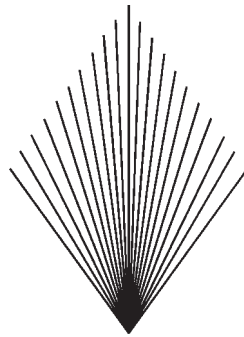


**Development of
the 21st Century Workforce:
Leadership, Commitment and Action
- The Crucial Next Steps**

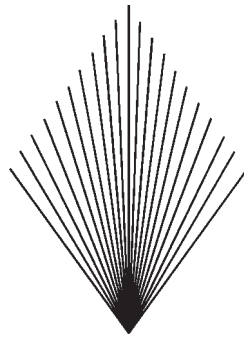
Report of the Public Health Leadership Society
1998 Annual Program



Public Health Leadership Society
Center for Health Leadership
February, 1999

**Development of
the 21st Century Workforce:
Leadership, Commitment and Action
- The Crucial Next Steps**

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A Project of The Public Health Leadership Society and the Center for Health Leadership

The Public Health Leadership Society (PHLS) was formed in 1993 as an alumni network of graduates of the Centers for Disease Control and Prevention/University of California Public Health Leadership Institute (PHLI). PHLS provides an opportunity for alumni to continue their learning experiences and leadership development, maintain professional and personal relationships, contribute to innovative thinking about critical public health issues and collaborate with other national health-related organizations to shape the future of public health. Annually, the alumni gather prior to the American Public Health Association Annual Meeting to discuss timely public health issues. The 1998 program topic reflects the urgency felt by Society members for a systematic approach to a nationwide action plan to develop and sustain the public health workforce.

The Center for Health Leadership (CFHL) is affiliated with the Public Health Institute. The Center is a leadership training, consultation and resource center primarily serving U.S. and international health leaders. Major projects include the CDC/UC Public Health Leadership Institute, the Public Health Leadership Society, the USAID Population Leadership Program, and the State Health Directors Executive Mentoring and Consultation Program. The Center is also providing consultation to the African Council for Sustainable Health Development on a leadership development program in Africa. Past projects include the Pan American Health Organization Leadership Program and Alternative Futures for the Public's Health.

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Introduction

This report is the culmination of a three-pronged approach to workforce development undertaken by the Public Health Leadership Society, together with the Center for Health Leadership. The components of this project are:

- *Development of the Public Health Workforce: A Preliminary Compendium of National Resources;*
- **The 1998 PHLS Annual Program; and,**
- **The Annual Program report, *Development of the 21st Century Workforce: Leadership, Commitment and Action — The Crucial Next Steps.***

The Compendium was distributed to Annual Program participants and is available to the public at the Center for Health Leadership website (www.cfhl.org).

Each year, the Public Health Leadership Society (PHLS) holds an Annual Program to study, discuss, and debate public health issues. The 1998 Annual Program, entitled *Development of the 21st Century Workforce: Leadership, Commitment and Action*, resulted from the urgency felt by Society members for a systematic approach to workforce development. Through the forum of the Annual Program, the Society challenged stakeholders to identify the forces that are holding workforce development back. The stakeholders were called upon to articulate critical and sustainable actions, and to strengthen collective commitment and leadership to make the necessary changes.

Over one hundred and seventy-five (175) PHLS members, guest alumni of state and regional public health leadership institutes and other public health professionals gathered in Washington, D.C. on November 15, 1998, to form the largest gathering at an Annual Program of the Society since its inception in 1993. (See Appendices 2 and 3 for the program goals, objectives and agenda.) Participants included local, state, and federal public health leaders, as well as representatives of national professional associations and academic institutions offering public health educational degree programs.

A volunteer committee of Society members developed this year's Annual Program agenda. Other members served as facilitators or recorders for the guided discussions. (See Appendix 4.) Each discussion group focused on the responsibilities of one of five public health leadership levels (federal, national, state, local, and academic) for *action steps, infrastructure and commitment* required for workforce development. (The guided discussion questions are found in Appendix 1.)

This report begins with a brief summary of panel discussions held at the Annual Program. It then presents the recommendations for workforce development generated in the guided discussion groups. The report also summarizes results of a participant survey focused on personal commitment to leadership development and needs for workforce-related information. Key background documents are found in the Appendices.

The recommendations for workforce development are the most significant part of this report as they lay out a road map for much-needed action. These recommendations and the call for action were formulated by the participants who are some of the nation's top public health

leaders. In these recommendations lies a powerful and informed path for workforce development. The report details who must supply leadership, where commitment must occur and what long overdue actions are critical. The report also expresses our personal and collective desire as public health professionals to offer the best and most professional service to our communities, organizations and our nation.

