Assessing the Knowledge, Skills, and Abilities of Public Health Professionals in Big City Governmental Health Departments

January 26, 2016
Background
Big Cities Health Coalition

- **Mission**: Advancing equity and health for present and future generations

- **Vision**: Healthy, more equitable communities through big city innovation and leadership

- **Membership Criteria**: Urban and large
28 Member Cities

- Atlanta (Fulton County)
- Baltimore
- Boston
- Chicago
- Cleveland
- Dallas
- Denver
- Detroit
- Fort Worth (Tarrant County)
- Houston
- Kansas City
- Las Vegas (Southern NV Hlth District)
- Los Angeles (County)
- Long Beach
- Miami (Miami-Dade County)
- Minneapolis
- Multnomah County (Portland)
- New York City
- Oakland (Alameda County)
- Philadelphia
- Phoenix (Maricopa County)
- Sacramento
- San Antonio
- San Diego (County)
- San Francisco
- San Jose (Santa Clara County)
- Seattle (Seattle-King County)
- Washington, D.C.

About 54 million – or 1 in 6 – Americans covered by BCHC-member LHDs
Identify key competencies and skills that all MPH graduates should have to be prepared to work in a large, urban, local health department.

• Administered 2 surveys
  ▪ Staff with MPH as highest degree
  ▪ Hiring Managers
New York City 2011 Workforce Study (2)

MPH Perspective - Most underprepared in:

- Using SAS statistical software
- Quantitative data analysis/statistics
- Personnel management/leadership
- Budgeting/financial management
- Navigating politics/bureaucracy

Hiring Managers – Required skills newly hired MPH graduates were inadequately prepared:

- Scientific writing/publication
- Data analysis using SAS
- Management skills
- Grant writing/management
- Contracts/budgets/financial management
- Writing internal reports
Public Health Workforce Interests & Needs Survey (PHWINS)

• National survey launched in 2014

• Measured strengths, weaknesses, attitudes, skills and beliefs of the public health workforce

• Surveyed 23,000 state and local public health workers about workforce development priorities, the workplace environment, and key national initiatives
  ▪ 14 BCHC member cities participated in 1st iteration of survey (n = 2438)
# BCHC PH WINS – Aging Workforce

## Staff Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 21 to 35</td>
<td>20%</td>
</tr>
<tr>
<td>Age 36 to 50</td>
<td>39%</td>
</tr>
<tr>
<td>Age 51 to 65</td>
<td>40%</td>
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</tbody>
</table>

## Staff plans to retire

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>0%</td>
</tr>
<tr>
<td>2015 or 2016</td>
<td>7%</td>
</tr>
<tr>
<td>2017 or 2018</td>
<td>9%</td>
</tr>
<tr>
<td>2019</td>
<td>5%</td>
</tr>
<tr>
<td>Not before 2020</td>
<td>78%</td>
</tr>
</tbody>
</table>

## Staff plans to leave organization in next year

- 23%
<table>
<thead>
<tr>
<th>In position</th>
<th>0 to 5 years</th>
<th>6 to 10 years</th>
<th>11 to 20 years</th>
<th>21 or above years</th>
</tr>
</thead>
<tbody>
<tr>
<td>In position</td>
<td>51%</td>
<td>22%</td>
<td>21%</td>
<td>7%</td>
</tr>
<tr>
<td>At health department</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 5 years</td>
<td>33%</td>
<td>21%</td>
<td>29%</td>
<td>17%</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 to 20 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 or more years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In public health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 5 years</td>
<td>25%</td>
<td>19%</td>
<td>32%</td>
<td>24%</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 to 20 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 or more years</td>
<td></td>
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</tbody>
</table>
### BCHC PH WINS – Continuing Education

#### Organizational Requirements/Support for Continuing Education

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires continuing education</td>
<td>46%</td>
</tr>
<tr>
<td>Include education and training objectives in performance review</td>
<td>54%</td>
</tr>
<tr>
<td>Allow use of working hours to participate in training</td>
<td>89%</td>
</tr>
<tr>
<td>Pay travel/registration fees for training</td>
<td>63%</td>
</tr>
<tr>
<td>Provide on-site training</td>
<td>79%</td>
</tr>
<tr>
<td>Have staff position(s) responsible for internal training</td>
<td>59%</td>
</tr>
<tr>
<td>Provide recognition of achievement</td>
<td>54%</td>
</tr>
</tbody>
</table>
BCHC PH WINS – Top Training Needs

