




A stylized graphic of a group of people, represented by light purple silhouettes of heads and torsos, arranged in a cluster. The silhouettes are semi-transparent, allowing the text behind them to be visible. They are positioned in the center of the slide, behind the main title.

LEVERAGING YOUR WORKFORCE TO EXTEND YOUR STRATEGIC LEADERSHIP REACH

CHELSEA MOXLOW LANTTO, MSPH, MCHES

Michigan Premier Public Health Conference | October 10, 2018

O B J E C T I V E S

-  Participants will be able to use tools to identify workforce competency gaps in knowledge, skills, and tools needed to move toward Public Health 3.0.
-  Participants will be able to construct a strategic workforce development plan based on workforce competency data that outlines strategies needed to meet the demands of Public Health 3.0.
-  Participants will be able to describe how leveraging varied perspectives, expertise, and networks will lead to the department taking on the role of Chief Health Strategist.

P U B L I C H E A L T H 3 . 0 S N A P S H O T

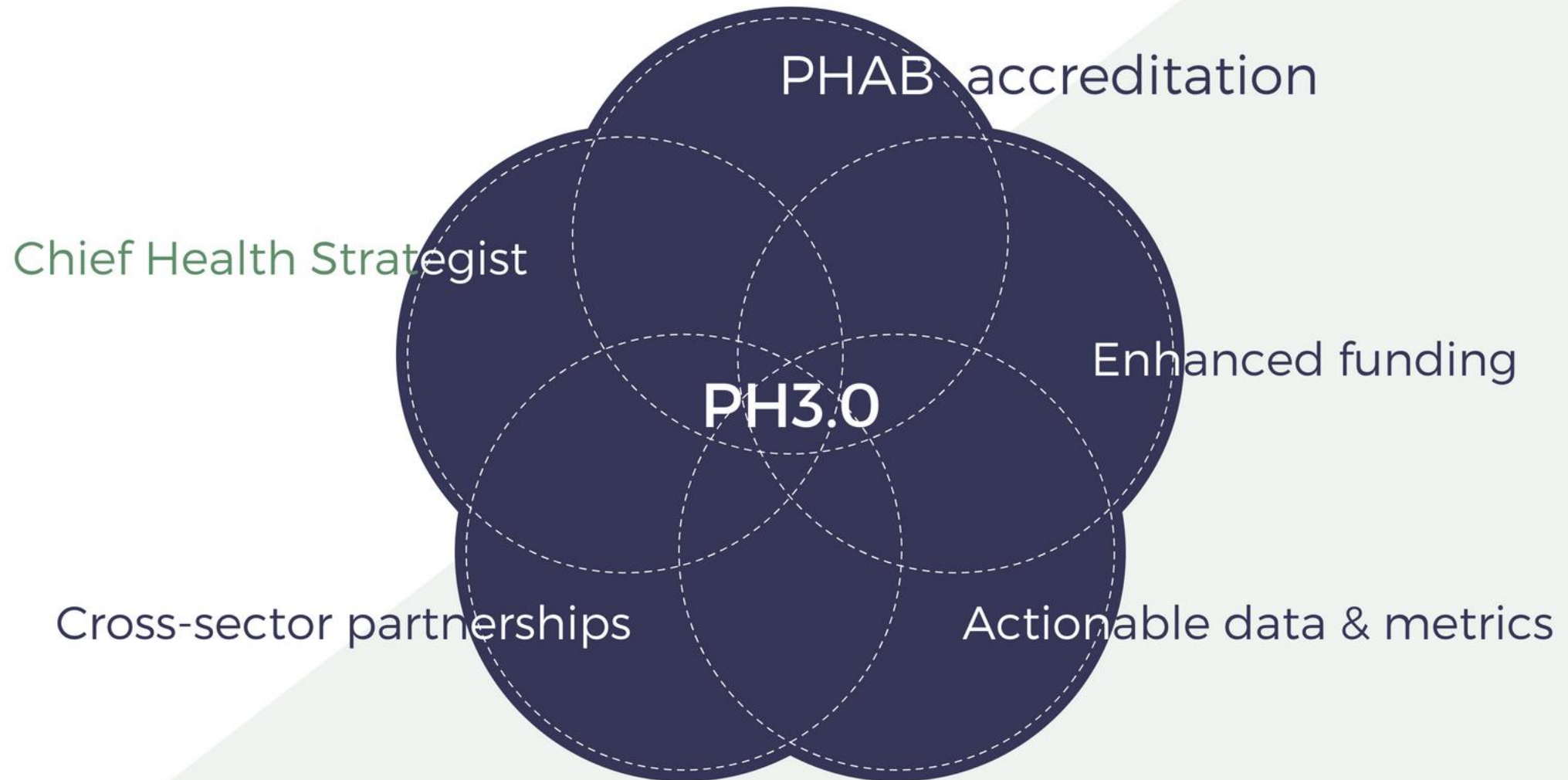
R E C O M M E N D A T I O N S & C H A L L E N G E S

