

VERSION 2.0 WORK IN PROGRESS: Summary of Public Health Workforce Development Expert Panel Recommendations November 2019



The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.



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The Public Health Accreditation Board (PHAB) held a Public Health Workforce Development Expert Panel meeting on November 21, 2019 in the PHAB office in Alexandria, VA. The purpose of the Expert Panel meeting was to review the current health department accreditation standards and measures related to public health workforce development capacity; to discuss any pertinent changes in public health workforce development and/or support for health departments' work in this area; and to recommend potential revisions in the accreditation standards and measures as PHAB prepares Version 2.0. In order to accomplish the purpose, PHAB received perspectives from the PHWINS surveys by ASTHO and the deBeaumont Foundation; perspectives on the public health workforce and implications for health department accreditation from the Public Health Foundation and the TRAIN program; and perspectives on public health workforce certification from the National Board of Public Health Examiners.

Overarching Recommendations for Proposed Changes to the PHAB Standards and Measures

- Continue to reinforce the strong connection between health department workforce development and addressing community needs and issues. Community needs drive health department workforce competency needs. Health departments need to have the capacity to be responsive to the community or shift workforce based on new needs identified. This concept requires a culture of learning that is related to the health strategist role of the health department in creating public value.
- Workforce development efforts, including competency development/use and the workforce development plan, need to support a culture of learning within the health department that is also responsive to the business of the health department (as well as the needs of the community). Alignment between workforce development and the health department's major plans (strategic plan, community health improvement plan, emergency operations plan, and the quality improvement plan) should be a goal of the health department in ensuring that culture of learning.
- Move away from a heavy focus on individual training and core competencies and focus on an organizational system of learning that addresses community needs, organization development, position/functional competencies and skill sets, and individual professional experiences and other strategies for competency development. The group reaffirmed the value of competencies but noted that every worker doesn't need every skill, but every organization needs the right complement of skills in their workforce.

- Encourage health departments to embrace a culture of learning and organizational development that would be transformational. The community needs must drive the workforce needs so that the population is served by effective programs and policies that make up a healthy organization. Assessment of that culture of learning and its impact would be appropriate for reaccreditation. These concepts include ensuring availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching), as well as ensuring professional development opportunities throughout the organization.
- Working with state and local merit systems to change job descriptions remains a challenge. PHAB could give some guidance and best practices for how public health has worked to develop job-specific functional job descriptions that are less technical and more functional and relevant to public health roles. A recommendation was offered that health departments adopt department public health job descriptions that are supplemental to state or county job descriptions for their internal use.
- Academic health departments should be added, and credit given for those health departments with strong academic/service partnerships. However, some participants felt that health departments “give more and get less” from academic partnerships. PHAB should also keep in mind that many rural health departments do not have the same access to academic centers to create these partnerships.
- Gaps identified in the workforce assessments do not always have to be addressed with training. Sometimes, restructuring and replacing or changing positions is needed. The use of contractual employees may also be part of the strategies. PHAB should be flexible in encouraging other strategies as well as training, depending on the identified gaps. An expanded definition of learning could reinforce that these gaps can be addressed in a variety of ways.
- There was no consensus about the provision of workforce development for public health workforce external to the health department, but the concept should not be lost. It may be more appropriate for reaccreditation further into the future when additional information on how this could be measured has been developed.
- Staff engagement in planning workforce development is an emerging trend with enormous benefits that should be encouraged so that the plan is not developed in isolation.
- The group reaffirmed the value of the state-specific standard on supporting local health departments and tribes, and shared ideas for how this work could be strengthened.

Recommendations for Proposed Changes to the PHAB Standards and Measures

- The workforce development plan should include a requirement on how it's implemented and what impact it has had. It should align with the strategic plan, the CHA/CHIP, the emergency operations plan, and the quality improvement plan. A suggested timeline is within five years (like the CHIP and SP).
- The pipeline work is important, but it isn't always feasible for all health departments. If PHAB can broaden that measure, it would be helpful.
- Competency assessment is still a challenge but is needed and should be a separate measure. PHAB should clarify that because the core competencies are a long list and the health department may consider them as a menu to draw from and take those elements that apply and use them. It was also noted that working with core competencies sometimes “boxes us in” to an individual focus, when the focus needs to be on community and organizational needs. Competency assessment should be approached with the understanding that not all workers need all skills, but there are skills that the

organization collectively needs from its workforce and which should drive the health department toward a culture of learning.

