



Seventy-three percent of supervisors and 63 percent of employees feel the hiring process to fill vacancies is too long. - *U.S. Merit Systems Protection Board*

State health agencies are experiencing a workforce shortage that threatens their ability to protect the health of the public.¹ Increased vacancy and turnover rates, private sector competition, as well as inadequate recruitment and retention efforts are contributing factors to the current workforce deficit. To address these public health workforce challenges human resource professionals at state health agencies are recruiting strategically and updating their tools and policies.

ASTHO developed this issue brief for state health officials and their human resources staff to explore hiring strategies used by state health agencies in Delaware, Indiana, New Mexico, South Carolina, and Washington. The highlighted strategies improved the processes and strengthened the workforce of these state health agencies. The hiring strategies featured include:

- Implementing Direct Hire to reduce the hiring time.
- Creating an incentive-based recruitment and retention pilot program for critical needs positions.
- Collaborating with universities to directly recruit graduate researchers.
- Developing the talent of lower level professionals through in-training programs.

The implementation of similar hiring strategies may be helpful to human resource professionals at state and territorial health departments in order to address the growing public health

worker shortage by increasing the number of qualified professionals in public health areas that are emerging or experiencing shortage. These strategies serve as a useful beginning for state health agencies working with their human resource office to develop recruiting incentives. ASTHO has developed several other documents related to the public health workforce. The topics include:

- State Public Health Employee Worker Shortage
- Public Health Nurses
- Public Health Epidemiologists
- Laboratory Scientists and Technicians
- Environmental Health Practitioners.

These documents are available on the ASTHO website at www.astho.org.

Accelerated Hiring and Direct Hire

Accelerated hiring does not have a uniform definition. The phrase describes strategies that expedite the hiring process. According to the United States Office of Personnel Management (OPM), offering accelerated hiring flexibility is a critical approach to improving recruitment and retention in the public sector. OPM published *10 Hiring Fixes*, which highlighted strategies for eliminating red tape and reducing delays in the hiring process for federal government workers. A few of the strategies include:

- Adopting an accelerated hiring model.
- Using on-the-spot hiring authority.
- Competing on college campuses.²

Direct Hire is an example of accelerated hiring. It is a unique authority that allows agencies to offer qualified applicants immediate employment for select positions when there is a severe

shortage of candidates or the agency has a critical need.³ Direct Hire was federally legislated with the Chief Human Capital Officers Act of 2002,^{4,a} which granted hiring authority for certain critical federal positions. As part of this effort, agencies were required to submit evidence of need (e.g., severe shortage, failed recruitment efforts, or a “mission-critical need” to implement this strategy).⁵

This hiring method is also used in state health agencies and allows them to fill positions quickly because it involves fewer steps. The benefits of Direct Hire are improved efficiency in the hiring process, enhanced recruiting, and the ability to make on-the-spot hiring decisions. Several state health agencies including Delaware, Maine, New Mexico, and West Virginia have implemented the Direct Hire recruitment system. Delaware and New Mexico state health agencies were featured on the Direct Hire conference call sponsored by ASTHO’s Human Resource (HR) Director Taskforce.^b

Delaware Division of Public Health⁶

Delaware’s Division of Public Health (DPH) has used Direct Hire at their long-term care facilities. Recently, the community public health nursing program began using Direct Hire after nurses presented evidence to management that qualified applicants were being lost due to the cumbersome hiring process. The Direct Hire flexibility was expanded specifically to support nurse recruitment, and to date more than 15 positions have been filled.

After introducing Direct Hire, certain steps in the hiring process changed. Direct Hire applicants were still required to meet the minimum qualifications for the position. However, applicants were not scored and their names were no longer required on a certification

^a Title XIII of the Homeland Security Act of 2002 gives authority for Direct Hire.

