Title Page

**Training Needs Assessment at a Local Health Department**

by

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BS, University of Pittsburgh, 2018

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Abstract

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**Training Needs Assessment at a Local Health Department**

Morgan Isabel Benner, MPH

University of Pittsburgh, 2020

**Abstract**

**Background:** The Allegheny County Health Department (ACHD) consists of five bureaus and a public health laboratory and became a nationally accredited public health department in 2017. ACHD uses core competency assessments and training needs assessments to develop their workforce development plan. This essay serves as a case study of how ACHD assessed its workforce’s training needs and how it developed a Workforce Development Plan.

**Methods:** The 2019 training needs assessment was conducted through qualitative interviews with key administrators in all five bureaus over a three-month period. Results from the 2018 Core Competency Assessment as well as the 2017 Training needs Assessment were used to develop the interview questions. Topics covered in the interview included: program goals, priority skill areas, barriers to training, and preferred times for holding trainings. The results of the needs assessment were compared to the 2018 Core Competency Assessment and 2017 Training Needs Assessment to develop focus areas.

**Results:** Overall, 52 unique trainings were identified which covered six competency domains and 34 unique competencies. Trainings in the Communications, Financial Planning and Management, and Leadership and Systems Thinking Skill domains were identified as top priorities for all Allegheny County Health Department staff.

**Public Health Relevance:** Maintaining a skilled and qualified workforce is vital to the delivery of effective and relevant public health programs. As public health priorities change, the workforce must be able to adapt to meet the needs of the populations they serve. It is local public health that plays a vital role in protecting and promoting the health of communities across the nation. As such, the competence of its workforce has become increasingly important.

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# Preface

I would like to thank my family and friends for supporting me throughout my entire academic career. I thank my parents for their unconditional love and support that has shaped me into the person I am today. I thank my essay advisors, Gerald Barron and Dr. Noble Maseru, for their guidance throughout this process. I thank Jamie Sokol for her constant support and encouragement as a mentor, colleague, and friend. Finally, I thank the University of Pittsburgh for providing me with an excellent education and the Allegheny County Health Department for providing me with countless experiential learning opportunities.

# Introduction

The field of public health is constantly evolving to meet the needs of changing populations, address health inequities, and confront emerging threats. Over the past century, advancements in public health have improved Americans’ health, increased life expectancy, and shifted the focus from infectious disease to chronic ailments (IOM, 2002). Additionally, the shift to addressing the social determinants of health has been an important factor in improving health and reducing health inequities (Artiga, 2019). These advancements, though partially due to achievements in medicine, are largely due to public health interventions (DeSalvo, 2017).

The public health workforce can be generally defined as all persons engaged in a significant part of the work that creates the conditions in which people can be healthy (Tilson, 2004). This workforce must have the appropriate education and training to adequately provide the ten essential services. Subsequently, assessing the competence of the workforce will help ensure its ability to perform its role (IOM, 2002).

The government public health agency is a primary provider of essential services that aim to protect, assess, and assure individual, community, and environmental health (DeSalvo, 2017). In many jurisdictions, it falls on state, tribal, or local health departments (LHDs) to provide health services that address local priorities or concerns (IOM, 2003). LHDs are positioned on the front lines of public health to ensure the health of their communities through infectious and chronic disease prevention, environmental health, food safety, maternal and child health, injury prevention, and emergency preparedness programs, among others (NACCHO, 2017). Additionally, LHDs provide the necessary infrastructure for undertaking the essential responsibilities of public health. LHDs do this through several key components including assessing and responding to public health needs, keeping data and surveillance systems, and maintaining a capable and qualified workforce (Public Health Infrastructure, 2020).

Training the public health workforce comes with many challenges. Local health departments very greatly in size, demographics, and population they serve. Due to the interdisciplinary nature of public health practice, LHDs often lack a significant number of employees with academic public health degrees. Of the nearly 150,000 LHD employees in the United States, approximately 80 percent lack formal public health training (NACCHO, 2018; IOM, 2003). Additionally, both state and local agencies have faced severe budget cuts in recent years which have led to layoffs and scarce resources to provide ongoing training and support to the remaining workforce (NACCHO, 2018).

