

# **WORKING DRAFT**

November 10, 2010

## **PLEASE REVIEW AND EDIT/COMMENT VIA TRACK-CHANGES**

### **A Model for Public Health Workforce Training in Kansas**

*Kansas Public Health Workforce Committee*

#### ***Purpose and Mission***

The purpose of this project is to identify a structure and process to target and prioritize workforce development training activities in Kansas, in order to better prepare the state and local public health workforce for voluntary accreditation and future re-accreditation.

Project activities will primarily be carried out through the activities of the Public Health Workforce Committee (PHWC), an existing multi-agency committee that has been meeting monthly since for the above-described purpose. Agencies represented on the PHWC, a subsidiary of the state's Public Health Systems Group (PHSG), include:

- Kansas Department of Health and Environment (KDHE; Bureau of Local and Rural Health, Bureau of Health Promotion)
- Kansas State University
- University of Kansas Medical Center (Wichita and Kansas City Campus, as well as KU Area Health Education Centers)
- Kansas Association of Local Health Departments (KALHD)
- Kansas Public Health Association
- Kansas Health Institute

The PHWC mission is to identify and align public health training and education efforts for Performance Management and Policy/Workforce Development in Kansas in order to prepare Kansas public health agencies for PHAB accreditation.

The final work product of the PHWC committee will be an implementation grant proposal for a coordinated approach to public health workforce development across institutions offering courses.

The plan will involve resources from KHF to support startup costs for the first five or six years of implementation. This grant proposal plan will identify how these resources would be shared across the various institutions offering courses, as well as how each participating institution will be able to sustain the educational offerings beyond the grant term.

Project activities will consider the three steps PHAB recommends for agencies preparing for accreditation ([http://www.phaboard.org/index.php/beta\\_test/faq/](http://www.phaboard.org/index.php/beta_test/faq/)):

1. *Developing community health assessments, community health improvement plans, and organizational strategic plans, or if you already have them, updating them (community health assessments, community health improvement plans, and organizational strategic plans will be required to apply for accreditation when the program is launched);*
2. *Reviewing PHAB's standards, measures and guidance for documentation, assessing your department's ability to meet them, and engaging in improvement efforts, where indicated; and*
3. *Incorporating and implementing quality improvement efforts in your department.*

In addition, the following accreditation domains will receive particular attention, as they are at the root of both worker competency and the other PHAB domains:

- Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.
- Domain 8: Maintain a competent public health workforce.
- Domain 9: Evaluate and continuously improve processes, programs, and interventions.

### Workgroup Task Overview

In September 2010, the PHWC organized three workgroups to analyze different components of the project (Figure 1):

- Workgroup 1: Conduct Needs Assessment for Training.
- Workgroup 2: Current Training Processes/Resources.
- Workgroup 3: Identify Infrastructure Model to Address Gap between Identified Needs & Current Reality.



Figure 1. Workgroup Structure of the PHWC

Following initial workgroup activities, the PHWC has refined the workgroup tasks, as described below. PHWC resources, findings, and communications are shared through a Community Drop-Box site, located at [www.myctb.org/wst/KALHD/default.aspx](http://www.myctb.org/wst/KALHD/default.aspx).

**Activities for Workgroup 1: Conduct Needs Assessment for Training**

- This workgroup facilitated focus groups with key stakeholder groups (local health department [LHD] and KDHE employees) in July 2010. Results were recorded, transcribed, and coded, and themes were identified. (See file on sharepoint) Key themes include:
  - LHD and KDHE employees need to better understand the PHAB domains and the language of public health and accreditation.
  - Interactive online training is desired, especially through a central repository. The KDHE-run LMS, KS-TRAIN, is currently the most commonly used.
  - Evidence-based and competency-based training are desired.
  - Participants indicated a common experience of a “hamster wheel” of project mandates related to funding, which may be duplicative across agencies or unrelated to the “big picture” of accreditation needs.
  
