

Health Workforce Research Centers'

# 2024 Annual Report

A Compilation of Work Produced by the Federally-Funded Health Workforce Research Centers (HWRCs)





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## A NOTE FROM HRSA

The Health Resources and Services Administration (HRSA) and its Bureau of Health Workforce (BHW) and the National Center for Health Workforce Analysis (NCHWA) are committed to ensuring effective, evidence-based planning and policymaking. For over a decade, HRSA has sponsored several Health Workforce Research Centers (HWRCs or Centers) that are essential to helping HRSA meet this goal. The HWRCs are nationally recognized experts on the US health workforce who provide essential information and technical assistance to local, regional, state, and federal planners and policymakers.

HRSA funds 7 Centers with a focus on emerging health workforce topics, health equity, long-term care, allied health, oral health, and technical assistance. HRSA also collaborates with the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention to fund the behavioral health and public health workforce research centers, respectively. Together, the 9 HWRCs conduct and disseminate rigorous health workforce research that reflects current and future health workforce needs and informs health workforce policy and research methods.

In the past year, HWRCs produced 37 articles and reports, 21 webinars and virtual meetings, 9 podcasts, and 10 policy briefs. There was exceptional growth in the presence of HWRCs at conferences across the United States with HWRCs collectively attending 117 conferences and delivering 172 presentations in the past year. Not only have the Centers produced relevant research, resources, and tools that strengthen our response to post-pandemic changes, but they also continue to pivot their work to address our evolving health workforce landscape. The HWRCs provided numerous expert consultations that brought critical health workforce information to policymakers, professional organizations, and the local community.

We invite readers to explore the work completed by the HWRCs over the past year within this annual report. The timely and relevant research and resources produced this year continues to highlight the impact of the COVID-19 pandemic on the health workforce.

HRSA thanks the HWRCs for their continued efforts in providing expert health workforce research and technical assistance. HRSA would also like to thank the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention for their ongoing support for the behavioral health and public health workforce research centers. We look forward to supporting the HWRCs as they lead applied research and technical assistance on the evolving health workforce landscape.



*Michelle M. Washko*

**Michelle M. Washko**  
*Director*

*National Center for Health Workforce Analysis  
Bureau of Health Workforce  
Health Resources and Services Administration*

# HRSA HWRC PROGRAM

The National Center for Health Workforce Analysis (NCHWA) is a national resource for health workforce research, information, and data. As a division within the Bureau of Health Workforce (BHW) at the Health Resources and Services Administration (HRSA), NCHWA supports policy makers with information and data to help inform decisions regarding health workforce education, training, and healthcare delivery (<https://bhw.hrsa.gov/health-workforce-analysis/about>).

As part of these efforts, NCHWA oversees HRSA's Health Workforce Research Center (HWRC) cooperative agreement program, which provides funding to 9 centers in the US. Collectively, these Centers offer expertise in the following arenas:

- Allied health workforce (University of Washington)
- Behavioral health workforce (University of North Carolina at Chapel Hill)
- Emerging health workforce topics (George Washington University; University of North Carolina at Chapel Hill)

- Health equity in health workforce education and training (University of Washington)
- Long-term care workforce (University of California, San Francisco)
- Oral health workforce (State University of New York, Albany)
- Public health (University of Minnesota)
- Technical assistance (State University of New York, Albany)



# DISSEMINATION EFFORTS

2023-2024 HWRC Research Dissemination



# 2023 HEALTH WORKFORCE RESEARCH SYMPOSIUM

## Addressing Health Workforce Shortages Now and in the Future

On October 11, the National Press Club in Washington, DC, buzzed with energy as attendees gathered both in person and virtually for the highly anticipated 2023 Health Workforce Research Symposium, "Addressing Health Workforce Shortages Now and in the Future." The event, organized by the Health Workforce Technical Assistance Center, was kicked off by Dr. Michelle Washko, Director of the National Center for Health Workforce Analysis, who warmly welcomed participants.

The symposium featured 10 experts from the 9 federally-funded health workforce research centers (HWRCs). These thought leaders tackled the most pressing issues facing the health workforce today, offering a comprehensive exploration of current challenges and potential solutions.

A session on health career pathways provided invaluable insights into the evolving landscape of health care professions, highlighting strategies to attract and retain talent. Additionally, a dynamic roundtable discussion on health workforce turnover sparked engaging conversations about the factors contributing to high turnover rates and potential measures to mitigate this trend.

For those attending in person, the event culminated in an interactive expert panel. This session allowed attendees to pose their questions directly to the panelists, fostering a rich exchange of ideas and further deepening the collective understanding of the issues at hand.

The symposium served as a vital platform for addressing the critical shortages in the health workforce, underscoring the importance of continued dialogue and innovative approaches to ensure a robust health care system for the future.