It is local public health that plays a vital role in protecting and promoting the health of communities across the nation. As such, the competence of its workforce has become increasingly important. This essay will explore the workforce development initiatives, including the implementation and results of a competency-based training needs assessment, at one county-level health department.

## A Brief History of Public Health Workforce Development

In 1988, the Institute of Medicine (IOM) issued *The Future of Public Health* which described public health as being in a state of disarray in which its capabilities for providing effective public health actions were inadequate (IOM, 1988). This report sought to emphasize the importance of a trained public health workforce and provided recommendations for schools of public health to expand their resources to reach professionals in the field.

Following this report, the Health Resources & Services Administration funded the Johns Hopkins University School of Hygiene and Public Health to assemble the Public Health Faculty/Agency Forum. The purpose of this forum was to strengthen relationships between academia and practice and improve the teaching, training, and practice of public health. (Bialek, 2018). This forum led to the formation of the Council on Linkages Between Academia and Public Health Practice (Council), which is credited as one of the first organizations to directly address public health workforce development. The Council developed a consensus set of competencies, later to be addressed as the Core Competencies for Public Health professionals, and advocated for public health school accreditation (Bialek, 2018).

The 1988 IOM questioned public health’s ability to provide the essential services and sought to lay a framework of the fundamental purposes of public health: assessment, policy development, and assurance (IOM, 1988). These fundamental purposes were later developed into the Ten Essential Public Health Services.

The Ten Essential Public Health Services were created in 1994 by the Core Public Health Functions Steering Committee to describe the public health activities that should be undertaken in all communities (IOM, 2003). The eighth Essential Service is “Assure a competent public and personal health care workforce.” This service includes maintaining public health workforce standards and continuing education and training for public health professionals (CDC, 2018). These services, together with the Core Competencies, provide a framework for public health workforce development initiatives.

The framework of the 10 Essential Services has served as a basis of many public health initiatives such as the National Public Health Performance Standards Program and the accreditation processes for schools of public health and health departments (Krisberg, 2020). Now, the framework of essential services is being revisited in a joint partnership between the Public Health Accreditation Board and the de Beaumont Foundation to ensure that it reflects the evolution of the public health field since its inception 25 years ago (Krisberg, 2020).



Figure 1 The 10 Essential Public Health Services

In 2016, the Office of the Assistant Secretary for Health called for a new model of public health called Public Health 3.0 (PH3.0). PH3.0 shifts attention to the social determinants of health and centers around five themes:

* Strong leadership and workforce
* Strategic partnerships
* Flexible and sustainable funding
* Timely and locally relevant data, metrics, and analytics
* Foundational Infrastructure (HHS, 2016)

PH 3.0 recognizes that, even with the significant improvements in public health and medicine over the years, many health inequities remain. It calls for public health to shift to a framework that focuses on multi-sector approaches to health the reflect a better understanding of the conditions and factors that are associated with health (HHS, 2016).

In a call to action, the Office of the Assistant Secretary of Health recommended that public health leaders should take on the role of Chief Strategist for their communities. In doing so, they should also ensure the availability of specialized training for those preparing to enter or already within the workforce (HHS, 2016).

## Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals developed by the Council are a consensus set of skills for the broad practice of public health as defined by the 10 Essential Public Health Services (Council, 2014). The development of the Core Competencies began in 1998 and went through an extensive public comment period before being established in 2001. Since then, the Core Competencies have gone through two additional revisions, one in 2012 and the most recent on 2014. They reflect foundational skills necessary for engaging in the broad practice of public health. The purpose of these competencies is to support workforce development within public health by providing a basis by which to measure and understand workforce needs (Council, 2014). Additionally, the Core Competencies informed the PH 3.0 framework, which focuses heavily on improving the social determinants of health and engaging community partners (HHS, 2016).

The Core Competencies are organized into eight domains of public health skill areas:

* Domain 1: Analytical/Assessment Skills
* Domain 2: Policy development/Program Planning Skills
* Domain 3: Communication Skills
* Domain 4: Cultural Competency Skills
* Domain 5: Community Dimensions of practice Skills
* Domain 6: Public Health Sciences Skills
* Domain 7: Financial Planning and Management Skills
* Domain 8: Leadership and Systems Thinking Skills

Each domain is split into three tiers that represent a different career level for public health professionals:

* Tier 1 – Front Line Staff/Entry Level
* Tier 2 – Program Management/Supervisory Level
* Tier 3 – Senior Management/Executive Level (Council, 2014)

The Core Competencies offer a basis for workforce development planning and action. In addition, they can help public health professionals and organizations better understand their workforce needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve (PHF, 2014).

