



# Summary of Recruitment Processes, Challenges, Practices, and Emerging Ideas for State and Local Health Departments

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In early 2022, National Consortium Working Group members from the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), and the Montana Public Health Institute gathered information from their constituents and partners regarding recruitment. This document summarizes the themes from these conversations, categorized into overarching topic areas. In addition, emerging ideas are noted for each topic to suggest strategies for addressing challenges.

## Human Resources Processes, Policies, and Procedures

### Themes

- Both local and state health departments struggled to offer competitive pay.
- Local health departments working within a union environment described challenges with union requirements.
- Rural local health departments indicated that the inability to provide bonuses and moving expenses made it difficult to compete with non-governmental organizations.
- Most local health departments did not formally track key performance indicators.
- Rural health departments found it difficult to offer flexible and/or remote jobs.
- Policies and practices in state health agencies prevented them from attracting a new and younger workforce.
- Small local health departments did not have the capacity for large recruitment efforts.
- Some state agencies were limited by where state positions may be posted.
- State health agencies reported unclear, overly complicated, and time-consuming state processes, rigid qualification requirements; and state level caps on hiring and employee rosters.



## Emerging ideas

- Support a process for regular pay studies to determine competitiveness
- Institute loan forgiveness
- Identify best practices in recruitment
- Provide technical assistance and toolkits for how to create and manage remote and flexible positions
- Provide tools and resources for developing and monitoring key performance indicators related to recruitment

## Skills, Positions, and Perceptions

### Themes

- The most difficult position for Local Health Departments to recruit was public health nurses. This is followed by epidemiologists, mental health specialists and environmental health specialists.
- State health agencies similarly report hard to fill positions as epidemiologists, public health nurses, fiscal or program managers, data analysis and informaticians, sanitarians, engineers, and laboratory workers.
- Entry-level positions were seen as being easier to fill.
- Local health departments noted that skills were needed across several areas, with assessment/planning/program evaluation, administration, communication, and health equity/social justice being particularly noteworthy.
- Lack of or the rising cost of housing in some areas served as a challenge to attracting out of area candidates.
- The current political environment and the lack of local political support for public health could be serving as an additional barrier.

### Emerging Ideas

- Focus on building competencies across multiple skills domains noted in the Foundational Public Health Services and the Core Competencies for Public Health Professionals. More local health departments want to hire dedicated staff in communications and health equity and also to better integrate across programs.
- To attract qualified candidates, particularly in specialized positions, pay and working conditions need to be competitive and aligned with evolving values



## Role of External Organizations to Build and Strengthen the Workforce Pipeline

### Themes

- Strong university partnerships were beneficial to building a strong workforce pipeline. Universities were a resource for promoting positions.
- Local health departments wanted to have students do their internship/practicum work with them, but noted concerns about capacity, time, and perceived ability to supervise.
- State health agencies use intermediary sources such as temporary agencies, contractors, universities, community-based organizations, and entities such as the CDC Foundation as sources for the needed workforce. However, contractors do not acquire a state personnel history, may not be eligible for benefits or have access to the same training and development opportunities as direct hires. And there may be a salary differential between regular state employees and contractors, creating unintended tensions among work groups.
- States also reported making use of existing internship and fellowship programs.

### Emerging Ideas

- When universities are promoting positions for local health departments, ensure outreach to alumni groups in addition to current or recent grads.
- Some health departments cited struggles with recruiting for environmental health and other positions that require specific certifications because applicants did not meet either the requirements. If universities could play a more direct role in supporting students in obtaining the needed requirement it could set them up for success should they decide to pursue these certifications in the future.
- Universities could promote public health as a profession to students not pursuing degrees in public health.
- Provide additional mentorship and/or training to public health management on how to supervise and mentor university students in public health.



## What's Working Well in Some State and Local Health Departments

- In lieu of offering higher pay and bonuses, focusing on benefits, building high morale, a good culture, and pursuit of mission driven work
- Instituting internal workgroups and programs that focus on issues of interest to the workforce
- Offering sign on bonuses, retention bonuses, referral bonuses
- Being creative with recruitment posting strategies
- Providing tuition reimbursement
- Focusing on professional development