## **Houston Department of Health and Human Services**

Isaac Joyner, Bureau Chief, Health Planning and Evaluation

The following responses were received from Mr. Joyner via email on December 5, 2007

1) How long have you been using the Core Competencies?

The department does not use the core competencies in any systematic way. Because of turnover in the Human Resources bureau, there has not been a systematic effort to provide training or development of staff using a format such as the core competencies such as the systematic efforts devoted to providing training in preparedness topics including NIMS and ICS.

The department has initiated general training efforts that relate to some of the core competencies:

- The department has a monthly grand rounds series providing information on public health science and practice developments.
- The department has a ongoing set of seminars on cultural competency issues.
- The department has a ongoing lunch time brown bag video series on topics such as aging, mental health, correctional health care system, etc.
- 2) How have you used them (i.e., curriculum review and development, discipline specific competency development, workforce needs assessment, performance measurement, or personnel system refinement)?

Not applicable.

3) Overall, have you found them helpful/useful?

Not applicable.

4) In which areas have they been most useful?

Not applicable.

5) In which areas have they been least useful?

Not applicable.

6) Have they been more or less useful for a specific group of professionals (e.g., nurses, epidemiologists)?

Not applicable.

7) What suggestions do you have for revising them?

- a. Align the items with the Operational Definition of a local public health department developed by NACCHO.
- b. Reduce the redundancy. It may be more useful to see the list as part of a hypertext document, rather than a list. A model for this is the Community Tool Box at University of Kansas.
- c. It would help if we could link these competencies with the city's electronic employee evaluation system. This system has canned set of competencies that supervisors can use to build an employees evaluation document.
- d. It would be useful to have these competencies organized by a set of generic public health positions such as epidemiologists, sanitarian, nurse, mid-level manager, senior manager.

## <u>Long Beach Department of Health and Human Services – Long Beach, California</u>

Michael Johnson, Manager of Support Services

Hanan Obeidi, Public Health Emergency Management Coordinator

Interview conducted via telephone on December 13, 2007, 12pm

Long Beach has 409 public health workers and serves about 480,000 people.

The health department has been using the Core Competencies in a variety of ways since 2002. The most notable way is through their public health emergency management program which enhances public health infrastructure and prepares the department for responding to outbreaks and man-made and natural disasters. Additionally, the department is incorporating the Core Competencies in their Public Health Competency Education and Training Academy, which is currently under development. The Academy provides specific training under each domain of the Core Competencies for a broad range of public health disciplines (e.g., doctors, nurses, administrators, health educators, epidemiologist, and front line staff) and other first responders (e.g., police, fire, disaster management personnel). They are also divided by skill level, so that those in leadership positions learn different skills than those in more clerical positions. Other sets of competencies, in particular nursing competencies, are integrated into the Academy. Many of the courses are oriented (especially for higher level staff) toward things that are not learned in school, such as financial management, budgeting, grant writing, etc.

The health department also mentioned that the Core Competencies help them in educating the public as to what they do. By providing a specific framework and set of skills that are standard to public health professionals, it is easier to lay everything out, both for the public, and for city leadership, the mayor and city council.

The Core Competencies also help the department set goals and judge what success would look like in Long Beach in a certain number of years. Additionally, the Core Competencies were essential to the Department's success in getting a bioterrorism cooperative agreement with the Centers for Disease Control and Prevention.

Public health may have the potential to be focused into specific areas. Some staff may not be aware of the broader vision outside of their specific programmatic area. The Core Competencies have helped the Department educate all staff to have at least a basic understanding of what other staff does and how their roles fit into the more global public health picture to meet the mission of the department. This, in turn, has helped staff at all levels feel involved and approach challenges as a team. Examples of this include department wide required training and exercises.

The Department had two major suggestions for updating the Core Competencies. First, they would like more competencies based on informatics. They would like language that reflects how public health works with other government agencies and alleviates the

burden on the health system. With so much technology now available, it is important that public health professionals understand how to exchange/share information and how to provide information for real time decisions.

The other suggestion was to integrate emergency preparedness into the Core Competencies.

Overall, the Department said they found the Core Competencies most useful for leadership positions, as well as nursing and epidemiology specialties. The Core Competencies are less useful for lower level staff, such as medical assistants. The importance of these types of employees is often overlooked. They are generally the first people that citizens see and have the most direct face time with patients. They are the face of any health department and often have the language base to communicate most effectively with the community.

## West Central Georgia (District 7)

Includes the following counties: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster

Zsolt H. Koppanyi, MD, MPH, FAAP, District Health Director

Interview conducted via telephone on December 3, 2007, 2:30pm

District 7 is the 2<sup>nd</sup> largest (340,000 residents) and also the poorest district in Georgia. They have approximately 390 public health workers.

The District engages in a number of quality improvement (QI) measures, including peer review and district inspections of the county departments; however, a number of the state mandates surrounding QI are unfunded and therefore difficult to implement. The District has five counties with no physicians and six counties with no hospitals. Additionally, since so many of the residents are so poor, the health department acts as a "safety net" for direct/primary services and simply does not have the time, staff, or money, to implement widespread QI.

The District sees no benefit to accreditation. It will cost money that they do not have and does not seem to confer any benefits.

One of their biggest problems is being short-staffed. The merit system is a big cause of this and was described as "piss-poor." Additionally, for public health nurses, training takes 9-12 months and nurses often leave during or shortly after this training for higher paying positions. PH nurses in the District are required to be familiar with 32 different public programs, which for a new hire is very intimidating. Finally, the quality of the applicants is steadily declining, with some people applying who lack even basic certification (such as an associates nursing degree) and any familiarity with public health.

Regarding the Core Competencies, it is one of the QI measures used to meet state demands; however the District feels a general disconnect between what the Competencies require and what is actually possible in such a rural, poor area.

## Eastern Idaho Public Health District

Marlyn Anderson, District Training Specialist

Interview conducted via telephone on December 14, 2007, 11am

Easter Idaho Public Health District (or District 7) has about 100 employees and serves eight counties with roughly 170,000 residents.

They have been using the Core Competencies for about four years, mostly as the basis for trainings, often in settings such as staff meetings. The Core Competencies are used in employee evaluations. Staff must work toward at least two competencies per evaluation period.

There are some online courses offered through Idaho State's online learning management system, but most trainings are done in person. Trainings are sometimes divided between professionals and non-professionals. The Department does not use any other sets of competencies.

Ms. Anderson expressed frustration with the Core Competencies in that there is no background information or resources which help health departments plan their trainings. Her department lacks experts in many of the areas covered by the Core Competencies, so the responsibility falls to Ms. Anderson to learn all there is to know about a topic in order to teach a training. She suggested some sort of bibliography that would have more "meat" for departments to use to train. The problem is not with the wording/phrasing of the Core Competencies, but with the fact that there is little behind it to provide straightforward teaching instruments. Another suggestion she had was for a 1-2 page brochure for each domain (or, ideally, for each competency) that would have a short background explanation, as well as resources for further education and to help plan trainings.

Ms. Anderson also expressed frustration with the fact that the staff, in general, does not value or see any usefulness in the Core Competencies or in training activities. They are viewed as simply an annoying part of the evaluation process. Staff, such as public health nurses, just do not have time to deal with training.