

**Assessing the state of  
workforce development in Illinois:**  
*Practice Perspectives from the field*

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<b>Acknowledgments.....</b>	<b>3</b>
<b>Executive Summary.....</b>	<b>4</b>
<b>Introduction and Background.....</b>	<b>5</b>
<b>Report Purpose.....</b>	<b>6</b>
<b>Methods.....</b>	<b>7</b>
<b>Results.....</b>	<b>8</b>
<b>Findings.....</b>	<b>13</b>
<b>Limitations.....</b>	<b>15</b>
<b>Recommendations.....</b>	<b>15</b>
<b>Appendix I: Email Introduction.....</b>	<b>17</b>
<b>Appendix II: Phone Script.....</b>	<b>19</b>
<b>Appendix III: Participation Form.....</b>	<b>21</b>
<b>Appendix IV: Interview Guide.....</b>	<b>23</b>

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Project Workgroup: A four-member workgroup representing three local health departments and the state health department provided oversight on practice-based issues related to this project. The research team would like to extend their heartfelt appreciation to the individuals below for their time, guidance and support of this project.

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## **EXECUTIVE SUMMARY**

Major national initiatives such as the National Prevention Strategy and Affordable Care Act call for expanded public health worker skill sets. Yet, health department capacity to address these changes is limited. Public health voluntary accreditation offers health departments the opportunity to meet these challenges but more support is needed to help health departments prepare for and respond to accreditation standards. To address this critical gap, the MidAmerica Center for Public Health Practice and its partners received funding from the National Association of City and County Health Officials Accreditation Support Initiative to complete a project to enhance health department readiness in Illinois. This report was one activity funded by the grant.

The purpose of this report was to explore what factors contribute to Illinois health department readiness toward workforce development for accreditation and to gain a better understanding of the strengths, gaps, opportunities, and barriers to workforce development in general and to achievement of voluntary public health accreditation in particular. The study employed a qualitative methodology involving twelve (12) semi-structured interviews. Three (3) Illinois LHDs in each geographical region of Illinois (i.e. North, Central, and South) for a total of nine (9) LHDs, the state health department (1) and two (2) other statewide public health associations (N=12) were recruited to participate in one-hour interviews over a three-month period.

Overall, the public health community is committed to providing training to their workers. Participants indicated that often training offered responded to organizational requirements or grant mandates; however, not enough training is offered on current, cutting-edge topics such as evidence-based public health decision making, opportunities for and role of public health through the Affordable Care Act, and evaluation. While there are some academic and practice partnerships, many indicated that more effort could be made to strengthen the relationship between academic centers and practice initiatives. Further, participants perceived workforce development opportunities to be fragmented. They were concerned about the lack of an overall approach to workforce development in Illinois.

There was variability in how governmental public health perceives and conducts workforce development assessment and planning in Illinois. Only one of ten health departments reported having conducted a competency-based staff assessment prior to this NACCHO project. Due to limited resources, only one participant reported having an agency-wide training plan, while two participants stated that their organizations use the PHF competencies and job evaluations to track training. Training is routinely conducted but is not necessarily based on competency assessments and is rarely based on competencies. Moreover, Illinois has an opportunity to promote a statewide competency assessment and training plan effort to facilitate a standard workforce development approach throughout the state.

Several possible practice-based and research implications of this study include but are not limited to: 1) Creating a statewide public health workforce development taskforce with representation from the public health community to develop and execute a systematic, overall approach to public health workforce development; 2) Developing a system for communicating about workforce development needs, training, and trends and opportunities, i.e., through a statewide clearinghouse; and 3) Comparing the PHAB standards for workforce development and competency sets to the possible needs of workers in the context of ACA implementation.

## **INTRODUCTION AND BACKGROUND**

The public health community has spent twenty years addressing the 1988 IOM report finding that the public health system was in disarray. Accreditation was described as one potential solution to some fundamental public health problems described in the report, an energizer for public health capacity, and a catalyst to promote quality improvement (QI) within public health agencies (Turnock and Handler, 1996).<sup>1</sup> After decades of discussion, the public health community has taken another step forward to formalize public health.

In August of 2006, the Exploring Accreditation Steering Committee proposed the development of a voluntary public health accreditation program for state and local public health agencies (Exploring Accreditation Steering Committee, 2006).<sup>2</sup> Public health accreditation efforts are now well underway. The Public Health Accreditation Board (PHAB) was created in 2007 and has begun a voluntary accreditation program, and in February 2013, accredited eleven health departments.

