



Norwalk Health Department Workforce Needs Assessment Report February 26, 2013

Background & Purpose

Public Health Accreditation Board (PHAB) measure 8.2.1 A requires a health department workforce development plan that addresses the training needs of staff and the development of nationally adopted core competencies. The Norwalk Health Department was fortunate to have the support of the Connecticut-Rhode Island Public Health Training Center (CT-RI PHTC) in planning their approach to addressing these requirements. The Assistant Director of the CT-RI PHTC offered to support local health departments in conducting a competency-based training needs assessment. On October 11, 2012 staff from the Ledge Light Health District, Naugatuck Valley Health District, Norwalk Health Department, Waterbury Health Department, and the CT-RI PHTC met to discuss how the Center could support local health department workforce development efforts as they relate to PHAB accreditation. The group discussed different approaches to training needs assessments, including surveying staff to prioritize their perceived needs and interests, surveying staff or interviewing staff to assess competency levels, and conducting a workshop with staff to prioritize competencies. The group decided the most efficient method would be to conduct a workshop with a facilitator to introduce staff to the core competencies and then prioritize them for inclusion in the workforce development plan using quality improvement tools.

Utilizing resources CT-RI PHTC staff researched and additional resources Norwalk Health Department staff identified from the Public Health Foundation, the Project Coordinator of the Norwalk Health Department designed the methodology for the assessment. On December 18, 2012 members of the Norwalk Health Department Accreditation Workgroup met to complete the assessment. The Accreditation Workgroup consists of staff from all divisions of the department and front-line and management staff. The purpose of the assessment was to determine which Core Competencies for Public Health Professionals from the Council of Linkages to focus on within the agency workforce development plan.

Methods

At the meeting prior to completing the assessment, the Project Coordinator reviewed PHAB requirements for workforce development, described the Core Competencies, facilitated a discussion on the Core Competencies, and described how quality improvement tools can help prioritize the Core Competencies. The Project Coordinator facilitated the workforce assessment with the help of the Project Assistant. Staff first completed a Prioritization Matrix (Figure 1), comparing staff perceptions on relevancy for each of the Core Competencies. They compared each competency to determine which was more relevant to the entire department. The Project Coordinator posed this question to the group for each comparison, "Are _____ skills more, less, or equally relevant to the entire health department than _____ skills?" The following numerical scale was utilized to assign the comparison values: 1– equally important, 5 – significantly more important, 10 - exceedingly more important, 1/5 - significantly less important, 1/10 - exceedingly less important. Each comparison prompted staff members to explain their reasoning for why they thought a particular competency was more relevant than another, which often resulted in staff changing their opinions. The numerical scores for each competency were determined by majority vote when group consensus was not reached. Scores for each competency were then tallied and the rank of competencies was determined.

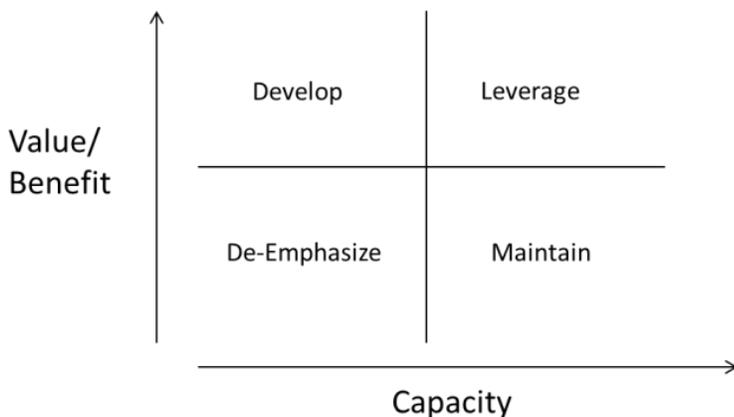
Figure 1: Core Competencies Prioritization Matrix

Are _____ skills more, less, or equally relevant to the entire health department than _____ skills?	Analytical/ Assessment	Policy Dev./ Program Planning	Communi- cation	Cultural Competency	Community Engagement	Public Health Science	Financial Planning & Mngt	Leadership & Systems Thinking	Score	Rank
1. Analytical/Assessment										
2. Policy Development/ Program Planning										
3. Communication										
4. Cultural Competency										
5. Community Engagement										
6. Public Health Science										
7. Financial Planning & Management										
8. Leadership & Systems Thinking										

*Note: The title of Domain 5 was changed to Community Engagement from Community Dimensions of Practice Skills because this term was easier for staff to understand.

