

Assessing Workforce Needs: Tools and Techniques from the Public Health Foundation NACCHO 360

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Session Objectives

1. Describe new tools created by PHF that build upon FPHS needs assessment.
2. Discuss additional tools that have been developed by PHF to assist in prioritizing staffing needs.
3. Describe additional methods developed by PHF to aid health departments in evaluating staffing needs for community specific services.
4. Explain how these new tools help align public health strategic plans to assist in guiding future workforce investments.

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
- └ Services tailored to your needs
- └ More information available at www.phf.org/piservices

Foundational Public Health Services

Foundational Areas



Communicable Disease Control

Chronic Disease & Injury Prevention

Environmental Public Health

Maternal, Child, & Family Health

Access to & Linkage with Clinical Care

Foundational Capabilities

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

E Q U I T Y



Why do a FPHS staffing/funding gap analysis?

- Support efforts to advocate for additional funding for FPHS in Local, State, Tribal and Territorial HDs
- Source of data for organizational, strategic, and workforce development planning
- Others?

deBeaumont/CDC/PHNCI Staffing Up Project

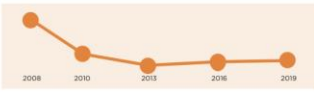
7 An analysis to estimate the number of state and local public health department staff needed to deliver everyday, basic services adequately and equitably.

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

de Beaumont
HELPING COMMUNITIES TAKE ACTION FOR BETTER COMMUNITIES.

phnci*

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/>

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

PHF Additional Resources

- Following our work with several Local Health Departments, the PHF team wrote a journal article for *JPHMP*
- Following its publication (PAP), *JPHMP Direct* posted a blog post, written by the team.

JPHMP article September 2024

Practice Full Report

OPEN

Northern Nevada Public Health: Utilizing the Public Health Workforce Calculator and Workforce Capacity Self-assessment Tools to Develop a Framework for Workforce Investment

Leslie M. Beitsch, MD, JD; Matthew Stefanak, MPH, CPH; Carol Moehrle, BSN, RN; Kevin Dick, BS; Ron Bialek, MPP

JPHMP DIRECT blog



MENU



STRIVING FOR THE MINIMUM PACKAGE OF PUBLIC HEALTH SERVICES: THE NORTHERN NEVADA PUBLIC HEALTH EXPERIENCE

Posted on [June 4, 2024](#) | by [Leslie Beitsch](#), [Matthew Stefanak](#), [Carol Moehrle](#), [Kevin Dick](#), [Ron Bialek](#) | [Leave a comment](#)

Striving for the Minimum Package of Public Health Services: The Northern Nevada Public Health Experience

[Leslie Beitsch, MD, JD](#); [Matthew Stefanak, MPH](#); [Carol Moehrle, RN, BSN](#); [Kevin Dick, BS](#); [Ron Bialek](#)

The FPHS Self Assessment Has Been Completed: What Now?

- ↘ If you have worked on or completed the FPHS tool, Congratulations!
- ↘ You now know the cost of the current FTE, and an estimate of what full staffing would be.
- ↘ The voluminous information gathered can seem daunting.
- ↘ So now what do you do with it all?
- ↘ PHF tools can assist you with next steps.

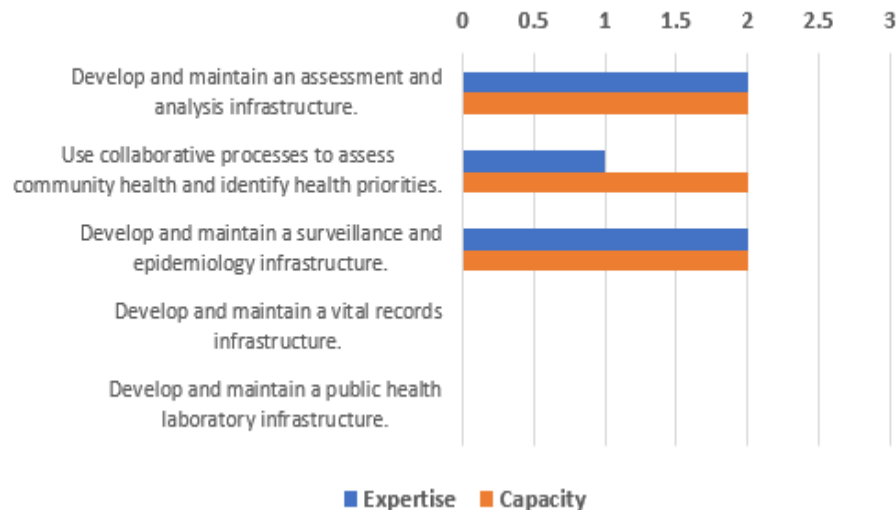
Additional Tools/Resources Available from PHF