Voluntary public health department accreditation could be an important tool for strengthening the public health workforce and improving performance and results. Domain 8 specifically focuses on workforce development: Maintain a competent public health workforce. This domain includes two standards, 8.1: *Encourage the development of a sufficient number of qualified public health workforce*, and 8.2: *Assess Staff competencies and address gaps by enabling organizational and individuals' training and development opportunities*. Health departments that seek to meet these standards are likely to move forward in workforce development initiatives.

Unfortunately, reports indicate that the public health system is not prepared to meet the PHAB workforce domain and standards. For example, the NACCHO 2010 profile revealed that only about half of LHDs have developed training plans for all of their staff.<sup>3</sup> In addition, ASTHO found that only 60% of state health agencies report using core competencies.<sup>4</sup> Other statewide reports suggest additional barriers exist to building the workforce. Some of the most common findings include:

- Cost. Fees for workshops, conferences and other trainings are a primary barrier to workforce development opportunities.
- Geographic location. Traveling to centralized trainings can be difficult due to both distance and cost of travel as well as time. Many public health organizations operate at

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<sup>1</sup> Turnock BJ and Handler A. (1996). Is public health ready for reform? The case for accrediting local health departments. *Journal of Public Health Management and Practice*, 2(3):41-45.

<sup>2</sup> Exploring Accreditation Steering Committee. (2006). *Final Recommendations for a Voluntary National Accreditation Program for State and Local Public Health Departments*. Full Report. Winter 2006-2007. Washington, D.C.

<sup>3</sup> NACCHO. (2011). 2010 Profile of Local Health Departments. NACCHO: Washington, D.C., p. 40.

<sup>4</sup> ASTHO. (2008). 2007 State Public Health Workforce Survey Results. Retrieved from <http://www.astho.org/Programs/Workforce-and-Leadership-Development/2007-State-Public-Health-Workforce-Survey-Results/>

limited capacity due to budget constraints; a lot of workers take on extra responsibilities, making it difficult to find time to attend trainings and other workforce development opportunities.

- Communication challenges. More systematic internal communication is necessary to increase working across departments and agencies in interdisciplinary workgroups.
- Types of trainings offered. Areas of interest for trainings include: performance management and QI, administration and management, data analysis, and basic public health.
- Documented and forecasted shortages in the public health workforce. ASPH estimates that 250,000 more public health workers are needed by 2020.<sup>5</sup> The average number of vacancies at state health agencies is 288, but most agencies are only able to recruit for 15% of these positions due to budget concerns. In addition, the workforce is aging, and a large percentage of people is near retirement.

As governmental public health prepares for accreditation, as well as other national initiatives such as implementation of the Affordable Care Act (ACA), little is known if and how the public health community at the local level is preparing for accreditation or changes in services that may be related to ACA.

## **REPORT PURPOSE**

The MidAmerica Center for Public Health Practice (MCPHP) received NACCHO funding to enhance Illinois' health departments' readiness for PHAB accreditation through technical assistance for workforce development planning. In collaboration with the Illinois Department of Public Health and three local health departments representing each region in the state, MCPHP coordinated five project goals: 1) Convene an Illinois Workforce Accreditation Readiness Workgroup; 2) Publish a workforce development gap and opportunities report; 3) Assess workers' competencies at three health departments; 4) Develop workforce development plans for the three LHDs and provide resources for trainings; and 5) Develop an Illinois Accreditation Workforce Development Toolkit, including an online how-to course linked to competency assessment and workforce development plan templates and online training opportunities.

The goal of this report, which addressed Project 2 above, was to explore what factors contribute to Illinois health department readiness toward workforce development for accreditation. MCPHP and its partners want to gain a better understanding of the strengths, gaps, opportunities, and barriers to workforce development in general and to achievement of voluntary public health accreditation in particular. A total of nine (9) LHDs, three in each of Illinois' geographical regions (i.e. North, Central, and South), the state health department (1) and two (2) other statewide public health associations (N=12) were recruited to participate in interviews that lasted approximately one hour.

