LEVERAGING YOUR WORKFORCE TO EXTEND YOUR STRATEGIC LEADERSHIP REACH

CHELSEA MOXLOW LANTTO, MSPH, MCHES

Michigan Premier Public Health Conference | October 10, 2018
OBJECTIVES

- 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.
PUBLIC HEALTH 3.0
SNAPSHOT
RECOMMENDATIONS & CHALLENGES
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.

Public Health 3.0 Recommendations

- PHAB accreditation
- Enhanced funding
- Cross-sector partnerships
- Actionable data & metrics
- Chief Health Strategist

PH3.0
Operationalizing 3.0

PHAB accreditation

PH 3.0
Chief Health Strategist

Quality Improvement
Actionable data & metrics

Performance Management

Workforce Development

Strategic Plan
Cross-sector partnerships

Community Health Improvement Plan
Enhanced funding
PH3.0 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
PH3.0 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
Identifying Training Needs

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.

*http://www.phf.org/resourcetools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx
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
<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A1</td>
<td>Describes factors affecting the health of a community (e.g., equity, income, education, environment)</td>
<td>Describes factors affecting the health of a community (e.g., equity, income, education, environment)</td>
<td>Describes factors affecting the health of a community (e.g., equity, income, education, environment)</td>
</tr>
<tr>
<td>1A2</td>
<td>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</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>1A3</td>
<td>Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information</td>
<td>Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information</td>
<td>Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information</td>
</tr>
<tr>
<td>1A4</td>
<td>Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information</td>
<td>Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information</td>
<td>Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information</td>
</tr>
<tr>
<td>1A5</td>
<td>Selects valid and reliable data</td>
<td>Analyzes the validity and reliability of data</td>
<td>Evaluates the validity and reliability of data</td>
</tr>
<tr>
<td>1A6</td>
<td>Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)</td>
<td>Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)</td>
<td>Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)</td>
</tr>
<tr>
<td>1A7</td>
<td>Identifies gaps in data</td>
<td>Resolves gaps in data</td>
<td>Resolves gaps in data</td>
</tr>
</tbody>
</table>
### 3.0 Competencies

Suggested competencies that align with Public Health 3.0 for Tier 3

<table>
<thead>
<tr>
<th>Analytical/Assessment Skills</th>
<th>1C2</th>
<th>1C4</th>
<th>1C5</th>
<th>1C6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Development/Program Planning Skills</td>
<td>2C1</td>
<td>2C10</td>
<td>2C14</td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td>3C3</td>
<td>3C4</td>
<td>3C5</td>
<td>3C7</td>
</tr>
<tr>
<td>Cultural Competency Skills</td>
<td>4C4</td>
<td>4C7</td>
<td>4C8</td>
<td></td>
</tr>
<tr>
<td>Community Dimensions of Practice Skills</td>
<td>5C1</td>
<td>5C2</td>
<td>5C3</td>
<td>5C4</td>
</tr>
<tr>
<td></td>
<td>5C5</td>
<td>5C6</td>
<td>5C7</td>
<td>5C9</td>
</tr>
<tr>
<td>Public Health Sciences Skills</td>
<td>6C6</td>
<td>6C7</td>
<td></td>
<td>6C10</td>
</tr>
<tr>
<td>Financial Planning and Management Skills</td>
<td>7C2</td>
<td>7C4</td>
<td>7C7</td>
<td>7C8</td>
</tr>
<tr>
<td></td>
<td>7C9</td>
<td>7C10</td>
<td></td>
<td>7C16</td>
</tr>
<tr>
<td>Leadership and Systems Thinking Skills</td>
<td>8C2</td>
<td>8C3</td>
<td>8C4</td>
<td>8C8</td>
</tr>
<tr>
<td></td>
<td>8C7</td>
<td>8C8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Utilizing Existing Team Members**

What 3.0 competency gaps do you need to address?

<table>
<thead>
<tr>
<th>Analytical/Assessment Skills</th>
<th>Public Health Sciences Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess assets and resources that can be used for improving the health of a community.</td>
<td>Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)</td>
</tr>
</tbody>
</table>

**Develop**

<table>
<thead>
<tr>
<th>Communication Skills</th>
<th>Leadership and Systems Thinking Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convey data and information to professionals and the public using a variety of approaches.</td>
<td>Create opportunities for organizations to work together or individually to improve the health of a community.</td>
</tr>
</tbody>
</table>
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.

*http://shell.cas.usf.edu/~pspector/scales/jsspag.html*
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 programs
  - Integrating public health into science, technology, engineering, and mathematics (STEM) curricula
THE NEW CHIEF HEALTH STRATEGIST

to achieve public health 3.0
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"
PH3.0 Recommendations

- PHAB accreditation
- Enhanced funding
- Chief Health Strategist
- Cross-sector partnerships
- Actionable data & metrics
The New Chief Health Strategist

- PHAB accreditation (toolkit)
- Enhanced funding (leveraged resources)
- Chief Health Strategist (divide & conquer)
- Cross-sector partnerships (force multiplier)
- Actionable data & metrics (don't reinvent the wheel)
Questions?

Chelsea Moxlow Lantto, MSPH, MCHES

moxlow@gmail.com
(734) 775-7797