- ↵ Capacity and Expertise Assessment
- ↵ Community Specific Services
- ↵ Prioritization Matrix
- ↵ Hiring Flowchart

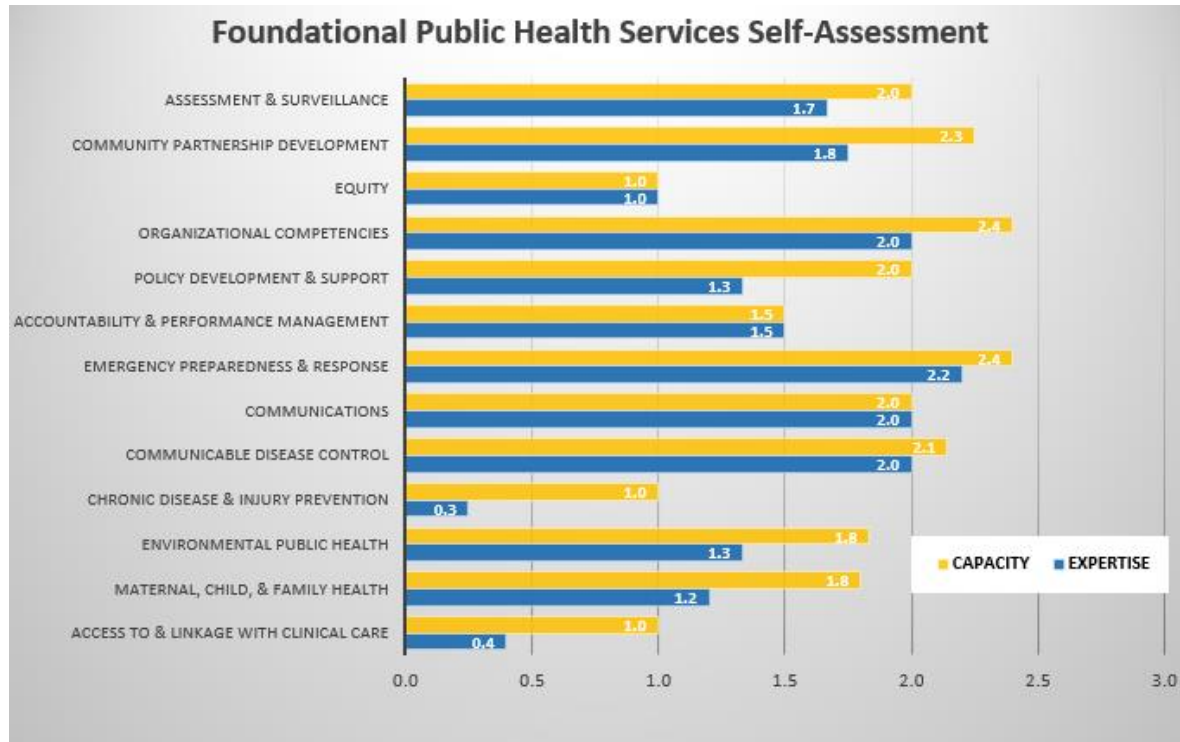
Capacity and Expertise Assessment

Expertise (knowledge, skills, education and experience related to the headline responsibility, Area, or Capability)	Score	Capacity (staff and/or other resources, materials, and supplies to implement the headline responsibility, Area, or Capability)
Not applicable: Provided by another entity.	N/A	Not applicable: Provided by another entity.
Absent: No or basic awareness of the expertise, but limited ability to apply it.	0	Absent: Staff time and other resources are not present or are largely unavailable.
Basic: Knowledge of the expertise and can apply it at a basic level.	1	Minimal: Some staff time and/or other resources are present to complete basic functions.
Proficient: Expertise is available and can be applied adeptly.	2	Moderate: Most staff time and other resources are present to partially implement most functions.
Expert: Expertise is routinely applied and those with the expertise can build it within others.	3	Full: Sufficient staff time and other resources are present to fully implement all functions.

