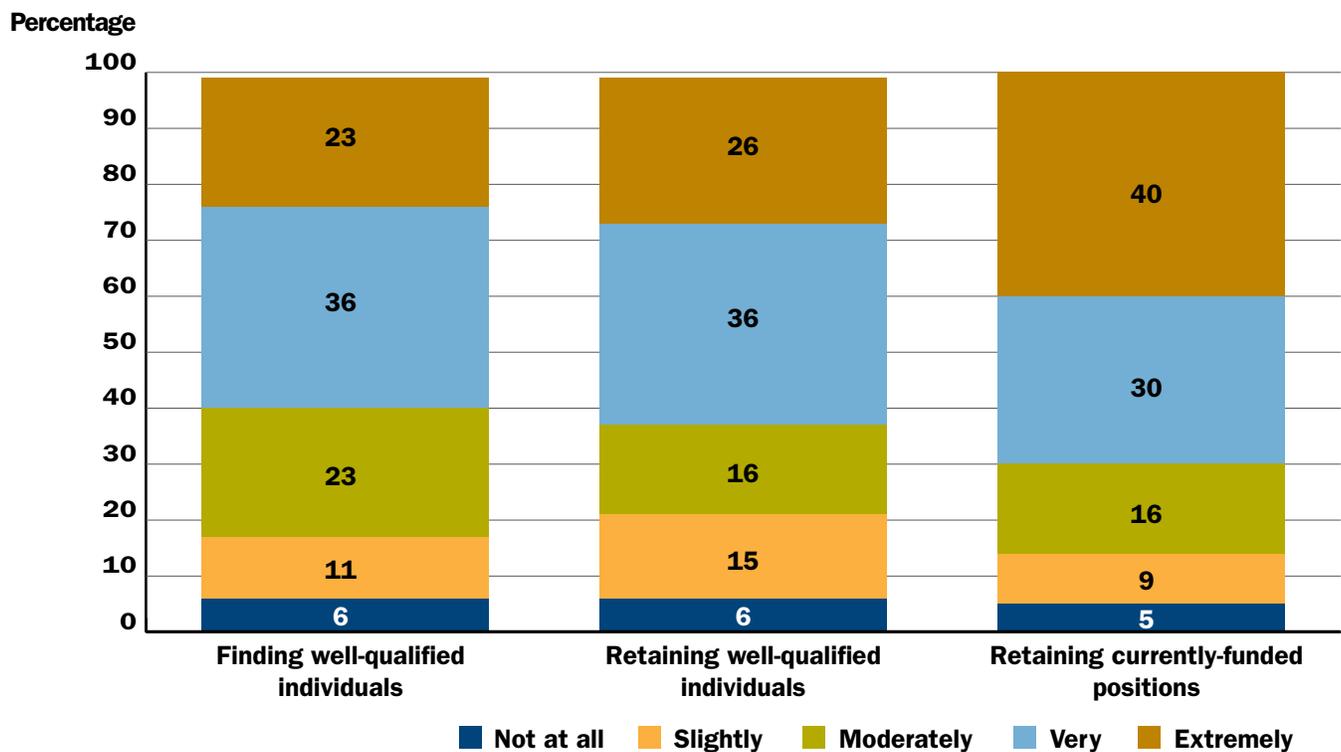
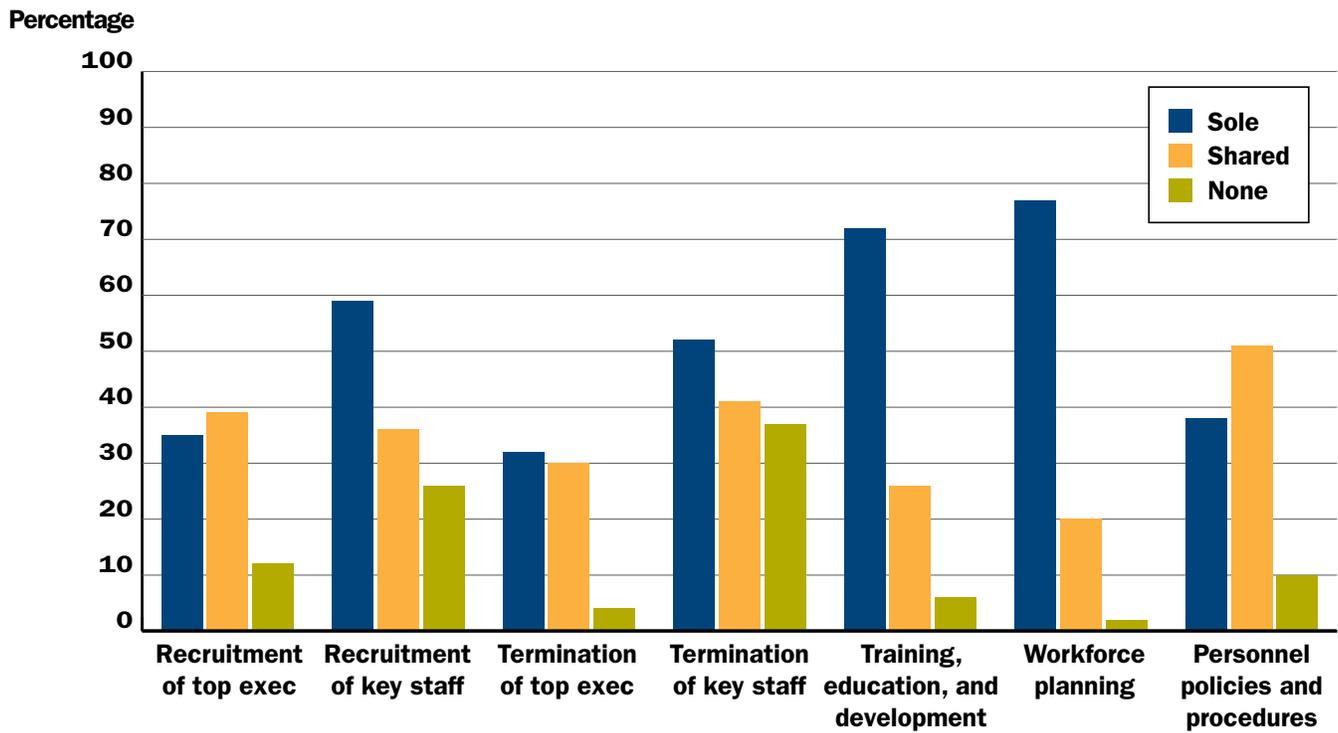


Figure 2.2. Human resources decision making



Most health departments retain sole responsibility for training, education, and staff development as well as workforce planning. Half of the health departments reported having shared responsibility for personnel policies and procedures, though one-third have sole responsibility for developing policies and procedures. About one-third of health departments have sole responsibility for recruiting and terminating the health department’s top executive, although these functions are more often shared with another governmental entity, or the health department has no authority. Terminating the top executive was the function that the largest percentage of responding departments reported having no responsibility for carrying out. Substantially more health departments (nearly 60 percent) have sole authority over recruiting and terminating key department staff than they do for the top executive.

For many health departments, recruiting staff for health departments is a shared responsibility. Slightly fewer than half of the health departments (48 percent) reported that they had a human resources professional who was responsible for recruiting staff. Thirty-nine percent indicated that “someone else” at their health department carried out recruitment. A state agency and the city or county government human resources depart-

ment were cited as responsible for staff recruitment by 17 percent of health departments.

Current Recruitment Strategies

Five recruitment strategies are used by more than half of the health departments that responded to the survey. They are print advertising, web job boards, internships, e-mail announcements to other agencies, and academic partnerships. Less frequently used strategies are cultural events, social media, college job fairs, pooling resources, and traineeships. There were several variations noted by different categories of health departments:

- Larger health departments with more resources reported using a broader array of recruitment strategies.
- Shared state-local departments use cultural events and college job fairs more frequently than local or state-only departments.
- Use of strategies varied somewhat by region which may reflect choices, practices, and preferences in different parts of the county.

Figures 2.3, 2.4, 2.5, and 2.6 summarize survey findings on recruitment strategies.

Figure 2.3. Recruitment strategies

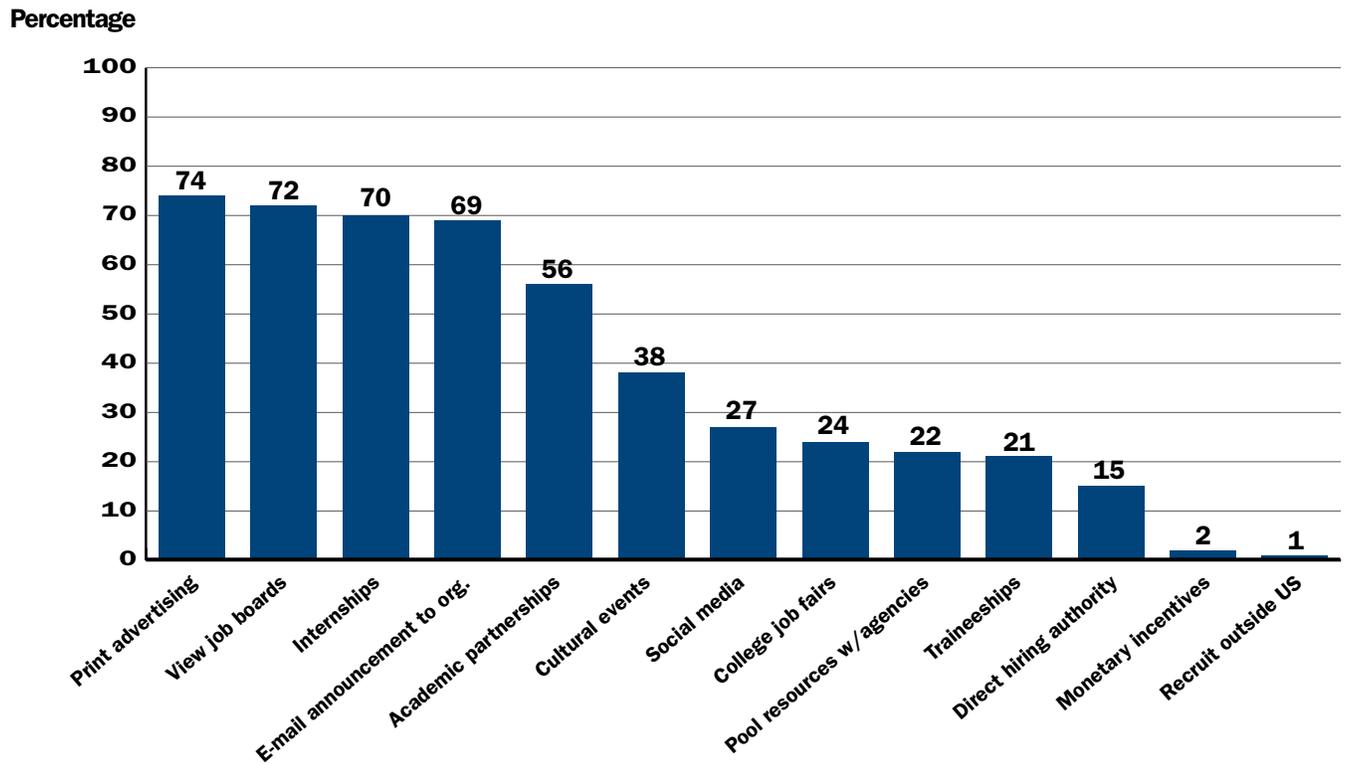
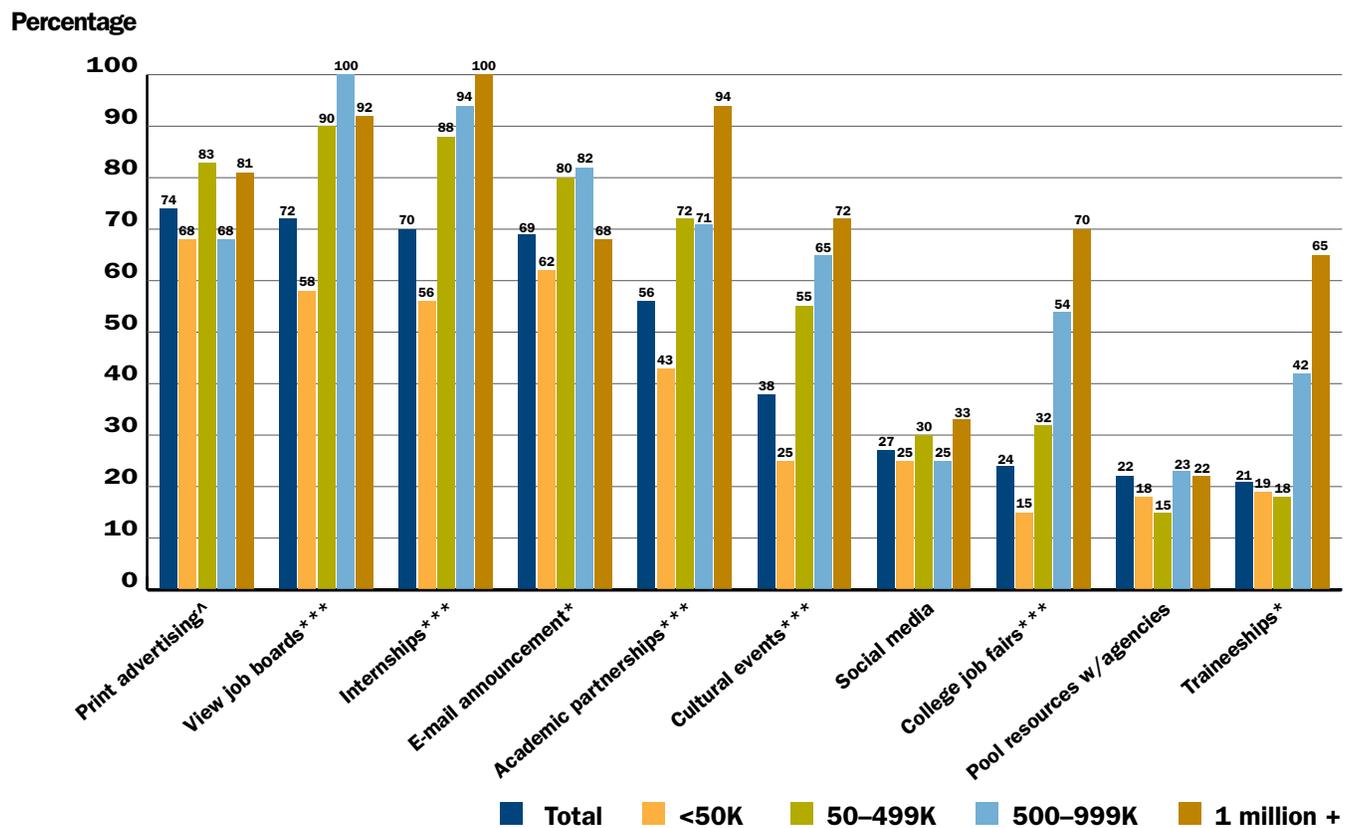
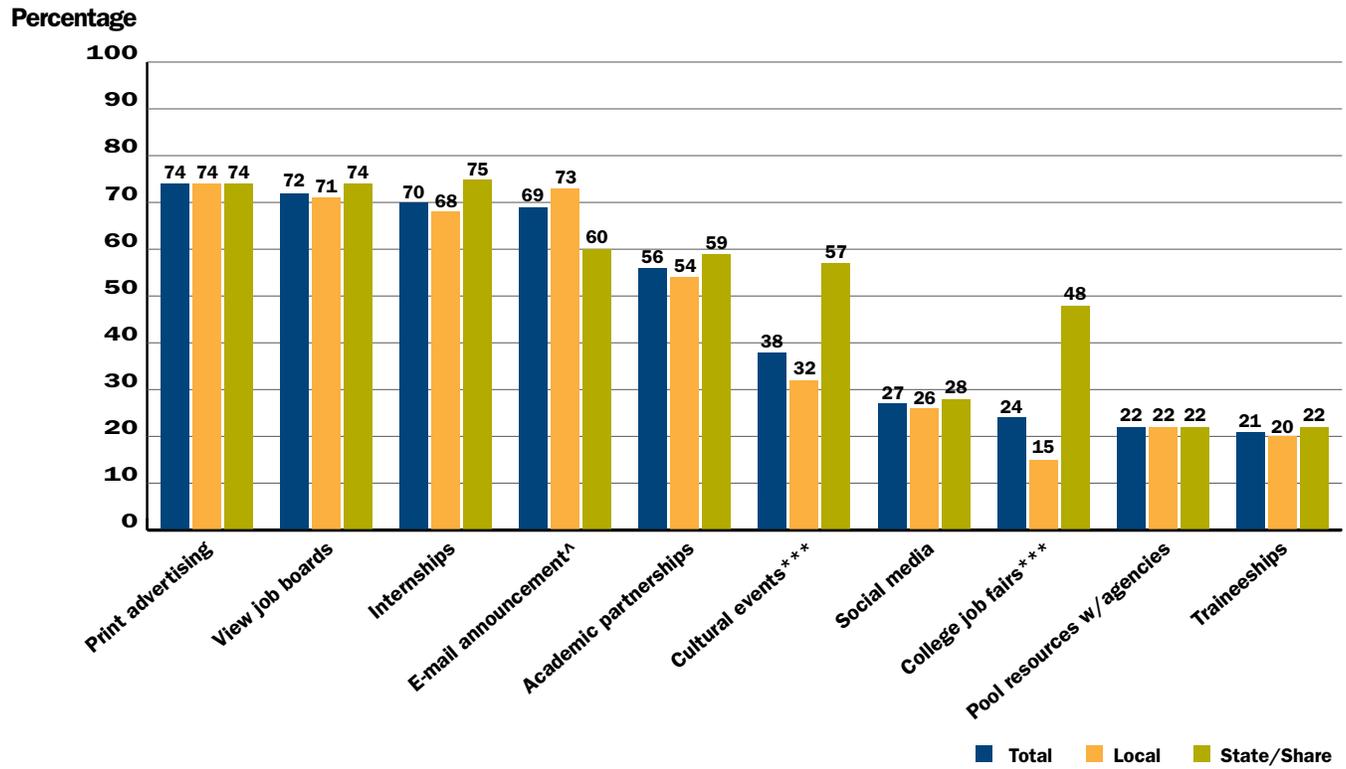


Figure 2.4. Recruitment strategies by jurisdiction size



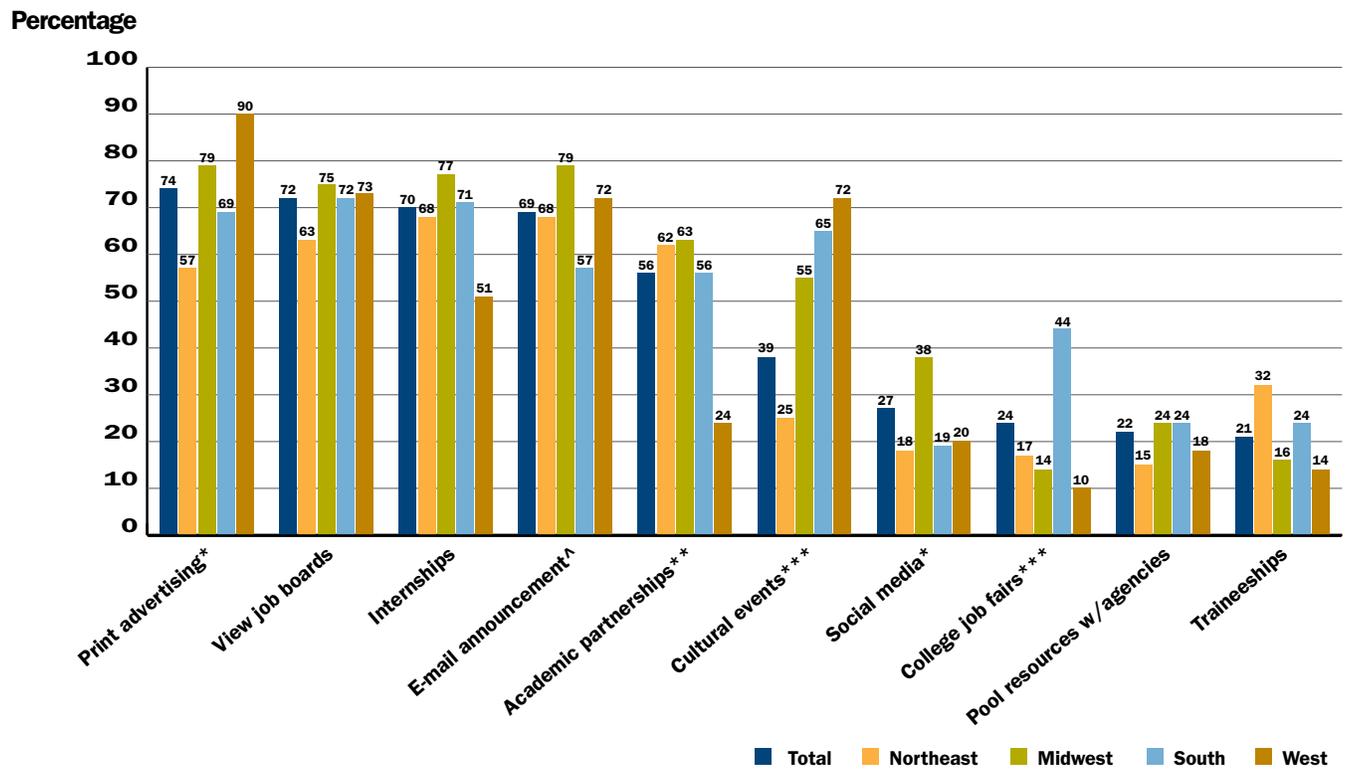
Statistical Significance: [^]p < .10 ; *p < .05 ; **p < .01 ; ***p < .001

Figure 2.5. Recruitment strategies by governance structure



Statistical Significance: ^p < .10 ; *p < .05 ; **p < .01 ; ***p < .001

Figure 2.6. Recruitment strategies by geographic region



Statistical Significance: ^p < .10 ; *p < .05 ; **p < .01 ; ***p < .001

Most Effective Recruitment Strategies

Health departments were asked to rank up to three currently used recruitment strategies that are most effective. The four most effective strategies were:

1. Web-based advertising job boards (51 percent)
2. Print advertising (43 percent)
3. Internships and practicums for students (32 percent)
4. E-mail job announcement to organizations/agencies (30 percent).

The fairly low percentages for these most-effective strategies suggest considerable variety in approaches and lack of consensus on what is most effective. There is a statistically significant relationship between jurisdiction size and use of the top recruitment strategies. Figure 2.7 summarizes top recruitment strategies by jurisdiction size, geographic region, and governance structure.

Desired Recruitment Strategies

Respondents identified recruitment strategies that they would like to begin using to in their departments to broaden their success including pooling resources with other agencies, using social media, and expanding use internships and traineeships. Figure 2.8 summarizes these desired recruitment strategies.

