

Using Data to Drive Action: PH WINS Learning Collaborative

By Kyle Bogaert, MPH, Director of Workforce Research, Association of State and Territorial Health Officials

“To take action on PH WINS data, ASTHO and the de Beaumont Foundation launched the PH WINS Learning Collaborative, which sought to foster partnerships and improve workforce development practices in state and local health agencies.”



Data is critical for public health agencies to hire and retain a well-prepared workforce that delivers public health services nationally. In 2014, the Association of State and Territorial Health Officials (ASTHO), in partnership with the de Beaumont Foundation, fielded the first-ever Public Health Workforce Interests and Needs Survey (PH WINS) in 37 states and 14 member health departments of NACCHO's Big Cities Health Coalition. PH WINS 2014 was the first nationally representative sample of individual perspectives from state public health agency workers across all programs, levels, and geographic areas. The survey evaluated the workers' job satisfaction, demographics, and prioritized skills, including systems thinking, communicating persuasively, and change management.

The primary goals of PH WINS were the following:

- Provide public health agencies and organizations with the data to drive initiatives to ensure their employees had the skills needed to do their jobs successfully and address workforce challenges;
- Inform future investments in workforce development;

- Establish a baseline of key workforce development metrics; and
- Explore workforce attitudes, morale, and climate.

To take action on PH WINS data, ASTHO and the de Beaumont Foundation launched the PH WINS Learning Collaborative, which sought to foster partnerships and improve workforce development practices in state and local health agencies, in spring 2016. The organizations selected six teams from four states and two cities to participate in the learning collaborative: the Boston Public Health Commission, the Houston Health Department, the Maryland Department of Health, the Minnesota Department of Health, the Nebraska Department of Health and Human Services, Division of Public Health, and the South Carolina Department of Health and Environmental Control.

Teams were given the opportunity to address a workforce development project related to PH WINS findings in their jurisdiction over a period of 18 months. Each department built a team of key stakeholders, identified their goal and evaluation measures, and used the Plan-Do-Study-Act (PDSA) model to implement rapid changes in their

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agencies. Key topic areas addressed by the teams included enhancing cultural awareness; change management; creating a culture of learning; succession and retention planning; leadership development; and improving organizational communication.

Teams developed many tools, including “stay interview” guides, communications plans, and cultural competency training frameworks. Based on the team’s projects, ASTHO engaged the learning collaborative teams, gathered resources and their feedback, and developed five change packages, or guides, to creating workforce development changes in public health agencies and prioritizing areas based on evidence. Each change package includes an introduction with relevant PH WINS measures; goals that an agency may want to achieve; and key changes to meet those goals, ideas to try, and relevant resources. Additionally, each change package includes stories from the teams that participated in the learning collaborative about their experiences undergoing and attempting this type of change. The change packages will be released in spring 2018.

PH WINS was fielded for the second time in late 2017, and expanded to 47 states, 25 Big Cities Health Coalition health department members, and 71 independent local health departments. It will generate the first nationally representative data on the local health department workforce. Results will be available in summer 2018.

Below, two health department members of the PH WINS Learning Collaborative share how they are using PH WINS data to improve workforce development in their agencies.

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Improving Internal Communications with Stakeholder Engagement

By Brad Cohen, Director of the Consortium for Professional Development, and Marjorie Nesin, Director of Communications, Boston Public Health Commission

The Boston Public Health Commission (BPHC) is a diverse organization of more than 40 programs and 1,100 staff, all approaching public health through the various lenses required to build a healthy, equitable community. Staff occupy more than five buildings across the city, and are often laser-focused on their service areas, to the benefit of BPHC's clients and the residents of Boston.

BPHC has found that people across different programs and areas of expertise want to gather, share ideas, and collaborate. With funding and support from ASTHO and the de Beaumont Foundation, BPHC set out to identify and clear a path for more effective internal communications. Through the PH WINS Learning Collaborative, BPHC employed quality improvement methods to create change.

