

Public health workforce assessment: Local public health and higher education in Minnesota

2019

Background

The Minnesota Department of Health engaged with local public health and Minnesota colleges and universities to identify current and future public health workforce needs and challenges in Minnesota. The main aim of the assessment was to understand how to best support local health departments and higher educational institutions to create new pathways for public health careers.

Leaving the local public health workforce

Local public health respondents expressed the opinion that higher pay and/or benefit packages factor into reasons why employees leave their organization for employment elsewhere. The second most frequently-noted reason was to leave public health for another sector. One higher education respondent suggested students perceive governmental public health as paying less than other positions, which might limit their interest and/or ability to take a position when health care organizations pay more. Yet in general, other public sector organizations and health care organizations are trying to identify ways to recruit and retain a strong workforce. Local public health respondents cited the importance of board engagement with regard to pay scales and difficulties in recruitment/retention of staff, but also noted the difficulty in competing with private health organizations on pay and benefits.

Table 1. Top reasons employees leave local public health positions

Question: Please select the top 3 reasons why staff leave for employment elsewhere	% local public health
Higher pay and/or benefit package	76%
Leave public health for another sector	54%
Physical move to another community	49%
Advancement opportunity at a different public health department	26%
Return to school for additional training	18%
Leave workforce entirely (not due to retirement)	11%

Student training opportunities

- Student training opportunities are beneficial for students and local public health organizations by providing real-world training opportunities for the students and potential future employees for organizations.
- 75 percent of local public health respondents reported offering clinical experience opportunities, 69 percent offer internships, 37 percent offer masters or other types of student research projects, and

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19 percent offer field placements. Only 9 percent reported they do not currently have student opportunities at their local health department.

- The majority of higher education respondents were from colleges and universities that offered undergraduate health-related programs and nursing programs or graduate nursing programs, although a few represented graduate schools of public health.
- Most undergraduate programs implemented internships/field placement experiences in public health workforce settings, but some provide on-campus information sessions, mentoring, and networking events.
- Higher education respondents indicated internships, clinical experience opportunities, and mentoring opportunities as the top training opportunities desired by students. Yet, they also report that there may be more students than positions available.
- Higher education institutions were most likely to work directly with local health departments or other health-related employers, such as managed care organizations, research foundations, non-profit organizations, or health care providers. Few noted working directly with the Minnesota Department of Health to coordinate student training opportunities.

These results suggest that collaboration between local health departments and higher education institutions is strong and enhances student opportunities in Minnesota. The majority of local public health respondents report having built relationships with all of the colleges/universities within their community (54 percent), while the rest report working with a specific program within one college/university (25 percent) or have built relationships across programs within one college/university (17 percent).

Even with established relationships and mechanisms in place, there are challenges in placing students in local public health settings. In some instances, large class sizes and lack of capacity for local public health departments to take students results in difficulty in student placements. In addition, faculty often do not have the capacity to coordinate and facilitate student placements. It can be a struggle to find placement sites that can provide students with the best experiences while also meeting curriculum requirements related to specific competencies. Finally, many of these experiences are clinical in nature, which means that students may not have as broad of exposure to population health and other emerging workforce competencies.

High-demand workforce positions

Local public health respondents noted they need more specialized, program-specific positions and experience with assessment and planning, as well as leadership roles, within the next 5-10 years. Almost one-third of respondents identified director vacancies, which has broad implications for the strength of the local system over the next decade. Of interest, only 10 percent of local public health respondents listed public health nursing as a priority position needed in the future, yet most of their comments related to providing experience to public health nursing students.

Table 2. Top positions most needed in local public health in next 5-10 years

Top three positions most needed in local public health in next 5-10 years	%
Program-specific position	87%
Director	27%
Assessment and planning	26%

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Top three positions most needed in local public health in next 5-10 years	%
Grant-writing	24%
Budget/financial	21%
Community health worker	16%
Epidemiologist/statistician/data analyst	14%
Informatics	10%
Public health nurse	10%
Communications/graphics	7%

Critical public health workforce skills

Local public health respondents selected the top three workforce skills they anticipate needing in the next 5-10 years. Higher education respondents reported to what extent their institution prepares students for those skills, ranging from fully- and partially-prepare to no preparation at all.

Table 3. Top public health skills needed by local public health in next 5-10 years

Top public health skills needed by local public health in next 5-10 years	%
Assessment and planning, including the community health improvement plan	44%
Assessing policy, program, and service impact	40%
Community engagement	36%
Performance management	34%
Using evidence for policies, programs, and services	30%
Data analysis	26%
Building strategic partnerships	24%
Budget/funding	17%
Persuasive communication/effective information dissemination	14%
Systems thinking	10%
Ability to serve as neutral convener in community	10%

There appeared to be some mismatches between what local public health respondents said were the most important skills sets—and where higher education reported fully preparing students in those topics.