Recruitment Challenges

Among health departments that employ physicians, 50 percent said those positions were very or extremely difficult to fill. Other difficult-to-fill positions were epidemiologists, mentioned by just under 50 percent of respondents, and health directors, mentioned by 37 percent.

Current Vacancies

Public health nursing positions were the most frequently mentioned vacancies in local health department. Fifty (50) percent of responding health departments reported having all of the public health nursing jobs filled. By comparison, about 10 percent of local health departments that employ emergency preparedness coordinators reported having vacancies in those positions. Figure 2.10 summarizes the data on current vacancies, shown in descending order from the most health departments to fewest health departments with vacancies within each occupational category.

Retention Strategies

The 10 most frequently mentioned retention strategies were (1) paying for conferences, (2) retirement benefits, (3) paying for training, (4) paying for continuing education/ continuing medical education, (5) informal mentoring, (6) reassignments/job changes, (7) unpaid recognition and awards, (8) flextime and flexible hours, (9) internal-only vacancy postings, and (10) promotions. Less broadly used were tuition assistance, competitive pay, rehiring retirees, telecommuting, job sharing, formal mentoring, matching salary offers, formal rotational training, and supplemental pay.

Most Effective Retention Strategies

The top three most effective retention strategies were retirement benefits (44 percent), competitive pay (32 percent), and flex-time/flexible hours (30 percent). The low percentages, however, suggest that there is little consensus about top retention strategies. There were some differences in the use of competitive pay by

Figure 2.7. Differences in use of top recruitment strategies

Characteristic	Web-based job boards	Print advertising	Internships	E-mail job to org,
Jurisdiction size	***	^	***	*
<50K	50	68	56	62
50K–499K	90	83	88	80
500K–999K	100	68	94	82
1M+	92	81	100	68
Geographic region	NS	*	NS	^
Northeast	63	56	68	68
Midwest	75	79	77	79
South	72	69	71	57
West	73	90	51	72
Governance type	NS	NS	NS	^
Local	71	74	68	73
State/shared	74	73	75	60

Statistical Significance: ^p < .10 ; *p < .05 ; **p < .01 ; ***p < .001

Figure 2.8. Recruitment strategies that departments would like to use

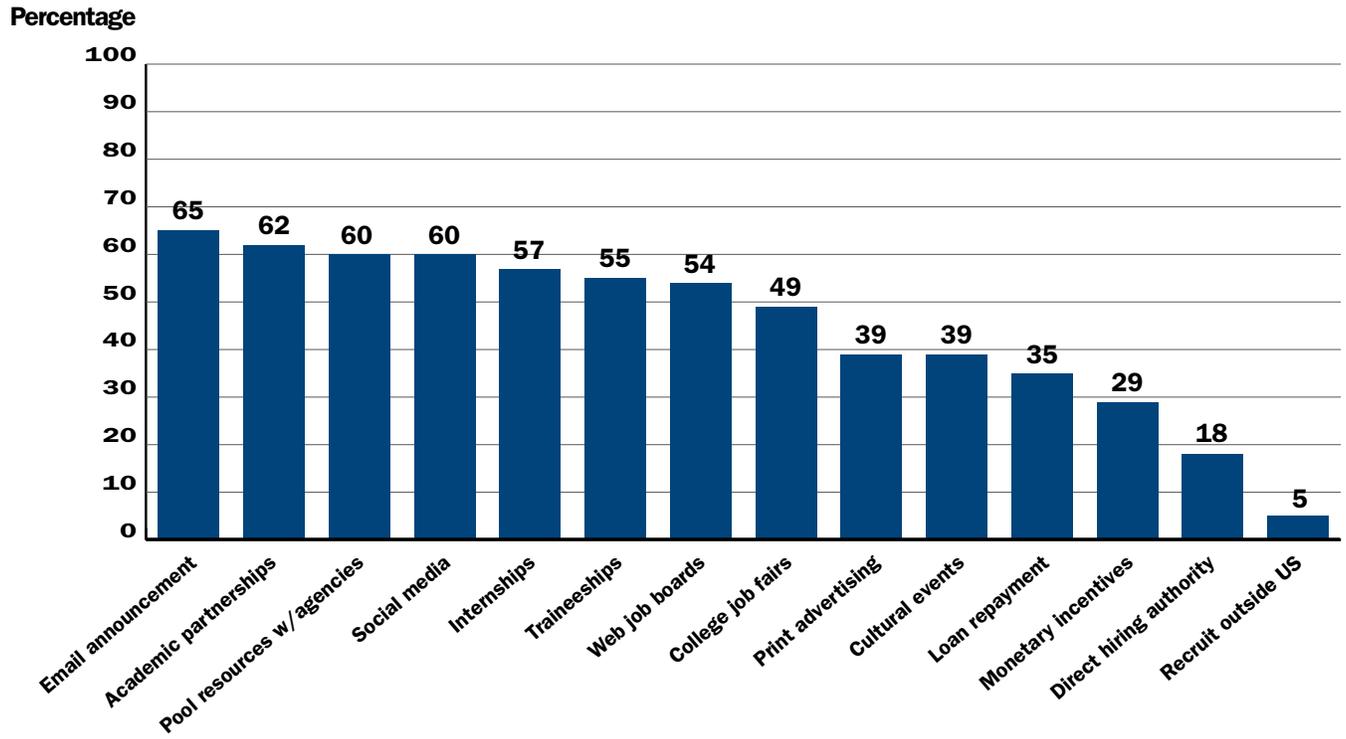


Figure 2.9. 'Very or extremely' difficult to fill open positions

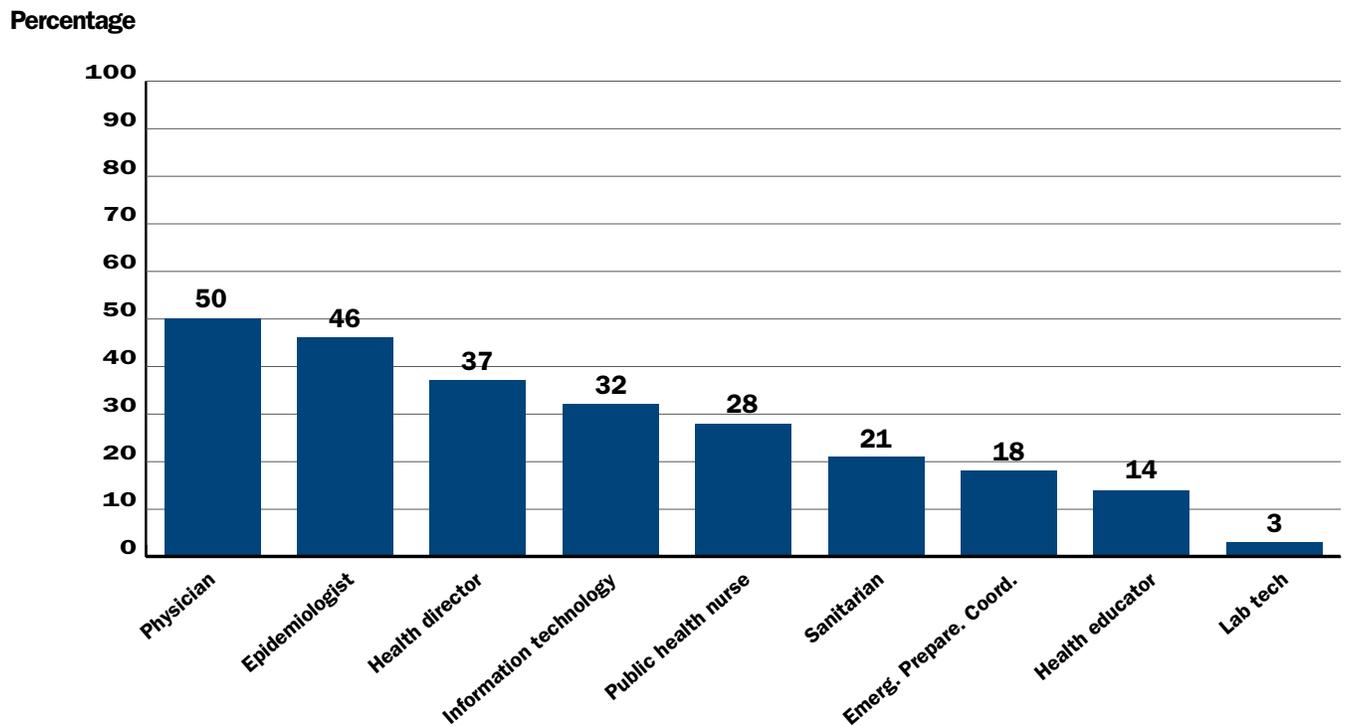


Figure 2.10. Vacancies in selected key positions

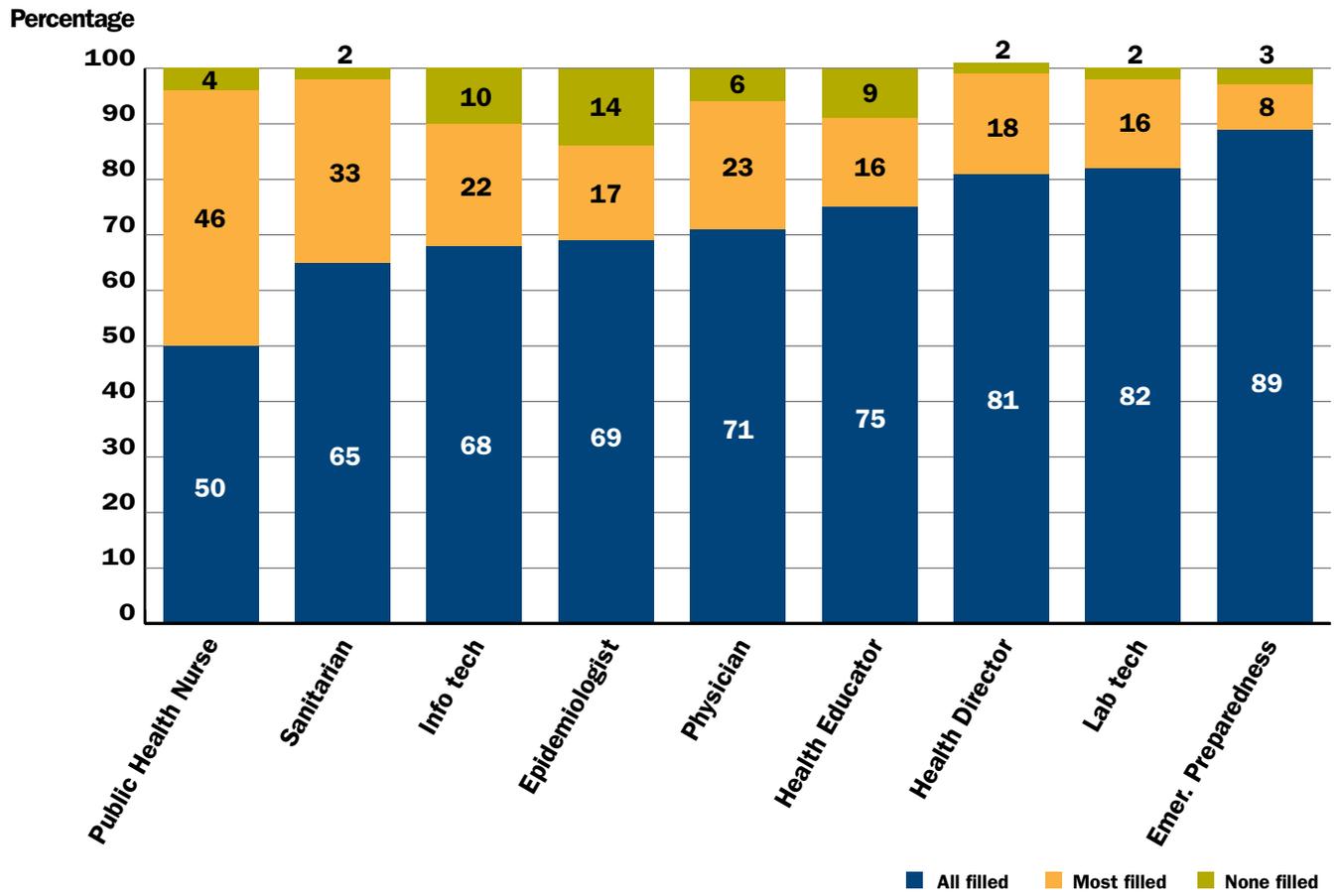


Figure 2.11. Top 10 retention strategies

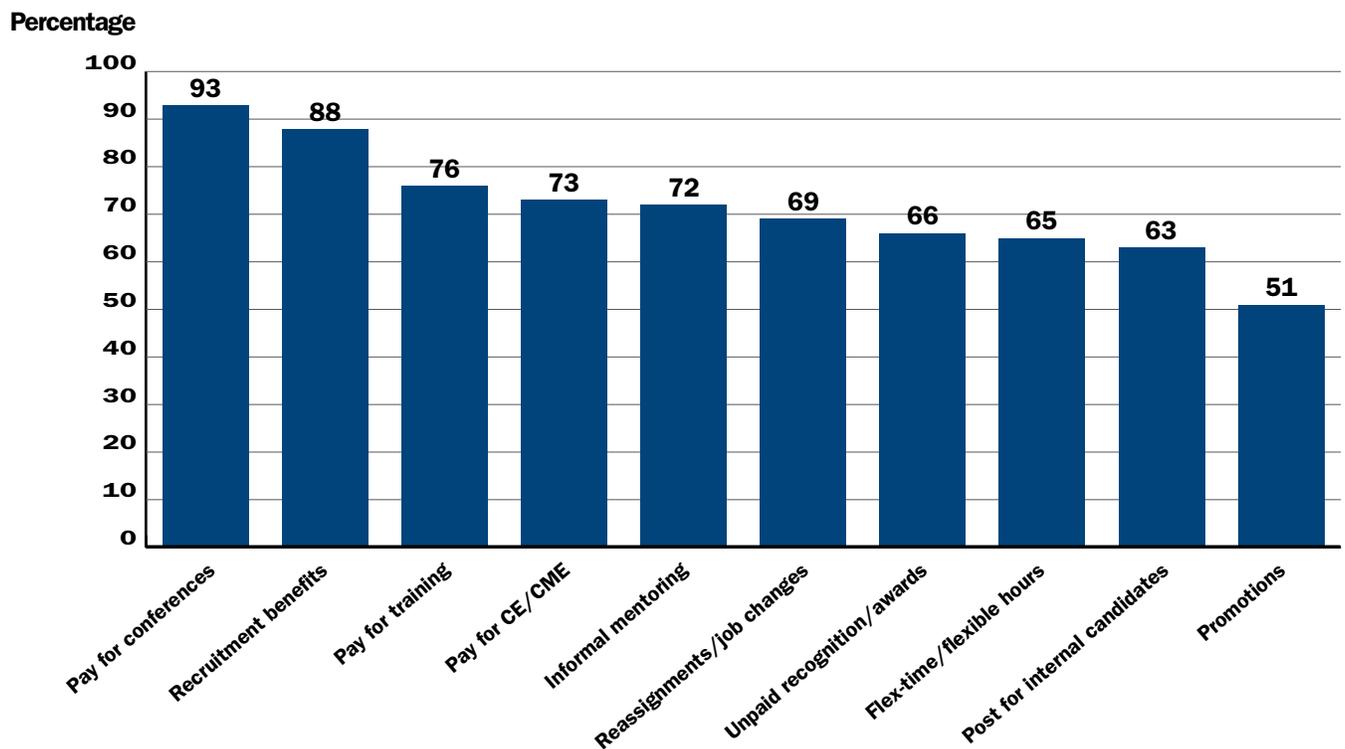
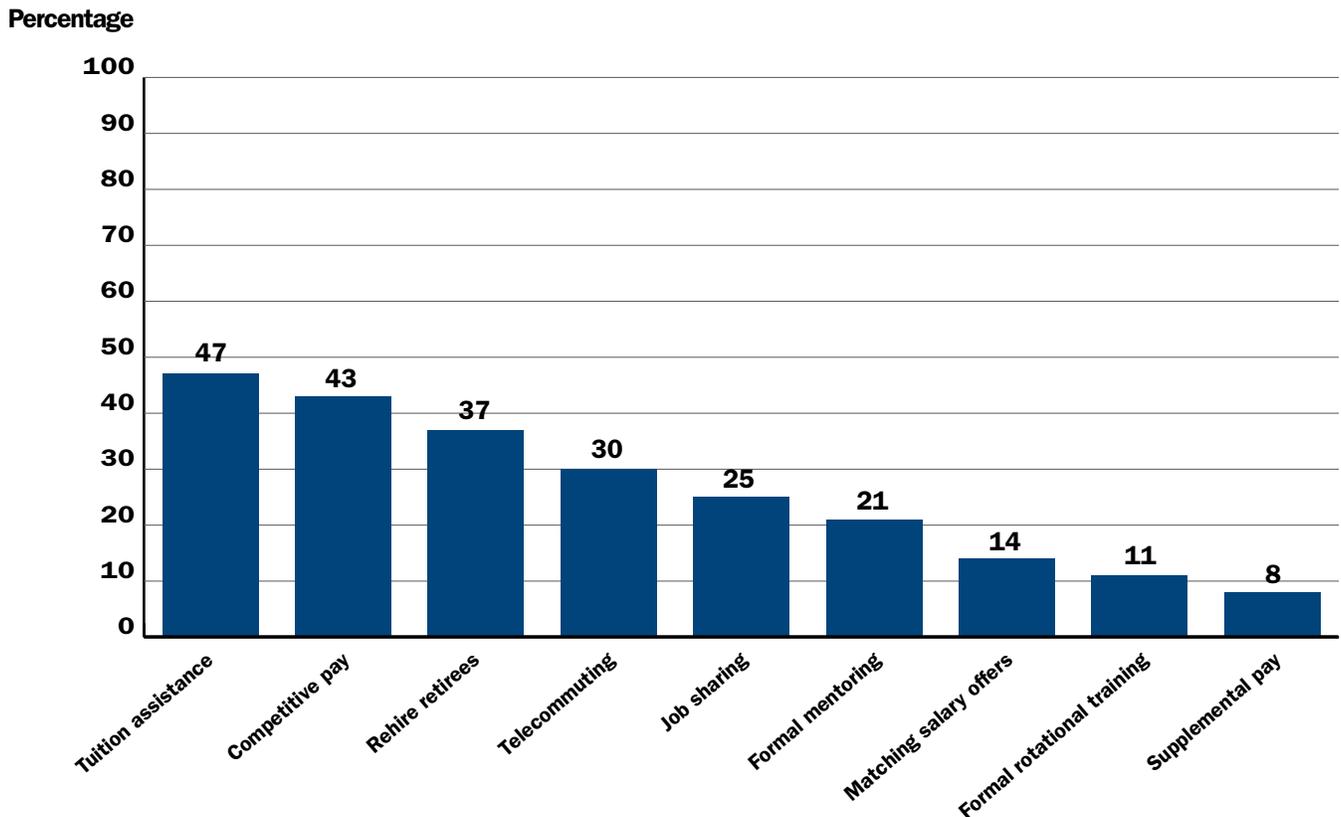


Figure 2.12. Least used retention strategies



jurisdiction size, geographic region, and governance structure, as well as differences in the use of retirement benefits by geographic region as shown in Figure 2.13.

Desired Retention Strategies

Paying for conferences and use of competitive pay were the most frequently mentioned retention strategies that health departments would like to use. The high interest in competitive pay, mentioned by more than 80 percent of respondents, may be in response to general dissatisfaction with public sector pay structures.

Challenges in Retaining Qualified Staff

While 62 percent of health departments reported being very or extremely concerned about retention, fewer than 20 percent said it was very or extremely difficult to retain qualified staff in any job categories, as shown in Figure 2.15.

Opportunities for Advancement

Despite the low level of concern about retaining well-qualified staff, departments reported somewhat limited opportunities for advancement in many job categories. Of the nine occupational classes included in the survey,

only four—physician, epidemiologist, laboratory technician, and information technology specialist—were rated as having good, very good, or excellent opportunities for advancement by at least half of the health departments. While it is expected that the top executive would have limited opportunities for advancement in the department, several other positions including public health nurses, health educators, sanitarians, and emergency preparedness coordinators were reported to have poor or fair opportunities for advancement by a majority of health departments. Figure 2.16 shows positions the percentage of respondents rating positions as having good, very good, or excellent opportunities for advancement.

