PHAB Workgroup

Public Health System Workforce Meeting

May 8th, 2024 9:00 AM – 11:00 AM

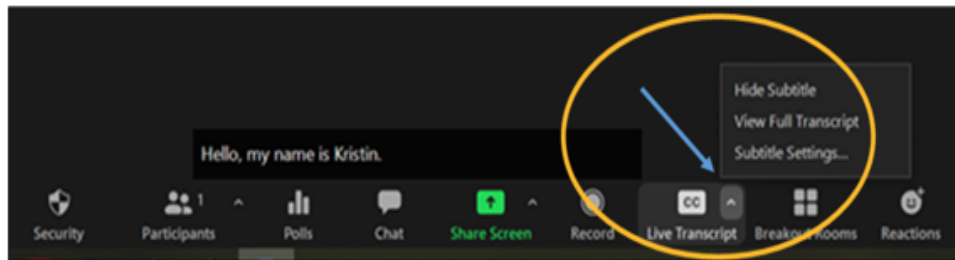Oregon Health Authority

OREGON PUBLIC HEALTH DIVISION

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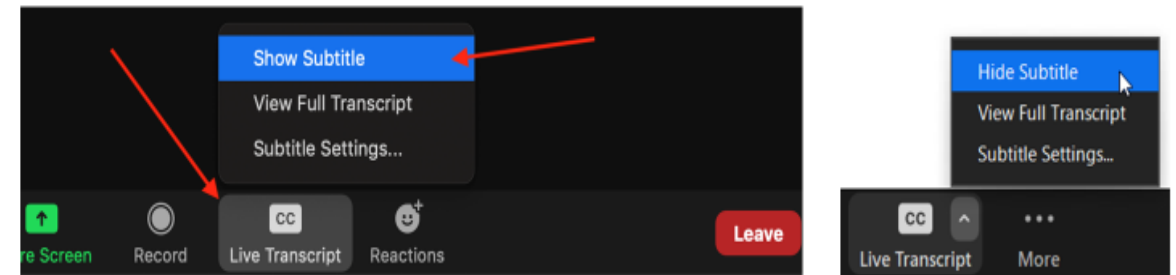
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Opening

Presented by: Nhu To-Haynes

Introduction

Facilitator: Nhu To-Haynes

Workgroup Agenda

Topic	Slide #	Led by	Time
Opening (Intros, review agenda, group agreements)	4-7	Nhu To-Haynes	10 mins
Project Overview & Updates	8-13	Nhu To-Haynes & Kirsten Aird	20 mins
Public Health System Workforce Analysis Update	14 separate ppt	Emily A. Grant, Lena Dechert	15 mins
Facilitated Activity		Nhu To-Haynes	45 mins
Break			10 mins
Facilitated Activity		Nhu To-Haynes	45 mins
Public Comment		Nhu To-Haynes	10 mins
Closing		Nhu To-Haynes	5

PHAB Group Agreements

- Learn from previous experiences and focus on moving forward
- Slow down to support full participation by all group members
- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch/oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