P U B L I C H E A L T H 3 . 0

Public Health 3.0 refers to a new era of enhanced and broadened public health practice that goes beyond traditional public department functions and programs. Cross-sector collaboration is inherent to the PH3.0 vision, and the Chief Health Strategist role requires high-achieving health entities with the skills and capabilities to drive such collective action. Only through inter-organizational cooperation can policy and systems-level actions be taken to affect upstream determinants of health.

<https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

P H 3 . 0 R E C O M M E N D A T I O N S



OPERATIONALIZING 3.0



PH 3.0 CHALLENGES

- LHD resource challenges from local financing streams, and proposals to reduce federal public health spending.
- Challenges of meeting statutory responsibilities and a lack of sufficient available time.
- The basic foundational structure of local governmental public health may itself be a barrier to efficient and cost-effective coordination at the local level.

LEVERAGING YOUR EXISTING WORKFORCE

TO MOVE TOWARDS PUBLIC HEALTH 3.0

PH 3.0 WORKFORCE REQUIREMENTS

- A LHD workforce that is ready to:
 - Acquire and strengthen its knowledge base, skills, and tools to meet the ever-evolving challenges to population health,
 - To be skilled at building strategic partnerships to bring about collective impact,
 - To harness the power of new types of data, and
 - To think and act in a systems perspective.
- A well prepared, multidisciplinary workforce that is matched to the specific community being served in order to deliver interdisciplinary approaches required to address health equity.
- A strong pipeline into the public health workforce, but also access to ongoing training and mid-career professional development resources for more seasoned professionals.



WORKFORCE DEVELOPMENT PLAN

- Template and user guide
 - The Ohio State University, College of Public Health - Center for Public Health Practice*
- Suggested sections
 - Agency Profile
 - Workforce Profile
 - Competencies & Education Requirements
 - Training Needs
 - Goals, Objectives, & Implementation
 - Curricula & Training Schedule
 - Evaluation & Tracking
 - Other Considerations (make it useful for your agency!)
 - Conclusion

*<https://cph.osu.edu/practice/workforce-development-plan-template>

COMPETENCY ASSESSMENT

- To determine the professional development and training needs of staff.
- Suggested action:
 - Competency assessment - focuses on how well the employee is performing the required job skills in relation to specified performance standards.
 - Use results to identify training needs and fill competency gaps.
 - Training resources:
 - MI-TRAIN (<https://www.train.org/mi-train/welcome>)
 - Michigan Public Health Training Center (<https://sph.umich.edu/mphtc/>)
 - Michigan Public Health Institute (<https://www.mphi.org/>)

LCHD CORE COMPETENCY ASSESSMENT EXAMPLE

- Council on Linkages Core Competencies for Public Health Professionals*
- Comprised of 8 areas of practice:
 - Analytical/Assessment Skills
 - Policy Development/Program Planning Skills
 - Communication Skills
 - Cultural Competency Skills
 - Community Dimensions of Practice Skills
 - Public Health Sciences Skills
 - Financial Planning and Management Skills
 - Leadership and Systems Thinking Skills
- Three tiers:
 - Tier 1 – front line staff/entry level staff
 - Tier 2 – program coordinators/supervisors
 - Tier 3 – senior directors/medical director
- Competency Prioritization
 - Agency leadership completed a prioritization matrix to determine competency importance ranking.
- High-Yield Competency Analysis
 - Competency assessment results and the prioritization sequence were combined to determine the overall training and development needs as a whole, as well as by tier.