Human Resources Rules and Procedures

Health departments reported considerable dissatisfaction with human resources rules and procedures based on the extent to which they agreed with three statements. More than 80 percent agreed or strongly agreed that the department's formal pay structures and rules make it hard to reward good employees. Similarly, only one-third agreed or strongly agreed that promotions are

Figure 2.13. Differences in the use of top retention strategies

Characteristic	Retirement benefits	Competitive Pay	Flex time/ Flex Hours
Jurisdiction size	NS	*	NS
<50K	86	34	59
50K–499K	89	50	68
500K–999K	91	61	84
1M+	87	43	78
Geographic region	**	**	NS
Northeast	69	59	52
Midwest	87	49	68
South	91	24	61
West	97	40	72
Governance type	NS	**	NS
Local	86	47	65
State/shared	90	26	60

Note: ^p < .10; *p < .05; **p < .01; ***p < .001

Figure 2.14. Retention strategies that departments would like to use

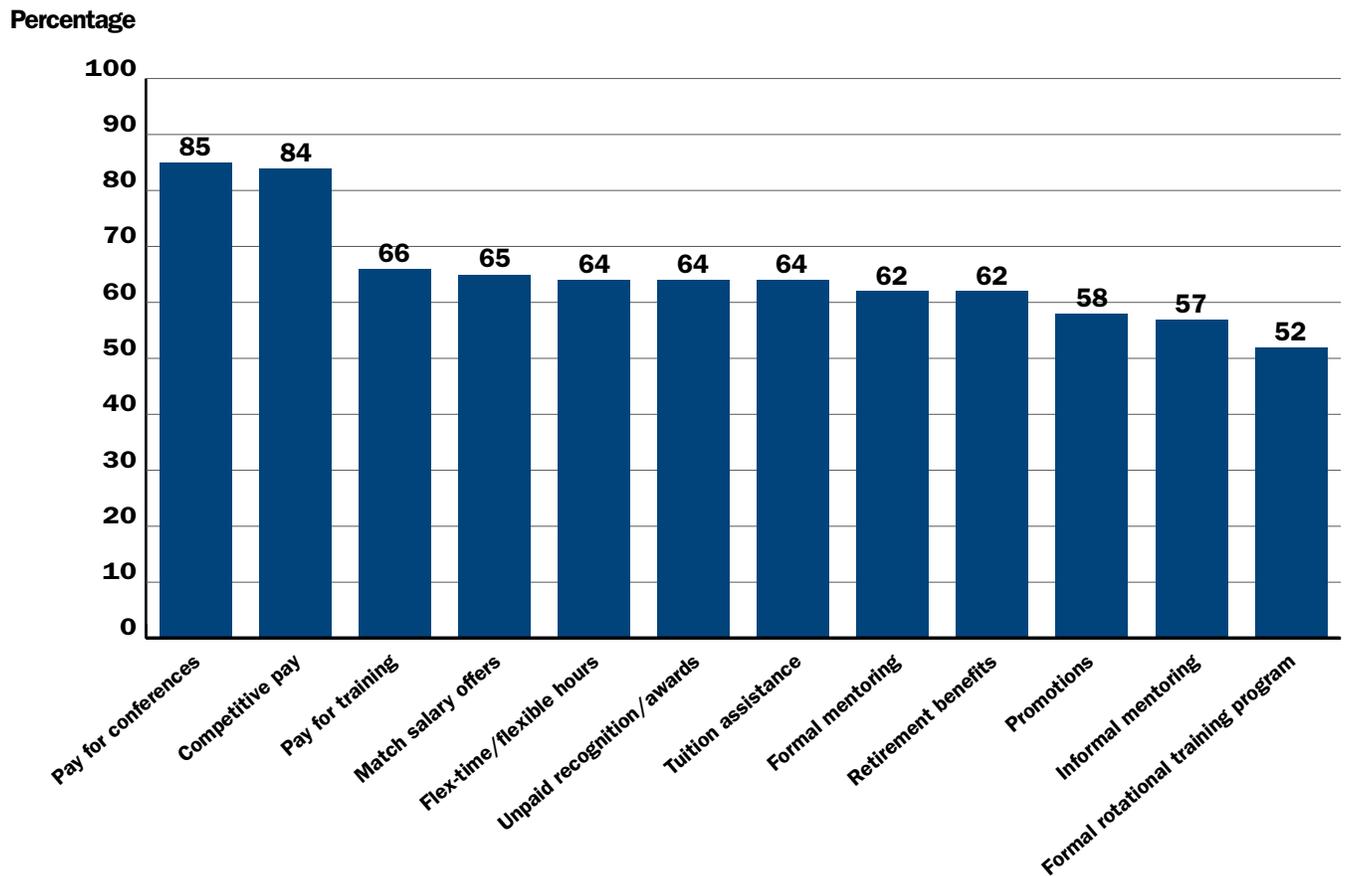


Figure 2.15. Very or extremely difficult positions to retain qualified staff

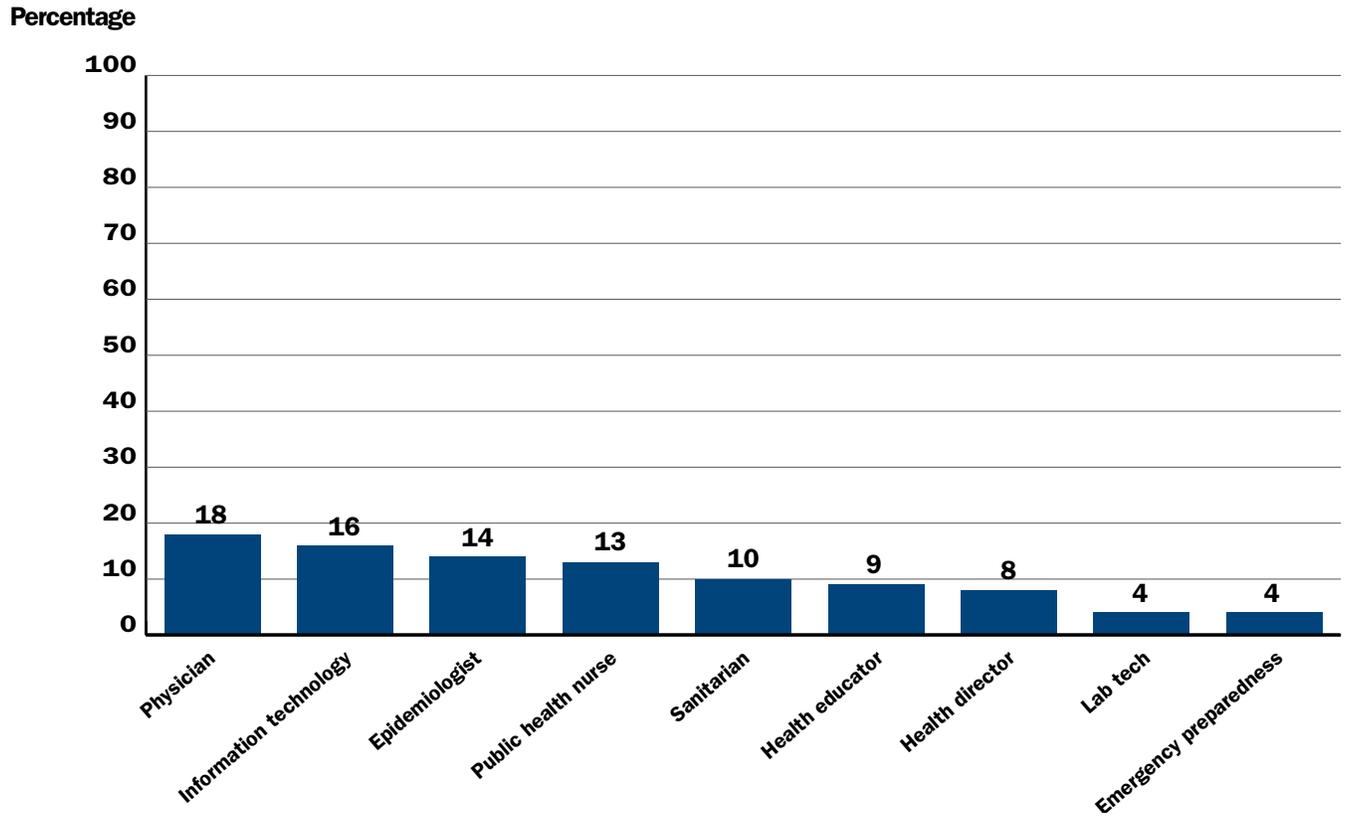
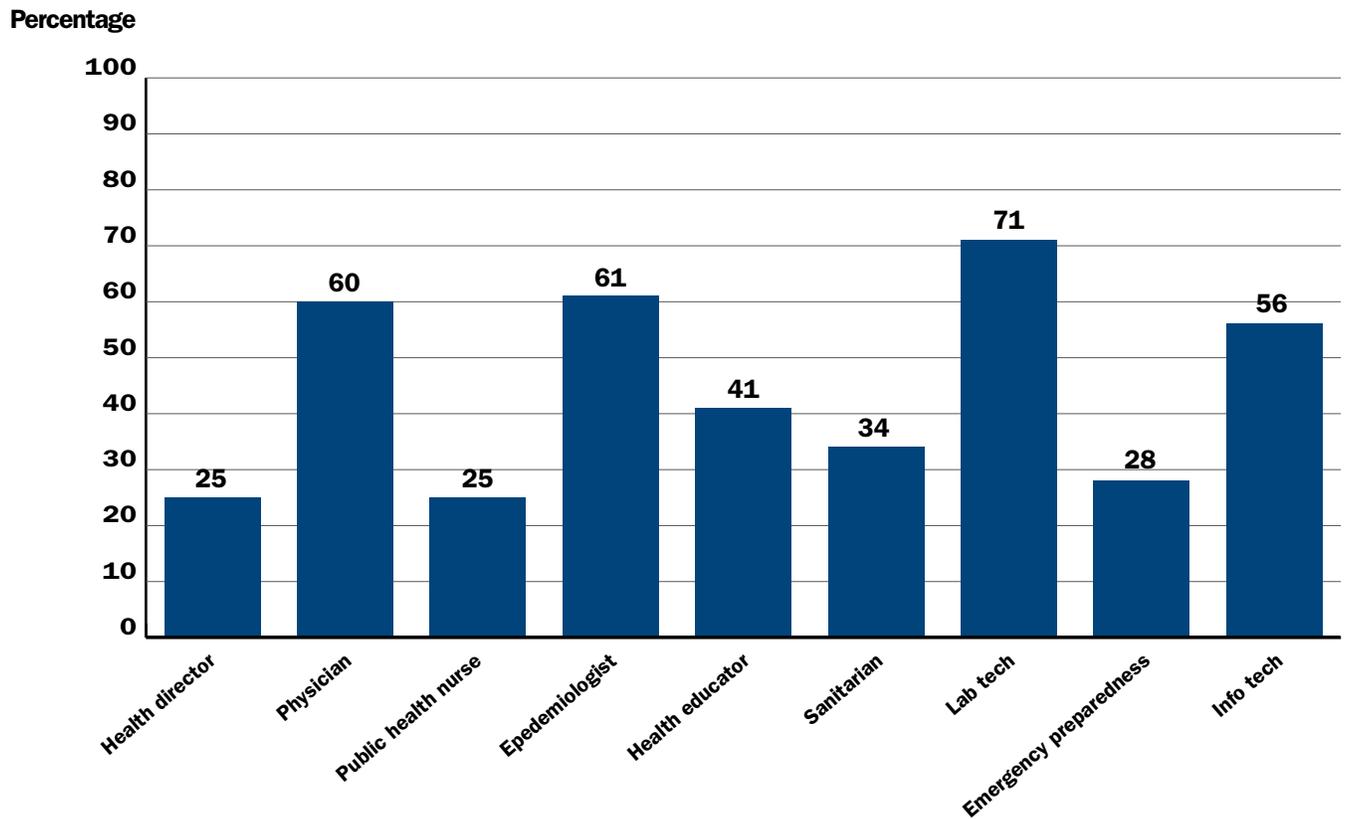


Figure 2.16. Opportunities for advancement



based mainly on performance, and nearly 60 percent agreed that rules prevent them from removing poor performers. These responses suggest that a closer examination of formal human resource rules and procedures is needed to understand the causes for dissatisfaction, the impact of rules on recruitment and retention, and strategies for improvement.

Succession Planning

For purposes of this study, succession planning is defined as intentionally identifying, developing, and retaining individuals for future management and leadership roles. Local health departments that have implemented formal succession planning have a written document that establishes a formal process for identifying, developing, and retaining staff for future management and leadership positions. Other health departments use an informal process for identifying, developing, and retaining staff for future management and leadership positions without a written document or formal action steps.

Several workforce factors in health departments point to the need for succession planning for leadership and management positions including:

- An increase in expected retirements during the next five years
- Turnover of key staff
- Significant concern about finding and retaining well-qualified staff.

The survey showed that the median number of years since the responding health departments had filled their last key leadership/management positions was only 1.3 years. More than half (56 percent) filled a key position within the past 18 months.

While only 16 of the responding health departments (7 percent) reported formal succession planning, most departments said that they carry out informal succession planning. A sizeable minority of responding departments (28.7 percent), however, said they do not intentionally identify, develop, and retain individuals for future management and leadership roles. The data did not point to any statistically significant differences in approaches to succession planning by jurisdiction size, governance structure, or type of services provided as shown in Figure 2.18.

Succession Planning Activities

Typical succession planning activities include:

- Identifying key leadership positions for which succession planning would be useful
- Evaluating the impact each key leadership position has in achieving strategic goals and objectives
- Prioritizing key leadership positions in terms of impact
- Prioritizing key leadership positions in terms of vacancy risk
- Identifying competency, skills, and success factors for key leadership positions
- Assessing current bench strength including who in the department may be ready for executive leadership positions and identifying any skills gaps
- Determining whether critical leadership positions have at least one person ready to assume the responsibilities of the position.

Figure 2.19 shows the extent to which local health departments were engaged in one or more of these succession planning activities and whether they had

Figure 2.17. *Impact of human resources rules and procedures*

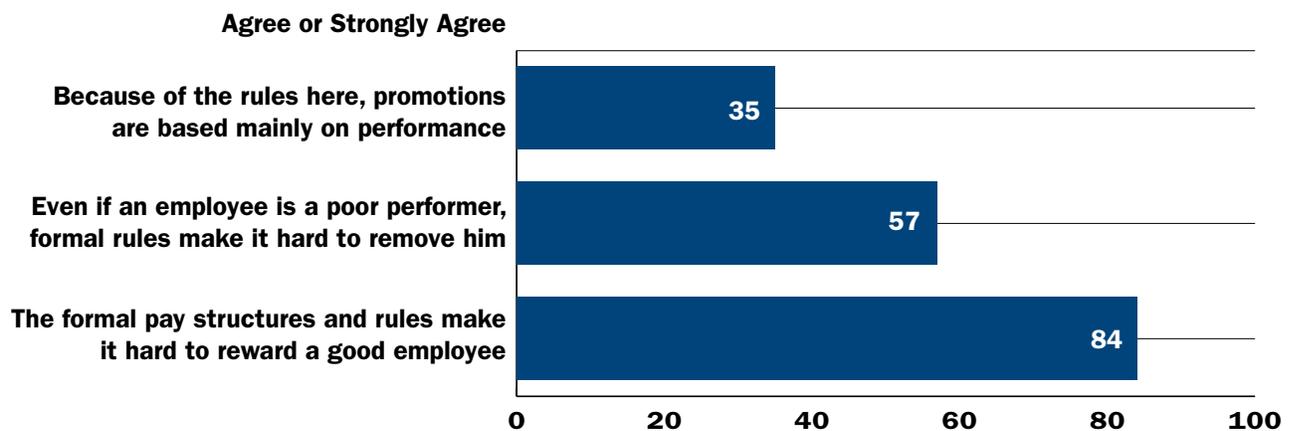
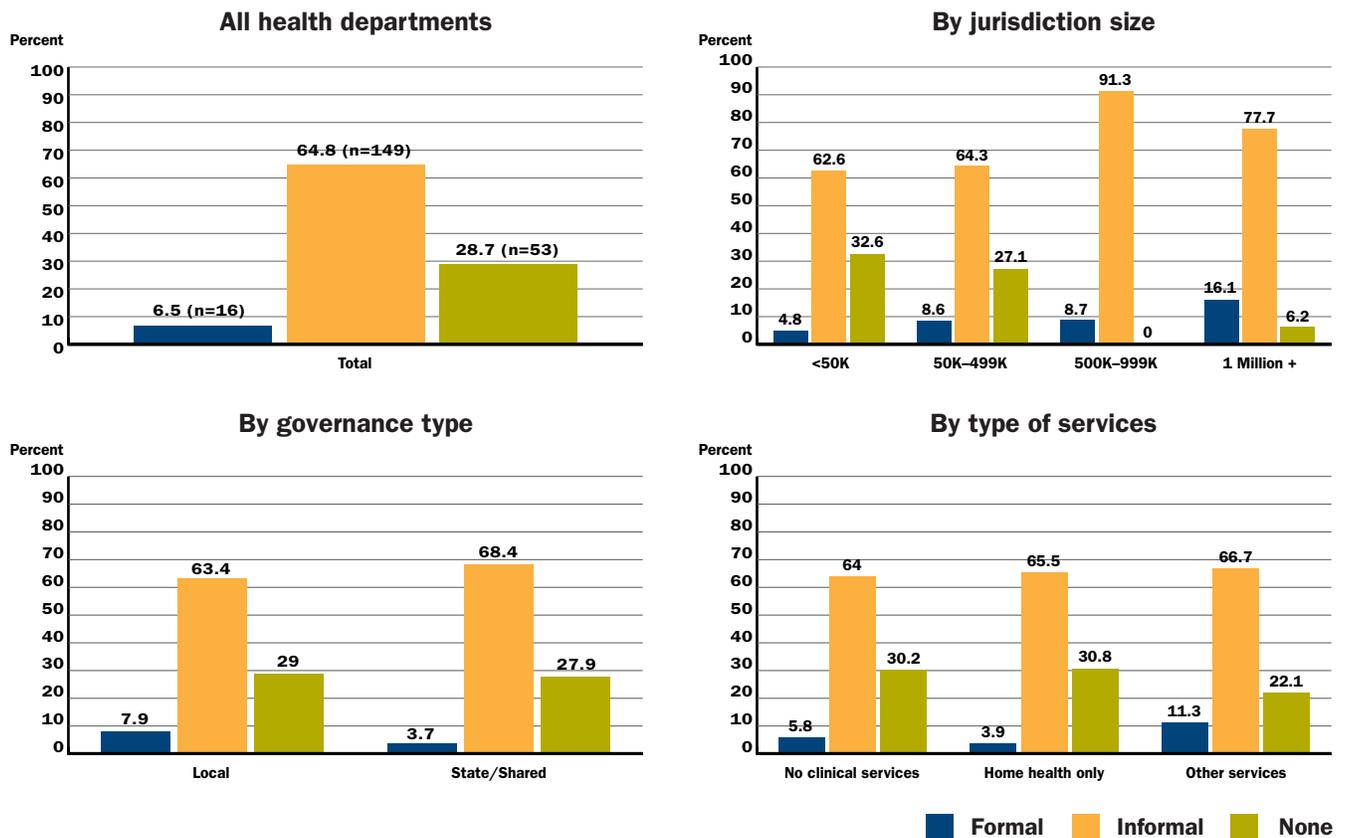


Figure 2.18. Type of succession planning



Note: No statistically significant differences were found.

implemented these activities department-wide or only in selected divisions or programs. The succession planning activities that were most broadly used were identifying the leadership positions for which succession planning would be useful (44 percent implemented department-wide and 36 percent in select programs) and identifying competency, skills, and success factors for key leadership positions (42 percent department-wide and 34 percent in select programs). Less commonly implemented department-wide were prioritizing positions in terms of impact (33 percent) or vacancy risk (30 percent).

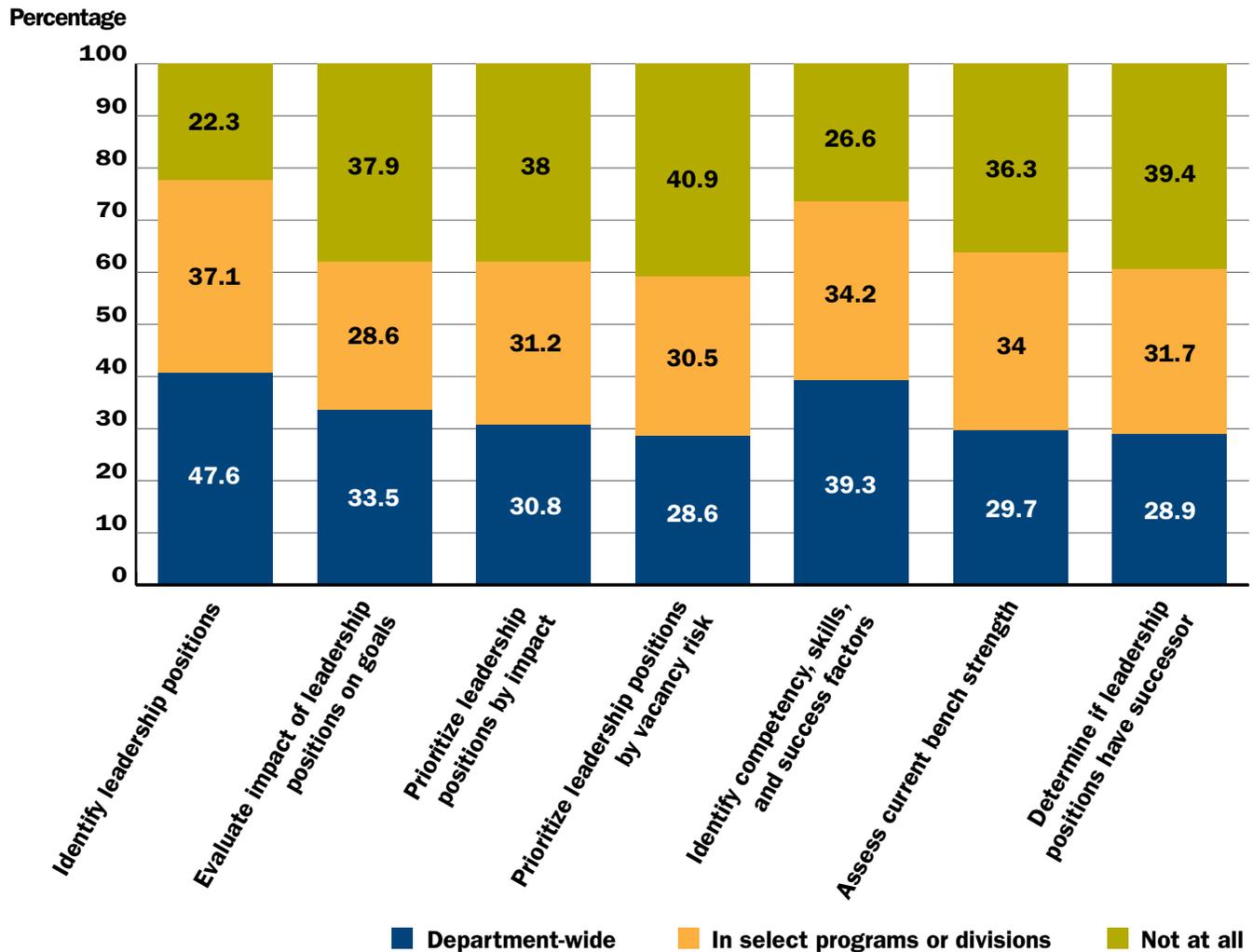
The breadth and scope of succession planning activities was much greater among the local health departments that reported having a formal succession plan than those that reported carrying out informal succession planning as shown in Figure 2.20. In addition, the kinds of succession planning activities adopted by health departments differed depending on whether the department was engaged in formal or informal succession planning. Among departments that have a formal succession plan, the most common activities were assessing current bench strength, identifying key leadership positions for purposes of succession planning,

and evaluating the impact of leadership positions on goals. Most health departments with formal succession plans carry out their activities department-wide. By contrast, departments with informal succession planning carry out fewer activities on a more limited scale. Compared with health departments with formal plans, far fewer health departments with informal succession planning are assessing current bench strength, prioritizing positions by vacancy risk, evaluating the impact of leadership positions on agency goals, or determining if leadership positions have a successor.

Timing of Succession Planning

Among health departments that report being involved in succession planning, 40 percent report initiating activities before a leader has announced his/her departure, but succession planning is not considered an ongoing activity. This suggests that while health departments may be preparing for expected departures, they might be caught off guard by unplanned departures. In addition, 32 percent of responding health departments report waiting until a leader has announced departure plans before initiating

Figure 2.19. Succession planning activities



replacement action. With only one in five health departments reporting that succession planning is ongoing with replacement action starting before departures are announced, most health departments take a reactive rather than proactive approach to filling key leadership and management positions.

Grooming Future Top Executives

Survey findings suggest that there is a disconnect between the top executive’s *desire* to have someone who is “ready now” to step into his or her shoes and the health department’s *ability* to achieve that goal. As Figure 2.22 shows, 75 percent of top executives surveyed indicated that they had a moderately, very, or extremely strong belief that a new executive needs to be ready now, but only slightly more than one-third of health departments are grooming individuals to succeed the top executive.