Project Update and Overview

Presented by: Nhu To-Haynes, Kirsten Aird

Project Phases & Timeline Updates

Phase 1: Assessment: materials from WYSAC; workgroup prioritization of needs/gaps; gather workforce input
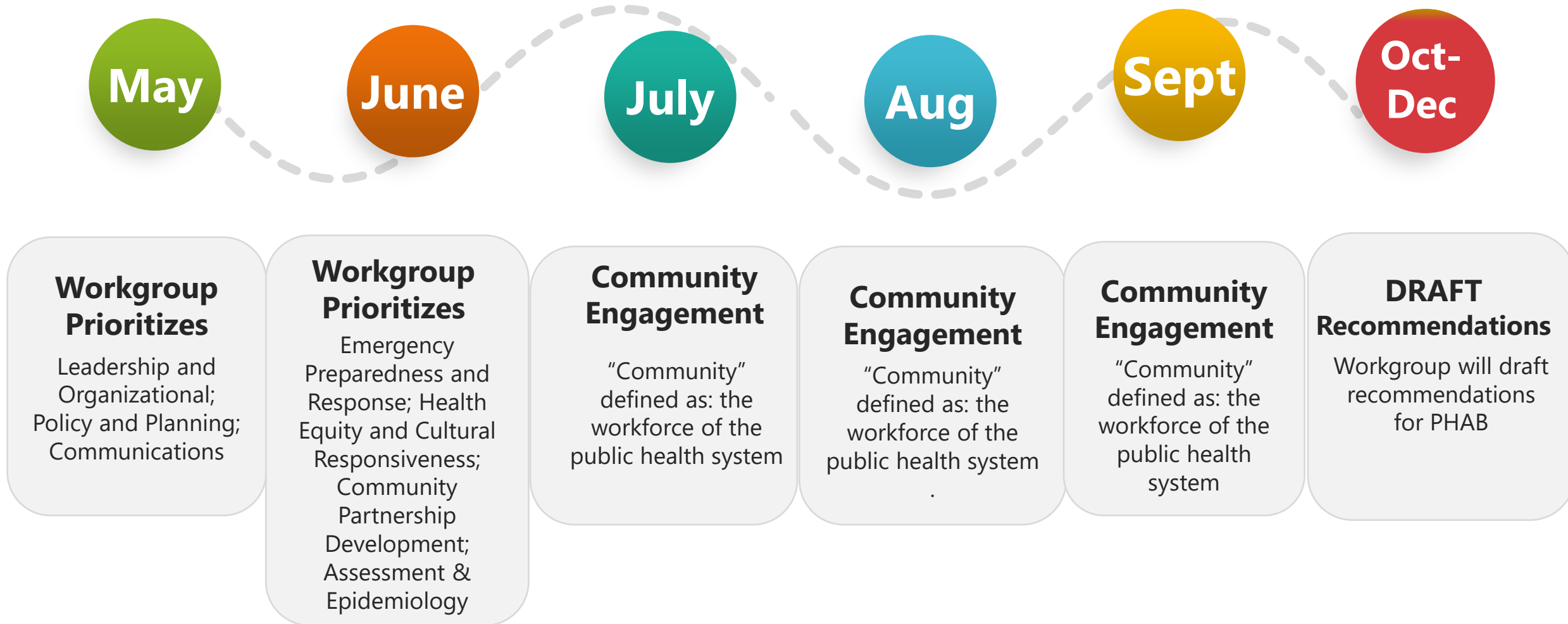
Phase 2: Draft Recommendations: Workgroup reviews all information (WYSAC materials, workgroup input, workforce input)

Phase 3: Workgroup reviews and incorporates Costing and Capacity Assessment into recommendations, deliver to PHAB

Beyond this project: Develop a Statewide Public Health System Workforce Plan based on recommendations

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Foundational Capabilities PHAB Workforce Development

May

June

July

Aug

Sept

Oct-Dec

Workgroup Prioritizes

Leadership and Organizational; Policy and Planning; Communications

Workgroup Prioritizes

Emergency Preparedness and Response; Health Equity and Cultural Responsiveness; Community Partnership Development; Assessment & Epidemiology

Community Engagement

"Community" defined as: the workforce of the public health system

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DRAFT Recommendations

Workgroup will draft recommendations for PHAB

May Workgroup Meeting

- May 8^h 9:00-11:00AM (virtual, Zoom meeting)
- Needs/Gaps prioritization activity with a focus on the foundational capabilities of:
  - Leadership and Organizational
  - Policy and Planning
  - Communications

June Workgroup Meeting

- June 12th 9:00-11:00AM (virtual, Zoom meeting)
- Continuation of the Needs/Gaps prioritization activity with a focus on the foundational capabilities of:
  - Health Equity and Cultural Responsiveness;
  - Community Partnership Development
  - Assessment and Epidemiology
  - Emergency Preparedness and Response

July and August Workgroup Meetings

- Cancelled
  - To allow for direct engagement with public health system workforce
  - The Workgroup's prioritization of Needs/Gaps by Foundational Capability from May/June meetings will be utilized in engagement activities with the workforce

Phase 1 Timeline: Analysis

January 2024	WYSAC reviews preliminary findings from lit review/workforce analysis - Workgroup is oriented to the workforce analysis process
February 2024	WYSAC presents preliminary findings, images and takeaways - Workgroup advises on workforce analysis materials
March 2024	WYSAC provides draft report and related materials
May 2024	Workgroup prioritizes Needs and Gaps by Foundational Capability
June 2024	Workgroup prioritizes Needs and Gaps by Foundational Capability (sets up areas of focus for workforce feedback)