[Watch Video \(Sessions 1 & 2\)](#)

[View Presentations](#)



**150**  
Virtual  
Attendees

**30**  
Audience  
Questions

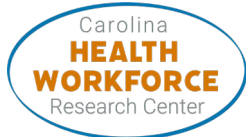
**X**  
**Live Coverage**  
(#HWRCsympoisum2023)

- 21 Tweets
- 59 likes
- 13 retweets/quotes
- 3.1k impressions

**59**  
In-person  
Attendees

*“ There was a good mix of workforce areas and issues. Enjoyed references to other groups who help with workforce, and the comments on rural.”*

*“ Excellent symposium; I liked the fact several professions were included and speakers had diverse research focus. Great event!”*



# Carolina Health Workforce Research Center



## Lessons Learned From State-Based Efforts to Leverage Medicaid Funds for Graduate Medical Education

Total Medicaid funds invested in graduate medical education (GME) increased from \$3.78 billion in 2009 to \$7.39 billion in 2022. States have considerable flexibility in designing Medicaid GME payments to address population health needs.

This [article](#) describes states' motivations for using Medicaid funds for GME, the structure of state Medicaid payments, the composition and charge of advisory bodies that guide these investments, and the degree to which states track whether Medicaid GME investments achieved desired workforce outcomes.

**Additional Resources:**  
[Brief](#)  
[Abstract](#)  
[Webinar](#)

## Physicians As Shock Absorbers: The System of Structural Factors Driving Burnout and Dissatisfaction in Medicine

American physicians are burned out in large numbers. Despite calls for solutions to the physician burnout crisis, there is little research on how multiple structural factors intersect in real-time to shape physician well-being.

This [article](#) examines pressures on physicians from societal, organizational, and professional levels and assesses how these structural factors work together to affect physicians' experiences providing care and their levels of burnout.

**Additional Resources:**  
[Webinar](#)  
[Brief](#)

## Varying Estimates of Social Workers in the United States: Which Data Source to Use?

Behavioral health needs are on the rise in the United States, significantly influencing health care utilization, costs, and outcomes. Social workers provide diverse services across a range of health care, behavioral health, and community settings. Although the array of services provided by social workers across different settings enhances care delivery, it also makes enumerating the social worker workforce difficult.

This [article](#) describes the various estimates provided by 5 national data sources on the number, types, and practice characteristics of social workers.

## When Interruption Becomes Innovation: How Integrated Behavioral Health in Primary Care Adapted During COVID-19

The expansion of integrated behavioral health (IBH) in primary care is crucial to addressing the growing behavioral health crisis in the US. Evidence shows that patients are more likely to receive behavioral health diagnosis and treatment in primary care than in specialty mental health settings. COVID-19 disrupted primary care delivery, necessitating modifications to IBH. Social distancing and stay-at-home orders significantly altered primary care operations, prompting rapid expansion of telehealth services.

This [article](#) explores how integrated health care (IHC) teams adapted during COVID-19, focusing on telehealth use and adaptations of IHC components such as warm hand-offs between providers and patients, referral linkages, and communication. It also identifies innovative methods that can be maintained and strengthened post-pandemic.

**Additional Resources:**  
[Brief](#)  
[Abstract](#)

## Pharmacists Co-Located With Primary Care Physicians: Understanding Delivery of Interprofessional Primary Care

Despite evidence supporting the integration of pharmacists in team-based primary care, little information exists on the co-location of pharmacists with primary care physicians in the US, and even less is known about the factors associated with these models in primary care.

This [article](#) analyzes the degree to which pharmacists are co-located with primary care practices and characteristics associated with co-location.

**Additional Resources:**  
[Brief](#)  
[Abstract](#)

## Onboarding New Graduate PAs and NPs

Onboarding new graduate physician assistants (PAs) and nurse practitioners (NPs) has become an increasingly important and emerging topic due to workforce shortages and financial challenges facing our health care system.

This [JAAPA podcast](#) discusses onboarding experiences of PAs and NPs in primary care.

## Advancing Equity in Challenging Times: A Qualitative Study of Telehealth Expansion and Changing Patient-Provider Relationships in Primary Care Settings During the COVID-19 Pandemic

The COVID-19 pandemic shifted the delivery of primary care, including a rapid transition to telehealth. While this shift provided critical access to services, not all patients have the capacity to optimally utilize telehealth, raising concerns for health equity during and after the pandemic.

This [article](#) discusses the challenges of providing primary care services to vulnerable populations via telehealth during the pandemic.

**Additional Resources:**  
[Brief](#)  
[Abstract](#)

## New Insights on a Recurring Theme: A Secondary Analysis of Nurse Turnover Using the National Sample Survey of Registered Nurses

Nurse workforce shortages are not new, yet concerns about nursing shortfalls intensified across health care settings after the COVID-19 pandemic. This study analyzed pre-COVID-19 turnover rates, and provides critical baseline data for understanding the short- and long-term effects of the pandemic on registered nurse (RN) turnover.

