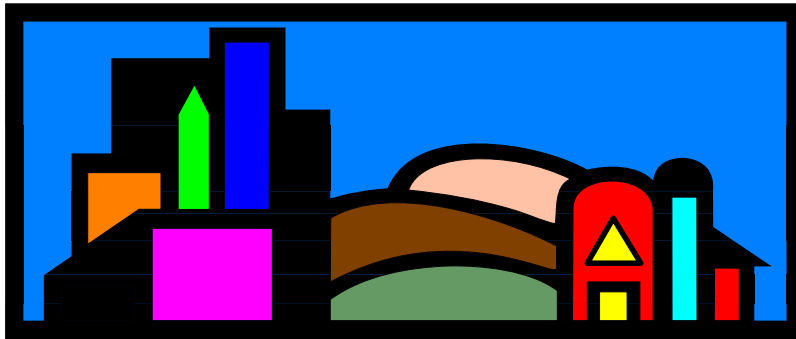


# Results from the 2004 Local Public Health Staff Survey



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## **Introduction**

Detailed information describing the local public health workforce in Minnesota is critical to successful planning for the future of public health. In 2004, through the Pathways to Public Health Project, funded by the Robert Wood Johnson Foundation, the Minnesota Department of Health (MDH) surveyed local public health staff to more clearly describe and understand any upcoming shortages of public health staff. To this end, the Local Public Health Staff Survey (LPHSS) was developed to assess the demographics of the local public health workforce, including age and education. The following report describes the results from the LPHSS.

## **Methods and Response Rate**

The LPHSS was sent to all local public health departments in early March 2004. Administrators of the health departments were sent a letter of explanation and surveys with self-addressed stamped envelopes to distribute to their staff. Several reminders were distributed via the CHS Mailbag, a bulletin of updates and opportunities for local public health, which is sent to all public health administrators every three weeks. Reminders were also sent out via the CHS Listserv. In addition, health departments that had not turned in any surveys were contacted and asked to participate. Surveys were accepted through the end of August 2004.

The MDH received 1,719 surveys from local public health staff equaling a response rate of approximately 51%. (Denominator data came from the 2004 Local Public Health Agency Survey that estimates the local public health workforce at approximately 3,372 staff.) Local public health staff from all eight of the State Community Health Services Advisory Committee (SCHSAC) regions in Minnesota returned surveys to the MDH, but not all counties within those regions had staff who returned the survey. Fourteen of 87 counties did not return any surveys; however, one hundred and fifty-six surveys (9.1%) were returned without an agency name specified. It is possible that some of the staff from these 14 counties did return surveys, but left the agency name blank on the survey.

Minnesota also has a few city and city/county health departments including Bloomington, Richfield, Minneapolis, Edina and St. Paul/Ramsey. Only one city did not return any surveys, and again this health department may have returned surveys, but did not specify their agency name on the surveys. Local public health departments in Minnesota vary in size from one-person departments to departments employing several hundred people. Employees from the smallest departments may have left their agency name blank to maintain anonymity.

The original intent of the survey was to assess local public health staff, or who work directly on public health activities. This included paraprofessionals in public health, such as home health aides, but did not include administrative staff, such as accountants, secretaries, and office managers. The intent of the survey was to describe the staff who work on public health activities, not all the employees that serve within a health department.

Hence, only public health professionals working at the local level were asked to complete the survey. Contrary to instructions, several health departments asked all of their employees to complete the survey and return it to the MDH. As a result, some of the surveys provide information on all staff, combining public health and non-public health staff together. A decision

was made to include all of the completed surveys in the analysis (whether or not they were filled out according to instructions) in order to be consistent with national studies of the public health workforce, which include all staff that work in public health departments. The inclusion of the additional surveys provides a better overall response rate, but since the survey's directions asked that other staff not complete the survey, the analyses in this report underestimate the amount of non-public health staff that support local public health agencies.

**Table 1** shows the percentages of local public health staff, within specific job classifications, in Minnesota (this data was obtained from the 2004 Local Public Health Agency Survey). The table compares these percentages to the percentages of staff that completed the survey. (For information on how the job classifications were derived, see Appendix A.)