BPHC's goal was straightforward: to develop strategies and foster a culture that would improve communication between senior leadership and employees. The methods centered around engaging staff at all levels in the information-sharing process and empowering staff to contribute. The team included staff representing direct care providers, communications, and professional development.

To gauge its success, BPHC asked staff at two different points whether they agreed with the statement, "Communication between senior leadership and employees is good in my organization." On both measures, results suggest BPHC exceeded its goal. BPHC's initial goal was to increase the percentage in agreement from 29% to 40% among non-supervisory staff and from 35% to 40% among supervisory staff. After nine months, 45% of non-supervisory staff and 41% of supervisory staff agreed with the statement.

Because many staff provide direct services to clients, working off-site or in jobs that do not regularly involve computers, the BPHC team had assumed that e-mail was

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not an effective means of communication. However, when asked, the majority of staff expressed a preference for e-mail communications. This finding prompted the team to initiate a series of PDSA cycles to test the effectiveness of e-mail communications to all staff and identify ways of improving them. The PDSA cycles revealed that a significant number of staff were not receiving e-mails intended for all staff; leadership worked with IT and HR staff to ensure the accuracy of e-mail distribution lists, streamlining the “add on” process. BPHC also found that e-mail remains the most effective communication method when supported by other means, including flyers and calendar invites.

Some improvements required investments in technology and equipment while others were simple, such as adding a helpful note at the bottom of meeting agendas or taking the time to thank and recognize staff for their daily contributions to the organization’s mission in a series called “Public Health Heroes” on BPHC’s intranet.

BPHC introduced an online suggestion box in September 2016 for employees to voice suggestions and concerns. Through this low-cost service, employees can now access a link to post anonymous messages that are sent to BPHC’s

executive leadership. The suggestion box is also viewed as a collaboration tool for internal policymaking. A document with Q&As from the suggestion box is updated regularly and posted on the intranet for all employees to read. More than 40% of staff considered the online suggestion box as having had a positive impact on communications, according to an internal survey.

With over 1,100 employees working various shifts and located on multiple campuses, BPHC has complex needs for internal communications. BPHC has found that by empowering staff to participate in the processes that inform internal communications procedures, it can best reach all staff.

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The Houston Experience

By Patsy Rubio Cano, PhD, Senior Staff Analyst, Office of Program Development, Houston Health Department

Houston Health Department (HHD) is the public health authority for Houston, the fourth largest city in the United States; the city's population was estimated to be 2.2 million in 2014. HHD provides services for an increasingly racially and ethnically diverse population: 26% white, 23% black, 44% Hispanic, 6% Asian, and 1% other.



As the HHD Learning Collaborative Workgroup (LCW) reviewed the department's results of the PH WINS conducted in 2014, it determined that the areas of interest for HHD included retention, cultural and linguistic competency, and developing a culture of learning. These were selected from the list of metrics presented in the initial Request for Proposal.

The HHD LCW developed nine roundtables in which groups of employees could discuss issues in a non-threatening environment; line staff met together while supervisors and managers met separately. At these roundtables, participants were divided into three groups and proceeded in round-robin style to provide feedback on each of the three focus areas. Approximately 391 staff participated in these roundtables. Additionally, 40 staff participated in three focus groups that centered on retention and included staff whose tenure in the department ranged from less than a year

to over 25 years. These focus groups yielded feedback from an additional 40 staff. Feedback was obtained from a total of approximately 431 staff.