The Annual Program roundtable discussions produced an extensive array of recommendations regarding workforce development. Several key themes for leadership and action readily emerged. Participants often offered action steps for leadership levels other than the level their table was discussing. Leadership for creating the infrastructure necessary for a systematic approach was clearly assigned to the *federal* agencies engaged in public health service. A promising recommendation put forth by the participants was the establishment of a *public health workforce development office* at the federal level linked to sister offices within each state. In addition, expanded roles and greater coordination between the federal agencies currently involved in workforce development [Centers for Disease Control (CDC), Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (DHHS)] were articulated. Information and distance learning technology were also identified as critical to the national infrastructure.

States were called on to create a multi-year strategic planning process that embodies the collaboration and commitment of public health *academia*, along with local health professionals and the state representatives of national professional associations. State workforce development offices were proposed as ideal entities for such activities. The state and local efforts might be funded, in part, by a federal requirement for states to dedicate categorical (and non-categorical where possible) federal funding to workforce development.

Several regional and state public health leadership institutes are already engaged in efforts to develop “public health 101” certification programs and management training programs, in addition to their focus on leadership development. These institutes could play a pivotal role in workforce development, offering a jump-start that could more quickly assure much needed progress.

Local health departments were called upon to commit their policy, energy, and staff resources to immediate implementation of training in the most crucial areas: leadership, basic public health skills and technology.

National organizations were called on to further the national strategic planning process and the development and implementation of states’ plans by collaboratively structuring their public health funding priorities to support these efforts. The creation of a national consortium of organizations, associations and philanthropic foundations involved in the public health field was also proposed. Such a consortium could prove essential to a systematic approach to workforce development. The national consortium would also have the appropriate expertise to identify and develop the workforce needs assessment tools frequently called for by the participants. Since the Annual Program, a national consortium of organizations was hosted by the Association of State and Territorial Health Officials (ASTHO) Management Committee in Washington, D.C. in January of 1999 to begin to develop a national consortium of organizations to determine resource needs and administrative structures necessary for implementing a workforce action

plan. A diverse cross-section of national organizations including PHLS, National Association of City and County Health Officials (NACCHO), Association of Schools of Public Health (ASPH), Public Health Foundation (PHF), CDC, HRSA, and the National Public Health Leadership Development Network (NPHLDN) has been invited to participate.

At the level of *personal commitment* to workforce development, many participants expressed their commitment to staff training and development and to the creation of a work culture where learning matters. With respect to ongoing *workforce development information needs*, a substantial number of participants pointed to the need for best practices and workforce curricula and training models. The Internet was identified as a top means of *access to workforce information*.

The mood of the PHLS Annual Program participants was one of ***Do It Now!*** None of the recommendations presented in this document, no matter how heartfelt, will result in the hoped for changes without demonstrably strong vision and leadership, commitment from all levels, attention to the systems implications of these recommendations and ultimately *action*. It is the desire and intention of the Society members to be a catalyst for critical action steps. These steps were thoughtfully and skillfully detailed by the experienced public health leaders who participated in the 1998 Annual Program.

Development of the 21st Century Workforce: Leadership, Commitment, Action - The Crucial Next Steps

Public Health Leadership Society Annual Program

The National Panel

Two panels of presenters established the focus for discussions. The National Panel featured distinguished experts on workforce development. The panel included Kristine Gebbie, Director, Center for Health Policy and Health Services Research and Associate Professor of Nursing, Columbia University School of Nursing; Bernard Turnock, Director, Center for Public Health Practice and Clinical Professor of Community Health Sciences, University of Illinois, School of Public Health; Ray "Bud" Nicola, Director, Division of Public Health Systems, Public Health Practice Program Office, CDC; and Paul Nannis, Director, Office of Planning, Evaluation and Legislation, HRSA. Their presentations contained common issues concerning obstacles to workforce development, efforts already in place, and critical action needed.

The primary barrier to workforce development, Gebbie noted, was that "Our budgets for training are incredibly weak." This lack of dedicated training funds poses extreme obstacles within a system where the physician local health officer is generally board certified in an area other than public health, and then also spends only a portion of his/her time executing public health activities. Turnock echoed this grave concern, noting that it is not a new problem. He brought to the group's attention a Journal of the American Medical Association (JAMA) editorial of 1893 that declared, "There has probably been no time in the history of this country when trained, competent, and efficient health officers were needed so much as they are now."

