

2021

PUBLIC HEALTH WORKFORCE DEVELOPMENT IN IOWA

**A Report from
Iowa Public Health Association and
Midwestern Public Health Training Center**



PREFACE

COVID-19

This work began in spring of 2019, as a partnership between Iowa Public Health Association and the Midwestern Public Health Training Center, supported by a grant from Telling Community Initiative. At that time, we could not imagine the challenges that the triple pandemics of infectious disease, systemic racism, and climate change would make the global public health community face. Iowa's public health professionals are dealing with the intersections between science, politics, and community opinion all while balancing their own work and life transitions. Although managing a pandemic in the literal or figurative sense is in some regard the epitome of public health, it is an experience for which few are truly prepared academically, instinctively, or emotionally.

Public health professionals have long been aware of interconnections between and inequities related to health, education, employment, housing, policing and justice, and more. COVID-19, the calls for racial justice, and Iowa's summer derecho put a spotlight on the infinite Venn diagram that is health equity for all to see. It is incumbent on us to be community health strategists and inspire intersectoral action for health equity.

Evaluations of our responses to today's challenges will be ongoing, extensive, and the subject of debate for years. Nonetheless, they will give us insight on what worked well and what needs to be improved. One thing we have already learned is the importance of flexibility and resiliency. These two attributes overlap all models of public health practice, from the 10 Essential Services, to the Public Health 3.0 framework, to the Strategic Skills outlined by the National Consortium for Public Health Workforce Development.

The relentlessness of 2020 does not negate the outcomes of the completed assessment work. Rather, we are being challenged to apply the findings to a real-life scenario that none of us would have written. It is our task to ensure that our public health workforce development plans are flexible enough to withstand challenges and resilient enough to impasse growth in the breadth and depth of our profession.

INTRODUCTION

What is this document and what is it not?

In 2019, the US Centers for Disease Control and Prevention issued a call to action for America's public health professionals to advance our profession to meet the challenges of the 21st century; an aspirational phase of public health practice termed "[Public Health 3.0](#)." Public Health 3.0 builds on the successes and lessons learned from public health practice of the past and emphasizes a focus on **cross-sector collaboration**, **collective impact**, and a **focus on health equity** and the root causes of today's public health concerns, known as the social, economic, and political determinants of health. While community partnerships and looking at upstream causes of ill health are not new skills, advancing public health by intentionally and strategically **engaging partners outside of traditional public health partners** is a stretch to many, including boards of health and those that approve funding models. Various organizations have completed assessments of the public health community's readiness for this move on a national or regional scale.

Most notably, [PH WINS](#) is a national survey that provides a snapshot of demographics and trends associated with large governmental public health agencies. An evaluation of PH WINS and other assessments conducted by Iowa Public Health Association (IPHA) revealed that Iowa's public health workforce was **not well represented due to the varying size and organizational structure of our public health workforce**. Therefore, IPHA and the Midwestern Public Health Training Center, with support from Telligen Community Initiative, launched an initiative to **assess the readiness** of Iowa's public health workforce and develop a **justification model for investing in professional development** that advances the workforce in alignment with Public Health 3.0.

The short-term objective was to complete a **statewide public health workforce development needs assessment and report**. The long-term goal is **professional development among Iowa's public health workforce along eight strategic skills**, which will be introduced later in this report. These cross-cutting skills intersect with the traditional scopes of public health practice and specialized expertise areas. The intention is not to de-specialize, but rather build a **transformational learning network** that is nimble enough to navigate any issue with flexibility and public health effectiveness.



This document is intended to serve public health practitioners, partners, and policymakers as they develop professional learning goals, either for their teams or individually. It can be used as an **inspiration and justification for trainings, resources, and plans** that may be a stretch from current practice, but are in the scope of Public Health 3.0.

This is not a training plan. Each organization and individual will need to seek out professional development opportunities that best suit their learning and growth goals. We have provided in the Appendix a list of local and national training resources that align with the strategic skills needed to realize Public Health 3.0.

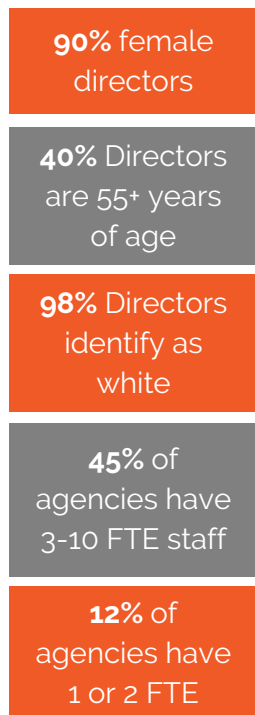
The strategic skills are cross-cutting in nature, and are applicable to any content area public health currently addresses. It is the responsibility of the learner, with support of their team, to apply the lessons to the focus areas of their work. As this is achieved, we collectively move Iowa's public health workforce toward a model of **collective impact and systems change**.

Results from the Iowa Public Health Workforce Development Survey (IPHWDS) and corresponding focus groups were used to develop this report (see Appendix C).

