FREQUENTLY ASKED QUESTIONS
Public Health Workforce Calculator

Before you Begin

The Calculator is intended for use by local health departments (LHDs) who:

- Serve a population of less than 500,000
- Operate in a decentralized public health system

While local health departments not fitting the above criteria are welcome to use the Calculator, the resulting estimates may not be reliable.

This project was supported by the de Beaumont Foundation and Centers for Disease Control and Prevention's Center for State, Tribal, Local and Territorial Support.

Frequently Asked Questions

This **FAQ** is designed to supplement the **Public Health Workforce Calculator**. It provides answers to questions that have been received since the launch of the Calculator.

Related Resources

This FAQ should be use alongside the following links/resources.

Calculator

Advanced User Template

User Guide

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Basics

What is the Calculator?

The Calculator is a web application to help local health departments (LHDs) plan for staffing needed to provide <u>Foundational Public Health Services</u> (FPHS). The Calculator was developed to enable LHDs to do scenario planning at the Foundational Area (FA) and Foundational Capability (FC) level.

A Basic Version was created to provide quick access to specific estimates by agency size, while an Advanced Version was created for agencies undergoing Cost and Capacity Assessment work that wanted more detail and control over Calculator estimates. Health departments may take the results from the Calculator to identify gaps in how FPHS are currently delivered, estimate necessary effort, and determine how to best pursue full implementation (including identifying which occupations may best address needs).

Who should use the Calculator?

The Calculator is ideal for LHDs that engage in future planning exercises, as the Calculator provides planning-level estimates for LHDs (as opposed to 'exact' estimates for a particular LHD). It may be helpful for a LHD that is considering growth or austerity scenarios, or realigning work around the FPHS model.

The Calculator is designed for jurisdictions in decentralized states, serving populations less than 500,000. This is because the data that power the Calculator do not have enough representative data from other kinds of jurisdictions at this time to have reliable estimates for centralized jurisdictions, or larger ones.

Why are there four options for the Calculator?

There are four options to allow users to obtain results with fewer inputs (Basic) or to have the ability to have more detailed interaction (Advanced). Within each User Option, the Calculator also offers Streamlined and Expanded options. These exist to ensure stability in the results. The data used to develop the Calculator had high variability for some of the FCs (Equity, Organizational Competencies, Policy Development and Support, Accountability and Performance Management, and Communications), and to ensure more stable results, those FCs were combined into the 'All Other' category in the Streamlined Version. For planning purposes only, and with caveats that the estimates may be unstable, we allow users to break these FCs out in the Expanded Version of the Calculator.

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Development

Who developed the Calculator?
The Calculator was developed through a partnership between the de Beaumont Foundation, Public Health National Center for Innovations at the Public Health Accreditation Board, UMN SPH Center for Public Health Systems, and Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support.

How was the Calculator developed?
The estimates produced by the Calculator rely on data from 170 local health departments in four states, user inputs, and a number of modeling assumptions. Users should consider, for particular estimates, whether the Calculator results seem practical or relevant to their community. Users should also be aware that all data used in the development of the Calculator was from 2018 and therefore does not reflect any staffing changes that health departments may have made because of the COVID-19 pandemic, nor is the Calculator meant to attend to planning for surge capacity.

Using the Calculator

Why are there two User Options for the Calculator?
There two User Options available based on the available data a user might have; the Basic User is for LHDs that have not participated in FPHS related Cost and Capacity Assessment and the Advanced User is for LHDs that have participated in FPHS related Cost and Capacity Assessment and therefore have data on the number of full-time equivalents (FTEs) that currently contribute to each FC and FA.

Why are there two Versions of the Calculator?
While many of the staffing categories of the FCs and the FAs, overall, may constitute a large percentage of a department's total staffing, due to data limitations, certain FCs have been found to be highly variable and can produce unstable results. To improve reliability, these FCs were grouped into 'All Other' (Streamlined Version). Users who wish to expand these Capabilities (Expanded Version) for estimation purposes may do so with the following caveat:

- Expanding the 'All Other' category introduces more uncertainty into those estimates, as these Foundational Capabilities were found to be highly variable across agencies, but a single distribution (or set of percentages) is used in this experimental feature, for illustrative purposes only. This means that some agencies might be expected to reasonably have higher percentages of staff toward, equity, for example, and some lower, than what the output is showing, to accomplish equity oriented FCs for populations of a certain size.

What does 'need relative to peers' mean?
'Need relative to peers' allows users to indicate where they are relative to their peers in terms of need. By default, it the Calculator is set to Average. If a user indicates a higher need for an FC or FA (e.g., Environmental Health) relative to peers, the Calculator will boost the FTE need in its output. Importantly, this should be an objective measure, not a subjective one. Higher levels of STI outbreaks, foodborne illness, or other FPHS services would be important indicators of additional need.

The Calculator aims to balance the idea of wanting to have a reliable model with solid estimates no matter the context versus being sensitive to local need and context. Based on a health department's response, a mathematical calculation is applied to the Calculators outputs.

Results

Does the Calculator provide details on type of positions (occupation)?
The Calculator does not include recommendations by occupation; instead, the Calculator focuses on job function. This is because job titles do not always speak to the functions of the position and local health departments across the country are organized very differently from one another. Focusing on job function affords more flexibility for the user to determine how to meet needs based on the number of FTEs

The estimate I received seems far off. What might have happened?
There are a number of reasons the Calculator's numbers might not quite fit with what you were expecting. First, it is always important to check the inputs - and that the Calculator is using the same definitions you are. We have found in testing that one of the biggest reasons for the 'far off' numbers is that a user is comparing their 'agency totals' for FC or FA total when the Calculator is looking for only the FTEs that are working on FPHS or 'core' work, not Foundational AND Community-specific Services (which adds together, along with other activities, to make the total of what an agency does). Another reason things might not line up is that your agency's might be much better off, or much worse off, than the 170 LHDs that contributed to the Calculator. If so, your expectations might be quite a bit different.