Performance Management Collaborative
Learning Project Report #4

Workforce Development and Performance Management - -
The Northwest Public Health Training Network

Portland, Oregon
August 13, 2001

This was a panel discussion lead by Jack Thompson. Panel members were Joan Brewster (Washington), Alice Rarig (Alaska), Kathryn Broderick (Oregon), & Jane Smilie (Montana).

Topic: Northwest PH Training Network

Key Concepts - Jack Thompson

Capacity drives the accountability system. Essential PH Services #8 and the National Performance Standards are points of reference.

The Core Competencies model is driving the work being done.

Research Question

What is the relationship between individual training/learning opportunities and community health?

> The mission of the Northwest Center for PH Practice is to improve the quality & effectiveness of PH practice, by linking academia and the practice community. The center works through a regional network that includes over 20 University of Washington faculty and staff and the coalition of Northwest states, localities, and multiple disciplines.

The network works to: ID existing training courses, modules, processes and etc., or uses these or modifies them to meet partner needs.

- Design, implement, and evaluate PH teaching modules
- Increase opportunities for experience
- Focuses on reducing workforce disparities
- Certificate Programs
- "just in time" technical assistance
- Public Health Leadership Institutes degree programs

[How do we make workforce competence a higher priority to those in the job – from leadership on down?]

Panelist Presentations

Should answer the following questions:

Question 1: What is the current situation in your state? (Q1 SITUATION)

Question 2: How does your state make the connection between WD and pm? (Q2 CONNECTIONS)

Question 3: What are the "lessons learned" from your work that will assist the PM collaborative? (Q3 LESSONS LEARNED)

Alice Rarig – Alaska

Q1 SITUATION: The state was driven by several factors to embark on a 3-step strategic planning process. Such factors as demands for primary care workers, physician, nurse, dentist, a public health professional retention, and competency spurred the state to action.

In the first step of the planning process, a set of indicators which included public health infrastructure on goals was selected.

The second step was the development of a strategic plan which was available to all in the state to work with.

The third step was the development of an action plan for the Department of Health and Human Services.

Q2 CONNECTIONS: Alaska makes the connection between WD and PM by asking experts and the target audience why goals are not being met. The results of this work are just now beginning to come to realization. One answer to the problem is the lack of resources.

Q3 LESSONS LEARNED:

- Strategic planning benefits from the combination of community demands and national standards imposed by grantors.

- Data and meaningful information are a key ingredient to the process. Providing these yields responsiveness and empowerment.
- Coming to consensus on targets and core principles garners support and interest.

Jane Smilie – Montana

Q1 SITUATION:

- The Montana Public Health Training Institute:
    - Assesses PH workforce training needs done by conducting:
        - Mail survey of state and local workers
        - Key informant interviews
        - Statewide forum
    - Ad hoc advisory council of state and local partners

- Public Health Practice Module – Montana State University and Billings and Yellowstone City Health Departments
  Audience: state and local PH workforce, county commissioners, and boards of health

- Performance Management Assessment

Phone survey using CDC question instrument
Have baseline data, but need to start a dialogue

Q2 CONNECTIONS:
Challenge:
Workforce development – means a change in focus of the system
Standards/PM system – linked to workforce development efforts

Q3 LESSONS LEARNED:

- Go slow with local partners
- Get attention of DOH and local policy makers
- State-local collaboration is the only way to make changes
- Collaboration with the Univ. of Wash. was a plus
- Used what others have developed
- Still need to make it all relevant to Montana and constituency

Kathryn Broderick – Oregon

Q1 SITUATION:
At the time of this meeting, the state of Oregon was undergoing reorganization. As of August 1, there would be no health division but a combination of three other divisions (Oregon Health Plan, Mental Health and Alcohol and Drug) called the "Health Services Cluster."

The programs will undergo continuous system improvement and this is where the link to PM and WD is made.

In process:

1. Assessments – who is doing them, what information is used, what are the gaps?
2. Planning is done according to identified gaps.
3. Increased evaluation at the local level
4. Local field testing of the National Performance Measures with two Essential Services/year with the intermediate purpose of evaluating how it worked, who supported it/opposed it, leading to building ownership at the local level.
5. PH Nursing Leadership Institute is using mentorship's between participants.
6. A PH Nursing Communicable Disease module is under development.
7. Using the Health Alert Network to build a capacity in counties.
8. Utilizing HRSA seed funding to increase cultural capacity, using those who have demonstrated the skill to retrain and support others.

Q2 CONNECTIONS:
Linking PM and Workforce and Leadership Development in Oregon (WALDO) needs to be defined, needs the methodology to be defined, needs the methodology worked out and the benefits demonstrated. This needs to be done in a top down & bottom up way with local knowledge and collaboration.

Q3 LESSONS LEARNED: It is important to have top-level buy-in and to be under the direction of human services.

The new organization will focus on four areas:

1. WALDO
2. PM
3. Statue Modernization
4. Engagement in Collaboration

Joan Brewster - Washington

Q1 SITUATION: The state has a relatively long history of building a knowledge base for the vision of the Public Health Improvement Plan. In 1994, the workforce was provided training in the core functions. This continues today in a shorter format. In 1998, the Public Health Improvement Plan Vision included:

- WD with an orientation system and web-based curricula for new top-level managers.
- Expanded general training to include bioterrorism table top exercises, leading and managing the change process* and building community partnerships to respond to PH issues* - *top priorities is surveys.

In 2000, objectives and new goals were set for 2002. These include:

- Enumeration Study

  The State Board of Health has adopted a "zero disparities" policy, which will start with a workforce. The study will collect information to describe the WF in size, training, location and, especially important cultural make-up.
- Core competencies linked to PS
- Model plan and priorities to manage resources
- Policy paper on incentives for addressing workforce development challenges
- Use of curricula
- Leadership Institute development
- Local Boards of Health Workshop