The top five competencies ranked from the Prioritization Matrix were then further narrowed using a modified PICK Chart exercise. The PICK chart is a Lean Six Sigma tool developed to identify and prioritize opportunities for improvement by evaluating the payoff and the ease of implementing changes. For the workforce assessment, staff used benefit/value and capacity level as the decision criteria. Staff individually scored the five remaining competencies on a scale of 1-5, first on the current capacity level staff exhibit and then on the value and benefit they place on the specific competency. The individual scores for each item were then tallied to get total group scores. The group scores were then placed on a 2x2 matrix (Figure 2), the horizontal axis representing capacity and the vertical axis representing value/benefit. The goal was to choose competencies that staff placed a high value and benefit on and had lower capacity levels, which would be placed in the upper left quadrant of the 2x2 matrix. Based on the results, the staff chose two competencies for inclusion within the workforce development plan.

Figure 2: Core Competencies PICK Chart



Participants

The following members of the Norwalk Health Department Accreditation Workgroup participated in the workforce needs assessment: Theresa Argondezzi (Health Educator), Cindy Bermudez (Bilingual Receptionist), Tim Callahan (Director of Health), Tom Closter (Director of Environmental Services), Deanna D’Amore (Project Coordinator), Megan DiMiglio (Project Assistant), Patricia DiPietro (Office Manager/ Lab Technician), Lynette Gibson (HIV/AIDS Program Coordinator), Darleen Hoffler (Supervisor of Clinical Services), Bill Mooney (Registered Sanitarian), and Len Nelson (Emergency Preparedness Coordinator).

Results

Staff determined Communication, Cultural Competency, Community Dimensions of Practice (Community Engagement), Financial Planning and Management, and Policy Development/Program Planning as the top five most relevant competencies to focus on through completing the Prioritization Matrix exercise (Figure 3). Communication and Cultural Competency were the clear top two choices. Leadership and Systems Thinking scored particularly low, with staff commenting that these skills only apply to a small amount of people.

Figure 3: Core Competencies Prioritization Matrix Results

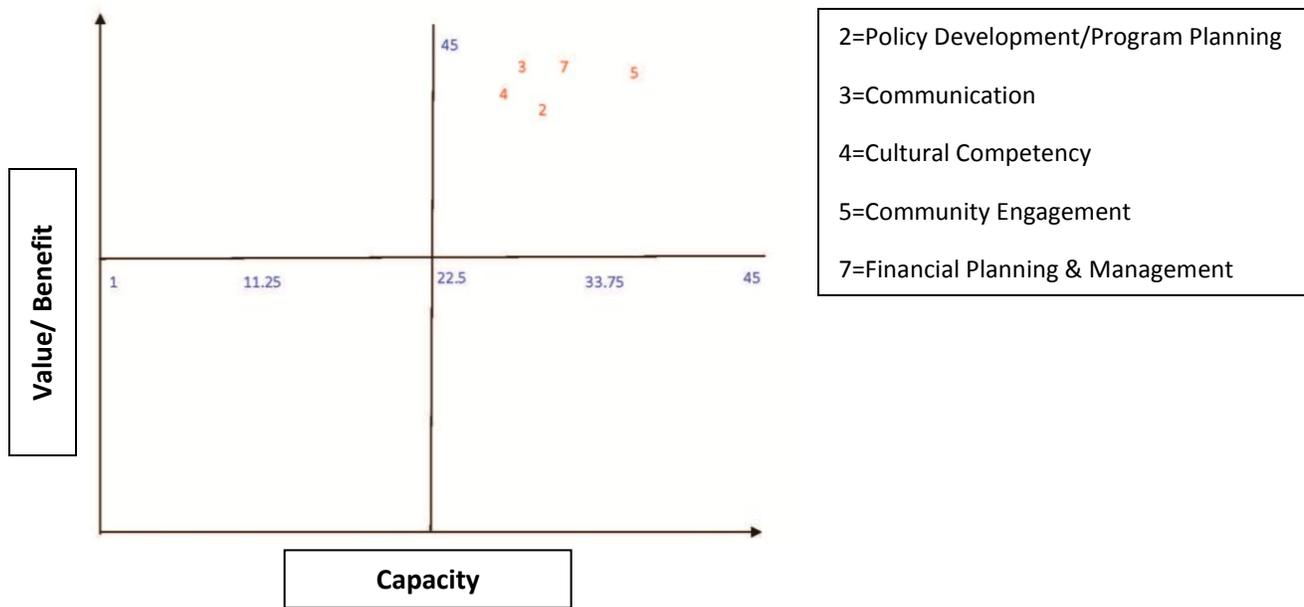
Are _____ skills more, less, or equally relevant to the entire health department than _____ skills?	Analytical/ Assessment	Policy Dev./ Program Planning	Commun- ication	Cultural Competency	Community Engagement	Public Health Science	Financial Planning & Mngt	Leadership & Systems Thinking	Score	Rank
1. Analytical/Assessment		5.0	1.0	0.2	0.2	1.0	0.2	5.0	12.6	6
2. Policy Development/ Program Planning	0.2		0.2	1.0	1.0	5.0	1.0	5.0	13.4	5
3. Communication	1.0	5.0		1.0	5.0	5.0	5.0	5.0	27.0	1
4. Cultural Competency	5.0	1.0	1.0		5.0	5.0	5.0	5.0	27.0	1
5. Community Engagement	5.0	1.0	0.2	0.2		5.0	0.2	5.0	16.6	3
6. Public Health Science	1.0	0.2	0.2	0.2	0.2		5.0	5.0	11.8	7
7. Financial Planning & Management	5.0	1.0	0.2	0.2	5.0	0.2		5.0	16.6	3
8. Leadership & Systems Thinking	0.2	0.2	0.2	0.2	0.2	0.2	0.2		1.4	8

