

# Public Health's Aging Workforce, Aging Leaders

Hilary Heishman

**T**he human resources manager of a local public health agency in eastern Washington said the agency expects to lose more than a third of its managers to retirement in the next few years. When those managers retire, the organization will lose not only bodies, but experience, skills, and important connections to the community. Losing the managers will mean a long period of change and adjustment for the agency, and it isn't alone in facing this problem. The eastern Washington agency represents a nationwide trend of retiring leadership that will present a major challenge to the field of public health in the coming decade.

## The national picture of the aging workforce

Not only are public health leaders aging; the nation's entire public health workforce is aging. The average public health worker is 47 years old—seven years older than the rest of the US workforce. Although the number of older workers in public health speaks well for the workforce's level of experience, it also hints at a daunting reality. Very soon not only public health leaders, but also a large portion of the national public health workforce will be retiring.

The State Public Health Worker Shortage Report from the Association of State and Territorial Health Officials (ASTHO) predicts public health retirement rates as high as 45 percent over the next five years. Nurses, epidemiologists, doctors, sanitarians, and many others will soon leave essential positions. When individual workers retire, as with leaders, they leave a gap in the agency's capacity. The problem is compounded

by the trouble public health agencies across the nation are facing in recruiting and retaining new workers.

Finding public health workers as well as leaders is important in part because the field of public health is expanding to take on a greater role in many communities. Public health agencies now have more responsibility regarding emergency preparedness, community outreach, and issues related to an aging population. They need qualified people to fill those responsibilities. Fortunately, the number of students enrolled in schools of public health is increasing (from 16,414 in 2001 to 19,413 in 2005, according to the Association of Schools of Public Health). The increasing need for public health professionals added to the wave of coming retirements, however, means the number of trained workers entering the field of public health looks far from adequate. And when it comes to public health leaders, everyone expects to be scrambling to find qualified people.

## Lost leaders

Nationally, around 65 percent of local health agency top executives, according to the 2005 National Profile of Local Health Departments by the National Association of City and County Health Officials (NACCHO), are over age 50 ([www.naccho.org/topics/infrastructure/documents/NACCHO\\_report\\_final\\_000.pdf](http://www.naccho.org/topics/infrastructure/documents/NACCHO_report_final_000.pdf)). Many leaders and managers in public health agencies have been in their positions for years. When their leaders retire, many agencies, especially smaller ones, are left without suitable replacements and often without a viable succession plan. The agencies may lack time, expertise, capacity or, in some cases, concern for developing succession plans. The fact that a field as important as public

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health might be left without sufficient leadership in the next five years is a wake-up call at all levels.

Succession planning, the arrangements an organization makes to ensure its leadership is continuous, includes identifying how executive positions will be filled in the event of turnover. Succession plans may include preparing talent from within an organization, or planning recruitment activities for external candidates. These plans are particularly important to ensure that public health agencies minimize risk to the populations they serve and have a reliably strong response in the case of emergencies. Succession plans have added importance in a job market in which agencies will be increasingly competing for experienced leaders.

## Public health leaders in Washington

When Washington State surveyed its public health workforce in 2004, it found that around 5,400 people work for state and local public health agencies. The resulting workforce report, *Everybody Counts*, included the following characteristics about the current workforce:

- Public health employees in Washington are 74 percent female.
- Employees' racial and ethnic makeup roughly mirrors the state's total population.
- Just over a quarter of the workforce has a masters degree or higher.

The report also conveyed a sense that the workforce is changing. In 2004 nearly a quarter of the state's public health workforce was 55 years old or older. Almost 20 percent of the survey respondents said they planned to work in public health fewer than ten more years (an additional 42 percent weren't sure how much longer they might be working). As a result, in the next few years, public health agencies in Washington will be replacing hundreds of people who are planning to leave the system.

As in other states, Washington public health leaders have tended to remain in one place for a long time, which can be both a benefit and a problem. If local public health agencies have not worked to develop leadership experience among their employees over their leaders' long tenure, when long-time managers and leaders leave, agencies can be left with a succession void.

## What to do about it?

The field of public health needs a new generation of leaders. Developing these leaders will take planning and training at local, state, and federal levels.

Harvey Crowder, public health administrator for Walla Walla County Health Department in Washington State, explains, "We need to ask how we should be nurturing leaders from within. With the number of retirements in the coming decade, replacing management is a main concern. We need good management training programs from the state. We need a well thought-out program to teach how to manage people in a professional environment. We need to take advantage of the fact that we have so many people in public health committed to what they do. And we need to keep people motivated who are already in the organization."

Fortunately, some programs to address public health's need for new leaders are already in place. A few states around the nation have organized programs to begin preparing the next generation of public health leaders.

The Minnesota Department of Health Office of Public Health Practice has developed an Emerging Leaders Network. The program

accepts 12 to 15 people each year. Over the course of four retreats, they work on three main skill areas: 1) collaborative leadership, 2) ethical and professional network building, and 3) personal leadership plan development. The program is building a network of individuals who will likely be among the next generation of public health leaders in the state ([www.health.state.mn.us/emergingleaders/index.html](http://www.health.state.mn.us/emergingleaders/index.html)).

The University of North Carolina has a Management Academy for Public Health. In this nine-month course, which has been customized for health managers in the public health system, participants learn about managing data, money, skills, and people. The University of North Carolina additionally offers a distance learning Doctoral Program in Health Leadership (DrPH) to give working public health professionals advanced training in leadership ([www.maph.unc.edu/](http://www.maph.unc.edu/)).

The New York State Senate sponsors the Public Health Management Leaders of Tomorrow Program. The program offers tuition assistance to New York state and county health department staff and internship awards to enrolled MPH and DrPH students. The state senate developed the program in response to the anticipated flood of state public health workforce retirement. The program offers opportunities for state and county health department personnel to enhance their leadership skills ([www.albany.edu/sph/information/phmlot.htm](http://www.albany.edu/sph/information/phmlot.htm)).

As a step toward preparing the Northwest region's public health workforce for future needs, the Northwest Center for Public Health Practice offers the Northwest Public Health Leadership Institute. The Institute takes professionals from Alaska, Montana, Idaho, Oregon, and Washington through a 12-month curriculum to develop leadership skills.

Distance learning is increasingly seen as one way agencies can upgrade staff skills. States across the nation, including those mentioned above, are using learning management systems (LMS) to provide a variety of online courses to their public health professionals.

Harvey Crowder, speaking about the Washington Department of Health LMS Smart PH, said, "We have a great opportunity with SmartPH to add to management tools in public health, but we still need to focus on academic training programs for promising leaders and ensure that local boards of health provide adequate funding to train their future leaders and keep their current leaders and managers growing with the changing needs of the work at hand." Although a number of states, such as Washington, have begun to take steps toward preparing a new cadre of leaders to replace those who will soon retire, there is still much to do.

The flow of retiring leaders will open a void in the current public health workforce. The options that already exist to prepare future public health leaders to fill that void are helpful but insufficient. The more effort and resources that states and local health agencies put into developing public health leaders now, the better prepared the public health system will be to meet emerging challenges in the coming years. ■

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