

# Maine Public Health Workforce Development Plan

## MAINE PUBLIC HEALTH WORKFORCE DEVELOPMENT FIVE YEAR PLAN

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## Executive Summary

The Maine Public Health Workforce Development Plan is the result of a multi-year, multi-stakeholder planning process that is now focused on the implementation phase. Initially, in the fall of 2011, the Maine CDC and the Hanley Center for Health Leadership joined into a collaborative partnership to lead a planning process focused on improving the capacity and performance of Maine's current and future public health workforce. These agencies have long and rich histories on the impact and influence on health workforce development, both health care and public health workers.

Aware of the rapid changes underway resulting from the many external drivers; including the Affordable Care Act, health information technology, emergency preparedness and emerging infections, workforce improvement and capacity development were needed. Additionally, the Maine CDC was in the process of applying for national accreditation and the need for workforce planning and improvements were revealed. For these reasons, the collaborative partners agreed that they had answered the 'why' for initiating this work and proceeded.

The Maine CDC/Hanley collaboration developed a set of strategic objectives that would focus the public health workforce planning process over a three (3) year time period. The strategic objectives are as follows:

- Develop a Maine Public Health Workforce Collaborative; a structure to enhance the capacity of Maine's public health workforce and ultimately the performance of Maine's public health system at all levels.
- Identify Maine's public health training needs relative to core public health practice and emerging competencies; stakeholder engagement; data use and translation; performance management and quality improvement techniques/processes.
- Define the evolving role of public health leadership and the application of public health science, in health system transformation design and outcomes
- Develop a Public Health Workforce Plan that includes consideration of transformations occurring in the healthcare delivery system
- Develop a public health workforce with leading edge skills required to succeed in accomplishing Maine's public health agenda. Effective data systems and a competent workforce provide the foundation for a successful and well integrated performance improvement system
- Build a highly engaged and competent public health workforce, with exceptional leadership skills to lead change across the health system.

Since the planning process inception, much has been accomplished and will be more fully described in this plan. A project infrastructure with oversight and advisors was established, and guided the planning process throughout. Data was collected from a variety of sources including key informant interviews, literature searches, stakeholder engagements and a statewide public health workforce survey published in May 2012. The findings from all data gathered has served as foundational in the development of the work plan.

## **Introduction and Purpose**

Public Health workforce development has come of age in recent years after decades of multiple efforts to define it. Two landmark documents lead the way in the earlier days, most notably from the Institute of Medicine, The Future of Public Health, in 1988 and Who Will Keep the Public Healthy, in 2003. These documents along with the work of many scholars and practitioners within the public health community instigated the discussion of public health, its outcomes and its workforce into the public discourse. Now, a decade later, the public health community is at work defining who is the public health workforce, what are the competencies expected from them and how capable are they in delivering the 10 Essential Public Health Services? The U.S. CDC has articulated well the challenges faced in addressing the situation found in the public health workforce today. The U.S. CDC cites several reasons that have influence on today's situation including:

- A workforce crisis due to an aging workforce, shrinking numbers, and a gap between skills, capacity and evolving practice.
- Tremendous changes in public health.
- Inattention to public health workforce.
- Insufficient understanding of workforce needed to improve health.

The planning process undertaken in Maine was predicated on the definition of a public health worker being one who engaged in the delivery of one or more of the 10 Essential Public Health Services as part of their scope of work. The plan was developed with this broad understanding of who would benefit from the planning process, in addition to the organization they work for and the populations they serve. A key principle was to recognize the various professions that practice public health who come from a wide breadth of education and training backgrounds. As the composition of the public health workforce has changed, as have their employers, education/training offerings along with external policies and influences that redefine public health practice.

Early in the planning process, late 2011, the steering committee of advisors developed a set of consensus planning goals based on the strategic objectives that focused the project efforts:

- Develop a public health workforce with leading edge skills required to succeed in accomplishing Maine's public health agenda.
- Build a highly engaged and competent public health workforce, with exceptional leadership skills to lead change across the system.

- Identify the training needs relative to basic public health practice such as epidemiology, research, social/behavioral and environmental health. Additionally the process will determine the needs for training related to emerging competencies of leadership, stakeholder engagement, data use and translation, performance management and quality improvement techniques and processes.
- Initiate a multi-year process to create a new Public Health Leadership Institute that will enhance the performance of Maine’s public health system at all levels of engagement.