Staff determined Cultural Competency and Communication as the final Core Competencies to include within the workforce development plan. They were both the lowest scoring capacity levels, and staff also placed high value and benefit to them. The total group scores for all the competencies are listed below (Table 1). Because no competencies were low capacity and all were perceived as having high value and benefit, the group decided to select the lowest scoring capacity competencies. The group scores are also shown in the 2x2 matrix (Figure 4).

Table 1: Group Scores for Capacity and Value/Benefit Criteria

Core Competency	Capacity Group Score	Value/Benefit Group Score
2. Policy Development/Program Planning	31	37
3. Communication	30	43
4. Cultural Competency	26	41
5. Community Engagement	35	42
7. Financial Planning & Management	32	43

Figure 4: 2x2 Matrix



Lessons Learned

Staff found the second exercise, the modified PICK, to be much easier to complete than the Prioritization Matrix. It took one hour and ten minutes to complete both exercises, with the majority of time being spent on the Prioritization Matrix. Staff did say that they became more comfortable with completing the Prioritization Matrix the further along they got in the exercise. When the workforce assessment is completed again in the future, staff will be asked to complete a practice Prioritization Matrix on a simpler topic. This is so that they are able to get familiar with the matrix first, before applying comparisons with the competencies.

Staff found many benefits to participating in the assessment and utilizing quality improvement tools. The tools allowed the staff to have equal input, narrowed the focus of workforce development to the most important department-wide topics, increased the chances of following through with the plan because of wide staff involvement, and reduced the chances of selecting someone’s “pet project”.

Resources

- “3-Step Competency Prioritization Sequence”. Public Health Foundation.
http://www.phf.org/resourcestools/Pages/3Step_Competyency_Prioritization_Sequence.aspx
- “Core Competencies for Public Health Professionals”.
http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx
- “How to Focus Your Training and Professional Development Efforts to Improve the Skills of Your Public Health Organization”. October 31, 2011. Workshop PowerPoint presentation for the 2011 APHA Annual Meeting.
http://www.phf.org/resourcestools/Pages/APHA2011_Prioritization_Matrix_Core_Competyencies.aspx
- “How to Focus Your Training and Professional Development Efforts to Improve the Skills of Your Public Health Organization”. March 2012. White Paper.
http://www.phf.org/resourcestools/Pages/Core_Competyencies_Prioritization_White_Paper.aspx