

CAMBRIDGE PUBLIC HEALTH DEPARTMENT



Table of Contents

BACKGROUND	3
FINDINGS	5
STAFF PROFILE	5
WORKFORCE STABILITY AND RETENTION	7
STAFF TRAINING INTERESTS AND BARRIERS	8
WORKFORCE READINESS IN CORE COMPETENCIES	9
WORKFORCE READINESS IN QUALITY IMPROVEMENT	11
STAFF ORIENTATION NEEDS	13
RECOMMENDATIONS	14
APPENDIX A: PROPOSED TRAININGS	15

BACKGROUND

As part of the effort to become a nationally accredited public health department with the Public Health Accreditation Board (PHAB), the Cambridge Public Health Department (CPHD) conducted a Workforce Assessment and Quality Improvement Survey in 2014.

The purpose of the department-wide survey was to acquire data necessary to:

- Better understand CPHD's public health workforce profile, workforce stability, and staff training interests
- Compare CPHD's workforce competencies against national standards for Core Competencies for Public Health Professionals
- Assess staff competency in quality improvement
- Inform the development of a CPHD orientation
- Inform the workforce development plan

CORE COMPETENCIES FOR PUBLIC HEALTH PROFESSIONALS

Staff competencies were assessed against the *Council on Linkages Core Competencies for Public Health Professionals 2010*, a nationally recognized set of broad public health skills. These Core Competencies are divided into eight areas of knowledge or skill necessary for effective public health practice:

- 1. Analytic/Assessment
- 2. Policy Development & Program Planning
- 3. Communication
- 4. Cultural Competency
- 5. Community Dimensions of Practice
- 6. Public Health Sciences
- 7. Financial Planning and Management
- 8. Leadership and Systems Thinking

The Core Competencies are presented in three tiers to reflect stages of career development:

- Tier 1 Front Line and Entry Level
- Tier 2 Program Management/Supervisory Level
- Tier 3 Senior Management/Executive Level

QUALITY IMPROVEMENT COMPETENCIES

The Workforce Assessment and Quality Improvement Survey assessed workforce readiness in quality improvement by examining:

- Staff participation in quality improvement projects
- Staff confidence in participating in quality improvement processes
- Staff familiarity with 14 quality improvement tools

SURVEY DELIVERY

The Workforce Assessment and Quality Improvement Survey was a collaborative effort between the CPHD Workforce Development Workgroup, the CPHD Quality Improvement/Performance Management Workgroup, and an external consultant. The survey was administered through the department's online survey platform and all 57 staff members were invited to participate through emails. Fifty-seven staff members completed the survey, representing a response rate of 100%.

100% SURVEY RESPONSE RATE

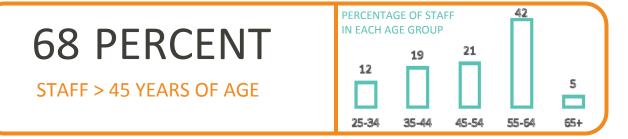
STAFF PROFILE

GENDER

Cambridge Public Health Depart	ment Staff Gender Distribution	US LPHDs
	88% FEMALE	83%
	12% MALE	17%

The Cambridge Public Health Department's workforce is predominantly female. This is consistent with national trends for US Local Public Health Departments (LHDs)¹.

AGE

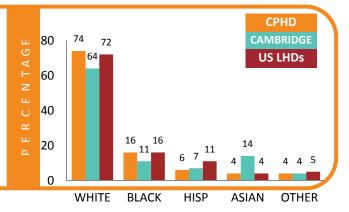


More than two thirds of the respondents (68%) are aged over 45 years and almost half (47%) are over 55. While this indicates an experienced workforce, it also calls for succession planning to ensure continuity of business activities as employees approach retirement.

¹ The National Association of County and City Health Officials (NACCHO) http://www.naccho.org/topics/infrastructure/profile/upload/2013-National-Profile-of-Local-Health-Departments-report.pdf

RACE

The Cambridge Public Health
Department's racial profile largely
reflects that of the residents of
Cambridge and is consistent with
national averages in the US, as reported
by the NACCHO's National Profile of
Local Health Departments (LHDs).



EDUCATION



80% HAVE COLLEGE DEGREE

Eighty percent of respondents reported earning a bachelor's degree or higher and another 18% reported having some college education. The high number of college graduates limits the need for college tuition support and suggests that gaps in competencies can be addressed with short courses and on-the-job coaching.