## Background on the Allegheny County Health Department

Allegheny County Health Department (ACHD) is a local health department that protects, promotes, and preserves the health and well-being of Allegheny County residents (ACHD, 2020). Allegheny County is comprised of 130 municipalities and over 1.2 million residents (ACHD, 2020). In September of 2017, ACHD became a nationally accredited public health department through the Public Health Accreditation Board (PHAB) (ACHD, 2020). ACHD consists of five bureaus and maintains a Public Health Laboratory (see Figure 2). The bureaus include:

* Bureau of Administration
* Bureau of Assessment, Statistics and Epidemiology
* Bureau of Community Health Promotion and Disease Prevention
* Bureau of Environmental Health

## Workforce Development at the Allegheny County Health Department

ACHD identified workforce development, specifically surrounding employee retention, as a priority area in its 2019 Strategic Plan (ACHD, 2019). Through this priority, ACHD aims to optimize organizational functioning and improve public health services by strategically targeting the improvement of services (ACHD, 2019). Workforce development was also a priority in the previous 2015-2018 Strategic Plan, which was the acting strategic plan during ACHD’s accreditation process.

ACHD maintains an annual workforce development plan that sets training priorities across all programs and services. Public Health Accreditation Board standard 8.2.1 requires health departments to provide and maintain a health department-specific workforce development. This plan must include an assessment of current staff competencies, training schedules, and descriptions of any barriers to achievement of closing competency gaps (PHAB, 2013). ACHD’s workforce development plan is developed by analyzing data from core competency assessments, training evaluations, and qualitative interviews conducted during training needs assessments.

Training needs assessments provide direction for continuous improvement in the workforce development plan. The qualitative interviews with department leadership and key administrators gives a unique perspective into the training needs for each individual program. They also serve as a mechanism to validate the quantitative data collected through the core competency assessment. These staff members can provide important information on what their program or team needs to improve.