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<sup>5</sup> Association of Schools of Public Health (ASPH). Confronting the Public Health Workforce Crisis. Available at: [www.asph.org/document.cfm?page=1038](http://www.asph.org/document.cfm?page=1038). Accessed March 18, 2013.

This final report contains results and findings based on these 12 interviews. It also includes recommendations that emerged from the participants' responses. The report is intended to inform future dialogue in Illinois on workforce development for planning and implementing new strategies. In addition, the report may contribute to the national dialogue as LHDs around the country address workforce development issues for accreditation.

## **METHODS**

The project workgroup was comprised of representatives from the state health department and three local health departments and staff from MCPHP. The Workgroup conceived of the NACCHO grant as a way to understand which factors contribute to Illinois health department readiness for workforce development for accreditation. Two research questions framed this practice project: 1) How does the public health community perceive workforce development in Illinois? and 2) What is the current and future state of workforce development in Illinois? A qualitative approach was determined to be best for eliciting practitioners' reflections on definitions, gaps, barriers, strengths, and opportunities related to workforce development in the state. The project methods are described below.

### *A. Study Design*

This study employed a qualitative methodology involving twelve (12) semi-structured interviews. Three (3) Illinois LHDs in each geographical region of Illinois (i.e. North, Central, and South) for a total of nine (9) LHDs, including the three on the Project Workgroup, the state health department (1) and two (2) other statewide public health associations (N=12) were recruited to participate in one-hour interviews over a three-month period. Participation of all agencies was voluntary.

### *B. Target Population and Sample Description*

The evaluation of workforce development gaps and needs focused on nine ( 9) county health departments in the state of Illinois. Three (3) LHDs from each region of the state (North, Central and South) constitute one part of the study sample. In addition, the state health department and two statewide public health associations were interviewed. These latter organizations were selected because of their unique role either with workforce development and/or with health departments in the state of Illinois.

Using a purposive, criterion sampling technique for recruitment, two additional LHDs were recruited in each region, with a total of nine LHDs participating. The three participating LHDs assisted with this recruitment process. The intent was that at least one LHD in each region would not be applying for accreditation in the next two years to ensure a range of perspectives on workforce development and readiness for accreditation.

### C. *Data Sources and Collection*

Key informant, qualitative phone interviews were the primary data source for this study. An introductory email, phone script and participant consent form were developed for these purposes (Appendix I, II, and III, respectively). The semi-structured interview guide was developed by the Principal Investigator and another DrPH MCPHP staff member, and reviewed by the Project Workgroup. Questions reflected the current and desired future state of workforce development in Illinois. The final interview guide is found in Appendix IV. Participant site data were collected between February and April 2013 by the Principal Investigator and MCPHP staff member. A Master's in Public Health student on staff at MCPHP served as the note taker. The LHD administrator or organizational CEO/Director was invited to attend the participant interview. All interviews were conducted via conference call, and notes were taken. No individual was identified in the interview notes, data analysis, or this report.

### D. *Data Analysis*

Notes from the semi-structured interviews were typed by the MPH student and checked for accuracy by the PI and MCPHP staff member. Qualitative data analysis was conducted using methods outlined by Lee (1999).<sup>6</sup> Basic steps included an examination of each interview for a general understanding and identification of major themes from participants' language. The PI and MCPHP staff member clustered data based on the texts' themes that emerged in the review. The MPH student who took notes compared the data clusterings for similarities and differences, compiling a third document that reflected the original review by the MCPHP staff member and the thematic review by the PI. Participants were invited to review a draft version to ensure that the themes presented in the report accurately reflected their comments.

### E. *Protection of Human Subjects*

The research protocol, associated semi-structured interview guide, and consent scripts were reviewed and approved by the University of Illinois at Chicago's Institutional Review Board (IRB; IRB Protocol #2013-0079). Care was taken to ensure that all participants understood fully that individual responses would not be disclosed in the final report.

## **RESULTS**

All ten health departments and two public health associations identified in the purposive sample agreed to participate in the project, and the PI and DrPH MCPHP staff member conducted a total of 12 telephone interviews. Of the ten health departments, one is actively working on accreditation, six are planning to work on accreditation within the next one to two years, while three have no immediate plans for accreditation. The three LHDs with no immediate plans for accreditation are located in each of the state's three regions – north, central, and south.