Gebbie described the public health workforce as one where two-thirds of its members belong to one of five professional groups, including: physicians, nurses, environmental professionals, administrators and health educators. These professional groups generally have their own degree and continuing education requirements and as a result, they may overlook the needed public health training and education. Turnock explained that equipping local health officers and other professionals engaged in public health practice with the necessary generic public health knowledge and skills is easily achievable through certification in community health practice programs that cross discipline lines.

Nicola provided participants with a descriptive update of current federal and national activities focused on workforce development. He discussed performance standards for workforce development; collaboration on funding management training for public health professionals utilizing the expertise of both a school of business and a school of public health; and creation of a national health alert system to thwart bio-terrorism attempts and develop public health infrastructure. Noting also the need to address the low pay for many

of our public health professionals, he said, “If we don’t pay attention to the basics (adequate pay) we are never going to reach these higher goals for workforce development.”

Turnock recommended a three level initial approach to workforce development:

- “Public Health 101” education for much of the public health workforce.
- Community public health practice education and certificate programs geared to the different public health disciplines. This training would focus on core function-related skills such as community health assessment, health problem analysis, basic quantitative and qualitative methods for community-based research, program planning and evaluation, and coalition and partnership building.
- Public health administration training that certifies administrators as competent in basic health administration and management skills as these relate to carrying out public health functions.

It is important to note that if we are to have success in developing the public health workforce, public health training, certification programs and continuing education must be valued and recognized as essential for employees of public health departments and agencies.

Gebbie noted that of the five health professions comprising two-thirds of the workforce, only public health administrators lack a common professional accrediting body with which to collaborate on public health training. Gebbie suggested that the Public Health Leadership Society seriously consider filling this role.

Nannis reviewed some of the important steps that have been taken to improve the workforce since the 1988 Institute of Medicine report on the state of public health. “The good news is,” he noted, “we are taking training seriously. . . The next challenge, for HRSA, is how do we take our grant dollars and move forward? How do we build synergy with our partners at CDC? How do we look at existing institutions and find the niche for HRSA and move this forward? What is important is that we are moving forward.”

Lessons From the Field

Successful workforce development programs have already emerged at the state and local level. The Lessons from the Field panel members, all PHLI alumni or current scholars, are powerful examples of the dynamic leadership that exists within public health. Each has taken seriously the responsibility for workforce development, developed a strategic plan of approach and measured progress. These panel presenters included Stephanie Bailey, MD, Director of Health, Davidson County Health Department, Nashville, Tennessee; William Myers, MS, Health Commissioner, Columbus Health Department, Ohio; Henry Taylor, MD, MPH, Commissioner, Bureau for Public Health, State of West Virginia Department of Health and Human Services; and Tom Milne, BS, National Association of City and County Health Officials, Washington, D.C. (Past Executive Director, Southwest Washington Health District, Vancouver, Washington). Summaries of the panelists’ workforce development projects are attached to this report. (Appendix 6)

The Lessons From the Field initiatives came about as the result of vision and strong

commitment to workforce development. These initiatives serve as a reminder to all of us that these innovative efforts could be replicated across the country with adequate support and leadership.

Recommendations from Guided Discussion Groups

The responsibility of each leadership level for workforce development and the crucial next action steps are described below. As one reviews the actions recommended, the interdependence of the levels becomes evident.

Federal Leadership and Action

The federal government agencies involved in public health are called upon to commit to a national public health systems approach to workforce development. At the federal level, HRSA's Bureau of Health Manpower has traditionally had the role of assuring an appropriately trained health professions workforce. Placing a coordinating role for health workforce analysis, research and planning within that Bureau was suggested. The DHHS Public Health Functions Steering Committee and Working Group Subcommittee on Public Health Workforce, Training and Education has worked diligently and could continue to be an important asset to the Bureau. The Steering Committee and Work Group were recommended for participation in the national consortium called for later in this report and for a future role in the development of a systematic plan on workforce development.

Infrastructure development needs identified include information and distance learning technology. The CDC Public Health Practice Program Office (PHPPO) has been the leading federal agency for such work and might be effective in a coordinating role with the rest of federal government. Initially, the federal government would take responsibility for creating the infrastructure necessary for a systematic approach by establishing an office for public health workforce development, and staff it with a lead position, sufficient personnel and adequate resources.

