

Case Study B – Public Health Workforce Development

Public expectations have demanded heightened emergency preparedness and response and focused a spotlight on public health workforce preparedness. Concerns that public health workers are not fully prepared to respond to a wide range of threats, hazards, and emergency events have led to expanded efforts to increase the skill and competency levels of the public health workforce. This case study examines public health workforce preparedness in one state from a performance management perspective.

The State Department of Public Health (SDPH) is responsible for protecting and promoting the health of the state's 15 million residents. The SDPH has seven regional offices, three labs and more than two thousand employees. The state is comprised of 100 counties served by 98 Local Health Departments (LHD) that must meet standards established by SDPH for basic public health services. LHDs also receive a variety of grants and contracts from SDPH for specific categorical programs and services, including a very large and relatively new one for Bioterrorism and Emergency Preparedness. There are approximately 10,000 full and part time employees working in SDPH and the state's LHDs.

As part of the overall state Bioterrorism and Emergency Preparedness Program a learning management system (LMS) was developed and deployed in collaboration with a neighboring state's school of public health (SPH). The statewide LMS is web based and incorporates an online worker assessment tool based on competencies linked to courses organized around the same competencies. The overall framework is consistent with the national competency formulations advanced by the Council on Linkages between Academia and Practice and with the National Bioterrorism and Emergency Readiness Competencies. Basic competencies for all public health workers, cross-cutting competencies for front line and more senior public health professionals, and specialized competencies in emergency preparedness and response are then addressed in courses that have been developed by the SPH and by the state and local agencies. SDPH requested that each LHD administer this assessment tool to determine the level of preparedness in the state.

The assessment process focuses on nine basic public health job roles linked to the Core Public Health Competencies and the Emergency Preparedness and Response Competencies. All staff members of the LHDs were assigned one of these nine job roles and directed to complete the self assessment tool on the LMS. The self assessment tool is designed to self-assess the level of competency within their assigned job role. Each staff member rated their level of confidence in their ability to perform each competency expectation. After the staff completed the assessment an automatic individualized report was generated. Each LHD compiled their staff assessments to create an aggregate report.

Based on these aggregate reports, SDPH assessed the preparedness of LHDs. Ninety percent of the local public health agency staff completed the online self-assessment tool. Aggregated reports identified that 67% required training in one or more of the nine emergency response and bioterrorism preparedness core competencies. The reporting

capability of this system allowed for SDPH to determine specific training needs for the various functional roles across all LHDs. Based on this analysis training programs and courses were planned to address the needs that were identified in the assessment process.

After 3 months of training, all LHDs were reevaluated and the results were compared to those from the previous assessment. The second assessment showed that 80% of the staff felt confident in all areas of emergency response and bioterrorism preparedness. Based on these results SDPH established new guidelines for the next year's Bioterrorism funding for LHDs requiring that each LHD provide evidence that all staff undergo a complete competency-based assessment at least annually and that 90% of all LHD staff are competent in the nine emergency readiness and bioterrorism competencies. New employees must be assessed and trained (if necessary) within ninety days of being hired.

Case Study B - Discussion Questions

This case study describes a public health workforce development effort and includes aspects of performance management in order to accomplish this end. The following questions focus on performance management issues involved in public health workforce development efforts.

1. Identify the target of this performance management application. Whose or what's performance is being improved?
2. Describe what the performance accomplishment is this case study.
3. Which of the four components of performance management are evident in this case study? Which are not?
 - Does this case study demonstrate the use of performance standards? How?
 - Does this case study demonstrate the use of performance measurement? How?
 - Does this case study demonstrate the use of reporting performance? How?
 - Does this case study demonstrate the use of quality improvement? How?
4. Which specific performance management components in this case study could be enhanced? How?
5. If a companion activity were to be conducted at the local level, what approaches might be taken to incorporate the performance management components?
6. Have you been (or are you now) involved in a human resources or workforce development effort? If so, which components of comprehensive performance management were in place? What suggestions do you have for improving that effort?

Case Study B – Discussion Questions: Facilitator’s Notes

1. Identify the target of this performance management application. Whose or what’s performance is being improved?

- This case study is focused on improving the level of workforce preparedness in local health departments.