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Milestones and Deliverables

Milestones:

- ✓ Workgroup members recruited and convened
- ✓ WYSAC produces draft analysis of public health workforce report
- ✓ WYSAC products are complete and shared with workgroup
- Workgroup prioritizes Needs/Gaps by Foundational Capability
- OHA-PHD Project Team engages directly with public health workforce
- Workgroup receives feedback from the public health workforce
- Workgroup reviews Costing and Capacity Assessment
- Workgroup produces recommendations for a workforce plan
- Recommendations delivered to PHAB

Deliverables

- Lit Review/Reference Materials
- Feedback from the workforce of the public health system
- Costing and Capacity Assessment
- Workgroup recommendations for PHAB
- Statewide Public Health System Workforce Plan

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Public Health System Workforce Analysis Final Update

Presented by: Emily Grant & Lena Dechert, WYSAC

Public Health System Workforce Analysis

Wyoming Survey & Analysis Center

University of Wyoming

WYSAC's Role

- Review background materials provided by OHA-PHD on source data for workforce of Oregon public health system.

- Review and synthesize secondary (existing data) on workforce for Oregon's public health system.

- Share preliminary findings and identify key takeaways.

- Develop accessible materials that are succinct and use plain language for use by the Public Health System Workforce Project workgroup of the Oregon Public Health Advisory Board, OHA-PHD, and other partners.

Research Questions

1. WHAT IS THE EXISTING CAPACITY OF THE PUBLIC HEALTH WORKFORCE SYSTEM?

a. Staffing
b. Knowledge and skills
c. Identified workforce capacity
d. Workforce needs
e. Workforce gaps

2. WHAT ARE THE IDENTIFIED ACCOMPLISHMENTS, CHALLENGES, AND RECOMMENDATIONS?

a. Recommendations from existing workforce assessments
    i. How are they the same
    ii. How are they different
b. Accomplishments & Success
c. Challenges

Sources

- Originally planned to review six sources

- Throughout the process, we reviewed twenty-four sources

- The synthesis documents include twenty sources

Background

History

Foundational Public Health Service Framework

General workforce information

8 pages

Sources

Local PH in Oregon: An Overview, 2014

Local PH in Oregon, n.d.

State of Oregon PHM Assessment Report, 2016

Statewide PHM Plan, 2016

PHM Manual, 2017

The Health and Economic Benefits of PHM in Oregon, 2016

PHM Implementation, 2018

Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023

Staffing Up and Sustaining the PH Workforce, 2023

Staffing

Current Staffing Levels

Challenges

Accomplishments

10 pages

Sources

Oregon's Health Care Workforce Needs Assessment, 2023

Oregon's Local PH Workforce Report, 2022

Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023

LPHA PHM: 2021-23 Themes and Accomplishments, 2023

PH Response to the COVID-19 Pandemic in Oregon, 2023

DMI Recommendations Report, 2023

Staffing

FINDINGS

- 2021 Staffing levels for OHA

- Number of CBOS, LPHAs, and Tribes funded (not staffing levels)

- Academic Partnerships

- Staffing challenges (recruitment, retention, retirement)

- Additional staffing through PHM funding

WHAT YOU STILL NEED TO KNOW

- How many staff are needed?

- How many staff in each partner category?

- What is the difference between the current and optimal staffing levels?

Demographics

Workforce Demographics

Challenges

Accomplishments

6 pages

Sources

PH WINS, 2021

Oregon's Health Care Workforce Needs Assessment, 2023

Oregon's Local PH Workforce Report, 2022

2020-2024 State Health Improvement Plan, 2020

Oregon PHM Evaluation Report, 2023

Demographics

FINDINGS

- 2021 Demographics for OHA PHD

- Wages for LPHAs

- Efforts to create a diverse and representative workforce

WHAT YOU STILL NEED TO KNOW

- Demographics for the rest of the public health workforce.

- Demographics for communities.

- What are actionable and measurable goals for a representative workforce?

- What is the difference between the public health workforce demographics and the demographics of the communities they serve?

