



Public Health Workforce Development Work Group Final Recommendations January 2015

Background: Workforce development plans are essential to prepare Oregon's current and future public health workforce to meet the goals of improved population health in a transformed health system. In addition, documentation of a workforce development plan is required for public health departments seeking accreditation through the Public Health Accreditation Board (PHAB). PHAB Measure 8.2.1A (Workforce development strategies) and 8.2.3A (professional and career development for all staff) explains the need to maintain a trained and competent workforce to perform public health duties.

As a result, the Joint Leadership Team (PHD and CLHO) identified workforce training and development as a strategic priority and initiated a system-wide, public health workforce training needs assessment. The survey, administered by The Northwest Center for Public Health Practice at the University of Washington, was based on The Council on Linkages Between Academia and Public Health Practice's 2010 Core Competencies for Public Health Professionals.

Public Health Workforce Development Work Group: A Public Health Workforce Development Work Group was formed, with representatives from the Public Health Division, local health departments, tribal public health, academia, and other public health agencies. They were charged to:

1. Identify competency gaps in the Oregon public health workforce using the qualitative and quantitative data from the Oregon Public Health Workforce Training Needs Assessment (based on the 2010 Core Competencies, Council on Linkages Between Academia and Public Health Practice).
2. Propose a core public health workforce competency framework to guide workforce training and development.
3. Develop a two year training plan to address the competency gaps within the current public health workforce.
4. Recommend ongoing monitoring and funding of workforce training and development.
5. Develop an action plan to address the long-term training needs of the current and future public health workforce.

Public Health Workforce Development Work Group Accomplishments:

1. Reviewed the Oregon Public Health Workforce Training Needs Assessment survey results to identify and discuss competency gaps in the current Oregon public health workforce.
2. Identified, prioritized, and ranked the top competency domains based on the need (what we're not so good at) and what competencies could bring the

highest yield (or what we need to do now) for the current public health workforce. These are ranked from highest to lowest (see attachment for detailed descriptions):

- Cultural Competency
 - Analytic Assessment
 - Leadership
 - Communication
 - Systems Thinking
 - Financial Planning and Management (recommended for a subset of the workforce, i.e., employees moving into new managerial roles)
3. Reviewed an environmental scan of existing training resources. Noted gaps in trainings needed to support the top competency domains [i.e., lack of leadership training at the executive level for new and current leaders].
 4. Proposed communication and cultural competence as “foundational competencies” to be delivered in-person.
 5. Discussed differences in the training priorities for OHA-PHD and local/tribal public health departments [i.e., Analytic Assessment is a priority at the local/tribal health department level].
 6. Addressed barriers to trainings (trainings occur mainly in larger cities and classroom capacity at the State level is limited).

Public Health Workforce Development Work Group Recommendations:

- Public health leaders support a “learning culture” at the State, local, and tribal levels, where the acquisition of knowledge and skills is encouraged and a supported aspect of the work environment.
 - A workforce development plan does not create a “learning culture” but does provide guidance for one critical element, staff access to relevant training and development opportunities.
 - A “learning culture” considers the other costs of workforce development: time away from the job; the need to backfill staff in training; and investing in training curriculum.
- Create and post a comprehensive, competency-based schedule of trainings for the Oregon public health system (website TBD). The PHD will develop and maintain a two-year system-wide public health training agenda that addresses the top competency gaps:
 - Analytic Assessment (local and tribal public health departments)
 - Cultural Competence and Communication training curriculum (specific to various position levels and experiences of the public health workforce) delivered in a classroom setting.*
 - Leadership training
 - Financial Planning and Management (resources for staff new to managerial roles)
 - Systems Thinking
- The Conference of Local Health Official’s (CLHO) Healthy Structures Committee should be the entity to provide oversight for the Public Health

Workforce Development Work Group recommendations. This Committee has a vested interest in the development of a highly-skilled Oregon public health workforce.

