

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

In Nov. through Dec. 2022, healthcare employers in North Carolina reported on their current workforce needs related to staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly June - Dec. 2022). This brief summarizes the responses from **local health departments**.

More findings and responses from other health care settings may be viewed at nc.sentinelnetwork.org/findings/.

11 Local Health Departments or Public Health Organizations

Top occupations with exceptionally long vacancies
(% of 11 responding organizations reporting long vacancies for these occupations)

1. Registered Nurse (8 – 73%)
2. Dietitian/Nutritionist (4 – 36%)
3. Environmental Services (3 – 27%)
4. Office Staff/Front Desk Staff (3 – 27%)

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

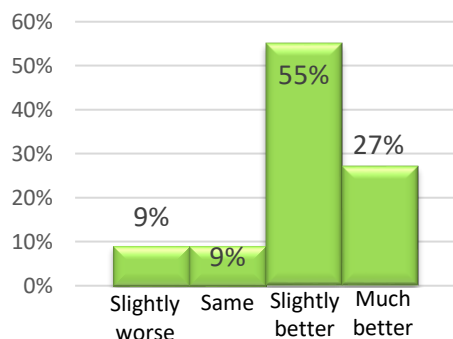
[Registered Nurse] *“We have many different types of nurses, some make a lateral move from one department to another, often they go to school nursing; we have had new positions for school nurses that needed filling as well. Takes a long time to train clinic RNs. Has been very difficult to fill Immunization positions.”*

[Dietician/Nutritionist] *“Leaving for higher paying positions and ability to work remotely.”*

[Environmental Services] *“Not enough applicants is the key here. We have raised salaries the past two years and that has helped retain staff.”*

[Office Staff/Front Desk Staff] *“Hiring process takes so long that many candidates take other jobs. Our time from interview to hire is more than a month.”*

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 11 responses to this question)



Comments on COVID-19 workforce impact during late 2022:

[Slightly Worse]: *“Some employees want to work more from home, which is not possible in some settings. It has added more responsibilities to positions.”*

[Slightly Better]: *“The department was able to hire contract staff to assist during the COVID epidemic to assist with COVID-positive case investigations.”*

[Much Better]: *“We have continued to employ additional contract staff for COVID response, so most staff have been able to return to normal duties and rebuilding our programs.”*

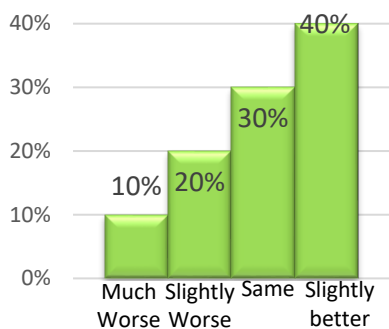
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What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
To be fully staffed	<p>Several respondents suggested salary increases or adjustments to be able to fill RN, social worker, nutritionist, and dental positions.</p> <p>Others suggested increased outputs from training programs via increased funding: <i>“We need to have more training programs [for dental assistants and dental hygienists] that are funded, maybe some way to have a path to connect high school to community colleges and pre-assign them to a workplace for experience.”</i></p> <p>Some suggested specific adjustments to curricula and standards to increase qualified applicants in the workforce: <i>“The NC Association of Local Health Directors supported a draft of new NCGS recruitment standards for Registered Environmental Health Specialists that aligns NC requirements with national standards by broadening science curricula that help them qualify.”</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?

(% of 11 responses to this question)



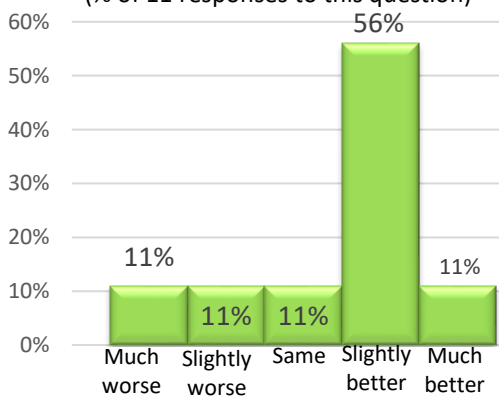
[Much Worse]: *“Losing staff and rearranging staff has reduced our capacity to see patients at the same time that we are trying to meet demands especially for Medicaid prepaid health plans to provide quality care and meet targets.”*

[Slightly Worse]: *“Better in some areas, but worse in mental health services, specifically enough to meet the demands of anxiety, depression, and support our substance use treatment services (MAT). For dental it has gotten worse because we are using dentists to do much of what a hygienist can do, just purely because of recruitment challenges.”*

[Same]: *“As a small health department, staff work together as a team. Our goal is to continue to provide high-quality health services to our patients and the public.”*

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

(% of 11 responses to this question)



[Slightly Worse]: *“Staff are still leaving. We have a lot of vacancies due to the ‘great resignation.’”*

[Slightly Better]: *“While some positions are still vacant, we have seen more settling in back to a new sense of normal. We still have broadened our thinking around preparedness and epidemiology needs for the community, specifically around surveillance and communications. But the rate of change [of COVID] has not continued at the same pace as previously, which has helped some of our staff. We expanded our employee assistance program this year and that is an added resource that we believe has been helpful.”*

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 (Nov. - Dec. 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

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