Responsibilities of the federal workforce office and/or the other federal agencies might include:

- Assist, support, oversee and monitor workforce development. The primary source for review would be the states' strategic plans and their progress.
- Identify the funding needs for workforce development at the federal, state and local levels throughout the country. A centralized office would work collaboratively with federal programs to design a required allocation of categorical funds (and non-categorical funds where appropriate) to workforce development strategic planning and implementation.
- Assure all federal categorical funding (and non-categorical funding where appropriate) requires a statewide strategic plan of action for workforce development, including a requirement for local health planning and budgeting for workforce development.
- Assure approval of the new standards for Field of Public Health Professions within the Department of Labor's Federal Standard Occupational Classification System;

educate the public health workforce regarding the classification system and encourage adoption of the standards within state and local departments.

- Work collaboratively with all federal agencies to promote adequate funding of communication, information and distance learning technology for public health.
- Identify methods for states to share information regarding workforce development strategic planning, progress, available public health leadership training, certificate programs, continuing education programs and information technology training programs.
- Utilize distance-based learning technologies to reach nationwide sites.

State Leadership and Action

It was recommended that states take the lead in strategic planning for workforce development. Central to the states' success will be a commitment to a truly collaborative process with academia.

- Integral to each state's role in workforce development is the establishment of an office of workforce development. That office would relate to a federal office of workforce development. Each state office should include a dedicated workforce development lead position, staff and other needed resources. This office would be responsible for development of a strategic multi-year plan of action for the state and local levels. This office would involve the schools and programs of public health, health professional associations (state public health association and sections, the Association of Local Boards of Health, medicine, nursing, health education, environmental health, etc.), public and private public health agencies, their state or regional public health leadership institute, representatives of the state legislature and the public in the planning process.
- In establishing this state office and accomplishing its work, it is incumbent upon states to actively work to enhance relationships with academia. The state and academia should collaborate on development of the strategic plan. The state could be represented on governing and advisory committees of public health educational programs. States should also enhance relationships with other academic degree programs that are closely related to public health (medicine, nursing, health administration, environmental engineering, etc.) to encourage the inclusion of basic public health education within their curricula.
- The state office would be primarily responsible for development of a fiscal plan to assure allocation of categorical funds (and non-categorical federal funding) to workforce development. This plan would include federal funds that are distributed to local health departments. Local health departments might be required to provide evidence of participation in workforce development activities as outlined in the state's strategic plan.
- This state office should give serious consideration to developing and submitting a request to the state legislature for funding for workforce development.
- States must be poised to adopt the new standards for Field of Public Health

Professions within the Department of Labor's Federal Standard Occupational Classification System. In addition, the states must be ready to align salary packages to adequately reflect the requirements for revised job classifications and begin the process of reviewing and revising salary ranges where appropriate. The state should encourage the adaptation of the new standards by local health departments.

- States must dedicate staff and funding to aggressively work on development and maintenance of an electronic communication and information technology system to fully integrate state and local public health. In doing so, states should collaborate with academia to identify potential partnering and linkage of existing distance-based learning technologies.

Local Leadership and Action

Local public health departments must take immediate as well as long range steps toward preparing their workforce.

- Local health departments must prioritize workforce development. Initially, they should commit to collaborate actively with the state to create a strategic plan for workforce development. As an integral part of this, the local health department must demonstrate within its budget staff funds and time allocated to workforce development activities as designated by the statewide strategic plan. Local health departments must be prepared to report their activities and progress toward workforce development as a requirement for state and federal funding.
- Local health departments are encouraged to assess the need for training within their own workforce. Additionally, they must develop and measure progress toward individual employee career development plans. They will need to identify the most appropriate methods of providing motivation and recognition for employees' accomplishments toward their career plans. Local health departments must actively work to adopt the new standards for Field of Public Health Professions within the Department of Labor's Federal Standard Occupational Classification System.
- Initially, local health departments should focus on leadership development for all senior level employees, development of electronic technology capability for all employees, and on basic public health education for all non-formally trained (MPH) public health employees, especially the local health officer.

Academic Leadership and Action

Apparent throughout the discussions was the need to more fully and formally work with public health academia to achieve the needed workforce development results:

- Academia was asked to commit to a collaborative leadership role in the development of states' strategic planning processes. In doing this, academia should scrutinize its own programs to assure periodic local health practice experience for public health educators and the inclusion of state and local public health practitioners on governing and advisory bodies of public health educational programs.
- Academia was asked to broaden the offerings of basic public health education to include certificates in public health programs, and geographic accessibility to the

current and incoming public health workforce.