- As workforce development is implemented, the impact of those activities should be measured. Strategies for learning should be multi-series and multi-modal (webinars, technical assistance, mentoring, peer-to-peer learning, etc.) to address complex challenges.
- Health departments are to use evidence-based strategies and initiatives for workforce development, where possible, as that evidence grows. Health department staff should also be supported to collect their own evidence for “action learning.”
- Keep the focus on recruitment and retention, but enhance content to include capacity building and leadership development.
- PHAB should support a balance between solid adult learning principles and traditional training. Training does not necessarily equal development or mastery, but a well-trained workforce is needed for health departments to function. A broader definition of learning encompasses both.
- PHAB should be clear on how the results from the PHWINS surveys can be reviewed for relevancy and used to inform workforce development.
- The percent of employees who become CPH-certified could be used as one of the potential examples for documenting impact of professional development, staff engagement, recognition, and retention.
- The requirements should emphasize the need for the workforce to understand how to work in a cross-sectoral environment and in consideration of the social determinants of health and cultural competence/humility.
- For 8.1, PHAB should clarify competent workers rather than qualified. It would be more proactive.
- Measure 8.2.4, RD2, “recognition” is too prescriptive. RD 3 could be rolled into RD 1.

Recommendations Regarding Terminology and Definitions

Current Terms in PHAB Glossary	Existing Definition	Proposed Definition/ Recommendation/Notes
Public health workforce	The public health workforce, for purpose of accreditation, is defined as those individuals who are employed either full-time or part-time by the governmental public health department for the purpose of supporting the provision of the services described in the PHAB Standards and Measures. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011)	Is fine as it is. However, PHAB could note ask health departments to include contract staff in their development plans.
Workforce development plan	A public health workforce development plan sets forth objectives and strategies that are aimed at training or educational programs to bring public health employees up to the date on	A workforce development (plan) that facilitates organizational learning

	<p>the skills necessary to do their jobs better or to train the next generation of public health workers and leaders (Rowitz, L. Public Health Leadership, 3rd Ed. Jones and Bartlett, 2014)</p>	<p>should represent a learning system that is:</p> <ol style="list-style-type: none"> 1) built from an assessment of system/community, organization and individual needs; 2) results in processes and structures that work to connect individual learning to organizational priorities and performance; 3) a culture that promote reflection, inquiry and dialogue to challenges assumptions, mental models as well as facilitate systems thinking to problem solve relevant issues; 4) leadership who promotes a culture of learning; 5) learning results in demonstrated impact at the organizational and ‘community’ or external level (rather than only individual skill development); 6) regularly evaluates progress multiple levels of learning, e.g. individual competency; group assumptions and norms, and organizational changes in policy and procedures. <p>Based on the following references:</p> <p>Miner, K. R., Childers, W. K., Alperin, M., Cioffi, J., & Hunt, N. (2005). The MACH Model: from competencies to instruction and performance of the public health workforce. Public Health Reports, 120(1 suppl), 9-15.)</p>
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Workforce capacity	None	Need to identify a solid definition for workforce capacity to implement HD objectives, including initiatives in the CHIP; adequate numbers of workforce; etc.

New Proposed Definitions

New Term	Existing PHAB Definition	Proposed Definition/ Recommendation/Notes
Learning organization	None	<p>A learning organization is a company that facilitates the learning of its members and continuously transforms itself. It's an organization where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.</p> <p>https://hbr.org/1993/07/building-a-learning-organization</p>

Organizational learning	None	<p>Organizational learning is collective learning by members of the organization. Essential processes include the discovery of relevant new knowledge, diffusion of this knowledge to people in the organization who need it, and application of the knowledge to improve internal processes and external adaptation. Successful application of new knowledge includes institutionalizing it in a way that will ensure it is retained as long as it remains relevant.”</p> <p>Yukl, G. (2009). Leading organizational learning: Reflections on theory and research. <i>The leadership quarterly</i>, 20(1), 49-53.</p>
PHWINS	None	<p>The Public Health Workforce Interests and Needs Survey (PHWINS) is the only nationally representative source of data about the governmental public health workforce. PH WINS captures individual governmental public health workers’ perspectives on key issues such as workforce engagement and morale, training needs and emerging concepts in public health, and collects data on the demographics of the workforce.</p> <p>https://www.debeaumont.org/ph-wins/</p>
Workforce assessment	None	<p>Workforce assessment is the identification of gaps and strengths for how individual competency addresses organizational and community strategic goals.</p> <p>Miner, K. R., Childers, W. K., Alperin, M., Cioffi, J., & Hunt, N. (2005). The MACH Model: from competencies to instruction and performance of the public health workforce. <i>Public Health Reports</i>, 120(1 suppl), 9-15.)</p>
Workforce capacity	None	<p>Workforce capacity refers to an organization’s ability to ensure sufficient staffing levels to accomplish its work processes and successfully deliver its products and services to its customers, including the ability to meet episodic or varying demand levels.</p> <p>http://www.baldrige21.com/BALDRIGE_GLOSSARY/BN/Workforce_Capacity.html</p>

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