Succession Planning by Occupational Category

Among health departments carrying out succession planning, relatively few have plans in place for specific occupational categories. As shown in Figure 2.23, one-third of departments reported having succession plans in place for deputy directors, environmental health directors, nursing directors, and the top executive. In general, however, there is little variation in the extent to which health departments have developed succession plans for specific occupational categories, with the exception of clinical directors for which none of the responding departments said they have plans for this position.

Self-Rating of Succession Planning

Health departments’ self-appraisal of succession planning within their organizations aligns with the survey findings that reveal opportunities for improvement.

Figure 2.20. Formal vs. informal succession planning activities

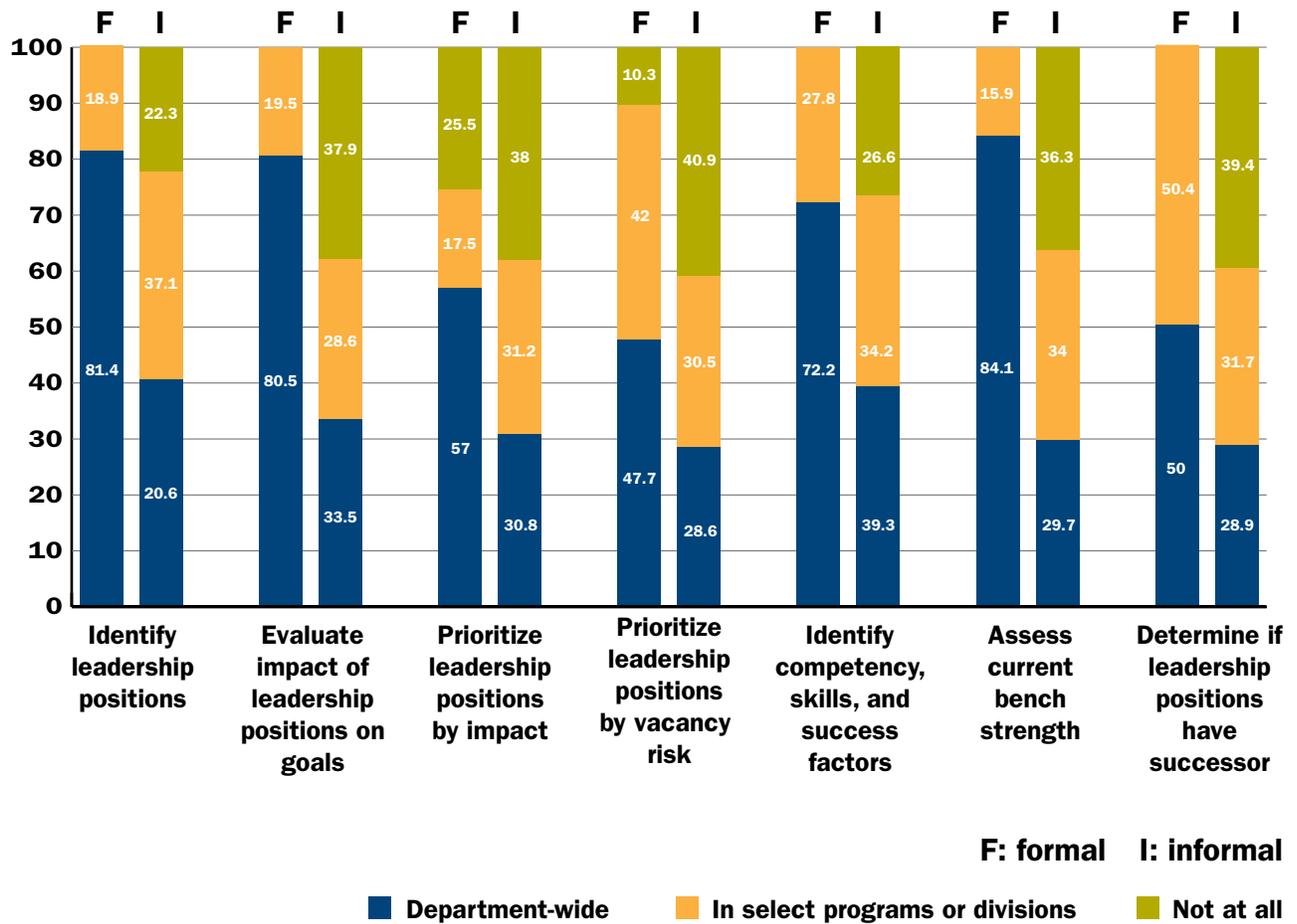


Figure 2.21. Timing of succession planning

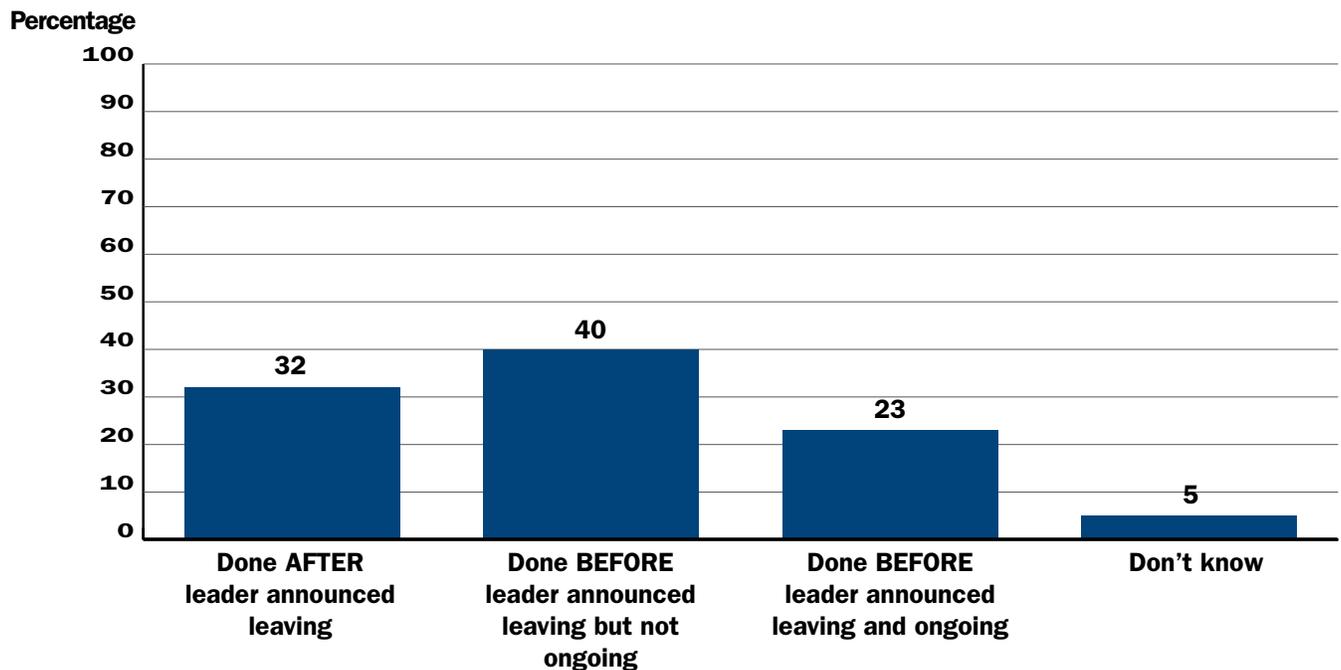


Figure 2.22. Ready now vs. grooming

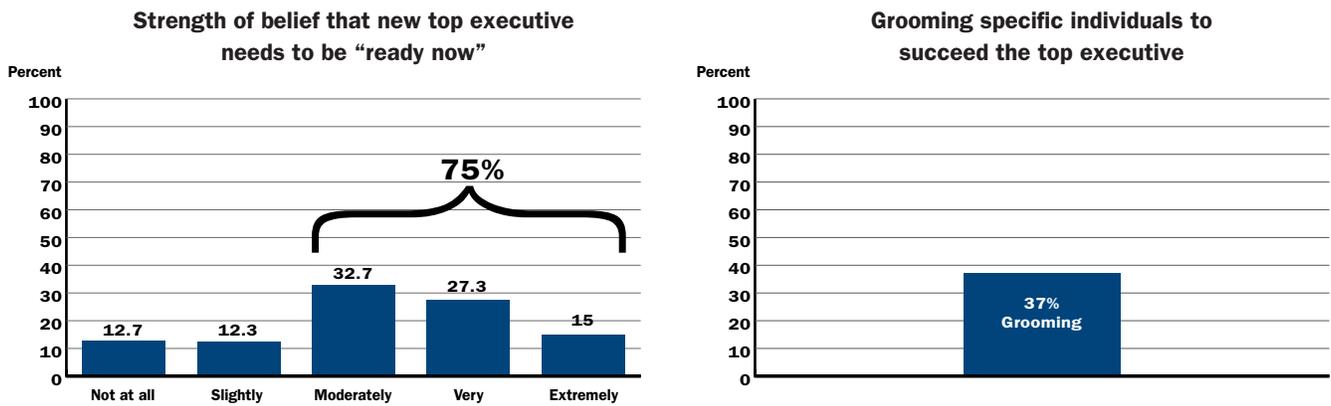
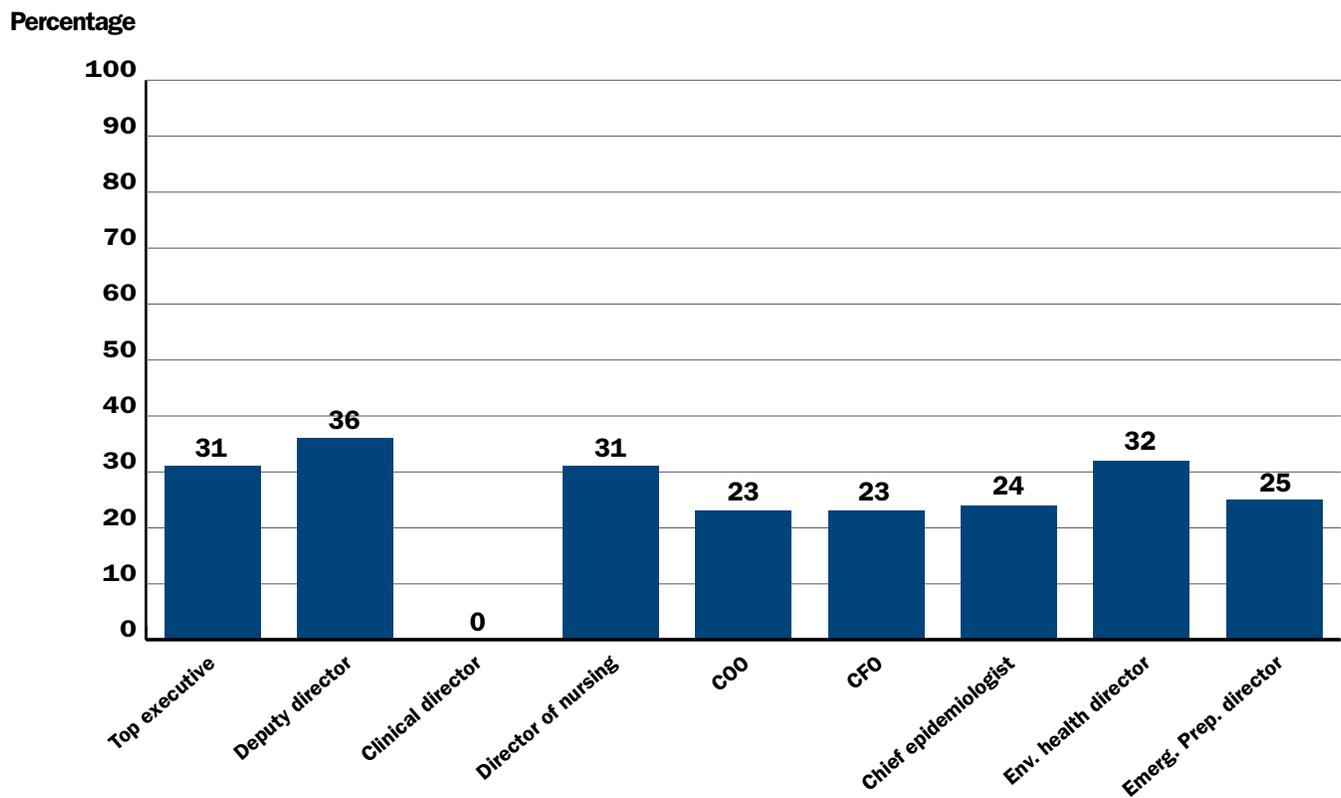


Figure 2.23. Succession plans in place by occupational category



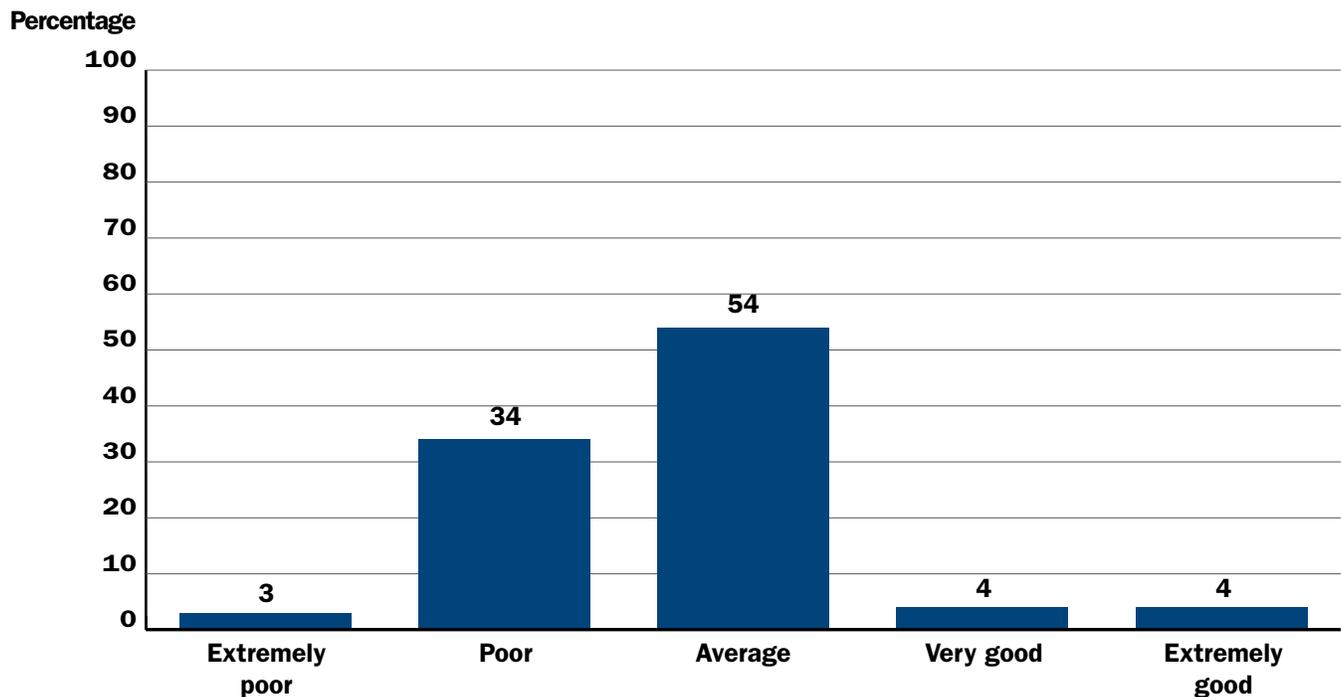
More than one-third of health departments judged their succession planning process as poor. The majority (54 percent) consider their succession planning as average. Only 8 percent of respondents rated their approach to succession planning as very or extremely. Harnessing what works from these exceptional health departments might be another strategy to promote succession planning.

Summary of Survey Findings and Actions

Actions that emerge from the survey findings to strengthen workforce recruitment and retention in local health departments and broaden interest in succession planning include:

- Examination of human resource rules and procedures to understand how they may limit

Figure 2.24. Succession planning ratings



health departments' ability to retain their most qualified staff

- Assessment of the barriers to adopting a fuller array of recruitment and retention strategies, particularly in smaller health departments, including focusing on inexpensive strategies such as use of web job boards or social media
- Additional research into the merits of formal vs. informal succession planning activities including what can be achieved within an informal structure
- Focused research on the barriers to adoption of succession planning to promote more widespread use of the practice among health departments
- Reframing succession planning as leadership development as a way to spur greater acceptance of a more systematic approach to ensuring smooth leadership transitions within public agencies while preserving core human resources values and required recruitment practice.

Chapter Summary

Local health departments remain very concerned about their ability to recruit and retain the staff they need to carry out their public health mission, based on the responses to a 44-item online survey conducted for

this research project. A total of 225 health departments completed the survey for a response rate of 43 percent. In addition to highlighting the continuing concern about staffing health departments over the long-term, other findings that emerged from the survey were:

- Health department officials report greater concern about retaining funded positions than about recruiting and retaining staff.
- Human resources systems and lack of opportunities for advancement appear to be formidable challenges to retaining well-qualified employees. Examination of human resource rules and procedures is needed to understand how they may limit health departments' ability to retain their most qualified staff.
- Many health departments draw from a fairly limited menu of recruitment strategies and may benefit from expanding their range of options. The barriers to adopting a fuller array of recruitment and retention strategies should be identified in further research.
- There are some differences in the use of recruitment and retention strategies based on jurisdiction size, geographic region, and governance structure. Smaller health departments generally use a narrower range of recruitment and retention strategies, perhaps because of fewer resources.

Recap of Survey Data

- 59 percent are very or extremely concerned about finding well-qualified individuals to fill vacancies; 62 percent are concerned about retaining current staff; and 70 percent are concerned about retaining funded positions
- 51 percent use web-based job boards for recruitment; 43 percent use print advertising; 32 percent use internships for students; and 30 percent use e-mail job announcements
- The most effective retention strategies mentioned were retirement benefits (44 percent); competitive pay (32 percent); and flex-time/flexible hours (30 percent)
- Only 7 percent report having written formal succession plans while 66 percent have informal approaches and 24 percent don't use succession planning activities
- 40 percent of departments with some type of succession planning process initiate planning before a leader announces plans to leave
- 20 percent report that succession planning is ongoing
- Only 8 percent report their succession planning as very good or extremely good, suggesting an area ripe for improvement.

- Despite a clear need to replace key leadership and management positions regularly, very few local health departments have formal processes and written documents guiding their succession planning efforts, with most characterizing their approach as “informal.” Health departments that reported an informal approach to succession planning are engaged in fewer succession planning activities reaching a narrower audience.

Three possible action steps to broaden use of formal succession planning to deal with expected retirements, loss of institutional knowledge, and staff turnover are:

- Research into barriers to widespread adoption of formal succession planning
- Technical assistance to promote widespread use of formal succession planning processes
- Reframing succession planning as leadership development to spur greater acceptance of the concept in public agencies.

Chapter 3: Promising Practices Case Studies

Many of the local health departments that responded to the survey indicated that they rely on a somewhat limited menu of strategies to recruit, retain, and develop the workforce they need to deliver public health services. This chapter offers an in-depth look at six local health departments whose survey responses reported broader approaches to workforce recruitment, retention, and succession planning which have produced positive results.

Overview

The six cases were selected primarily for the workforce strategies they used and the successes they achieved in recruiting and retaining skilled employees and developing staff to assume leadership positions in the future. Nevertheless, the cases represent a fairly broad cross section of health department size and scope and provide a valuable perspective on workforce issues in health departments in the United States.

Here is a summary of the six case study departments:

- The populations served range from 60,000 to 10 million with service areas from 250 to 7,200 square miles, and the departments represent the west, midwest, and south.
- The total number of full-time equivalent positions ranges from 25 to 4,700.
- The tenure of the top executives in these six departments ranges from eight to 15 years.
- While the departments have experienced the constraints of public service such as reduced operating budgets, position reductions, salary freezes, changes in retirement benefits, and limited opportunities for financial rewards for employees, they have generally enjoyed fairly stable workforces and been successful in filling staff vacancies when they occur.
- The six departments have made significant investments in staff development, leadership training, workforce planning in anticipation of retiring baby boomers, and succession planning to develop bench strength and, in some cases, groom employees to fill specific leadership positions.

The first three cases focus on effective strategies for recruitment, retention, and succession planning in public health departments. The next three cases focus more specifically on implementation of both formal and informal succession planning processes.

Highlights of Lessons Learned

Even with the wide range in size and scope among the case study departments, several themes and lessons emerged that may prove useful in other health departments that are seeking to attract and retain a highly skilled workforce and build leadership capacity. These lessons include:

1. Leadership development and succession planning in individual health departments contribute to the overall quality of public health service leadership throughout the country.
2. Purposeful, intentional, and strategic attention to retaining and developing staff and anticipating transitions is essential to ensure that departments have the workforce they need to carry out their public health missions and respond to emerging public health needs.
3. A culture of staff development and succession planning with support and guidance from the top executive and the governing body produces the best results.
4. Strong department leaders who model effective performance, recognize and reward employees, and regularly share their knowledge contribute to successful recruitment and retention of current and future leaders and set a standard for future leadership.
5. Succession planning can involve both grooming employees for specific leadership positions and developing talent to compete successfully for leadership vacancies when human resource policies require competitive recruitment.
6. Tools that have proven successful for leadership development in these departments include performance evaluation, leadership training, mentoring, stretch assignments, and periodic job rotations/cross-division training and opportunities.
7. Implementation of the *Patient Protection and Affordable Care Act* will gradually change the mission and scope of services of the public health system and will affect long-term staffing needs.

The six case studies that follow provide details on how each health department has approached recruiting, retaining, and developing its workforce, and the results each has achieved.

Case Study 1:**Medium-Sized Health Department Serving a Rural/Small City Population****Overview of the Health Department Workforce**

The chair of the county Health and Human Services Committee described this health department as “well run and well led” with the talent it needs to deliver effective public health services. The department’s success, she said, is largely due to the leadership of the health director. In addition, she said the department has been very wise in its use of discretionary grant funds which have eased budget constraints, strengthened service delivery, and supplemented county-funded staffing.

Like the entire county government, the health department has enjoyed a stable workforce with low turnover (less than one position annually), no significant recruitment challenges, and no reductions in force in recent years. About 17 percent of health department employees are currently eligible for retirement, defined as 57 years of age or older. Four retirements are projected in the next five years. The current director has held the position for eight years. The average tenure of current health department staff is more than 11.5 years.¹⁴

Until recently, all non-management health department employees were members of collective bargaining units. State legislation enacted in 2011 limited collective bargaining for most public employees statewide which made most negotiated contracts invalid. As a result of the state action, the county conducted a top-to-bottom wage study to establish a new compensation plan covering all employees to replace separate union and non-union pay scales. The county is in the early stages of broad implementation of the new plan so its overall impact on recruitment and retention cannot yet be assessed.