Assessment & Surveillance



FPHS Capacity and Expertise



Foundational PH Services

- FPHS are the basic PH infrastructure necessary to support other activities and programs
 - ▷ Population based services that ensure the health of the community by protecting or promoting health
 - ▷ Services mandated in Law
 - ▷ Services for which PH is the main or primary provider

Guiding Principles of Community Specific Services

- Community Specific Services are more likely to be:
 - ▷ Consistent with CHA/CHIP
 - ▷ Individual or non-population based services
 - ▷ Clinical services
 - ▷ Non-statutory environmental programs
 - ▷ Wrap around services, case management, care coordination

Why Focus on CSS if We Want to Build PH Infrastructure (FPHS)?

- Including an analysis of CSS staffing provides a comprehensive inventory of PH capacity.
- CSS meet the needs of every unique community with a mix of services as reflected in the CHA/CHIP and PH strategic plan.
- The anticipated distribution of the workforce is that CSS has the largest number of staff, while being supported by staff in Foundational Capabilities and Areas.
- The CSS staffing analysis is critical to illuminate the whole picture of staffing needs.

Inventory of Community Specific Services

- └ Listing of CSS by Focus Area and Program—Tracks FAs
 - ▷ Communicable Disease
 - ▷ Chronic Disease and Injury
 - ▷ Environmental Public Health
 - ▷ Maternal, Child and Family Health
 - ▷ Access to Linkage with Clinical Care

CSS example: Communicable Disease Programs

- ↵ Area: Communicable Disease
- ↵ Programs:
 - ▷ Provide Immunizations (international travel)
 - ▷ STI clinical services
 - ▷ TB treatment
 - ▷ HIV/AIDS treatment

CSS example: Chronic Disease & Injury Programs

- ↵ Area: Chronic Disease & Injury
- ↵ Programs:
 - ▷ Diabetes clinical care
 - ▷ Child safety seats
 - ▷ Older adult falls prevention
 - ▷ Workplace wellness
 - ▷ Suicide prevention

Operationalizing Your Findings

↳ Why Prioritize?

Matrix Used in NNPH

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

MATRIX Used in NNPH

	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	Maintain – Maintain positions that are coming off grants but are still needed
Expand/Need	0.2		1.0	0.2	0.2	0.1	0.1	1.0	2.8	8	Expand/Need - New resources to addresses significant public health threat risk, fills significant
Mandate	1.0	1.0		1.0	1.0	0.2	0.2	5.0	9.4	6	Mandate - Needed to meet expanded or new mandate
Equity	1.0	5.0	1.0		0.2	0.2	0.2	5.0	12.6	5	Equity - Promotes equity/addresses identified health disparity
Capabilities	0.2	5.0	1.0	5.0		0.2	0.2	5.0	16.6	3	Capabilities – Assessment/surveillance, partnership, organizational competencies, policy dev
Span	5.0	10.0	5.0	5.0	5.0		1.0	5.0	36.0	1	Span - Brings span of control into acceptable range
Workload	5.0	10.0	5.0	5.0	5.0	1.0		5.0	36.0	1	Workload - Distributes workload to acceptable level
Revenue	1.0	1.0	0.2	0.2	0.2	0.2	0.2		3.0	7	Revenue - Generates revenue (generates fees, covers or partially covers cost, increases capac

