PH WINS

PUBLIC HEALTH WORKFORCE
INTERESTS AND NEEDS SURVEY

Public Health Workforce Interests and Needs Survey (PH WINS) 2017

Summary Results for: San Bernardino County Department of Public Health

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National Association of County & City Health Officials

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Background

What is PH WINS?

The Public Health Workforce Interests and Needs Survey (PH WINS) is a national level survey of state and local public health agency workers that captures their perspectives on key issues such as workforce engagement and morale, training needs, worker empowerment, emerging concepts in public health, as well as collects data about the demographics of the workforce. PH WINS is a partnership between the Association of State and Territorial Health Officials (ASTHO) and the de Beaumont Foundation. First fielded in 2014, PH WINS is the only nationally representative data source of the governmental public health workforce.

The goals of PH WINS are to:

- Influence future investments in public health workforce development
- Identify trends in workforce attitudes, morale, and climate
- Build the evidence base of cross-cutting training needs and skill gaps across the workforce

PH WINS provides information critical to understanding and improving the workforce that delivers public health services nationally, as well as actionable data for participating health agencies to address cross-cutting training needs and skill gaps. Findings from PH WINS 2014 have been used by participating health agencies to better understand and address workforce development, as well as federal and foundation partners to help inform future investments in public health workforce development.

PH WINS 2017

Building upon successful methods and lessons learned from PH WINS 2014, PH WINS was fielded for the second time in the fall of 2017 to provide actionable, high quality data to support the governmental public health workforce. 47 state health agencies, 25 large city health departments, and for the first time, workers in a nationally representative sample of local health departments were invited to participate in PH WINS 2017.

Methods

Sample Frames

All state health agencies and member agencies of the Big Cities Health Coalition (BCHC), an independent project of the National Association of County and City Health Officials (NACCHO) were invited to participate in PH WINS. Additionally, a random sample of local health departments with at least 25 staff serving a population of at least 25,000 were invited to participate.

Participating agencies identified a workforce champion, typically a human resources or workforce development director, or someone with interest or expertise in workforce related issues, to assist with the communications and promotional efforts. Participating agencies provided a contact list for all employees to receive the survey.

Launch and Administration

PH WINS was fielded from September 2017 - January 2018. Approximately 102,305 emails were sent to employees at 47 states, 25 BCHCs, and 71 independent local health departments. Reminder emails were sent by ASTHO staff and workforce champions throughout the survey period. In some cases, senior leadership also assisted in promoting and encouraging staff to participate.

Data

47,756 employees across 47 state health agencies, 25 BCHC departments, and 71 local health departments responded to PH WINS 2017. The overall response rate was 48%.

For this report, we used statistical methods to create an agency-level estimate that extrapolates the responses from staff who participated in the survey to everyone in your agency. We used a Balanced Repeated Replication estimation and also adjusted for non-response and used a finite population correction. Agency-specific data are presented in summary tables and charts with national comparisons to other LHDs.

How To Use This Report

This report provides an overview of your agency's results from PH WINS 2017. We have included national LHD estimates for comparison and benchmarking. ASTHO staff will provide additional assistance, as needed, to help you or your staff interpret the results.

Analyses of each section is also presented in the companion Excel workbook.

Note: The estimates included in this report and the companion workbook of cross-tabular tables included **all staff** from your agency. The national values presented in these reports may differ from future national values reported which will only reflect responses from full-time, permanent staff.

Interpreting Charts and Tables

The data presented in this report are aggregated estimates. For additional information, including assessing whether values are statistically significantly different, please refer to the companion workbook of cross-tabular tables.

Why A Category Is Listed As 0 Percent Or Blank

You may notice in this report that certain categories are omitted or listed as 0 percent in a given table. This occurs because the number of responses in that particular category are too low to generate reasonable estimates, and to protect participants' confidentiality.

PH WINS Response Rates

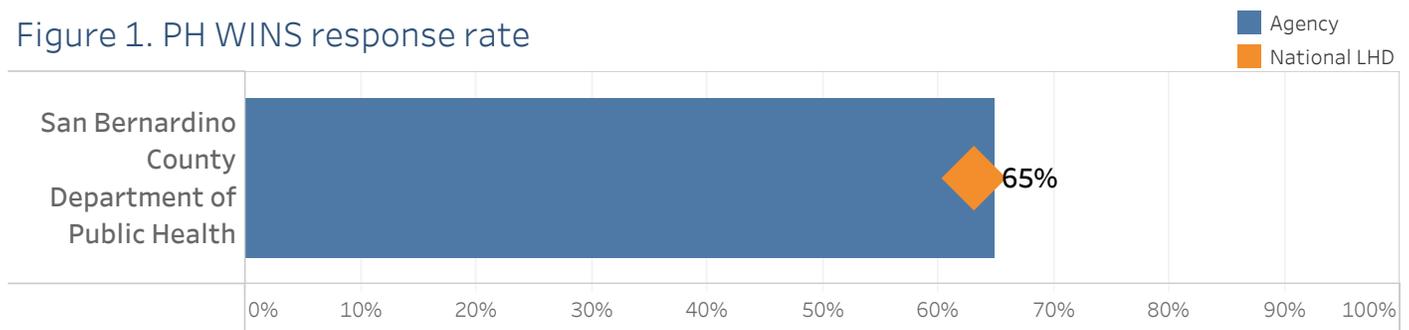### Figure 1. PH WINS response rate

Figure 1 displays how the agency's response rate compares to the national response rate. In 2017, the national LHD response rate to PH WINS was 63%.