This [article](#) analyses national RN turnover using a cross-sectional analysis of the most recent data from the 2018 National Sample Survey of Registered Nurses (NSSRN).

**Additional Resources:**  
[Brief](#)  
[Abstract](#)



## GW Health Workforce Research Center

### Black and Hispanic Representation Declined After Increased Degree Requirements for Physician Assistants

The physician assistant (PA) profession is among the least racially and ethnically diverse health professions requiring advanced education. Between 1995 and 2020; the percentage of Black PA graduates fell from 7% to 3.1%; while Hispanic representation increased from 4.5% to 7.9%. PA programs that transitioned from bachelor's to master's degrees experienced a 5.3% point decline in Black representation and a 3.8% point decline in Hispanic representation.

This *Journal of Physician Assistant Education* [article](#) examines the impact of transitions to master's degrees for PAs on Black and Hispanic representation between 1995 and 2020, using the federal Integrated Postsecondary Education Data System and individual universities as the unit of analysis.

**Additional Resource:**  
[Report](#)

### Tracking the Elusive Medicaid Workforce to Improve Access

The emergence of the national Transformed Medical Statistical Information System (T-MSIS) provides an efficient way to track the Medicaid workforce to inform national and state efforts to ensure access for Medicaid populations. T-MSIS collects Medicaid and Children's Health Insurance Program (CHIP) data from US states, territories, and the District of Columbia, including fee-for-service and managed care plan data.

This *Health Affairs Forefront* [article](#) discusses the new Medicaid Primary Care Workforce Tracker that the Fitzhugh Mullan Institute for Health Workforce Equity developed, and examines the primary care workforce providing health care to Medicaid beneficiaries between 2016 and 2019.

**Additional Resource:**  
[Online Tracker](#)

### Pediatric Medical Subspecialist Use in Outpatient Settings

Pediatric medical subspecialists offer care to children with uncommon or atypical health issues, those who haven't responded well to standard primary care treatments, or those requiring specialized diagnostic or therapeutic procedures. Evaluating whether the number and distribution of these subspecialists meet the needs of the nation's children is difficult due to a lack of evidence about how frequently their services are utilized.

This *JAMA Network Open* [article](#) discusses a study that used 3 complementary data sources to quantify children's use of pediatric medical subspecialties from 2011 to 2021. Electronic health record data from large pediatric medical centers and administrative data from Medicaid and commercial plans were also evaluated.

**Additional Resource:**  
[Abstract](#)

### Global Health Workforce Strategies to Address the COVID-19 Pandemic: Learning Lessons for the Future

COVID-19 placed incredible strain on health care systems and the global health workforce. Yet, it also brought the health workforce to the forefront of the policy agenda and revealed many innovative solutions that can be built upon to overcome persistent workforce challenges.

This *International Journal of Health Planning and Management* [article](#) is based on a policy brief prepared for the WHO Fifth Global Forum on Human Resources for Health, which explores global emergency workforce strategies implemented during the pandemic and lessons learned from them for the long-term sustainability of the health workforce.

**Additional Resources:**  
[Brief](#)  
[Abstract](#)  
[Online Tracker](#)  
[Blog](#)

### Health Care Provider Movement Increased Through COVID-19

COVID-19 placed unprecedented strain on the health workforce. Early in the pandemic, providers faced a novel, highly infectious pathogen, and while some areas experienced increased health care demands, others saw limits in nonessential services and decreased patient visits, leading to financial pressures and layoffs.

This *Health Affairs Scholar* [article](#) explores the use of the publicly available Medicare Provider Enrollment, Chain, and Ownership System (PECOS) and Doctors and Clinicians datasets to examine physician and advanced-practice clinician movement through the COVID-19 pandemic. Both datasets are updated on a regular basis, allowing closer to "real time" assessment of provider movement.

**Additional Resource:**  
[Abstract](#)

### US Medicaid Primary Care Workforce Tracker

The Medicaid Primary Care Workforce Tracker is an interactive map that allows users to examine and visualize the primary care workforce providing health care to individuals with Medicaid throughout the US. Users can search by state, county, provider type, year, and provider beneficiary volume.

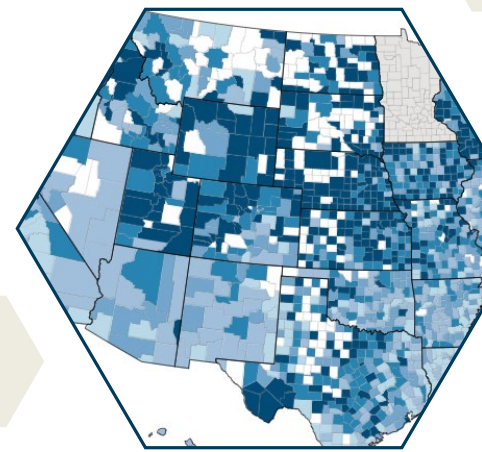
This [online resource](#) can be used to benchmark states' Medicaid workforce, identify county-level Medicaid workforce and drill down on specialties, and track the Medicaid workforce over time.