Results from the 12 interviews are presented in two main topics. The topics, the state of workforce development in Illinois and the state of workforce development assessment and

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<sup>6</sup> Lee T. (1998). *Using Qualitative Methods in Organizational Research*. Thousand Oaks, CA: Sage Publications.

planning in Illinois, offer a lens on issues related to overall coordination of activities and resources and accreditation. On the whole, participants expressed optimism about untapped resources in Illinois, like the potential of academic-practice linkages. At the same time, they noted that there is fragmentation in the network of agencies, organizations and professional associations with an interest in workforce development. Not surprisingly the results reveal some differences in capacity among a sample of local health departments (LHDs) to do assessment and planning for workforce development. This section will highlight some of those differences with an eye toward understanding the common ground and future opportunities for coordination and accreditation.

## **I. The State of Public Health Workforce Development in Illinois**

This section will focus on the state of workforce development in Illinois. Results will be described in six areas: the definition of workforce development, training, gaps and opportunities (at the organizational and state levels), and strengths and barriers (organizational and state levels).

### *A. Definition*

Participants were asked to define workforce development. Their definitions of workforce development shared similarities in their emphasis on individual competencies and skills and organizational capabilities. Overall, a key goal of workforce development is to meet the needs of individuals to demonstrate competence in a range of areas to perform their duties in public health practice. Participants also recognized that there is an organizational dimension to workforce development since the extent to which individuals are well prepared to respond to emerging issues and uncertainty means that the organization will be more or less able to perform efficiently and effectively in response to the needs of its community. As one participant noted, workforce development needs should be “identif[ied] . . . at all different levels of the organization.” Indeed, in addition to positive outcomes for individuals who can demonstrate competence in public health skills, there are important outcomes at the organizational level. The following quotations reflect this sense of the broader purpose of workforce development:

- ~ “. . . job responsibilities to meet the needs of the community.”
- ~ “organizational capacity – do work . . . effectively.”
- ~ “. . . do highest quality work.”

Ultimately, as one participant observed, the global effect of attention to workforce development is that it can be an “economic development tool.” Key themes that emerged related to the definition of workforce development are individual preparation and organizational capability connected by a sense of certain broader desired outcomes.

### *B. Training*

Participants were asked what training opportunities they offer staff in their LHDs. Training for the most part has a local focus. The participants said their organizations offered staff a mix of opportunities, including regional conferences through Illinois universities and public health

associations. Mandated trainings, such as those for federal initiatives like HIPPA and IT security, are a priority, as are those required by various grant funders. In addition, all but one of the organizations incorporate all-staff development sessions into their regular meeting schedules. These may include mandated trainings on blood-borne pathogens and CPR, as well as workshops on QI and emergency preparedness and other topics, and are seen as an important part of the organizations' activities. Local professional development activities within divisions are another integral part of the LHDs' training agendas to maintain specialized skill levels for information/GIS staff, environmental staff, and public health nurses. Grant funding is a key factor for attendance at national conferences. Among the main sources of national training are FEMA, NACCHO, and CDC.

Local training opportunities are available through a range of partners. In addition to IDPH, IEHA, IEMA, IPHA, and IPHI, other providers include local universities and community organizations. Specific trainings cited included the state preparedness summit, MARPHLI, and the rural health institutes offered through MAPHTC. In addition, several participants said that they invite local speakers to their organizations for staff presentations. Online courses and webinars from local, state, and national public health partners give valuable access to training content that otherwise would not be available to staff. Indeed, four participants stated that this mode of delivery was essential due to limited funding and reduced staff.

Participants stated that their organizations would have more training opportunities for their staff if they could. Among the differences in approach based on resources and preferences to emerge were tuition reimbursement and leadership development. Three LHDs have tuition reimbursement options (\$300 - \$500) for their staff, while at one LHD staff may audit courses at local institutions. Two LHDs sponsor leadership development for their management staff. In general, efforts are made to include everyone in some training. As one participant stated, "The target for trainings are the entire staff at all levels of capacity."

### *C. Gaps*

Participants were invited to consider gaps in workforce development at both their organization and state levels. At both levels, responses reflected broad issues and very specific topical needs. Results for each level are presented below. In addition, barriers cited by participants will be addressed in Section E below.