I. Who is the public health workforce in my agency?

Table 1. Average age of the workforce, in years

Agency	2017	44.4
National LHD	2017	46.0

Table 2. Proportion of the workforce by gender

		Female	Male	Non-binary/Other
Agency	2017	81%	19%	0%
National LHD	2017	83%	17%	1%

Table 3. Race/ethnicity of the agency's workforce

		American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	White
Agency	2017	0.0%	8.3%	10.3%	45.1%	0.4%	4.8%	31.0%
National LHD	2017	0.3%	2.0%	5.6%	15.6%	0.4%	4.7%	71.3%

Figure 2. Proportion of the workforce by tenure at the health department

Figure 2. Proportion of the workforce by tenure at the health department
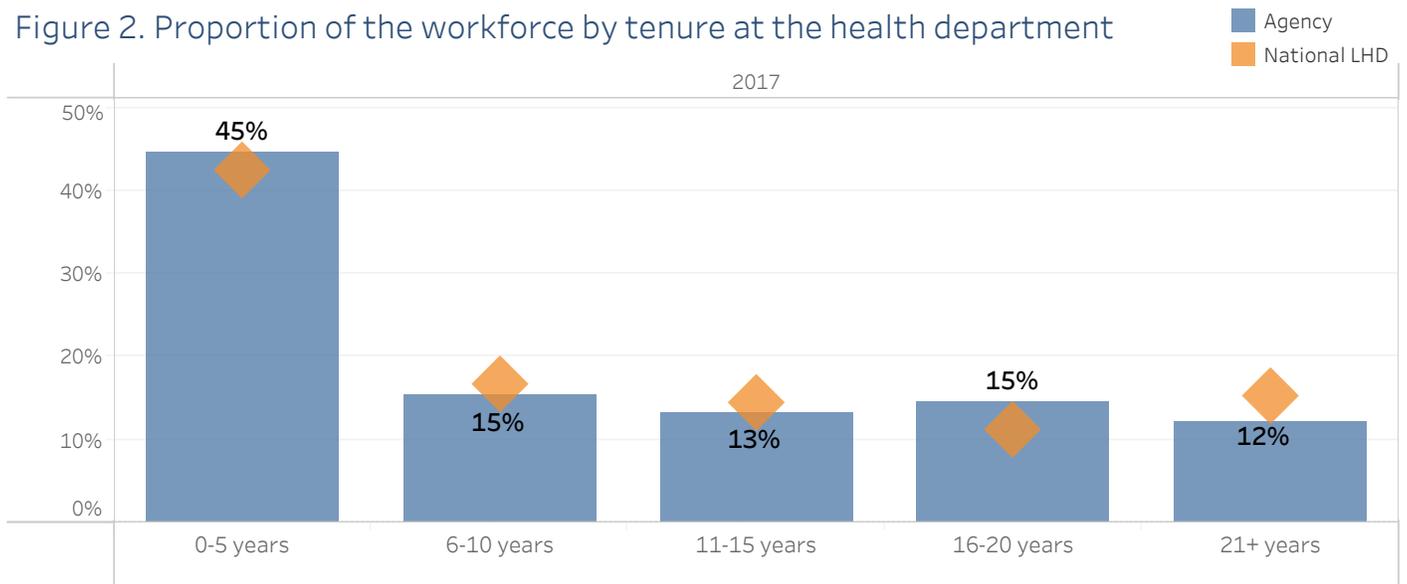
This page displays select demographic data for your agency as compared to participating LHDs nationally.

In 2017, the national LHD workforce was predominantly female, and the majority of staff had been with the agency for 10 or fewer years. The average age of the workforce was 46 years old, and more than 70% of the workforce was white.

I. Who is the public health workforce in my agency?

Table 4. Proportion of the workforce by position type

		Administrative	Clinical & Lab	Public Health Sciences	Social Services and All Other
Agency	2017	51%	16%	28%	6%
National LHD	2017	33%	28%	32%	7%

Figure 3. Proportion of staff by supervisory status

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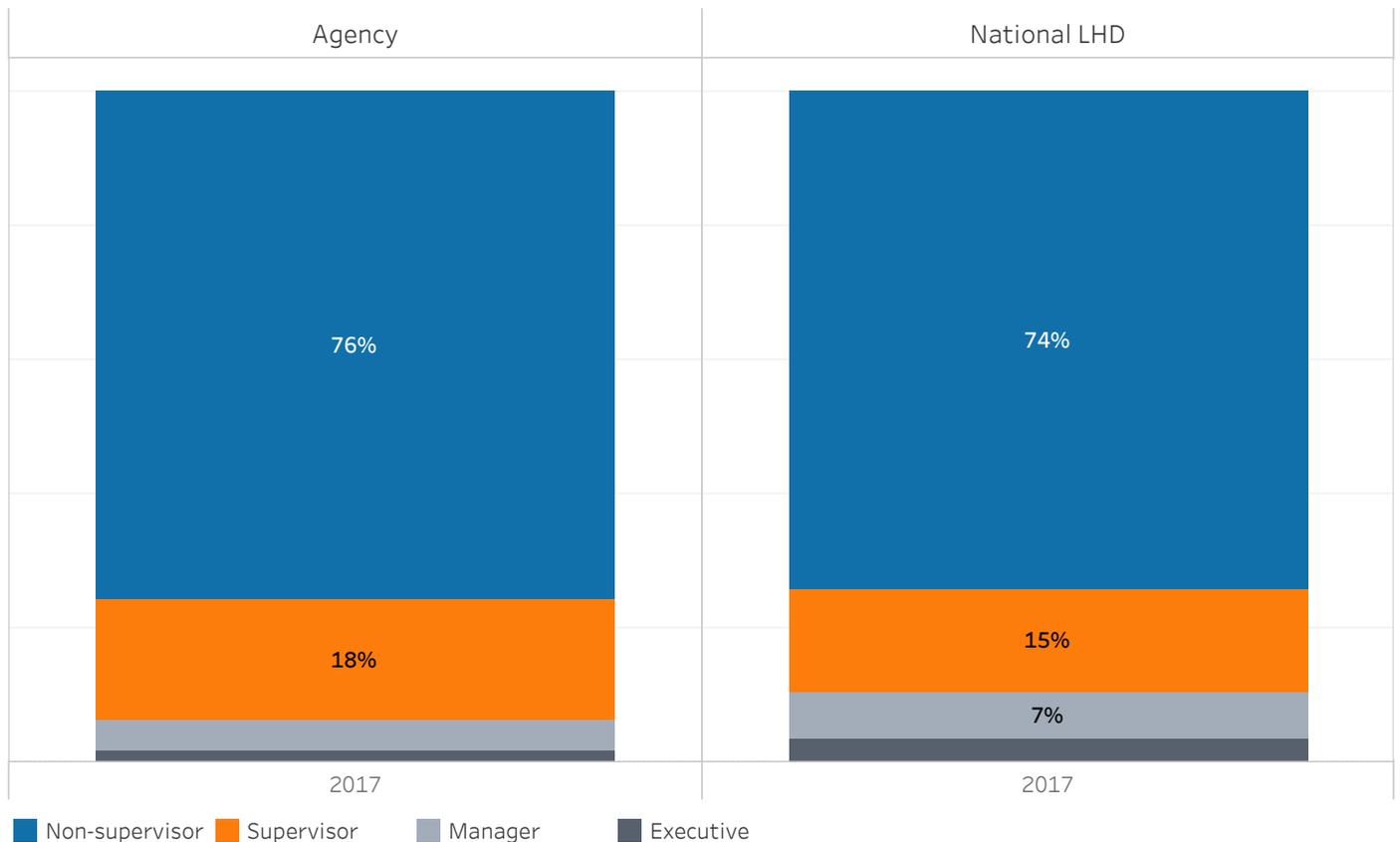
This page displays select occupational classification data for your agency as compared to the national LHD estimates. As shown in Table 4, 33% of the workforce has a position type that is classified as administrative. This includes roles such as business support staff, clerical personnel, grant and contracts specialists, human resources personnel, and agency directors among others.

