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Succession Planning in State Health Agencies in the United States: A Brief Report

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Abstract

Objective: Approximately 25% of the public health workforce plans to retire by 2020. Succession planning is a core capability of the governmental public health enterprise; however, limited data are available regarding these efforts in state health agencies (SHAs).

Methods: We analyzed 2016 Workforce Gaps Survey data regarding succession planning in SHAs using the US Office of Personnel Management's (OPM's) succession planning model, including 6 domains and 27 activities. Descriptive statistics were calculated for all 41 responding SHAs.

Results: On average, SHAs self-reported adequately addressing 11 of 27 succession planning activities, with 93% of SHAs adequately addressing 1 or more activities and 61% adequately addressing 1 or more activities in each domain.

Conclusions: The majority of OPM-recommended succession planning activities are not being addressed, and limited succession planning occurs across SHAs. Greater activity in the OPM-identified succession planning domains may help SHAs contend with significant turnover and better preserve institutional knowledge.

Keywords

public health practice; retirement; state health agencies; succession planning; turnover

Succession planning is defined as a method used by organizations to address the need for identifying and developing high-performing staff to assume leadership positions.[1,2] Ideally, this is part of a comprehensive approach to ensure continuity of leadership and preservation of institutional knowledge, even if predecessors and successors have different backgrounds or skills.[1] Despite an aging governmental public health workforce, increased and impending

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retirements, and data suggesting that approximately 25% of the state workforce will be eligible to retire by 2020, a lack of succession planning has only recently been considered a threat to the public health capabilities.[1,3–10]

A systems-level study of succession practices in state public health agencies has not been published; however, 2 studies have characterized succession planning efforts at the local health department (LHD) level. In 2015, a nationally representative study of 255 LHD top executives reported that just 40% of LHDs were engaged in either formal or informal succession planning, and these activities tended to target bureaus or divisions rather than the entire LHD.[11] In this same study, 32% of respondents indicated that they did not evaluate how leadership positions affected their LHD's goals.[11] Lack of evaluation can make long-term planning challenging during turnover periods, given the link between succession planning and leadership continuity of operations. In addition, in a 2016 study of Washington State's 35 LHDs, only 3 had written a succession and management plan. Separately, none of these LHDs reported implementation of an agency-wide succession planning program.[12]

Data from the Public Health Workforce Interests and Needs Survey (PH WINS) indicate that 24% (mean and median = 24%; range, 13%−35%; interquartile range = 22%−27%) of state health agency (SHA) workforce plans to retire by 2020, with an additional 13% considering leaving their organization for nonretirement reasons.[4,5] Even if staff delay retirement or quit at lower rates than expected,[13] succession planning alongside recruitment and retention will remain major challenges for SHA leaders. To understand succession planning efforts in SHAs, we assessed the overall scope of succession planning at SHAs, including whether states with high proportions of planned retirements have differences in succession planning implementation. In addition, we characterized barriers to succession planning.

Methods

The Workforce Gaps Survey (WGS) was conducted in 2016 to identify public health workforce development needs. The study methodology has been described previously.[14] To summarize, an organizational Web-based survey was fielded during 2016 as a census to SHA senior deputies and human resources directors in 46 SHAs (4 states were undergoing leadership transitions at the time of the study and not included). Overall, 41 SHAs responded to WGS (89% response rate), including 19 senior deputies, 25 human resources personnel, 3 workforce directors, and 5 staff members of other types.

Respondents reported agency activities regarding agency-level succession planning activities using the US Office of Personnel Management's (OPM's) succession planning model.[15] While federally oriented, the policies and procedures OPM sets are influential across the public sector and incorporated by national organizations as guides for succession planning.[16] Survey components were drawn from the OPM model's 6 domains and 27 subset activities. The domains include (1) linking strategic and workforce planning decisions; (2) analyzing gaps; (3) identifying talent pools; (4) developing succession strategies; (5) implementing succession strategies; and (6) monitoring and evaluating. For each domain, respondents answered questions whether subset activities were adequately addressed as part of their SHA's succession planning processes. Respondents were asked to indicate activity for each

item (“select all that apply”). Respondents also identified barriers for succession planning implementation.