**Table 1 Distribution of Workforce by Job Classification**

<b>Job Classification</b>	<b>Percentage of staff in the workforce</b>	<b>Percentage of staff who returned the survey</b>
Public Health Nurse (PHN)	24.8%	34.5%
Paraprofessional	17.7%	14.5%
Support Staff	12.2%	5.5%
Registered Nurse (RN)	6.8%	8.0%
PHN Supervisor/Manager/Team Leader	3.9%	6.1%
Sanitarian/EH Specialist	3.6%	3.8%
Nutritionist	3.3%	2.6%
Health Educator	2.4%	4.1%
Planner/Researcher/Analyst	2.3%	2.2%
Social Worker	2.2%	1.3%
Licensed Practical Nurse (LPN)	2.1%	1.9%
WIC Clerk	1.8%	1.1%
Financial/Office Supervisor/Manager	1.5%	0.6%
Nutritionist Technician	1.5%	1.4%
Accounting Staff	1.3%	0.2%

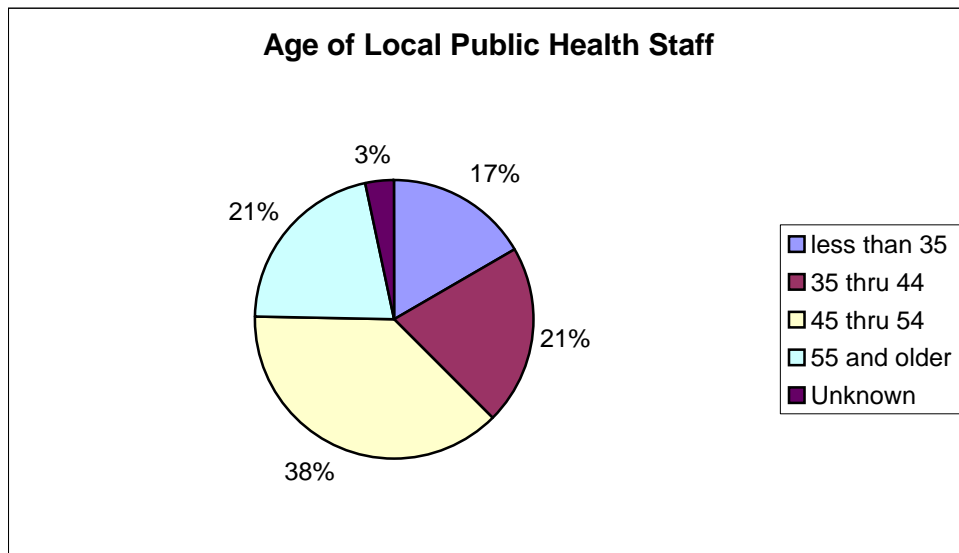
Clearly, public health staff who work directly on public health activities (e.g. public health nurses and health educators) were more likely to respond to the survey, while non-public health staff (e.g. support staff and accounting staff), were less likely to respond to the survey. The table demonstrates that the survey was not random, and the results for the entire dataset are biased towards staff that work directly in public health delivery. Thus, the overall results of the survey generally reflect more of the public health staff than the non-public health staff. (For the response rate of staff that returned the survey by job classification, see Appendix B.)

## Results

### **Reported Age and Public Health Experience of the Local Public Health Workforce**

The reported average age of local public health workers in Minnesota is 46.2 years old. **Figure 1** shows the age distribution of local public health staff. The workers reported ages ranging from 19 to 77 years old. The largest reported age group of public health workers (38%) spans from 45 to 54 years old, while another 21% of the workforce is 55 years old or older.

**Figure 1**



Although current age does not guarantee when a person will retire, it is likely that the majority of public health workers who reported being 55 years old or older will retire within the next ten years. It is possible then that approximately 21% of the current local public health workforce (those 55 years old or older, representing 368 people) will retire within the next ten years. Many factors could influence this estimate, including positions eliminated by budget cuts and individuals choosing to continue to work instead of retiring.

Local public health staff reported having on average 11.8 years of experience working in public health. **Figure 2** shows the years of experience staff have in public health. Almost half of the local public health workforce (49%) reported having over 10 years of experience in public health.

