



Oregon Public Health Workforce Training Needs Assessment

Key Informant Interviews Summary Report

October 2013

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Executive Summary

In order to support agency workforce development planning, as required by the national Public Health Accreditation Board, the Public Health Division of the Oregon Health Authority (OHA), the Conference of Local Health Officials (CLHO), and Northwest Center for Public Health Practice (NWCPHP) at the University of Washington School of Public Health collaborated to conduct a workforce needs assessment for Oregon's state and local public health system. As part of the workforce needs assessment, the NWCPHP conducted 20 key informant interviews with OHA and CLHO senior leadership. The goal of the key informant interviews was to assess leadership's perception of the needs and priorities of the public health workforce. This information will be used to create a workforce development plan that will measure growth and achievement among staff, prepare public health workforce to meet current/future programmatic, departmental and community needs, and improve the health of Oregon residents by better preparing our workforce in a transformed health system.

Key findings include:

- Workforce development needed now and in the immediate future includes training in analysis, communication, community collaboration, and systems thinking skills.
- Systematic changes in health care and public health, particularly health care changes from the Affordable Care Act (ACA), are expected to increase the need for skills in collaborating with other agencies, flexibility, and a clear articulation of the value of public health.
- Public health systems are expected to move away from providing direct care and into the arena of systems development and policy.
- The decision to hire or train for new expertise depends on the desired skill set, but most agencies reported they train to develop new skills in their organization.
- In order to recruit and retain employees, agencies should provide training and job advancement opportunities.
- Lack of financial resources, time required for training, and workload are major barriers to staff acquiring new skills.
- Barriers at the systems level, including the job classification and public health funding systems, hamper the ability of leadership to acquire new skills in their organization.
- Providing a menu of training options and developing trainings for a wide range of learning styles is important for developing modern approaches to training.
- Modern training methods will include both experiential and distance modalities.
- Mentoring and cross-training are especially desired modalities for modern experiential training.
- In an ideal workforce development program, established time for training and in-house consultation would be available.
- Senior leaders look at changes in employee conversations and actions to assess how well their organizations are keeping up with workplace demands.

- To prepare the workforce for future demands, leadership anticipates a need for providing continual education, developing strategies for engaging in and managing change, and teaching the workforce how to best promote public health.
- Quality improvement and performance management activities have an excellent return on investment.

Introduction

In order to support agency workforce development planning, as required by the national Public Health Accreditation Board, the Public Health Division of the Oregon Health Authority (OHA), the Conference of Local Health Officials (CLHO), and Northwest Center for Public Health Practice (NWCPHP) collaborated to conduct a workforce needs assessment for Oregon's state and local public health system. NWCPHP, part of the University of Washington School of Public Health, provides training, research, and evaluation for state, local, and tribal public health in six Pacific Northwest states (Alaska, Idaho, Montana, Oregon, Washington, and Wyoming). As part of the workforce needs assessment, NWCPHP conducted 20 key informant interviews with OHA and CLHO senior leadership. These informants were selected by OHA leadership and included local health department directors and OHA and PHD executive leaders. The goal of the key informant interviews was to assess leadership's perception of the needs and priorities of the public health workforce. This information will be used to create a workforce development plan that measures growth and achievement among staff, prepares the public health workforce to meet current and future programmatic, departmental, and community needs, and improves the health of Oregon residents by better preparing our workforce in a transformed health system.

Methods

A 14-question interview instrument was developed by NWCPHP with input from OHA and CLHO to use as a guide during key informant interviews. Interviews were conducted with 20 members of Oregon public health senior leadership between September 9, 2013 and September 27, 2013. Interviews were approximately 30 minutes long. Two NWCPHP staff attended each interview. One NWCPHP staff conducted the interview, while another transcribed the interview. Interview notes were edited for clarity after all interviews had been conducted. To analyze for central themes, ideas that appeared more than once were coded and tracked for each question. This independent analysis was further validated for accuracy by the other interviewing members of the evaluation team.