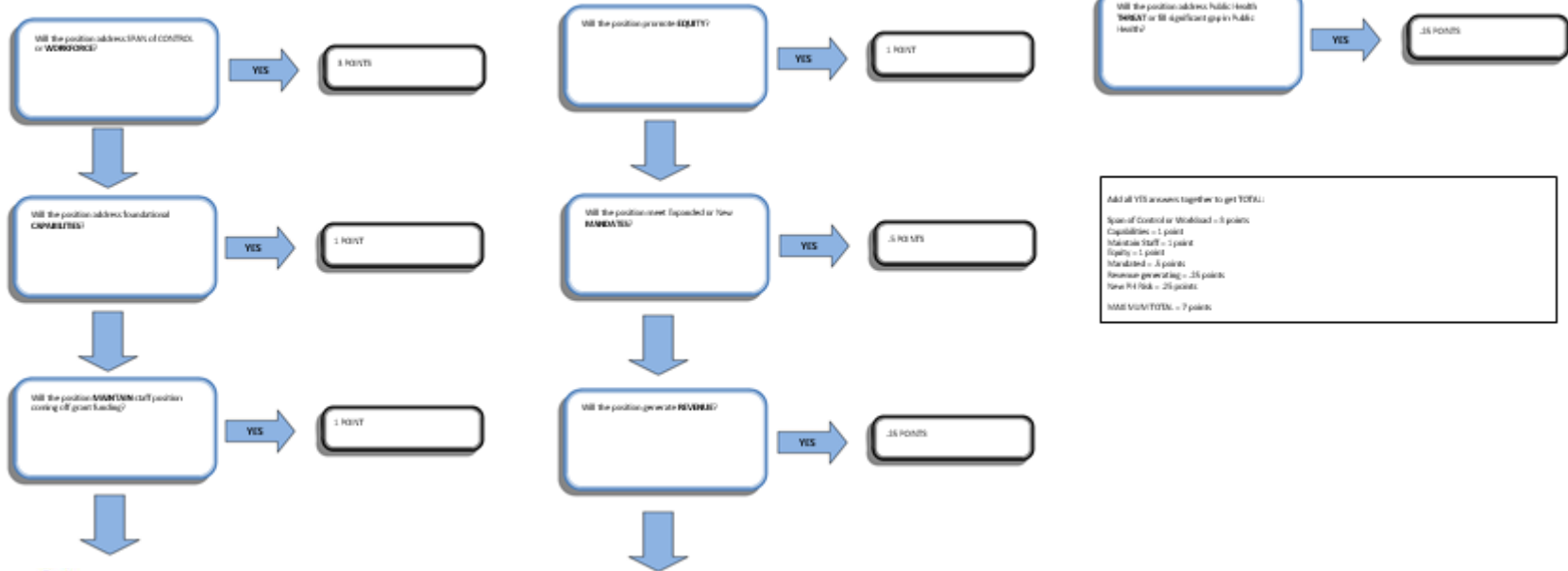
Prioritization Matrix Template

Criterion	Expertise/Cap acity 1	Expertise/Cap acity 2	Expertise/Cap acity 3	Expertise/Cap acity 4	Expertise/Cap acity 5	Expertise/Cap acity 6	Politics	Space	Maintain Service	Need	Mandated Service	Equity focus	Capabilities	Span Control	Workload	Revenue	Support	Strategic Plan	CHIP	Customer Service	Row Total	Rank	
Expert/Capacity 1	1.0																					19.0	1
Expert/Capacity 2	1.0	1.0																				19.0	1
Expert/Capacity 3	1.0	1.0	1.0																			19.0	1
Expert/Capacity 4	1.0	1.0	1.0	1.0																		19.0	1
Expert/Capacity 5	1.0	1.0	1.0	1.0	1.0																	19.0	1
Expert/Capacity 6	1.0	1.0	1.0	1.0	1.0	1.0																19.0	1
Politics	1.0	1.0	1.0	1.0	1.0	1.0	1.0															19.0	1
Space	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0														19.0	1
Maintain Service	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0													19.0	1
Need	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0												19.0	1
Mandated service	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0											19.0	1
Equity focus	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0										19.0	1
Capabilities	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0									19.0	1
Span control	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0								19.0	1
Workload	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0							19.0	1
Revenue	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0						19.0	1
Support	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0					19.0	1
Strategic Plan	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0				19.0	1
CHIP	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0			19.0	1
Customer Service	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	19.0	1