^b ASTHO’s HR Director Taskforce is comprised of executive human resource staff and designated representatives of the chief health officials in state health agencies. These taskforce members represent their state or territory on monthly conference calls concerning specific public health workforce challenges.

list.⁷ The reviewing process involving the hiring supervisor and the nurses also changed. In the past applications were sent to the HR office, processed, rated, and then held until a request was made by a manager for a list of nurse applicants. Applicant names were placed on certification lists. This list was then sent with the applications to a requesting manager. This process, even with priority status for nurses, could consume a few weeks. Now, applications are sent to the Nursing Director for rating, and then sent to the hiring manger.⁸

Staff responsibilities were temporarily increased during the start-up phase of Direct Hire to ensure the system operated effectively. To implement Direct Hire, the nurses set up additional systems, including a new filing structure, security for applications, and record retention procedures. Despite added staff responsibilities, the nurses feel that Direct Hire is beneficial and expressed satisfaction with the quick hiring turnaround.

Under the new Direct Hire policy, positions are filled more quickly. It can take as little as 48 hours for an application to be received, reviewed, and rated. As a result, the process has been reduced by a month. Additionally, the average reduction in hire time is four to six weeks.

Overall, the public health nursing staff is very pleased with Direct Hire and is willing to continue using the recruiting strategy. There are future plans to expand this flexibility to other professional areas and to incorporate email as a communication tool with potential applicants. Through these experiences, public health nurses have gained greater appreciation of HR management and are more effective in quickly finding a “good fit” for the applicant and the organization.

New Mexico Department of Health⁹

After experiencing an increase in employee turnover rates for clinicians who served in direct patient care roles, the New Mexico Department of Health established a Direct Hire policy in December of 2002. The system was developed

by a diverse committee which included staff from the HR Department, the Department of Health, and the Public Health Division.

Direct Hire was implemented statewide but was limited to specific positions based on the level of patient-care interaction and the degree of professional licensure. Positions that involved direct-patient care (e.g., nurses, doctors, dentists) and all licensed, certified, and registered positions, such as veterinarians, were classified as Direct Hire. The policy is reviewed quarterly, and every year the procedure is granted hiring authority from the state personnel director.

Managers are required to follow formal written policy and to provide justification for use of the hiring tool. In the past it would take the state personnel office three to five weeks to process an application. As a result of Direct Hire, the processing time is reduced because the positions are no longer posted through this office. The positions are now posted for approximately one to two weeks. Aside from the submittal of Direct Hire paperwork and the separate classification for Direct Hire applicants, the hiring process has remained relatively the same; divisions and facilities are still required to review and rate the applications.

Since the induction of the Direct Hire flexibility, there have been many improvements to the hiring process. The list of applicants produced by the State Personnel Office no longer takes three to four weeks. The lists are now sent to the divisions and facilities weekly, and are updated daily as applications are received. After applicants are selected, personnel action forms are completed and the applicant's licensure is verified.

Direct Hire was originally instituted at the New Mexico Department of Health in response to escalating turnover rates. Although there has not been a significant reduction in turnover rates, the positions are now filled more immediately. Overall, New Mexico has experienced very positive results, and Direct Hire has been well received and executed by the staff. Approximately 60 percent of their public health

workforce has been employed using this hiring method.

According to Teresa Padilla, Human Resource Deputy, "The Direct Hire process has made it easier to fill critical, direct-patient care positions in a timely manner, which has resulted in better service provision to our clients."

Compensation and Education Oriented Recruiting Incentives for Hard-to-Fill Positions

Indiana State Department of Health

Indiana State Department of Health (ISDH) faced a challenging recruitment dilemma; they needed to attract skilled data analysts for entry level research positions. Recruiting well-educated researchers capable of sophisticated data analysis was very difficult for ISDH, due to the low pay scale being offered for these positions. ISDH typically only received interest from applicants with bachelor's degrees.

ISDH staff approached their academic partners, Indiana and Purdue Universities, for their assistance and a non-traditional working agreement was created between ISDH and doctoral students from the two participating Universities. Based on the agreement, the Universities match final-stage doctoral candidates that have not completed their dissertation with entry-level position openings at the health department. The candidates are then hired as full-time state employees to conduct data analysis on complex research projects.

In the past the doctoral students would typically receive a \$12,000 annual stipend from their university. As full-time ISDH employees, doctoral students are able to receive the ISDH entry-level salary which ranges from \$22,000 to \$28,000 and full state benefits such as medical and dental coverage are included. An added incentive is that their work can be used towards their dissertation.