Find these studies  
and more on  
our [WEBSITE](#)

### Health Workforce Diversity Tracker

Promoting racial and ethnic diversity in the health workforce can help meet the health care needs of underserved and racially diverse populations. More work needs to be done to provide easily accessible information about how levels of racial representation in the health workforce vary in different areas of the country.

This [online resource](#) allows users to examine the level of racial representation for multiple different health occupations in each state.





## Health Workforce Research Center – Allied Health



### Staffing Trends for Non-Nursing Occupations in Skilled Nursing Facilities in the United States Between 2018-2022

Skilled nursing facilities (SNFs) have recently experienced 2 major disruptions impacting staffing: 1) the Medicare payment reform in October 2019, which significantly altered reimbursement incentives for post-acute stays, and 2) the subsequent COVID-19 pandemic.

This [report](#) examines trends in staffing of non-nursing direct care occupations in skilled nursing facilities from 2018 to 2022 using the *Payroll Based Journal*, a publicly available data source with daily staffing information by occupation from the Centers for Medicare and Medicaid Services.

### Mental and Physical Health Status of US Health Care Workers

Burnout has long been a concern among health care workers, leading to various mental and physical health conditions. The COVID-19 pandemic exacerbated this issue, as health care workers faced extended hours, increased workloads, and the emotional toll of caring for a higher number of dying patients. These factors have contributed to a significant rise in common mental health conditions such as anxiety and depression among health care workers.

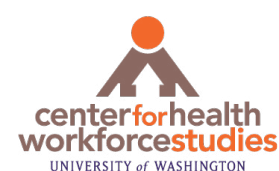
This [report](#) compares health outcomes across various occupations and settings, controlling for sociodemographic factors known to influence health, and also provides a comparison with the overall US population.

### Impact of the COVID-19 Pandemic on the Community Pharmacy Workforce

Community pharmacists offer many services including medication optimization, chronic and acute care management, wellness and prevention, and patient education. However, community pharmacies face several barriers that have impeded patients' ability to universally access these services.

This [article](#) describes the impact of the COVID-19 pandemic on community pharmacy practice and its workforce.

Find these studies and more on our [WEBSITE](#)



## Health Workforce Research Center – Health Equity



### The Gender Wage Gap Among Healthcare Workers Across Educational and Occupational Groups

The health care sector, predominantly staffed by women, faces significant gender pay disparities. This inequity not only results in lower lifetime earnings for women but may also discourage them from pursuing advancement in health care careers. However, little is known about how the gender wage gap has changed in the health care workforce over the last decade, especially in relation to changes in the gender composition of the health care workforce.

This [article](#) examines the wage gap between men and women comprehensively across health care jobs over time, and how the gap may be related to the representation of women in the field.

### Burnout, Exhaustion, Experiences of Discrimination, and Stress Among Underrepresented and First-Generation College Students in Graduate Health Profession Education

Increasing evidence shows that mental health disorders are becoming more frequent and severe among higher education students, with burnout and stress being potential contributors. For graduate health professional students, these issues are further compounded by the lack of diversity in these programs, which can impact the educational and social experiences of both majority (mainly White) students and those from underrepresented minority (URM) backgrounds.

The [article](#) aims to: 1) assess the prevalence of burnout, exhaustion, discrimination, and stress among

students in dentistry, nursing, occupational therapy, pharmacy, and physical therapy programs; 2) identify significant differences based on key demographics; and 3) propose strategies and solutions suggested by students to address these challenges.

Find these studies and more on our [WEBSITE](#)



# Health Workforce Technical Assistance Center

## HWTAC Website Updates

The new [survey hub](#)—an extension of data collection inventory—provides examples of health workforce data collection surveys that are used throughout the US. Users can search for survey examples by state, profession, type of survey (workforce supply, demand, education pipeline), or by the information that the survey collects (ie, demographic characteristics, enrollment rates, practice characteristics, etc). Other updates to the website include a complete archive of research products from all of the HWRCs and added search filters to easily narrow searches by author, topic, research center, and more.

## Health Workforce Research Digest

HWTAC developed a newsletter that provides up-to-date information on a variety of important health workforce issues. This newsletter includes a curated selection of journal articles organized by topic on a monthly basis. [Sign up](#) today to receive the newsletter.

## Health Professions Education Program Outcomes, 2013-2022

This [chartbook](#) uses data from the Integrated Postsecondary Education Data System (IPEDS) to describe education program outcomes for 32 health professions between the years 2013 and 2022. It contains information on the number of awards conferred and the gender and race/ethnicity of individuals completing the programs.