Figure 2

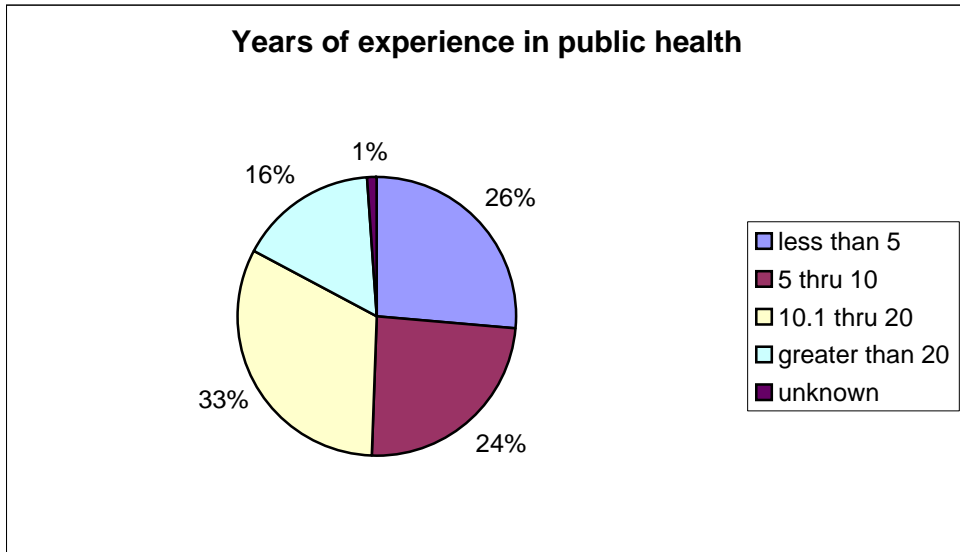
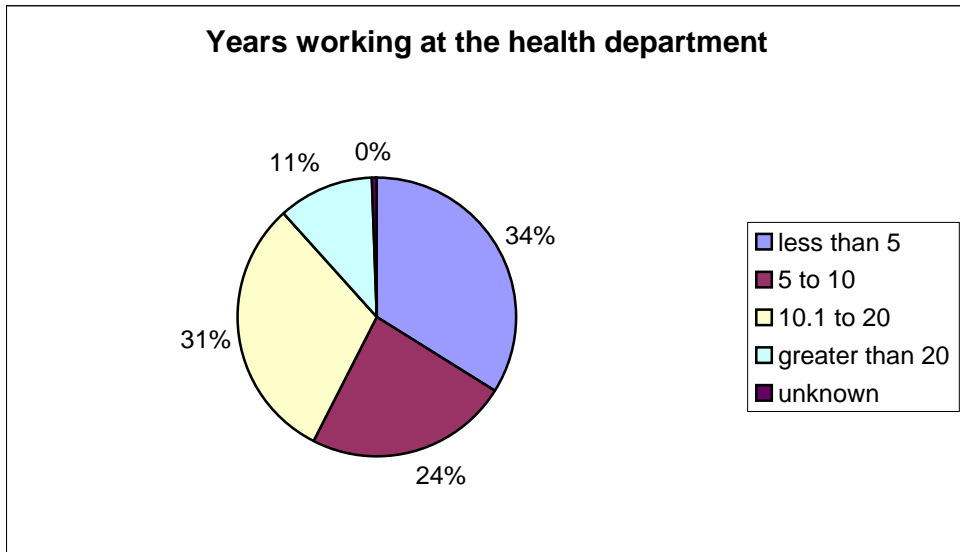


Figure 3 shows how long staff has been working at their health department. A large proportion (42%) of public health workers reported working in their respective health department for over 10 years.

Figure 3



### ***Reported Demographics of the Local Public Health Workforce***

Table 2 compares Minnesota's demographics with the demographics reported by the survey respondents. The reported local public health workforce demographics differ from that of Minnesota's overall population. Only one hundred and eighteen local public health staff (6.9%) identified themselves as male, while nearly half (49.5%) of Minnesota's population is male. The majority of respondents (95.6%) reporting being White; compared to 89.4% of Minnesota's

population. Twenty staff (1.2%) self-identified as Hispanic; compared to 2.9% of Minnesotans who self-identify as Hispanic. Only 1.1% of the local public health workforce identified as being African American (Black) or African compared to 3.5% in Minnesota; a mere 0.4% of staff identified as being American Indian compared to 1.1% in Minnesota; 1.3% of the local public health workforce reported being Asian compared to 2.9% in Minnesota; and 0.3% of survey respondents identified as “other” race/ethnicity compared to 1.3% in Minnesota. This data shows that the local public health workforce does not have the same level of ethnic and racial diversity as the state of Minnesota.