- Academia must utilize existing distance-based learning technologies to rapidly and efficiently address public health training needs. Specifically, academia should develop and deliver basic public health certification programs, technology training and continuing public health education programs to the existing public health workforce throughout the county. Furthermore, to optimize existing distance learning technologies for these purposes, academia should study and implement integration and linkage of technologies wherever possible.
- Academia was called on to do everything it can to expand the public health influence within related professional educational programs (such as nursing, social work, engineering, medicine, health administration), working to integrate basic public health instruction into those programs' curricula and to offer joint graduate degree programs.

National Leadership and Action

Many professional associations, national organizations, and philanthropic foundations concern themselves with public health and support and promote public health service, programs and activities. Collaboration among these organizations could help focus activities, provide funding for workforce development and reduce potential overlaps or conflicting approaches.

- National professional associations, organizations, and philanthropic foundations involved in public health should create a national public health workforce development consortium. Its purpose would be to develop a major proactive, collaborative plan of action toward workforce development. This plan of action would apply a systems approach integrating multiple training opportunities and funding options.
- Initially, the consortium should clarify its role, and that of its individual member organizations, in the states' strategic planning process for workforce development.
- National organizations could create greater knowledge and appreciation of public health within the general public and form a unified voice representing workforce development funding needs and strategies to the federal legislature and the American public.
- A national consortium could study the attrition rates of high-level public health professionals, identify solutions to provide greater professional stability, and develop and promote protective options such as a national portable pension plan.
- Most importantly, the consortium could help to coordinate the rebuilding of the public health workforce. The consortium could meet frequently to review progress, support and strengthen the coordinated efforts between federal agencies, and to promote the role of academia in workforce development.

Participant Survey

In addition to the guided discussions focused on commitment and action needed at the five public health leadership levels, participants were asked to comment in writing on their personal commitment to workforce development and needs for workforce-related information.

Personal Commitment

The question “What kind of commitment can you make to public health workforce development?” elicited a variety of promising answers. Notably, many respondents expressed a commitment to staff training and development and to the creation of a work culture where learning matters. Allocating funds to workforce development and budgeting time for workforce issues were also frequently mentioned. Several stated that they were working with federal agencies and academic centers to provide such training. Several respondents mentioned a desire to become more involved with internship and apprenticeship programs. Significantly, some respondents noted that commitment to workforce development must occur at all levels of public health. Others mentioned their personal need to move beyond “training” towards stronger roles as facilitators or leaders.

Information Needs

The question “What are your ongoing information needs regarding workforce development?” elicited a substantial number of responses focused on best practices. Additionally, participants called for standardized workforce curricula and training modules which have been successfully utilized and could be adapted to an organization’s particular needs. Others noted a need for information on how to keep staff motivated and engaged in continuous learning. A few commented that information is needed to advocate for workforce development before legislatures and local governance bodies. Finally, access to workforce related data, competencies and funding streams, perhaps via a clearinghouse or database, was noted.

When asked “What are the best ways for you to access such information?”, many respondents indicated that they use the Internet to gather information and data. Both web sites and e-mail were mentioned, as were more traditional means of communication such as newsletters and teleconferences. Distance learning (using video and Internet) also appeared to be a popular option.

Conclusion

The mood of the PHLS Annual Program participants was one of Do It Now! None of the points discussed in this document, no matter how heartfelt, will result in the hoped for changes without demonstrably strong vision, leadership, commitment from all levels, and action.

The value and usefulness of this report might be expressed best through these comments by Bernard Turnock:

- First, this report was created through the participation of a broad swath of public health leaders, and so it provides great credibility to the importance of this often forgotten issue, public health workforce development.
- Second, this report calls upon a variety of players to step forward. It lays no blame, and it doesn't call for an easy solution.
- Third, the actions identified in this report fit well with the way the health system is moving with greater emphasis on quality and accountability of professionals.
- Fourth, this report approaches the problem from a public health systems perspective and seeks a systematic solution.

It is the desire and intention of the Public Health Leadership Society members and its Council (see Appendix 5) to be a catalyst for the critical action steps so thoughtfully and skillfully detailed by these experienced public health leaders.

Appendix 1

Development of the 21st Century Workforce: Leadership, Commitment and Action

November 15, 1998
Washington, D.C.

Guided Discussion Questions

1. What specific action steps are needed to move toward building training capacity for the current and emerging public health workforce?

Each group focuses on one of the five following leadership levels:

- * National organizations (NAACHO, ASTHO, APHA, foundations, etc.)
- * Federal government
- * Academic institutions and programs
- * State public health agencies
- * Local health departments

Definition: Action steps are those actions necessary to build a training capacity that addresses the needs of people currently employed in public health and those about to enter the workforce.