Figure 3. displays the proportion of staff by supervisory status. The largest proportion of the workforce nationally are non-supervisors.

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I. Who is the public health workforce in my agency?

Table 5. Proportion of the workforce by highest educational degree completed

		No college degree	Associates	Bachelors	Masters	Doctoral
Agency	2017	27%	17%	35%	19%	3%
National LHD	2017	20%	18%	40%	19%	2%

Table 6. Average salary range by supervisory status

	Non-supervisor - Minimum	Non-supervisor - Maximum	Supervisor - Minimum	Supervisor- Maximum	Manager - Minimum	Manager - Maximum	Executive - Minimum	Executive - Maximum
Agency	$45,001	$55,000	$55,001	$65,000	$75,001	$85,000	$105,001	$115,000
National LHD	$45,001	$55,000	$55,001	$65,000	$75,001	$85,000	$95,001	$105,000

This page displays select demographic data for your agency as compared to the national LHD estimates. As shown in Table 5, approximately 19% of the workforce had a masters' degree.

Table 6 displays the agency and national LHD average salary ranges for staff by supervisory status.

II. Worker Engagement: What is employee satisfaction like in my agency?

Figure 4. Proportion of employees somewhat or very satisfied with their:

Legend: Agency ■ National LHD ◆
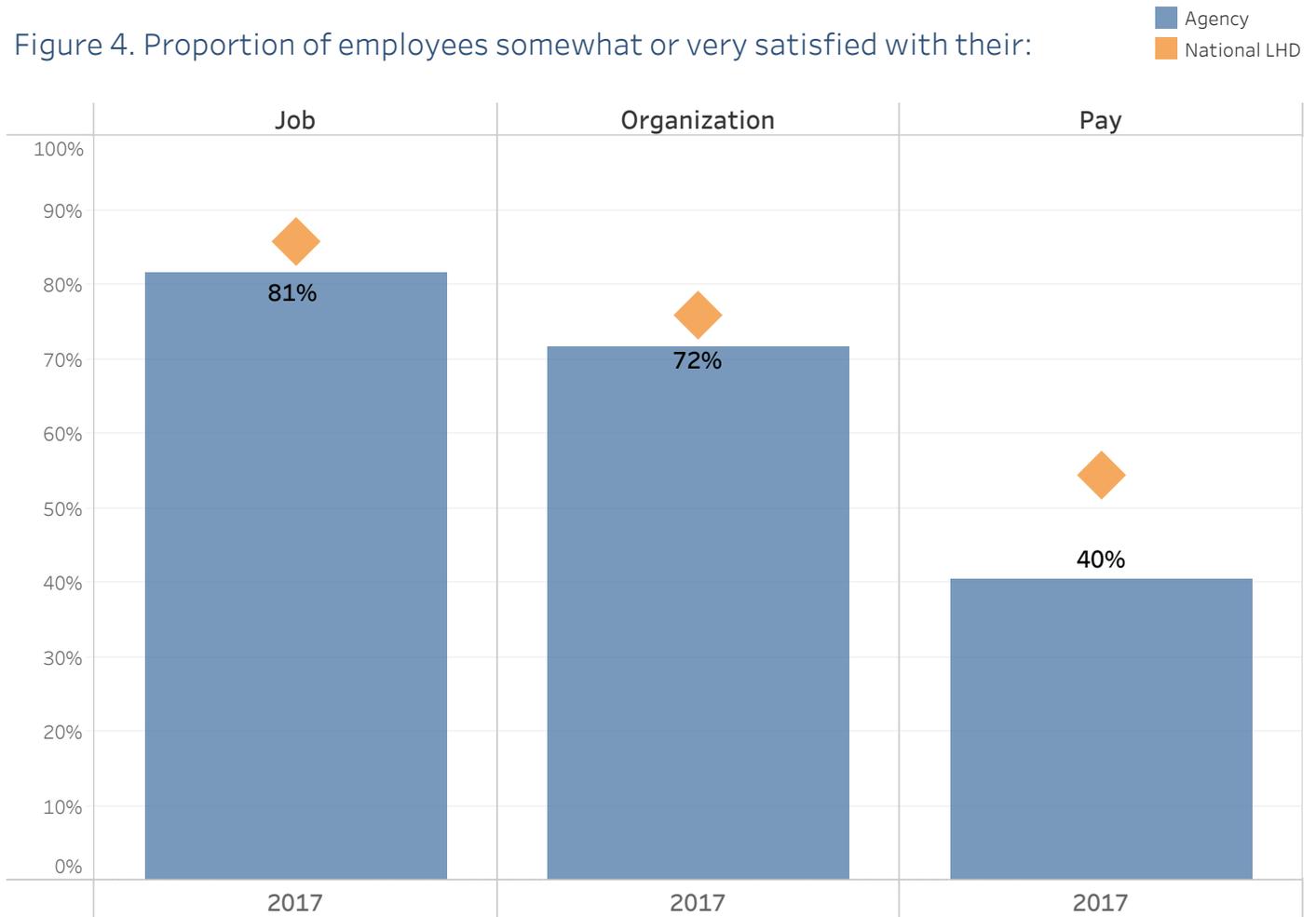
Figure 4 displays the percent of staff who responded that they were somewhat or very satisfied with their job, organization, and pay. The remaining percent not displayed represent staff who are neither satisfied nor dissatisfied, somewhat or very dissatisfied.