LCHD COMPETENCY ANALYSIS EXAMPLE

Develop

- Analytical/assessment skills
- Public health sciences skills

Leverage

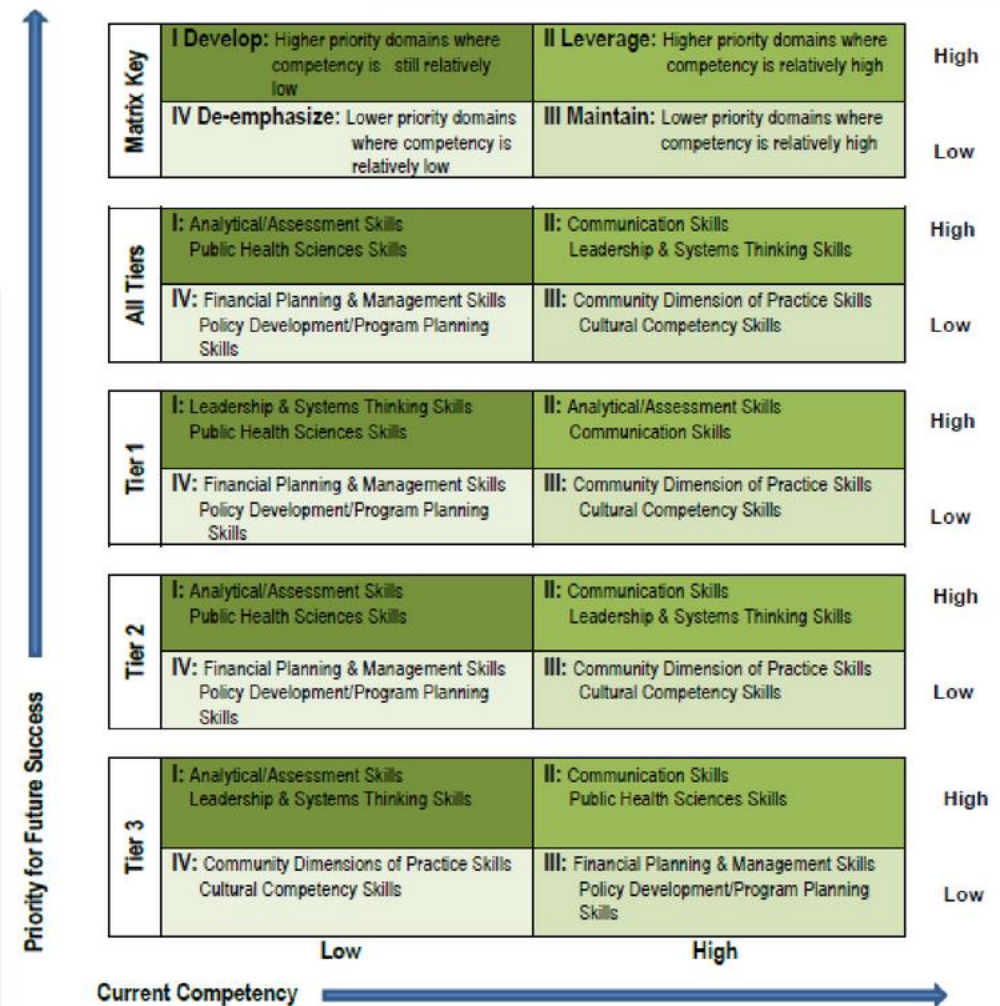
- Communication skills
- Leadership & systems thinking skills

