

# National Rural Health Association

## Issue Paper

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### Recruitment and Retention of a Quality Health Workforce in Rural Areas:

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#### Introduction/Background:

Rural U.S. citizens have less access to the full range of essential public health services than their urban counterparts. Many rural and frontier areas have no local (county or city) public health agency, and those public health departments that do serve rural areas have few (if any) staff with formal public health training. Although the rural population has many indicators of poor health status that beg for public health prevention programs, the low incomes and small tax bases in rural areas provide insufficient funds to local public health departments to address these needs.

While it is clear that rural citizens experience significant health disparities, the vast majority of health-related research and practice efforts in rural communities focus on ensuring access to health care services. While access to care is an issue critical to improving health status throughout rural America, of equal importance are issues such as health behavior, environmental health, infectious disease surveillance, and other issues of public health interest. A necessary ingredient for addressing these issues is a strong rural public health infrastructure staffed by a well-trained public health workforce.

#### Ten Essential Services of Public Health

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and hazards in the community.
- Inform and educate people regarding health issues.
- Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and ensure the provision of health care when otherwise unavailable.
- Ensure a competent public and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

Source: Public Health in America, Public Health Functions Steering Committee, Public Health Service, 1994

#### Public Health Workforce Recruitment, Retention, and Utilization: Issues and Strategies<sup>1</sup>

Healthy People 2010<sup>2</sup>, The Future of Public Health<sup>3</sup> and numerous other public health reports have identified the need for strengthening the public health workforce as a critical part of infrastructure development. Specific challenges that have been identified with regard to strengthening the public health workforce are:<sup>4</sup>

- Four out of five public health employees have NO formal public health training.
- Loss of disease surveillance capacity and sanitation oversight are behind recent national outbreaks of preventable disease.

- Rural health departments face a continuing problem attracting and retaining the proper mix of public health professionals.
- Strategies are needed to attract a diverse team of skilled personnel to rural areas, including training programs.

The public health workforce, defined as those making up the public health system, not just health departments, is made up of many diverse professions that include physicians, nurses, environmental health specialists, mental health professionals, administrators, health educators, and many others. Not all agencies define these positions in the same way. Enumeration efforts,<sup>5</sup> however, have found the following to be true:

- The public health workforce is aging and retiring, especially within public health nursing.
- The largest professions within public health are nursing and environmental health.
- Metropolitan health departments have larger and more diverse workforces than non-metropolitan health departments.
- Public health nurses, environmental health specialists, health educators, epidemiologist, and administrators are in greatest demand.
- In many rural areas, public health nurses provide the majority of public health services.

The challenge of the public health workforce shortage is greater in rural areas as location, local educational opportunities, and a shortage of financial resources make recruitment and retention very difficult. While this is especially true for public health nurses, who play an essential role in providing rural public health services, rural areas also suffer from a shortage of dental, mental health, and other critical service providers. The shortage of mental health professionals is especially critical as rural areas continue to grapple with the loss of factory and agricultural jobs and the subsequent stress this places on families.

In October 2001, National Association of County and City Health Officials (NACCHO) published a report entitled *Local Public Health Agency Infrastructure: a Chartbook*<sup>6</sup> which looked at workforce differentials between metropolitan

and non-metropolitan (rural) jurisdictions. Overall, metropolitan local public health agencies (LPHAs) have an average of 108 full-time employees (FTEs) vs. 31 FTEs in non-metropolitan LPHAs. While one could argue that metropolitan areas serve 75 percent of the overall population (NACCHO), local health departments in rural areas are often the only source of public health services in those communities.

Rural public health employees must wear many hats. Data from the NACCHO *Chartbook* demonstrates that rural local health departments place a higher priority on providing family planning and home health services than non-rural health departments. As rural health departments are often the only source of local public health services they are more likely to be delivering services such as child health care, in addition to essential public health services. In essence, rural public health employees must do more with less—less training, less staff, less technology, and less training opportunities.

A 2000 report by the National Advisory Committee on Rural Health, "*Stabilizing the Rural Public Health Infrastructure*,"<sup>7</sup> clearly outlines the workforce challenges in rural areas. The movement away from delivering personal health care services reduces Medicaid resources needed to support essential public health services. In addition, the loss of personal health care services erodes the already crumbling safety net. The report further notes, "The loss of community disease surveillance capacity, lack of oversight over local sanitation, and inadequate assurance of safe food and water supplies are behind many recent, nationally publicized outbreaks of preventable disease, such as hepatitis A and E-coli induced food poisoning and new outbreaks of tuberculosis. The growing prevalence of hepatitis C has put further burden on public health agencies as the number of people affected continues to multiply and practitioners struggle with diagnosing and treating the disease." This report preceded the events of September 11, 2001. Now there are even greater demands for a strong and prepared public health workforce.