The unique aspect to this agreement that differentiates it from a practicum or any other educational/career opportunity is that students are not required to give a formal presentation, and their job has no bearing on their academic grades. The students are considered full-time state employees, separate from their student status, and there is no time limit on the duration of their state job. In addition, their job service counts as full-time equivalent experience rather than partly as academic enrichment.

This innovative program meets the needs of all the involved parties. The students gain practical work experience. ISDH gets highly qualified applicants that they otherwise could not afford. And, the Universities produce well-trained PhD graduates. According to ISDH staff, this recruiting strategy is ideal for all parties and very cost-effective. ISDH acknowledges that without this program they may not have attracted such a high caliber talent pool. ISDH believes this program will impact the entire organization, because current staff will learn about improved processes and theory, while doctoral students are able to get first-hand experience with state government and possibly continue on with leading careers in the public health sector. Offering incentives for priority positions that are hard-to-fill allows ISDH and DHEC to compete with the private industry by attracting highly skilled and competent public health professionals.

"ISDH strives to better facilitate collaboration between partners, improve Indiana's future, and serve our citizens. This new initiative to hire PhD students will work to move us forward and improve the programming we are able to offer. It is a win-win situation for all partners," said Jennifer Hoffman, Policy & Grant Management Division Director.

South Carolina Department of Health and Environmental Control

In 2005 the South Carolina Department of Health and Environmental Control (DHEC) implemented a three-year pilot program entitled Health Services Healthcare Recruitment and Retention Pilot Program. This program serves as

one of the key strategies used to support the succession planning program for the Health Services Deputy Area. The purpose of the program is to attract and retain critical needs health professionals (registered nurses, nurse practitioners, acute care nurse practitioners, nurse administrator/managers, social workers, and nutritionists) through compensation and education-oriented hiring incentives such as a sign-on bonus, referral bonus, retention bonus, student loan repayment, tuition assistance, leave for class, and paid practicum. These incentives could all serve as methods of attracting high quality talent for DHEC, but the hiring and signing bonuses are specifically offered to draw in applicants with specific expertise in critical needs areas.

The pilot program offers bonuses to recruits and current DHEC employees. The purpose of these incentives is to attract health professionals in positions that are classified as "critical needs" by the Assistant Deputy Commissioner.

Full-time healthcare recruits from critical needs fields may be offered a signing bonus of up to \$1,000. The recruits receive the first half of their installment after one month of service and the remaining half after successfully completing one year of employment. Areas that experience significant shortage challenges may request an increase in the sign-on bonus to total up to \$3,000. Positions are only eligible if the signing bonus is advertised in the job vacancy postings.

Referral bonuses are offered to current DHEC employees in non-recruiting positions after their applicant referrals are successfully hired to an eligible critical needs position. The current DHEC employee is only compensated if the job vacancy indicates a referral bonus. Referral bonuses of \$500 can also be increased to up to \$2,000 if a chronic recruiting shortage persists and authorization is approved from the Health Services Deputy Commissioner's Office.

Cash bonuses are an appealing incentive for current and future employees. Bonuses serve as a supplement to an employee's salary and can supplement the pay scales offered by the states. The signing bonuses advertise themselves and

the referral bonuses encourage current employees to act as informal recruiters for the agency. By allowing a monetary range for the bonuses, HR staff is given greater flexibility to base the intensity level of their recruiting efforts on the severity of the hiring shortage. The premise behind the bonuses is to increase attention for the position thereby expanding the applicant pool.

Talent Development for Entry Level Positions

Washington State Department of Health

The Human Resources Department at Washington State Department of Health implemented an automated online application system to increase hiring efficiency and an in-training program to improve the candidate pool as well as provide options for hard-to-fill positions.