- Remaining questions include:
  - What needs assessments will be included in the LMS?
  - How do current needs assessment results relate to skills and competencies?
  - What expertise and skills are needed by LHD administrators, compared to those needed by LHD staff?
  - Are there differences in urban and rural needs?
  - What is the ability/interest of small LHDs to link to online learning opportunities?
  - What type of training is in most demand? (Grad degree, grad certificate, undergrad, continuing education, other)
  - What competency assessments have been completed to date? Who were the target audiences? What gaps were identified? What efforts are underway to fill the gaps?
  
- Recommendations and next steps:
  - Develop and administer empirical needs assessment to geographically/ demographically diverse public health workers and cross-tabulate data with focus group responses. Compare to 2005 responses about barriers to training (Figure 2).
  - Ensure communication with local Boards of Health (BOH) regarding the importance of and activities related to accreditation.
    - Currently, a KPHLI fellow (Tim Norton, a Sedgwick County Commissioner) is trying to develop some kind of training aimed at helping commissioners understand their BOH roles.
    - KHI and KLC are also developing a “Legislative Academy” aimed at educating elected officials about health care topics. Training costs (especially room and board) were high for the previous four meetings of the Legislative Academy.

<b>Perceived Barriers to Training</b>	<b>Group I</b>	<b>Group II</b>	<b>Combined</b>
Finding time during work schedule	63.52	75.71	139.23
Paying for the course	67.21	66.62	133.83
Family commitments	62.33	64.43	126.76
Traveling away from work to take a course	45.6	55.1	100.7
<b>Topic I desire is not available</b>	<b>42.9</b>	<b>43.5</b>	<b>86.4</b>
Lack of agency support for course fee	44.7	41.2	85.9
Lack of agency support for time off	40.8	36.7	77.5
Lack of supervisor support for time off	37.4	32.8	70.2
Length of time since being enrolled in school	39.3	25.6	64.9

Figure 2. Barriers to training perceived by Kansas local health department employees, 2005

## *Activities for Workgroup 2: Current Training Processes/Resources*

- This workgroup has identified the following online public health learning interfaces in Kansas:
  - K-State: online course for undergrads/4 modules (intro to PH), MPH courses. MPH courses are available to non-degree-seeking students with an undergraduate degree, as well as to students admitted into the MPH program.
  - KU: KPHLI & CPH, MPH courses. MPH courses are available to non-degree-seeking students with an undergraduate degree, as well as to students admitted into the MPH program.
  - KS-TRAIN: hundreds of online courses; 25 affiliate groups in the US. CDC has signed on as full affiliate partner.
    - Individuals can track trainings completed and maintain a permanent training record.
    - 2 out of 5 modules for new PH Administrators are on TRAIN now.
    - All courses are tested with a real audience.
    - User reviews and course provider-selected subject keywords can help with narrowing the number of courses available.
- With a particular focus on PHAB Domain 8, *Maintain a competent public health workforce*, this group has identified several existing inventories of worker competency:
  - Kansas Association of Counties data
  - NACCHO workforce profile (which includes degree, length of time in position, and other demographic information)
  - Live trainings such as the KPHLI
  - TRAIN course results (which can include live training registration as well as online training results)
- Remaining questions include:
  - How can existing pockets of work on accreditation be added to, shared across the state, and distributed more deeply into agencies?
  - Will KS-TRAIN need any enhancements to accommodate increased use related to PHAB-oriented trainings over time? What would costs be?
  - Should incentives be provided for groups not currently using TRAIN to begin to use it, so that there will be a unified and cohesive means of tracking training? If so, should this be included in the final work product (implementation grant proposal)?
  - Who is providing the training that best addresses the gaps found by workforce training needs assessments? Who is available to create needed training that does not exist?
  - What delivery methods for education best relate to skill development?
- Recommendations and next steps:
  - Specific course development recommendations will need to wait until the completion of the empirical needs assessment. However, the PHWC does support the continued development of an evidence-based public health training workshop by KDHE staff (Paula Clayton and Brandon Skidmore; in partnership with SLU and Wash U), as part of a CDC-funded national initiative to enhance evidence-based decision-making in health departments. This is a key component of competency development, and focus group participants indicate wanting this training.
  - KS-TRAIN is presently the primary online interface through which Kansas public health workers receive training or track live trainings. Developing TRAIN is not in itself the purpose of this project, but will support the purpose of this project (as stated above, “Purpose and Mission”), especially as this relates to PHAB Domain 8, *Maintain a competent public health workforce*. Specifically, TRAIN’s registration, tracking, and assessment functions support the development and evaluation of competency.

