

Oregon Public Health Workforce Briefing Summary: Staffing

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Staffing

Introduction

This document summarizes staffing information about Oregon's public health workforce. Oregon's public health workforce includes Oregon Health Authority, Public Health Division (OHA) staff, local public health authorities, community-based organizations, Tribal public health programs, and academic partners (see **Figure 1** on page two for a diagram illustrating workforce partners).

Current staffing levels

The Public Health Workforce Interests and Needs Survey collects staffing information about OHA. The most recent Public Health Workforce Interests and Needs Survey, conducted in 2021, found OHA has approximately 1,000 staff who work at the state level. (1) Most OHA staff (97 percent) work in full-time positions. Public Health Workforce Interests and Needs Survey data also reveal 28 percent of staff are considering leaving their job next year, and 13 percent plan to retire in the next five years. (1)

Unfortunately, only 39 percent of OHA staff completed the survey, so the results are unreliable, and no conclusions should be made from them.

At the local level, there are 33 local public health authorities. Twenty-seven local public health authorities are housed within county government; one serves a two-county district (encompassing Wasco and Sherman counties), and five are public-private partnerships. (1)

Figure 1: The public health system workforce in Oregon



Source: Oregon Health Authority, Public Health Division

Image Description: A diagram illustrating workforce partners.

Two counties (Wallowa and Curry counties) have transferred their local public health authority to OHA, and OHA ensures provision of required public health services in those counties.

About 22 percent of full-time equivalent staff at local public health authorities serve in a rural setting (compared with 18 percent nationally).

(2) As of August 2021, there were 1,143 full-time equivalent positions for non-COVID-19 roles within the local public health authorities. In response to the pandemic, staffing increased by 67 percent to 1,905. (1,2) Of these 1,905 staff, 255 full-time staff (13 percent) were nurses, 101 (5 percent) were environmental health specialists, 64 full-time staff (3 percent) were epidemiologists and the rest (78 percent) were identified as “other” positions. (2) Sources did not identify 2024 local public health authority staffing levels or if they returned to pre-pandemic levels. Significant changes in local public health authority leadership were noted during the pandemic, with nearly half (16) of all local public health authorities experiencing a change in leadership. (2,3)

Community-based organizations are essential to Oregon’s public health workforce. (3) OHA and local public health authorities fund more than 170 community-based organizations to support local, culturally specific, and linguistically appropriate services. (1,4) The data sources did not provide Information describing staffing levels for community-based organizations.

There are Nine federally recognized Tribes in Oregon, each with its own sovereign government. OHA and local public health authorities provide some technical assistance, training and funding to support their public health efforts. (1,4) Information on current Tribal public health program staffing levels was unavailable in the data sources, though one report noted Tribal public health entities were understaffed during the pandemic. (5)

The source materials did not describe staffing-level data within academic partnerships, (that is, schools, school-based health centers, universities and other academic institutions). However, sources acknowledge public health workforce staffing levels were augmented using academic

partnerships during the pandemic. For example, OHA successfully contracted with colleges around Oregon to recruit and embed highly trained students within its Response and Recovery Unit to perform key epidemiological activities (for example, contact tracing, data entry and vaccine outreach). (1)

Challenges

Oregon's public health workforce experiences significant staffing challenges. Recruiting, onboarding and retaining staff is an ongoing challenge across all public health entities in Oregon. (1,2,3,5,6) A growing number of staff are approaching retirement age, which will result in additional vacancies. (3) Between July 2021 and April 2023, the average number of days to fill a position in OHA was 86, not including the days it takes to get positions approved and job descriptions posted. (3) Governor Kotek stated the process should not exceed 50 days. (3) OHA directors ranked staffing capacity at OHA as a significant challenge, and both OHA and local public health authority leaders indicated staffing shortages hindered their pandemic response. (5) Further, small applicant pools and limited human resources administrative capacity impede hiring efforts. (5)

The 2023 "Oregon PHM Evaluation Report" revealed significant leadership changes since July 2021 at local public health authorities. There were 18 health administrator, director, or manager changes across 14 local public health authorities, and 13 health officer changes across two local public health authorities. (3) Epidemiological capacity is also a challenge for local public health authorities, with many serving all population levels not having full-time equivalent positions for epidemiologists. (2)