2. What infrastructure and additional commitments need to be in place to develop the current and emerging public health workforce based on the action steps identified above?

Definition: Infrastructure and commitment needs should be those needs specific to the assigned group leadership level. They are those concrete and tangible elements needed to meet the identified action steps for workforce development. Examples: staffing and facilities for training; distance learning personnel; satellite downlink and other technological capacity; funding requirements; changes in personnel policies; changes in (civil service system) public health job requirements; policies that support time allotted for training; reimbursements for training; state and or federal legislative changes; educational and training needs assessments; etc.

Appendix 2

Development of the 21st Century Workforce: Leadership, Commitment and Action

November 15, 1998
Washington, D.C.

Purpose

The 1998 PHLS Annual Program is designed to create a sense of urgency to develop and sustain the public health workforce. This forum includes leaders from local, state, and federal public health agencies, academic institutions, and national organizations. PHLS has identified a need to challenge current stakeholders (all of us) to articulate, through cross-sector dialogue, the macro-environmental forces that are holding workforce development back. Furthermore, there is need to articulate critical and sustainable actions to develop the nation's public health workforce. We must strengthen our collective commitment and leadership to prepare the public health workforce to effectively carry out core functions and essential public health services. This program brings together a diverse group of governmental public health leaders and other stakeholders to discuss these important issues and develop an action plan.

Goal

To create a sense of urgency for action through focused and accountable leadership, to develop the currently employed public health workforce, and to forecast current and emerging needs of the future public health workforce for the nation.

Program Objectives

Disseminate a preliminary compendium of current and key workforce development documents and reports, contacts, programs and initiatives.

Distinguish and differentiate strengths, linkages, and gaps in federal workforce development initiatives.

Present and forecast current and emerging macro-environmental forces that support or impede action and progress toward workforce development.

Present and illustrate stories from the field that document progress, challenges, strategies, and lessons learned in workforce development at the local and state governmental levels.

Foster cross-sector dialogue on the action steps needed at the federal, state, local, academic and national leadership levels to build training capacity for the current and emerging public health workforce.

Foster cross-sector dialogue concerning the commitment and infrastructure needed at the federal, state, local, academic and national leadership levels to enable public health workforce development.

Make available PHLS Annual Program proceedings summarizing key examples of workforce development, and recommendations developed during the guided discussion groups.

Appendix 3

Development of the 21st Century Workforce: Leadership, Commitment and Action

November 15, 1998
Washington, D.C.

Agenda

8:30 - 8:45 AM

Setting the Stage

Welcome
Acknowledgments
Introduction to the Day

8:45 - 10:00 AM

National Panel

Moderator: Margaret Schmelzer, Public Health Nursing
Director, Division of Public Health, Wisconsin Department of
Health & Family Services; Chair, PHLS 1998-99

Overview of the Day

Goals and Objectives

Introduction of Speakers:

Bud Nicola, Director, Division of Public Health Systems, Public
Health Practice Program Office, Centers for Disease Control
and Prevention

Bernard Turnock, Director, Center for Public Health Practice,
Clinical Professor of Community Health Sciences, University of
Illinois, School of Public Health

Kristine Gebbie, Director, Center for Health Policy & Health
Services Research, Associate Professor of Nursing, Columbia
University School of Nursing

Paul Nannis, Director, Office of Planning, Evaluation and
Legislation, Health Resources and Services Administration

10:00 - 10:15 AM

Break

10:15 - 10:45 AM

PHLS Activities and Future Direction

10:45 - 11:45 AM

Lessons From the Field Panel

Moderator: Patricia Gadow, Director, Madison Health
Department (Madison, WI)

Overview of the Panel

Introduction of Panel Members:

Stephanie Bailey, Director of Health, Metropolitan Nashville, Davidson County Health Department (Nashville, TN)

Tom Milne, Executive Director, NACCHO (Washington, D.C.), Past Executive Director, Southwest Washington Health District (Vancouver, Washington)

Bill Myers, Health Commissioner, Columbus Health Department (Columbus, OH)

Henry Taylor, Commissioner, Bureau for Public Health, State of West Virginia Department of Health and Human Services (Charleston, WV)

11:45 AM - 12:45 PM

Guided Discussion and Action Planning

Moderators: Carole Robinson, Chief Nurse, Georgia Department of Human Resources, Division of Public Health (Atlanta, GA); Frank Singleton, Director of Health, City of Chelsea (Chelsea, MA); Nancy Tolliver, Public Health Consultant, Tolliver Consulting (Charleston, WV)