### **Project Planning Stages**

Prior to the rollout of the public health workforce planning project in the fall of 2011, an explicit collaborative partnership between the Hanley Center for Health Leadership and Maine CDC was developed. The goal of this collaboration was to establish a multi-phase preplanning, and planning process to address public health workforce development. This was in line with the Hanley Center goal of providing leadership training opportunities within the public health workforce and the Maine CDC priorities of achieving voluntary accreditation and implementation of a performance management system for public health, creating a culture of continuous quality improvement. The work was to be completed in the following three phases:

- Preplanning and planning.
- Stakeholder engagement and data gathering.
- Development and documentation of the workforce development plan.

Guided by this step-wise approach, all three phases were completed by late May 2013.

### **Infrastructure for Plan Development – Composition and Functions**

The project infrastructure was created by an executive oversight team to develop the workforce plan. The project infrastructure consisted of an executive committee composed of senior leaders from both the Maine CDC and the Hanley Center. A steering committee composed of 12 - 15 members, appointed by the executive committee, included Maine CDC staff as well as partnering organizations. Key Maine CDC administrative staff involved in oversight and implementation of the accreditation process and performance management initiatives, along with workforce expertise served on the committee. This committee oversaw the entire planning process including strategic direction, timeline, deadlines, financial accountability etc. The committee was advisory to the planning process and was engaged in project sessions 6 - 8 times during the

project period. The steering committee appointed a data committee to oversee the workforce survey design, data collection and analysis. The structure also allowed for several stakeholder sessions, one statewide forum and two regional sessions over the time period. All infrastructure aspects of the planning project were committed to the following guiding principles:

- Collaboration and partnership is the method of addressing the strategic objectives and consensus planning goals.
- The process of plan implementation is in phases to allow for a focus of necessary resources to adequately support the three planning phases.
- The process of plan implementation relies on strong evidence that is widely accepted nationally and is recognized as standards of practice by public health practitioners.
- Evaluation processes will stay true to standards of evaluation practice and will be free from bias and political influence.
- Stakeholder engagement is primary in staying in touch with the needs of all consumers, keeping the project timely and to deliver products that are valued.
- Principles of quality improvement will be applied throughout the implementation. Feedback loops, evaluation findings, learner experience, employer satisfaction and improved organizational performance will all inform the implementation and evaluation of this work plan.

### **Maine Public Health Workforce Survey – Data Gathering Process and Findings**

In late 2011, the project steering committee identified a data subcommittee whose charge was to develop a survey of the current public health workforce. The goals of the survey were to:

- Describe the composition of the current public health workforce in Maine
- Understand who they are and what competencies they currently hold
- Identify training needs among respondents
- Identify access issues to training/professional development among the respondents

The data subcommittee designed and piloted a survey tool that focused on demographics, training preferences, self-identified needs and self-reported competencies developed by the Council on Linkages between Academia and Public Health Practice. The survey target population was Maine's public health workers and public health leadership. Sampling strategy identified public health workers in Maine from a variety of work sites both, public and not for profit. Over 700 surveys were sent to the target population and the return within 3 weeks was a 57% response rate. One reminder was sent after two weeks.

The respondent decisions points were made by competency tiers defined by the Council on Linkages between Academia and Public Health Practice. Among the three tiers of practice, which were clearly defined in the survey tool, 47% of the respondents identified as being in tier 1; 42% of the respondents identified as being in tier 2 and 11% identified as being in tier 3. Those with less than 5 years of public health experience mainly came from tier 1 and tier 2. Those with over 10 years of public health experience more often selected their practice in tier 2 or tier 3. The respondents reported being fully competent within the eight competency areas in varying degrees. The levels of competence ranged from 23% being fully competent in public health science to 49% being fully competent in communication. An In-depth analysis of the survey findings resulted in a project data book to further inform the work of the various project committees in both the planning and implementation phases. The workforce survey findings were integral to the recommendations in the development of the final work plan implementation document in conjunction with the intelligence and data gathered described below.