EXPERIENCE WITH PUBLIC HEALTH TRAINING



Job Training 81%

MPH 16%

Sixteen percent of employees received formal public health training through MPH degrees. For most employees (81%), on-the-job training appears to be the main mode of acquiring public health competencies. Seventy percent of employees have participated in webinars, conferences, or work related classes in public health.

WORKFORCE RETENTION & STABILITY

RETENTION



The department maintains a workforce that is experienced in public health. Sixty-one percent of respondents reported working in public health for at least 10 years. Of these experienced employees, 77% have worked for the department for 10 years or more. These results point to a remarkable staff retention record. Also, of those who have worked for the department for at least 10 years, 89% have been in their current roles for 10 years or more, indicating workforce stability.

FACTORS FOR DEPARTING

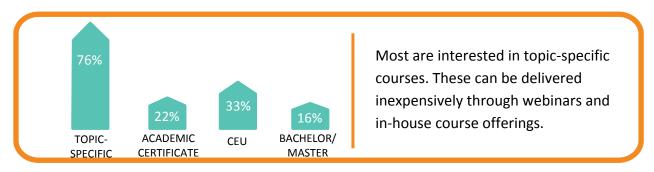


Approximately half of the respondents (49%) stated that they were unlikely to leave the department soon. When asked what would make them leave, many cited life/personal change (44%), salary (40%), growth potential (37%), or retirement (33%) as potential reasons for departing. The likelihood of employees leaving for higher pay and growth potential can be reduced through succession planning that provides internal opportunities for professional development, upward mobility, and increased earnings.

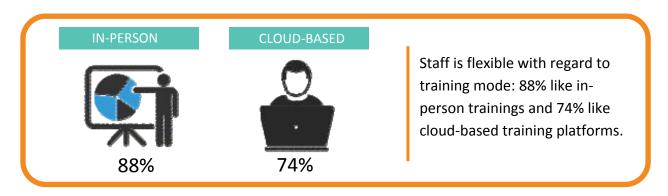
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STAFF TRAINING INTERESTS AND BARRIERS

