

This publication is a compilation of information gathered from three questionnaires with public health laboratories (PHL) that have been able to successfully increase the compensation level for a specific staff group. The sections below are organized based on the topics covered in the questionnaire and incorporate strategies to assist other laboratories with similar compensation efforts.

For further information, please refer to APHL's [Recruitment and Retention Toolkit](#), a guide with a variety of resources and information necessary to increase PHL personnel salaries and to provide additional compensation and incentives to assist with improving staff recruitment and retention.

What were the circumstances that created the need to address workforce compensation in the public health laboratory and was a compensation study performed?

Like many public health laboratories across the country, the need to address compensation discrepancies arose due to lack of competitive salaries as compared to private-sector jobs. This situation left staff feeling stifled in their positions and resulted in significant staff turnover. Laboratories also expressed the inability to make competitive offers to new hires, making recruitment more time consuming with limited candidate pools.

Some public health laboratory leadership gathered compensation information directly from their human resources (HR) departments. Others chose to perform a compensation study and market analysis first, either individually or with help from APHL-supported regional partnerships, and then provided their findings to HR. Nevertheless, engaging HR in these efforts is a crucial part of the process.

What type of data and information was used to make the case for compensation increases and how was it presented?

Data and information should be presented in an easy-to-interpret format, including the use of data visualizations such as tables and charts. Key findings should be included in your presentation, as well as the impact resulting from compensation challenges.

- **Current compensation layout**
 - Internal salary ranges
- **Retention issues**
 - Turnover rates
 - Competitive job offer information
- **Recruitment difficulties**
 - Number of candidates who refused offers based on salary
 - Salary negotiations from new hires
 - On-boarding and training costs for new employees
- **Comparative data**
 - Comparison of competitor salary specifications and certifications
 - Salary and career ladders of other geographically close laboratories (in-state and within region)
 - Compensation at nearby hospitals and reference laboratories
 - Overtime and shift differential data from clinical laboratories

Data Drives Action!

Collect comprehensive data early in the process to build your case for change.

TIP

“An inability to ensure a properly compensated workforce will prevent the public health lab from being able to continue to provide critical and emergency response testing including, pandemic response...”

— Virginia Division of Consolidated Laboratory Services

What were the key messages used to make the case for compensation increases?

Key messages to decision makers included the significant challenges with the recruitment of qualified candidates, loss of time invested in recruiting and training laboratory personnel who then chose to leave the PHL for higher salary jobs, and the inability to sustain critical public health laboratory services.

Approximately how long did the entire compensation process take and what were the limitations and constraints?

PHL leaders expressed that the entire compensation process, from initial increase proposal to the approval of compensation increase, took a minimum of one year in order to collect all data and information and begin having conversations with decision makers. Limitations and constraints can vary greatly by state and even local municipalities. Public health laboratory leaders noted that:

- Obtaining competitor salaries and job descriptions were difficult.
- Discrepancies arose when comparing comparable positions/salaries/benefits due to the intricacies of lab staffing.
- There was a disconnect between HR and PHL leadership.
- Decision packages for general funding could only be submitted once a year.
- Unforeseeable issues arose with state funding.

“It took us many years, but through research and commitment to the value of our team and the work we perform, we were finally successful in developing a career ladder that offers both non-competitive and competitive career and pay advancement.”

— Fairfax County Health Department Laboratory

What were the lessons learned from this experience and what advice would you give other public health laboratory leaders?

Lessons Learned

- Across the nation, PHL scientists are underpaid and laboratories continue to lose qualified staff to private sector roles.
- It can take several years of waiting and research to move forward with the compensation process.
- It is helpful to have outside partners, like APHL and regional laboratory networks, to support efforts with data collection and information gathering.
- Advocating for what you need [compensation increases] is a continuous cycle of pulling data and statistics to support your position.

Advice

- Continue with your efforts even if you are rejected initially—the vision you begin with will likely evolve over time.
- Do your research and gather as much data as you can to support your request and demonstrate the consequences of losing your staff.

Develop a relationship with your human resources department so that they understand how the public health laboratory is different from other health agencies.

TIP

Acknowledgments

APHL would like to acknowledge and thank the following laboratories for graciously sharing their compensation improvement experiences as well as the APHL Knowledge Management Committee and Workforce Development Committee members for working diligently on this workforce compensation project.

Contributing Laboratories

- Fairfax County Health Department Laboratory
- Virginia Division of Consolidated Laboratory Services
- State Hygienic Laboratory at the University of Iowa

Committee Members

- Tammy Theisen (*Chair 2021-22*)
- Ellen Basinger (*Co-chair 2021-22*)
- Burton Wilcke
- Larry Seigler
- Angie Schooley
- Amanda Hughes
- Christine Harrelson
- Richard Tulley
- Sanjib Bhattacharyya
- Emma Levings
- Jack Bennett
- Shelley Rogina
- Susanne Crowe
- Shammeka Maynard-Hewlett
- Adam Perkins (*Workforce Development Committee*)

Funding

This publication was supported by Cooperative Agreement #NU600E000104, 100% funded by the US Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or the US Department of Health and Human Services.