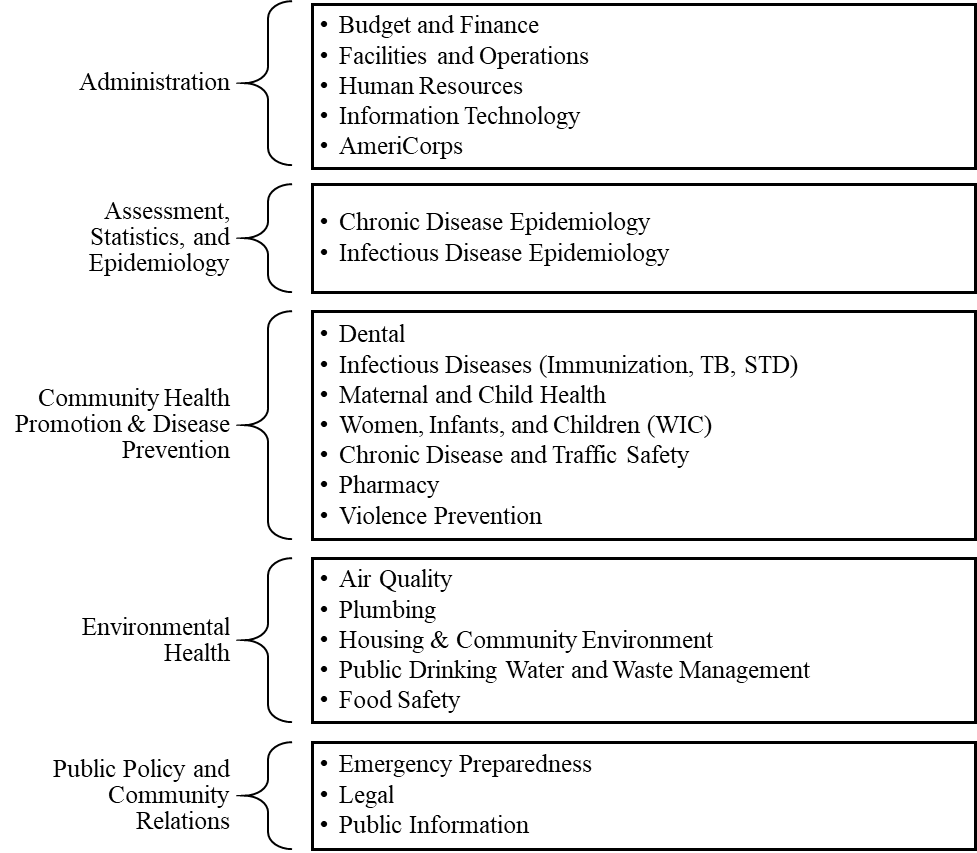


Figure 2 Allegheny County Health Department Organizational Chart

# Methods

## 2018 Core Competency Assessment

The Core Competency Assessment is a 40-question electronic survey that is answered anonymously by health department personnel. The questions on the Core Competency Assessment evaluate health department staff against Tier 1 competencies. Staff self-assess their level of ability to carry out core competency-based skills on a scale of 1 to 4, with 1 being no knowledge of the item, and 4 being very comfortable or an expert on the skill. A list of questions used in the 2018 Core Competency Assessment can be found in Appendix A.

## Qualitative Interviews

Qualitative interviews with senior leadership, program managers, and key administrators in all ACHD bureaus were conducted over a span of three months in 2019. Results from the 2018 Core Competency Assessment as well as the 2017 qualitative interviews were used to develop the interview questions. The questions were intended to provide a direction for the interview but still allow for free conversation. Topics on the interview guide included: program goals, priority skill areas, barriers to training, and preferred times for holding trainings. A sample questionnaire can be found in Appendix B.

Qualitative interviews were held with program managers and administrators from a single program or from several programs within a bureau. All bureaus, apart from the Bureau of Assessment, Statistics, and Epidemiology, plus the Director’s Office staff were included in the qualitative assessment[[1]](#footnote-1). The Laboratory was also not included in this assessment, as they communicated training needs earlier in the year. Additionally, nursing staff were treated as an independent program although they span several programs. Qualitative interview notes were taken during the interview and later compiled into an Excel spreadsheet. Each type of training requested was linked to one or more core competencies. The results of the needs assessment were compared to the 2018 Core Competency Assessment and 2017 Training Needs Assessment to develop focus areas.

## ACHD Workforce Development Plan

The list of training requests and identified priority areas were compiled and sent to the ACHD leadership. These qualitative interviews, along with the core competency assessment and prior training evaluations, are part of the main data source that informs the Workforce Development Plan. This plan is used to inform future training for health department staff. In 2018, ACHD fully integrated emergency preparedness training with the workforce development plan in order to comply with Project Public Health Ready requirements. This function is carried out by staff in the Bureau of Public Policy and Community Relations.

# Results

## 2018 Core Competency Results

The Public Health Foundation (PHF) provides some guidance on interpreting the results of this assessment. Namely, that an average score of about 1 in any domain can be considered to be a top focus area followed by domains with an average score of about 2. Domains with average scores closer to 3 or 4 are considered to be lower priorities (PHF, 2014).

Since the 2014 Core Competency Assessment, ACHD staff were found to have a net upward trend across all 8 domains (see Table 1). ACHD staff are strongest, and showed the most improvement, in self-reported communication skills (Domain 3) with an average response of 2.983. Staff show the most room for improvement in public health science skills and financial planning and management skills (Domains 6 and 7).

Table 1 ACHDAverage Domain Response: 2018 progress compared to 2014 baseline

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Domain | 2014 Response | 2018 Response | Trend | Change |
| Domain 1 Analytical/Assessment Skills | 2.538 | 2.767 | Arrow: Clockwise curve | +.229 |
| Domain 2 Policy Development/Program Planning Skills | 2.727 | 2.895 | Arrow: Clockwise curve | +.168 |
| Domain 3 Communication Skills | 2.715 | 2.983 | Arrow: Clockwise curve | +.268 |
| Domain 4 Cultural Competency Skills | 2.771 | 2.971 | Arrow: Clockwise curve | +.020 |
| Domain 5 Community Dimensions of Practice Skills | 2.479 | 2.662 | Arrow: Clockwise curve | +.183 |
| Domain 6 Public Health Sciences Skills | 2.408 | 2.546 | Arrow: Clockwise curve | +.138 |
| Domain 7 Financial Planning and Management Skills | 2.496 | 2.622 | Arrow: Clockwise curve | +.126 |
| Domain 8 Leadership and Systems Thinking Skills | 2.624 | 2.817 | Arrow: Clockwise curve | +.193 |