Descriptive statistics were calculated for each domain (n = 6) and activity (n = 27). These statistics were calculated for all responding SHAs (n = 41) and were stratified by the percentage of the agency’s staff who are planning to retire by 2020 according to PH WINS 2014 findings[5] (median = 25% among n = 33 SHAs responding to PH WINS and WGS). PH WINS was conducted in 2014, with more than 10 000 SHA respondents in a nationally representative SHA frame. Respondents were asked whether they were planning to retire by 2020. Answers were aggregated by state, and we dichotomized succession planning activities among SHAs with lower (<25%) and higher (≥25%) than the median of planned retirements. For reference, PH WINS methods have been described previously in this journal.[17] Fisher’s exact test was used to compare the 2 stratified groups. Data were managed in Microsoft Excel 2016 (Microsoft Corporation, Redmond, Washington) and analyzed in Stata 13.1 (StataCorp LP, College Station, Texas). The Centers for Disease Control and Prevention reviewed this study for human subjects protection and deemed it to be not human subjects research.

Results

Overall, 38 of 41 responding SHAs (93%) indicated that their process adequately addressed 1 or more of the OPM succession planning activities. Overall, as displayed in the Table, activity performance varied substantially (excluding “other”: mean = 42%; standard deviation [SD] = 15%; range, 7%−68%). The most commonly performed activities were as follows: identifying long-term vision and direction (68%, domain 1); identifying core competencies and technical competency requirements of leadership (68%, domain 2); and identifying development or learning strategies (65%, domain 4). The least commonly performed activities included the following: developing a business plan on the basis of long-term talent needs, not on position replacement (7%, domain 2), implementing strategies for maintaining senior-level commitment (17%, domain 5), and tracking selections from talent pools (20%, domain 6).

Among all respondents, 25 SHAs (61%) reported that their succession planning processes adequately addressed at least 1 activity in each of the 6 succession planning domains. Approximately 78% of SHAs reported having addressed 5 or more activities, 56% addressed 10 or more activities, and 27% addressed 15 or more activities. Ten percent of participating SHAs (4/41) indicated that their succession planning processes sufficiently addressed 20 or more succession planning activities. No SHAs indicated that their processes sufficiently addressed all 27 activities. On average, SHAs addressed 11.4 activities (SD = 6.9; maximum = 25).

Although substantial nominal differences were observed when comparing the 16 SHAs with higher planned retirement and the 17 SHAs with lower planned retirement, statistically significant differences were only observed for 1 activity, identifying long-term vision and direction (domain 1). Approximately 47% of SHAs (8/17) with lower than planned

retirement indicated that their process included this activity compared with 87% of SHAs (14/16) with higher planned retirements ($P = .026$).

The mean number of succession planning activities reported by SHAs in the lower planned retirement category was 10 (SD = 7.6) compared with a mean of 12 activities reported by SHAs in the higher planned retirement category (difference was not statistically significant at the $P = .05$ level). Comparisons of results by SHA size and governance classification found no statistically significant differences (data not shown). Overall, 25 of 41 of SHAs (60%) were active in at least 1 activity in each domain. There were not differences by level of planned retirement (10/16, 63% for higher; 10/17, 59% for lower).

In response to a question concerning barriers to succession planning, respondents indicated the following: lack of personnel time to dedicate to succession planning (34/41; 83%), lack of funding to support succession planning efforts (27/41; 66%), lack of agreed-upon strategy for engaging in succession planning (11/41; 27%), succession planning was not a priority in the agency (1/41; 2%), and other reasons (8/41; 20%).

Discussion

SHAs across the country are facing unprecedented levels of retirement eligibility and substantial workforce turnover, including leadership turnover.[13] Despite the relatively recent recognition of succession planning as a core capability of the governmental public health enterprise and its importance for maintaining a competent workforce,[18] our findings indicate that limited succession planning is occurring across SHAs. There were not statistically significant differences when comparing SHAs with relatively higher and lower planned retirement rates and that the majority of the OPM-recommended succession planning activities are not being addressed.

While the OPM-recommended succession planning model was initially developed for federal agencies, it offers a valuable process for other governmental agencies to follow. Identifying and recruiting employees, developing their skills and abilities to lead the workforce to respond to public's health needs, and preparing them for advancement into more challenging roles in the organization should be recognized as a priority for leaders at all levels of the public health enterprise.[19,20] Succession planning is a proactive attempt to ensure that leadership in an organization will be continuous by identifying how these positions will be filled as both planned and unplanned departures occur.[3] Although guidance regarding succession planning for the general public sector exists, succession planning has not traditionally been a leadership priority[1,2,15,21,22] and specific guidance for implementing such efforts within the public health field is limited.[1] Nevertheless, at a minimum, it is prudent for public health agencies to initiate activities in each of the OPM-recommended succession planning domains even if additional evidence is needed to identify the most important activities within each domain that can be used for prioritization of efforts.

