

**Public Health Foundation:
Assisting Local Health Departments to
Assess Workforce Capacity Needs
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Session Overview

- Assessing local health department workforce capacity – tools and methods
- Prioritizing workforce capacity needs
- Using workforce capacity analysis to address staffing needs

Public Health Foundation

Vision:

Equitable and Optimal Health and Well-Being for All

Mission:

Advance the Public Health Workforce to Achieve Optimal Organizational Excellence

www.phf.org

Experts in Quality Improvement, Performance Management, and Workforce Development



PHF's Performance Improvement Services

- ↵ Onsite and Remote Performance Improvement Services
 - ▷ Workforce capacity assessments
 - ▷ Prioritizing Core Competencies
 - ▷ Workforce development action planning
 - ▷ Quality improvement and performance management
- ↵ Past 12 years – more than 500 local, state, tribal, and territorial health departments received onsite or remote services
- ↵ More information available at www.phf.org/piservices

PHF Workforce Assessment for WCHD

- Calculate basic staffing needs for providing Foundational Public Health Services
 - First field application/practice translation of calculator output
- Review key Washoe County Health District (WCHD) documents and provide context
 - Seek comparators and appropriate literature
- Site visit for exploration of Workforce capacity/workload
 - Current and future

PHF Workforce Assessment for WCHD (cont)

- Provide TA for Workforce capacity self-assessment based upon other 21 C models
 - ▷ Data triangulation
- Develop a framework for Workforce investment
- Provide recommendations for further alignment of Workforce capacity with FPHS and WCHD priorities/goals

Foundational Public Health Services

Foundational Areas



Foundational Capabilities


Assessment & Surveillance	Community Partnership Development	Equity	Organizational Competencies
Policy Development & Support	Accountability & Performance Management	Emergency Preparedness & Response	Communications

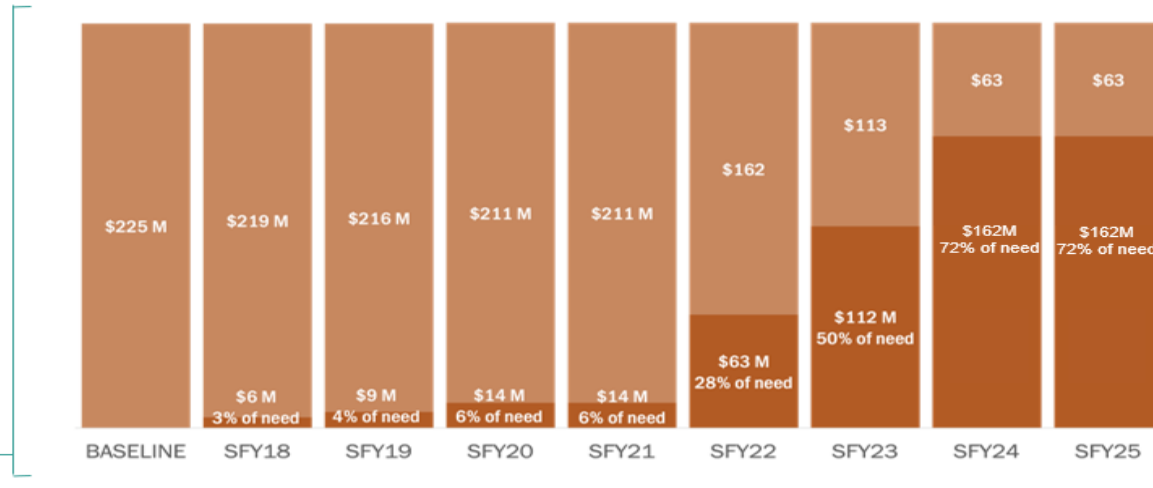
Why do a FPHS staffing/funding gap analysis?

- Support efforts to advocate for additional funding for FPHS in LHDs
- Source of data for organizational strategic and workforce development planning
- Others?

The Washington Experience with FPHS

FPHS in Washington State Estimated **annual funding gap** and **legislative appropriation**

Legend:  Additional funds needed  Legislative appropriation



deBeaumont/CDC/PHNCI Staffing Up Project

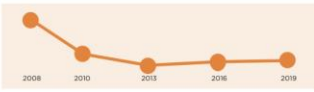
↗ An analysis to estimate the number of state and local public health department staff needed to deliver everyday, basic services adequately and equitably.

Staffing up: Investing to improve public health services and protections

A lack of consistent investment in state and local governmental public health has resulted in a

15%

decrease in staffing, leaving the nation unable to provide basic public health protections.



According to a new analysis by the de Beaumont Foundation and the Public Health National Center for Innovations, the nation needs

80,000

more full-time-equivalent positions in state and local health departments to provide basic community services.