The frequency of occurrence for each subject matter was tracked relative to other themes without incorporating any kind of quantitative analysis. The context in which the theme was discussed was also incorporated into the overall analysis of the qualitative data. A stratified analysis was done to assess whether interviewee answers differed by organizational type (OHA vs. local health department) or local health department location (urban vs. rural). Interviewees were classified as being from an urban or rural local health department using the federal Office of Management and Budget (OMB) classification system for counties. For the purpose of this analysis, health departments were "urban" if the OMB classified their counties as "metropolitan," and "rural" if the OMB classified their counties as "micropolitan" or "frontier."

Results and Recommendations

Skills in analysis, communication, community collaboration, and systems thinking are needed now and in the future.

Senior leadership felt that the skill areas most needed in the public health workforce include analytic/assessment, communication, community collaboration, and systems thinking. Specific skills included the following:

Analytic/Assessment:

- Advanced analytical skills
- Epidemiology
- Translating and applying public health data
- Informatics

Communication:

- General communication skills
- Communicating a message to the public
- Communicating data
- Articulating the value of public health

Systems Thinking:

- System development
- Change management
- Flexibility

Community Collaboration:

- Integrating and working with the health care system
- Community engagement
- Working with community partners

Systematic changes in health care and public health, particularly changes resulting from the Affordable Care Act (ACA), are expected to drive the skills needed by public health in the future.

Senior leadership frequently discussed several major systematic changes affecting skills that will be needed by the public health workforce over the next few years. Instead of focusing on specific skills, many interviewees discussed a need for change management and flexibility in the workforce.

Given changes resulting from the ACA, particularly the implementation of coordinated care, senior leadership anticipates that public health will need skills in collaborating with health care agencies and other government organizations. The different approaches of the health care and public health systems will require skills in interdisciplinary communication, negotiation with a variety of organizations, and the ability to solve problems collaboratively.

The rapid systems changes provide an opportunity to define the new roles of public health and establish its importance. Therefore, public health professionals must also learn to advocate for public health and articulate its value. Of particular importance is the ability of public health professionals to use business tools, like return on investment (ROI) analyses, to make the evidence-based case for public health. Advocating for public health will require learning how to communicate using the language of health care and government.

One of the changes anticipated in public health is the movement away from direct service towards a larger role in policy and systems development. A shift in focus away from direct health care and toward more general policy will require systems thinking and leadership skills to effect this change.

“We are in a time of dramatic transformation, and we need to develop skills to navigate change and foster positive outcomes.”

Although the decision to hire or train for new skills depends on the desired skill set, senior leaders prefer to train existing employees to gain a new skill set.

“If employees have a passion or commitment to public health, I can teach the rest.”

The greatest number of interviewees indicated that they will generally train existing employees to gain new skills sets. Interviewees from CHLO more frequently indicated that they prefer to train for new skill sets than individuals from OHA. Interviewees from OHA were more likely to both hire new employees and train existing employees, depending on the skill set needed. Multiple individuals reported that hiring for new skills was challenging because of budget constraints. Others also discussed the difficulty in hiring staff for needed abilities because of constraints from the state job classification system. As one interviewee said, “We have positions and position descriptions that were put into place a long time ago. It’s hard to add new categories and change categories in the state system.”

Recruiting and retaining new employees requires ensuring opportunities for training and job advancement.

Rather than recruiting employees solely on salary or benefits, interviewees recruit and retain employees by providing training or education and offering the possibility of job advancement. Interviewees discussed the difficulty of competing with the private sector on salary, saying instead that their goal was to create an appealing work environment. Several individuals mentioned the importance of creating a culture of support, demonstrating to employees how valued they are, and enabling staff to take ownership of their work. A smaller number of leaders stated that they recruit and retain using incentives, raises based on professional development of competencies, and alternative work schedules.

