Assessing Workforce Training Needs in the Northwest

A new report on the regional public health workforce highlights key training needs.

Susan Yee

The events of September 11 and its consequences have affected every sector of society. But the health care sector may have felt this effect more than any place else. The public health infrastructure, in particular, has come under increased scrutiny, and questions have been raised as to whether the current system would be able to protect the populace in the event of a catastrophe.

To address mounting public pressure, government agencies, including the Centers for Disease Control and Prevention (CDC), are allocating additional federal dollars to strengthen public health systems—emphasizing the need for disaster preparedness. However, disaster preparedness only addresses the immediate issue of lessening public panic and neglects the underlying factors that may debilitate our public agencies, including an aging public health workforce and inadequate technology in state and local agencies. A focus on strengthening the public health infrastructure—most importantly a well-trained public health workforce-—will go a long way toward creating a public health system adequately prepared to respond to a large-scale biological or chemical attack.

Building workforce bridges

Healthy People 2010 defines public health infrastructure as "the data and information systems, skilled workforce, effective health organizations, and resources necessary to assure the delivery of the essential public health services." In her article "A Public Health Workforce that Works" [*Northwest Public Health*, Summer 2001], Bekemeier states that for some time now the training needs of the public health workforce have been the subject of intense discussion at the national level. Local, state, and federal representatives recognize that practitioners need certain competencies in order to achieve optimum performance within their organizations.

To meet that need, the Northwest Center for Public Health Practice (NWCPHP) at the University of Washington School of Public Health and Community Medicine has developed a cooperative network of six Northwest states (Alaska, Idaho, Montana, Oregon, Washington, and Wyoming) to address public health workforce development.

In January 2002, the NWCPHP released "Building Workforce Bridges across Northwest States: A Regional Analysis of Workforce Assessments from Six Northwest States"—a compilation and analysis of the workforce assessments from the states, identifying the most urgent concerns of the public health workforce. This report represents the first effort of its kind to analyze and describe workforce training needs in the Northwest. The objective of the report is to describe the assets and training needs of people working in public health practice across the region so as to encourage resource and idea sharing, the creation of meaningful training curricula, and the development of technology and infrastructure. Findings from this report may serve as a basis to strengthen the public health infrastructure by building a well-trained and prepared public health workforce in the Northwest.

Identifying unmet needs

Each state performed an independent workforce assessment that was suitable for the timing, available expertise, most accepted approach, and individual population of public health workers in their state. A qualitative meta-analysis method called the "minimum database" was used to find the least common denominator that could be identified from among the data described in each of the five assessment reports.

The data in the report represent a cross-section of the public health workforce at varying levels in their agencies, from different types of organizations and from multiple discipline areas. The range of information needed was matched by the diversity of the public health workforce itself, which included agency directors, environmental health scientists, epidemiologists, health educators, laboratorians, nurses, nutritionists, sanitarians, biostatisticians, and health care consultants.

The report—based on data collected from November 1997 to February 2001 from each of the Northwest states—identified the four most frequent training requests.

1. Communications: In order to influence public policy, respondents recognized that improved

Four most requested training areas:
- *Communications*
- *Management*
- *Public health concepts*
- *Technology*

communication is vital in the development and maintenance of relationships and coalition building with external partners. The respondents also acknowledged the importance of communication with colleagues within their own agencies for purposes of team building and interdisciplinary work.

2. Administrative skills/management/supervision: Public health workers identified a need for skills related to personnel issues and policy administration. Respondents specifically requested training in budgeting, supervising personnel, and financial planning.
3. Basic public health concepts: In addition to wanting additional training in basic public health concepts, the workforce also expressed its need to understand the historical structure and interaction between the public health and health care systems. Respondents also wanted to learn how to perform community assessments and basic research, design surveys, analyze data, discern trends, and evaluate programs.
4. Computer training/use of technology: Public health personnel wanted to learn how to use specific programs and how to conduct Internet research, as well as how to use information technology to collect, analyze, and evaluate data and then identify gaps in these data.

Overcoming common barriers

Although agencies recognize the need for additional training for their public health workers, funding scarcity is a constant reality. The high cost of training combined with the lack of tuition reimbursement related to training or to a degree program is one of the primary barriers to accessing training. Additional barriers include:

- Geographic isolation—traveling from remote areas within a state to attend a central training can be difficult and expensive.
- Limited backup for staff, especially in smaller offices and local health departments.
- Limited time—workloads were very heavy and most people did not have backup staffing for their job.
- Internal politics related to obtaining permission to attend training.

Not all is bleak however—there is good news. Workforce assessment respondents described technology as an emerging asset in their states' public health practice settings. Many states have increased computer and Internet availability in local districts, have developed satellite and tele-medicine networks, and can connect easily outside the state via audio or video teleconferencing. Some training opportunities, conferences, and certification courses are also already available to public health workers in and outside their own state.

Finally, respondents indicated there was strong infrastructural and philosophical support for workforce development and training in their states.

Next steps

Based on these findings, the NWCPHP and a team of state representatives responsible for their individual state's needs assessment report developed a list of recommendations to best meet the needs of the public health workforce in the six Northwest states. During the Regional Network Steering Committee meeting held in January 2002 in Seattle, the group expanded the list of recommendations into action steps. *(See box for recommendations and action steps.)*

The NWCPHP intends to use the list of recommendations and action steps not as a panacea for fears of biological or chemical warfare but as an initial step in the long process of improving the public health infrastructure overall.

Recommendations and Action Steps

- Identify and use existing training opportunities within the Northwest region to maximize collaboration and to reduce duplicate efforts by developing a centralized clearinghouse and publicizing all health-related curricula at the local, state, and national levels on a Web site.
- Offer and support distance learning as an alternative to on-site training. Write up and disseminate model efforts that balance the need for on-site aspects of training (mentoring, networking, and mutual learning) with efficiencies of distance-learning technology.
- Find opportunities to integrate workforce development with other public health improvement issues by tying workforce development to other community, state, and national public improvement efforts, such as state public health improvement plans and *Healthy People 2010*.
- Use the NWCPHP to act as a liaison to link Northwest regional workforce efforts with other regional efforts for the purposes of sharing products and strategies on a national level.
- Develop training products that have potential for use beyond a state's boundaries.
- Use information and results from this report to solicit additional funding while maximizing current funding from the CDC and federal bioterrorism grants. Consider a regional partnership application to CDC, Health Resources and Services Administration, or The Robert Wood Johnson Foundation for developing public health infrastructure.
- Solicit specific information from individual states about the content and intent of requested training. and determine how the training will improve performance before developing any curriculum. Begin with defining the competencies, then develop a model—fleshing out the connection between training individuals and improving organizations.
- Explore areas of workforce development other than training in order to include learning, mentoring, and succession planning. Develop a succession planning and mentoring template or manual that will help states initiate activities.

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