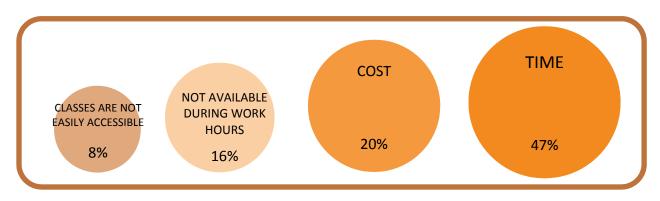
TRAINING TYPE



TRAINING METHOD



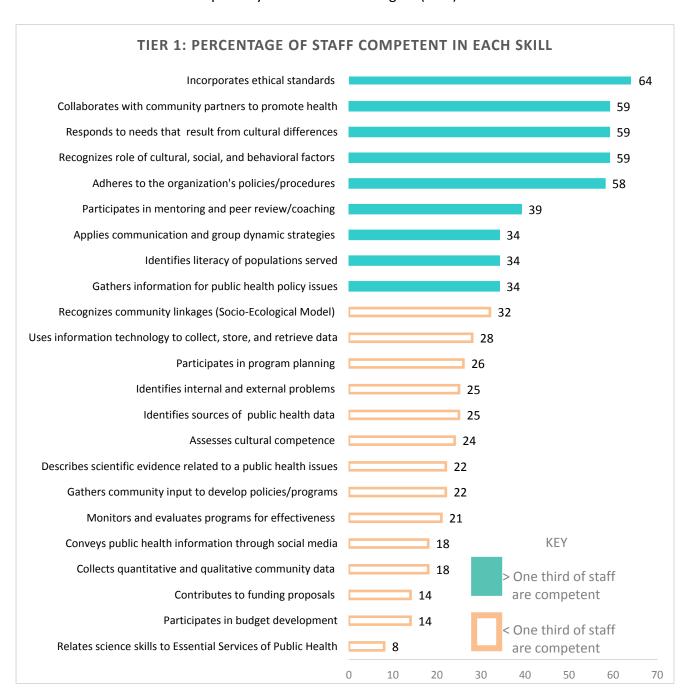
BARRIERS TO TRAINING



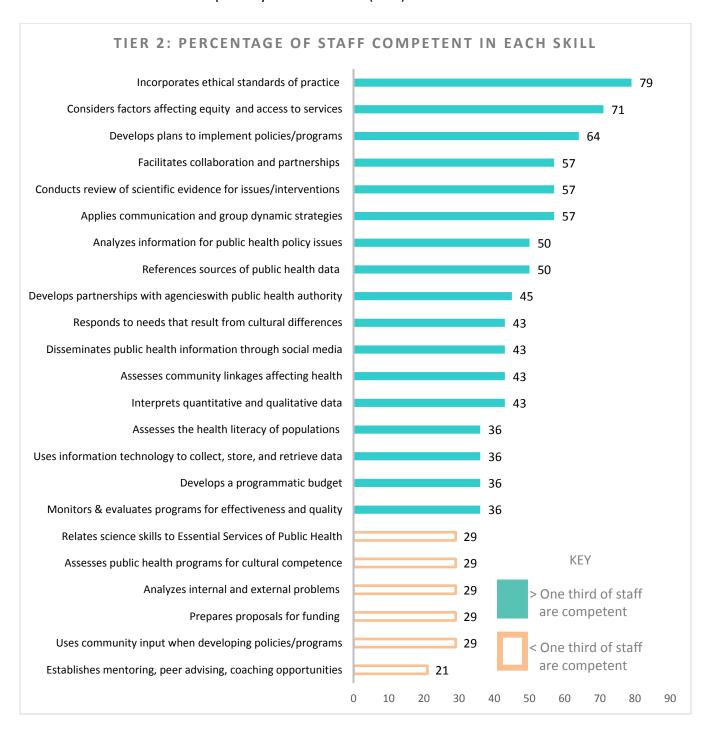
Fortunately, most of the impediments to staff training can be addressed with webinars and short courses, as well as supervisor support to ensure employees have adequate time and flexible schedules to accommodate trainings.

WORKFORCE READINESS IN CORE COMPETENCIES FOR PUBLIC HEALTH PROFESSIONALS

Tier 1 staff demonstrated competency in 9 of the following 23 (39%) skills assessed:



Tier 2 staff demonstrated competency in 17 of the 23 (74%) skills assessed:



WORKFORCE READINESS IN QUALITY IMPROVEMENT

Part of the Workforce Assessment and Quality Improvement Survey focused on quality improvement readiness. This part of the survey examined:

- Staff participation in quality improvement projects
- Staff confidence in participating in quality improvement processes
- Staff familiarity with each of 14 quality improvement tools in the survey

QUALITY IMPROVEMENT: PARTICIPATION AND CONFIDENCE

Results indicated that a high number of staff members (84%) acknowledge the importance of quality improvement. In addition, 57% of the respondents felt confident in their ability to use quality improvement tools and 41% had experience with participating in quality improvement projects.

84%
UNDERSTAND

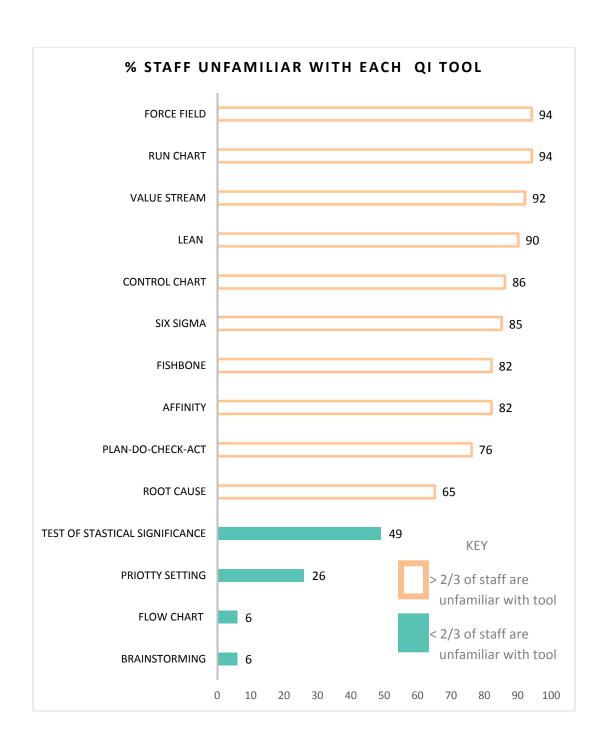
IMPORTANCE OF QI

57%
FEEL CONFIDENT
PARTICPATING IN QI

41%
HAVE PARTICIPATED IN QI PROJECTS

FAMILIARITY WITH QUALITY IMPROVEMENT TOOLS

The survey also assessed staff familiarity with 14 tools and over two thirds of staff indicated that they were unfamiliar with 10 of these tools:



STAFF ORIENTATION NEEDS

When asked what information would be helpful as part of an orientation to the Cambridge Public Health Department (CPHD), employees responded that familiarizing themselves with the organizational chart, division descriptions, CPHD, and an overview of public health would be most helpful².