Capacity

Capacity of the Workforce	
Challenges	
Staffing Capacity During COVID	
Equity Capacity During COVID	
Accomplishments	
10 pages	

Sources

Oregon's Local PH Workforce Report, 2022

PH Response to the COVID-19 Pandemic in Oregon, 2023

Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023

LPHA PHM: 2021-23 Themes and Accomplishments, 2023

PHM, 2023

Oregon's Health Care Workforce Needs Assessment, 2023

Capacity

FINDINGS

- Capacity challenges

- Staffing capacity during COVID-19

- Equity capacity during COVID-19

- Capacity accomplishments

WHAT YOU STILL NEED TO KNOW

- Findings from an actual capacity assessment to demonstrate the current capacity of the public health workforce.

- What are the optimal capacity levels for all aspects of the public health workforce?

- What is the difference between the current capacity levels of the public health workforce demographics and optimal capacity levels?

Knowledge and Skills

Formal Education

Challenges

Accomplishments

8 pages

Sources	
	Oregon's Health Care Workforce Needs Assessment, 2023
	Oregon's Local PH Workforce Report, 2022
	PH Response to the COVID-19 Pandemic in Oregon, 2023
	DMI Recommendations Report, 2023
	Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023
	LPHA PHM: 2021-23 Themes and Accomplishments, 2023

Knowledge and Skills

WHAT WE LEARNED

- 2021 OHA PHD education levels

- Education levels for one TPH partner

- Challenges related to knowledge and skills

- Accomplishments related to knowledge and skills

WHAT YOU STILL NEED TO KNOW

- What is the current level of knowledge and skills in all sectors of the public health workforce?

- What are the optimal knowledge and skill levels needed for a successful public health workforce?

- What is the difference between the current knowledge and skills of the public health workforce and optimal knowledge and skill levels?

