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Applied Research Education Lifelong Learning

Planning for the Future of Public Health:

Assessment of Michigan's Public Health Workforce

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Presentation Outline

- Background
- II. Methodology
- III. Measures and Indicators
- IV. Results
- V. Recommendations
- VI. Next Steps

Background

- The Michigan Public Health Workforce Assessment was developed and conducted through a workgroup convened by the Michigan Department of Community Health to determine the training priorities for stateemployed public health workers
- The workgroup consisted representatives from:
 - Michigan Department of Community Health
 - Michigan Department of Agriculture
 - Local health departments
 - Michigan Association for Local Public Health
 - UM SPH Office of Public Health Practice











Methodology

- Target audience: all workers in the MDCH Public Health Administration; selected workers in MDA Food & Dairy Division
- Data collection was done using SurveyMonkey.com
- A two-week pilot assessment was conducted at MDCH and MDA in January 2007

Methodology, cont.

- Formal data collection occurred between March 12 and April 23, 2007
- Eligible individuals were identified and sent a recruitment e-mail by an administrator at MDCH or MDA
- Reminder e-mails were sent throughout the data collection period

Specific Measures and Indicators

Work and educational background:

- Highest level of education attained
- Field(s) of study
- Job category: descriptions adapted from HRSA's Public Health Enumeration 2000
- Number of years of experience in current position, agency, and public health
- Anticipated number of years to remain in the public health workforce

Measures and Indicators, cont.

Competency Assessment:

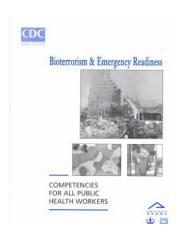
Essential Public Health Services competencies

32 competencies adapted from the 10 Essential Public Health Services

Respondents rated the *importance level* of the competencies to their daily job, as well as their level of proficiency for each competency

2. Emergency preparedness and response

Respondents rated the *importance level* of 18 competencies to their role in emergency response, as well as their level of proficiency for each competency



Measures and Indicators, cont.

- **Emergency Response- attitudes and beliefs**
- Training preferences:
 - Course formats
 - Preferred training topics
 - Barriers to participating in training
- Additional comments: Respondents had the opportunity to record additional comments regarding the assessment at the end of the survey

Data Analysis Techniques

- SPSS v. 12
- Frequency distributions
 - Demographic characteristics
 - Training preferences
 - Emergency response attitudes and beliefs
 - Essential service and emergency preparedness competencies
- "Bureau"-specific analysis
 - Bureau of Epidemiology (Epi)
 - Bureau of Family, Maternal and Child Health (FMCH)
 - Bureau of Health Promotion and Disease Control (HPDC)
 - Bureau of Laboratories (Lab)
 - Office of Public Health Preparedness (OPHP)
 - MDA Food and Dairy Division (MDA)
- Units with fewer than 10 respondents were not included in the stratified analysis

Response Rate

 A total of 779 individuals were identified as eligible to participate in the study

 The overall response rate was 62% (483/779)

RESULTS

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Respondent Profile

Sex: 78% female

- FMCH: 87% female

- Lab: 64% female

- Age: 40% are 50-59 years of age
- 40% have master's degree
 - 33% of those with master's degree have MPH
- Years before departure from public health: nearly 40% departing in 9 years or less

Job Categories

Job Category	Overall n(%)
Administrative Business Staff	11 (2)
Administrative Support Staff	76 (16)
Administrative/Business Professional	29 (6)
Computer Specialist	18 (4)
Public Health Professional	327 (72)

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Key Findings-

Essential Service Competencies:

- Respondents generally reported <u>high proficiency</u> for 31 of 32 competencies
- 48.2% of respondents reported only medium proficiency for the following competency:
 - "Understand and develop processes to change policies and protocols in your community as needed"
 - 44% identified this competency as very/extremely important

