

## **Using ASI Grant to Develop the Workforce Development Plan: A Case Report of Lessons Learned.**

### **Overview**

The Cambridge Public Health Department (CPHD), a medium sized local health department in Cambridge Massachusetts began its active phase of the accreditation readiness process in January, 2013. The collective effort to prepare for accreditation with the Public Health Accreditation Board (PHAB) is led by the Department's Division of Epidemiology and Data Services with support from the leadership team and workgroups that support key areas of accreditation. An external consultant who works virtually was engaged in 2013 to support the process. In January of 2015 a Quality Improvement Specialist who also serves as our Accreditation Coordinator was hired to build staff capacity and support for the process while nurturing a culture of quality improvement.

The accreditation readiness process began with an initial self-assessment which informed the improvement plan. Thus far, the implementation of the plan has resulted in the collection of over 60% of the required documentation and the development of the three pre-requisites for accreditation that were accomplished with the aid of additional consultants. The development of the Strategic Plan identified workforce development and leadership as one of the strategic areas for the department to focus on. The identification of this priority area naturally led the department to focus on development of the Workforce Development plan. CDHD applied for and secured a NACCHO/CDC Accreditation Support Initiative (ASI) to support the development of the plan from November 2014 to May 2015. This case report provides insights into the plan development process and the lessons learned.

### **Initial Efforts**

CPHD was awarded the ASI grant in November, 2014. The grant was intended to support one specific deliverable, the Workforce Development Plan (WFD) with a number of related products and activities. The products and activities were the following: 1) conduct a department-wide cultural competency assessment; 2) develop a workforce training tool to track staff trainings; 3) purchase and install Adobe Connect to provide the department with the ability to develop, host and archive trainings for all staff, and, 4) develop a model course to orient staff to the contents of the WDP. Prior to the grant period, the CPHD completed activities related to the WDP that positioned it well to direct grant investments to the intended deliverables and thus benefit the most from the grant. For example, the department had recently completed survey of staff competencies against the core competencies of public health. In addition, the department had an existing structure in place to conduct grant activities. Specifically, it had a functioning Workforce Development Workgroup that managed the staff survey and an on-going relationship with an external consultant. Having leadership that appreciates the value of accreditation and is responsive to the demands of the accreditation readiness process was an asset. **The nurtured cordial relations with the Cambridge Health Alliance hospital that facilitates the department's access to a basic learning management system allowed helped facilitate the moth implementation of related portions of the grant.**

### **The Process**

In developing the WDP, we went through 7 steps.

1. We convened the workforce development team. The team was multidisciplinary and reflected staff perspectives from all levels of the department.
2. We reviewed existing workforce development templates and identified one that was consistent with our aspirations.

3. We considered the set of competencies and the related data we needed to inform the WDP. The template we identified recommended four sets of competencies that include core competencies of public health, quality improvement (QI), cultural competency and health equity, and organizational development competencies. Given that we had just completed the staff survey of competencies against the core competencies of public health, we needed to collect needs assessments for the other sets of competencies.
4. We conducted needs assessments. We surveyed management staff to assess the department's cultural competency as well as conducted a desk review of organizational competencies prescribed in the strategic plan. We also held interviews with department heads to identify the continuing education units required by the professional disciplines of their staff.
5. With all the data available and the competency gaps identified, the workgroup developed terminal learning objectives for the staff development program.
6. The objectives guided the identification of courses required for the WDP. The drafting of the plan and the development of a model orientation course followed. This portion of the process was a focused effort conducted jointly by the QI Specialist and the consultant with oversight from the Workforce Development Workgroup.
7. The Division of Epidemiology and Data Services Director worked with the information technology team to secure the appropriate software and reorganize the learning management platform, as appropriate.

### **Major Accomplishments**

The grant implementation process resulted in the development of the CPHD's Workforce Development Plan. The rollout of the plan will ensure that new staff are effectively oriented to the structure and functions of the department and their roles. It will ensure that all staff possess basic public health knowledge and that they are kept abreast with developments in their fields of study. It will empower staff to take a proactive role in driving their professional development through a revised staff annual performance appraisal process. The succession plan stressed in the plan will provide avenues for staff professional growth within the department. In committing the department to these goals, the plan is a reiteration of department's commitment to staff as its greatest asset in delivering quality services successfully.

The WDP development process also helped to further develop the internal capacity for collaborative planning within the department and laid the groundwork for future success with other departmental plans.

### **Challenges**

The six month grant implementation period and the related built-in periodic reporting timelines were valuable in fostering fidelity to deadlines and sustaining a sense of accountability throughout the process. However, the development of the WDP is a collaborative effort that thrives on an iterative consultation process. Such a process consumes significant time investments and was thus challenging to sustain given the need to honor reporting timelines.

### **Lessons learned**

1. **The ASI grant avails needed resources.** It provides resources that can help a department complete tasks in a timely manner that would otherwise prolong. These resources can be invested in outsourcing pieces of the process for which internal capacity is inadequate.

2. **Grant reporting timelines can fuel efficiency.** The precise timelines of the grant implementation period provide a structure of timely completion of tasks. In addition, they ensure the sustenance of momentum throughout the plan development process.
3. **Do your homework.** It is helpful to have the grant implementation infrastructure in place prior to the start of the grant period. The six month grant period is relatively short for a collaborative process of developing a WDP. It was helpful to have an existing functional workgroup in place and some of the assessment data ready at the beginning of the grant period. This allowed us to launch into the development process early on in the grant process.
4. **Leadership is essential.** As with all other accreditation related tasks, leadership investment and responsiveness is essential. The short grant implementation period demands an efficient grant management process that may require leadership to be responsive to emerging needs as they arise. For example, some of the grant administration requirements may not be consistent with the department's practices and may thus need swift management action to resolve.
5. **Inspire staff engagement.** The WDP targets members of staff as the department's beneficiaries. Thus, it presents an opportunity for the department to demonstrate its commitment to staff. It is an opportune moment to engage staff in the accreditation process and in the broader effort to nurture a culture of QI.

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