Like other capability-focused efforts, insufficient funding is a main reason for limited support to workforce development broadly and specifically for succession planning not being formally implemented in SHAs and other public health agencies. Historically, flexible

or discretionary funds have been crucial to workforce development and other health department–wide activities.[23] Discretionary funding is extremely limited at the state and local levels,[24,25] which has translated to limited capacity to spend staff time on workforce development, including succession planning. Furthermore, because of the nature of public service, many governments require fully competitive processes for management and leadership positions, making appointing a new leader or manager ahead of the hiring process not feasible. Functionally, this means that excellent internal candidates might be eligible for generalized leadership training but rarely can be trained for a specific leadership position. Despite this practice, the high prevalence of hiring restrictions[12] highlights the importance of cultivating talent internally.

When implementing formalized succession planning practices, a public health agency exhibits commitment to workforce development, with advantages to the agency and the public health system as a whole. Succession planning recognizes the need to prepare employees to step into roles as the public health mission becomes more complex and the importance of transferring employees' knowledge before they leave the workforce. Experienced and continuous leadership is important for strong responses to public health crises such as major disease outbreaks and natural disasters. Having a succession plan in place that identifies how leadership voids are filled can help minimize risks to populations in an emergency.[3] Furthermore, among employees, succession planning efforts boost self-esteem, desire for career development, and ability to identify development opportunities needed for career progression. Although some public health agencies have not fully introduced succession planning in their organizations, they might plan informally, for example, by identifying the strongest potential leaders in their organization.[12] To support implementation succession planning activities, key partners including the Association of State and Territorial Health Officials (ASTHO) and the Big Cities Health Coalition are developing toolkits to assist public health agencies improve workforce development efforts in areas including leadership, communication, change management, developing a culture of learning, cultural awareness, and succession planning.[26] These toolkits are being aligned to support OPM priority areas for succession planning. Actively pursuing succession planning can ensure that the workforce is constantly being developed to maintain the transfer of institutional knowledge and keep the mission of public health on track.

Limitations

This study reports on a cross-sectional study of SHAs in the United States conducted in 2016. Findings are reflective only of SHAs and might not be generalizable to LHDs. Although the response rate was relatively high, responses from the 9 nonparticipating SHAs might not align with our findings. In addition, succession planning activity questions rely on self-reported data; an outside observer might have a different perspective concerning how adequately an SHA is performing on the basis of OPM's approach to succession planning.

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Implications for Policy & Practice

- Public health agencies are facing substantial turnover; approximately 25% of staff members indicate they are planning to retire by 2020.
- Succession planning activities are a crucial aspect of operations management and planning in health departments.
- SHAs self-report adequately addressing an average of 11 of 27 OPM-recommended succession planning activities, which serves as a base to build upon and guide future work.
- To aid succession planning efforts, public health agencies could engage colleges and universities to build their workforce pipeline, and their regional Public Health Training Centers and local offices to take advantage of management training and leadership expertise. Leadership institutes or other midcareer programs might be an appropriate means to begin addressing this concern. In addition, some resources exist to aid public organizations in establishing succession planning processes including organizations such as the Human Resources Council and Careers in Government. In addition, universities with offices and programs of public health practice are resources for practice-based tools and guides.[27–31]
- OPM offers guidance on succession planning processes,[15] and ASTHO is collaborating with state and local public health agencies to develop resources to aid in succession planning efforts.[26]