Maintain

- Community dimensions of practice skills
- Cultural competency skills

De-emphasize

- Financial planning/management skills
- Policy development/program planning skills



SAMPLE OF COMPETENCIES TO DEVELOP

Analytical/Assessment Skills		
Tier 1	Tier 2	Tier 3
1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community	1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community	1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
1A3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A5. Selects valid and reliable data	1B5. Analyzes the validity and reliability of data	1C5. Evaluates the validity and reliability of data
1A6. Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
1A7. Identifies gaps in data	1B7. Resolves gaps in data	1C7. Resolves gaps in data

3.0 COMPETENCIES

Suggested competencies that align with Public Health 3.0 for Tier 3

Analytical/Assessment Skills			
1C2	1C4	1C5	1C6
1C7	1C8	1C9	1C10
1C11	1C13	1C15	
Policy Development/Program Planning Skills			
2C1	2C10	2C14	
Communication Skills			
3C3	3C4	3C5	3C7
Cultural Competency Skills			
4C4	4C7	4C8	
Community Dimensions of Practice Skills			
5C1	5C2	5C3	5C4
5C5	5C6	5C7	5C9
Public Health Sciences Skills			
6C6	6C7	6C10	
Financial Planning and Management Skills			
7C2	7C4	7C7	7C8
7C9	7C10	7C16	
Leadership and Systems Thinking Skills			
8C2	8C3	8C4	8C6
8C7	8C8		

UTILIZING EXISTING TEAM MEMBERS

What 3.0 competency gaps do you need to address?

Assess assets and resources that can be used for improving the health of a community.

ANALYTICAL/
ASSESSMENT SKILLS

Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)

PUBLIC HEALTH
SCIENCES SKILLS

Develop

Convey data and information to professionals and the public using a variety of approaches.

COMMUNICATION
SKILLS

Create opportunities for organizations to work together or individually to improve the health of a community.

LEADERSHIP AND SYSTEMS
THINKING SKILLS

Leverage

PLANNING FOR THE FUTURE WORKFORCE

TO BUILD A STRONG 3.0 PIPELINE

LCHD JOB SATISFACTION SURVEY EXAMPLE

- To provide a basis for an action plan to build on strengths and improve deficiencies in terms of job satisfaction for retention & recruitment.
- Job Satisfaction Survey (JSS) by Paul E. Spector (1994)
 - Pay
 - Promotion
 - Supervision
 - Fringe Benefits
 - Contingent rewards
 - Operating conditions
 - Coworkers
 - Nature of work
 - Communication
- Identified areas of satisfaction, dissatisfaction, and ambivalence.
- Staff were surveyed for improvement strategy suggestions.
- Action items were created to increase satisfaction.

BUILDING A STRONG PH WORKFORCE PIPELINE

- Challenges

- Finding sufficient incoming talent
- High turnover rates in local public health

- Solutions

- Innovative approaches
- Enhanced partnerships
- New incentives to attract and retain talent
- Academic institutions can establish mentorship programs, expand internships to include nontraditional opportunities, or work with federally funded job training program
- Integrating public health into science, technology, engineering, and mathematics (STEM) curricula



