

## North Carolina Health Workforce Sentinel Network *Findings Brief: Local Health Departments/Public Health Organizations*

During June of 2022, healthcare employers in North Carolina reported on their current workforce needs by answering a series of questions about staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly January-June, 2022). This brief summarizes the responses from **local health departments or public health organizations** to some of these questions. More findings, including current pandemic-related concerns and responses from other health care settings, may be viewed at [nc.sentinelnetwork.org/findings/](https://nc.sentinelnetwork.org/findings/).

### 17 Local Health Departments or Public Health Organizations

#### Top occupations with exceptionally long vacancies

(% of 17 responding organizations reporting long vacancies for these occupations):

1. Registered Nurse (15 – 88%)
2. Environmental Services (7 – 41%)
3. Nurse Practitioner (6 – 35%)
4. Dentist (4 – 24%)
4. Dietitian/Nutritionist (4 – 24%)
4. Environmental Health Specialist (4 – 24%)

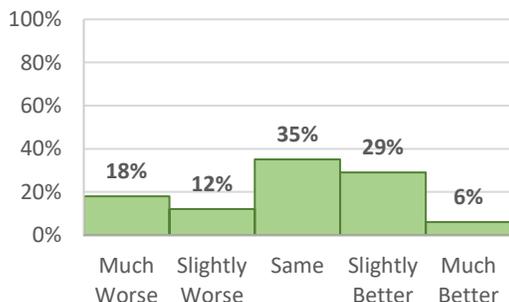
■ More than 20 other occupations were reported to have extraordinarily long vacancies by one or more response, including: case manager, certified nurse midwife, medical records specialist, social worker, and preparedness coordinator, among others.

#### Reasons for long vacancies and high turnover reported by local health departments/public health organizations:

- [Registered Nurse] *“Our salaries are not competitive due to the competition and scarcity of nurses”*
- [Registered Nurse] *“We had two RN resignations because they could not find child care for their babies during COVID-19”*
- [Environmental Services] *“Orientation/training offered infrequently by the state, necessary training takes months (6+) to complete”*
- [Dentist] *“Salary too low for most candidates, little or no room for professional growth in current dental program”*
- [Environmental Health Specialist] *“There are not enough already qualified EHS in NC, so competition for them is fierce and often comes down to which LHD can pay more.”*
- [Environmental Health Specialist - Registered] *“Surrounding health departments are offering \$25,000 sign on bonuses for an authorized REHS. We have positions that have been vacant for months. We don't even have qualified intern applications for our positions.”*

#### In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?

(% of 17 responses to this question)



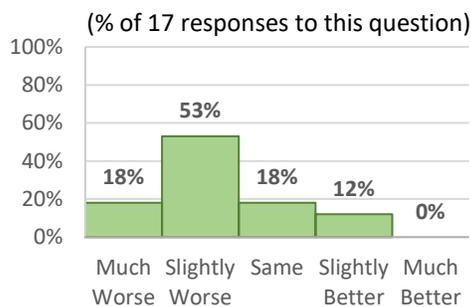
#### Comments on COVID-19 workforce impact over January-June 2022:

- [Much Worse]: *“Public Health works on a tighter budget than many other healthcare sectors, our staff have left for higher paying settings”*
- [Slightly Worse]: *“The COVID-19 surge in [Jan-Feb] created a perfect storm of burnout and personal reasons for public health professionals to leave this field”*
- [Same]: *“All aspects of LHD operations have been impacted by COVID. I can't say that it is better or worse, but it has evolved”*
- [Slightly Better]: *“Public health has ALWAYS functioned with minimal resources and COVID-19 impacted that greatly. We are masterful at making monumental changes with a minuscule [sic] budget!”*
- [Much Better]: *“We are able to focus on more than COVID allowing staff to work in the jobs for which they were hired.”*

What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
More staff, especially nurses	<p>Several suggested loosening restrictions on qualifications for public health nurses or LPN clinical practice scope.</p> <p><i>“Revised position descriptions allowing more experience to count as [public health] nursing”</i></p> <p><i>“...Make more nurses eligible to work in Public Health”</i></p> <p><i>“Expand Public Health clinical flexibilities to allow wider use of LPNs”</i></p> <p>One suggested instituting a statewide loan forgiveness program.</p> <p><i>“Loan forgiveness for those employed in local health dept settings, remove the red tape and burden of LHDs having to enroll in these programs, make this loan forgiveness a statewide policy for all LHDs”</i></p>
Enhanced funding and allocation flexibility	<p>Several made finance-related suggestions, from increasing reimbursement, to calculating salaries differently, to allowing COVID funds to be spent more flexibly.</p> <p><i>“Enhance Medicaid payment rates to local health departments”</i></p> <p><i>“Market study should compare salaries with the public and private sectors. They typically only compare salaries with other county or municipal governments”</i></p> <p><i>“Allow agency to [supplement] existing funding with state/federal funding [associated with COVID response] so that local funding can be used to support staff in other ways”</i></p>

In the past 6 months, has the impact of staff shortages on your facility’s capacity to provide care gotten better, stayed the same, or gotten worse?



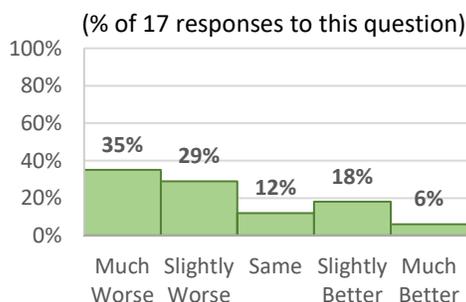
**[Much Worse]** *“We are not able to see as many patients during the day without RNs”*

**[Slightly Worse]** *“Low staffing levels compromise care in one way or another and create burnout in staff”*

**[Slightly Worse]** *“Due to key positions feeling burned out post-pandemic, many have resigned or retired and these empty key positions are causing a major strain on other positions having to cover the work”*

**[Slightly Better]** *“A decrease in COVID cases has helped our capacity slightly”*

In the past 6 months, has burnout as a workforce issue at your facility gotten better, stayed the same, or gotten worse?



**[Much Worse]** *“Burnout is tremendous across the board. Nurses, social workers, administrative staff and environmental health have all been asked to step out of their comfort zone and function in roles that were never part of their day-to-day job”*

**[Slightly Worse]** *“I think my entire staff is “burnt out”. It feels as if someone is trying to break the system and...they are getting pretty close to making it happen”*

**[Slightly Better]** *“A decrease in COVID cases has helped burnout slightly”*

Has your facility deployed its existing workforce in significantly new roles, or employed any new healthcare occupations?

Many were redeployed to cover COVID-related tasks. New roles were created for a CHW and a school health liaison.

**Redeployment:** *“Nurses were expected to cover all aspects of COVID-19; school nurses were no longer in their primary roles and were much more focused on communicable disease”*

**Redeployment:** *“Case Managers [took on]...COVID Testing and vaccination efforts”*

**New Occupation** *“Contracted Community Health Worker...used for COVID-19 outreach”*

**New Occupation:** *“Contracted school health liaison...used as...liaison to schools related to COVID-19”*

**Data Limitations**

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Spring 2022 Sentinel Network questionnaire (June 2022). Generalizability of these findings to the broader North Carolina health care system may be limited.

**About the North Carolina Health Workforce Sentinel Network**

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses from all types of health care organizations and to join the network to provide information on your organization’s workforce needs and challenges, visit: <https://nc.sentinelnetwork.org/>

Questions? Contact: [nc@sentinelnetwork.org](mailto:nc@sentinelnetwork.org)