Overview of Guided Discussion Session

12:45 - 1:00 PM

Report Back on Guided Discussion and Action Planning

Moderator: Margaret Schmelzer

Wrap-up, Next Steps, Closing

1:00 PM

Adjourn

Appendix 4

PHLS Annual Program (1998) Facilitators/Recorders

Susan Addiss, MPH, MUrS
Rex Archer, MD, MPH
Lawrence Barker, BSPH
Ronald Bialek, MPP
L. Graham Dameron, MPH
Ann Elderkin, BA, PA
H. Keith Erickson, BA, MA
Littleton Fowler, BA, MPA, DDS
Adela Gonzalez, MPA
Maxine Hayes, MD, MPH
Stephen Keener, MD, MPH
Ross Marine, DHL, MHA, BSHSA, BSA
Alan Melnick, MD, MPH
Ron Merrill, MHA
Beth Quill, RN, MPH
Marilyn Radke, MD, MPH, FACPM
Carole Robinson, BSN, MPH
Louis Rowitz, PhD
Rosemarie Rowney, BA, MPH
Thomas Sieger, BS, MS
Frank Singleton, MSPH, MPA
Kathy Vincent, BA, MSW
Paul Wiesner, MD

Appendix 5

PHLS 1998 Council

Rex Archer, MD, MPH

Director of Health, Kansas City Health Department

Christopher Atchison, MPA

Director, Iowa Department of Public Health

Kathy Cahill, BA

Associate Director, Office for Policy Planning and Evaluation
Centers for Disease Control and Prevention

Grace Eddison (Ad Hoc Member)

Consultant, Pawley's Island, South Carolina

Mark Guarino, MPH

Director of Health Department

Bergen County Department of Health Services (New Jersey)

Fernando Guerra, MD, MPH

Director of Health, San Antonio Metropolitan Health District

Maxine Hayes

Assistant Secretary/Associate Health Officer

Community and Family Health, Department of Health (Olympia, Washington)

Jean Malecki, MD, MPH (Past Chair)

Director, Palm Beach County Health Department (Florida)

Ross Marine, DHL, MHA, BSHSA, BSA (Treasurer)

President and CEO, Murino Group LTD (Kansas City, Missouri)

Nancy Rawding, MPH

Public Health Consultant, McLean, Virginia

Margaret Schmelzer, RN, MS (Chair Elect)

Public Health Nursing Director, Division of Public Health

Wisconsin Department of Health and Family Services

Matin Wasserman, MD, JD

Secretary, Department of Health and Mental Hygiene (Baltimore, Maryland)

Paul Wiesner, MD (Chair)

Director, DeKalb County Board of Health (Decatur, Georgia)

Appendix 6

1998 PHLs Annual Program

Lessons from the Field: Workforce Development Project Summaries

Davidson County, Tennessee Initiative

Regionalization: Can We Be a Team of Teams?

Davidson County was divided into four regions and four cross-functional teams of Health Department personnel were assigned to “mobilize community partnerships to identify and solve health problems.

The Metro Health Department moved to focus on the core functions of public health in 1995 as a result of TennCare and APEXPH. The above strategy has proven to be innovative and hold promise despite the local political climate and internal reticence for doing things differently .

Moving towards operating in teams is an internal goal of the department as we manage for the 21st century. For example, a communicable disease management team has been developed with the challenge to manage day to day tasks of work units, cross-cut issues, and create a community-wide system to manage the big picture.

As we become a learning organization, several informal and formal processes are underway to train general staff in new terminology and workforce competencies. By educating and training our current staff, we should decrease the necessity of team training requirements when staff join or are assigned to teams.

Southwest Washington Health District Initiative

Quality Assurance: an Immunization Initiative

In 1993, local health departments in the State of Washington began distributing vaccines to local physician offices, group practices, and HMOs. At the time, the SW Washington Health District (SWWHD) was providing nearly 60% of childhood immunizations.