2. Which of the four components of performance management are evident in this case study? Which are not?

- All four components were evident in this case study. A **performance management system** is the continuous use of the 4 performance management components so that they are integrated into an agency’s core operations. Performance management can be carried out at multiple levels, including the program, organization, community, and state levels. However it is applied, the performance management cycle is a tool to improve health, increase efficiency, and create other benefits and value for society.

(a) Does this case study demonstrate the use of performance standards? How?

- Performance standards include identifying relevant standards, selecting indicators, setting goals and targets and communicating expectations. Performance standards are objective standards or guidelines that are used to assess an organization’s performance. They may be based on national, state or scientific guidelines or be based on the public’s or leaders’ expectations.
- In this case study, the standards are the competencies used within the assessment tool. These competencies are based on national standards set by the Council on Linkages between Academia and Practice and with the National Bioterrorism and Emergency Readiness Competencies developed through NACCHO’s Public Health Ready initiative.

Note: For additional questions refer to Section II: Performance Standards of the Performance Management Self-Assessment Tool.

(b) Does this case study demonstrate the use of performance measurement? How?

- Performance measurement is the refining of indicators and defining measure. Performance measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator. It also includes developing a data system which can collect the data based on the measures.

- The LMS is the data system that was developed to collect data. The online worker assessment tool based on competencies is the performance measure. The indicators were refined by assigning LHD staff members one of the nine job roles within the LMS.

Note: For additional questions refer to Section III: Performance Measurement of the Performance Management Self-Assessment Tool.

(c) Does this case study demonstrate the use of reporting performance? How?

- The reporting of performance component includes analyzing data, feeding data back to managers, staff, policy makers, and constituent, and developing a regular reporting cycle.
- The individual reports were compiled and an aggregate report was created. Based on these reports, SDPH assessed the preparedness of the LHD staff. The reports also were analyzed to determine specific training needs. This data was fed back to the state and local health departments as well as individual workers. A regular reporting cycle was established.

Note: For additional questions refer to Section IV: Reporting of Progress of the Performance Management Self-Assessment Tool.

(d) Does this case study demonstrate the use of quality improvement? How?

- Quality improvement process relies on the use of data for decisions to improve policies, programs and outcomes, then manage those changes and create a learning organization.
- Based on the data from the reports, new policies were created for both current employees and new hirers.
- After a significant competency based training, employees are reevaluated to track changes in competencies. By instituting reevaluation of employees annually, the state is taking actions to improve performance and accountability.

Note: For additional questions refer to Section V: Quality Improvement Process of the Performance Management Self-Assessment Tool.

3. Which specific performance management components in this case study could be enhanced? How?

- Performance Measurement – Have managers complete the assessment tool for the employees for interrater reliability.
- Reporting of Progress – The SDPH should additionally complete the same evaluation for its staff. By additionally evaluating their staff, it will provide a more accurate assessment of the state’s preparedness.

- Quality Improvement Process - Same policies could be applied at the state level.
- Additional Questions to Discuss:
 - Is there a set specific performance standards, targets, or goals? How do you determine these standards? Is there benchmark against similar state organizations or use national, state, or scientific guidelines?
 - Is there a way to measure the capacity, process, or outcomes of established performance standards and targets? What tools do you use to assist in these efforts?
 - Is there documentation or reporting of progress? Is this information regularly available to managers, staff, and others?
 - Is there a quality improvement process? What do you do with the information gathered in the progress report or document? Is there a process to manage changes in policies, programs, or infrastructure that are based on performance standards, measurements, and reports?

4. If a companion activity were to be conducted at the local level, what approaches might be taken to incorporate the performance management components?

- The local health departments can use this process to evaluate the level of preparedness for its employees. Training plans can be developed by supervisors for specific functional roles, as well as for individual workers based on the individualized reports.
- Individualized assessments can be re-administered and compared to the previous assessment by a supervisor on an annual basis or following a significant competency based training.

5. Have you been (or are you now) involved in a human resource or workforce development effort? If so, which components of comprehensive performance management were in place? What suggestions do you have for improving that effort?

- Use the Performance Management Self-Assessment Tool to help identify all the components of the system that should be applied.