- Address individual proficiency:
 - Encourage individuals to assess their level of knowledge or skill for each competency domain (recommend the Council of Linkage Core Competency Assessment for Public Health Professionals individual assessment tool) Individuals can use results to prioritize learning time to focus on the areas that are more important to concentrate where the need for training and learning may be greatest and to inform their employee development plans.
 - Use aggregate results to identify workforce strengths and weaknesses across the core competency domains at the State, local, and tribal levels.
 - Collect baseline data for measuring, over time, the impact of core competency trainings.
- Use the updated 2014 Council on Linkages Between Academia and Public Health Practice Core Competencies for Public Health Professionals for ongoing workforce development planning and base subsequent organizational training needs assessment on these core competencies.
- Seek funding to address gaps in training curriculum and resources.
- Align the Public Health Workforce Development competency domain framework with the Modernization of Public Health Capabilities (See Appendix B).
- Support CLHO's new mentor program for new local public health leaders.
- These recommendations will support the State, local, or tribal public health workforce development plan documentation needed for those seeking PHAB Accreditation. The workforce development coordinator in the State Office of the Public Health Director, OHA-PHD, will serve as lead on writing the public health workforce development plan.

*The 2013 Oregon Public Health Training Needs Assessment data stated the most preferred training formats are webinar presentations and classroom training.

Appendices

- A. Oregon Public Health Workforce Development Work Group
Recommended Priority Domains and the Individual Competencies Associated with the Domain
- B. Council on Linkages Between Academia and Public Health Practice Core Competency Tier Levels Representing Career Stages for Public Health Professionals
- C. HB 2348 (2013): Task Force Report Future of Public Health Services
Modernizing Oregon's Public Health System Foundational Capabilities

Appendix A
Oregon Public Health Workforce Development Work Group Recommended
Priority Domains and the Individual Competencies Associated with the Domain

Competency Domain with Individual Competencies	Tier level (s)
Analytic/Assessment	
• Using information technology to collect, store, and retrieve data	Tiers 1 2 3
• Identifying evidence-based public health interventions	Tiers 1 3
• Analyzing quantitative data (questionnaires, data sets)	Tiers 1 2
• Selecting methods for data collection	Tier 2
• Assessing environments (HIAs, GIS, conducting surveillance)	Tier 3
Communication	
• Developing effective communications campaigns for the target audience	Tier 1 2
• Effective internal communication among diverse teams	Tier 1
• Using Social media as a communication tool	Tiers 2 3
• Translating complex public health information into plain language	Tier s1 3
• Developing communication materials for the public	Tiers 2 3
Leadership	
• Analyzing problems affecting delivery of public health	Tiers 1 2 3
• Making decisions based on profession specific data and research	Tier 1
• Creating learning opportunities for staff (i.e., on-the-job training, mentoring)	Tiers 1 2
• Establishing a performance management system for an organization	Tier 3
• Conduct strategic planning	Tiers 2 and 3
Cultural Competence	
• Responding to the needs of diverse populations	Tiers 1 2 3
• Communicating with diverse populations	Tier 1
• Assessing public health programs for cultural competence	Tiers 1 2 3
• Selecting culturally competent interventions	Tiers 2 3
Systems Thinking	
• Incorporating systems thinking into organizational operations	Tiers 1 2 3
• Establishing measuring and reporting systems for organizational improvement	Tiers 1 2 3
• Incorporating emerging trends of the fiscal, social, and political environments into strategic planning	Tier 1 2 3
Financial Planning and Management (for a subset of the workforce)	
• Developing sustainable financing models for programs	Tiers 2 3
• Performing economic analysis	Tier 2
• Incorporating business processes within public health organizations	Tier 3

Appendix B

Council on Linkages Between Academia and Public Health Practice Core Competencies for Public Health Professionals Tier Levels Representing Career Stages for Public Health Professionals

Tier 1 – Front Line Staff/Entry Level

Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Tier 2 – Program Management/Supervisory Level

Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

Tier 3 – Senior Management/Executive Level

Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

Appendix C

Modernizing Oregon's Public Health System Foundational Capabilities

The Task Force defined Foundational Capabilities as the critical knowledge, skills and abilities necessary to carry out public health activities efficiently and effectively. These Foundational Capabilities are needed to identify and analyze public health problems, and to address these problems through public health programs and policies. They are key to protecting and improving the community's health, and achieving effective and equitable health outcomes. Foundational Capabilities include:

- Assessment & Epidemiology
- Emergency Preparedness & Response
- Communications
- Policy & Planning
- Leadership & Organizational Competencies
- Health Equity & Cultural Responsiveness
- Community Partnership Development

Source: HB 2348 (2013): Task Force Report Future of Public Health Services
September 2014 Report