Nationally, 86% of LHD respondents indicated that they were somewhat or very satisfied with their job in 2017. 76 percent of LHD respondents indicated that they were somewhat or very satisfied with their organization, and 54% are somewhat or very satisfied with their pay.

II. Worker Engagement: What does potential turnover look like at my agency?

Figure 5. Proportion of the workforce:

Legend: ■ Agency ■ National LHD

Considering leaving in the next year for reasons other than retirement	Considering retiring in the next five years
25%	19%
2017	2017
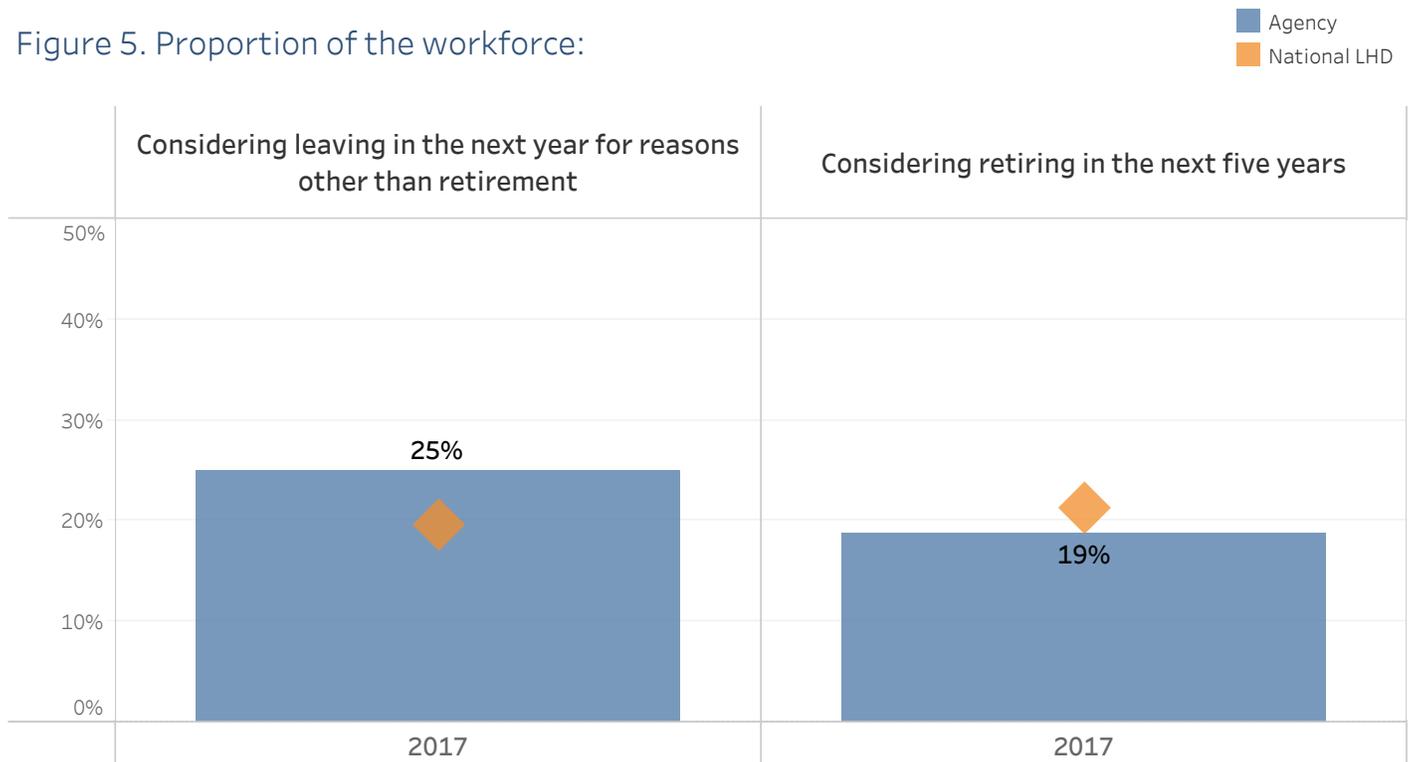
Table 7. Top 5 reasons for voluntary turnover (excluding expected retirements)

	Agency	National LHD
Pay	56%	42%
Lack of opportunities for advancement	42%	33%
Workplace environment	30%	28%
Lack of support	28%	22%
Satisfaction with your supervisor	24%	19%

Figure 5 displays the proportion of the workforce considering leaving in the next year for reasons other than retirement, and the proportion of staff considering retiring in the next five years.

Nationally, 20% of the LHD workforce indicated that they were considering leaving in the next year for reasons other than for retirement. Nationally, the top reasons those staff gave for considering leaving other than pay were lack of opportunities for advancement and lack of support.

21% of staff nationally reported that they were considering retiring in the next five years.

II. Worker Engagement: How is my agency performing related to key indicators of employee engagement?

Figure 6. Top 3 areas of excellence for employee engagement

■ Agency
◆ National LHD

Percent of staff who agree/strongly agree with the statement:

Statement	Year	Agency
I am determined to give my best effort at work every day	2017	97%
The work I do is important	2017	95%
I know how my work relates to the agency's goals and priorities	2017	92%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
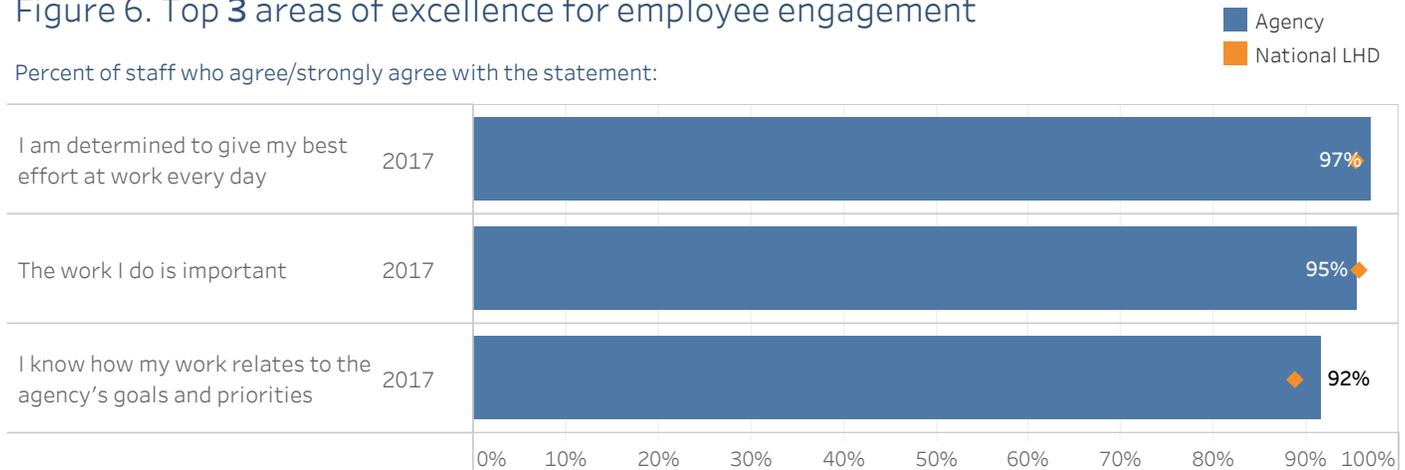
Figure 7. Top 3 opportunities to improve employee engagement

■ Agency
◆ National LHD

Percent of staff who agree/strongly agree with the statement:

Statement	Year	Agency
Employees have sufficient training to fully utilize technology needed for their work	2017	55%
Communication between senior leadership and employees is good in my organization	2017	55%
Creativity and innovation are rewarded	2017	45%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
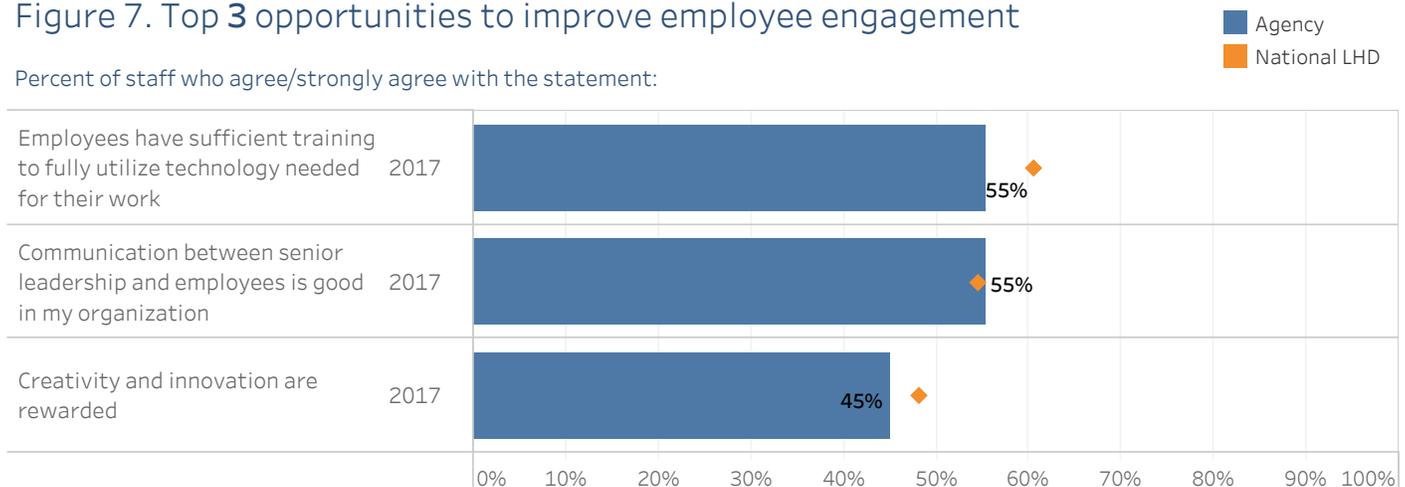
Staff were asked to respond to the extent to which they agreed with 17 statements related to employee engagement.

Figure 6 displays the top 3 areas where the agency is excelling related to employee engagement, with the largest percentages of staff agreeing/strongly agreeing with a statement. Nationally for LHDs, the top areas of excellence for employee engagement are related to staff perceptions of their work being important, staff understanding of how their work relates to agency goals and priorities, and employees feeling determined to give their best effort.

Figure 7 displays the top 3 areas of opportunity for the agency related to improving employee engagement, where the smallest percentage of staff agreed/strongly agreed with the statements. Nationally, the top opportunities for improving LHD employee engagement are related to rewarding creativity and innovation, communication between senior leadership and staff, and sufficient training to use technology.

III. Training Needs of Non-Supervisory Staff

PH WINS 2017 included a three-tiered training needs assessment, wherein staff identified the importance of and their proficiency in a selection of 21-22 skills based on their supervisory status. The training needs assessment was developed to align with the PHAB standards for assessing staff training needs.

Figure 8. What are the **top 5** training needs of **non-supervisory** staff in your agency?