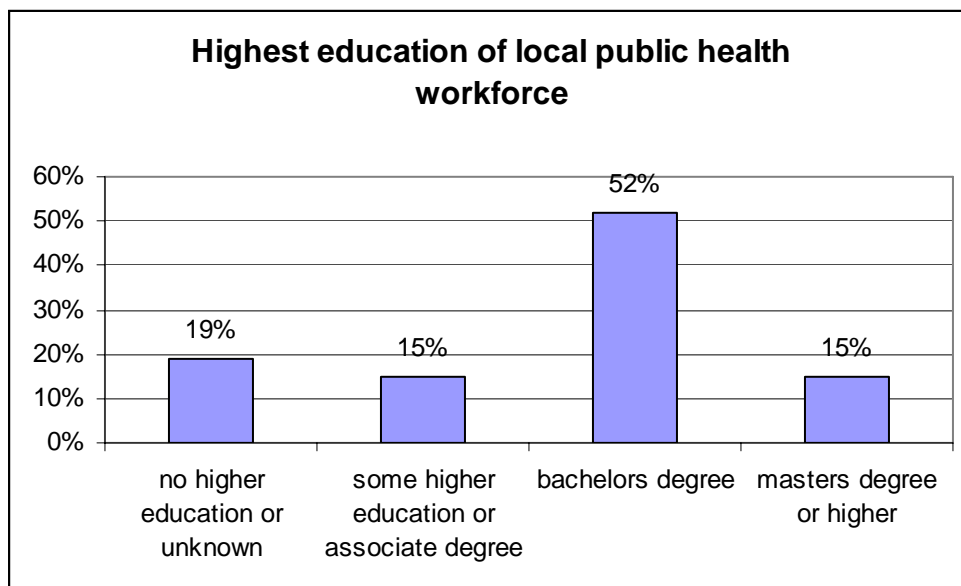
**Table 2 Demographics Comparison**

<b>Local Public Health Workforce</b>	<b>Minnesota’s Population</b>
Male 6.9%	Male 49.5%
White 95.6%	White 89.4%
Hispanic 1.2%	Hispanic 2.9%
Black or African 1.1%	Black or African 3.5%
American Indian 0.4%	American Indian 1.1%
Asian 1.3%	Asian 2.9%
Other race 0.3%	Other race 1.3%

**Education**

**Figure 4** describes respondents’ reported level of education. Eighty-one percent of survey respondents reported at least some education beyond high school. Over half (52%) of local public health workers reported having a baccalaureate degree compared to 27.4% of Minnesotans. In addition, 15% of workers reported having a master’s degree or a higher degree (e.g., MD, PhD), compared to less than 10% of Minnesotans. The high level of respondents in professional public health classifications (the survey bias) may explain the higher percentage of respondents reporting a college or graduate degree.

**Figure 4**



**Licenses/Certifications/Registrations**

The most common licenses/certifications/registrations reported by local public health staff are described in **Table 3**. The most common licenses/certifications/registrations reported by respondents are registered nurse (RN) (46%), public health nurse (PHN) (41%), and home health aide (13%). The percentage of staff with licenses/certifications/registrations is most likely inflated because public health professionals were over sampled in this survey.

**Table 3 Distribution of Licensing in Workforce**

<b>Licenses/Certifications/Registrations</b>	<b>Number of respondents who reported license</b>	<b>% of survey respondents with license</b>
Registered Nurse (RN)	793	46.1%
Public Health Nurse (PHN)	705	41.0%
Home Health Aide (HHA)	220	12.8%
Licensed Nurse Practitioner (LPN)	49	2.9%
Registered Environmental Health Sanitarian (REHS)	40	2.3%
Registered Dietician (RD)	30	1.7%
Registered Sanitarian (RS)	30	1.7%
Social Worker (SW)	16	0.9%
Licensed Dietician (LD)	15	0.9%
School Nurse	15	0.9%
Other Environmental Health Registration	14	0.8%
Licensed Nutritionist (LN)	7	0.4%

**Average Age of public health workers in specific job classifications**

**Table 4** shows the job classifications that constitute the largest percentage of the local public health workforce (within the top 10 job classifications that constitute the local public health workforce; this data came from the Local Public Health Agency Survey) and had a response rate to this survey of 50% or greater. The job classifications with the oldest average age are PHN supervisor/manager/team leader (47.9 years old), RN (47.3 years old), and PHN (45.3 years old).

**Table 4 Average Age by Job Classification**

<b>Job Classification</b>	<b>Percent of Total Public Health Workforce</b>	<b>Average Age</b>	<b>Number of persons 55 years old or older</b>	<b>Percent of persons in classification 55 years old or older</b>
PHN	24.82%	45.3	107	18.0%
RN	6.82%	47.3	39	28.5%
PHN Supervisor/Manager/Team Leader	3.94%	47.9	24	23.1%

<b>Job Classification</b>	<b>Percent of Total Public Health Workforce</b>	<b>Average Age</b>	<b>Number of persons 55 years old or older</b>	<b>Percent of persons in classification 55 years old or older</b>
Sanitarian/EH Specialist	3.56%	40.6	8	12.1%
Health Educator	2.43%	37.9	5	7.1%
Planner/Researcher/Analyst	2.25%	43.1	3	7.9%

## Conclusions

Many staff have been working in public health for a long time (average length of service equals 12 years). Institutional knowledge may be lost when these workers retire. The average age of PHN supervisors/managers/team leaders is 47.9 years of age, and 23% are 55 years of age or older.