Needs, Gaps, Recommendations

Foundational Capability

Core Principle

Gaps

Needs

Recommendations

23 pages

Sources

PH Response to the COVID-19 Pandemic in Oregon, 2023

Oregon's Health Care Workforce Needs Assessment, 2023

Engaging Communities in the Modernization of a PH Survey System, 2021

Oregon Tribal Survey Modernization Project, 2021

LPHA PHM: 2021-23 Themes and Accomplishments, 2023

Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023

2020-2024 State Health Improvement Plan, 2020

Oregon's Local PH Workforce Report, 2022

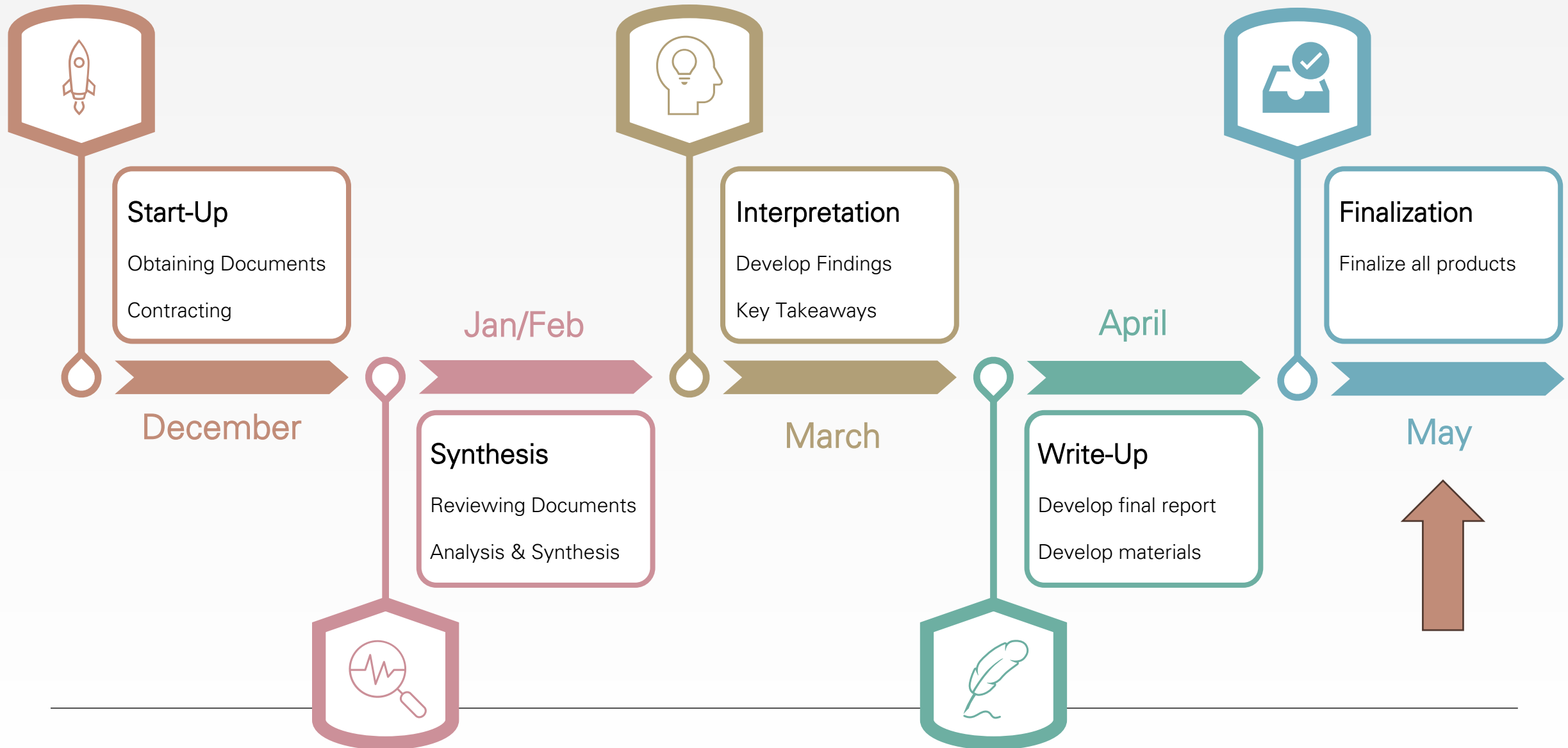DMI Recommendations Report, 2023

PH WINS, 2021

Needs and Gaps

WHAT WE LEARNED

- 14 sources have provided needs, gaps, and recommendation information between 2016 and 2024 (all but one is within the last four years).

- There are needs, gaps, and recommendations for every foundational capability and core principles.

- There are recommendations specific to the workforce.

- There are recommendations specific to the system.

WHAT YOU STILL NEED TO KNOW

- To what degree have these needs, gaps, and recommendations been addressed?

Project Timeline

Start-Up

Obtaining Documents

Contracting

December

Jan/Feb

Synthesis

Reviewing Documents

Analysis & Synthesis

Interpretation

Develop Findings

Key Takeaways

March

April

Write-Up

Develop final report

Develop materials

Finalization

Finalize all products

May

Thank you, WYSAC!

The workforce reference materials are available on the PHAB website under "reference materials" for this workgroup at:
https://www.oregon.gov/oha/PH/About/Pages/ophab.aspx