One facet of the in-training approach is the outreach to colleges. To be considered, college applicants must either have a degree or be a full-time student who anticipates receiving their degree within the next year. Multiple assessment tools are employed during the hiring process to screen applicants. Applicants complete both an online profile and an exam to be placed in a specific candidate pool (College Career Graduate with several specialty areas, or College Career Master Graduate which also has three specialty areas). The results are provided instantly and the applicant's name is added to the candidate pool within a few hours.¹⁰

The in-training program relies on comprehensive on-the-job training where quality applicants with little to no work experience or with lower demonstrated competencies can be hired and then trained to develop the competencies needed to meet the higher classification level. The in-training designation can be used for most entry-level positions. All in-training positions must have a plan which outlines training, expected key results, and other components necessary to develop the knowledge, skills, abilities, and competency levels of the new employee.¹¹

The in-training plan is a thorough description of a full training schedule for each level that is

aligned with the duties, responsibilities, and expected competency development. An employee has to remain at each step for a minimum of six months and successfully complete each training objective in order to advance to the next level. The employee's salary, work period designation, and performance assessment are based on the in-training steps. New staff members in this program complete a probationary period if they are hired from outside state service and then they enter into trial service periods for subsequent levels. If they are hired from within state service (i.e. they have already completed a probationary period), then they would serve trial service periods with specific timeframes at each level. All levels, whether a probationary or trial service period, must be successfully completed for the incumbent to be appointed at the final level.¹²

Conclusion

According to a report by the U.S. Merit Systems Protection Board, a major concern for supervisors and employees in the public sector is the protracted hiring process for merit sector positions: 73 percent of supervisors and 63 percent of employees felt the hiring process to fill vacancies was too long.¹³ In addition, a recent *Washington Post* news article indicates that university students are an underused market by the civil service.¹⁴ The hiring strategies highlighted in this issue brief allow state health agencies greater flexibility to attract qualified candidates and to reach out to promising candidates with less experience.

Implementing these hiring strategies also comes with its share of challenges for human resource professionals. Initially, these new systems will require additional labor, time, and resources from current human resource staff. Furthermore, extraneous variables such as budget restraints and hiring freezes may further exacerbate the recruiting efforts of the human resource staff.

Despite such barriers, state health agencies are more likely to remain competitive with the private sector by reducing the length of time it takes to hire candidates and by implementing

targeted recruitment efforts for specific professional areas or groups, such as university students. Innovative hiring strategies enable human resource staff to attract and respond quicker to top-tier applicants, who otherwise may end up lured away by private industry as they await response from state management. By implementing these strategies, states are better equipped to respond to workforce needs and to prepare human resource staff to meet those challenges.

¹ ASTHO State Public Health Worker Shortage Report. (2004). www.astho.org/pubs/Worker-Shortage-Booklet.pdf. Accessed 01-08-06.

² “OPM:10 Hiring Fixes.” www.opm.gov/Strategic_Management_of_Human_capital/Top10Fixes.asp. Accessed 01-24-06.

³ “OPM: Direct Hire Authority Web Tutorial.” www.opm.gov/Strategic_Management_of_Human_Capital/fhfr/FLX03010.asp. Accessed 01-24-06.

⁴ Ibid.

⁵ U.S. Merit Systems Protection Board. June 2004. “Issues of Merit: The key to successful use of automated hiring systems: Top executive involvement.” www.mspb.gov/studies/newsletters/04junnws/04junnws.pdf. Accessed 02-01-06.

⁶ HR Directors Taskforce Conference Call. (Personal Communication). 02-07-06.

⁷ DHSS Direct Recruitment Procedure. Issue Date: 06-04-05.

⁸ Albright P. (Personal Communication) 02-25-06.

⁹ HR Directors Taskforce Conference Call. (Personal Communication). 02-07-06.

¹⁰ Deuel K. (Personal Communication). 02-10-06.

¹¹ In-Training Rules Document www.dop.wa.gov/JobSeekers/OtherOpportunities/College_Graduates/CRPFAQs.htm. Accessed 01-30-06.

¹² Ibid.

¹³ U.S. Merit Systems Protection Board. “The Federal Merit Promotion Program: Process vs. Outcome.” www.mspb.gov/studies/rpt_02-20-02_promotion/meritpromotionprogram.pdf. Accessed 01-30-06.

¹⁴ Goldfarb, Z.A. & Lee, C. “Civil Service Steps up Recruitment.” www.washingtonpost.com/wp-dyn/content/article/2006/05/01/AR2006050100631.html?referrer=emailarticle. Accessed on 05-01-06.

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For additional information please contact publications@astho.org.

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