Lack of financial resources, time, funding systems, and traveling distance are the major barriers to acquiring new skills.

Senior leadership named a large number of potential barriers to gaining skills needed in the current public health workforce. Most frequently, they discussed the cost of training, time needed for training, funding systems, and traveling distance as high barriers. Cost was mentioned more by interviewees from local health departments than by interviewees at the state level. Interviewees from OHA more frequently discussed statewide funding systems than interviewees from local health departments, naming the specificity of funding allocation and the lack of discretionary funding for training as a major barrier to sending employees to training. Traveling distance was only named as a barrier by interviewees from rural health departments, and was frequently discussed by those individuals.

Other, less frequently cited barriers to obtaining new skills and recruiting employees with new skills include:

- Lack of support from administrative leaders
- Workload
- Lack of interest in training
- Generational gap
- Competition with the private sector for skilled individuals
- Resistance to new ideas

Effective modern approaches to adult learning and training incorporate individual learning styles and provide a variety of training options.

Rather than discussing any particular type of modern training (i.e., approaches to training that differ from traditional classroom training), interviewees most frequently talked about the need to provide their staff with a menu of training options. Ideally, interviewees would prefer their employees had access to multiple types of training (webinar, face to face, hands-on, etc.). Interviewees consider modern training approaches flexible, tailored to the individual, and utilizing multiple modalities to appeal to different learning styles.

When leadership spoke of specific modern training modalities, they most frequently discussed distance and experiential learning. Distance learning included webinars, self-paced modules, and extension programs. Individuals from rural health departments discussed approaches to distance learning more frequently than individuals from urban health departments. When asked about specific approaches to experiential learning, mentoring programs and orienting with experienced staff were most frequently discussed. Other types of experiential learning frequently mentioned included cross training, hands-on projects, and job shadowing.

A wide variety of other experiential and non-experiential training approaches were mentioned, including:

- Peer to peer training
- Leadership institutes
- Regional trainings
- Partnering with schools of public health
- Developing standard training plans

- Problem-based learning
- Developmental rotations
- Master gardener model
- Group training
- Rotation into leadership positions
- Professional consultation
- Tabletop exercises

When asked about ideal training programs, responses from leadership reflected a need for established training time and in-house assistance.

When asked what kind of training program they would prefer to have if they had unlimited resources, leaders provided a highly diverse list of suggestions. While varied, aggregated responses revealed specific training needs.

Multiple ideal training programs reflected the need for extended and protected time for training, including workdays devoted exclusively to training, sabbaticals, extended internships, and established orientation times. Another major theme that emerged was the need for training to be available at the site of the department. Leadership saw in-house technical assistance, in-house evaluation, in-house consultation, and mentoring training as ideal workforce development programs.

Interviewees also responded to this question by mentioning specific training topics they would ideally like to have available. Training topics included training on QI, evidence-based decision making, data analysis, transition training, and basic public health values.

Other training options on leadership's "wish list" included:

- Cross training with other health departments
- Utilizing ties with academia
- Enabling travel to outside training
- Training at both the state and local levels
- Trial service with other positions
- Providing a menu of trainings
- Providing multimodal trainings

"The adult learner needs to learn multiple times and in multiple venues for it to stick."

Changes in employee actions provide the best evidence that an organization is keeping up with workplace demands.

To gauge how well their organization is keeping up with workplace demands, leadership most frequently discussed monitoring the conversations and actions of employees. They use direct feedback from staff about the organization, and also pay attention to changes in staff actions, including greater efficiency, changes in interactions with the public, and utilization of tools and techniques taught in training.

A smaller number of interviewees preferred to use more formal methods for monitoring the work environment. These individuals look for evidence in indicators such as turnover rate, process measures, workforce development assessments, and the number of errors or complaints. Department recognition was also cited by a small number of individuals as evidence of keeping up with workplace demands.

