Arizona Public Health Workforce: Recruitment and Retention

The public health system is at the forefront of ensuring community health by supporting wellbeing and responding to threats to health including those stemming from natural disasters and disease outbreaks. Originating in the obligation to promote and protect welfare, governmental public health infrastructure like county health departments form the “backbone” of the public health system.

Nationally, the governmental public health workforce has faced significant challenges due to the COVID-19 pandemic. Although the pandemic instilled a new sense of purpose, the experience also contributed to stress and burnout. These factors have prompted the exodus of people from the governmental public health workforce, exacerbating the existing shortage of over 80,000 public health workers nationwide.¹

This brief presents data from the Public Health Workforce Interests and Needs Survey (PHWINS) 2021 about the governmental public health workforce in Arizona. This brief aims to inform public health partners regarding the needs and possible solutions to strengthen the public health workforce.

Just Two-thirds of Arizona’s Public Health Workforce Plan to Stay in the Next Year

- 69% of employees indicate their plans to stay with their current agency, compared to 68% in Region 9* and 69% nationally
- 32% of employees are contemplating leaving their current organization or retiring in the coming year, compared to 28% regionally and 27% nationally

*Note: Region 9 includes participating health departments from Arizona, California, Hawaii, and Nevada

Key Strategies

- Reward creativity and innovation
- Assess training needs
- Promote job skill development
- Develop mentorships
- Foster recruitment pathways

<table>
<thead>
<tr>
<th>Employee tenure in Arizona compared to HHS Region 9²</th>
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<tr>
<td><strong>5 years or less</strong></td>
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<tr>
<td><strong>Tenure in current agency</strong></td>
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<tr>
<td>57%</td>
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<td><strong>Tenure in public health</strong></td>
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Arizona’s Public Health Workforce Stays for the Benefits, Job Stability, and Satisfaction with Supervisors

Reasons for staying:

- **Benefits**
- **Job stability**
- **Supervisory satisfaction**
- **Flexibility**
- **Job satisfaction**
- **Organizational pride**
- **Exciting work**
- **Support**
- **Organizational culture**
- **Training opportunities**
- **Recognition for work**
- **Supervisory satisfaction**
- **Advancement opportunities**
- **Lack of stress**
- **Pay**
- **Mentorship opportunities**
- **Lack of outside opportunities**
- **Other reasons**

Top 5 Reasons for Staying

- **Benefits**
- **Job stability**
- **Supervisor satisfaction**
- **Flexibility**
- **Job satisfaction**

Job Satisfaction

- **78%** say they are given opportunities to lead
- **86%** say they work well with their supervisors
- **86%** say they are respected by their supervisors

Job and Supervisor Satisfaction Critical to Staying in the Profession

Satisfaction with Supervisor

Arizona’s public health workforce has mostly positive feelings about their supervisors.

More than three-quarters of Arizona’s public health workforce is somewhat or very satisfied with their job.
Arizona’s Public Health Workforce Leaves due to the Pay, Work Overload/Burnout, and Lack of Advancement Opportunities

**Reasons for leaving:**
- Pay: 65%
- Work overload/burnout: 42%
- Lack of advancement: 42%
- Stress: 40%
- Organizational culture: 36%
- Lack of support: 34%
- Job satisfaction: 33%
- Other reasons: 31%
- Lack of recognition: 30%
- Supervisor satisfaction: 22%
- Lack of flexibility: 19%
- Outside opportunities: 18%
- Leadership changeover: 16%
- Weakening of benefits: 14%
- Lack of training: 12%
- Retirement: 10%
- Job instability: 6%

**Top 5 Reasons for Leaving**
- Pay
- Advancement opportunities
- Work overload/burnout
- Stress
- Organizational culture

Pay and Burnout are Key Concerns Driving Employees away from Public Health:

**Pay**

In Arizona, pay is the top reason for leaving with only 39% of employees somewhat or very satisfied with their pay. The majority (64%) of full-time employees earn a salary of $25,000-$55,000, which is less than the state’s median salary of $58,000.³

**Work overload/burnout**

1 in 5 public health employees (20%) reported that their mental health was either “fair” or “poor”
Organizational Culture

Overall, the public health workforce has mostly positive perceptions about their organization, but there are areas for improvement, such as technology use, communication between employees and leadership, and rewards for creativity and innovation.

Strategies to Improve Recruitment and Retention

Considering the expenses associated with employee recruitment, training, and retaining skilled personnel, it is imperative to address other factors that influence employee retention and turnover in the public health workforce. Based on the data in this brief, public health leadership can:

- Enhance job satisfaction and engagement by rewarding creativity and innovation\(^1\)
- Provide training needs assessments and then promote job skill development, especially in the area of technology\(^4\)
- Create mentorship programs to foster opportunities for advancement and leadership\(^4,5\)
- Collaborate with academic public health programs to develop recruitment pathways\(^4-6\)
- Identify other organization-specific predictors that can significantly impact the organization’s ability to retain competent and dedicated employees

For more recommendations on strengthening the public health workforce see the recent Public Health System Capacity Assessment report.\(^7\)

Methods

This brief uses findings from the 2021 Public Health Workforce Interests and Needs Survey (PH WINS) to describe the retention and recruitment of the public health workforce in Arizona.\(^8\) PH WINS is a nationwide survey that began in 2014, aimed at assessing key workforce development issues of the state and local public health workforce, such as intent to leave, engagement and satisfaction, training needs, and mental and emotional well-being.\(^8\) It serves as a valuable tool for monitoring the workforce’s current abilities and identifying areas for improvement.

The Arizona Center for Rural Health requested state level summary data from the deBeaumont Foundation. We thank the foundation for sharing the data. The summary data should be interpreted with caution. We do not have information on the sample size, most of the employees surveyed were temporary staff, and it does not include tribal workforce data. The sampling methodology used for PH WINS is not intended to be representative at the state level, but rather to be a national representation. You can read more about the PH WINS methodology here.
References