PERCENTAGE OF STAFF INTERESTED IN EACH TOPIC



² The CPHD Workforce Development Workgroup later refined these orientation topics and renamed them to be more specific. Also, some topics were added and one was removed. Standard Operating Procedures was added to cover competencies outlined in the strategic plan. Introduction to CPHD's Accreditation Process was added to introduce accreditation and quality improvement efforts. An overview of public health was left to be addressed by the Introduction to Public Health course needed to cover gaps in core competencies. The final orientation topics are:

[•] Organizational Chart and Program Descriptions

[•] Relationship between CPHD, CHA, and City of Cambridge

[•] Standard Operating Procedures

[•] CPHD Regulatory Activities and Powers

[•] Introduction to CPHD's Accreditation Process

RECOMMENDATIONS

Based on the findings from the Workforce Assessment and Quality Improvement Survey, recommendations were developed to improve the Cambridge Public Health Department's workforce. Recommended actions include delivering trainings to address the identified competency gaps as well as implementing organizational goals to strengthen workforce capacity. These recommendations can be integrated into existing workforce development efforts.

TRAININGS

CORE COMPETENCIES FOR PUBLIC HEALTH PROFESSIONALS

All Staff:

- Introduction to Public Health
- Data in Public Health
- Cultural Competency
- Program Planning and Applying Evidence-Based Practice to Programs
- Communications in Public Health

Tier 2 Staff:

Leadership Development

QUALITY IMPROVEMENT COMPETENCIES

- Introduction to Quality Improvement for Public Health
- Advanced Quality Improvement
- Introduction to Performance Management
- Advanced Performance Management

ORGANIZATIONAL COMPETENCIES

CPHD Orientation

WORKFORCE DEVELOPMENT GOALS

- 1. Develop succession plans to ensure continuity of business activities as staff members approach retirement. Succession planning may also assist with staff retention.
- 2. Develop an orientation to the Cambridge Public Health Department.

APPENDIX A: PROPOSED TRAININGS

COMPETENCY AREA	SKILL GAP	TIER	PROPOSED TRAINING	
	Collects quantitative and qualitative community data	1	Introduction to Data in Public Health	
Analytic/Assessment	Identifies sources of public health data and information	1		
. ,	Uses information technology to collect, store, and retrieve data	1		
Cultural	Assesses the public health programs for their cultural	1&2	Cultural Competency	
Competency	competence			
	Participates in the development of a programmatic budget	1		
Financial Planning	Contributes to the preparation of proposals for funding from	1	Leadership Development	
and Management	external sources			
	Prepares proposals for funding from external sources	2		
Policy Development	Participates in program planning processes	1		
& Program Planning	Identifies mechanisms to monitor and evaluate programs for	1	Evidence-Based Practice	
	their effectiveness and quality			
Public Health	Relates public health science skills to the Core Public Health	1&2		
Sciences	Functions and Ten Essential Services of Public Health		Introduction to Public Health	
Sciences	Describes the scientific evidence related to a public health issue,	1		
	concern, or intervention			

COMPETENCY AREA	SKILL GAP	TIER	PROPOSED TRAINING
Community	Gathers input from the community to inform the development of public health policy and programs	1	
Dimensions of Practice	Recognizes community linkages among multiple factors affecting health (Socio-Ecological Model)	1	Introduction to Public Health Introduction to Data in Public Health
rractice	Uses community input when developing public health policies and programs	2	
Communications	Conveys public health information through a variety of approaches	1	Communications in Public Health
	Identifies internal and external problems that may affect the delivery of Essential Public Health Services	1	Leadership Development
Leadership and Systems Thinking	Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health work force.	2	Introduction to Quality Improvement for Public Health Advanced Quality Improvement
	Analyzes internal and external problems that may affect the delivery of Essential Public Health Services	1&2	Advanced Quality improvement
Organizational Competencies	Organizational Chart and Program Descriptions Relationship between CPHD, CHA, and City of Cambridge Standard Operating Procedures CPHD Regulatory Activities and Powers	1 & 2	CPHD Orientation
	Introduction to CPHD's Accreditation Process		