<table>
<thead>
<tr>
<th>Skills Gaps/Training Needs</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Influencing policy development</td>
<td>44%</td>
</tr>
<tr>
<td>Preparing a program budget with justification</td>
<td>40%</td>
</tr>
<tr>
<td>Ensuring that programs are managed within Budget</td>
<td>33%</td>
</tr>
<tr>
<td>Finding evidence on public health efforts that work</td>
<td>29%</td>
</tr>
<tr>
<td>Communicating ideas and info understandably</td>
<td>28%</td>
</tr>
</tbody>
</table>

Gap represents percent of respondents who said a skill was somewhat or very important that rate themselves as "beginner" or "unable to perform" it.
Our Study
Research Questions

1. What essential knowledge, skills, and abilities (KSAs) do professional staff working in large, urban health departments lack?

2. How can these gaps in essential KSAs be addressed to ensure a workforce that is prepared to practice public health in the 21st century?
Aims

1. Identify and prioritize the skills needed among professional masters-level staff working in large, urban health departments;

2. Characterize gaps in knowledge, skills, and abilities of these professionals to perform programmatic work in large, urban health departments; and

3. Catalogue recommendations to address these gaps.
Scope

• Only local governmental public health workforce in large, urban health departments (i.e., BCHC member departments) – those who are carrying out essential functions of their LHD

• Only managers’ perspectives about their direct reports

• Only “professional” staff – defined as a masters as a terminal degree. NO legal implications re: union, salaried, hourly, etc.
Key Terms

- Knowledge, Skills and Abilities (KSAs)
  - Adapted from PH WINS’ prioritized list of KSAs
  - Either information employee possesses which s/he applies directly to the performance of a function (e.g., interpreting public health data to answer questions)
    - OR
  - Competence to perform an act/behavior that results in an observable product/result (e.g., ensuring programs are managed within budget)
Key Terms

• Importance of skill to staff’s day-to-day work
  - *Essential* – Staff cannot do their job without KSA

• *Skill or Knowledge level* – Staff’s current possession of knowledge or their ability to perform a skill
  - Unable to perform/don’t know
  - Beginner/novice
  - Proficient
  - Expert
Managers’ Survey
Manager Experience & Training

- 16 years of experience in public health (median)
- 11 years of experience as supervisor (median)
- Number of staff supervised:
  - Median of 6 staff total
  - Median of 2 masters-level staff
- 53% supervise more than 1 program area
- 59% of respondents have a masters degree
- 47% of respondents have public health training
Staff Master Degrees

<table>
<thead>
<tr>
<th>Masters-Level Staff Education</th>
<th>% Yes (N=645)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH/MSPH</td>
<td>58.3</td>
</tr>
<tr>
<td>MHSA/MHA</td>
<td>7.9</td>
</tr>
<tr>
<td>MHS</td>
<td>4.5</td>
</tr>
<tr>
<td>MHI</td>
<td>0.9</td>
</tr>
<tr>
<td>MSW</td>
<td>18.3</td>
</tr>
<tr>
<td>MSN</td>
<td>12.9</td>
</tr>
<tr>
<td>MPP/MPA</td>
<td>15.8</td>
</tr>
<tr>
<td>MA/MS</td>
<td>21.4</td>
</tr>
<tr>
<td>MBA</td>
<td>15.7</td>
</tr>
<tr>
<td>OTHER</td>
<td>26.4</td>
</tr>
</tbody>
</table>

*Participants responded yes/no/don’t know for each degree listed; percentages do not total to 100.*
Overall, how essential is this skill to your staff’s day-to-day work?
Top 10 Essential Skills
(n =645)

• Orally *communicating* ideas and information in a way that different audiences can understand (91.2%)
• Gathering reliable information to answer questions (89.3%)
• *Communicating* ideas and information in writing in a way that different audiences can understand (82.8%)
• Addressing the needs of diverse populations in a culturally sensitive way (75.0%)
• Adapting in response to dynamic, evolving circumstances (73.0%)
• Demonstrate racial humility (72.3%)
• Orally communicating in a way that persuades others to act (71.3%)
• Collaborating with diverse communities to identify and solve health problems (68.1%)
• Communicating in writing in a way that persuades others to act (63.4%)
• Applying quality improvement concepts in their work (58.8%)
If this skill is somewhat important or essential, what is your staff’s current ability overall to perform this skill?
“Gap” – When manager reported that a skill was essential or somewhat important to their staff’s day-to-day work and their staff’s ability overall to perform this skill was beginner/novice
Top 10 Skill Gaps (n= 645)