Skill	High Importance/Low Skill	High Importance/High Skill	Low Importance/High Skill	Low Importance/Low Skill
Describe the value of an agency business plan	53%	34%	4%	8%
Describe how public health funding mechanisms support agency programs and services	47%	44%	4%	5%
Describe financial analysis methods applicable to program and service delivery	47%	40%	3%	9%
Describe the value of community strategic planning that results in a community health assessment or community health improvement plan	46%	47%	3%	3%
Participate in quality improvement processes for agency programs and services	46%	49%		

Legend: ■ High Importance/Low Skill ■ High Importance/High Skill ■ Low Importance/High Skill ■ Low Importance/Low Skill
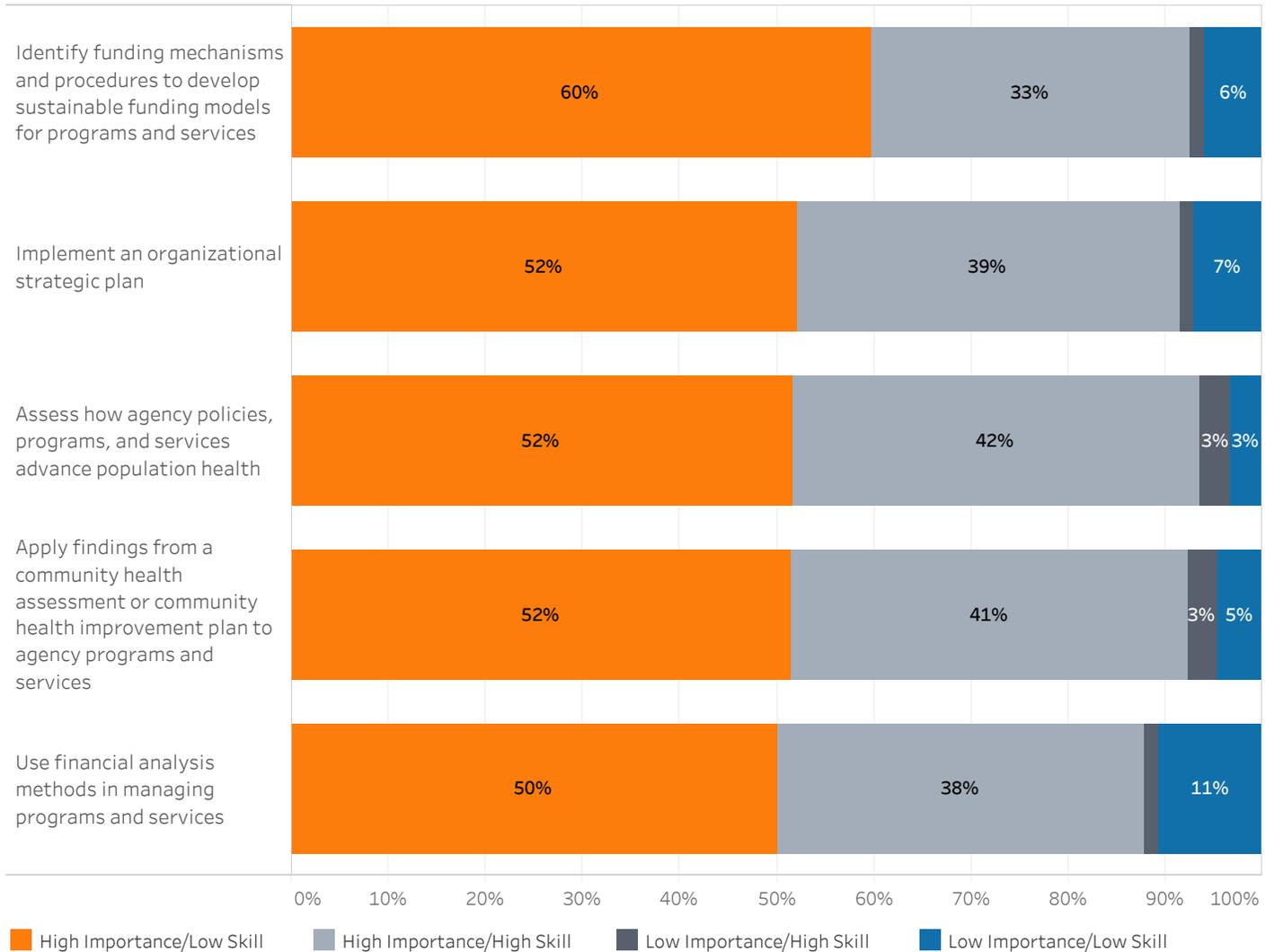
Nonsupervisors, defined as those who do not supervise any employees, were asked to identify how important select cross-cutting skills were to their day-to-day job, and their level of proficiency for that skill, from unable to perform to expert.

Training needs, or skill gaps, are those items identified as of high importance but low proficiency. Training needs are identified in orange in the chart above. The larger the orange bar, the greater need there may be for training on the skill.

Nationally, the categories of skills with the largest training needs for nonsupervisory staff were in budgeting and financial management, systems and strategic thinking, and change management.

III. Training Needs of Supervisors and Managers

Figure 9. What are the **top 5** training needs among **supervisors and managers** in your agency?

	High Importance/Low Skill	High Importance/High Skill	Low Importance/High Skill	Low Importance/Low Skill
Identify funding mechanisms and procedures to develop sustainable funding models for programs and services	60%	33%		6%
Implement an organizational strategic plan	52%	39%		7%
Assess how agency policies, programs, and services advance population health	52%	42%	3%	3%
Apply findings from a community health assessment or community health improvement plan to agency programs and services	52%	41%	3%	5%
Use financial analysis methods in managing programs and services	50%	38%		11%

Legend: ■ High Importance/Low Skill ■ High Importance/High Skill ■ Low Importance/High Skill ■ Low Importance/Low Skill

Supervisors (defined as those who are responsible for employees' performance appraisals and approval of their leave but do not supervise other supervisors) and managers (defined as those in a management position and supervise one or more supervisors) were asked to identify how important select cross-cutting skills were to their day-to-day job, and their level of proficiency for that skill, from unable to perform to expert.

Training needs, or skill gaps, are those items identified as of high importance but low proficiency. Training needs are identified in orange in the chart above. The larger the orange bar, the greater need there may be for training on the skill.

Nationally, the categories of skills with the largest training needs for supervisors and managers were in budgeting and financial management, systems and strategic thinking, and developing a vision for a healthy community.

III. Training Needs of Executives

Table 9. What are the **top 5** training needs among **executives** at your agency?

Leverage funding mechanisms and procedures to develop sustainable funding models for the agency

Design a business plan for the agency

Ensure community member engagement in the design and implementation of programs to improve health in a community

Influence policies external to the organization that address social determinants of health

Negotiate with multiple partners for the use of assets and resources to improve health in a community

Executives (defined as member of Senior Executive Service or equivalent) were asked to identify how important select cross-cutting skills were to their day-to-day job, and their level of proficiency for that skill, from unable to perform to expert.