● CURRENT POSITIONS = 103,000 ● TOTAL POSITIONS NEEDED = 183,000

That's an **80%** increase just to provide a minimal set of services that every community needs.



Now is the time to invest in our nation's public health workforce.

To see the full analysis, visit
staffingup.org

Figure 1: New FTEs Needed by Population Served

	Current FTEs for basic foundational public health services	Total FTEs needed for full implementation	Additional FTEs needed for full implementation	Percentage change needed
<25,000	4,000	13,000	9,000	230%
25,000-49,999	5,500	13,000	7,500	140%
50,000-99,999	7,000	15,000	8,000	110%
100,000-199,999	8,500	14,500	6,000	70%
200,000-499,999	14,000	20,000	6,000	40%
500,000+	33,500	51,000	17,500	50%
Local Health Departments	72,500	126,500	54,000	70%
State Health Departments	31,000	57,000	26,000	80%
Total	103,500	183,500	80,000	80%

Source: *Staffing Up: Investing in the Public Health Workforce.*

<https://debeaumont.org/staffing-up/>

deBeaumont/CDC/PHNCI Staffing Up Calculator

Developing a Workforce Calculator

The development of the national estimate relied on modeling existing expenditure and staffing data for a sample of local and state health departments. A partnership between PHNCI, the de Beaumont Foundation, and the Center for State, Tribal, Local and Territorial Support at the Centers for Disease Control and Prevention, will support additional data collection, analysis, and modeling that will guide the development of a public health workforce calculator that will allow health departments to determine the number and type of staff to provide sufficient levels of public health services.

Source: *Staffing Up: Investing in the Public Health Workforce* <https://debeaumont.org/staffing-up/>

We acknowledge the support of the University of Minnesota (Leider, et al), de Beaumont and PHNCI for providing this first field application of the calculator for estimating WCDHD staffing needs for full FPHS attainment

Ohio FPHS costing model

- ↷ In use for the last four fiscal years (N = 72 LHDs in FY 2019)
- ↷ Based on the national FPHS model
- ↷ Used to estimate the gap in funding for FPHS but inputs include staff FTE allocations for FPHS

Recent Addition of PHNCI/PHAB Tool

➤ FPHS Capacity and Cost Assessment

- Excel spreadsheet
- Ties to Public Health Workforce Calculator
- Covers FCs and FAs, not community-specific services
 - Operational definitions provide headline responsibilities and example activities

Documents Reviewed to get us to this point

- Washoe County Health District (WCHD) Strategic Plan, Workforce Plan, CHA/CHIP Action Plan, Equity Assessment, Org charts
- NACCHO Profile data comparisons to WCHD org.charts, PHWINS workforce data
- 21C states doing FPHS work (WA, OR, KY, KS, OH)
- PHNCI Foundational Public Health Services
- County Health Rankings comparisons
- deBeaumont/PHNCI Staffing Up
- deBeaumont Workforce Calculator

Staffing Benchmarks from the NACCHO Profile and PH WINS

NACCHO Profile	Staff FTE/10,000
200,000 - 499,999	4.2
500,000 - 999,999	3.9
WCHD	3.8

NACCHO Profile, PH WINS, and WCHD Staffing Comparison

	Pop >500,000	Staff %	# FTE	Staff %
	NACCHO Profile	PHWINS	WCHD	WCHD
Agency Leadership	3%		7	3.8%
Animal control	1%			
Behavioral Health	9%	7%		
Financial Ops	11%		5	2.7%
Community H worker	4%	2%	7	3%
EH worker	13%	7%	33	18.2%
Epi	4%	5%	9	4.9%
Health Ed	8%	4%	10	5.5%
HEd and Equity			17	9.3%
Information systems	3%		1	0.5%
Lab	2%	4%		
LPN	4%			
Home Health Aide	1%			
Nutritionist	3%		2	1.0%
Office support	17%		43	23.7%
Oral health	1%			
PHP	1%	5%	6	3.3%
MD	1%			
PIO			3	1.6%
RN	13%	18%	30	16.8%
Air Quality			15	8.2%
Grants			4	2.2%
Equity			7	3.8%