Implications for rural public health workforce training and development are significant. While rural public health workers prefer local, in-person instruction to further their degrees, many

are taking advantage of distance education and Internet-based learning opportunities that allow them to gain additional training in their rural home communities. Despite this progress, there remains a great need for increased investment in public health educational programs directed toward the current rural public health workforce.

### **Recommendations:**

- The NRHA believes that all citizens and all communities should have comparable access to agencies and individuals that ensure the provision of the essential public health services. Whether provided locally or on a regional basis by governmental agencies or the private sector, every citizen has the right to expect access to the full complement of essential public health services in their community, which requires a well-trained and well-staffed public health system.
- The NRHA encourages greater local flexibility in the use of state and federal public health resources to enhance responsiveness to local priorities. Local public health staffing should reflect local public health priorities and funding streams should support, rather than inhibit, this local responsiveness. Additionally, resources should be allocated to allow adequate compensation for public health workers.
- The NRHA supports efforts to enhance rural public health infrastructure, including the rural public health workforce. Bioterrorism and emergency preparedness resources should be used to build public health capacity in rural areas.
- The NRHA supports enhanced training and continuing education of the rural public health workforce that is accessible to them in their rural communities, and that is appropriate for their current level of training and experience. Whether employed in the public or private sector, public health workers must be well versed in their field.
- The NRHA supports the use of creative strategies to recruit and retain public health staff to rural communities. Linking with universities, working with primary and secondary education programs, and using media and television to reach young people and educate them about public health careers is encouraged. In addition to hiring from the local community, adopting flexible scheduling practices, offering job sharing arrangements, and emphasizing the perks of lengthy tenure can help in retention efforts.

### **Summary**

Advocacy for improved access to the complete range of public health services for rural residents is especially valuable in this era when health behaviors are the most important determinant of future health status and overall wellbeing, and emerging threats related to infectious disease, foodborne illness, and natural and man-made disasters. In addition, local rural public health services are an important complement to the rural hospitals, emergency service providers, primary health care providers, and rural hospitals that NRHA has fought so hard to fund and preserve. A critical ingredient for ensuring access to these services is a well-trained and competent public health workforce.

## Endnotes

- <sup>1</sup> *Bridging the Health Divide: The Rural Public Health Research Agenda*. Published by the University of Pittsburgh Center for Rural Health Practice, April, 2004. Workforce Development section by Janet L. Place, MPH, Southeast Public Health Training Center, UNC School of Public Health.
- <sup>2</sup> Centers for Disease Control and Prevention, *Healthy People 2010*, January 2000.
- <sup>3</sup> Institute of Medicine, *"The Future of Public Health"*, The National Academy Press, Washington, DC, 1988.
- <sup>4</sup> Centers for Disease Control and Prevention, *Public Health's Infrastructure: a Status Report*, 2001.
- <sup>5</sup> Health Resources and Services Administration, National Center for Health Workforce Information and Analysis, *Public Health Workforce Enumeration 2000*, December 2000.
- <sup>6</sup> National Association of County and City Health Officials, *Local Public Health Agency Infrastructure: A Chartbook*, October 2001.
- <sup>7</sup> National Advisory Committee on Rural Health, *Stabilizing the Rural Public Health Infrastructure*
- <sup>8</sup> *Bridging the Health Divide: The Rural Public Health Research Agenda*. Published by the University of Pittsburgh Center for Rural Health Practice, April, 2004. Workforce Development section by Janet L. Place, MPH, Southeast Public Health Training Center, UNC School of Public Health.
- <sup>9</sup> Centers for Disease Control and Prevention, *Healthy People 2010*, January 2000.
- <sup>10</sup> Institute of Medicine, *"The Future of Public Health"*, The National Academy Press, Washington, DC, 1988.
- <sup>11</sup> Centers for Disease Control and Prevention, *Public Health's Infrastructure: a Status Report*, 2001.
- <sup>12</sup> Health Resources and Services Administration, National Center for Health Workforce Information and Analysis, *Public Health Workforce Enumeration 2000*, December 2000.
- <sup>13</sup> National Association of County and City Health Officials, *Local Public Health Agency Infrastructure: A Chartbook*, October 2001.
- <sup>14</sup> National Advisory Committee on Rural Health, *Stabilizing the Rural Public Health Infrastructure*, 2000.

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