### **Intelligence Gathering and Findings**

Several approaches were used to collect pertinent information on workforce development at the national, regional and state level. Conversations with staff from CDC and CMMI were consistent regarding the need to change practice and focus on new challenges in order to ensure an engaged and valued public health workforce for the future. The CDC Scientific Education and Professional Practice Program Office declared their priority to develop a focus to modernize and transform the public health workforce. Modernizing the workforce requires public health to understand health care and health care needs to understand population health. CDC also identified public health workforce skills that need strengthening such as: informatics, collaborative leadership, community engagement, business processes, marketing and communication. Not only do public health workers need new knowledge, but to enhance skills and expand capacity efforts by cross-training of existing workers and more career pathways into public health are paramount.

Supporting these recommendations was an extensive literature search and three stakeholder engagement sessions over the project period. A summary of these findings include: developing and leveraging policy, broadening the base through the creation of ‘new’ public health workers that can deliver a competency based practice, expect that the need will be greater for more generalists than specialists, thoroughly understand the impact of ACA, prepare for emerging threats from infectious disease, bioterrorism and environmental change, data sharing and application of health technology , new models of community engagement, collaborations and partnerships, application of clear communication through social networks. Lastly, engaging in and influencing the necessary balance between public health practice and that of the health care delivery system resulting from the health reform agenda is a major policy challenge.

Barriers and concerns in moving forward on the findings are several. The significant emphasis on clinical health and health care professionals is totally out of proportion to that on public health. Resources to fund “population health” have been directed to the health care delivery system. No set aside has been afforded to public health practice, which has been delivering population health since the identification and inception of public health as a discipline. Most troubling is the rollout to the health care system to practice a scientific driven discipline, aka population health, without any prior training, common language or definition. Driven by this, there is a deliverable in this work plan to address the conundrum described earlier in this section. Issues such as the aging of public health workers, chronic lack of resources for education and training and the disconnect between public health practice competencies and hiring is massive. The employee job description, hiring and evaluation go directly to sustainability. This is one of the more daunting concerns for workforce sustainability. Few human resource procurement policies require public health specific skills, education and competencies that are tied to performance and evaluation. If the employer is not driving the need for public health competencies in their workforce, then public health practice is in jeopardy along with organizational performance and improvement in health outcomes.



## Outcomes Generated from the Planning Process

Four overarching outcomes have emerged from the planning process.

- First, as of May 2013 there is a Maine Public Health Work Plan document to drive improvements in practice, capacity and competencies of Maine's current and future workforce.
- Second, a work plan implementation infrastructure has been developed and approved moving for activation on 7/1/13.
- Third, all the findings from the various data sources have resulted in a set of recommendations to move the work plan implementation project forward. As time goes on it is expected that there will be revisions and additions to the list.
- Fourth, the project has obtained input from over 100 interested stakeholders who have expressed a desire to stay engaged and move the plan forward.

The infrastructure for the work plan implementation involves three committees. Each committee is interrelated and will require accurate and timely communication among them.

1. **The Project Oversight Committee** has responsibility for overall project performance, communication and timeliness. This committee is responsible for building a sustainable training infrastructure to assure that appropriate attention and direction of public health education and training is high quality, evidence-based, forward focused, collaborative and applies principles of quality improvement.
2. **The Curriculum Committee** has responsibility for designing and delivery of curriculum that improves the knowledge, skills and abilities of the current and future public health workforce. Foundational to this work are the 10 Essential Public Health Services, the 8 Competencies defined by the Council on Linkages between Academia and Public Health Practice and the findings from data gathered during the planning phase of this project.
3. **The Evaluation Committee** has responsibility for the development of the evaluation process, tools and detail of measurement for all aspects of the project. This committee will work in close consultation with the other committees in metric development, tracking data and vetting findings. By year 4 of this project, this committee will have responsibility for another survey of the public health workforce to determine the improvements in the practice of public health workforce.

## **Final Recommendations**

Recommendations evolved from the extensive array of data gathering serve as the basis of the five year work plan. Data sources:

- A comprehensive workforce survey conducted in March 2012.
- Key informant interviews, stakeholder engagement and advice from the members of the public health workforce developments' various committees along with a recent literature review.