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TABLE

Succession Planning Activities at SHAs

OPM-Recommended Succession Planning Domains and Activities	Percentage of SHA Respondents Planning to Retire by 2020 (From PH WINS 2014		All SHAs[a]
Domain 1: Link strategic planning & workforce planning decisions	<25% (n = 17 SHAs)	≥25% (n = 16 SHAs)	Total (n = 41 SHAs)
Identified its long-term vision and direction[b]	8 (47%)	14 (88%)	28 (68%)
Analyzed future requirements for products and services	6 (35%)	8 (50%)	16 (39%)
Used data already collected elsewhere for succession planning efforts	7 (41%)	6 (38%)	16 (39%)
Connected succession planning to the values of the organization	7 (41%)	10 (63%)	20 (49%)
Connected succession planning to the needs and interests of senior leaders	7 (41%)	8 (50%)	18 (44%)
Other related activities	1 (6%)	1 (6%)	4 (10%)
At least 1 activity in domain 1	12 (71%)	15 (94%)	34 (83%)
Domain 2: Analyze gaps	<25% (n = 17 SHAs)	≥25% (n = 16 SHAs)	Total (n = 41 SHAs)
Identified core competencies and technical competency requirements of leadership	10 (59%)	11 (69%)	28 (68%)
Determined current supply and anticipated demand	5 (29%)	6 (38%)	14 (34%)
Determined talents needed for the long term	5 (35%)	5 (31%)	16 (39%)
Identified substantive continuity issues	6 (35%)	6 (38%)	14 (34%)
Developed a business plan on the basis of long-term talent needs, not on position replacement	1 (6%)	1 (6%)	3 (7%)
Other related activities	0 (0%)	3 (19%)	3 (7%)
At least 1 activity in domain 2	13 (76%)	14 (88%)	34 (83%)
Domain 3: Identify talent pools	<25% (n = 17 SHAs)	≥25% (n = 16 SHAs)	Total (n = 41 SHAs)
Fully utilized internal candidate pool	6 (35%)	7 (44%)	16 (39%)
Frequently identifies talent with critical competencies from multiple levels	6 (35%)	6 (38%)	16 (39%)
Assessed competency and skill levels of current workforce, by using assessment instrument	5 (29%)	5 (31%)	13 (32%)
Used workforce performance feedback from supervisors and subordinates for development purposes	9 (53%)	8 (50%)	24 (59%)
Analyzed external sources of talent	3 (18%)	7 (44%)	11 (27%)
Other related activities	1 (6%)	5 (31%)	6 (15%)
At least 1 activity in domain 3	13 (76%)	14 (88%)	34 (83%)
Domain 4: Develop succession strategies	<25% (n = 17 SHAs)	≥25% (n = 16 SHAs)	Total (n = 41 SHAs)
Identified recruitment strategies (eg, recruitment and relocation bonuses)	6 (35%)	12 (75%)	22 (54%)
Identified retention strategies (eg, retention bonuses and quality of work-life programs)	7 (41%)	10 (63%)	20 (49%)

OPM-Recommended Succession Planning Domains and Activities	Percentage of SHA Respondents Planning to Retire by 2020 (From PH WINS 2014		All SHAs[a]
Identified development or learning strategies (eg, planned job assignments, formal development, coaching and mentoring, and assessment and feedback)	11 (65%)	9 (56%)	26 (63%)
Other related activities	0 (0%)	2 (13%)	2 (5%)
At least 1 activity in domain 4	11 (65%)	15 (94%)	33 (80%)
Domain 5: Implement succession strategies	<25% (n = 17 SHAs)	≥25% (n = 16 SHAs)	Total (n = 41 SHAs)
Implemented recruitment strategies (eg, recruitment and relocation bonuses)	4 (24%)	7 (44%)	15 (37%)
Implemented retention strategies (eg, retention bonuses and quality of work-life programs)	7 (41%)	6 (38%)	16 (39%)
Implemented development/learning strategies (eg, planned job assignments, formal development, coaching and mentoring, and assessment and feedback)	8 (47%)	8 (50%)	21 (51%)
Linked succession planning to HR process (eg, performance management, compensation, recognition, recruitment and retention, and workforce planning)	5 (29%)	6 (38%)	13 (32%)
Implemented strategies for maintaining senior-level commitment	4 (24%)	2 (13%)	7 (17%)
Other related activities	1 (6%)	3 (19%)	4 (10%)
At least 1 activity in domain 5	12 (71%)	14 (88%)	32 (78%)
Domain 6: Monitor and evaluate	<25% (n = 17 SHAs)	≥25% (n = 16 SHAs)	Total (n = 41 SHAs)
Track selections from talent pools	3 (18%)	4 (25%)	8 (20%)
Listen to leader feedback on success of internal talent and internal hires	9 (53%)	10 (63%)	23 (56%)
Analyze satisfaction surveys from customers, employees, and stakeholders	8 (47%)	10 (63%)	23 (56%)
Assess response to changing requirements and needs	8 (47%)	7 (44%)	21 (51%)
Other related activities	0 (0%)	0 (0%)	0 (0%)
At least 1 activity in domain 6	11 (65%)	12 (75%)	30 (73%)

Abbreviations: HR, human resources; OPM, US Office of Personnel Management; PH WINS, Public Health Workforce Interests and Needs Survey; SHA, state health agency; WGS, Workforce Gaps Survey.

[a]Includes all 41 respondents to WGS. Columns 1 and 2 are constrained to only those agencies that also participated in PH WINS 2014 and WGS (n = 33).

[b]Difference between higher and lower planned retirement statistically significant at P < .05.

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