1. Organization Level. From a broad perspective, participants discussed the need to make the competencies more relevant for public health practice and to link the organization's work to the essential public health services. Other participants cited lack of support in the organization for training and no workforce development plan as gaps. For individual organizations, gaps in training included skills for management, epidemiological and QI data analysis, program evaluation, basic public health concepts, emergency preparedness, as well as poverty and social determinants of health.
2. State Level. From a broad perspective, several participants observed that there is a lack of coordination among the various stakeholders. The result is fragmentation of efforts and no overall statewide strategy for assessment of workforce development needs

or an overarching agenda, which is further complicated by the absence of a robust LMS. The implication of this situation is that Illinois is not well organized to address training issues related to health care reform. An example cited was preparing the workforce to work in multidisciplinary teams across systems. Another statewide gap mentioned was the different capabilities among LHDs with respect to policy change at the community level. Other specific gaps in trainings across the state include strategic planning and HR and financial issues in public organizations.

#### *D. Strengths*

Participants were invited to reflect on strengths of workforce development both in their organizations and at the state level. They expressed confidence in their staffs and the ability to do a lot of training with the available resources. Descriptions of staff include “Overall the health department has a very experienced workforce with a wide range of skills, . . .” and “. . . a lot of dedicated staff . . .” They try to use time wisely and take advantage of opportunities as they come along.

1. Organization Level. Training emerges as a priority for all participants, even as they have to reduce what they do and use alternative modes of delivery. All-staff and division-level sessions are conducted regularly on a wide range of topics. Among important particular internal strengths, one participant cited leadership development, two participants mentioned the support of their boards of health, while another mentioned partnerships with the local universities.

2. State Level. Participants cited the relationships with the universities and emerging education programs as a way to recruit more students into public health. In addition, the universities are providers of regional conferences like the rural health institutes and leadership training programs.

#### *E. Barriers*

1. Organization Level. Participants cited four primary barriers to workforce development in their organizations. Lack of money or funding was cited as a major issue. Having a small staff means that it is hard to have people gone to trainings, because important tasks cannot be done. Even in LHDs with larger staffs, time away from work in the current environment is challenging to schedule and justify. Location of training is a third barrier; staff do not have time to travel great distances, nor can they be away from work for long periods. Finally, there are few trainings available for support staff, especially in the financial area.

2. State Level. Participants identified three different barriers at the state level. Funding cuts in federal and state public health programs and local levies mean it is challenging for public health organizations at all levels to support workforce development activities. Although statewide organizations are offering more webinars, there is little support statewide for developing and implementing comprehensive online training programs. Finally, there is the potential for “competition among the partners” that provide training, even as they enrich the offerings with “different expertise and various resources.”

## *F. Opportunities*

Participants were invited to consider opportunities in workforce development at both their organization and state levels. At both levels, responses reflected broad issues and very specific topical needs. Results for each level are presented below.

1. Organization Level. From a broad perspective, participants discussed the need to meet the PHAB national standards. This initiative would facilitate progress toward enhancing competencies of their workforces. As one participant noted, there could be “Improvement on integrating the work, and helping people understand objectives and measurement,” and several other participants commented on the benefits of linking the essential public health services into work on the PHAB standards. One specific topic mentioned by three participants as an area with opportunities for public health workforce development is the Affordable Care Act.
2. State Level. Several participants observed that the gap of lack of coordination and fragmentation could be an opportunity to develop more systematic approaches. Having TRAIN in Illinois is an opportunity, once the system is fully implemented. Finally, there is great potential in strengthening the existing academic – practice linkages and developing an evidence-based research agenda.

## **II. State of Public Health Workforce Development Assessment and Planning in Illinois**

The second part of the interview focused on the workforce development plan. In general, participants conceived of a plan as a tool that reflects organizational goals with respect to workforce development and outlines what trainings will be needed to maintain identified skills for the work at hand. The accompanying assessments serve as a decision-making tool. More specifically, one participant observed that it would be important to “tie that [workforce development] plan into the strategic plan for the organization,” and another participant stated that the workforce development plan would be a “good topic for a training.” Participants were asked to consider a definition and plan elements. They also reflected on benefits, disadvantages, individual- and organizational-level needs as well as barriers, which are presented below in the following sections.

### *A. Plan Elements*

A workforce development plan would include assessment of individual competencies as well as a list of trainings needed to meet the organization’s identified needs. The plan incorporates a systematic way of defining roles and responsibilities and can serve as a mechanism for reviewing job descriptions. There should also be goals and objectives to measure change and determine progress from year to year. A workforce development plan also needs a communications piece. Finally, a plan can be part of a strategy for leadership development within the organization.