### **First set of Recommendations for the Five Year Workplan:**

- Academic providers, in mutual partnership, customize a scalable skill based curriculum that ensures improvement in the eight public health competency areas for public health workers with emphasis on those whose practice lies in tier one and tier two.
- Engage education and training providers to collaborate on the design of a public health awareness and engagement track for pre-high school learners through all levels of collegiate learning and training schools such as nursing, radiology, and dental hygiene.
- Employers and training/education providers develop clear pathways to attract new workers with a variety of skill sets to join the “new” public health workforce.
- With providers of continuing education/training programs, develop a population health interdisciplinary learning session. Create a curriculum that is evidence-driven and population-based for current and future clinical providers, physicians, allied health, nursing, public health practitioners and others. This curriculum should provide a mutual learning opportunity across the divide between clinical care providers and community and public health practitioners. Emphasis not only needs to be on population-based sciences, such as epidemiology, preventive health/medicine, clear language and community engagement. Curriculum needs to also address health financing, health delivery systems and health reform.
- In partnership with national/regional education providers, design a customized curriculum that will address workforce education and training needs resulting from the Affordable Care Act.
- Work with employers of public health workers to integrate applicable public health competencies into employee performance goals, evaluations and job descriptions.
- Institute mentoring programs for workers to ensure that occurs along with the attainment of new knowledge.
- Develop a track or program in public health for undergraduate students.
- Work with the public library system in Maine to insure access to professional publications for public health workers who do not have access to academic libraries.

## **Implementation of the Maine Public Health Work Plan 7/1/13 – 6/31/18**

The work plan has been designed around three phases of work. Each successive phase builds upon the previous phase. All work to be carried out will be done through the collaborative partnership of the Maine CDC, the Hanley Center, and multiple partners from academia, workforce training programs, public health practitioners, health care systems and employers with a vested interest in improving the practice of public health workers.

### **Phase One 7/1/13 – 12/31/14**

**Operationalize** Maine Public Health Work Plan Implementation Infrastructure. Recruit for members and convene meetings of each of the three working committees: oversight, curriculum and evaluation.

**Implement** skill building related to the practice of the 10 Essential Public Health Services through accessible learning modules and mentoring.

**Raise Awareness** of pertinent training with accessible programming and employer support for engagement. Focus the awareness for workers in tier 1 and 2, employed by the Maine CDC, as a pilot, over the first twelve months.

**Increase Knowledge** through a strategic relationship with the Maine Statewide AHEC system and the New England Workforce Alliance to access evidence-based learning modules. Learning modules will be developed under the leadership of the Hanley Center for the target population of tier 1 and tier 2 Maine CDC workers. Further, explore a relationship with national partners to develop a curriculum designed to integrate population health training into primary care and public health practice.

**Increase Resources** through collaborative partnerships with training and education providers in Maine and out of state. Develop an inventory of competency based training with low access barriers for workers in tier 1, tier 2 and tier 3. Post a resource guide and training inventory on the Maine CDC website accessible to the public. Provide statewide access to professional publications for public health practitioners, without access to academic libraries, through the statewide public library system.

**Continuing Education and Training** will be ongoing. Course topics are identified by the workforce survey and previously described intelligence gathering activities. Develop courses for all levels of public health practice that address public health science, cultural competency and public health leadership.

**Evaluation process** initiated under the leadership of the evaluation committee. Evaluation expertise will be available to structure the process, build the evaluation logic model and develop tools etc., with the committee.

### **Phase Two 1/1/15 – 12/31/16**

Work from phase one carries over into phase two with additional work incorporated and described below.

**Policy Recommendations** are developed for employers of public health practitioners to incorporate competencies in the performance evaluations, work goals and job descriptions.

**Explore the Enactment of Legislation** that requires the state public health agency to ensure their ability to deliver the 10 Essential Public Health Services.

**Health System Integration** will result in collaborative and joint education and training of their clinical care and public health workers. Continue collaborative leadership training across Maine's health system with a special focus on integrating public health leadership curriculum into the dialogue. Develop a public health leadership program, based on the core competencies with emphasis on collaboration.

**Expand Training Audience** beyond tier 1 and tier 2 Maine CDC workers to engage those from other employers. Develop training to improve competencies in tier 3.

**Increase Competencies** by continual improvements in curriculum offerings and platforms along with the addition of new learning modules.

**Evaluation Process** underway with engagement of key stakeholders, consensus metrics and preliminary data gathered and findings presented.

### **Phase Three 1/1/17 – 6/31/18**

Work from phase one and two carry over into this phase along with the following activities.