## Training Needs Assessment Results from Qualitative Interviews

The complete results of the qualitative interviews are included in Appendix C. Overall, 52 unique trainings were identified which covered six competency domains and 34 unique competencies. Figure 3 displays the number of trainings requested in the qualitative interviews that were mapped to each domain. Some trainings covered more than one, but no more than three, competency domains. Additionally, some trainings were requested by more than one program or bureau. These results show that the greatest number of training requests occurred in Domain 7 Financial Planning and Management Skills, Domain 8 Leadership and Systems Thinking Skills, and Domain 3 Communication Skills, respectively. Though each of these domains showed marked improvement since the 2014 Core Competency Assessment, these results show that there is still room for more improvement in these areas.

Figure 4 compares the number of training requests in each domain to the percent improvement in the average domain response between the 2014 and 2018 Core Competency Assessment. Domain 4 Cultural Competency Skills correspond to the lowest percent increase in average response and few training requests. Additionally, Domains 3, 7 and 8 had relatively high percent increases in average response and number of training requests.

Based on these results, a variety of trainings can be implemented across the five bureaus. Programs that are public facing often requested training around communication such as customer service skills, de-escalation in stressful situations, and handling difficult conversations, both in a clinical and regulatory enforcement setting. Additionally, development of management skills was another common theme across the programs. Several programs requested trainings such as project management, succession planning, and change management. Despite staff scoring the weakest in Public Health Science Skills (Domain 6), no requested training was mapped to this domain.

Figure 3 Number of Training Requests in Each Competency Domain

Figure 4 Number of Requests in Each Domain by Percent Change in Average Domain Response

## Limitations

A limitation of this case study is the response bias that occurs in self-reported data. Here, this bias can occur in both the core competency assessment and the qualitative interviews. A response bias can be defined as a tendency to “respond to a range of questionnaire items on some basis other than the specific item content.” (Paulhus, 1991). In this case, the midpoint response and socially desirable response type biases are the most likely to occur. The midpoint response type of bias refers to the preference for the midpoint of a rating scale (Wetzel, 2016). Individuals may be more likely to choose 2 or 3 on the core competency assessment due to this bias. Additionally, individuals may be more likely to overreport or underreport their own competency levels or training needs, due to socially desirable response bias (SDR). SDR refers to the tendency to describe oneself positively and in accordance with social norms and rules (Wetzel, 2016). The response bias that occurs in self-reported such as this can be somewhat remediated through bifactor data collection methods (Wetzel, 2016). In this case, using both the core competency assessment and qualitative interviews is used as a bifactor validation method.

Finally, the Core Competency Assessment was analyzed by determining the net positive or negative change between the two assessments. Therefore, the lack of tests of statistical significance is also a limitation of this case study.

# Discussion

The qualitative interview results, in conjunction with national priorities in public health practice and accreditation, suggest that workforce development should remain a priority for ACHD. Using a mixed methods approach to determine training needs allows ACHD to better set training priorities. The qualitative interviews, which result in self-reported data, are subject to reporting bias and therefore may lead to overreported or underreported data. However, when coupled with the core competency assessment results, these interviews still provide valuable insight into skill gaps in the ACHD workforce.

Though not identified as a top priority, training in technology and computer skills were a common theme among the qualitative interviews. Several programs requested training in Microsoft Office packages such as Excel, Teams, and Outlook. These skills are essential to providing effective and relevant public health programs. Additionally, gaps in technology skillsets can slow down streams of communication which can be detrimental to all ACHD service lines. Though the qualitative interviews did not indicate large gaps in technology skills, ACHD should continue to work towards a workforce that is more competent in technology that is relevant to their individual work requirements.