## 2023 Health Workforce Research Symposium: Addressing Health Workforce Shortages Now and in the Future

HWTAC organized and hosted the [2023 Health Workforce Research Symposium](#) at the National Press Club in Washington, DC on October 11, 2023. The Symposium featured experts from the 9 HRSA-funded HWRCs discussing the most pressing issues facing the health workforce. The event was for both in-person and virtual audiences.

## Taking an Anti-Racist Approach in Health Workforce Research

In this [webinar](#), participants learn what anti-racist research is and how anti-racism can be infused into research methods used in health workforce research. The speakers give participants the opportunity to reflect on their own work and develop goals to shift their research to be more explicitly anti-racist.

## Health Workforce Research Career Paths for People With Master's Degrees

This [webinar](#) features panelists with master's degrees who work for academic institutions, consulting firms, and professional associations. They describe their respective career paths in health workforce research and insights they have gained along their professional journeys.

## Long-Term Pandemic Impacts on Practice Orientations and Labor Relations for Registered Nurses

While many have documented the enduring impact of the COVID-19 pandemic on health workforce shortages and turnover, few have considered the changes it may bring about for providers and their practices.

This [webinar](#) discusses experiences of registered nurses during the pandemic and their changed understanding of what it means to be “a good nurse”.

## The Changing Public Health Workforce

A well-trained public health workforce is the linchpin to addressing current and future public health challenges; but achieving this goal requires a significant overhaul of recruiting; hiring; training; and retaining staff.

This [webinar](#) provides an introduction to the public health workforce; focusing on challenges that the workforce has faced since the COVID-19 pandemic. Topics covered include supply

of the public health workforce; recruitment and retention; changing skills and occupations; and new directions in public health workforce research.

## Using CMS Data for Health Workforce Research

This [webinar](#) provides an overview of how to use Medicare claims and other Centers for Medicare and Medicaid Services (CMS) data to conduct health workforce research. Presenters discuss key files that are available, considerations and limitations of different data sources, options for data access, and potential linkages to other data sets. Research examples are also shared to demonstrate data applications.

## Dental Hygiene Scope of Practice: Why It Matters

Legal scope of practice (SOP)—based on state-specific practice acts—defines what services a health professional is allowed to provide and under what conditions in a given state.

This [webinar](#) considers state-to-state variability in dental hygiene (DH) SOP. The presenter describes the use of the Dental Hygiene Professional Practice Index to quantify SOP and highlight differences across states. Research on the impact of DH SOP on access to community based oral health preventive services is also discussed.

## Teledentistry: Bridging Oral Health Access Gaps in the Safety-Net

Though teledentistry has been in use for decades, the temporary pause of routine oral health services during the pandemic resulted in a period of rapid teledentistry adoption by providers seeking to serve their patients. Many states modified their teledentistry regulations, such as Medicaid reimbursement, to support the use of teledentistry by safety-net providers.

This [webinar](#) discusses findings from a research study on teledentistry use by safety-net providers and explores the variability in regulations across states.

## Innovative Dental Hygiene Practice: Community-Based Oral Health Care Services in Oregon and Minnesota

This [webinar](#) is a follow-up to “Dental Hygiene Scope of Practice: Why It Matters” oral health webinar that discussed the state-to-state variability in SOP and the impacts of DH SOP on access to care. The webinar explores best practices for community-based DH services in Oregon and Minnesota—both states that support a broad SOP for hygienists.







# Oral Health Workforce Research Center



### Identifying Strategies to Improve Oral Health Workforce Resilience

The emergence of the COVID-19 pandemic heightened issues of burnout across the health workforce. The chance of infection with COVID-19 among the oral health providers was considered substantial due to the increased risk of contracting the virus through respiratory aerosols and spatter during dental procedures.

This [report](#) describes the levels of burnout experienced by oral health providers in the safety-net during the COVID-19 pandemic including contributing factors and strategies used to increase workforce resilience.

### Safety-Net Patients' Satisfaction With Oral Health Services by Provider Type and Intent to Return For More Care

Recent changes in dental workforce models, driven by rising demand for oral health services, have sparked discussions about the need for greater efficiency in the US oral health care delivery system. Legislative action enabling new workforce models and expanding scopes of practice for the existing dental workforce has facilitated team-based approaches to providing care and the increasing use of alternative models of service delivery. However, some stakeholders within the current delivery system,

particularly those hesitant to deviate from traditional practice models, have raised concerns about how these changes may affect the quality of patient care.

This [article](#) evaluates patient satisfaction with recent dental services provided by dentists, dental hygienists, and dental therapists at a safety-net dental organization, highlighting the benefits of introducing dental therapists to the oral health care team without compromising patient care quality or satisfaction.

### Teledentistry Adoption and Use During the COVID-19 Pandemic

Prior to the COVID-19 pandemic, the use of teledentistry was limited; the utility of teledentistry was widely questioned in light of the predominately procedural nature of dentistry. Due to closures of dental practices and organizations during the early months of the COVID-19 pandemic, teledentistry quickly became a useful tool for dental providers to connect with patients.