**Resurvey Public Health Workforce** in July 2017, and every four years thereafter.

**Increased Knowledge, Skills and Abilities** will increase to an overall goal of >50% in three competency areas over the first 4 year period of the project.

**Evaluate Project Success Outcomes** against the training goals policy successes, sustained partnerships and workforce competency improvements competency improvements.

### **Conclusion**

Creating an open and living implementation five year work plan document is the only reasonable approach to this work. The rapid change that is faced daily within any sector of the health industry makes it impossible to be anything but fluid. This also allows the plan to be revised and edited as the circumstances change for public health work force improvement. Through continuous quality improvement, leveraging new and current partnerships, tracking new trends and challenges to the public health workforce, this work plan will evolve. Sustainability for the work plan has begun to ensure that public health workforce development remains a priority and is not neglected. The work has been inspired by the lessons of the past.

**The Maine CDC and the Hanley Center for Health Leadership recognize and acknowledge with deep gratitude the numerous partners, stakeholders and other contributors to the success of the public health workforce planning project. The accomplishments of this process remain a testimony to the value of collaboration among partners and collaborative leadership. Building on this platform will assure success during the plan implementation, as we move together in reaching our shared vision. A high performing public health workforce drives organizational success and together contributes to significant improvement in health outcomes.**

## **Training Infrastructure Process Plan and Outline**

### **Oversight Committee**

Training infrastructure development will be a responsibility of the Workforce Project Oversight committee. The goal is to develop an infrastructure that identifies a set of key stakeholders, both organizations and individuals who will shepherd a shared vision of a competency based trained public health workforce for Maine. This workforce will exemplify high quality public health practice and contribute to higher functioning organizations that have responsibility to improving the health of Maine's citizens. This entity will have the capacity and abilities to stay ahead of the emerging public health issues, while assuring a capable maintenance of effort for the engaged workers. The development of this infrastructure will be done in phases throughout the 5 years of the workforce plan implementation.

- I. Develop a shared vision founded on collaboration and transparency.
- II. Develop measurable goals for the process and that will be incorporated into the evaluation process
- III. Identify areas of strength that exist and areas that need to be built within the existing array of training producers.
- IV. Engage stakeholders who will assume ownership for the success of the process and commit to long term engagement. Include employers and educators for a more system-based view.
- V. Dialogue and incorporate the end users into all steps of the development process.
- VI. Strive to keep public health science, practice and competency based learning as the key drivers.
- VII. Remove access barriers for workers to engage in needed education and training.
- VIII. Work across systems and remove barriers and silos that impede the successful future of the training infrastructure.
- IX. Refocus the emphasis from individual workers to an approach that includes system-based approaches.
- X. Assure creativity, and resourcefulness in the design.
- XI. Find a suitable, home for the training infrastructure to reside.

## **Process Plan Outline for Curriculum Development Process Plan and Outline of Activity**

Design and deliver curriculum that improves the capacity and ability of practice for the current and future workforce is a requirement of essential public health service eight, to assure a competent public health and personal health care and personal health care workforce. Focusing revised and new curricula begins with the outline described in this document, which is built upon the findings of the Maine Public Health Workforce Planning Project process of the past two years, 2011-2013. Because of the unique and multi professional composition of the public health work force a competency-based approach to education and training will yield the greatest long term outcomes. Not only will the education and training be competency based, it will be necessary to develop a competency based system of learning. A systems approach will ensure that all stakeholders have a role, an opportunity for input and an opportunity to become fully engaged in areas of the system where they have interest and/or excel. Competency based needs require tailored instruction and learning approaches that reflect individuals' specific job responsibilities and identify workers who require skills in a certain area. Maine's workforce development will be delivered through programs with a foundation in adult learning theory and instructional design based on the public health competencies.

Begin with the learners as there are multiple iterations of who they are, where they work, their educational preparation and experience in public health science and practice. This includes both the more 'traditional' public health worker and those delivering health care in health care delivery systems. Based upon the 2012 workforce survey findings, the worker self-reported needs for training by competency; location and training preference have been identified. Many of the current workers require a continuous professional development program that provides new or updated skills to enhance practice, introduction of new knowledge as the public health agenda refocuses and employers who support and invest in the improvement and satisfaction of their workers. In the end this will result in a higher functioning organization that successfully reaches defined goals.