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Facilitated Activity

Presented By: Nhu To-Haynes
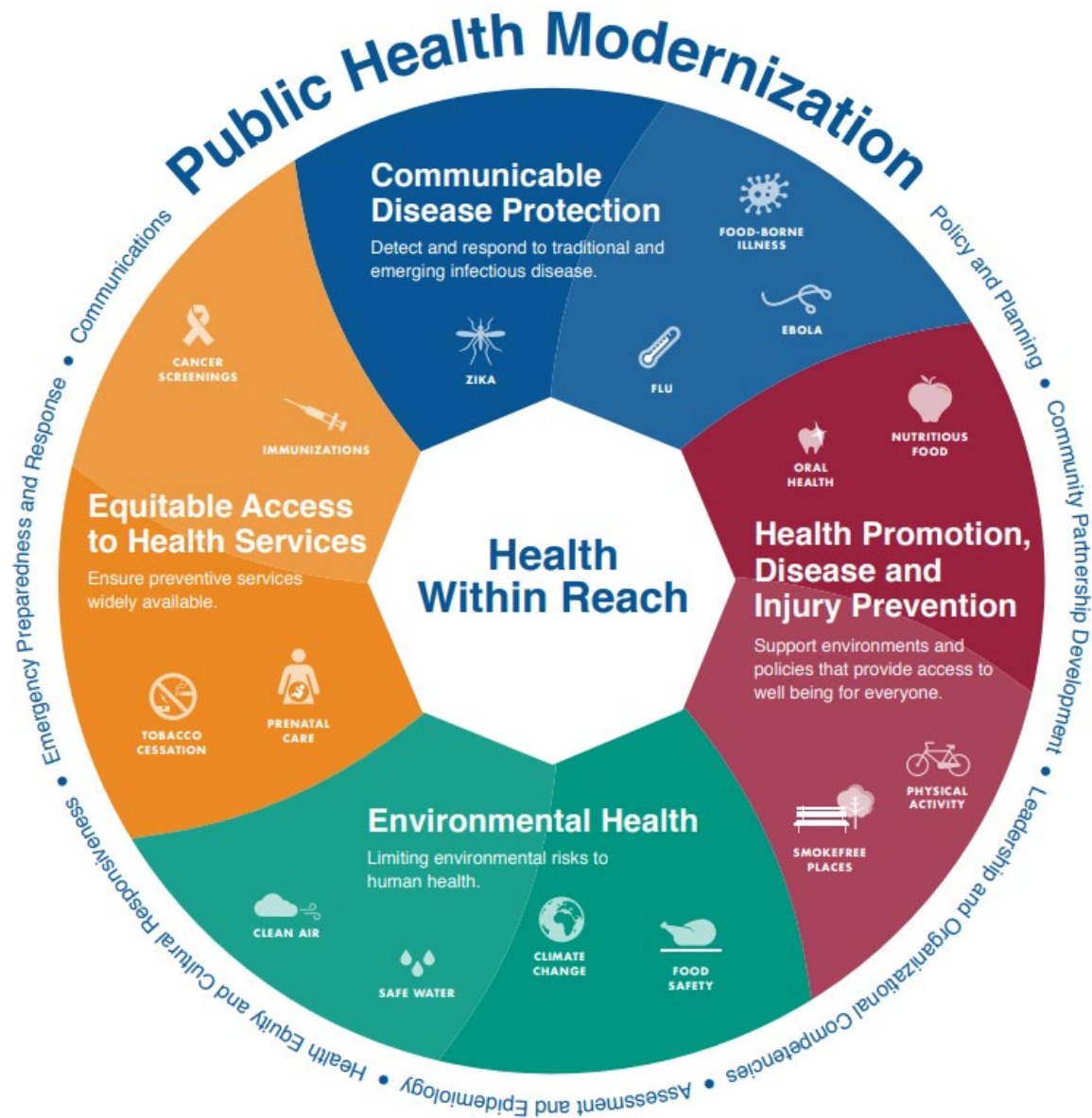
March Recap

Workgroup Members used Jamboard to identify needs and gaps by foundational capabilities from their perspectives within the public health workforce and its pipeline

- The information was cross-walked with findings from the workforce lit review and reoccurring themes were identified
- The results of the March activity inform our work together in May and June

PHAB Public Health System Workforce Workgroup March Meeting Foundational Capabilities and Jamboard Cross-walk Summaries

Leadership and Organizational Competencies

Needs/Gaps

- <mark>Wearing multiple hats, especially in rural communities</mark>, unable to conduct administrative/director duties.*

- Board recruitment is challenging for volunteer boards.

- Leaders of color are asked to do so many roles it is emotionally and mentally taxing.

- <mark>Temporary and limited-term positions do not guarantee long-term funding.*</mark>

- University leaders do not always value PH work.*

- LPHAs need a better operational structure.

- <mark>Recruitment of a diverse workforce, especially in rural areas.*</mark>

- Need skills in program management to alleviate the stress of our leadership staff.*

* Indicates that this idea is represented in the workforce analysis reference materials produced by the Wyoming Survey and Analysis Center (WYSAC) <mark>Yellow highlighting</mark> denotes a reoccurring theme, or cross-cutting capability throughout this activity.

Communication

Needs/Gaps

- Communication and coordination of efforts needs to be improved among public health entities across counties.*

- Remove jargon from products intended for public audiences to avoid confusion.*

- Craft PH messaging to be relevant and current to 2024,* working with CBOs to develop messaging that resonates with the community, including young people.