This data supports the need for recruitment of younger public health employees, as well as the need for succession planning. Approximately 21% of the local public health workforce may retire within the next ten years. Certain public health job classifications, such as RN and PHN Supervisor/Manager/Team Leader, have an even greater percentage of persons that are 55 years old or older and who could retire within the next 10 years.

Succession planning should be of paramount importance to local health departments to make sure that incoming and current staff learn from senior staff and are prepared to take on leadership positions within local health departments.

The glaring lack of workforce diversity, both in terms of gender and race/ethnicity, is also of primary concern to local public health departments. This information makes a strong case for actively recruiting more males, people of color and American Indians.

## Appendix A

In this survey, local public health staff were asked to describe their position. The chart below shows how their self-reported positions were collapsed to form the job classifications for this report. For the 2004 Local Public Health Agency Survey (used for the denominator data in this report), administrators provided the job classifications. Because the surveys used two different methods of obtaining job classifications (one used administrators' job classifications and the other used self-reported positions), the job classifications between the two surveys may be slightly different. This may affect the comparability of job classifications between the two reports.

Job Classification	Includes the following positions
Accounting Staff	Accountant, billing support staff, CTC Clerk
Coordinator	Community ministry and education coordinator, coordinator of home health aides, CTC coordinator, early intervention service coordinator, lab coordinator, MCH coordinator, PH preparedness coordinator, planning coordinator, project coordinator, service coordinator, WIC coordinator, WIC program coordinator
Financial/Office Supervisor/Manager	Administration & finance supervisor, director of administration, financial manager, office manager
Medical Technician/Assistant	Medical technologist, medical assistant, medical technician, medical records technician
Nutritionist	Nutritionist, dietician
Other	Assistant coordinator, communication, intern, organizational development, OSIII, PIO
Other Technician	Family health technician, public health technician, technician
Paraprofessional	Case aide, family health team assistant, family service aide, health program assistant, healthy family home visitor, home health aide (HHA), home visitor, housekeeper
PHN Supervisor/Manager/Team Leader	Case manager, long-term care case manager, public health nurse supervisor/manager/team leader
Planner/Researcher/Analyst	Emergency preparedness worker, chemist, grant writer, planner, researcher, public health analyst
Sanitarian/EH Specialist	Environmental specialist, groundwater specialist, hazardous waste inspector, hazardous waste/environmental health specialist, sanitarian

Job Classification	Includes the following positions
Supervisor/Manager	Disease prevention & control (DP&C) supervisor, clinic manager, deputy director, DPC director, emergency manager, health promotion supervisor, manager epidemiology, environmental health & emergency preparedness, program administrator, PH & social service interim director, PH deputy director, program manager, program supervisor, PH division director, PH initiatives director, research director, WIC director
Support Staff	Office assistant, aid scheduler, administrative assistant, clerk, clerk specialist, clerk typist, data entry, PH/home care/hospice clerk
Technology	Network administrator
Transportation	Delivery worker, driver, transporter
WIC Clerk	WIC, WIC case aide, WIC certifier

## Appendix B

**Table 5** shows the number of people in each job classification (if greater than 20) who answered the LPHSS and their corresponding estimated survey response rate. The overall response rate of the survey was 51%. The response rates are based on the 2004 Local Public Health Agency Survey that asked all local public health departments to report all their staff by job classification. The total number of staff reported by health departments in the agency survey was 3,372. This was an underestimate since not all the health departments reported all their staff. This is particularly obvious when looking at the table below which shows a 127% response rate for supervisors/managers. The agency survey respondents underreported this job classification. **Table 5** provides a rough estimate of the response rate, since the denominator data underestimates the staff in the local public health workforce. Another factor that may have influenced both the count of people in job classifications and the response rate is how the job classification information was obtained. Appendix A describes the two different methods that were used in the surveys. Because of the different methods there may be some misclassification affecting the true response rates.

**Table 5 Respondents by Job Classification**

<b>Job Classification</b>	<b>Number of people who answered survey</b>	<b>Response Rate</b>
PHN	593	70.8%
Paraprofessional	250	41.8%
RN	137	59.6%
PHN Supervisor	104	78.2%
Support Staff	94	22.9%
Health Educator	70	85.4%
Sanitarian/EH Specialist	66	55.0%
Nutritionist	45	40.5%
Planner/Researcher	38	50.0%
Supervisor/Manager	37	127.6%
LPN	33	47.8%
Coordinator	32	91.4%
PH Director	27	65.9%
CHS Administrator	26	86.7%
Nutritionist Technician	24	40.5%
Social Worker	22	29.7%