Some interviewees prefer to use community-based evidence to gauge their organization's effectiveness. Specifically, leadership discussed looking at the resources available to the population, better health indicators, and evidence that their organization is meeting community needs.

"In my entire career, I've never seen this much in motion simultaneously. If we are to remain relevant, we have to look to the future."

To prepare the workforce for future demands, public health leaders anticipate a need for providing continual education, developing strategies for engaging in and managing change, and teaching the workforce how to promote public health.

Interviewees were asked to name the single most important action that should be taken to prepare the workforce for the demands of the future. Responses frequently reflected the idea that major changes are coming to public health. Multiple interviewees provided suggestions that included change

management, engaging staff in changes, teaching flexibility, and providing training opportunities for up and coming issues. Leadership also emphasized the need for continuous training, stating that organizations should expand education, enable continuous learning, invest in training, and stay on top of developments in training and education. Interviewees anticipate that the ability to understand and present the value of public health will help in future collaborative efforts with outside organizations. Given this need, leaders spoke of the importance of training in understanding public health, presenting public health's agenda and values, and representing public health to outside agencies.

A variety of other opinions were offered on the single most important action to prepare the workforce, including:

- Training in health policy
- Good communication
- Using new technology

- Providing applied experiences
- Becoming involved in accreditation efforts
- Teaching political acumen
- Aligning budgets to strategic plans

Quality improvement and performance management activities have provided the greatest return on investment for professional development expenditures.

When asked about activities that have provided the best return on investment for professional development expenditures, leaders most frequently discussed performance management and quality improvement activities. Specific activities included continuous quality improvement, rapid cycle improvement, and LEAN training, as well as developing performance management systems and conducting workforce assessments.

Various types of trainings were also considered good uses of professional development expenditures. Multiple types of experiential learning were mentioned, as well as the development of training plans and funding the education of employees. Leadership development was also frequently discussed by interviewees. Specifically, interviewees suggesting hiring good leaders and investing in leadership training.

Other activities providing a good return on investment include:

- Financial evaluation
- Accreditation activities
- Motivational interviewing training
- Training in social determinants of health
- Efforts to engage all staff members in trainings
- Developing a diverse workforce

Senior leader experiences in developing their departments have taught them a broad range of lessons.

When asked about what they had learned about workforce development in their experience as leaders, there was no clear consensus on a particular method for effective workforce development. Most frequently, interviewees urged other leaders to invest in training by creating professional development plans and actively encouraging employees to take advantage of training opportunities.

Other lessons from leadership include:

- Providing a wide spectrum of training topics and levels of training
- Provide performance reviews
- Build a good team environment
- Integrate changes into the department slowly, and engage staff in changes

- Create a systematic plan
- Hire strategically

Appendixes

Appendix A Key Informant Handout

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Oregon Health Authority and the Conference of Local Health Officials

Workforce Development Training Needs Assessment

Interview Questions

The Oregon Health Authority and the Conference of Local Health Officials are working with the Northwest Center for Public Health Practice (NWCPHP) at the University of Washington to provide workforce assessment support to support public health accreditation and workforce development needs. The goal is to prepare Oregon's public health workforce to meet current and future programmatic, departmental and community needs, and improve the health of Oregon residents by better preparing our workforce. The NWCPHP staff will gather your thoughts, views, and opinions on the following question areas:

- What are the key workforce development technical skills that are needed now and over the next 2 to 3 years in your department/section/division?
- What are the key workforce development functional skills (e.g., interpersonal, motivational, leadership) that are needed now and over the next 2 to 3 years in your department/section/division?
- What are the current workforce development skills strengths within your department/section/division?
- What are the current workforce development skills weaknesses/areas for improvement within your department/section/division?
- How should Oregon's public health system develop modern approaches to adult learning and training?
- How can experiential learning opportunities be incorporated into current processes?
- What strategies or suggestions do you have for obtaining and sustaining the very best employees?
- What do you think would be the most convincing evidence that the workforce in your department/section/division is keeping up with current demands?
- What key tools and activities would you like your workforce to have access to in order to build the competencies that are needed?