- Provide definitions and use plain language. *

- Ask ourselves how and who we engage with and if it reflects community norms.*

- Increase representation by collecting better data and by including all populations at the table, seeking opportunities to engage, collaborate, and share.*

Indicates that this idea is represented in the workforce analysis reference materials produced by the Wyoming Survey and Analysis Center (WYSAC)
Yellow highlighting denotes a reoccurring theme, or cross-cutting capability throughout this activity.

Policy and Planning

Workforce Needs and Gaps

- Keeping up with real-time needs.
- Unclear ==funding landscape==, priorities, and tasks after COVID.*
- Lacking strategic planning that includes the entire PH ecosystem.
- Culturally responsive policy and planning approaches that involve community feedback.*
- County HR systems create barriers to recruiting, hiring, and retaining workforce.*

* Indicates that this idea is represented in the workforce analysis reference materials produced by the Wyoming Survey and Analysis Center (WYSAC)
==Yellow highlighting== denotes a reoccurring theme, or cross-cutting capability throughout this activity.

Polling

Presented By: Nhu To-Haynes and Kari Christensen

Break Time

Facilitated Activity

Presented By: Nhu To-Haynes

Instructions for Small Groups

- Review the Needs/Gaps for:
  - Leadership and Organizational Competencies
  - Communications
  - Policy and Planning

Questions for Small Groups

- What's missing? Spend time discussing and adding to what's missing from the needs and gaps.
- Who (what part of the public health system's workforce) needs to be engaged to understand this further?
- Who (what part of the public health system's workforce) benefits from addressing the need or gap?
- Who (what part of the public health system's workforce) is not being considered?
- What other questions do you have?

Jamboard Summary

Assessment and Epidemiology

Needs/Gaps

- <mark>Lack of Epi/program evaluation position – people wearing multiple hats, limited capacity.*</mark>
- <mark>Recruitment/retention/rural challenges.*</mark>
- Cannot grow and mentor professionals.*

Recommendations

- Remote positions for data analysts/Epi.*
- Partner with universities for data support.*
- Improve PH education to include Epi, certifications.*
- <mark>Improve data systems that collect, analyze, and report data in affordable and accessible ways.*</mark>
- Value qualitative/experiential data as well as quantitative.
- <mark>Heal historic injustice by being intentional and reaching out to the Black population.*</mark>

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Emergency Preparedness and Response

Needs/Gaps

- Foundational FEMA trainings are not accessible to all people and audiences and creates a barrier to inclusion.
- Enormous size of Oregon counties.
- Unsure of how and where to locate emergency services and support.*
- Funding.*

Recommendations

- Support resiliency, wellbeing, and balance through training and emphasizing self-care for the PH workforce *
- Include mental health, emotional well-being, and the importance of community connectedness in all emergency preparedness efforts. *
- Rebuild trust with the Black community that has been damaged historically by the PH system.
- Have a scalable workforce that is representative of the community they serve* and have them be trained and ready for an emergency.
- Funding for CBOs to organize and mobilize at grassroot levels, especially for POC.*
- Health insurance for all to access care, especially exams.
- Better and earlier testing for Immigrants and Refugees coming from countries with poor PH programs.
- LPHAs can help everyone see they have a role to care for each other.

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Yellow highlighting denotes a reoccurring theme, or cross-cutting capability throughout this activity.

Communication

Gaps

Needs

- Improve communication within academic programs about diverse career pathways in PH.*

- Improve communication on the value of PH to target different audiences, including policymakers.

- Craft PH messaging to be relevant and current to 2024,* working with CBOs to develop messaging that resonates with the community, including young people.

- Ask ourselves how and who we engage with and if it reflects community norms.*

- <mark>Increase representation by collecting better data and by including all populations at the table, seeking opportunities to engage, collaborate, and share.*</mark>

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<mark>Yellow highlighting</mark> denotes a reoccurring theme, or cross-cutting capability throughout this activity.

Communication

Needs/Gaps

- Remove jargon from products intended for public audiences to avoid confusion. *

- Really need to get better about how to speak to different audiences about the value of public health.

- Better communication about how exciting public health careers can be! Better communicate the diverse career pathways in public health across multiple sectors

- Recruit media and communications savvy folks to reach younger audiences; the media gulf between generations is large

- Communications training, and improve it, so that's relevant and current for '24 and on

- Need to have more communications education in our public health academic programs.