Grant management and evaluation training was requested by programs in the Public Policy and Community Relations Bureau. Public health has historically faced many challenges associated with being underfunded. Though there are many factors that affect the sustainability of public health programming, there is no doubt that funding plays a major role (Freedman, 2013). Many ACHD programs are funded fully or partially by grants. Therefore, it is vital that key personnel that are tasked with grant management in ACHD receive training on effective grant writing, management, and evaluation. These trainings would cover competencies in Domain 3 Communication Skills and Domain 7 Financial Planning and Management Skills. This initiative will help ACHD secure and maintain more stable funding in the future.

Despite the marked improvement in Domain 3 Communication Skills found in the core competency assessment, training in communication skills were requested in all ACHD bureaus. Several of the public-facing programs such as the Infectious Disease Programs (both the Sexually Transmitted Diseases/HIV and Pulmonary Clinics), the Women, Infants, and Children (WIC) program, and the nursing staff requested customer service-based training. Some of these requests included effective phone communication and interacting with patients with empathy. In addition, the Human Resources staff indicated that training on handling difficult conversations would benefit them. These skills are important to providing effective public health services because they have an impact on the experience that a patient or community member has with a health department program. Training in these areas will cover competencies in Domain 3 Communication Skills and Domain 8 Leadership and Systems Thinking Skills.

In addition to customer service, some public-facing programs requested de-escalation training. This training would include verbal de-escalation techniques as well as empathetic listening and crisis intervention. These programs, such as Air Quality, Plumbing, and Food Safety are often met with opposition when enforcing environmental health regulations in the field which may involve fines or penalties. The clinical programs at ACHD would also benefit from de-escalation training as they often have to deliver difficult news to patients or provide services to patients during a crisis. Additionally, the Human Resources program requested this type of training with a focus on effectively handling difficult conversations. These types of communication trainings will help ACHD staff to perform their duties safely and effectively. Subsequently, it will help staff better address the social determinants of health by providing them with the tools they need to meet patients and community members where they are at and minimize the impact of traumatic stress. This will also help ACHD maintain a PH 3.0 approach to providing the essential services of public health.

Finally, key personnel at ACHD also identified workplace communications as a priority area. These included both the efficient use of phone and email to communicate as well as handling difficult conversations. Training in these areas would cover competencies in Domain 3 Communication Skills and Domain 7 Financial Planning and Management Skills and allow ACHD to provide public health services more efficiently and effectively. For these reasons, ACHD should consider communication skills training as a top priority.

Key supervisory personnel within the nursing staff at ACHD determined cross-training in various field-specific clinical skills to be a priority for their staff members. More specifically, administering vaccinations and performing titer tests were identified as priorities, because not all nurses perform these duties on a daily bias. Many of the nurses on staff at ACHD serve in administrative or managerial roles and no longer perform these kinds of clinical activities as part of their regular responsibilities. Though these staff members do not have to perform these activities during their normal workday, they may be asked to perform them during public health emergencies. In order to increase their capacity for emergency response, ACHD should consider implementing regular clinical cross-training that would assist in the mitigation of public health emergencies.

Several programs requested more training on workplace policies during the qualitative interviews. Topics such as the Family and Medical Leave Act (FMLA), the Pennsylvania Right- to-Know Law, and mandated reporter policies. Staff, especially managerial staff, expressed interest in having more in depth understanding of these policies in order to better support their program. ACHD legal staff began implementing more training in some of these topics shortly after the qualitative interviews were conducted.

Finally, the qualitative interviews determined that more leadership training should be implemented for both current managers and supervisors and for staff who are in a position to become supervisors. These training requests included quality improvement, meeting facilitation, change management, and succession planning. Training in these areas would strengthen competencies in Domain 7 Financial Planning and Management and Domain 8 Leadership and Systems Thinking Skills.

# Conclusions

Maintaining a skilled and qualified workforce is vital to the delivery of effective and relevant public health programs. As public health priorities change, the workforce must be able to adapt to meet the needs of the populations they serve. The results from the qualitative interviews and 2018 Core Competency Assessment determined several focus areas for workforce development initiatives at ACHD to maintain a PH 3.0 approach to providing the essential services and addressing the social determinants of health.