Prioritization Exercise

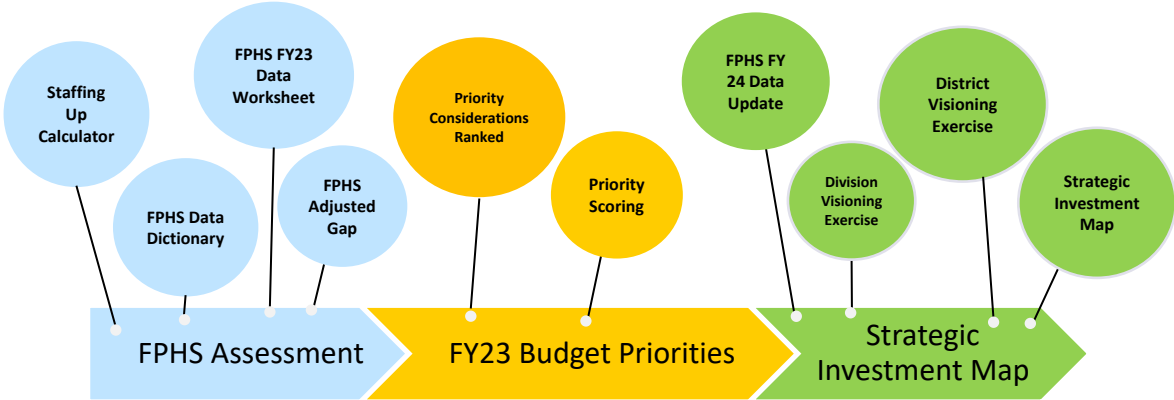
PHF Electronic Prioritization Matrix

Developed for PHF by: Judy Mattingly, M.A. and John W. Moran, Ph.D. *

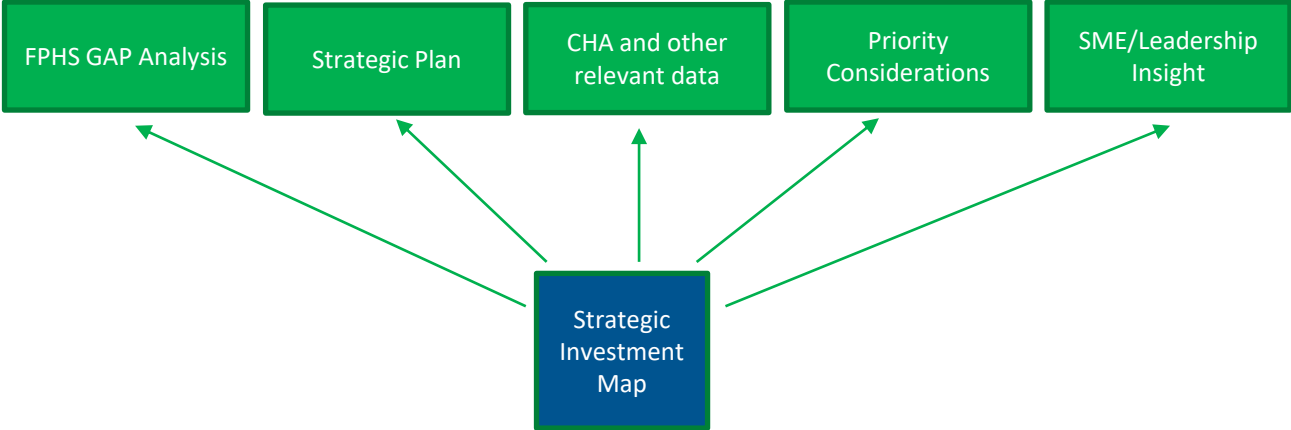
Description:	Prioritization matrices are designed to help narrow the focus for an improvement team before detailed implementation planning.
When To Use:	When the choices are numerous and complex and they have strong interrelationships or there are very limited resources for improvement activities and you must concentrate on the critical few.
Instructions:	Fill in the cells above the black blocks using the following rating scale (ex. If Decision Criteria 1 is much less important than Decision Criteria 2 place .10 (or 1/10) in the first cell). The gray cells below the black blocks, Row Totals, and Ranks will calculate automatically.
Scoring System:	Blank - no relationship 1 - Equal Importance 5 - More Important 10 - Much More Important .20 (or 1/5) - Less Important .10 (or 1/10) - Much Less Important
Interpretation:	Rows with lowest ranks (ex. 1, 2, 3) are the higher

	Maintain	Need	Mandate	Equity	Capabilities	Span	Workload	Revenue	Row Total	Rank
Maintain		5.0	1.0	1.0	5.0	0.2	0.2	1.0	13.4	4
Expand/Need	0.2		1.0	0.2	0.2	0.1	0.1	1.0	2.8	8
Mandate	1.0	1.0		1.0	1.0	0.2	0.2	5.0	9.4	6
Equity	1.0	5.0	1.0		0.2	0.2	0.2	5.0	12.6	5
Capabilities	0.2	5.0	1.0	5.0		0.2	0.2	5.0	16.6	3
Span	5.0	10.0	5.0	5.0	5.0		1.0	5.0	36.0	1
Workload	5.0	10.0	5.0	5.0	5.0	1.0		5.0	36.0	1
Revenue	1.0	1.0	0.2	0.2	0.2	0.2	0.2		3.0	7