- The SWWHD nursing staff began identifying serious quality problems related to immunizations in private offices.
- Information and training corrected most, if not all, of the problems.
- Acceptance of SWWHD nurses in private offices led to opportunities to increase immunization rates, particularly among 2 year olds.
- Partnerships formed through a healthy community project led to Free First Saturday immunization clinics, staffed by community based providers.
- The SWWHD now provides vaccine supplies, performs quality assurance functions, assists with planning and coordinating community immunization events, and directly provides about 6% of childhood immunizations

Access Assurance

In 1994, the SWWHD formalized a transformation process, moving toward a principal focus on population level services and away from personal health services. A key element of the strategy was to devote resources to assuring that ongoing access to primary care services in the community was maximized. The strategy took on several elements:

- Creation of the Office of Access Assurance. Staff in this office have developed a Medicaid enrollment package, led a community drive to enroll eligible residents in the Basic Health Plan, and continually broker access to care in private physician offices.
- Expansion of a free clinic. Housed at SWWHD, the Community Health Clinic hours were doubled.
- Support for the development of a Family Practice Residency. Now in its third year of operation, the clinic provides care to a significant number of low income residents who are ineligible for subsidized care.
- Planning of a community health clinic.
- Advocacy for increased commitment to care for the disenfranchised. Negotiations were conducted, facilitated by the health district, between the two principal provider groups to negotiate equitable levels of commitment.

Public Health Learning Project Columbus Health Department

In April of this year, the Columbus Health Department implemented an unprecedented learning opportunity for its entire staff. Implemented collaboratively with the Franklin County Health Department, the project is an effort to establish a baseline understanding in 650 staff of public health's history and current status as well as the role each employee plays in its future. The project began with a kick-off event featuring national speakers and now consists of a four module training program for all employees to be implemented over the next year.

In 1995, the Columbus Health Department reorganized, moving from a more traditional hierarchical public health department to a team based organization. Through the reorganization, the Department enhanced its assessment and health planning functions while at the same time maintaining the majority of its direct clinical services. Much of the driving force behind this reorganization were the changes occurring in public health throughout the country including the impact of managed care, reduced reimbursements, the need for population based services, and emerging infectious diseases.

This has been a fluid process over the past three years, one that has meant continually monitoring our successes, our needs and what we call our burning platforms. One of the key messages that we have tried to convey to staff throughout this process has been that public health is changing and that our department may look very different in five or ten years. Each employee has an opportunity and responsibility to help shape the future of the department. Based on some of the responses to this message, however, it became clear that what was lacking in our department was a common understanding of public health, its principles, history and tradition.

The Department contracted with the Center for Public Health Practice in the Rollins School of Public Health at Emory University to help us develop our learning curriculum. A cross-department planning team was convened to help develop the curriculum and assist in administering a survey to all employees which sought to determine their current understanding of public health principles, practices, functions and priorities. The four modules are:

- Public Health in Transition
- Leadership and Employee Empowerment
- Partnership and Collaboration
- Systems Thinking

Module I was completed in May and evaluated; Module II was just recently finished and the evaluation is not yet completed. The content for each module has been videotaped and will be used in an edited format for future orientation and continuing education activities.

West Virginia Bureau for Public Health Workforce Development

The West Virginia Bureau for Public Health has been actively and effectively engaged in responding to broad workforce development issues since the 1988 Institute of Medicine (IOM) Report, *The Future of Public Health*, using strategic partnering, legislative initiatives and technological infrastructures to forge dynamic channels of education and communication.

Stimulated by the IOM Report, the West Virginia Public Health Association formed a task force to take a strategic look at the state's public health system, including workforce activities. Progress has been tracked annually by our public health partners. Reports, white papers, presentations for the State Legislature, development of the state's first MPH Program, commitment to leadership development, and significant technological advances have been the major driving forces over the past decade.

Most importantly, however, the key to staying on target with workforce development has been a vision...a multi-tiered plan of attack. Developed in 1994, this plan, along with a three-year grant from the Centers for Disease Control and Prevention, Information Network for Public Health Officials, (The West Virginia INPHO Project) has helped to focus our attention and available resources to incrementally accomplish the mission of advancing modern public health communication technology and workforce development within the Mountain State. Gaining the support of the State Legislature in 1998, the Bureau is now addressing continually evolving public health issues through the WV Public Health Transitions Project, a dynamic philosophy of reacting with, and not to, public health trends as they emerge.

The West Virginia Bureau for Public Health has made great strides in education of its workforce since the inception of the Public Health Training Center in 1936, including, graduating the first class of students in the Master in Public Health Program from the West Virginia University School of Medicine, in May 1998; and, graduating the first scholars from the TriState Public Health Leadership Institute of North Carolina, Virginia and West Virginia, in November 1998. Currently our focus is on instituting health officer telephone seminars, to improve communications among local health officers with the WV Bureau for Public Health, developing effective partnerships to ensure that West Virginia's public health officers are educationally prepared and trained to practice effectively in a changing health care environment, addressing

the issue of how we strengthen and enhance the educational competencies of our workforce through the Continuing Education Committee of the WV Public Health Association which will develop section-specific priorities among the competencies.

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Center for Health Leadership

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