THE NEW CHIEF HEALTH STRATEGIST

TO ACHIEVE PUBLIC HEALTH 3.0

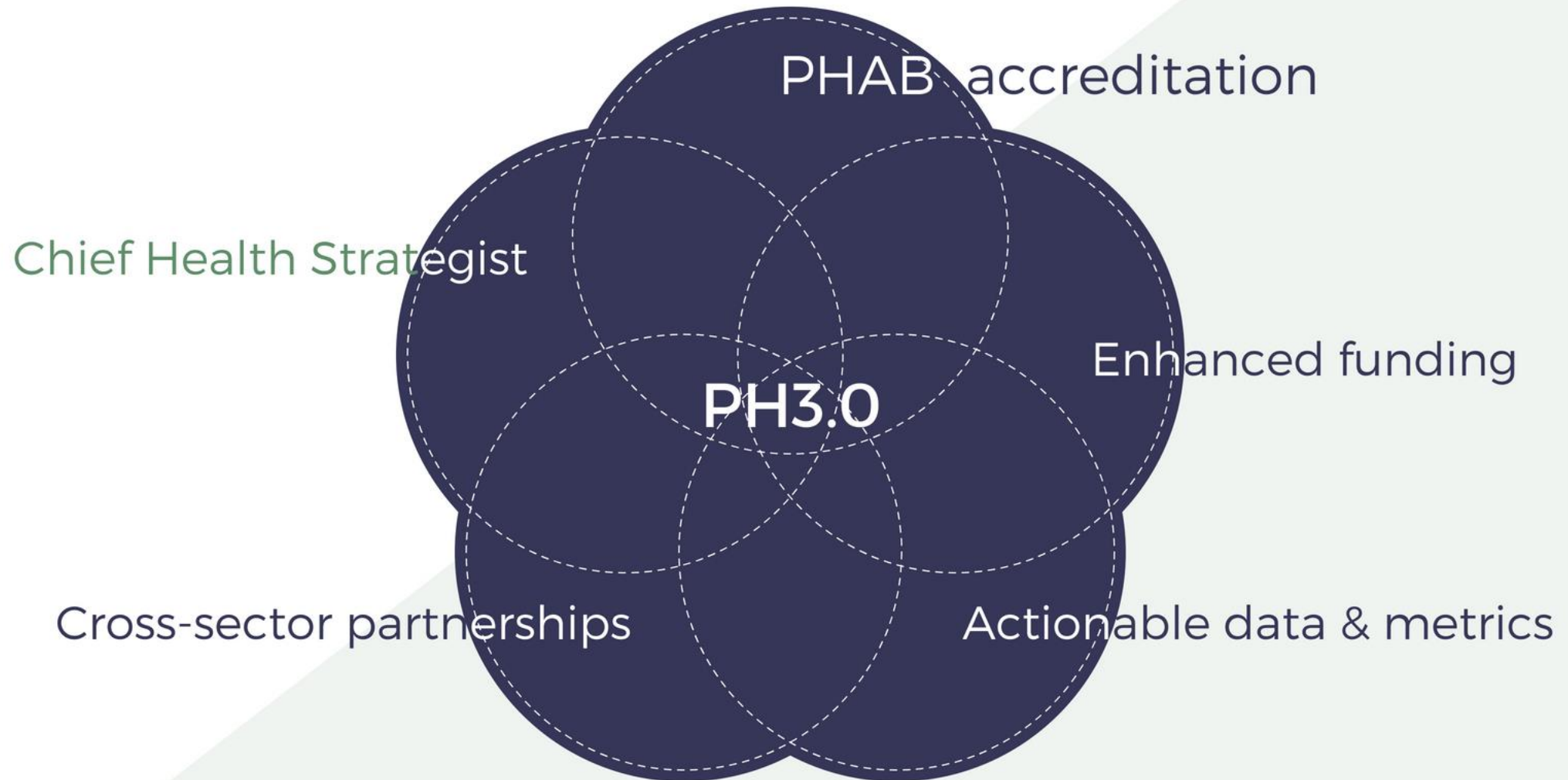
L H D A S T H E C H I E F H E A L T H S T R A T E G I S T

“Play chess, not checkers. In checkers, all pieces are the same, move in the same way, and are interchangeable. In chess, each piece has its role, moves in different ways, and you can't play unless you know how each of them moves. Great Health Officers know the value of the unique abilities of each of their employees and coordinates a plan to maximize and leverage their perspectives, expertise, and networks to achieve PH3.0.”