• Applying quality improvement concepts in their work (38.0%)
• Understanding the political system within which health departments operate (37.7%)
• Anticipating changes in the environment (physical, political, environmental) that may influence their work (33.8%)
• Assessing and evaluating the effectiveness of policies, services or programs (33.2%)
• Understanding the relationship between a policy and a public health problem (30.9%)
Top 10 Skill Gaps
(n= 645)

- Determining the feasibility of policies, services and programs (30.5%)
- Understanding the non-health consequences of public health policies or programs (29.8%)
- Adapting in response to dynamic, evolving circumstances (29.3%)
- Engaging in multi-sector partners (e.g. business, transportation, housing, education) to collaborate and solve problems (28.1%)
- Assessing and building the capacity of community partners (27.8%)
Questions?
Key Informant Interviews
Interviews

- Semi-structured telephone interviews (n=14) with:
  - Health officials or staff in BCHC member-departments
  - Associate Deans of Practice in Schools/Programs of Public Health
  - Directors of Public Health Practice or Training Center
- Conducted between November 2016 and January 2017
- Audio-recorded and transcribed
- Identified overarching themes based on readings of the interview transcripts
- Detailed coding is underway, but these top line findings reflect the tenor of our discussions
Topline Findings: Skill Gaps

- Communication skills
- Listening, reframing and persuading
- Inter-personal skills/ability to influence others
- Facilitation
- Relationship building, engagement and collaboration skills
- Marketing and branding
  - Raising our perceived value
- Project management skills
- Computer skills
“Marketing and branding, being able to sell what we as a health department do, and what our value is to...everybody from the media, elected officials, partners, the general public, that by far and away is the weakest skill that we have...in some regards in public health, it’s almost like...the job’s done when we’ve done it, whether we bother to tell anybody or not. And getting people to the idea that the job’s not done until...not only the paperwork’s done, but the elected officials and the public know you did it, and they value that you did it...government in general fails miserably and public health is one of the worst.”
Topline Findings: Challenges

- Lack of diversity of strengths on team/among staff
- Apathetic government culture vs. innovation/risk taking
- Lack a baseline assessment of staff skills and gaps
- Supervisor support for development of workers (culture change)
  - Perception that training is not for administrative staff
- Poor staff uptake of professional development opportunities
  - Internal motivation
  - Awareness of opportunities
- Staff retention/turnover
  - Perverse incentives (raises for unionized workers vs. managers)
Challenges: Staffing and Funding

• Finding the time to “release” staff from the daily assignments/shifts to attend trainings (esp. direct service programs, clinics)

• Resources (time, money, capacity) to
  ▪ Conduct comprehensive KSAs assessment
  ▪ Develop and conduct training internally

• Budget restrictions – municipal funds prohibited for training
  ▪ Equity across programs and staff

• Budget cuts – specifically, loss of tuition reimbursement programs

• Travel restrictions (out of city, out of state and event limits)

• Lack dedicated staff person to manage and cultivate relationship with SPPH, and specifically to managing internships
“There are some grants which allow it or even require staff working on the grants to attend trainings...so it varies across the organization, which is a challenge for us, especially when we think about equity and making it available to everyone and making growth opportunities available, not just to set up more highly-paid staff, staff who already have higher levels of training.”
Opportunities
Professional Development

• Internal departmental trainings
  • New employee orientation & position orientation
  • Mandatory human resource trainings (e.g., avoiding sexual harassment)
  • Knowledge/information sessions (e.g., brown bags) and poster showcases
  • Supervisor development programs

• City/County-level trainings

• Union trainings

• Vendor trainings (e.g., Franklin Covey)

• Schools/programs of public health (Open seminars, training class, academic courses)
Challenges: Professional Development

- On-boarding or orientation process minimal in some departments
- Annual performance evaluations exist in some departments
- Professional development process/planning non-existent or inconsistent within and across health departments
- Training not targeted to linked to skills that are desirable for employees or deficiencies in these skills
- Lack of training for new managers in some departments
- Limited space in and capacity to develop trainings
Topline Findings: Solutions and Innovations

• StrengthFinders
• Building training/professional development/travel into grant applications
• Diversity/mixed funding streams for personnel
• Unit/program dedicated to innovation and professional development
• Taking advantage of staff expertise for peer training
• End of fiscal year surplus used to fund training
Questions?
Additional Information
Manager Demographics

- 71% identify as female
- 49% identify as white; 19% as African American
- Median Age: 49