Training needs, or skill gaps, are those items identified as of high importance but low proficiency.

Nationally, the areas with the largest training needs for executive staff were in budgeting and financial management, systems and strategic thinking, and developing a vision for a healthy community.

IV. How aware are my staff of emerging concepts in public health?

Figure 10. Percent of staff who have heard some or a lot about the following concepts:

Agency
National LHD

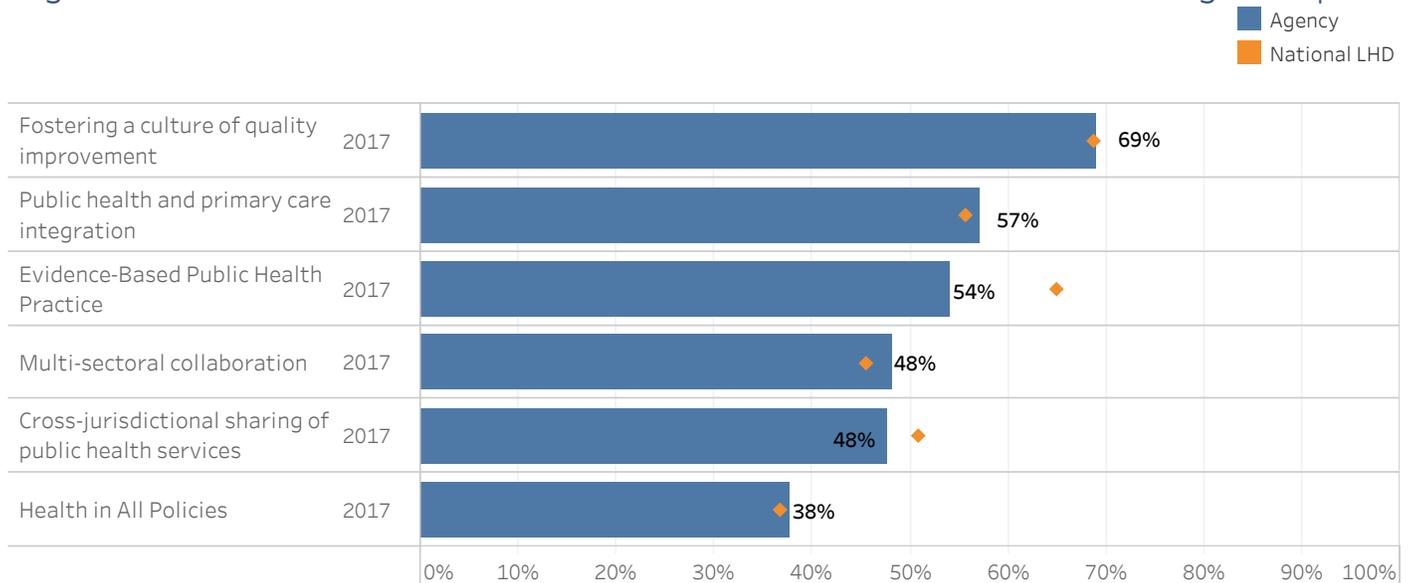| Concept	Year	Value
Fostering a culture of quality improvement	2017	69%
Public health and primary care integration	2017	57%
Evidence-Based Public Health Practice	2017	54%
Multi-sectoral collaboration	2017	48%
Cross-jurisdictional sharing of public health services	2017	48%
Health in All Policies	2017	38%

Figure 11. Percent of staff who believe it a concept is somewhat/very important to their work, among those that have heard about the concept:

Agency
National LHD

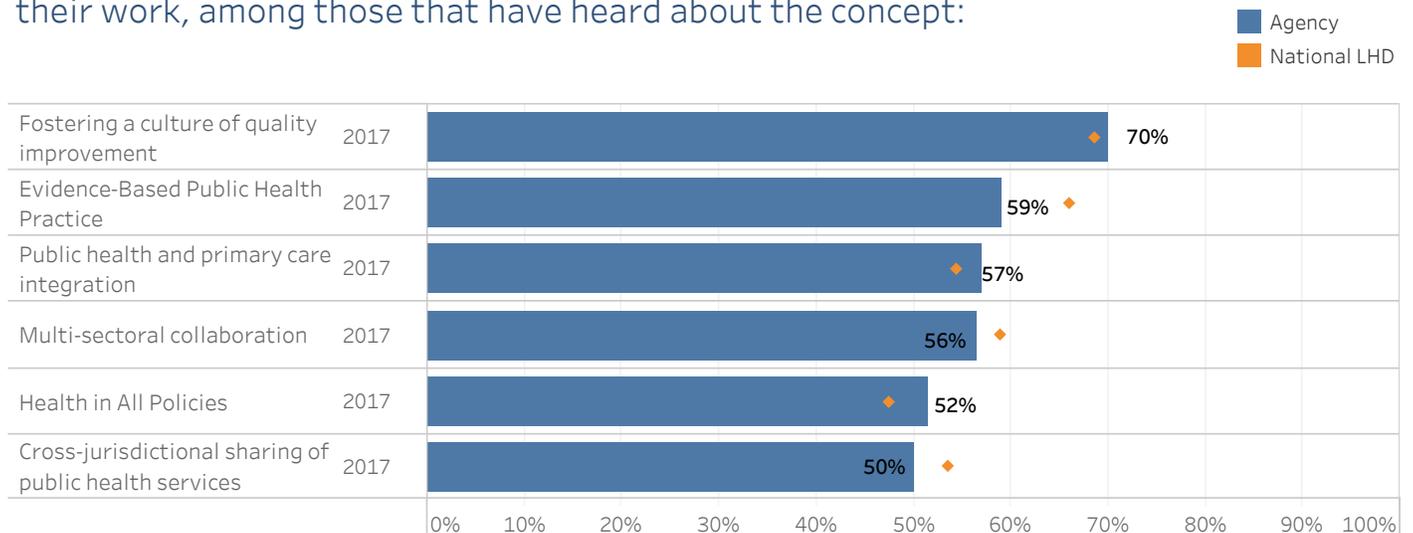| Concept	Year	Value
Fostering a culture of quality improvement	2017	70%
Evidence-Based Public Health Practice	2017	59%
Public health and primary care integration	2017	57%
Multi-sectoral collaboration	2017	56%
Health in All Policies	2017	52%
Cross-jurisdictional sharing of public health services	2017	50%

Figure 10 displays the percent of staff who have heard some or a lot about select concepts in public health. In 2017, the concept that the most staff had heard some or a lot about nationally was fostering a culture of quality improvement.

