

WWAMI CENTER FOR HEALTH WORKFORCE STUDIES

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Project Summary

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Rural-Urban Differences in the Public Health Workforce

Issues: Rural local health districts (LHDs) are often the only formal public health presence in small remote communities. This study describes the people who staff these departments, compares the per capita supply of public health professionals in rural and urban districts, and explores some of the major challenges faced by rural public health.

Study Design: We surveyed the 93 rural and 10 urban LHDs in the states of Alaska, Montana, and Wyoming. The administrator of each district provided information on the number and type of personnel, the number of vacancies, and special problems confronted.

Findings:

✕ Rural LHDs are very small, with fewer than 5 working professionals in the average office, compared with nearly 32 in an average urban office.

✕ The per capita public health workforce supply is slightly greater in rural than in urban LHDs (32:100,000 versus 29:100,000).

✕ Public health nurses form the core of rural LHDs; urban LHDs have a wider variety of professional categories represented within their walls.

✕ The spectrum of public health services delivered is narrower in rural LHDs than in urban ones.

✕ A large portion of rural public health personnel (with the exception of Alaska) work part time, and many lack formal public health training.

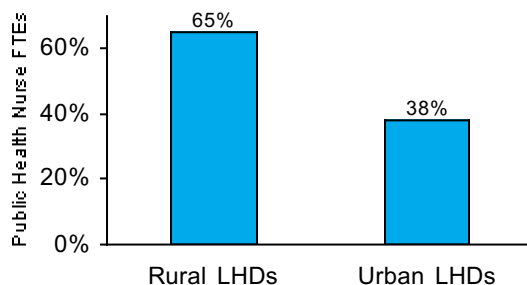
✕ Vacant rural LHD positions are relatively infrequent.

Findings from this study are more fully described in WWAMI Center for Health Workforce Studies Working Paper #61: Rosenblatt RA, Casey S, Richardson M; Rural-Urban Differences in the Public Health Workforce: Findings from Local Health Departments in Three Rural Western States; December 2000.

Rural-Urban Differences in Per Capita Public Health Workforce Composition



Nursing Contribution to LHD Professional Workforce



Policy Implications: Rural public health systems are highly dependent on public health nurses, many of whom work part time and have not received formal training in public health. Although the per capita supply of rural public health professionals is slightly higher than in urban areas, the spectrum of public health services available is narrower in rural areas. The organization of rural public health at the state level has a profound impact on the type and quantity of services available in local areas.