County-wide, employee salaries had been frozen for three years until the board of supervisors approved a one percent increase effective retroactively to January 2013 with another one percent increase in July 2013.

The health department has a strong and explicit commitment to recruiting and retaining a well-qualified workforce. One of the four goals in a strategic plan that was adopted in 2010 focuses on strengthening workforce competency and capacity including development of a succession and retention plan.

The following sections provide more details on the health department’s recruitment, retention, and succession planning strategies.

Snapshot

This Midwest health department serves a population of nearly 75,000 living in an 800-square-mile-area that includes 22 towns, eight villages, and four cities. The two largest cities have populations of 18,000 each, and the remainder range from 160 to 7,000 residents. This largely rural county with 94 people per square mile is located several hours from any metropolitan area. As a result, most residents work in the immediate area. The median age of county residents is 38, and the unemployment rate is 8 percent.¹³

County services are overseen by a 19-member elected board of supervisors that operates under the commission form of government. The elected supervisors have both legislative and executive responsibilities working through six standing committees. A Health and Human Services Committee made up of six county supervisors and four citizens oversees the health department. The chair of the oversight committee is a registered nurse and clinical instructor at a nearby college of nursing.

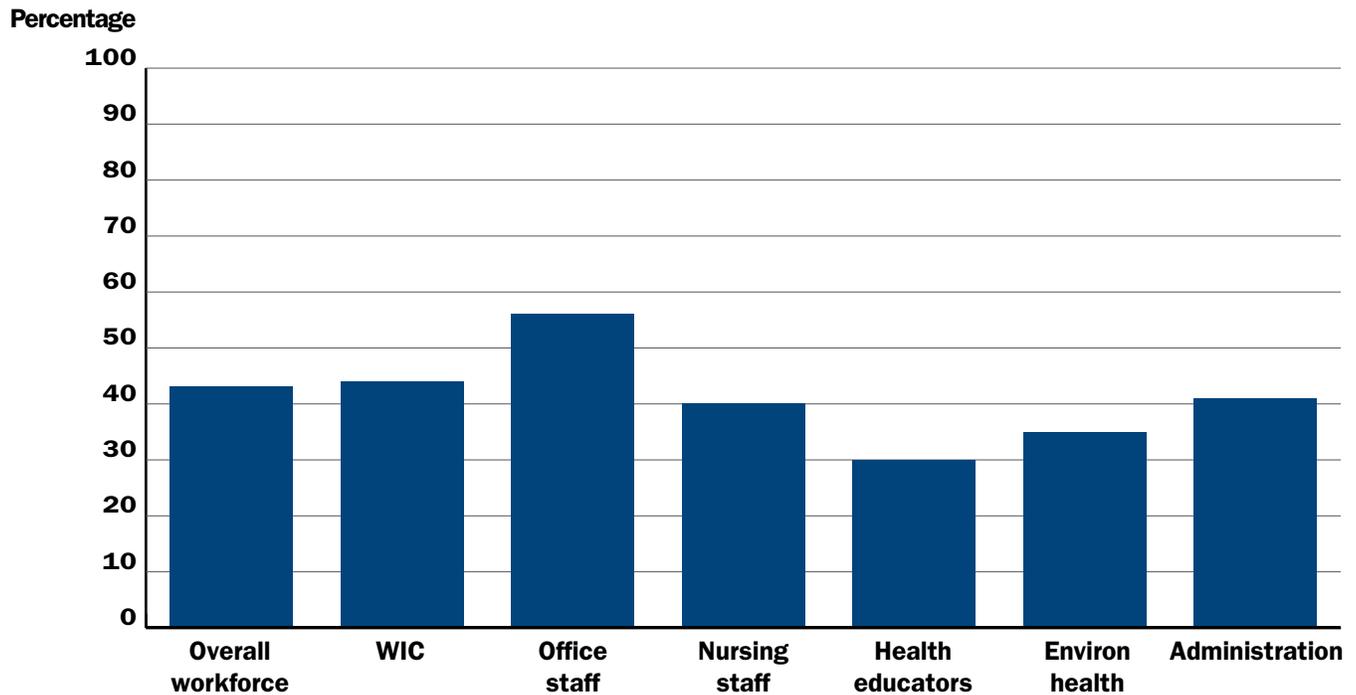
The county has 550 full-time employees working in 12 departments. Workforce recruitment is a shared responsibility between the county human resources department and the line departments. Employee turnover is very low throughout the county government with only 11 vacancies in the 550-member workforce at the time this case study was prepared.

The health department’s mission is to maximize the quality of life across the lifespan by promoting health, protecting the environment, and preventing disease and injury. With a staff of 25.3 FTEs, the health department provides services in seven major areas—parent/child health; chronic disease prevention; communicable disease investigation and follow up; emergency preparedness; public health ordinance enforcement; oral health education; and women, infants, and children services (WIC). More than half of the department’s \$3.2 million annual budget comes from state and federal grants.

Recruitment Strategies

With minimal turnover and few vacancies due to retirements, the health department has not experienced any significant recruitment obstacles. However, lower starting salaries for specialized and upper-level positions and a limited workforce pool in the region could pose hiring challenges in the future when more vacancies occur because of retirements. Recently, it took more than six months to fill a public health nurse position. When the top candidate decided she did not want to

Figure 3.1. Health department employee average ages



Source: Health Department Succession Plan 2010

work full-time, the department offered her a part-time position because she was viewed as a “great fit” with a strong interest in joining the public health service. The health director believes a lower starting salary for nurses in the new compensation plan contributed to the slower-than-usual recruitment process. A local hospital and a health center/clinic in the county compete for the same pool of trained health workers and, in some cases, offer better salaries for some positions such as emergency room nurses.

While some starting salaries are lower and promotion opportunities limited because of the size of the organization, the county’s benefits package, including a generous defined benefit retirement plan, make public service an attractive career option.

The health department uses a wide range of strategies to fill vacancies when they occur including:

- Offering internships and practical training opportunities for students
- Participating in academic partnerships
- E-mailing job announcements to organizations and professional associations
- Using web-based advertising job boards
- Using social media
- Purchasing print advertising.

The department would like to add loan repayment programs for new employees as a further incentive for joining the health department, but lack of funding makes it an unlikely option for the immediate future.¹⁵

The health director believes the most effective recruitment strategies have been:

- Internships and opportunities to work in the department to give potential employees direct experience in the public health environment
- Very flexible work hours and work days for all employees.

Opening doors to students to work in the department has been a particularly effective strategy. The most recent department hires have been students who experienced day-to-day operations and decided they wanted to start their careers in public health. “Once students have the opportunity to see the energy and teamwork in our department and have a more realistic perspective on public health work, they are interested in becoming part of the team,” the health director said.

The department participates in orientation sessions on public health careers at schools in the area and offers internships, job shadowing and observations, and academic credit opportunities on a regular basis. In addition, the chair of the department’s oversight

committee sees herself as an advocate for public health careers from her position on the faculty of a nearby nursing school. A 16-hour public health rotation is required for all nursing students, which often serves as a starting point for deeper exploration of public health careers. Students who work in various capacities in the department include dietitians, nurses, health educators, and physicians working on their master of public health (MPH) degrees.

Retention Strategies

The department's explicit commitment to retaining its talented workforce contributes to its low turnover. Because financial rewards and incentives are limited, the department emphasizes non-monetary options to recognize performance, ensuring that employees feel valued and creating a positive work environment.

Successful retention strategies include:

- Restructuring positions periodically for longer-term employees to provide opportunities for professional development such as providing high-performing employees opportunities to supervise others since supervisory experience is required for high-level health department positions
- Offering very flexible work schedules including five, four, and three-day work weeks to ensure a healthy work-life balance, help employees with young children better manage day-care costs, and minimize the need to use sick leave for medical appointments which can be completed during non-work time
- Allowing employees to combine break times in order to exercise at the on-site fitness center and still have sufficient time for lunch
- Recognizing a high-performing employee every quarter with a distinguished public employee award, based on nominations by other employees, with the winners getting a half-day off with pay
- Providing coupons for extended lunch periods and jean/casual dress days that management team members give to reward employees for a job well-done
- Holding periodic staff retreats and regular opportunities to provide feedback to management to ensure that the department is viewed as a respectful and healthy work place
- Going the extra mile to secure the resources employees need to do their jobs including aggressively seeking grants to supplement the department budget

Recently, the department was successful in getting a competitive market-pay adjustment approved to retain a valued employee who had been offered a higher-paying job. The employee, who had been successful in securing a major grant for the department and was viewed as a high performer, decided to stay in the health department.

Leadership as a Retention Strategy

Both the chair of the oversight committee and the human resources director say the health director's effective leadership is a significant factor in attracting and keeping the talent the department needs to do the job. Specific leadership skills and behaviors they cited that make a difference in retaining employees include:

- Ability to be innovative and think outside of the box
- "Wonderful" communication skills
- Broad and deep knowledge of public health
- A strong and visible commitment to public health and to deliver the best possible services
- Capacity to build strong partnerships and demonstrate the value of collaboration
- Ability to instill confidence that she knows what she is talking about
- Credibility as a local, state, and national public health leader
- Personal attention to encouraging and developing employee talent
- Willingness to give employees meaningful work and autonomy
- An explicit and unwavering commitment to her employees and their success in the department.

Succession and Retention Planning

In 2011, the health department developed a written succession and retention plan in conjunction with its strategic plan. The succession plan serves multiple purposes:

- Ensure purposeful and regular attention to the future of the department's workforce
- Develop high-potential employees for advancement in the public health field
- Facilitate a smooth transition and sustained service delivery in the event of leadership turnover
- Prepare for knowledge and expertise transfer when employees leave
- Ensure that the right staff are in the right jobs at the right time

Succession planning as well as staff development and retention strategies including training, coaching, mentoring, and career development are essential components for success.

—Health Department Succession Plan, November 2010

- Maintain a healthy workplace where all employees are able to contribute to agency goals and are presented with opportunities for growth.

The department’s approach to succession planning does not guarantee promotions when higher-level vacancies occur or replace a complete recruitment process including considering external candidates, particularly for top-management positions. For example, while the department is consciously grooming two current employees to develop the skills, education, and experience necessary to qualify for the health director position, the county will still seek external candidates for the job if a vacancy occurs.

We are grooming employees who we believe will make great public health officers either here or somewhere else,” the health director said. “Public health in [the state] would be losing out if these people aren’t eventually health officers.”

While the human resources director said the county government is committed to promotion from within when it is the best option, combined internal and external recruitment is required for most positions and is desirable to assure the public that all public employee positions are being filled with the best possible candidate based on the widest possible outreach.

Succession Plan Components

The department’s succession plan covers three major areas: succession management, development of high potentials, and employee retention.

Succession management is defined as a deliberate and systematic effort to develop leadership competencies through intentional learning experiences. It focuses typically on potential successors for top management levels of the organization and requires “an organizational culture that sees the value of talent development and understands how to integrate that into daily operations.” Despite the focus on identifying potential successors, the department’s plan specifies that public sector agencies “must exercise care

in assuring fair and open competition for leadership positions.”

High potentials are employees who are generally results driven and have successfully completed challenging assignments. The county provides opportunities for high potentials to develop their leadership skills and continue their education in order to meet the state statute requirement that health officers have supervisory experience and a graduate degree.

Employee retention addresses the department’s strong desire to maintain a healthy workplace where all employees have opportunities for growth and contribute to agency goals. Key motivators that the plan identifies as important to help retain employees are:

- Meaningful work
- Learning and development opportunities
- Input on how the work gets done
- Feeling a sense of contributing to the bigger picture
- A respectful and appreciative workplace
- Feedback about performance
- Adequate resources to do top-quality work.¹⁶

For the health director, the succession plan ensures that thinking about future employee needs is always on management’s radar screen. “If we do not purposefully think about what to do to retain and develop staff and anticipate transitions, before we know it, talent and knowledge are out the door, and we haven’t done anything to prepare,” she said. Preparing for a good transfer of knowledge and skills is a top priority in the department’s approach to succession planning.

The management team discusses workforce issues at its weekly meetings to assess current and future needs including any expected vacancies, upcoming retirements, and scheduled maternity leave (97 percent of the department’s workforce is female). The team takes a more purposeful look at workforce issues when it is preparing its annual budget in order to assess possible needs during the next fiscal year.

For the chair of the oversight committee, succession planning is important to ensure a smooth leadership transition, particularly for an unexpected change in department leadership. Identifying talent that could take over on an interim basis, if needed, is important to minimize any service disruption. Similarly, the human resources department focuses county-wide on identifying a few critical positions—such as the health director—and potential internal employees who could possibly pick up critical duties if needed while a recruitment is conducted. However, the human resources director said a succession planning system which identifies and grooms employees to fill specific future vacancies is impractical in a small county government with limited management positions which often require specialized agency-specific skills and with a strong public policy commitment to broad recruitment processes for key positions.

Succession Planning Risks

One risk of visible and proactive succession planning, particularly in a small department, is that employees who are nearing retirement age will feel pressure to leave. “We don’t want to look like we’re tapping our toes waiting for them to leave,” the health director said. The department, instead, tries to emphasize that it values all employees and their expertise and wants to be prepared when they are ready to transition to the next phase of their lives. “Our goal is to ensure that their knowledge stays in the agency whenever they are ready to leave,” the director said.

The department connects succession planning and retention to ensure that all employees—not just the high potentials/high performers—feel valued, believe that their contributions are important whether or not they become eligible for a promotion, and have opportunities to develop their skills and advance in their public health careers.

Future Public Health Workforce Challenges

Two challenges that could affect the future public health workforce were identified during the interviews and research on this department.

- 1. Salary and benefits.** Continuing constraints in public health department salaries and financial rewards systems could have an impact on longer-term staffing needs. While the department has been remarkably successful in recruiting and retaining skilled staff, the unpredictability of the economy, public budgets, and political leadership could affect future success. In particular, the potential for changes in defined benefit retirement plans driven by a tight state budget could affect the attractiveness of public service. Officials in this department say the county’s benefits package, which includes participation in the state’s defined-benefit retirement system, offsets the slightly lower salaries. The 2011 statewide legislation not only limited collective bargaining but also changed employee contribution requirements for the state retirement system. Additional changes, driven by long-term fiscal concerns as well as political interests, could have an impact on the desirability of a public health career.
- 2. Changing public health roles.** Implementation of the *2010 Patient Protection and Affordable Care Act* will gradually change the mission and scope of services of the public health system. Future services are likely to focus more on public education, support to new delivery systems, and policy development and guidance and less on clinical services because of the expansion of health insurance coverage. This department has already reduced its clinical services considerably, but challenges remain in terms of the skills, knowledge, and abilities that will be needed for a changing public health system.

If we do not purposefully think about what to do to retain and develop staff and anticipate transitions, before we know it, talent and knowledge are out the door, and we haven’t done anything to prepare.

—Health Department Director

Lessons Learned

The following lessons emerged from this local health department's success in recruiting and retaining the talent it needs to carry out its mission and plan for its future workforce:

1. **Maximize recognition and rewards.** Limited resources for bonuses, merit increases, and incentive pay make non-monetary approaches to rewarding employees particularly important. "People who work in public service understand the limitations of public services budgets and sincerely appreciate the little things we do to recognize their contributions," the director said. In particular, it is essential not to use financial constraints as an excuse for doing nothing.
2. **Create a motivating work environment.** An environment that provides meaningful work, across-the-board career development opportunities, flexible work schedules, and autonomy motivates employees and is a valuable retention tool. When people enjoy their work, believe in what they are doing, and have a say in how the department carries out its role, they become more committed to outcomes and the department's success, as well as their own.
3. **Leverage the power of effective leadership.** Strong leaders who model effective performance, recognize and reward employees, and "walk the talk" contribute to successful recruitment and retention. "When people meet her [the health director], they want to work for her," said the human resources director. Developing the similar skills in future department leaders, therefore, is an important part of workforce development and succession planning.
4. **Focus on retaining knowledge and expertise even when employees leave.** Succession planning that emphasizes keeping knowledge and expertise in the department when employees move on, regardless of how positions are filled, contributes

to sustained performance. This department has built its succession plan around maintaining the needed knowledge and skills to carry out the department's mission by understanding the essential needs and developing capacity among other employees to ensure smooth transitions when staff changes occur. A major part of knowledge planning is regular and purposeful attention to current workforce needs and possible transitions even in this small health department with very low turnover and few expected retirements in the next five years.

5. **Maximize discretionary grants to supplement/support department performance.** Aggressively seeking grants to ensure that employees have the resources they need to do their jobs despite tight public budgets contributes to a sustained commitment to the department and broadens its impact. Discretionary grants also make it possible to supplement the workforce within the boundaries of the tax-supported budget.
6. **Be a public service/public health advocate.** Elected and appointed leaders in this department believe being visible advocates for public service and public health as a desirable and exciting career opportunity is an important responsibility. Some students in health fields do not consciously think about public health as an option unless they are encouraged to consider it and understand what it involves. The chair of the oversight committee said her dual role as elected leader and faculty member at a nursing school has created a win-win situation for the department and the school by encouraging students to consider public health as a career option. Creating partnerships with health education facilities and bringing young people into the department for more than just required rotations will increase awareness about what public health agencies actually do every day.

Case Study 2:**Large Health Department Serving a Dense/Urban Population****Health Department Workforce**

The department has a fairly stable workforce and has generally been successful in recruiting and retaining the staff it needs to carry out its mission. Annual turnover is less than 3 percent. For some positions such as environmental health specialists, health educators, and nutritionists, turnover is slightly higher because salaries are less competitive than for similar positions in the private sector.

A total of 80 positions have been eliminated over the past five years (2 percent of the total workforce), and some eliminated positions have been recovered through grant funding.

There are currently 575 vacancies, not all of which the department is planning to fill. The workforce population is described as aging with about 25-30 percent of health department employees currently eligible for retirement. For example, 25 percent of the department's 780 nurses are older than 55 years. About 70 percent of the health department workforce is represented by unions with pay scales established by negotiated contracts for different groups of employees.

With the economy in the region rebounding, a six-year long hiring freeze has been lifted, and cost-of-living increases are likely this year for the first time since 2009.

Two goals in the department's strategic plan address workforce excellence with particular emphasis on leadership capacity and continuity. Specific workforce strategic goals are:

- Improve the competence of the workforce in leadership, emergency preparedness, and other areas critical to the department
- Enhance the department's ability to attract and retain a high-quality workforce.

The following sections provide more details on the health department's recruitment, retention, and succession planning strategies.

Recruitment Strategies

Department officials have encountered few obstacles in filling vacancies when they occur because of a large pool from which to draw and a strong interest in public health as a career option. "People usually want to work for us," said the department human resources director. The department's reputation for strong leadership and its close working relationships with eight public health

Snapshot

This west-coast department of public health serves a population of nearly 10 million living in a 4,000 square mile area that includes 88 cities and more than 150 unincorporated places. The public health department's service area is dense (2,400 people per square mile) and diverse (48 percent Latino, 28 percent Caucasian, 14 percent Asian/Pacific Islander, and 8 percent African American with more than 200 languages spoken).¹⁷ The median age of county residents is 35, and the unemployment rate is slightly over 9 percent.¹⁸

A five-member elected board of supervisors is the governing body for the county with legislative, executive, and quasi-judicial responsibilities. The county has more than 100,000 employees working in 37 departments, most of which report to the chief executive officer. Human resources professionals in each department are responsible for recruiting and retaining staff and carrying out other workforce activities including leadership development. A county-wide department of human resources provides centralized job listings, sets policies to guide and standardize human resources operations, ensures compliance with established policies and procedures, and provides training programs for county employees including supporting the county-wide commitment to leadership development and succession planning.

The public health department's mission is to protect health, prevent disease, and promote the health and well-being of all persons in the county. Public health responsibilities fell under the department of health services until 2006 when it was established as a separate department. It has more than 4,700 authorized positions and a \$750 million budget, a large percentage of which comes from federal and state funding. The net county cost for public health services in the current budget is about \$80 million.

The department provides a full range of public health services to county residents and operates 14 health centers that provide free and low-cost services to county residents who do not have health insurance or a regular health care provider. Because of its huge service area, the department divides service delivery into four geographic regions known as area health offices that facilitate targeted public health and clinical services to meet specific needs of local communities.¹⁹

and nursing schools in the region contribute to successful recruitment. Among the traditional recruitment tools that the department uses regularly are:

- Job fairs
- Advertisements in professional journals
- Internships and practicums for students
- Outreach at community cultural events.

Internships which create opportunities for people to “get their foot in the door” are a highly effective recruitment tool. In fact, the department has trouble keeping up with the desire from students to work or volunteer in the department. Through an academic internship program, undergraduate and graduate students may earn credit for their volunteer, non-paid experience with the department.

Highly specialized positions such as nutritionists, health educators, laboratory directors/ technicians, and information technology (IT) specialists have proven more difficult to fill. The absence of career ladders/opportunities for advancement and lower starting salaries than comparable private sector jobs have contributed to occasional recruitment challenges. IT professionals with specific knowledge of public health technology needs are the department’s most difficult recruitment challenge—with the need for IT expertise likely to increase as public health service roles evolve.

Retention Strategies

Department of public health employees have higher job satisfaction than most other county departments based on periodic employee surveys. Officials believe the unique and highly specialized nature of public health service is a strong reason for both job satisfaction and workforce continuity. “Our employees love what they do, have a strong commitment to public service and the department’s mission, and can’t do this work anywhere else,” said a senior department director.

Retention strategies that the department uses regularly include:

- Offering competitive pay based on market salary analysis
- Matching competitive salary offers
- Posting positions for internal candidates only
- Providing unpaid recognition and rewards
- Paying for conference attendance, online training/ technical classes, and continuing education
- Allowing flexible hours and telecommuting
- Offering desirable retirement benefits.²⁰

In addition to the interest in and commitment to public health service, department officials say the three most successful retention tools are:

- Alternative and flexible work schedules
- Generally competitive salaries
- A good benefits package including a defined benefit retirement plan.

Leadership Development and Succession Planning

The county has an explicit commitment to leadership development and succession planning for management positions throughout the government. Succession planning was formally added to the county’s management appraisal and performance process in the past five years with the dual goal of creating a pool of promotion-ready employees to respond to projected

Daily public health activities

Examples of services this large, urban public health department carries out on a typical day include:

- Inspecting more than 250 retail food facilities and rating them on cleanliness and proper food storage and preparation
- Conducting heart-disease risk assessments and scheduling free screening appointments at community partner clinics for 60 low-income women
- Providing nearly 2,000 doses of vaccine to high-risk children from birth to 18 years, working with community partners
- Providing occupational and physical therapy services to nearly 400 children and youth
- Monitoring county beaches, posting warning signs whenever bacteriological standards are exceeded, and giving letter grades based on water quality
- Inspecting more than 250 residential housing facilities with five or more units to ensure that the facilities are safe, sanitary, and fit for human habitation
- Answering questions about sexually transmitted diseases on the department’s STD hotline, offering free STD/HIV testing at a mobile clinic, and training public health investigators and disease intervention specialists on how to work with sexually transmitted diseases.
- Encouraging jurisdictions in the county to develop policies that protect their residents from secondhand smoke.

