Background

In an effort to better understand the public health workforce and the factors that influence workers to leave jobs in public health, the Center for Health Workforce Studies, in collaboration with researchers in Georgia and Florida, conducted an exit survey of employees leaving positions in local health departments (LHDs) in New York, Georgia, and Florida. The goals of the study were to:

- Improve understanding of retention challenges facing local health departments;
- Support the development of attrition reduction programs and succession planning initiatives;
- Improve the working environment in LHDs in meaningful ways that contribute to increased satisfaction and reduced attrition.

The survey targeted all departing employees at participating LHDs, including non-professional staff. It was confidential, anonymous, and completed online. The survey asked about the characteristics of the job being vacated, future plans of the individual, advantages of the individual’s new position (if applicable), and demographics. The survey was fielded from August through December of 2008. There were 68 respondents from the three states during the initial survey period.

Findings

Of the 50 respondents who provided a valid answer to the question about their future plans, only 8% reported retirement plans. Nearly 75% were leaving for other employment: 35% for other public health employment and 39% for employment outside of public health.

- The vast majority of those leaving for another public health job intended to stay in governmental public health (95%).
- Among those leaving public health, 35% planned to work in a governmental job not related to health care, 35% planned to work in a health care job outside of government, 20% planned to work in a job that was neither governmental nor health-related, and 10% planned to take another job that was both governmental and health-related1.

Immediate Plans of Respondents Leaving Their Current Job

1 This constituted 14%, 14%, 8%, and 4%, respectively, of all respondents leaving their current job.
Respondents who were leaving for other public health jobs were asked to rate different aspects of their new job as being “better,” “same,” or “worse” compared to their old job. The most common ways in which their new job was rated “better” than their old were:

- Salary (59% reported “better”);
- Benefits and support (59%); and
- Opportunity for advancement (59%).

Respondents leaving public health were more likely than those going to a new public health job to cite each of the areas as being “better” in their new job except for job security and benefits/support. The most common ways in which their new job was rated “better” than their old were:

- Salary (82% reported “better”); and
- Opportunity for advancement (82%).

When asked to rate their satisfaction with different aspects of the job they were leaving, those who were leaving the field of public health were more likely than those staying in public health to report being dissatisfied with:

- Salary (71% of those leaving public health versus 18% of those not leaving public health);
- Challenges of their job (24% versus 12%); and
- Making a difference in their job (24% versus 6%).

**Discussion**

These results are an important first step in understanding attrition from the public health workforce, and suggest that some issues might be different than expected. The relatively small number of respondents who planned to retire was one such unexpected finding. Another was the fact that more than one-third of exiting workers reported plans to continue working in governmental public health. A majority of respondents indicated that these new jobs offered better salary, benefits, and advancement opportunities. This finding suggests that there may be variation in attrition based on an agency’s ability to offer more competitive salaries and opportunities for advancement. This may also support findings from prior public health workforce research that smaller, more rural agencies lose their workers to larger, more urban agencies.

It is important to note, however, that the conclusions drawn from this study are limited by the very small number of respondents. Fifty of the 68 respondents reported their future plans, and only 7 were from New York. The primary contribution of the pilot study is that it highlights the tremendous potential value of the information that would be produced by instituting a comprehensive exit survey system for local public health workers in New York. Consequently, the Center plans to continue the public health worker exit survey, soliciting participation from all New York local health departments.

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The Center for Health Workforce Studies is a not-for-profit research organization with a mission to provide timely, accurate data and conduct policy-relevant research about the health workforce. The Center is dedicated to the collection, analysis, and distribution of health workforce data and information. The Center's work assists key stakeholders to understand issues related to the supply, demand, distribution, and use of health workers.