Top Two Competency Needs by **Essential Public Health Service**

	Epi	FMCH	HPDC	Lab	ОРНР	MDA
ES 4- Mobilize Partnerships						
ES 5- Develop Policies						
ES 6- Enforce Laws		•			• •	
ES 7- Link to/Provide Care				• •		
ES 8- Assure Competent Workforce						
ES 9- Evaluate Effectiveness						

Key Findings-

Emergency Preparedness Competencies:

- Highest proportion of respondents reported high proficiency in 12 of the 18 competencies
- Highest proportion of respondents reported medium proficiency in 4 competencies:
 - "Develop and adapt emergency responses to take into account barriers and cultural differences"
 - "Identify populations who may encounter barriers in receiving health services during an emergency"
 - "Use current federal, state, and local laws/regulations/ordinances that protect the public's health and understand how they affect your role in response to a specific emergency situation"
 - "Describe the incident command structure in your organization"

Emergency Preparedness Key Findings, cont.

- Highest proportion of respondents reported low proficiency in 2 competencies:
 - "Correctly use a 800 MHz radio for emergency communication"
 - "Refer victims or response personnel to mental health professionals for critical and incident stress counseling and management"

Attitudes and Beliefs-Emergency Response

Percent of respondents indicating "Yes"

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	All	Epi	FMCH	HPDC	Lab	OPHP	MDA		
Do you have a defined role in a public health emergency (e.g. chemical spill, pandemic influenza, natural or manmade disaster)?	29%	36%	4%	2%	63%	87%	67%		
Have you received any training that addresses your role during a public health emergency?	40%	45%	18%	17%	68%	93%	94%		
Would pre-event training increase your likelihood for participation in an emergency response?	73%	71%	70%	76%	68%	80%	78%		
Do you have a plan for your family during an emergency situation?	47%	47%	45%	36%	42%	83%	56%		

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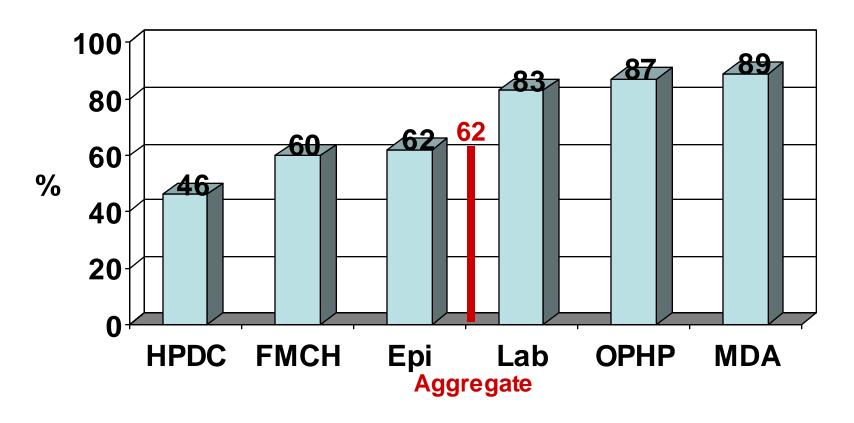
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Attitudes and Beliefs-Emergency Response

Percent Very Likely to Report to Work in a Public Health Emergency





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Key Findings- Training

Training Format Preferences (top 2):

- Face-to-face training within their county
- Computer-based training

Barriers to Training (top 3):

- Little time available at work to participate in courses
- Relevance of course offerings to daily job
- Lack of financial resources to support taking courses

Preferred Training Topics (top 2):

- Leadership skills
- Management skills

Recommendations

- Provide workers with opportunities and/or incentives to take training
- Define workers' roles in emergency response
- Offer specialized training for emergency responders
- Address barriers to participating in emergency response, including encouraging and supporting staff in developing family preparedness plans
- Offer leadership and management training to prepare emerging public health leaders
- Encourage training in face-to-face and online formats

Next steps

- Work with statewide workforce development committee to develop a training plan for public health workers
- Determine how to apply findings to local public health
- Create training opportunities in correspondence to these results

Questions?

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