## *B. Benefits*

Participants identified several benefits, including succession planning and enhanced competency of the staff. There was a sense that job satisfaction and morale would be positively affected, as would service delivery to residents and accountability to stakeholders.

## *C. Disadvantages*

The main disadvantages cited by participants were the time and cost that would be involved to develop and sustain the planning process. A plan may not have enough flexibility for some staff, especially if they have multiple roles, or for the organization. Three participants said there were no disadvantages to having a workforce development plan.

## *D. Individual-Level Needs*

There was a sense among participants that the assessments would reflect the training needs of individual staff. The plan would facilitate the individual's job evaluation process.

## *E. Organizational-Level Needs*

A workforce development plan was seen as an important organizational tool for strategic and overall quality improvement planning. It would enhance organizational capacity. As one participant stated, the workforce development plan is a way for "[b]uilding a collective competence across the agency." Standards would be clear, and all staff would have a role in meeting them. Participants acknowledged the connection between individual- and organizational-level needs as a trajectory from individual competence to organizational capabilities.

## *F. Barriers*

Participants described several barriers to assessing workforce needs and developing/ implementing a plan. The assessment tools are challenging to use in smaller LHDs. Linking the assessment to the organization's strategic plan is difficult and takes time. It is difficult to fulfill all the training needs due to lack of money and staff time. The TRAIN LMS is currently not fully established, and two participants commented on problems using TRAIN and other online training resources due to the bandwidth requirements. Lack of training on workforce development plans was cited as a barrier. Even the word "competence" can sometimes have negative connotations for staff.

## **FINDINGS**

This practice project did illuminate several factors which influence Illinois health department readiness toward workforce development for accreditation. Based on the participants' responses, workforce development is perceived to be quite important. At the same time, they described gaps and barriers and strengths and opportunities that reveal variation among LHDs and raise

questions as to the best strategies for enhancing the collective efforts around accreditation. Overall there are several overall key findings from this study. These include:

### *I. The State of Public Health Workforce Development in Illinois*

1. Participants perceived workforce development as a process to build individual skill with a goal to improve performance for the benefit of the community. There was an emphasis on and recognition of the benefit of workforce development for the individual, organization, and perhaps most importantly, the public.
2. Overall, the public health community is committed to providing training to their workers. Only one LHD reported offering training to the general public.
3. Key barriers to workforce development were lack of money and time. Due to severe budget cuts, both staff and program funds have been reduced, limiting the ability to assess, plan and undertake workforce development activities.
4. Training on various topics and approaches is available at the local and state level through regional conferences and some online formats.
5. Participants indicated that often training offered responded to organizational requirements or grant mandates; not enough training is offered on current, cutting-edge topics such as evidence-based public health decision making, opportunities for and role of public health through the Affordable Care Act, evaluation, and quality improvement.
6. While there are some academic and practice partnerships, many indicated that more effort could be made to strengthen the relationship between academic centers and practice initiatives.
7. Participants perceived workforce development opportunities to be fragmented. They were concerned about the lack of an overall approach to workforce development in Illinois. In addition, available opportunities do not necessarily meet the needs of the current and future workforce of public health in terms of topics and training medium (i.e. participants requested more online training). One participant even noted that there is a need to explore the future role of public health given anticipated changes due to ACA and to consider whether we have the right skills sets and numbers of workers available to do the required work.

### *II. The State of Public Health Workforce Development Assessment and Planning in Illinois*

1. There is variability in how governmental public health perceives and conducts workforce development assessment and planning in Illinois.
2. Only one of ten health departments reported having conducted a competency-based staff assessment prior to this NACCHO project.
3. Several participants indicated the national competency set for governmental public health could be more connected to practice. For example, the language of the competency sets could be more understandable to the general public health worker.
4. Due to limited resources, only one participant reported having an agency-wide training plan, while two participants stated that their organizations use the PHF competencies and job evaluations to track training. Training is routinely conducted

but is not necessarily based on competency assessments and is rarely based on competencies.

5. Illinois has an opportunity to promote a statewide competency assessment and training plan effort to facilitate a standard workforce development approach throughout the state.