Figure 11 displays the percent of staff who thought the concept is somewhat/very important to their work among those who had heard about a concept. Nationally, the concept that the largest percentage of staff in 2017 responded had an impact on their work was fostering a culture of quality improvement.

IV. What are staff perceptions of agency involvement in affecting the social determinants of health?

Figure 12. Percent of staff who believe their agency should be somewhat or very involved in affecting the following in their jurisdiction:

Legend: ■ Agency ◆ National LHD

Built Environment — 50%
Economy — 61%
Health Equity — 83%
Housing — 57%
K-12 Education — 62%
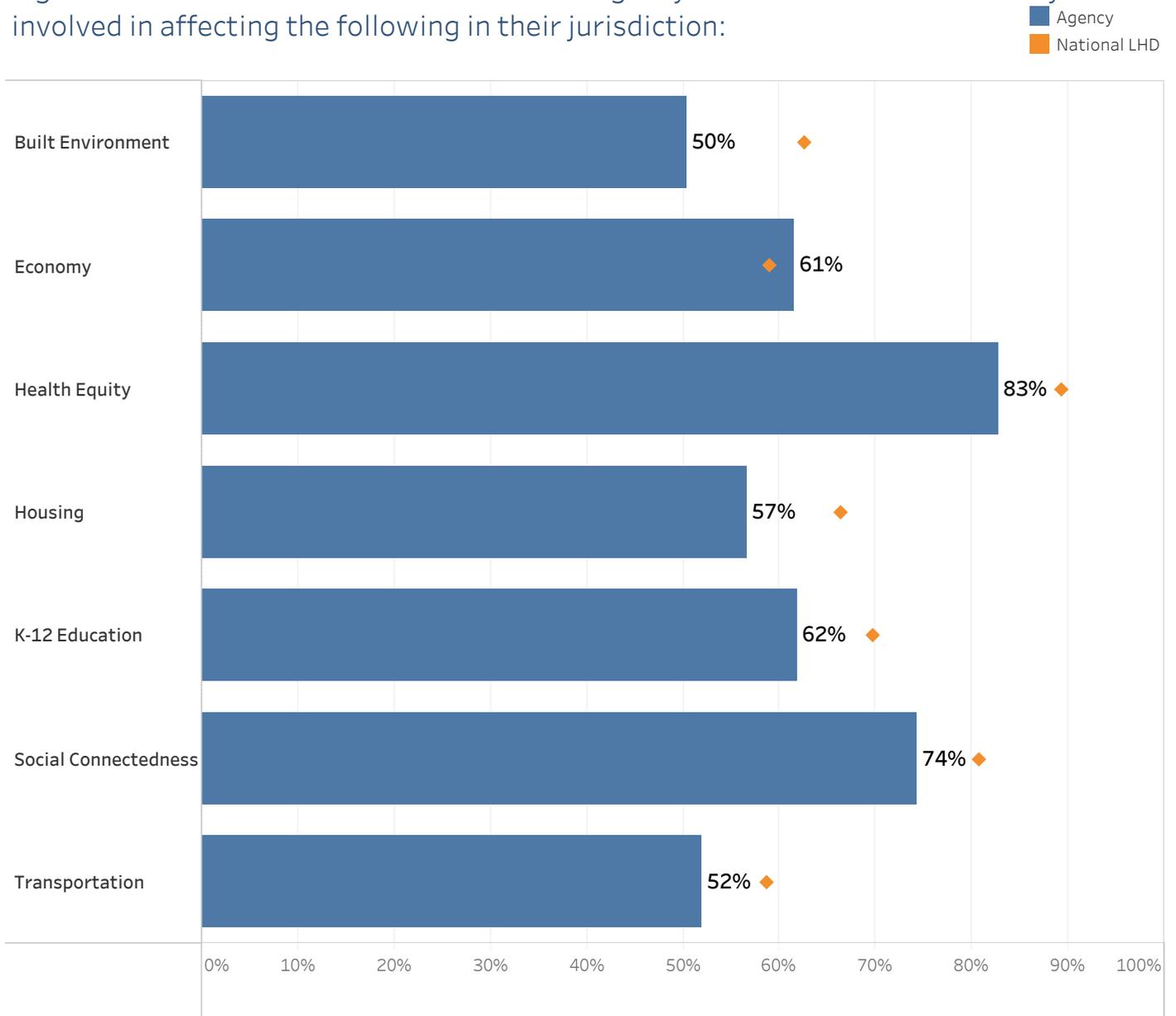Social Connectedness — 74%
Transportation — 52%

Figure 12 displays the percent of staff who believe the agency should be somewhat or very involved in affecting a number of different sectors related to health.

Nationally, the largest percentage of respondents indicated that their agency should be somewhat or very involved in affecting health equity (89%). The sector that the fewest respondents believed their agency should be somewhat or very involved in affecting was transportation (58%).

About ASTHO:

Vision: State and territorial health agencies advancing health equity and optimal health for all.

Mission: ASTHO's mission is to support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.

About the de Beaumont Foundation:

The de Beaumont Foundation's mission is to strengthen and transform public health in the United States by improving the effectiveness and capacity of local and state health departments.

ASTHO and the de Beaumont Foundation thank the agency's workforce champion in their support of the project.

ASTHO and the de Beaumont Foundation would like to acknowledge the efforts of Vicki Pineau, Lin Liu, and Qiao Ma from NORC at the University of Chicago, and JP Leider for their technical support on PH WINS.

ASTHO and the de Beaumont Foundation would also like to acknowledge partners at the National Association of County and City Health Officials including the Big Cities Health Coalition, for their support and collaboration in this project.

For questions about how to use and interpret this report, please contact Kyle Bogaert, director of workforce research at ASTHO (kbogaert@astho.org)