This [report](#) 1) reviews the enabling statutes and regulations for the provision of teledentistry services in each of the 51 regulatory jurisdictions in the US, and 2) discusses themes that emerged from dental provider interviews on the use of teledentistry prior to, during, and subsequent to the COVID-19 pandemic.

### Authorization Status of Dental Therapists by State - 2024 Update

There is increasingly strong evidence supporting the safety and effectiveness of dental therapists, including their ability to promote community-based services and enhance oral health equity. Dental therapy is rapidly becoming an established, growing profession in the US, although there is variation in legal authority across states and jurisdictions.

This [interactive infographic](#)—an update from the original created in 2020—illustrates the most recent status of dental therapy in the US based on changes in state laws and regulations that define dental therapy practice.



Find these studies and more on our [WEBSITE](#)

## Public Health Workforce Research Center (PHWRC)

### Standard Occupational Classification Codes: Gaps in Federal Data on the Public Health Workforce

The local, state, and Tribal government public health workforce is the backbone of the US public health infrastructure, providing services crucial to health, safety, and national biosecurity. To determine whether the workforce can provide needed services, we must understand how many individuals are in this workforce, what they do, how much they get paid, and what training they have. However, the standard occupational classification (SOC) codes used by the US Department of Labor Bureau of Labor Statistics to collect workforce data do not match well with several public health occupations.

This [article](#) aims to determine which public health job titles clearly match to a SOC code and where there are gaps between SOC codes and public health occupations.

### Salary Disparities in Public Health Occupations: Analysis of Federal Data, 2021-2022

Local, state, tribal, and territorial government public health departments in the US act as the front-line against disease, but are severely understaffed. Although there are other factors that can attract job candidates, salary is known to be paramount in recruitment competition, including public health. While previous studies have compared salaries between different occupations within public health departments, few have contrasted salaries for the same occupations within government versus the private sector or ask directly about wage competition.

This [article](#) assesses salary differences between workers within key public health occupations in local or state government and workers in the same occupations in the private sector.

### Retention of Community Health Workers in the Public Health Workforce: Public Health Workforce Interests and Needs Survey, 2017 and 2021

Community health workers (CHWs) have critical importance in health departments as they often share the same cultural background (ethnicity and language), socioeconomic status, and life experiences as members of underserved communities. This shared culture increases the level of trust between the community and health department. However, as a professional group, CHWs face several challenges related to their occupation, including limited visibility, low compensation, and work-related stressors contributing to burnout.

This [article](#) uses the Public Health Workforce Interests and Needs Survey data to explore the organizational factors that contribute to CHWs' intent to leave their jobs within local and state health departments.

### Public Health Workforce Survey Data (2016–2021) Related to Employee Turnover: Proposed Methods for Harmonization and Triangulation

The public health workforce is in a critical state, with the current supply being unsustainable at best and dire at worst. Based on data from 2017 and 2019, health departments needed to hire 80,000 full-time employees to provide basic public health foundational services even before the onset of COVID-19. The situation has likely worsened due to the mass exodus of public health officials during the pandemic. Therefore, gaining a better understanding of public health workforce turnover is essential to improving recruitment and retention in the field.

This [article](#) explains how the authors harmonized 4 public health workforce surveys—PH WINS, NACCHO Profile, NACCHO Forces of Change, and ASTHO Profile—to analyze employee turnover.

## PHWRC – Run by the the Consortium for Workforce Rsearch in Public Health

### Public Health Nurses' Proficiencies and Training Needs in an Emergency Response: A Cross-Sectional Observational Study

Nurses have been the backbone of the US governmental public health system, constituting the largest professional group within the public health workforce. However, while the overall governmental public health workforce has seen a significant decrease in size, the public health nursing (PHN) workforce has been particularly affected.

This [article](#) addresses gaps in understanding the public health nursing workforce regarding competencies recognized as critical during an emergency response.

**Additional Resource:**  
[Blog](#)

### It Can't Just Be About the Money: How to Assure an Adequate Public Health Workforce

Salary disparities emphasize the urgency of rectifying pay inequities in public health occupations. However, many public health positions are governed by state employee pay structures that cannot be changed for only one agency. Given the challenges of

increasing governmental pay just for public health, additional approaches are needed for public health recruitment and retention that are within the public health sector's control.

This [article](#) discusses suggested strategies for public health recruitment and retention, informed by interviews with public health workers from across the country and reports from the field.

### State Laws Governing the Hiring of Public Health Government Employees, 2023

Since 1883, the United States has had civil service laws in place to prevent cronyism and insulate public employees from political influence. Critics argue that such laws impose an undue burden on managers with regard to hiring and dismissing employees. Given that governmental public health agencies have experienced longstanding challenges in recruiting individuals at the state and local level, understanding civil service laws as they relate to the hiring processes is an important component of increasing public health workforce capacity.