Retention

In addition to results of the PH WINS, roundtables, and focus groups, additional data used to develop the retention plan included local human resources data and employee exit interviews and other surveys. In an article in the journal *Personnel*, Jac Fitz-enz noted that there is no single factor that determines retention, but rather, a cluster of interrelated factors.¹ Factors influencing retention at HHD included compensation and recognition, people management, and professional development and promotion opportunities. In response to staff feedback, the HHD LCW developed a draft retention plan that addresses entrance, stay, and exit interviews; implemented Office Vibe, an online system that measures and improves employee engagement using anonymous weekly pulse surveys to create a safe space for employees to share thoughts, feedback, and suggestions to improve the organization; instituted an annual departmental policy training for staff; implemented a partial 360-degree review process; expanded opportunities for employees to develop professionally; implemented a compensation plan based not only on pay but recognition as well; and developed a policy on pay equity.

Cultural and Linguistic Competency

Interestingly, results from the PH WINS survey conducted at HHD indicated that most staff at every level believed that supervisors/team leaders worked well with employees of different backgrounds. These results were strongly contradicted by the findings of the roundtables that the Houston team conducted. Several factors may account for this discrepancy. Low rates of participation by line staff in the survey as well as statistical error in analyzing the results may be reasons for the differences. Moreover, the richness of qualitative data and

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the opportunity to probe deeply with qualitative methods may have been at the root of the divergence in which opinions were represented and how. As previously indicated, the roundtables also allowed employees to provide feedback in a non-threatening environment. In any case, there is ample room for further exploration of this and associated cultural competency issues.

Cultural challenges faced by employees included language, power dynamics, gender identity and sex assigned at birth, and race and ethnicity. Language challenges included insufficient bilingual staff, insufficient access to adequate interpreter resources for languages not commonly spoken among HHD staff, use of the language line, and poor access to linguistically appropriate resources. In this current political climate, employees indicated challenges with respect to bathroom usage as well as a flawed system for soliciting and reporting gender identity and sex assigned at birth for clinical purposes. Racial and ethnic challenges included tensions between Hispanic and non-Hispanic black workers as well as clients who exhibited ethnic or racial biases.

To assist in the navigation of these cultural challenges, employees requested more engaging and wide-ranging trainings in cultural competence. In response to the feedback received, the HHD LCW developed draft policies related to language use, gender identity and sex, and client interviews.

Developing a Culture of Learning

Based on previous data gathered about the culture of the department and PH WINS data from 2014, staff chose to make “culture of learning” a priority during the grant period. Respondents to the 2014 PH WINS identified several gaps in skills that were important in day-to-day activities including communication of ideas and information (21%), application of quality improvement (15%), and finding and applying evidence-based practices (24%) to solve public health issues.

The major response to staff feedback in this area was to develop a policy



(currently in draft form) that will allot time to all full-time staff for continuing education (in the areas of technology, soft skills, cultural and linguistic competency, and public health), which will make training to address gaps more accessible. HHD also developed a communications plan to assist programs with effectively communicating information both internally and externally.

The Value of PH WINS

Participating in the Learning Collaborative allowed the HHD team to ask other health department teams for ideas to address various challenges. During a PH WINS Learning Collaborative learning session, someone suggested that, in developing policies for gender identity, HHD might look to San Francisco, which had gender identity policies that could easily be replicated in Houston. In another example of cross-departmental sharing, HHD's PDSA cycle focused on developing an entrance interview. Members of other Learning Collaborative teams were interested in reviewing the questions; HHD shared the survey instrument with the group so that other teams could replicate it.

Finally, all policies as well as the retention plan developed will need to be approved by the department's executive

leadership team. Using the PH WINS data provides justification for the workforce development changes presented. The HHD LCW has also been able to leverage ongoing initiatives at the department that address some of the issues raised by employees, thereby ensuring sustainability and success. 📧

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PH WINS 2017 went out to a sample of state and local health departments and members of the Big Cities Health Coalition. Findings will be presented through a series of resources that can be found on ASTHO's website. There will also be a Journal of Public Health Management and Practice special supplement devoted to PH WINS that will be released in early 2019.

References

1. Fitz-enz, J. (1990). Getting—and Keeping—Good Employees. *Personnel*, 67:5.