Source: Department of Public Health Strategic Plan

retirements and other forms of turnover and improving overall organization performance by enhancing employees leadership capacities. To support implementation of the county leadership development and succession planning process, the human resources department has created a range of resources including a guide to help managers “develop the leadership competencies of their potential successors.”

In the public health department, a dedicated organizational development and training unit looks at workforce issues across the department, identifies system solutions to address workforce gaps and competencies, and provides supervisory and leadership training opportunities with an eye toward producing the next generation of public health leaders. The organizational development office has three county-funded and 20 grant-funded positions that carry out the bulk of training and leadership development for the public health department, supplemented by county-wide training offered by the human resources department.

Leadership development and succession planning activities include:

- Identifying key leadership positions for which succession planning would be helpful
- Identifying competencies, skills, and success factors for key leadership positions
- Assessing current bench strength among existing employees who are ready for higher leadership positions
- Promoting mentoring opportunities through a website that connects mentors and protégés.

To launch its enhanced focus on leadership development and succession planning, the organization development office asked all management employees to identify someone under them to mentor as a way to identify “rising” and “emerging” stars for focused leadership development opportunities and mentoring.

The department’s leadership framework has developed four levels of practice: all staff, supervisors, managers, and directors. At each level, leadership and management competencies have been identified, training and development plans created, and leadership development programs implemented. A fundamental principle of the department’s leadership framework is that *all employees* have the potential to be leaders and to function in leadership roles. Department officials say this broad-inclusion principle is essential for succession planning to ensure that efforts “reach deep to draw and develop leaders from the front lines of the organization.”

Civil Service and Succession Planning

Because the county operates in a civil service environment, its approach to succession planning focuses on assessing workforce needs, identifying talent, encouraging mentoring, and providing leadership development opportunities rather than grooming individuals to fill future vacancies. Civil service rules do not allow pre-designating an employee to fill a management position when it becomes vacant or hand picking a successor. “We can identify rising stars and provide development opportunities, but when a position becomes vacant, individuals must apply for the civil service exam and might not emerge as a top candidate,” said the training and development director.

When the current public health director/health officer leaves his position, human resource officials say it is “extremely necessary” to conduct an external search for the next director even if there are strong internal candidates.²¹

Building leadership capacity to ensure that the department has the workforce it needs to meet current and future needs is the primary goal of the successful planning process. “We ask ourselves where do we want to go as a department and what do we need to do to make sure our workforce can get us there,” the organization development and training director said. “We have a good plan and approach to succession planning that supports the concept without violating civil service rules.”

Future Public Health Workforce Challenges

Department officials see implementation of the *2010 Patient Protection and Affordable Care Act* and its impact on the mission of the public health service as the major workforce challenge over the next five years. “We are entering an era when we may not be able to fully meet the needs by retraining current staff,” a health department director said. The biggest challenges are likely to be:

- Creating new classifications for different types of positions that have not been part of the public health workforce and do not fit traditional public health service personnel structures
- Building the skills sets that will be needed for new roles and a changing public health mission
- Becoming more nimble, flexible, and innovative in defining new roles, hiring new types of professionals to carry out those roles, and moving forward in a changing environment
- Attracting professionals with new skill sets to public health service such as economists, business professionals, community planners, and strategic

Succession planning guidelines

- The county's succession planning program emphasizes development opportunities rather than *pre-selection* of an employee to fill a higher-level position when it becomes vacant.
- Succession planning is closely tied to employee career planning.
- Leadership development is different from regular employee development because it depends on the needs of the organization, the goals of the employee, and the availability of development opportunities.
- Leadership development should balance the opportunity for higher-level positions with employees' ongoing performance to ensure that pressure to advance does not interfere with current performance.
- Succession planning should incorporate considerations of talent pools to take into account opportunities for both *vertical* advancement (to the position directly above) and *horizontal* advancement (to promotional opportunities in other units, divisions, or departments).

Source: County *Informational Guide on Leadership Development*, 2013

communicators, potentially leading to more health services employees with MBAs than MPHs

- Communicating about the emerging role of the public health department to internal decision makers, funders, stakeholders, partners, and consumers.

While an expected increase in the number of retirements in five to seven years will create vacancies, new classifications and pay structures must be established in the central human resources department to create a framework for recruitment. And that can be a slow process in a very large county government.

Lessons Learned

The following lessons emerged from this local health department's success in recruiting and retaining the talent its needs to carry out its mission and plan for its workforce future:

- 1. Make workforce excellence a priority.** This county government and public health department have made workforce excellence and leadership development a visible strategic priority. A dedicated organizational development and training division in the public health department operationalizes that commitment by ensuring sustained attention

to public health-specific competencies and to leadership development to meet current and emerging needs.

- 2. Recognize and leverage the impact of strong leadership on recruitment and retention.** Having strong leaders who are nationally recognized in public health service draws other talent to the department and is often one of the best recruitment strategies. As a result, leadership development efforts, in the long run, support recruitment and retention.
- 3. Develop future leaders even if leadership positions cannot be guaranteed.** While civil service rules prohibit handpicking or pre-selecting successors, identifying staff with leadership potential and providing broad, deep, and meaningful leadership skill development opportunities will strengthen the department in the short run and create possibilities for the longer run. Employees with a strong commitment to public health service and the capacity to grow as leaders will contribute to the department's success. And, those employees in whom the department invests are likely to remain committed to the public health service mission and emerge as strong candidates when vacancies occur.
- 4. Plan early for future workforce needs.** In a large government where human resource processes can be slow, early attention to long-term workforce needs is essential. The public health organization development and training unit regularly looks at workforce issues and needs across the department and identifies strategies for dealing with gaps and meeting future needs, working closely with the internal human resources division. The impact of implementation of the *Patient Protection and Affordable Care Act* on public health missions makes early planning for future workforce needs particularly vital.
- 5. Invest in young talent.** Paid, volunteer, and academic-credit internships have brought young talent into the department. Partnerships with multiple public health schools in the county have made it fairly easy for this department to attract interns who often choose to seek full-time jobs in public health service. This model of investing in young talent to build the future public health workforce is transferable to health departments of all sizes. It requires active connections with schools that offer public health-related degrees and regular communication about the opportunities of joining public health service.

Case Study 3:**Large Health Department Serving a Diverse Urban/Suburban/Rural Population****Health Department Workforce Overview**

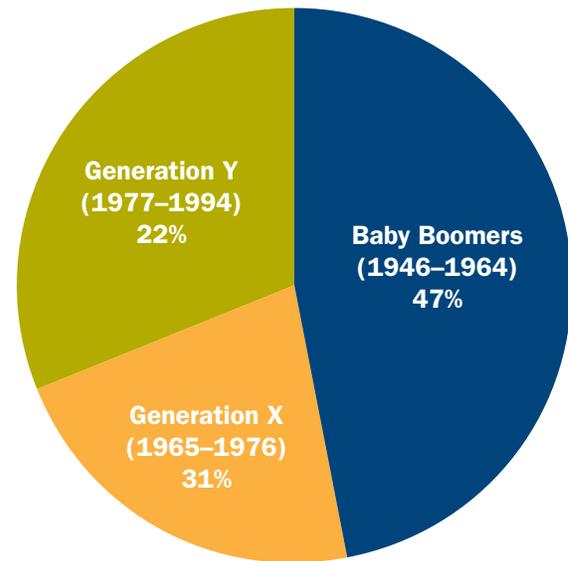
This health department has experienced a 17 percent reduction in authorized positions since 2008 due to county budget cuts, reductions in state funding, and a realignment that merged the public health department's community health centers with the county public hospital. The purpose of the realignment, which shifted 300 positions out of the public health department, was to begin to create a health system to better position the county to implement the *Patient Protection and Affordable Care Act*.

Snapshot

This west-coast public health department serves a population of 2.3 million living in a 7,200 square mile area covering 28 incorporated cities ranging in size from 4,800 to 288,000. There are also 65 unincorporated places in the county and 12 federally recognized Indian reservations.²² The local public health department's service area is largely urban and somewhat dense (304 people per square mile), but also contains significant suburban and rural areas. The median age of county residents is 34, and the unemployment rate, which had peaked at 14.5 percent in 2010, is now 9.6 percent.²³ Population in the county is projected to grow by 200 percent over the next 40 years with the majority of that growth in the Hispanic population which is estimated to reach 52 percent by 2050.²⁴

An elected five-member board of supervisors is the governing body for the county, certain special districts, and the Housing Authority. The Board appoints the county executive who oversees day-to-day department operations. The county has more than 19,000 employees working in 36 departments, most of which report to the county executive. A county-wide department of human resources works closely with the operating departments to attract and retain a skilled workforce including developing a comprehensive workforce plan to guide long-term workforce changes in the organization, particularly projected retirements, and ensure organizational sustainability.

The health department's mission is to promote and protect the health of all county residents and visitors in service of the wellbeing of the community. It has 684 authorized positions and an \$85.4 million budget to provide a full range of public health services to county residents.

Figure 3.2. County workforce generation mix

Source: County Strategic Workforce Plan 2010-2105

Over a two-year period, employees experienced a 10 percent cut in pay through furloughs for two years and an additional 8 percent salary reduction when the county stopped paying the employee contribution to the pension plan. However, with the economy in the region on the rebound, employees will receive cost-of-living adjustments and step increases based on years of service for the first time in several years.

Workforce turnover county-wide and in the public health department is about 10 percent annually. More than 20 percent of the current health department workforce (139 employees) is eligible for retirement (55 years or older). A 2010 county-wide strategic workforce plan identified expected retirements of "baby boomers" in the near future as a major risk affecting the county's human capital.

The public health department's 2012-2016 strategic plan includes a goal and three objectives that focus specifically on realizing staff potential through recruitment, development, and retention of a qualified workforce.

The following sections provide more details on the health department's recruitment, retention, and succession planning strategies.

Recruitment Strategies

The Department of Human Resources focuses on making the county "a great place to work," which is the foundation for its generally successful recruitment efforts in all departments. Despite the challenges of a struggling economy in recent years, the county

offers competitive salaries and a good benefit package, including participation in the state's defined benefit retirement plan, all of which contribute to a positive recruitment environment.

In the public health department, the most effective recruitment strategies are:

- Academic/internships partnerships
- Job fairs at colleges and universities
- Other partnerships to identify potential employees.

Sustained partnerships with colleges and universities are a highly valuable recruitment tool because they bring people interested in health careers into the department through internships and training rotations which give them hands-on experience in public service. "As full-time positions become available, many who trained here choose to work for us," the health director said. The health department emphasizes a culture of collaboration and a commitment to innovation as key components of its recruitment message. "We are recognized as being on the leading edge of creativity in public health service and that is attractive to potential employees," she said.

The health department serves as the instructor/supervisor for nursing practicums for which the department is reimbursed. These affiliated agreements provide opportunities for students to learn about the public health service, complete course requirements, and support service delivery at no cost to the county. As a result of these agreements, nursing internships in the department are highly structured in order to meet credit requirements and ensure a positive experience for both the student and the department.

County officials believe that public health is a desirable career in the region, particularly for nurses who increasingly prefer to focus on the public health department's role in positive preventive treatment rather than hospital care. The county human resources director said it is generally easier to fill nursing positions in the public health department than in the county public hospital.

The public health department's most significant recruitment challenges are geographic rather than positional. Most positions in the farthest area of the county—where one-third of the service population is located—are difficult to fill primarily because of its location more than 90 minutes from the county seat.

Retention Strategies

The county has a strong and explicit commitment to retaining well-qualified employees and uses a broad array of retention strategies including:

- Competitive pay
- Matching competing offers
- Posting positions for internal candidates only

Top reasons for working for the county

A survey of nearly 2,000 county employees identified these top reasons for working for this county government:

1. Pension/retirement benefits
2. Job location
3. Advancement opportunities
4. Making a difference in the community
5. Medical/dental vision benefits
6. Salary
7. Serving the community
8. Work-life balance
9. Interesting assignments

Source: County Strategic Workforce Plan 2010–2105

- Providing unpaid recognition and rewards
- Offering retirement benefits
- Offering tuition assistance for degree and non-degree programs
- Paying for online training or professional technical classes
- Paying for continuing education or continuing medical education credits
- Offering promotions
- Offering opportunities for reassignment or job changes within the department
- Allowing flex-time, telecommuting, and job sharing
- Providing informal mentoring
- Rehiring retirees²⁵

Department officials say providing clear career ladders for some positions and comprehensive staff training programs are particularly valuable retention tools because they give employees opportunities for additional pay and responsibility and provide motivation to perform well and continue to work for the county.

The county also offers pay-for-performance for department directors and non-union managers. Any merit increase is based on a performance review which provides valuable feedback to the manager and establishes an open dialogue between the employee and his or her supervisor. Merit increases are in lieu of any longevity step increases and in addition to any cost-of-living increases. The program was originally created six years ago for department heads only, but was expanded last year to include management personnel.

The human resources department offers comprehensive supervisory and management training to

We do not believe that succession planning is identifying who will replace someone, but rather making sure your bench is strong and deep, giving you options when vacancies occur.

—County Human Resources Director

county employees as part of its commitment to retaining employees and building leadership skills. Both the health director and human resources director were in the leadership initiative's first graduating class nine years ago. The comprehensive leadership development program focuses on building specific leadership skills such as decision making, political awareness and acumen, and leading with integrity while breaking down department silos and creating connections among managers from all departments.

The broad county-wide training opportunities are also an important component of the county's succession planning framework.

Succession Planning to Develop Bench Strength

The county's approach to succession planning focuses on anticipating and planning for long-term workforce stability based on data about expected and possible transitions. "We do not believe that succession planning is identifying who will replace someone, but rather making sure your bench is strong and deep, giving you options when vacancies occur," the human resources director said.

As part of its succession planning effort, the human resources department developed a comprehensive strategic workforce plan for 2010–2015 which connects traditional workforce planning—finding the right person for the right job at the right time—with talent management to address organizational sustainability. Components of the plan are:

- Regularly gathering data to ensure that programs, benefits, and services meet county needs
- Tailoring leadership and educational support to meet emerging business needs
- Marketing and managing the county's reputation
- Monitoring and storing employee data such as educational level, work preferences, skills
- Developing strategies for recruitment and retention of diverse groups based on identified needs.

In the public health department, the focus on succession planning began when the management team

met with the human resources staff late in 2008 to assess longer-term staffing needs and the impact of expected early retirement incentives, particularly on management positions. At that time, the health department decided it could reduce its deputy directors from six to three and its public health branch managers from 15 to 12 to respond to likely retirements.

When early retirement incentives were offered in March 2009 and August 2010, 104 health department employees retired. Because of the assessment process that began in March 2008, the department was better prepared to deal with the impact of those retirements rather than waiting for the institutional knowledge to walk out the door without any plan for retaining it.

The public health department is committed to providing opportunities for growth through training and education as well as leadership assignments such as attending important department meetings, serving on committees, participating in professional association activities, and being involved in department activities.

"We do not groom individuals for jobs," the director said. "But when there is an opening, we know there will be internal candidates who are well qualified." The overall approach also takes into account employee interests, how they see themselves, and where they want to go in their careers. "When employees are more engaged in career development and are able to see a goal that they can work toward, they are more motivated and committed to their jobs and the government," the human resources director said.

Human resources policies permit filling at-will positions without competitive recruitment, but department heads are strongly urged to at least post the job internally to give other candidates an opportunity to express interest.

Future Public Health Workforce Challenges

The changing scope of public health services, driven in part by implementation of the *Patient Protection and Affordable Care Act*, is a significant challenge that this department is already addressing. The transfer of the county health clinics from the public health department

to the public hospital reflects the planned transition of clinical services out of public health. The director believes the changes to public health services that are already underway provide an opportunity to focus on personal and population-based services such as implementing comprehensive strategies to prevent, as well as treat chronic diseases and encourage healthy living. For example, the department has worked with schools, local governments, and land use/transportation agencies to create healthy and safe pedestrian routes to school and to build more physical activities into school days.

The evolving public health roles will have an impact on future public health workforce needs. The public health director sees a need for more employees with advanced public health degrees (MPH) as well as broader skills in community engagement, community organizing, and dealing with diverse groups such as the faith-based communities at all levels. “In the future, local public health departments will need to be much more engaged with the communities they serve to develop programs that meet unique and changing community needs,” the director said.

The public health and human resources departments are already working together to review existing positions and emerging responsibilities to create or revise positions descriptions, bench mark salaries, and review classifications. In particular, they are looking at redesigning some previously underused positions such as health education assistant to provide broad hiring flexibility and assessing what functions need to be carried out by professional versus administrative staff.

The public health director feels the department’s “journey of accreditation” will help identify challenges and opportunities with the workforce and shape the scope of services. The requirements of the accreditation process, including developing a community health assessment, community health improvement plan, and a performance management and quality improvement program, provide a valuable framework for building the public health department of the future with the workforce needed to carry out changing roles.

Lessons Learned

The following lessons emerged from this local health department’s success in recruiting and retaining the talent it needs to carry out its mission and plan for its future workforce:

- 1. Be focused and deliberate about recruiting, developing, and retaining a qualified workforce.** Maintaining a well-qualified workforce requires sustained attention and a close partnership

between the public health and human resources departments. Making workforce development a strategic planning priority establishes its importance to long-term success.

- 2. Look to the future both in terms of workforce needs and evolving public health services.** A long-term view is essential in order to be ready for what *will* happen *when* it happens. This public health department began assessing its longer-term workforce needs in 2008 in anticipation of a possible early retirement package and the expected retirement of the many baby boomer employees in the department. The department’s focus on workforce planning is supported by guidance and data from the human resources department.
- 3. Build bench strength through succession planning.** Providing opportunities for growth through training and education as well as leadership assignments increases the likelihood of having well-qualified internal candidates when vacancies occur, helps to retain institutional knowledge, and builds employee commitment to the organization. This department has made building that bench strength the primary purpose for its succession planning process which creates the potential for filling positions quickly from qualified internal staff as needed.
- 4. Use data for planning and decision making.** Reliable data about internal and external workforce trends, projected retirements, staff skills and credentials, and more supports decision making and a long-term view on workforce needs. While all departments face unexpected workforce transitions, many changes such as retirements can be monitored and predicted. In this government, the human resources department plays a significant role in developing data to support department workforce planning efforts.
- 5. Connect workforce planning to community needs and the future of public health services.** The public health department of the future will be driven more by community needs than by federal program requirements. From a workforce perspective, that evolution may require different skills, different types of employees, different position descriptions, and new classification structures. This department sees its work on public health accreditation as a valuable tool for conducting the rigorous internal assessment that is needed to plan for the future of public health.

Case Study 4:**Medium-Sized Health Department Serving a Diverse Urban/Suburban/Rural Population****Health Department Leadership Planning**

Ten years ago the health department leadership began to focus on identifying and preparing successors to ensure sustained leadership and continuation of a competency-based culture of high performance that had become an executive priority. The goal of this effort was to push the competency-based culture through the entire organization and begin to develop future leaders from the front-line to supervisory levels. The department gradually created a comprehensive organizational development program to support and expand a culture which emphasized the importance of professional development of staff as a performance expectation of supervisors. That commitment to professional development evolved into a commitment to organizational succession planning whereby high-performing staff and new hires with leadership potential were identified and groomed for future leadership positions. Today, the department tracks employee retirement plans, particularly in management and leadership positions, and is constantly working on succession plans for those expected to retire, to ensure smooth transitions when vacancies occur.

The department's succession planning process is built around annual performance evaluations and the identification of professional or career goals. While these processes are carried out in most organizations, it takes leadership commitment and a conscious investment to ensure adequate follow-up from individual evaluations that lead to an organizational culture around staff development. To build that culture, the health director drew on her experience with professional coaching and development that contributed to her own leadership development. "This is an evolutionary process for a leader," the health director said. "I've had professional coaching and 360 degree evaluations that have pointed out my strengths and weaknesses and demonstrated how my strengths may sometimes contribute to my weaknesses. To be successful in developing people you have to understand your own development."

The health director saw staff development and succession planning as her top priorities as a leader and the best way to achieve and sustain long term organizational effectiveness. Concepts and approaches to staff development that the director incorporated into building the culture to achieve long-term organizational effectiveness included emotional intelligence, behavioral competencies, public health leadership competencies, and building a great organization.

Snapshot

This southern county health department serves a population of 181,000 in a metropolitan area with seven cities and two towns. The two largest cities have populations of 21,000 and 20,000, and a third has just over 12,000 residents. The county covers almost 1,100 square miles, including several national parks, and benefits from the presence of several military bases although only 6 percent of the population is employed by the armed forces. The county median age is 38 years, and the unemployment rate is 8 percent. About 15 percent of the families with children have incomes below 100 percent of the federal poverty level.²⁶

The county is governed by a five-member elected commission which is responsible for budgeting; taxation; creation of boards, authorities, and committees; and hiring a county manager who oversees 21 county departments.

The health department has 129.5 full-time equivalents (FTEs) in two locations. It provides a full range of public health services, including disease surveillance, environmental health, and emergency preparedness, and operates a primary care clinic, an urgent care clinic, and a Women Infants and Children's (WIC) program. The department is governed by the state but has a formal partnership with the county. A 2011 comprehensive community health improvement plan assessed four major areas related to public health: community health needs, the local public health system, forces of change, and themes and strengths and emphasized the role of public health in creating conditions to promote physical, mental, and emotional well-being for county residents.

- **Emotional intelligence (EI)** identifies a wide array of competencies and skills that drive leadership performance, based largely on a 1995 book by Daniel Goleman and a 1998 article, "What Makes A Leader." The five main emotional intelligence competencies are self-awareness, self regulation, social skill, empathy, and motivation which can be assessed using an emotional intelligence appraisal tool.²⁷
- **Behavioral competencies** identify desired and expected behaviors of employees so that managers can plan, measure and develop the workforce based on those behaviors. For example, if teamwork is a core competency for a director of health education, that competency is used to evaluate performance, hire into that position based on demonstrated skills in teamwork, or help individuals determine what

they need to do to further develop themselves to become proficient in that competency.