WCHD - FPHS Process



WCHD - Strategic Investment Map Inputs



WCHD - FPHS FTE Allocation

Occupation	Program Area/Master Cost Center	FTE (0-1.0)	Assessment (surveillance and epidemiology)	FC1 Adjusted FTE	Emergency Preparedness (All Hazards)	FC2 Adjusted FTE	Communication	FC3 Adjusted FTE	Policy Development and Support	FC4 Adjusted FTE	Community Partnership Development	FC5 Adjusted FTE	Organizational Competencies
ADMINISTRATIVE ASSISTANT I	ODHO	1.00		0.00		0.00		0.00		0.00		0.00	100%
COMMUNITY ORGANIZER	ODHO	1.00		0.00		0.00		0.00		0.00	40%	0.40	60%
COMMUNITY ORGANIZER	ODHO	1.00		0.00		0.00		0.00		0.00	40%	0.40	60%
DEPUTY DISTRICT HEALTH OFFICER	ODHO	1.00		0.00	2.5%	0.03	5.0%	0.05	7.5%	0.08	5.0%	0.05	35.0%
DIRECTOR OF PROGRAMS AND PROJECTS	ODHO	1.00	2%	0.02		0.00		0.00	2%	0.02	30%	0.30	66%
DISTRICT HEALTH OFFICER	ODHO	1.00	3.0%	0.03	5.0%	0.05	7.5%	0.08	10.0%	0.10	7.5%	0.08	50.0%
HEALTH EQUITY COORDINATOR	ODHO	1.00		0.00		0.00		0.00		0.00	10%	0.10	90%
MANAGEMENT ANALYST	ODHO	1.00	5%	0.05		0.00		0.00		0.00	40%	0.40	55%
MEDIA & COMMUNICATIONS SPECIALIST	ODHO	1.00		0.00		0.00	90%	0.90		0.00	10%	0.10	
PROGRAM ASSISTANT	ODHO	1.00	2%	0.02		0.00		0.00		0.00	15%	0.15	83%
PROGRAM COORDINATOR	ODHO	1.00		0.00		0.00		0.00		0.00	20%	0.20	80%
PUBLIC HEALTH COMMUNICATIONS PROGRAM MGR	ODHO	1.00		0.00		0.00	80%	0.80		0.00	5%	0.05	15%
PUBLIC SERVICE INTERN (M)	ODHO	0.20	50%	0.10		0.00		0.00	50%	0.10		0.00	
GOVERNMENT AFFAIRS LIAISON	ODHO	0.60		0.00		0.00	10%	0.06	80%	0.48		0.00	

WCHD - FPHS Gap Analysis FY23 Results

Washoe County Health District FPHS Staffing Levels - Prioritized Gap Estimates of Minimum FTEs Needed for FPHS Implementation

	Current FTE	FTE Need Predicted by Calculator	% of below-the-line FPHS provided by current staffing (difference between current FTE and need predicted by calculator)	% of below-the-line FPHS provided by other entities	Total below-the-line FPHS provided in the community (WCHD + other entities)	FTE need adjusted for FPHS provided by other entities	Priority for new resources: A lot less important (-20%), Less important (-10%), Not more or less important (0%), More important (+10%), A lot more important (+20%)	FTE Need Predicted by calculator and adjusted by priority for resources	FTE need adjusted for FPHS provided by other entities and priority assigned	Adjusted prioritized additional FTE needs
Foundational Capabilities										
Assessment (surveillance and epidemiology)	7.89	10.30	77%	0%	77%	2.41	20%	12.36	12.36	4.47
Emergency Preparedness (All Hazards)	4.71	7.40	64%	10%	74%	1.96	0%	7.40	6.66	1.96
Communication	2.70	5.20	52%	10%	62%	1.98	10%	5.72	5.15	2.45
Policy Development and Support	1.91	3.50	54%	25%	79%	0.72	10%	3.85	2.89	0.98
Community Partnership Development	4.81	4.50	107%	0%	107%	-0.31	20%	5.40	5.40	0.59
Organizational Competencies	24.25	27.40	88%	0%	88%	3.15	10%	30.14	30.14	5.90
						0.00		-	0.00	
Foundational Areas										
Communicable Disease Control	5.08	9.30	55%	0%	55%	4.22	20%	11.16	11.16	6.08
Chronic Disease and Injury Prevention	5.73	19.70	29%	60%	89%	2.15	0%	19.70	7.88	2.15
Environmental Public Health	32.61	36.50	89%	2%	91%	3.16	5%	38.33	37.56	4.95
Maternal/Child/ Family Health	1.16	11.70	10%	65%	75%	2.94	-20%	9.36	3.28	2.12
Access/Linkage with Clinical Health Care	0.22	5.60	4%	80%	84%	0.90	10%	6.16	1.23	1.01
										23.58
Expanded Service Areas										
Communicable Disease Control										
Chronic Disease and Injury Prevention										
Environmental Public Health										
Maternal/Child/ Family Health										
Access/Linkage with Clinical Health Care										

**To Learn More About PHF's Performance
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