- What have you learned from your experience in developing your department/section/division that might be of value to others across the organization engaged in developing the workforce? Please provide specific successes that could be leveraged. Please identify errors/mistakes that could be avoided.

Appendix B

Key Informant Interview Template



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Determining Workforce Development Skills needed for the 21st Century Public Health Seattle – King County

Evaluation Questions

- **What are the key workforce development technical skills (e.g., skills required to effectively execute technical aspects of the work) that are needed now and over the next 2 to 3 years in your department/section/division?**
- **What are the key workforce development functional skills (e.g., interpersonal, motivational, leadership, organizational, self-management, strategic thinking and administrative skills) that are needed now and over the next 2 to 3 years in your department/section/division?**
- **What are the current workforce development skills strengths within your department/section/division?**
- **What are the current workforce development skills weaknesses/areas for improvement within your department/section/division?**
- **How should Oregon's public health system develop modern approaches to adult learning and training?**
- **How can experiential learning opportunities be incorporated into current processes?**
- **What strategies or suggestions do you have for obtaining and sustaining the very best employees?**
- **What do you think would be the most convincing evidence that the workforce in your department/section/division is keeping up with current demands?**
- **What key tools and activities would you like your workforce to have access to in order to build the competencies that are needed?**
- **What have you learned from your experience in developing your department/section/division that might be of value to others across the organization**

engaged in developing the workforce? Please provide specific successes that could be leveraged. Please identify errors/mistakes that could be avoided.

Key Informant Name:		Date:	
Interviewer(s):		Phone Number:	

Opening Script –

Purpose: The purpose of our conversation today is to gather the opinions of senior leadership to determine the needs and priorities related to workforce development training, recruitment and retention. You have been chosen to participate because of your expertise and role. Our conversation is confidential and your responses will not be attributed. The results of our conversation will be used to guide both the immediate and long term goals for public health workforce development in Oregon.

We expect this conversation will take up to-30 minutes. Have you had a chance to review the Background documents we sent you with the email? Yes **No**

- Do you have any questions before we begin?

Q#	QUESTION	RESPONSE
Key Workforce Development Skills		
The first few questions are to gather your view on workforce skills.		
01	What workforce development skills are needed for the work your department is doing <u>today</u> ?	
02	What workforce skills will be required to prepare your staff to meet the challenges you forecast over the next 2-3 years?	
03	If you need to add a new skill set in your department, do you typically train current staff, or hire new staff to gain that skill set?	
04	What key tools and activities would you like your workforce to have access to in order build the competencies that are needed? (What are your plans, if any, for getting the new	

	skills and abilities for your workforce that you identified above? Do you have the ability to move your department forward? What is within your span of control?)	
05	What are the barriers to getting the skills and abilities you need in your department?	
Now we would like to get your opinion on how your organization should go about developing a modern approach to adult learning and training.		
06	How should Oregon's public health system develop modern approaches to adult education and training?	-
07	What approaches to experiential learning (AKA learning on the job), would be successful in your department?	-
08	What strategies or suggestions do you have for obtaining and retaining the very best employees?	
09	What do you think would be the most convincing evidence that the workforce in your department is keeping up with current demands?	
10	If you could have any kind of training / workforce development program, with no restrictions and no resource constraints, what would that look like? (We are looking for innovative, pie-in-the-sky ideas here)	
11	What have you learned from your experience in developing your department that might be of value to others across Oregon's public health system engaged in developing the workforce?	
12	What is the single most important thing we can do to prepare our current workforce to meet the demands of the future?	
13	In what area have you received the greatest return on investment for your professional development expenditures?	
14	Do you have any final suggestions or comments for us regarding workforce development at your organization?	

Thank you for your time. We have enjoyed this conversation.

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