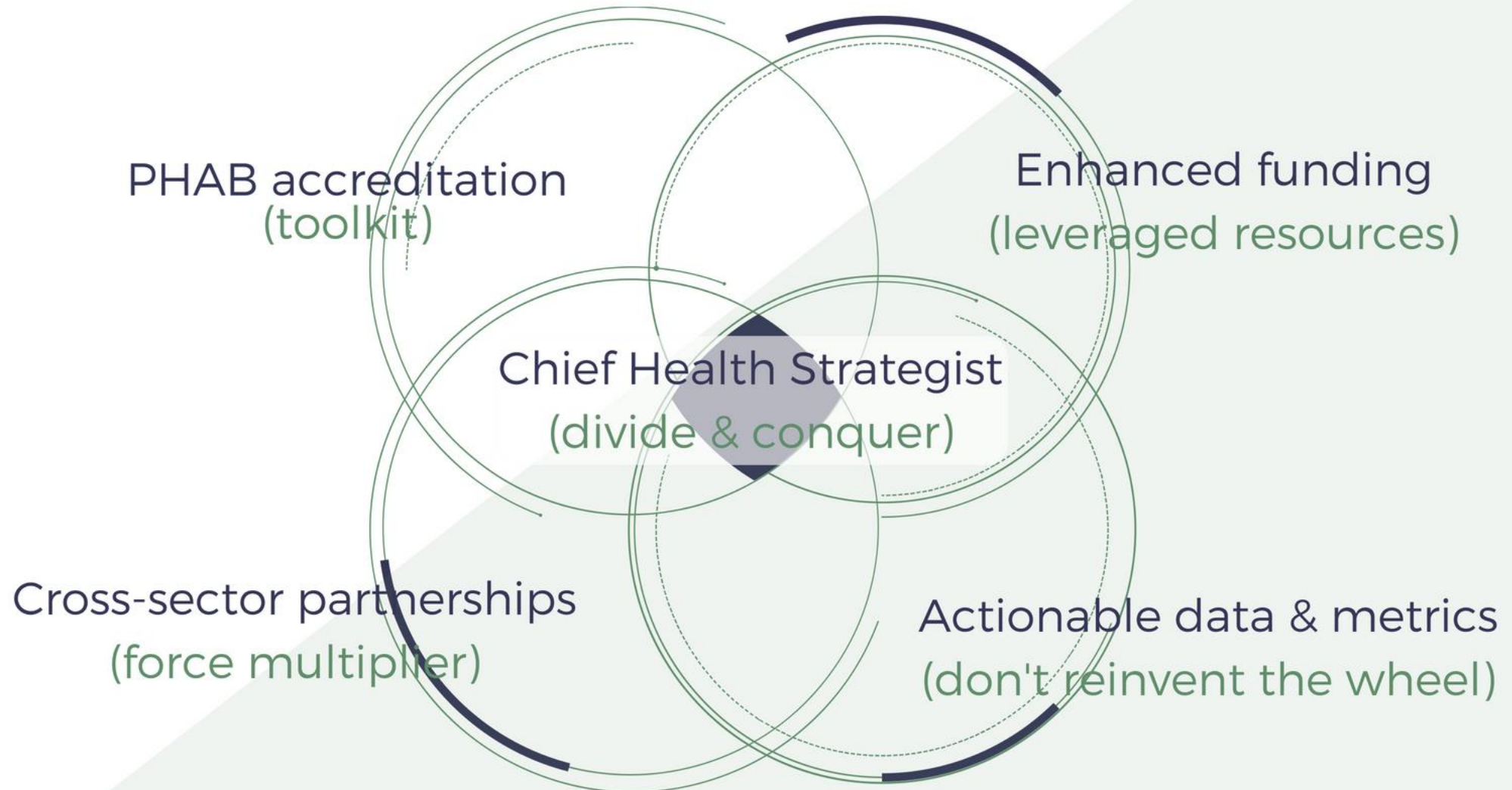
-Marcus Buckingham, author of "First, Break All the Rules"



P H 3 . 0 R E C O M M E N D A T I O N S



THE NEW CHIEF HEALTH STRATEGIST



Q U E S T I O N S ?

C H E L S E A M O X L O W L A N T T O , M S P H , M C H E S

moxlow@gmail.com
(734) 775-7797