- Local public health respondents were most likely to identify assessment and planning, including the community health improvement planning process, assessing policy, program and service impact, community engagement, and performance management as top public health skills needed in the future workforce.
- Higher education respondents were more likely to report fully preparing students for work using evidence-based practices and community engagement.

- When combining higher education comments for fully or partially preparing students, more mentioned a focus on assessment and planning, assessing policy, program and service impact, building strategic partnerships, data analysis, and persuasive communication and information dissemination.
- Interview responses supported the survey on critical skills—respondents also mentioned adaptive leadership and having more exposure to and experience with the legislative process.

Observations from interview participants and survey write-in comments

Public health leaders and academia should build and sustain relationships to promote student opportunities and training pathways. One respondent wrote, “we have found direct relationships with the public health facilities to be most successful. Collaborative projects, joint meetings, and advisory committee meetings assist in building partnerships of understanding for the education/practice roles we each serve.” Course coordinators should meet regularly with local health directors to review and revise curricula. It is important to recognize this is an ongoing need—not just a one-time review. There is a need for ongoing communication that is purposeful.

Alleviate student debt burden for people who work for governmental public health. Consider student loan forgiveness and repayment plans for graduates intending careers in governmental public health. Says one higher education respondent, “the MPH [Masters of Public Health] students perceive (and I think it's true) that they will make less money working for the government than in health care systems. They have large tuition debt. If we could provide...public service loan forgiveness then I think more students might be interested.”

Public health departments should reimagine work environments. One local public health respondent noted, “work environments may need to change as the next generation of worker takes over roles. [For example], new age office, working from home, working alone together, creative resources, new technologies.”

Work to recruit and retain a diverse workforce. An important component to being able to recruit a diverse workforce is having a diverse student body from which to hire.

Ground our training and expertise in health equity. One local public health respondent stated, “we need people with an equity perspective, particularly a racial equity perspective. It's a skill development missing in almost all training programs and in most health departments. The ability to deconstruct policy and practice with a racial equity lens is essential to our practice in public health.”

Learn more about curriculum needs. Engage with key stakeholders, for example, connect with alumni to ask what skills they wish they had developed in their coursework and need now that they are working. Another idea is to hold focus groups with local health practitioners to identify needed topics. Finally, consider standing advisory groups for higher education curricula, which include local public health representatives.

Recognize that internships can pave the way for recruiting the future workforce. Continue to work with policymakers and funders to emphasize the value of public health and student placements—and work to expose students to the field early and often in their training. Develop field placement opportunities that incorporate a population-health focus, beyond nursing-based or clinical-based programs, to include a broader range of students.

Universities consider relaxing some of the teaching requirements for practice-focused courses. Faculty are stretched in their roles and often do not have time to devote to facilitating student placements. It is

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important to acknowledge limits on current faculty capacity. Some respondents suggested that practice-based classes be taught by local public health professionals. Recognize the importance of having sufficient faculty to ensure they can work in partnership on public health workforce development.

Leverage Minnesota Department of Health (MDH) resources to support workforce development across the state. Make MDH-sponsored trainings and webinars available to students. Invite MDH staff as guest lecturers at college/universities and regionally at local public health departments to share workforce data and trends. Suggest MDH takes the lead on communicating workforce needs and packaging a persuasive argument for cultivating the public health workforce. Finally, create a formal MDH liaison or ambassador role to help students experience public health beyond county-based experiences.

Capitalize on the Region V Public Health Training Center. The Minnesota Department of Health is a partner in the Midwest Region training center, which provides online training opportunities, conference or in-person training support, student-faculty collaborative projects, and student field placements.

Create mutually beneficial relationships and opportunities. Collaboration between local public health and higher education will only grow and develop if there are mutual benefits to both. Consider how these natural partners can support and help each other, keeping the same end goal in mind: a well-trained, exceptional public health workforce both now and into the future.

Methods

Representatives from every local health department in Minnesota, as well as an extensive list of colleges and universities received surveys in January 2019. 70 representatives from local public health (76 percent response rate) and 30 representatives from higher education (39 percent response rate) completed the survey. Higher education results are presented qualitatively, because of the relatively low response rate. In addition, paired key informants (one local public health representative and one higher education representative) from seven regions in Minnesota participated in semi-structured interviews to discuss the ways in which local public health and higher education currently work together and how they would like to work together in the future.

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