This [article](#) presents state hiring laws and regulations governing the

public health government workforce to inform related policy changes to support workforce development.

### What Are Public Health Agencies Planning for Workforce Development? A Content Analysis of Workforce Development Plans of Accredited Public Health Departments

The COVID-19 pandemic exposed public health infrastructure gaps and the need for a strong public health workforce capable of supporting population health and promoting health equity. One of the major causes of the infrastructure gaps is ongoing public health workforce shortages. Recruiting and retaining public health employees and ensuring they have necessary skills are vital for meeting public health needs.

This [article](#) examines workforce gaps identified by accredited health departments and what they plan to do to address those gaps.

  
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## UCSF Health Workforce Research Center on Long-Term Care

### Impact of COVID-19 on Occupational Injuries and Illnesses Among Nursing Care Facility Workers: Analysis of California Workers' Compensation Data, 2019-2021

The COVID-19 pandemic had a negative impact on health care workers by increasing workloads and leading to burnout. The stress for workers may have also led to an increase in the risk of occupational injuries.

This [article](#) assesses the impact of the COVID-19 pandemic on occupational injuries or illnesses among nursing care facility workers.

### The Relationship Between Scope of Practice Laws for Task Delegation and Nurse Turnover in Home Health

A national survey reported that 1 in 4 nurses left their position in 2021. Nurse turnover can impact the quality and continuity of home health care. Scope of practice laws—which determine the tasks nurses are allowed to perform and delegate—are an important element of autonomy and vary across states.

This [article](#) uses human resource records from a multi-state home health organization to assess the relationship between nurse turnover and whether nurses are legally allowed to delegate tasks.

### The Increase in Contract CNA Staffing in US Nursing Homes and Associated Care Quality Outcomes

Higher levels of certified nursing assistant (CNA) staffing are positively associated with improved care quality outcomes for nursing home residents, but low wages and other job-quality concerns drive high turnover and job vacancies. Nursing homes have addressed workforce pressures by increasing their reliance on contract CNAs from staffing agencies in recent years, particularly during the COVID-19 pandemic. This trend raises concerns about staffing quality and continuity in nursing homes, with pre-pandemic research indicating that adding contract CNA staffing does not improve care quality.

This [report](#) examines trends in contract CNA staffing from 2017-2022 and their impacts on resident care quality.

**Additional Resources:**  
[Article](#)  
[Abstract](#)



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## UNC Behavioral Health Workforce Research Center

### Assessing the Training for Certified Peer Support Specialists Who Provide Mental Health and Substance Use Services

The onset of the COVID-19 pandemic worsened mental health conditions due to sudden social distancing restrictions, prolonged isolation, and increased disruptions in mental health and substance use treatment and support services. Peer support specialists play a crucial role in helping individuals with mental health and substance use challenges explore various pathways to recovery. These services are provided by Certified Peer Support Specialists (CPSSs) or Peer Recovery Support Specialists (PRSS), who are individuals in recovery from serious mental health or substance use disorders, offering support to others facing similar struggles.

This [article](#) investigates, from the perspective of CPSSs, whether their training sufficiently covers essential core competencies and adequately prepares them for their role as CPSSs.

**Additional Resources:**  
[Brief](#)  
[Abstract](#)

### How Would a Certification in Harm Reduction Impact Service Delivery and the Harm Reduction Workforce? A Qualitative Study

By employing evidence-based methods, harm reduction seeks to lessen the negative health and social consequences associated with substance use. As harm reduction services continue to expand without the need for professional certification, there remains considerable variation in how the workforce is perceived and trained in harm reduction principles and practices.

This [article](#) explores the harm reduction workforce's perspectives on how certification would impact service delivery and their profession.

### Harm Reduction Workforce, Behavioral Health, and Service Delivery in the USA: A Cross-Sectional Study

Harm reduction—an evidence-based approach that mitigates the effects of substance use through prevention, treatment, and recovery—has recently been identified as an important facet of efforts in the US to address the opioid epidemic and substance use disorders. However, little is known

about the behavioral health workforce working in harm-reduction settings.

This [article](#) aims to fill the knowledge gap on the harm reduction workforce through a mixed-methods study executed in partnership with the National Harm Reduction Coalition.

**Additional Resources:**  
[Brief](#)  
[Abstract](#)

### Preparing Behavioral Health Clinicians for Success and Retention in Rural Safety-Net Practices

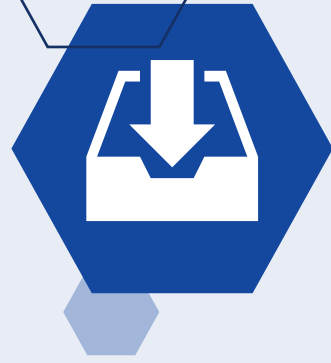
Increasing access to behavioral health providers in safety-net clinics is vital to ensuring behavioral health care equity. However, there is a lack of knowledge about the factors that better prepare behavioral health providers to practice in these settings.