- **Public health leadership competencies** were introduced by the state to define expectations for health officers and create a framework for leadership development. Under this state framework, each health officer was given the option to purchase ongoing coaching. Although the state office did not make further financial investments in the program beyond the first year, the state did provide access to a statewide coaching contract that allowed local health officers to continue their own professional development. The state competencies formed the basis for leadership development as well as for all staff development in this department.
- **Building a Great Organization**, according to author Jim Collins, begins with determining what its leaders are passionate about, what they want to be best at, and what drives their resource engine. Collins, in his book *Good to Great* and monograph *Good to Great and the Social Sectors*, called the process of defining passion, best at, and resource

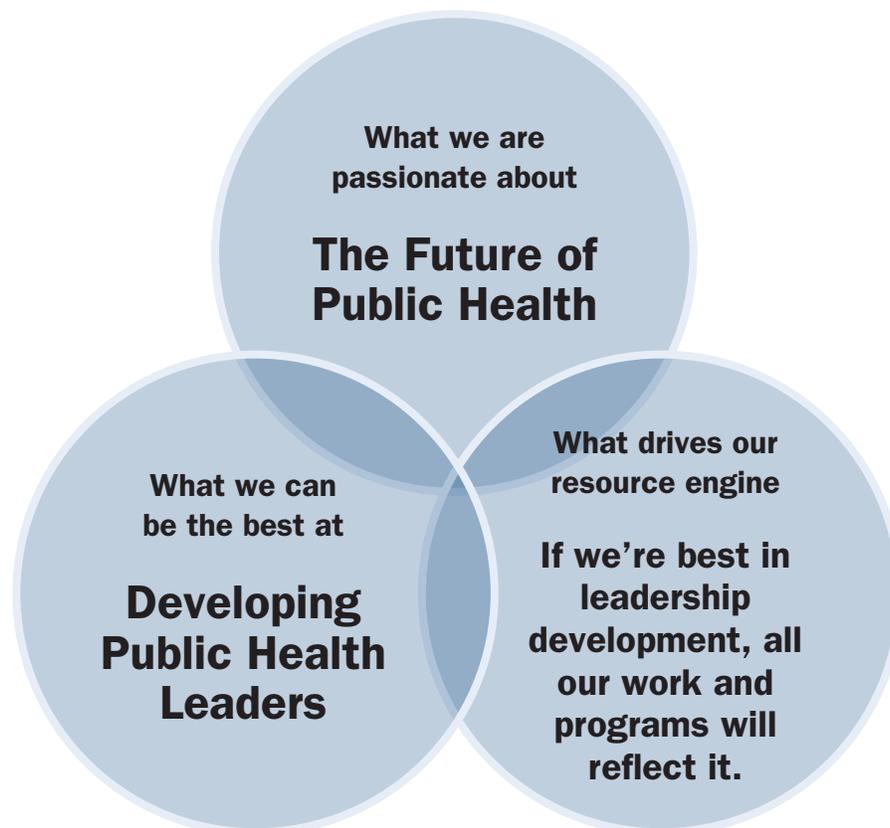
engine the “hedgehog concept.”²⁸ Because of the breadth of public health functions, creating a public health hedgehog concept (Figure 3.3) proved challenging for the health director. Eventually, she concluded that the department needed to be “the best in the world at developing public health leaders.” If the health department excelled at leadership development, she concluded, the department’s services and programs would reflect that excellence.

The director’s pursuit to be best in the world at leadership development stemmed from the agency’s quality improvement culture that was articulated in its mission, vision, and values and reinforced through the organizational structure and clear communication of the leadership’s expectations. The Director emphasized that being “best” was not to be confused with being “perfect” and reaching for challenging goals means risking failure while moving beyond the status quo.

Office of Organizational Development

In 2005, the health department created an internal organization development office led by a senior

Figure 3.3. Public health’s hedgehog concept: leadership development



manager who had demonstrated a sustained commitment to staff development and to the director's approach to leadership development. The goal of the office was to align and reinforce the organizational culture based on staff development, performance management, and quality improvement. Building on the state-developed public health leadership competencies, the office began offering a leadership development for supervisory program to introduce and train supervisors around the behavioral and leadership competencies and to provide peer coaching.

Over the years, the organization development office has continued to evolve its programs and services, working with both outside consultants and developing new in-house programs. The assistant director is trained to use the Myers-Briggs Type Indicator (MBTI) to identify preferences that may contribute to leadership effectiveness. Information gleaned from a variety of carefully selected assessment tools assists the organizational development director and the senior management team in managing staff performance through the process of evaluation, creation of individual development plans, and ongoing feedback to employees.

At first, a year-long curriculum was designed internally, building on the experiences of the health director and her new organizational development staff. It combined monthly group training sessions with personal coaching. The five core topics were:

1. Behavioral competencies
2. Leadership and management styles
3. Coaching and mentoring
4. Hiring, selection, and the behavioral event interview process
5. Performance evaluations and individual development plans

The curriculum focused on the competencies needed to be a public health leader. The only technical subjects were budgeting and fiscal oversight. As part of the curriculum, the health director shared her philosophy around emotional intelligence and discipline. The training program provided both valuable information about becoming an effective leader and led to close relationships among participants which helped overcome the silo effect that often occurs between different divisions. "There were four or five of us enrolled in leadership development and two or three of us are still here." said one training participant. "They are people within different areas, who I have close relationships with. It is unique; the silo effect is not my reality. I have people that I can go to when I have a situation with my staff."

As succession planning and a competency-based culture took root in the department, the reach of the program expanded and the curriculum evolved. The department was pursuing a number of department-wide professional development activities with a greater focus on behavioral competencies, such as an annual all-staff training day. In addition, once the first level of executives completed their training, there was a need to continue the leadership development for new supervisors. Soon after, the organizational development office created a structured leadership development program for non-supervisory staff, called "future leaders." Each future leader was interviewed by the organizational development director, developed a personal development plan, and received coaching to accomplish their goals. Completion of the future leaders program, however, did not guarantee promotion to a leadership position.

Today, the curriculum for non-supervisors is integrated with ongoing training days for all staff, and feedback from participants is used to identify new topics and emerging issues, such as healthcare reform. The assistant director for organization development describes the program's evolution as "less-focused on the one-on-one and more focused on training effective workers and supporting change in [departmental] teamwork."

Succession Planning in Action: Developing Three Future Public Health Leaders

The following sections summarize how three employees were groomed for three department leadership positions: director of community and environmental health, school health program manager, and accreditation and quality improvement coordinator.

Director of Community and Environmental Health Once the senior leadership team became well-versed in the concepts of emotional intelligence and behavioral competencies, it became easy to identify potential leaders using the behavioral event interviewing process which focuses on past performance as a predictor of future leadership competence. Over time, all of the department's supervisors have become more aware of the skills that the health director and the senior executive staff are looking for in potential leadership candidates. The current director of community and environmental health was the first individual to be selected for grooming to fill a future leadership position. "It was his interview," said the health director. "He scored really high on the behavioral events interviewand two senior executive staff who were there said that we need to hire this candidate."

As the first employee identified as a future leader, he would be groomed through the supervisory leadership development curriculum and professional coaching. And then, several years into the development process, the employee was encouraged to work on a master's degree in public health so that he would meet the requirements for a senior leadership position. In his new management role, the employee emphasizes the importance of competence and motivation and gives all staff opportunities to succeed in the organization.

School Health Program Manager The county's school-based health program found itself staffed with four part-time registered nurses after a dramatic downsizing to less than 10 percent of its former capacity. There was no obvious supervisor among the remaining front-line staff. It soon became apparent that one individual exhibited leadership potential. She had been pursuing her own professional development including earning a bachelor's degree in nursing and completing a professional school health nurse certification. To assess potential, the employee was given projects to see how she handled the additional responsibility. She performed well and her supervisor saw some real competencies, such as her ability to organize a team project. "We made her a team leader, and ultimately, the supervisor," said her immediate supervisor. "Now we are developing her with coaching, budgeting, and management skills for the day to day." This employee has been with the department for some time, confirming that the identification of future leaders is unrelated to age or tenure.

Accreditation and Quality Improvement Coordinator A third individual was initially employed as a senior clerk and was then groomed as a leader and promoted to become the accreditation coordinator. She had a computer science degree and demonstrated analytical capabilities early on. In a stretch project, the employee took the initiative to develop a spreadsheet analysis of the impact of managed care on the department's dental program. "No one had to ask her for this [work product]," the health director said. And when she brought it to us, I was blown away [by her initiative]." Whereas the director was initially unsure about changing the program's financial structure, this employee's work demonstrated that it was possible for the department to succeed. The employee now oversees accreditation, quality improvement, and analysis of and reporting on customer satisfaction.

These three examples illustrate the health department's belief that it is generally better to train and promote from within. "We're finding it so much better

because you get more buy-in and commitment when the talent is homegrown versus brought in from the outside," said the health director. "However, it is especially hard when you get to the executive level to find candidates who are the right fit."

Successful Leadership Development Strategies

Specific strategies that have been most effective in developing future department leaders include

- Stretch assignments that give employees a chance to show what they can do beyond their current job responsibilities
- Cross-functional projects, task forces, and teams that provide opportunities to practice leadership competencies
- Individual assessment tools such as the Myers-Briggs Type Indicator and behavioral event interviewing
- Regular coaching from internal leaders.

Department leaders say that outside vendors were not as effective as internal staff members in administering assessments, creating and monitoring individual development plans, and coaching because of the need for regular follow up that is best provided by full-time staff.

The health department uses a leadership development committee made up of senior executives that meets monthly to review progress of future leaders and identify new candidates for leadership development. Since all of the supervisors in the department are now looking for employees who demonstrate high-potential, the committee ensures that the senior management team is aware of how the staff is developing throughout the organization. The committee is instrumental in sustaining the focus on a culture of staff development in the face of other departmental and environmental challenges and changes.

The department has recently begun focusing on orienting new employees to the culture of behavioral expectations. While interviewing and hiring are guided by performance standards for each position along with the behavioral event interview, the department must strike a balance between the skills and experience required for the position and behavioral competencies demonstrated by the candidate. Drawing on the input from recent hires, the department revised its orientation process and created a new employee feedback tool with ten core standards against which to evaluate new staff at one, three, and six months. The process helps to integrate outside hires relatively quickly into the health department's organizational culture.

Communication Reinforces Succession Planning

The department uses employee communication and recognition to promote its organizational and staff development goals. Two examples are:

- “Quite-a-catch” e-mail announcements of new hires including both brief biographies and highlights of personal characteristics and skills sets that support the organization culture
- “Employee-of-the-quarter” recognition awards to identify staff that demonstrate behavioral competencies that are valued in the organization.

The director emphasizes that she and her staff regularly share information as broadly as possible about the purpose for organizational changes and the expected benefits. In addition, the department has focused on engaging individuals more actively in the organizational culture. For example, a new positive work ethic statement describes the department’s performance objectives clearly and simply and reinforces the expectations with staff. The passion of the director and her senior executive team for these ideas and concepts continues to motivate them to seek staff feedback about the staff development programs and respond. This environment encourages frequent and open communication about the importance of leadership development and the future of the department.

Preparing for New Standards

Succession planning and the comprehensive program of leadership and staff development were developed

internally. Department leaders have also designed and pursued quality improvement initiatives and operate a renowned emergency preparedness program. In other words, the department can be described as forward thinking and is well-positioned to respond to changes in the environment. The Department is now preparing to respond to new performance standards for public health departments put forth by the state. The challenge is how to align the existing performance expectations with the new standards. How well do the new standards allow for the adoption of emotional intelligence and behavioral competencies? The director and senior executives’ passion for organizational development have likely resulted in a persistent culture that will continue in spite of public health’s future challenges.

Challenges

Department leaders identified these challenges to implementing a formal succession planning program:

- In larger agencies, it may be difficult to push a new culture throughout the organization. To be successful, department leaders need champions at all levels of the organization, including employees who are not on the leadership track.
- The public sector environment makes it difficult to formalize succession planning because of human resources rules and procedures and public information requirements. Implementing a successful succession planning program depends on working within, not around, human resources rules.

Sample leadership development curriculum

Month	Topics	Month	Topics
1	Introduction and expectations	7	Emotional presence, impact and influence Organizational awareness
2	Overview of department and competency model	8	Creating alliances and facilitating agreement
3	Coaching assessment	9	Business of public health and budget overview
4	Individual Myers-Briggs Type Indicator (MBTI)	10	Behavioral event interviewing and leadership expectations
5	MBTI and leadership – visioning and goal setting	11	Performance evaluations and individual development plans
6	Leadership styles review – goal progress with coach	12	Wrap-up: where do you go from here?

Source: Case study interviews

- Ongoing fiscal challenges in many state governments fuel the competition with the private sector for highly trained staff. In this department, employees have not received raises for seven years and some positions have been reclassified at a lower entry level. As a result, public health departments need to identify other incentives, including opportunities for significant professional growth and advancement, to retain the best staff.

Lessons Learned

The following lessons emerged from this local health department's success in implementing a formal succession planning process:

- 1. Management Self-Evaluation.** The top executive and the senior management team need to commit themselves to undergoing a thorough evaluation using a 360-degree assessment or other tool so that they can identify and work on their strengths and weaknesses as leaders. With this knowledge, they will also be able to identify potential leaders and begin preparing for succession planning.
- 2. Competency Framework.** A well-defined public health leadership competency framework provides a starting point for reviewing and revising position descriptions in order to focus performance evaluations on behavioral expectations, identify training needs, and design a leadership development strategy.
- 3. Commitment to Professional Development.** Staff development must be a top priority in every public health agency. Therefore, public health departments need strategies for creating development opportunities despite limited resources and a changing healthcare environment. There are significant returns on these investments in terms of agency performance, which will have a positive impact on the future of public health.

Case Study 5:**Medium-Sized Health Department Serving an Urban/Suburban Population****History of Succession Planning**

The board of health initiated a succession planning process when it was confronted with a lack of candidates for the health commissioner position from among local public administrators. A physician, who was both a long-term board member and former commissioner, had returned in an interim capacity. The board decided to take its search outside the traditional arenas for public health leaders and into the business community to find a new health commissioner.

With a business background, the new health commissioner was groomed for two years while he earned his master of public health (MPH). Since his appointment, the commissioner has been actively engaged in succession planning within the department to fill senior level vacancies, many of which came from retirements, with an eye toward meeting the agency's future leadership needs. After just over a decade, the department is well prepared to manage the transitions of its senior executives and managers.

The health commissioner set out to build an effective and high-performing team of executives and managers to meet emerging skill or competency needs and new accreditation requirements. His broader vision was to change the culture of the agency to improve accountability, eliminate operating silos between divisions, and encourage high performance. In addition, the commissioner wanted to create a visionary and effective leadership team with a bottom-line orientation, constant attention to customer satisfaction, and measurable outcomes.

The commissioner's first priority was to assess all employees in order to evaluate performance potential. The retirements of several department managers over the preceding seven years created opportunities for new leaders. When interviewed for this report, the commissioner reported that two individuals within the health district are prepared to assume top executive positions. His focus then shifted to the second tier of program managers, such as assistant director of nursing. The guiding tenet is that succession planning benefits the department in the short-term and the public health community in the long run.

"We're always trying to develop a pool that is not only capable of moving into a position here, but also assuming a position in another health department," the commissioner said. As a result, succession planning

Snapshot

This Midwest county health department serves a population of 60,000 living in a 500-square-mile area that includes seven townships, five villages, and three cities. The largest city has a population of about 17,000 and is more than twice the size of the other two with populations of 8,000 and 6,000. This largely urban county is located near a major metropolitan area and has an average density of 121 people per square mile. The median age of county residents is 38, and the unemployment rate is 9 percent. Nearly 20 percent of the families with children report income below 100 percent of the federal poverty level.²⁹

The county is governed by a three-member board of commissioners and eight additional elected officials. While the board of commissioners retains executive and legislative authority, the elected officials are independent leaving the commissioners with limited *de facto* control. A county administrator/clerk assists the board with day-to-day management.

The health department has 25 employees who provide a full range of public health services, including primary care services delivered by public health nurses in a variety of community settings. The department is governed by a 10-member board of health representing the county's villages and townships. The mission of the department is to achieve and sustain healthy people and healthy communities by providing public health services which promote health and prevent disease. The department recently published a community health improvement plan to respond to an earlier assessment that identified mental health, obesity, and risky youth behaviors as priority health needs.

and leadership development have become the foundation on which the department's new organizational culture is promoted and maintained.

Building a Succession Plan

Preparing the Department. While the idea of succession planning was initially raised by the board of health and the senior department executives, succession planning in earnest involves a discussion among current managers about their programs and staffing needs. Initial action steps in building a succession plan, therefore, are prioritizing positions in which turnover is expected and assessing and identifying growth areas for all employees to begin to match future openings with staff potential.

Drawing on his private sector experience, the commissioner decided to use a Nine-Box Performance and

We're always trying to develop a pool that is not only capable of moving into a position here, but also assuming a position in another health department.

—Public Health Commissioner

Potential Grid (Figure 3.4) to assess the entire department workforce and identify leadership potential. The grid process examines both performance and potential to provide an aggregate snapshot of the organization workforce. From the data collected, the commissioner said the organization can fine-tune its staff to include groups of worker and contributor employees who maintain performance on a day-to-day basis in addition to potential leaders. Understanding which employees have leadership potential enables the department to prioritize its leadership development resources and ensure that the right people are in the right jobs.

Preparing Leaders. The commissioner's experience managing for leadership development over the past decade taught him about the best strategies for preparing public health leaders. He identified these three best practices for preparing leaders:

1. Stretch projects
2. Cross-functional projects, task forces and teams
3. External management/technical training.

Stretch projects are excellent for identifying and assessing leadership potential because they enable the organization to see what an individual is capable of while building self-confidence through a positive and reinforcing work experience. The commissioner emphasized that stretch projects should be challenging and doable. In addition to assessing potential, stretch projects build support for the departmental mission and culture by providing an opportunity for the employee to make a contribution while building new skills.

Cross-functional projects, task forces, and teams help potential leaders develop a good understanding of other department roles and responsibilities as well as the technical elements of different management positions. Working outside the boundaries of a specific job helps establish a "big-picture" perspective among potential leaders whose work may have been limited to one division. Job rotations, in contrast, are less useful

in public health because many positions have licensing and professional requirements. For example, an individual who has a master's degree in public health cannot assume the director of nursing position because it requires a bachelor's degree in nursing. Working together on a cross-functional team builds shared knowledge and support among rising managers.

External management and technical training encourages employees with strong management potential to seek promotions to leadership positions. Training around specific leadership competencies, especially for employees who are likely to stay with the organization, is a good investment. To maximize the training investment, however, it is important to discuss the organization's expectations of the employee, the organizational culture, and the challenges of management, and a time-specific service commitment in exchange for training opportunities.

Role of the Board of Health. The board of health plays an important role in supporting the top executive and his leadership team as they develop the department's high-potential leaders. The board is responsible for approving personnel expenditures that support succession planning, and may be required to approve senior-level hires or promotions. To increase the likelihood of success, the health board must support the succession planning process and hold the management team accountable for the specific activities without micro-managing the process.

Succession Planning in Action: Grooming the Next Director of Community Health

The health commissioner recognized early on that a new health department intern had the potential to become a valued member of the management team. After demonstrating project management ability, the individual was put in charge of accreditation, which was both a stretch project and an opportunity to develop new skills that could lead to advancement to a director-level position. In this case, the incumbent

Figure 3.4. Nine-box performance and potential grid by type and key characteristics

<p style="text-align: center;">High</p> <p style="text-align: center;">↑</p> <p style="text-align: center;">POTENTIAL (Right stuff)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Low</p>	<p>Latents</p> <p>Inexperience/lack of maturity</p> <p>Lack of competence in some areas</p>	<p>Emergers</p> <p>Keen to try new things</p> <p>May not use others optimally</p> <p>Detailed, focused</p>	<p>Stars</p> <p>Self-motivated, initiating</p> <p>Effective and focused problem-solvers</p> <p>Big-picture focused</p>
	<p>Placeholders</p> <p>Set personal and team goals at low level</p> <p>Work at a slow or steady pace</p>	<p>Transitionals</p> <p>Focused on immediate issues/problems</p> <p>Evolving team leader</p> <p>May work in fits and starts</p>	<p>Contributors</p> <p>High personal confidence</p> <p>Project/task/change management-oriented</p>
	<p>Detractors</p> <p>Negative attitude at times</p> <p>Over tolerant of mediocrity</p>	<p>Blockers</p> <p>Overly traditional thinking about issues</p> <p>Low levels of initiative</p>	<p>Workers</p> <p>High personal work ethic</p> <p>Too little communication</p>
	<p>← Low PERFORMANCE High →</p> <p style="text-align: center;">(Right results)</p>		

Source: Warner Results Coaching

director of community health was a high-performing, high-potential individual, whose experience had prepared her to become commissioner for another health department. Because of the organization’s attention to succession planning which anticipated top-level vacancies and invested in leadership development, the next director of community health was able to work closely with the current director for several years. In particular, the director was able to provide expertise on public health and technical aspects of the position to her successor while serving as a role model of an effective manager.

Another factor in the community health director’s successful transition was open communication with and support from her peers on the department’s senior management team. The director felt comfortable moving into the new position and taking on the opportunities and challenges of managing a division because of the management team. “The biggest key [for me] was very open communication with the members of the senior management team,” the community health director said. “I would not have felt comfortable moving into a new leadership role with another management team....my [former supervisor] taught me a lot about public health and the technical skills I needed

to do the job.” For example, the new director of community development said the management team helped her deal with employee attitudes toward her promotion including building relationships with several individuals who had superior educational credentials but were not suited to management.

As part of his approach to leadership development and succession planning, the commissioner seeks out opportunities for rising leaders to network with peers in other government agencies that share a similar approach to performance and innovation. These cross-government connections provide opportunities for directors to meet with and discuss tactics for achieving their organizational vision and goals. In one case, the agencies are using similar management software and can discuss its application to their work and problems they have encountered.

Identifying the Right Staff and Expanding the Culture Effectively Interviewing New Leadership Candidates.

When asked what advice he would give to other health departments considering succession planning, this commissioner emphasized the importance of effective interviewing. All managers, he said, need to be able to conduct behavioral interviews as the basis for hiring

and promotion to assess capacity to manage interpersonal situations. Behavioral interviews take time. The commissioner reported that he routinely spends three hours interviewing candidates. Similarly, his staff say the commissioner is particularly effective at assessing people's skill sets and how they are likely to perform in the organization.

"Through our system, we quickly figure out that an academic degree doesn't mean you're actually capable of performing," the commissioner said. "In other words, it is critical to get the right person in the door because it is easier to assess whether what you have before you is what you need than to replace that person later."

Establishing a Culture of Performance. The commissioner is using succession planning and leadership development to establish a culture of performance in his department and monitor the impact on the community. The focus on the behavioral interview is an important element of identifying people with the right skill sets to lead and perform. The individual and organizational performance expectations are clear to the staff. "The message has been communicated and a tone of respect has been established, but management knows when you are not productive," the commissioner said. This is documented in the employee evaluations. Similarly, the director of community health said that it is important to be aware of how additional roles and responsibilities are presented to staff.

Lastly, the health department presents an annual "diligence award" to employees who are achieving the department's vision. Individuals who demonstrate a strong commitment to the organization culture and effective performance are also brought to the attention of the board of health.