### ***Activities for Workgroup 3: Identify Infrastructure Model to Address Gap between Identified Needs & Current Reality***

- Initial tasks for this workgroup have included identifying a process for each agency stakeholder to have equal and quantifiable input on the PHWC. Ongoing tasks for this workgroup include integrating the findings of Workgroups 1 and 2, deciding what final training/infrastructure activities will be included in the “implementation grant,” and reviewing best practice models for on-going program evaluation.
- Remaining questions include:
  - What are the skills and competencies that will be needed by all public health staff to achieve accreditation?
  - What are the strengths and weaknesses of current learning management systems?
  - Are any models from other states available?
  - Which organization(s) might be best positioned to take the lead on: developing training, delivering training, measuring impact/effectiveness?
  - Is there a common understanding of the project objectives?
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- Recommendations and next steps:
  - Pursue coordination of PH conferences and workshops with TRAIN.
  - Review existing infrastructure models (from other states) to address gap between identified needs and current reality.
  - Put together blueprints for 3 models that might work for Kansas training: e.g., online short modules, series of webinars, certificate program, EBPH course.
  - Explore national funding sources (CDC, HRSA, NIH) for creating a statewide PH workforce training center.

### ***Next Steps and Areas in Need of Support***

#### **1. Statewide empirical needs assessment of workforce.**

- Short-term goal of finding a formal systematic way to do this at the agency level, and then the regional level. This may be something that is on-going while identified training development is underway during the grant period.
- Long-term goal is to use TRAIN to carry out ongoing self-assessment of needs.

#### **2. Identify content experts to review and prioritize available training opportunities.**

- Priority areas include PHAB’s three recommended steps for agencies pursuing accreditation:
  1. Developing community health assessments, community health improvement plans, and organizational strategic plans, or if you already have them, updating them (community health assessments, community health improvement plans, and organizational strategic plans will be required to apply for accreditation when the program is launched);
  2. Reviewing PHAB’s standards, measures and guidance for documentation, assessing your department’s ability to meet them, and engaging in improvement efforts, where indicated; and
  3. Incorporating and implementing quality improvement efforts in your department.
- Preliminary data from focus groups and CPH participants also indicates need for a “Public Health 101” basic training course. This group should identify existing content that could be used for “Public Health 101” basic training for everyone involved in public health in Kansas. Online module-based training may be the most cost-effective, though other modalities should be considered as well.
- Additional training priority areas will be selected by developing a list of training topics associated with the PHAB standards. A list of potential content experts who could review available trainings in these fields can then be created. These experts will serve as external evaluators of training.
- Content experts will review courses (on TRAIN and through other venues) and select top training picks associated with each PHAB standard. These may be flagged on TRAIN as priority courses.

3. Agencies and their leaders need to support and commit to full collaboration for achieving PHWC/training goals.

- Key Leadership across all public health agencies needs to indicate level of collaboration that is feasible to understand scope/impact of current project. (Do we need more than a general “yes, sounds great!” will there be accountability?)
- This involves not only supporting the group through staff time now, but also committing resources long-term (possibly through the PHSG) – otherwise, this group has no power to effect change. A sustainability plan must be part of the final grant proposal, and the PHSG must clarify roles to support continuity.
- Chasing dollars has led to piecemeal pursuit of fragmented goals, as revealed by an existing capacity assessment of 19 LHD (this ties in with the “hamster wheel” perception of focus group participants). Capacities that are funded are filled; those that are not funded are not filled. There may need to be a change in funding mechanisms in order to truly cover gaps.
- Meeting the goal of accreditation may serve as an incentive for KDHE/LHDs to pay for accreditation training, since unaccredited HDs may not receive federal funding. It is not likely that tuition payments by individual workers can serve as sustainable funding for these efforts.
- Infrastructure investments could provide an avenue for increasing PH capacity and strengthening agencies. This would be a step beyond providing individual trainings for workers, which would need to be updated over time, whereas an infrastructure investment is permanent.