This [article](#) explores how experiences with medically-underserved populations during the education of behavioral health professionals affects their satisfaction and retention when subsequently working in safety-net settings.

**Additional Resources:**  
[Policy Brief](#)  
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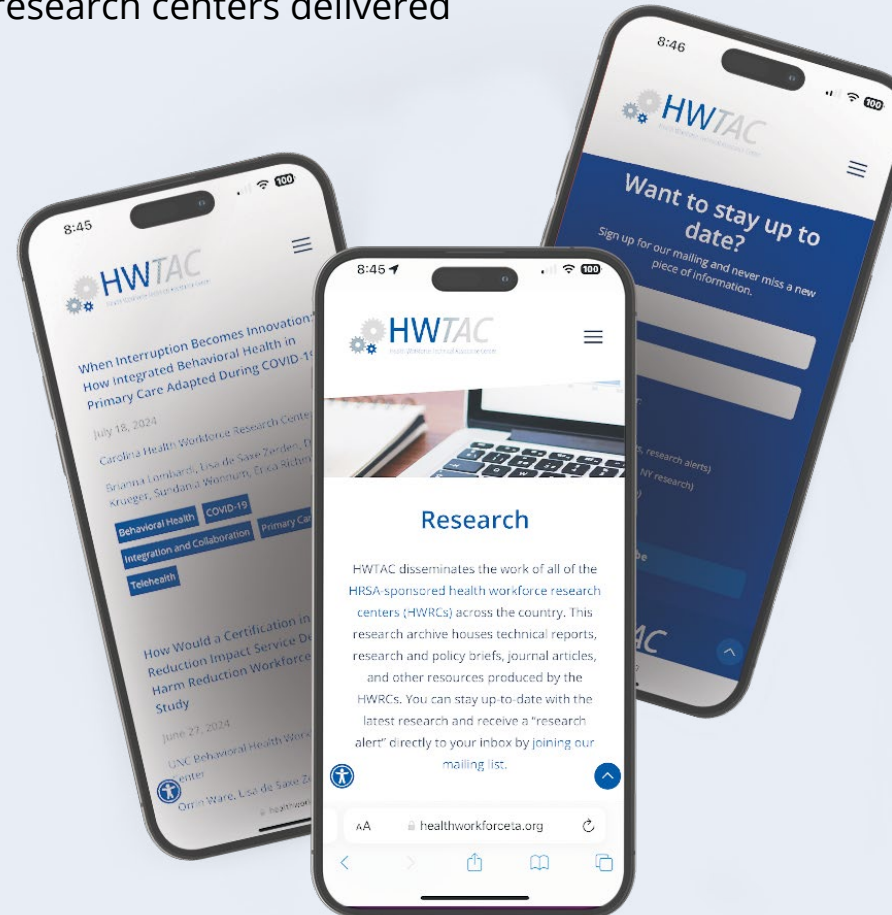
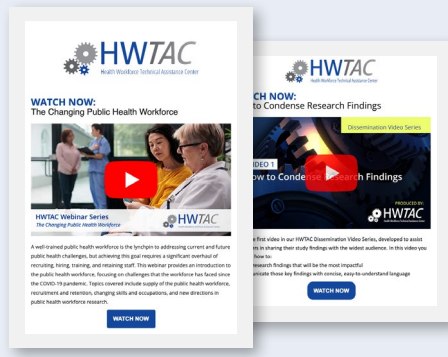
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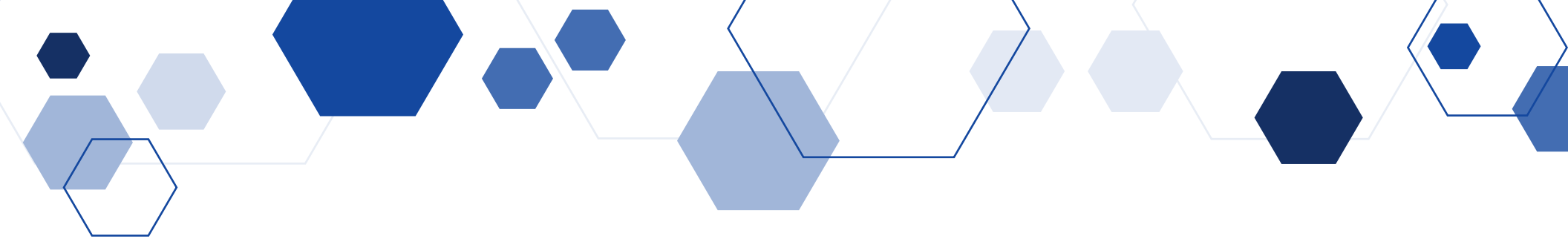
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