Challenges

The planning for and implementation of a succession plan was not without challenges even for a relatively small county health department with the full support of the board of health. In addition, the challenges occur within the context of the overall environmental pressures faced by government agencies. The following sections identify challenges this health department faced.

- Succession planning is based on a culture of staff development and performance expectations. Managers must be prepared to address the expectations and concerns of long-term employees, especially when younger or outside candidates emerge as future leaders.
- The investment in succession planning and grooming of individuals beyond the top leadership positions is not without risks. There is the risk that high performers will leave before opportunities for promotion materialize and that some employees will feel left out or overlooked because they aren't viewed as "high performers." Managers need to conduct a thorough risk assessment with the support of senior management before the organization invests in any particular individual.
- As noted earlier, all organizations depend on having a core of contributors and workers who perform their jobs efficiently and effectively. These individuals and positions may not lend themselves equally to leadership development, but managers need to ensure that all employees are invested in the underlying organizational culture.

Lessons Learned

The following lessons emerged from this local health department's success in implementing a formal succession planning process:

- 1. Effective Interviewing.** Behavioral interviewing is essential to assessing performance potential and provides a foundation for succession planning. Learning how to conduct effective behavioral interviews also requires understanding of what type of individual is needed to carry out the job responsibilities and contribute to the organization's vision and culture.
- 2. Employee Assessments.** A systematic approach to assessing capacities of all employees using a tool such as the nine-box grid (see Figure 3.4) helps the organization identify potential leaders. An assessment tool also helps managers provide professional development opportunities to their employees to help them achieve performance targets.
- 3. Management Time Commitment.** Effective succession planning requires an ongoing investment of management time to ensure long-term results. While a written plan provides a framework for action, the managers carry out the work daily, monthly, and annually.

Case Study 6:**Medium-Sized Health Department Serving a Rural/Small City Population*****Restructuring a Health Department***

This department's health commissioner began his public health career as a sanitarian inspecting dairy farms. Today he is spearheading succession planning efforts to ensure high-quality public health services in the future. His own experience—being mentored, earning an advanced degree, and developing his management skills at another larger health department—informed his transformation of the current department over the past eight years. The department's evolution from a focus on high-quality management to succession planning reflects what the commissioner learned when he was groomed for leadership at the state and local levels.

“We recognize the challenge. How do you take nurses, sanitarians, science-based and professionally credentialed people and turn them into managers,” the commissioner said. With the support of his board, the commissioner has been able to restructure the organization, build a cohesive management team, and introduce a set of department-wide organizational and professional development activities that support an effective informal succession planning program.

In 2005, when the new health commissioner was hired, the department relied on two managers per program, and the supervisor was responsible for all aspects of program management and staff supervision. These individuals reported directly to the program director. The new commissioner quickly realized that he needed additional management capacity at the program level. He created a program manager position designed to focus on operations and compliance without day-to-day supervisory responsibility. The job was envisioned as a training ground for future supervisors and leaders in the department.

“They don't have any line authority, any responsibility over the staff, but they are the go-to people,” the commissioner said of the program manager position. “And you want to talk about how do you see a leader grow—they're here late, they're reading, they're recording at staff meetings. You see these folks turn the corner, and I'm telling you it's the most amazing process.”

The program manager position was designed for individuals who had demonstrated a high-degree of motivation and personal initiative and were likely to embrace stretch projects and support new department-wide initiatives. Currently, the department operates

Snapshot

This Midwest health department serves a population of 77,000 living in a high-density coastal area of just over 250 square miles. There are five villages, nine townships, and three cities in the county. One of the cities has a population of 25,000, and the remaining two are considerably smaller with 10,000 residents each. This summer destination with 300 people per square mile is less than 90 minutes away from two metropolitan areas. Despite its proximity to several larger urban areas, most residents work in the area. The median age of county residents is 43, and the unemployment rate is 8 percent.³⁰

The county is governed by a three-person elected commission with both legislative and executive responsibilities. There are 30 different agencies and departments that provide public services.

The health department was formed when the city and county departments merged 30 years ago to form a health district. The department's mission is to identify and plan for the most effective use of health services and resources to prevent illness and improve health status. With a staff of 93 employees, the health department provides public health, primary care, and women, infants, and children (WIC) services in the community. Other public health services include birth and death certificates, environmental health, nursing, and public health preparedness. The Department's \$6.1 million dollar annual budget is funded largely by local levies and state revenues. The health district and its board of health are considered an independent agency under the state's revised county code. The board of health has 11 members, five of whom are appointed from the county's largest city. The district also operates a seven-member licensing council.

with six division directors, eight supervisors, and eight program managers and coordinators, a medical director, a dental director, and an epidemiologist.

This group provides the leadership framework for the department.

Origins of a Commitment to Staff Development and Succession Planning

Since his hiring, the commissioner and his senior management team have worked to realize an integrated program focused on staff development, dedication to the organizational mission, and succession planning. The cultural shift started with the commissioner who practices “management by walking around.” For the

I think keeping things moving is really important to a succession plan. You can't just sit in your roles or wait for something to happen.

—County Health Commissioner

first few years, he would visit staff in their offices to ask them what they thought was working well, what wasn't working, and their ideas for improvement. At the same time, he shared his vision and ideas with staff throughout the organization.

That practice clearly established the agency head as a leader with a clear vision, who was open to new ideas, welcomed communication with staff, and was invested in the work of all staff members.

A year into the commissioner's tenure, he and his program directors realized that their retirements, although not imminent, would occur around the same time. They were concerned that the progress they had made would be delayed or reversed during the transition to new management. The group also acknowledged that they had not had good mentoring or training to assume their management positions and wanted to change that for future managers. At the same time, the group understood that it was smart to invest in high-potential staff in order to keep them invested in the organization and to maximize their potential. From this idea, informal succession planning began with an agency-wide focus on staff training, cross-divisional projects, and grooming of selected individuals. "We want to make sure that we keep our staff interested and excited about things that are going on, to the degree we can," the program director said.

The key to the department's strategy is identifying individuals who are likely leave the organization if not given opportunities for development and promotion. The department has developed a set of management practices and leadership development activities that support the succession planning program, including use of emotional intelligence concepts when interviewing candidates to assess their reaction to adverse situations.

"I want to see them not know what to do, but I also want them to use their brains," a department director said. Collectively, the department is looking for individuals who respond to and embrace challenges.

The health commissioner views change as motivational for all department employees. "I think keeping things moving is really important to a succession plan," he said. "You can't just sit in your roles or wait for something to happen." To carry out this philosophy, the department sometimes rearranges offices to energize new relationships. "It's almost like cross training without officially calling it that," the commissioner said. "We try to keep things fresh."

In this example, management uses changes in staff locations to build synergy among employees and reinvigorate their sense of mission. At the individual level, this approach is supported by coaching within the different programs. "I'm a huge believer in one-on-one training," the commissioner said. "You show somebody how to change a tire personally, they're going to remember how to do it."

Successful Strategies for Staff Development and Succession Planning

The department has used four strategies to implement the commissioner's philosophy and the department's commitment to staff development and succession planning. They are:

1. Communicating the department's vision
2. Implementing management by objectives (MBO)
3. Using internal internships for cross-divisional training
4. Offering stretch assignments.

Communicating the Department Vision. The commissioner emphasizes the value of showing potential leaders and young staff the "big picture" of public health and his vision for the department. He has created a number of opportunities within the department and the community to achieve that goal including:

- Inviting potential leaders to attend management retreats. By seeing how the management team works together, leadership candidates gain insight into how to respond to their managers and develop

their management skills. “The goal is to get them introduced into the [culture] and [become] familiar with what we do at the meetings,” the commissioner said. “And it...takes away the whole top-secret-administrative meeting feel.”

- Introducing the overall emotional intelligence (EI) framework and how top managers use it to carry out the department vision.
- Participating in the commissioner’s municipal rounds several times a year to learn about the connection with municipal government and to observe and participate in city council and township meetings. “We take one vehicle because I usually drive and [for them] the excitement of being able to go out there and talk to the public and talk to council and the mayor...is unbelievable,” the commissioner said. “They understand why they’re doing the job.”

Through these activities, the commissioner reinforces the importance of public health and its potential as a career choice with opportunities for advancement.

Implementing Management by Objectives. When he came to the department, the commissioner replaced the traditional performance evaluation process with management by objectives (MBO) as the framework for performance evaluation and individual goal-setting. The previous system, one director said, was traditional government evaluation with ratings around specific criteria. Evaluations were not done jointly by the supervisor and the employee, and they did not lead to specific performance improvements or achieve a organizational purpose, the director said. Management by objectives, in contrast, begins with the individual employee identifying goals which are then reviewed by the supervisor and, ultimately, the entire management team. MBO relies on well-crafted, “SMART” objectives that are:

- Specific
- Measurable
- Attainable/Achievable
- Relevant
- Time Bound

The department divides the year into four quarters to review progress on the agreed-upon goals. Once the supervisors and directors meet with their staffs, the management team reviews each division’s objectives to determine how they can support each staff member. In order to further encourage the culture of performance, the staff develops department-wide objectives for the coming year at the annual staff meeting.

The MBO process was slow to take hold. According to the commissioner, it took about three years for staff to learn how to create effective goals and to see an impact on agency productivity. “I almost get goose bumps thinking about it right now because the first year was kind of lame; they didn’t get it,” the commissioner said. “The second year people started talking about their personal MBO at the water fountain and then all of a sudden you see productivity rising. The third year into it, we were really cranking.” Sometimes the objectives are as simple as “I vow to be more polite or hold the door for clients or respond to a problem quicker.” Other examples of objectives designed to support the department’s culture and mission are taking a class in Spanish to be able to communicate better with some clients. “Whatever they put down as an objective to make the agency stronger, we accept,” the commissioner said. Figure 3.5 provides a sample of how employee-developed objectives are translated into action items.

Using Internal Internships for Cross-divisional Training.

Another successful department strategy is cross-divisional training which functions like internal internships. The approach is an extension of the commissioner’s overall philosophy of management including his strong belief in the value of walking around and one-on-one training. Effective cross-divisional training:

- Supplements basic skill training
- Provides hands-on experience delivering essential services in different divisions which increases staff commitment to the organization’s vision and mission
- Introduces employees to the day-to-day responsibilities of different divisions and different positions within the health department
- Further broadens the “big picture” understanding of public health in general and this department’s mission and vision
- Provides additional administrative support to ensure program continuity during staff absences and transitions.

The department acknowledges that cross-training occurs even though some positions have licensing requirements which would prohibit some staff from filling these positions if they became vacant without getting the proper license. In addition, all managers must fully support the internal internship concept in order to establish time boundaries for the assignment and ensure day-to-day continuity within employee’s the home division. Generally, an employee works for

Figure 3.5. Sample Management by Objectives and Action Plan

Name _____ Date _____ Anniversary Date _____

Individual Goals	Actions	Review				Comments	Evaluation
		1Q	2Q	3Q	4Q		
1. Use local association board member position to provide leadership and promote public health among county agencies, municipalities and residents	Attend all quarterly meetings and conferences and actively engage in seven out of eight interim board conference calls						
	Maintain existing professional relationships and frequently form new relationships including with public health personnel and agencies in the state						
2. Provide programs and services that promote and foster healthy lifestyle changes for residents of the health district	By start of 3Q, coordinate and/or prepare four community garden locations in low-income areas						
	Present the county obesity prevention resolution at 10 meetings of area stakeholders. (4-2Q, 2-3Q, and 4-4Q)						
3. Enroll in the MPH degree program	Complete application to the program and matriculate upon acceptance						
	By December 31, complete 6 to 12 semester credit hours						
Five years from now	Complete MPH and assume a job with supervisory responsibilities through promotion or a new position						
Cross-training 2013	Internal internship in the epidemiology division to learn surveillance procedures for STDs and federal reporting requirements						

Employee Signature/Date _____ Supervisor Signature/Date _____

Source: Case study interviews

one-to-four hours per day while serving an internal internship.

Offering Stretch Projects. Stretch projects provide opportunities for staff to take on specific, usually short-term, assignments beyond the scope of their job. “You are basically holding a carrot out for somebody, hoping they can do it,” the commissioner said. An example of a stretch project is participating in the incident command system exercise performed as part of a regular emergency preparedness and bioterrorism exercise. According to the commissioner, this is a defining experience. “There is no better indicator of someone’s ability to lead a group or a program than these crisis

drills because your nerves are up, your blood pressure is up, and you must perform,” the commissioner said. “You [have] an evaluator writing down what you are doing....and quite frankly, we’ve had some folks that we were really high on [who] couldn’t do it.”

Succession Planning in Action: Grooming a Health Educator into a Leader

At its regular meetings, the department’s senior management team identifies high-performing employees with leadership potential. Using the concept of emotional intelligence, senior managers look for staff members who show initiative and self-motivation or successfully complete stretch projects. In addition, they

also focus on hiring new employees who demonstrate management competency that supports the department's mission and philosophy. With this approach in mind, senior managers identified a part-time health educator who they believed was a potential leader.

"He was hired into the position in a part-time role and worked on several projects in health education," said the department director of primary care and clinical services. "Within the first six-to-eight months, he became involved in management meetings or some of the other management activities. He had the interest and energy that made it easy to introduce him to other areas within the agency. And that started the whole ball rolling...of him having an expanded interest in public health."

Once this rising star was considered a candidate for grooming, he met with the commissioner where the idea of getting a master's degree in public health was discussed as a step toward a leadership career in public health. The health educator viewed this suggestion as a challenge and is committed to completing his degree in three years. In fact, he commutes nearly 200 miles roundtrip once or twice a week to attend classes.

Other grooming opportunities for this employee have included:

- Taking on stretch projects that expose him to the basic skills needed for successful project and program management including, for example, creating and updating the department's organization chart which requires both computer savvy and knowledge of department operations
- Working as a grants management specialist as part of a cross-training assignment where he managed state and federal grants to assess whether goals and objectives were being met and created systems to better coordinate grant information
- Shaping his annual objectives to support and guide his development
- Participating in the semiannual management retreat
- Completing training on how to become a public information officer

The health educator was also elected by his peers to serve as the equal employment opportunity officer.

"If you're willing to come to work every day, work hard, and strive,...you'll definitely get noticed here and definitely [have] the opportunity to move up," the employee said when reflecting on his experience in the department.

Although the department commissioner has never stated to the health educator that he is formally being

groomed, it has been clear that there are opportunities for advancement for him in the department. Moreover, both the commissioner and the employee said that without such opportunities, younger employees would leave the department. Feedback from management that acknowledges dedication and performance is a particularly powerful motivator. "If I had never received any of that [feedback], then...it's...like...I'm putting all this effort in...so why would I stay here?" he said. "But obviously that's not the case. So I think succession planning is definitely a big piece of keeping people here."

Reinforcing the Culture

Succession planning is connected to the department's organizational culture, which focuses building a quality agency from the bottom up with an engaged and empowered workforce. To reinforce the culture regularly, the commission holds quarterly all-staff meetings at which employees:

- Provide input on organizational problems and challenges such as how to make budget modifications to cover increased costs in the employees' health insurance
- Help develop agency-wide objectives as part of the MBO process
- May make presentations on selected issues

The department further reinforces its culture by engaging in social activities together, such as lunch and picnics and holding a staff appreciation breakfast. These gatherings are an extension of the work done together at staff meetings. This cultural foundation, combined with a cohesive senior management team and the consistent application of managerial strategies, has positioned the department to respond to changes that the *Patient Protection and Affordable Care Act* will have on the department. "Anything like the national health care act that will come our way, we are ready to tackle because we have a wise approach," the commissioner said. The department uses a priority matrix to assess costs, impacts, and requirements of new programs, funding opportunities, and challenges.

Formal vs. Informal Succession Planning

While this health department's senior management and board are highly committed to succession planning, the department does not have a formal, written succession planning document. In some cases, an informal approach to succession planning is more effective in meeting human resource requirements for hiring and promoting while still paying attention to development of future leaders. In addition, by focusing more formal

development efforts on all staff, the department ensures a high degree of commitment from all employees, regardless of the scope of responsibilities, and opportunities for self-directed innovation. The department believes that its focus on emotional intelligence and staff development has produced significant team work throughout the organization which has contributed to successful outcomes for the community. Despite its current informality, the accreditation process will likely encourage a more formal approach to the leadership competencies going forward.

Lessons Learned

The following lessons emerged from this local health department's success in implementing an informal succession planning process:

- 1. Vision.** The leader must articulate a clear vision that is bigger than providing the essential public health services. It is about the community, not the department. The key question for agency evaluation is how each staff member is affecting in a positive way the quality of life for individuals in the community. In this department, staff regularly think about that question and do a better job as a result," the commissioner said.
- 2. A team of champions.** In order to succeed, the health department needs not only a top executive who is a champion, but also a team of champions. This commissioner has developed a team of "captains" who have worked together for a number of years and who approach decisions from an emotional intelligence and leadership development perspective. They consider the implications of new programs, projects, and positions for employees at all levels throughout the department.
- 3. Cross training.** Exposure to other divisions through cross-training, cross-orientation, or internal internships not only enhances individual knowledge and skills, but also instills an appreciation for and understanding of what is happening in the department. Purposefully moving offices is another way of making staff more aware of the department's "big picture." A by-product of immersing staff in new situations is that they begin to think and behave in terms of the department rather than themselves.
- 4. Right-fit program.** Local health departments must develop the succession planning program that is right for their department and their jurisdiction. That right-fit may be determined by the department's size, the services it provides, and its relationship to other local agencies and stakeholders. The specific activities may vary based on right fit, but the goal is the same: ensuring high-quality public health services over the long term.
- 5. Staff involvement.** Broadly involving staff in a wide range of department activities management retreats, setting objectives, the evaluation process, and municipal meetings—fosters personal and professional development while also furthering the agency's goals.
- 6. Take risks and be willing to make mistakes.** This is a foundation of the philosophy of emotional intelligence that is integral to this department's culture and management approach. A health department needs a commitment from its board to allow the staff to make decisions and take the risks associated with becoming a high-performing public health department. And risks sometimes lead to mistakes which can be tolerated as long as they are corrected and lead to even higher performance.

Endnotes

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- 5 For more information see: <http://www.naccho.org/topics/infrastructure/profile>.
- 6 For more information and definitions see: http://www.bls.gov/oes/2010/may/naics4_999300.htm#29-0000.
- 7 For more information and definitions see: http://www.bls.gov/oes/2010/may/naics4_999300.htm#31-0000.
- 8 For more information and definitions see: http://www.bls.gov/oes/2010/may/naics4_999300.htm
- 9 The third category labeled Other Occupations is included using the categorization methods employed in the May 2011 National Association of County and City Health Officials (NACCHO) report “Local Public Health Workforce Benchmarks.” <http://www.naccho.org/topics/workforce/loader.cfm?csModule=security/getfile&PageID=190640>.
- 10 US Bureau of Labor Statistics. Employment Projections—2010-20. 2012. <http://www.bls.gov/news.release/pdf/ecopro.pdf>.
- 11 While 44 percent of local health departments reported experiencing a decrease in the number of FTEs over the 2005-2010 period, 50 percent of local health departments reported an increase over the same period. When the two groups are combined, there is essentially no change in the size of the local health department workforce (51.52 FTEs per 100,000 in 2005 to 51.05 FTEs in 2010).
- 12 Tilson, H., & Berkowitz, B. (2006). The public health enterprise: examining our twenty-first-century policy challenges. *Health Affairs*, 25(4), 900-910 and NACCHO. May 2010. The Local Health Department Workforce: Findings from the 2008 National Profile of Local Health Departments
- 13 Data obtained at City-Data.com, www.city-data.com and U.S. Census Bureau American Fact Finder <http://quickfacts.census.gov>. Data was accessed for this case study on May 18, 2013.
- 14 Average tenure calculated from listing of health department staff by name, title, and years of service in 2011 Annual Report.
- 15 Response to Recruitment & Retention Strategies in Health Departments: A National Survey, November 2012.
- 16 Health Department Succession Plan, November 2010.
- 17 Service area data obtained from the Department of Public Health Annual Report 2011.
- 18 Data obtained at City-Data.com, www.city-data.com, U.S. Census Bureau American Fact Finder at <http://quickfacts.census.gov> and the National Association of Counties at www.naco.org
- 19 Department structure and service information obtained from the Department of Public Health Annual Report 2011.
- 20 Response to *Recruitment & Retention Strategies in Health Departments: A National Survey*, November 2012.
- 21 Response to *Recruitment & Retention Strategies in Health Departments: A National Survey*, November 2012
- 22 Health services on federally-recognized Indian reservations area generally provided by the Indian Health Service, the federal health program for American Indians and Alaska Natives, rather than the local health department.
- 23 Data obtained at City-Data.com, www.city-data.com, U.S. Census Bureau American Fact Finder at <http://quickfacts.census.gov> and the National Association of Counties at www.naco.org
- 24 County Strategic Workforce Plan-2010.
- 25 Response to *Recruitment & Retention Strategies in Health Departments: A National Survey*, November 2012.
- 26 Data obtained at U.S. Census Bureau American Fact Finder, <http://factfinder2.census.gov>, and www.naco.org/counties/pages/findacounty.aspx.
- 27 See Daniel Goleman, *Emotional Intelligence: Why It Can Matter More than IQ*. (New York: 1995), Bantam Books.
- 28 See Jim Collins, *Good to Great* (New York: 2001), Harper-Collins and *Good to Great and the Social Sectors* (Boulder, Colorado: 2005).
- 29 Data obtained at City-Data.com, www.city-data.com, U.S. Census Bureau American Fact Finder at <http://quickfacts.census.gov> and the National Association of Counties at www.naco.org
- 30 Data obtained at U.S. Census Bureau American Fact Finder <http://quickfacts.census.gov>, www.city-data.com and www.naco.org.

Local Health Department Workforce Recruitment and Retention: Challenges and Opportunities

A Practitioner Briefing

About the Center for State and Local Government Excellence

The Center for State and Local Government Excellence helps state and local governments become knowledgeable and competitive employers so they can attract and retain a talented and committed workforce. The Center identifies best practices and conducts research on competitive employment practices, workforce development, pensions, retiree health security, and financial planning. The Center also brings state and local leaders together with respected researchers and features the latest demographic data on the aging work force, research studies, and news on health care, recruitment, and succession planning on its web site, www.slge.org.



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The University of Illinois at Chicago School of Public Health was established in 1970 and is accredited by the Council on Education for Public Health. UIC SPH is the only fully accredited school of public health in the state of Illinois. UIC SPH has as its mission the enhancement of quality of life through improving the public's health and serves as a critical link in the education of the nation's public health work force. The UIC SPH is particularly recognized for its strong programs in prevention research, health promotion, maternal and child health, gerontology, environmental and occupational safety and health, infectious diseases, cancer, asthma, biostatistical methods, public health informatics, public health policy, and public health practice and leadership.

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