Employers are the other end consumer of a competency based system of learning. Those organizations, which employ workers to address one or more of the 10 Essential Public Health Services, are many and diverse in this state. In fact there will be some who do not see themselves as providing public health services, even though by this definition they do. Human resources

professionals will play a key role in the implementation of the workforce plan, and are key stakeholders in several aspects of the project.

This work plan project will recruit a group of stakeholders who will serve to address the education and training needs of this project. They will serve as the curriculum committee and report to the project oversight committee. Upon formation, this committee will be responsible to expand the inventory of competency based public health educational offerings that are accessible to Maine's public health workforce. With curriculum expertise, the committee will provide assurance for the content of all curriculum offered in relation to this project with particular emphasis on quality, competency focused and public health science based. This committee will also have responsibility to participate in the development of new offerings to the current and future workforce. New learning's must reflect the changing demands of public health practice such as public health preparedness, population health and health diversity and cultural sensitivities. All three will be affected by the cross cutting dimension of collaborative leadership skill building.

It is the intention of this project to work with national and regional partners on curriculum development specific to training the workforce that have responsibility for population medicine and population health employed in health care systems, the community and public settings. This will also allow access to developed and tested educational offerings.

#### **Curriculum Committee Process Outline:**

- I. Workforce Implementation Project Oversight Committee to engage curriculum interested stakeholders from providers, educators, employers and consumers.
- II. Convene Curriculum Committee
  - A. Expand inventory of competency based learning opportunities
  - B. Expand learner access to Maine's academic libraries and the Maine State Library System
  - C. Address competency based curriculum gaps for Maine workers
  - D. Recommend new approaches to address learning delivery for all worker
  - E. Develop partnerships with employers



- III. Contribute indicators and metric to the measure curriculum outcomes for the evaluation process
- IV. Develop feedback loops to maintain communication and input to other project committees
- V. Participate in national curriculum design lead by the CDC
- VI. Report findings to Oversight Committee

### **Evaluation Process Plan and Outline**

Evaluation of the Public Health Workforce Project Plan begins day one of implementation. This becomes a top priority of the project's oversight committee. Program evaluation is an assurance function of public health practice and one of the 10 essential public health services. Specifically, the service requires the evaluation of the effectiveness, accessibility and quality of personal and population based health services. Training a competent workforce, monitoring its' effectiveness and quality and assuring access to competency based training is within the scope of this evaluation.

The evaluation process is expected to describe the influence, impact and outcomes of the five year implementation of the public health workforce plan. The intended improvements in the practice of the individual worker along with improved organizational performance are the long term outcomes of this work. Within the five year plan, there are three phases, and each will be evaluated. Findings will contribute the continuous quality improvement the project will be engaged in. Feedback loops will be established immediately to ensure that the oversight committee can act quickly to remedy activities in need.

An Evaluation Committee will be established to concentrate on development of the evaluation process and detail the framework. A logic model has been developed for the committee to use as a starting point. This committee will report findings directly to the oversight committee. Several key elements will drive the evaluation work which include; a participatory approach, collaboration and transparency. It is important that this committee define the indicators and metrics that will be able to measure the effects, outcomes and impact the workforce project has on the worker, the employer including their human resources function. From the outset, the

evaluation will be determining improvements in KSA's (knowledge, skills and abilities), self-efficacy and empowerment. The goal of the committee's work, through its' findings, will be to guide the project over the five years of implementation, in order for it to meet its' intentions for the worker and their organization. For the worker, evaluation will strive to find a competent and skilled workforce using their skills and knowledge to make evidence-based decisions in their work and to have an evolving, engaging and satisfying career path. For the employer the intention is to have a supportive environment for evidence –based practices reflected in programming resulting in quality health outcomes for the populations they serve.

Following a literature review and discussions with established evaluators, an evaluation process and framework has been suggested for this project. It is a hybrid of two frameworks that were developed by two internationally recognized agencies. The most common elements come from the Center for Disease Control and Prevention, which has a long standing history in public health program evaluation. In 1999, their Framework for Program Evaluation in Public Health was published and has been a landmark approach ever since. In 2009, the Robert Wood Johnson Foundation published A Practical Guide for engaging Stakeholders in Developing Evaluation Questions. The process recommended blends many of their common elements into a framework that will be applicable to this evaluation project. The evaluation committee will adopt this model as it guides the evaluation process. The evaluation committee will be the responsible to keep the oversight committee up to date on each step of the evaluation process.