## **LIMITATIONS**

The purpose of this study was to begin to understand the state of workforce development in the Illinois public health community. The 12 interviews did convey a sense of the challenges and opportunities in the workforce development landscape. However, the study has several limitations, and findings should be interpreted cautiously. Among the limitations in the approach used are the following:

- This study had a small sample size with only 12 observations. Furthermore, only 1-2 individuals were interviewed in each organization, not fully capturing the breadth of individuals in the organization who may contribute to opinions about workforce development. The generalizability of study results and analysis is limited, even within Illinois.
- The sampling process was based on existing relationships for convenience given the short time frame of the project. Several of the project participants were already part of the overall NACCHO project team and therefore may have increased awareness of and bias toward particular perspectives on workforce development readiness for accreditation.
- There were differences in resources among the participating health departments, which could influence the perceptions on workforce development. For example, no efforts were made to control for or address organization staffing size or budget. Previous research would suggest that greater resources and capacity are associated with higher levels of performance, including efforts toward workforce development.

## **RECOMMENDATIONS**

The following set of recommendations emerged from the responses of 12 public health practitioner interviews in each of Illinois' three regions. They are offered as a starting point for further practice-based research, dialogue, and action.

1. Create a statewide public health workforce development taskforce with representation from key local public health departments (possibly through existing administrator associations, e.g. NIPHC and IAPHA), the state public health department, public health associations, and academic centers to develop and execute a systematic, overall approach to public health workforce development.
2. Develop a system for communicating about workforce development needs, training, and trends and opportunities, i.e., through a statewide clearinghouse.
3. Assess public health training needs more regularly.
4. Create a plan for implementing TRAIN statewide.
5. Provide more training accessible at the local level such as regional conferences and distance-based learning opportunities.

6. Provide training opportunities relevant to current public health practice needs such as evidence-based public health, role of public health and ACA, evaluation, epidemiology, QI, and social determinants.
7. Support requirements in state and federal grants to emphasize competency-based assessments and training.
8. Explore the dynamic between public health worker role alignment with a health department's strategic plan and community health improvement plan and PHAB requirements.
9. Compare the PHAB standards for workforce development and competency sets to the possible needs of workers in the context of ACA implementation.

# APPENDIX I.

**Appendix I**  
**Building readiness for voluntary public health department accreditation  
through workforce development in IL**

**Email Introduction**

Dear:

My name is Christina R. Welter, and I am a Clinical Assistant Professor and the Deputy Director of the MidAmerica Center for Public Health Practice at the University of Illinois at Chicago School of Public Health.

The purpose of this study is to explore what factors contribute to Illinois health department readiness toward workforce development for accreditation. The goal is to better understand the strengths, gaps, opportunities, and barriers to workforce development in general and specifically to achieve voluntary public health accreditation. The study is one of several deliverables for a National Association of County and City Health Officials grant to support accreditation readiness.

Your participation will take little of your time and effort, and is vital for the success of this project. Participation involves one one-hour interview. Your responses will be confidential, and no person will be named in the research findings. You will have the opportunity to review the notes from your interview. I will share a copy of the final draft report with you and anyone interested upon completion of the study. Participation is voluntary, and there is no payment for your time.

If you are interested in this project, please acknowledge your participation by filling out the attached form. I will also be calling you in approximately five business days to discuss your interest in the project. If you have any questions or would like to confirm your response, please do not hesitate to contact me at 773-909-9905 or [christinawelter@gmail.com](mailto:christinawelter@gmail.com).

Thank you in advance for your time and efforts. I look forward to talking with you soon.

Best Regards,

**Christina R. Welter, DrPH, MPH**  
**Associate Director, DrPH in Leadership**  
**Deputy Director, Mid-America Center for Public Health Practice**  
**Clinical Assistant Professor, Community Health Sciences**  
**University of Illinois at Chicago, School of Public Health**

**Phone: 312-355-5303 (desk)/773-909-9905 (cell)**

**Email: [Christinawelter@gmail.com](mailto:Christinawelter@gmail.com)**

## APPENDIX II.

**Appendix II**  
**Building readiness for voluntary public health department accreditation  
through workforce development in IL**

**Phone Script**

**Date/Time of phone call:**

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**Name and title of call recipient:**

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**Name and title of caller:**

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*Phone Script:*

My name is Christina R. Welter, and I am a Clinical Assistant Professor and the Deputy Director of MidAmerica Center for Public Health Practice at the University of Illinois at Chicago School of Public Health. You should have received an email about one week ago asking you participate in this study.