Recommendations

- Improve communication within academic programs about diverse career pathways in PH.*

- Improve communication on the value of PH to target different audiences, including policymakers.

- Craft PH messaging to be relevant and current to 2024,* working with CBOs to develop messaging that resonates with the community, including young people.

- Ask ourselves how and who we engage with and if it reflects community norms.*

- Increase representation by collecting better data and by including all populations at the table, seeking opportunities to engage, collaborate, and share.*

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Policy and Planning

Needs/Gaps

- Keeping up with real-time needs.
- Unclear funding landscape, priorities, and tasks after COVID.*
- Crossover with Communications: better ways to communicate WHAT public health is and does to policymakers.

Recommendations

- Use data to prepare and fund according to trends.*
- Get policymakers to support PH policy and <mark>funding</mark>.*
- Engage in broad strategic planning that includes the entire PH ecosystem.
- Certification programs and incentives for the PH workforce.*
- <mark>Diversify the systems of PH delivery.</mark>
- Culturally responsive PH approaches that involve community feedback.*
- Communicate PH information to all populations in plain language.*
- Early testing for communicable diseases like HEP to catch early.

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Leadership and Organizational Competencies

Needs/Gaps

- Wearing multiple hats, especially in rural communities, unable to conduct administrative/director duties.*

- Board recruitment is challenging for volunteer boards.

- Racial inequities and nonrepresentation of the POC in PH workforce.*

- Leaders of color are asked to do so many roles it is emotionally and mentally taxing.

- Temporary and limited-term positions do not guarantee long-term funding.*

- Recruitment of a diverse workforce, especially in rural areas.*

- County HR systems create barriers to recruiting, hiring, and retaining workforce.*

- University leaders do not always value PH work.*

- LPHAs need a better operational structure.

Recommendations

- Diversification of the PH delivery systems that is more inclusive and culturally focused.*

- Utilize undergraduate population to provide project specific support and become PH worker after graduation.*

- Universities recruit and train the PH workers we need in the future/now.*

- Need skills in program management to alleviate the stress of our leadership staff.*

- CHLO provides space for LPHAs to collaborate, can also be messenger and trainer for LPHA. AGE+ can provide training.

- Consider pros and cons of experienced PH leaders consulting to provide support to government PH.

Health Equity and Cultural Responsiveness

Needs/Gaps

- Constant community needs assessment leads to exhaustion and distrust when the needle is not moved with short-term investments.

- High cost of formal education presents challenges for systemically disenfranchised communities.

- Focusing on deficits and needs rather than the strengths and wisdom of the community.

- Elected leaders may not support health equity work, DEI, and eliminate funding for the work.

- Most universities are historically exclusionary and communities do not trust them.

- Need trainings to expand the workforce of Traditional and Community Health Workers*

Recommendations

- Acknowledge degrees from other countries that can meet the requirements.

- Improve job descriptions and requirements to match workforce interest and ability, and where there are gaps, education should be defined.*

- Modify minimum qualifications to represent equity and ensure all populations that have otherwise been locked out can be eligible.*

- Give grants to CBOs working at grassroot levels to support PH efforts in their communities.*

- A flexible undergraduate workforce that is recruited specifically to reflect the communities they serve.*

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Yellow highlighting denotes a reoccurring theme, or cross-cutting capability throughout this activity.

Community Partnership Development

Needs/Gaps

- <mark>Lack of long-term funding/sustainability and competing for funding inhibits collaborative work.</mark>*

- Community partnership is not well defined in terms of meaning and impact.

- Small communities do not have as many partners or partners with capacity.*

Recommendations

- Support partnerships, including collaboration between LPHAs and universities to build the PH workforce.*

- Collaborate to develop work plans on similar priorities.

- Build upon successful endeavors like senior center vaccine events and mobile units to reach more people.

- <mark>Fund CBOs</mark> and encourage collaboration with LPHA through representation.*

- Consult community members on funding decisions.*

- State PH officials being able to attend community meetings and collaborations.

* Indicates that this idea is represented in the workforce synthesis documents.
<mark>Yellow highlighting</mark> denotes a reoccurring theme, or cross-cutting capability throughout this activity.

Public Comment

Closing

Review bio request

Next meeting – June 12th 9:00 – 11:00am

Adjourn