## **Steps in the Maine Public Health Workforce Plan Evaluation Process**

- I. Logic Model has been developed and will require the committee to further develop, revise and refine as the project moves along.
- II. Engage stakeholders to form evaluation committee, set goals and timelines for the overall project and within the three phases and develop evaluation questions
- III. Focus the Evaluation Process based upon the work plan and the logic model.
- IV. Gather credible evidence that will inform and define indicators identify sources and resources determine quality of indicators, identify logistics needed for oversight and assure continuous quality improvement. Revise logic model as needed.
- V. Design data collection process, relying on credible approaches.
- VI. Analyze and interpret data and provide data review and oversight.
- VII. Justify conclusions and take to interested parties, gt consensus and stay transparent.
- VIII. Make recommendations public and engage interested parties, users, funders, policy makers and others and publish findings. This is the responsibility of the project oversight committee.

# Maine Public Health Workforce Development Project

## Logic Model

Inputs (Drivers)	Outputs		Outcomes -- Impact		
	Activities (what we do)	Participation (who we reach)	Short (Phase 1)	Medium (Phase 2)	Long (Phase 3)
1. Available Resources 2. Accreditation 3. Aging Workforce 4. Council on Linkages 5. Population Medicine vs. Population Health 6. Healthcare Reform 7. Affordable Care Act 8. 3 Core Functions 9. 10 Essential Public Health Services 10. Health IT 11. Maine CDC Performance Improvement 12. National Trends 13. Budget/ Funding 14. Education 15. KSA (Knowledge, Skills, Abilities) of Workforce	1. Assess Workforce Survey Findings 2. Capture Stakeholder Input 3. Engage Key Partners 4. Partner with Constituents 5. Engage Education/ Training Providers 6. Produce Data Workbook 7. Generate Consensus Report 8. Perform Literature Review 9. Develop Public Health Development Workplan 10. Implement Public Health Development Workplan 11. Evaluate Public Health Development Work plan	<b>Workforce planning participants</b> * Steering Sub-committee * Data Subcommittee * Maine Health Workforce Council Staff * Representatives from Maine's 4 Largest Health Systems  <b>Regional/ Federal Partners</b> * CMMI * Maine CDC * New England Workforce Alliance  <b>State Partners</b> * Maine CDC * Hanley Center * Education/ Training Providers * Maine AHEC  <b>Work plan Implementation Oversight Committee</b>  <b>Training Infrastructure; Curriculum and Evaluation Committees</b>	<u>7/1/2013 - 12/31/2014</u> <b>Implement Skill Building</b> * Integrate 10 Essential Public Health Services  <b>Raise awareness</b> * Display Available Training * Present Project Activities * Inform Tier 1&2 Workers  <b>Increase Knowledge</b> * Maine-specific Public Health Training with New England Alliance and Maine AHEC * Explore National/ Regional Partner Relationship to Develop National Curriculum  <b>Increase Resources</b> * Convene Oversight Comm * Develop provider Inventory List * Provide Access to Professional Publications * Develop Mentor Program  <b>Continuing Education</b> * Work with Academic Partners * Introduce Public Health at <b>All</b> Levels	<u>1/1/2015 - 12/31/2017</u> <b>Policies</b> * Policies in Place: HR Changes * Establish Public Health Competencies in staff Performance goals, Evaluations, and Job Descriptions * Recommend Legislation to Assure Delivery of the 10 Essential Public Health Services  <b>Action</b> * Introduce Public Health into Primary Care Workforce and Undergraduate Education Programs * Establish Full and Open State Library Access * Develop and Pilot National Curriculum * Tier 1 & 2 Staff Enrolled in New England Alliance Courses * Evaluation of Work plan	<u>1/1/2017 - 6/31/2018</u> <b>July 2017:</b> Re-survey Maine Public Health Workforce (every 4 years)  <b>Increased knowledge</b> * Goal: ≥50% Self-reported Competency Level in 3 of 8 Areas of Practice * Instituted National Curriculum * Five Academic Institutions offer Public Health Science Courses  <b>Raise Awareness</b> * Pathway Established to Raise Public Health Awareness  <b>Policies</b> * HR Policies for Public Health Workforce Reflect Improved Competencies