The purpose of this study is to explore what factors contribute to Illinois health department readiness toward workforce development for accreditation. The goal is to better understand the strengths, gaps, opportunities, and barriers to workforce development in general and specifically to achieve voluntary public health accreditation. The study is one of several deliverables for a National Association of County and City Health Officials grant to support accreditation readiness.

Your participation will take little of your time and effort, and is vital for the success of this project. Participation involves one one-hour interview. Your responses will be confidential, and no person will be named in the research findings. You will have the opportunity to review the notes from your interview. I will share a copy of the draft final report with you and anyone interested upon completion of the study. Participation is voluntary, and there is no payment for your time.

Would you be willing to participate in this study?

- If yes, I am happy to re-send or fax a participation form.
- If not, thank you for your time.

If you have any questions or would like to confirm your response, please do not hesitate to contact me at 773-909-9905 or [christinawelter@gmail.com](mailto:christinawelter@gmail.com).

## APPENDIX III.

**Appendix III**  
**Building readiness for voluntary public health department accreditation  
through workforce development in IL**

**Participation Form**

I, \_\_\_\_\_, hereby agree to participate in the study “Building readiness for voluntary public health department accreditation through workforce development in IL” by participating in one one-hour conference call interview. I understand that my participation and that of the organization is voluntary and that I may end my participation at any time. I further understand that these responses are confidential and that no person will be named in the research findings.

**Name and Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## APPENDIX IV.

## **Appendix IV**

### **Building readiness for voluntary public health department accreditation through workforce development in IL**

#### *Qualitative Interview Guide*

#### **Introduction**

Thank you for agreeing to participate in the MidAmerica Center for Public Health Practice's (MCPHP) Workforce Development initiative to build support for accreditation readiness. Your feedback is vital in the success and future for this project, and more importantly, for the readiness of workforce development initiatives in Illinois in general.

The purpose of this interview is to assess what factors contribute to health department readiness toward workforce development for accreditation. Specifically, we would like to ask you questions about the current state of workforce development for public health departments in Illinois, including strengths, gaps, opportunities, and barriers.

Please note that these interviews are not being tape-recorded. We are taking notes on your responses. The information will be used to develop a report on the overall state of health department workforce development readiness for voluntary public health department accreditation. You will have an opportunity to review and comment on the report to ensure it represents key themes raised in the interviews.

No single individual will be named nor will any single department or organization will be named in any of the reports. All your responses are confidential and will be available only to the MCPHP team. We anticipate interviews taking approximately 1 hour. Please let us know if you need a break or if you want to end the interview at any time.

#### **Interview Prompts**

1. How do you define workforce development?
  - a. Ask for definition
  - b. Provide definition: Public health workforce development is a process to improve organizational capacity and health outcomes involving a competency based assessment, a plan to enhance competencies based on the assessment that includes training and measurement of competency improvement (Turnock, 2009; PHF website).
2. What workforce development opportunities do you currently offer and what is your target audience?
3. What workforce development opportunities do you currently participate in outside of your organization?
4. What are the perceived gaps in workforce development:
  - a. In your organizational/health department?
  - b. In Illinois?
5. What are the perceived strengths in workforce development:
  - a. In your organization/health department?
  - b. In Illinois?
6. What are possible opportunities in workforce development:
  - a. In your organization/health department?
  - b. In Illinois?
7. How do you define a workforce development plan?
  - a. Ask for a definition
  - b. What do you think are key elements of a workforce development plan? What do you think should be in a plan? Why?
8. What is the benefit to such a plan? Disadvantages?
9. How should the workforce development plan address individual level needs?
10. How should the workforce development plan address organizational-level needs?

11. What are the perceived barriers to developing plans based on core competencies?
  - a. Prompt to ask about barriers that are both internal and external to the organization.
12. What are the perceived barriers to assessing workforce development needs within your organization?
  - a. Prompt to ask about barriers that are both internal and external to the organization.
13. What are the perceived barriers to conducting/facilitating training (based on workforce development plan results)?
  - a. Prompt to ask about barriers that are both internal and external to the organization.
14. Do you have other questions/comments?