Example of NNPH Hiring Flowchart

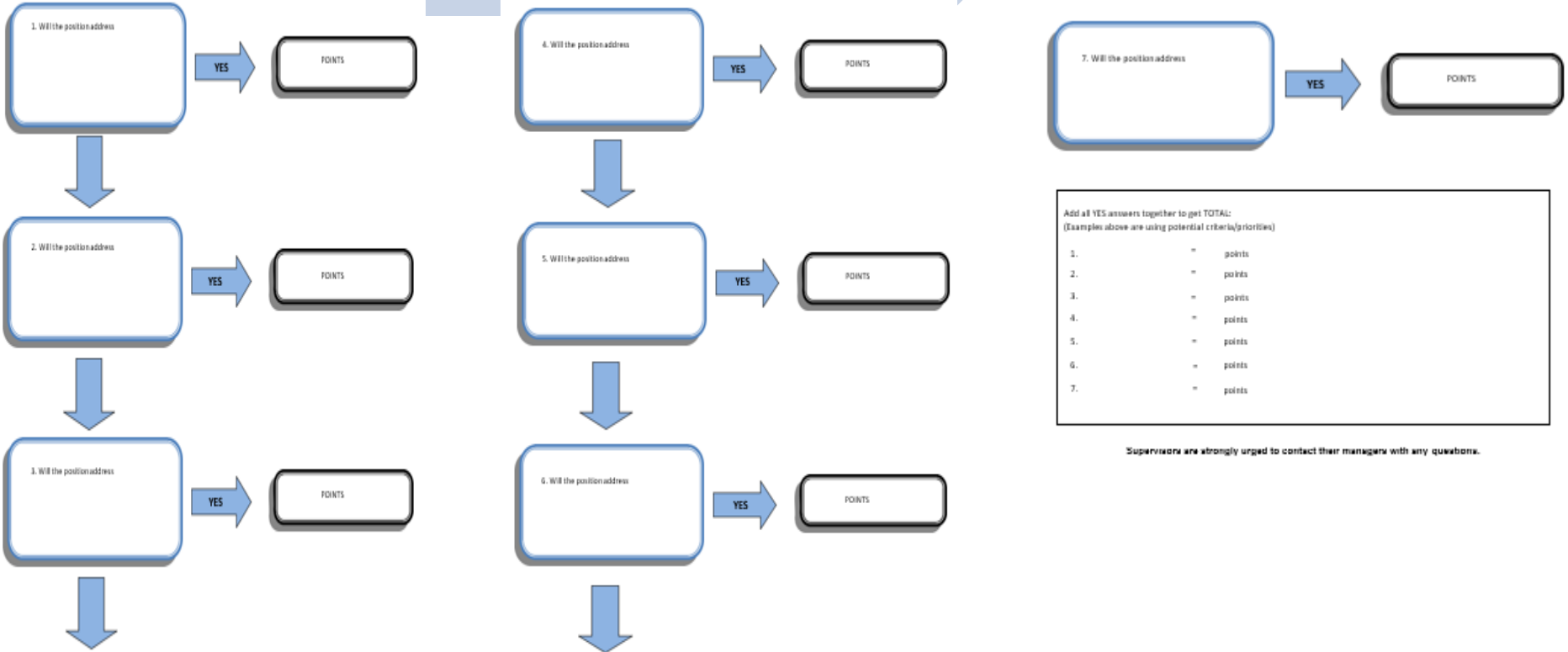
Flow Chart
New Position Decision Tool

Supervisors are strongly urged to contact their manager with any questions.



New Position Decision Tool

Hiring Flow Chart (fillable template)



Add all YES answers together to get TOTAL:
(Examples above are using potential criteria/priorities)

1.	=	points
2.	=	points
3.	=	points
4.	=	points
5.	=	points
6.	=	points
7.	=	points

Supervisors are strongly urged to contact their managers with any questions.

Implications for Practice

- FPHS assessments are important for robust planning processes
- Often FPHS data requires translation to provide immediate utility
- Additional tools from PHF and others will complement and expand on the FPHS
- PH infrastructure is critical, yet may need “packaging” with funders and governing bodies

Questions?

To Learn More About PHF's Performance Improvement Services Contact:

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