## List of Recommendations

Based on the qualitative interviews and 2018 Core Competency Assessment results, ACHD should focus on providing training to their workforce in five priority areas listed in Table 4 (see Appendix D).

* Grant management training is recommended for all ACHD staff with a focus on those staff members who are responsible for grants and contracts.
* Workplace communication training is recommended for all ACHD staff.
* Nursing staff members should be provided with regular refresher training on administering vaccines and performing titer tests.
* Customer service training should be provided all staff in clinical service programs including infectious disease programs, WIC, and all nursing staff. This training should focus on patient-facing staff members.
* De-escalation and crisis intervention training should be provided for nursing staff and staff in the Environmental Health, Community Health Promotion and Disease Prevention, and Administration Bureaus. This training should focus on staff that work directly with patients and community members and staff members that work in the field.
  + - * 1. Core Competency Assessment Questions

|  |
| --- |
| *ACHD Core Competency Assessment Rating Scale* (ACHD, 2018) |
| Rating Scale |
| **1 = None** (I am unaware, or have very little knowledge of the item); |
| **2 = Aware** (I have heard of it; limited knowledge and/or ability to apply the skill); |
| **3 = Knowledgeable** (I am comfortable with knowledge or ability to apply the skill);  **4 = Proficient** (I am very comfortable, an expert, could teach this to others) |

|  |
| --- |
| *ACHD Core Competency Assessment Questions* (ACHD, 2018)  *Domain 1: Analytical/Assessment Skills* |
| Question |
| 1. Describe a community's overall level of health and the factors that affect community health (e.g. quality, availability of health services, economic circumstances, environment) |
| 2. Identify sources of reliable public health data and information |
| 3. Use information technology (e.g. computers, data bases) and other appropriate tools to collect, store, and use data and information. |
| 4. Describe the use of data that measure public health conditions. |
| 5. Collect, use, and share data and information in an ethical manner. |

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| *Domain 2: Policy Development/Program Planning Skills* |
| Question |
| 6. Gather information that can be used for policy decisions in your program (e.g. health  information, fiscal information). |
| 7. Understand laws, regulations, and policies relevant to your work at the health department (e.g. HIPAA). |
| 8. Describe how policy can influence public health programs (e.g. funding, legal regulations). |
| 9. Identify ways to improve the quality and effectiveness of your work. |

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| *Domain 3: Communication Skills* |
| Question |
| 10. Identify the health literacy (understanding of health - related terms) of the populations your program serves. |
| 11. Communicate clearly and with cultural understanding in writing, speaking, and through other formats (e.g. community presentations, webinars). |
| 12. Use good communication skills with individuals and within groups (e.g. conflict resolution, active listening, risk communication). |

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| *Domain 4: Cultural Competency Skills* |
| Question |
| 13. Recognize that cultural, social, and behavioral factors impact how people access and use public health services. |
| 14. Describe the need for a diverse public health workforce. |
| 15. Work to interact effectively with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities). |
| 16. Respond to the diverse needs that might result from cultural differences. |

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| *Domain 5: Community Dimensions of Practice Skills* |
| Question |
| 17. Identify stakeholders (people or organizations) and community assets that can help your program. |
| 18. Collaborate with the community and encourage community involvement within your program. |
| 19. Describe the role of governmental and non-governmental organizations in the delivery of public health services. |
| 20. Inform the population your program serves about policies, programs, and resources. |

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| *Domain 6: Public Health Science Skills* |
| Question |
| 21. Recognize the Core Public Health Functions and the Ten Essential Services of Public Health. |
| 22. Follow laws and procedures for the ethical conduct of research (e.g. HIPAA). |
| 23. Biostatistics |
| 24. Epidemiology |
| 25. Environmental Health |
| 26. Health Services Administration |
| 27. Social and Behavioral Health Sciences |

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| *Domain 7: Financial Planning and Management Skills* |
| Question |
| 28. Follow all Allegheny County Health Department policies. |
| 29. Describe the roles of local, state, and federal public health agencies. |
| 30. Identify potential funding sources (e.g. grants) that can help your program deliver services. |
| 31. Prioritize tasks in order to operate within your program's budget. |
| 32. Use feedback (individual and program) to improve performance. |
| 33. Report program performance. |