In addition, the public health workforce in Oregon is challenged with burnout as the workforce has been stretched thin, with some staff reporting working 60-70 hours per week between 2020 and 2022. (5) OHA staff named overload and burnout, lack of support and advancement opportunities, organizational culture, job satisfaction, stress and supervisor satisfaction as their top reasons for planning to leave their current positions. (1) More OHA staff rate their mental health as only “poor” or “fair” compared with the national average. (1) Challenges related to low workforce morale and burnout have contributed to high levels of mental health conditions and numerous workers leaving their careers in public health. (2)

The sources did not contain information describing additional specific staffing challenges faced by community-based organizations, Tribal public health partners or academic partnerships.

Accomplishments

Efforts have been underway to increase staffing within Oregon’s public health workforce. (1,2,3,4) OHA added hundreds of temporary positions during the pandemic, as did the local public health authorities. (1,2) Most of these positions were related to foundational programs of environmental public health and communicable disease control, (3) though it is unknown if they are still filled as many were temporary positions. Staffing also increased for local public health authorities and OHA staff working in cross-cutting foundational capabilities. (3)

With public health modernization funding, 16 local public health authorities have restructured teams to meet public health modernization goals, 15

have increased the number of management positions and begun monitoring performance and 12 have aligned plans (for example, strategic plans and workforce development plans) to meet public health modernization goals. (4) More than 300 local public health positions have been funded through public health modernization funding. (4)

- More than 10 local public health authorities hired modernization coordinators to facilitate the public health modernization efforts. (3)
- More than 80 positions related to communicable disease control, more than 30 positions related to environmental public health and more than 70 positions related to foundational capabilities have been funded. (3,4)
 - Assessment and epidemiology (16 positions)
 - Health equity and cultural responsiveness (14 positions)
 - Communications (12 positions)
 - Community partnership development (12 positions)
 - Policy and Planning (12 positions)
 - “other” (7 positions)

Local public health authorities also reported numerous success stories of overcoming challenges in recruiting, hiring and retaining a competent and diverse public health workforce. For example, local public health authorities reported success from posting job descriptions to a broader net of websites (for example, Indeed and LinkedIn), recruiting from within their own communities, requiring mandatory bias training for those serving on interview panels and offering bonuses and incentive payments. (2)

Additionally, OHA and local public health authorities report they are concentrating efforts to ensure their staff reflects the communities and demographics they serve, (3) though data describing the workforces' demographics are not currently reliable. Twelve local public health authorities (40 percent) have reported a commitment to recruiting and hiring a diverse and representative workforce. (3) OHA and 12 local public health authorities also fund community-based organizations to further accomplish this goal. (1,3)

OHA leadership has made efforts to become more people-centered and focused on workforce wellness due to workplace burnout and staff stress. (3) One OHA director stated, "I've really been intentional with myself and with managers to create and ensure that everyone knows that we have a culture of caring and hearing others. We have a pretty diplomatic, nonhierarchical mode of operation here where all voices are heard. We put humanity first. That's really what drives us and it's going to allow us to be successful." (3, p38)

Academic partners provided staff at a critical time during the pandemic. Since July 2020, Oregon State University Surge Bench students have provided more than 15,000 hours of COVID-19 response work at 24 different local public health authorities, helping to address critical workforce gaps, diversify staff and prepare students for careers in public health. (1) Further, clinical student affiliate agreements with nursing schools across Oregon supported clinical functions such as COVID-19 testing and vaccine response. (1) Additional funding of programs such as these fosters a workforce pipeline and supports public health activities across Oregon, especially when the workforce is understaffed. (1)

Overall, community partnership development between OHA, local public health authorities, community-based organizations, Tribal public health programs, and academic partners has helped to overcome staffing challenges by allowing the public health workforce to share workloads and expertise and, therefore, better serve Oregonians.

Wyoming Survey & Analysis Center recommendations

The Wyoming Survey & Analysis Center recommends gathering additional information about current staff openings and optimal staffing levels for each foundational capability so the Public Health Advisory Board can make informed decisions regarding staffing improvements. The Wyoming Survey & Analysis Center also recommends outreach to all nine Tribes to talk with them about the Tribal Public Health Modernization Assessments they have been working on since 2021.

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