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| *Domain 8: Leadership and Systems Thinking Skills* |
| Question |
| 34. Recognize factors (both within and outside the health department) that affect the delivery of the Ten Essential Services of Public Health. |
| 35. Interact in a professional manner with organizations, communities, and individuals. |
| 36. Describe how public health operates within a larger social, political, and economic environment. |
| 37. Participate in trainings and educational opportunities for personal and professional development. |

* + - * 1. Qualitative Interview Guide

1. What are your priority topics this year for you and your team?
2. Are there any certain skills that your team, or part of your team, could improve upon this year? i.e. Software, interpersonal, management
3. Are there any barriers that you and your team face when it comes to participating in trainings? i.e. Working at different sites, varying schedules
4. Are there any tools or resources that would help you and your team work more efficiently?
5. What method of training would work best for your team? Classroom (lecture-style), Video, Webinar, or Workshop-style
6. How much time can your team realistically devote towards trainings?
7. Are there certain days or times that would be most convenient (or inconvenient) to hold trainings for your team?
   * + - 1. Summary of 2019 Qualitative Interview Results

Table 2 Number of Training Requests by Core Competency Domain

|  |  |
| --- | --- |
| Domain | Number of Requested Trainings |
| *Domain 1: Analytical/Assessment Skills* | 3 |
| *Domain 2: Policy Development/Program Planning Skills* | 0 |
| *Domain 3: Communication Skills* | 19 |
| *Domain 4: Cultural Competency Skills* | 4 |
| *Domain 5: Community Dimensions of Practice Skills* | 1 |
| *Domain 6: Public Health Science Skills* | 0 |
| *Domain 7: Financial Planning and Management Skills* | 35 |
| *Domain 8: Leadership and Systems Thinking Skills* | 20 |

Table 3 Number of Training Requests by Category in Each Bureau/Program

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Training Request Category | | | | |
| **Bureau/Program** | **Technology & Computer Skills** | **Interpersonal & Customer Service Skills** | **Managerial Skills** | **Workplace Policy Knowledge** | **General Skills** |
| Bureau of Environmental Health | 2 | 3 | 0 | 2 | 2 |
| Bureau of Community Health Promotion & Disease Prevention | 2 | 6 | 12 | 2 | 6 |
| Bureau of Public Policy & Community Relations | 4 | 0 | 1 | 0 | 3 |
| Bureau of Administration | 1 | 0 | 3 | 0 | 0 |
| Nursing | 1 | 1 | 1 | 0 | 4 |
| Director's Office | 0 | 0 | 1 | 0 | 0 |

* + - * 1. Recommended Priority Areas for ACHD Staff

Table 4 Recommended Priority Areas for ACHD Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority Area** | **Bureau(s)** | **Program(s)** | **Target Audience** | **Competency Domains Addressed** |
| **Grant Management/Evaluation** | All | Department-wide | Program Administrators/Managers | *Domain 3, Doman 7* |
| **Workplace Communications** | All | Department-wide | All staff | *Domain 3, Domain 7, Domain 8* |
| **Administering Vaccinations and Performing Titer Tests** | Nursing (across bureaus) | All nurses | All nursing staff and/or staff qualified to administer vaccines or titer tests | *Domain 7, Domain 8* |
| **Customer Service** | Community Health Promotion & Disease Prevention | Infectious Disease | All staff that interact with patients/the public | *Domain 3, Domain 8* |
| Women, Infants, and Children | All public-facing staff |
| Nursing (across bureaus) | All nurses | All staff that interacts with patients/the public |
| **De-escalation** | Environmental Health | Air Quality | All public-facing staff | *Domain 7, Domain 8* |
| Plumbing |
| Housing & Community |
| Food Safety |
| Community Health Promotion & Disease Prevention | Infectious Disease | All staff that interact with patients/the public |
| Nursing (across bureaus) | All nurses | All staff that interacts with patients/the public |
| Administration | Human Resources | Open to all staff; focus on any staff that may have public-facing duties. |

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1. The Bureau of Assessment, Statistics, and Epidemiology was implementing a competency-based self-assessment tool to assess gaps in their department at the time of the training needs assessment and was excluded. The Director’s Office was going through a leadership transition at the time of the training needs assessment and was also excluded. [↑](#footnote-ref-1)