IOWA WORKFORCE SNAPSHOT

Data from IDPH FY20 Local Public Health Systems Survey

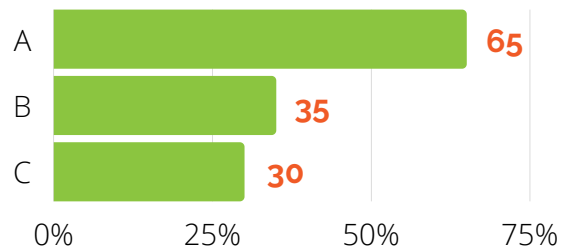
WHO: WORKFORCE



Source: IDPH, 2021

WHERE: STRUCTURE

Local Boards of Health decide if public health services will be offered by county employees or if they will contract with other health organizations to provide services on their behalf.



A: Board of Health directly employs staff (county-based)

B: Board of Health contracts staff (health services-based)

C: Environmental health and public health within same table of organization

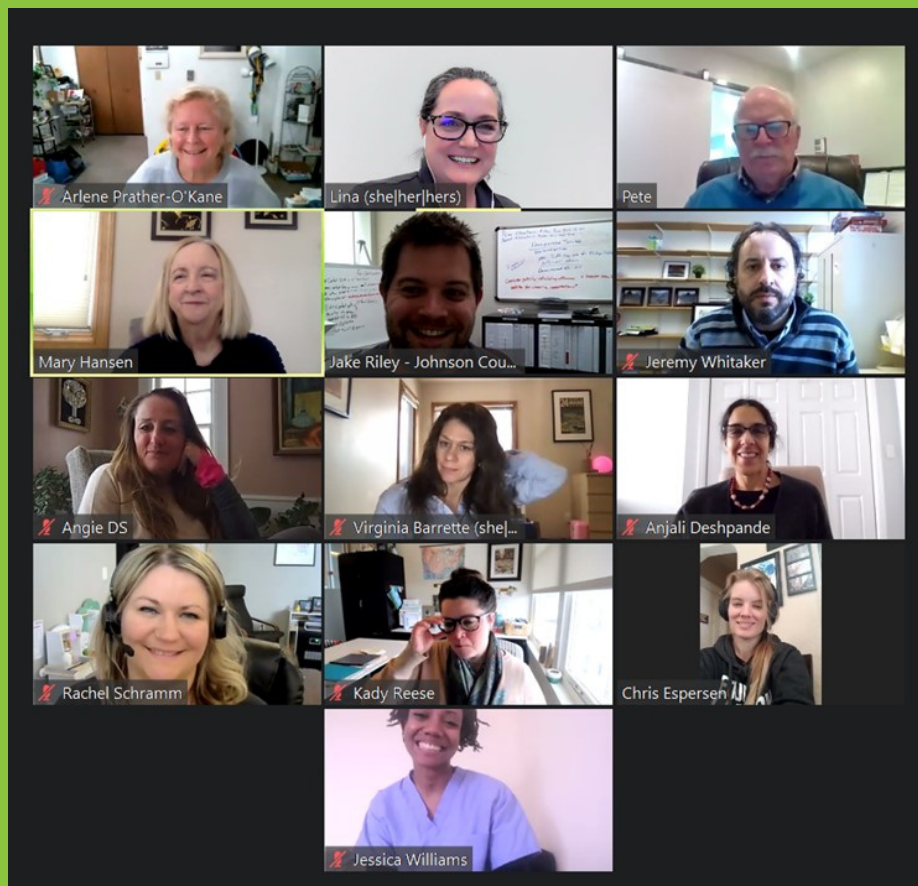
“The public health workforce has been the invisible front line throughout the pandemic. They are stressed and facing burnout like never before. Without due attention, we are facing a major disruption in the Iowa's public health system.”

-Lina Tucker Reinders, IPHA Executive Director

Moving Toward Public Health 3.0

Assessing Needs

Voices of Public Health



IPHA Board of Directors (2021) and Executive Director

ASSESSING NEEDS

2019/2020 Iowa Workforce Development Assessment: Survey & Focus Group Summary

MOST IMPORTANT SKILLS*



1. Collect valid data for use in decision-making.
2. Describe how social determinants of health impact the health of individuals, families, and the overall community.
3. Collaborate with public health personnel across the organization to improve the health of the community.



1. Apply evidence-based approaches to address public health issues.
2. Build cross-sector partnerships to address social determinants of health.
3. Engage in collaborations within the public health system, including traditional and non-traditional partners, to improve the health of a community.



1. Communicate in a way that persuades others to act.
2. Create a culture of quality improvement at the agency or division level.
3. Ensure the successful implementation of an organizational strategic plan.

*Results of IPHWDS

The majority of Iowa's residents are served by small and rural local public health departments, including departments with fewer than 5 FTEs. The professionals who work in these departments have skills and expertise to respond to the needs of their communities. Their voices are critical to any conversation about the future of the public health workforce in Iowa.

Needs continued*

*Results of IPHWDS

MOST NEEDED SKILLS

Non-supervisors

- 50% Engage community assets and resources to improve health in a community.
- 49% Describe how social determinants of health impact the health of individuals, families, and the overall community.
- 43% Describe the importance of engaging community members in the design and implementation of programs to improve health in a community.

Executives

- 66% Build collaborations within the public health system among traditional and non-traditional partners to improve the health of a community.
- 44% Use valid data to drive decision making.
- 42% Communicate in a way that persuades others to act.

Supervisors and Managers

- 55% Engage in collaborations within the public health system, including traditional and non-traditional partners, to improve the health of a community.
- 43% Build cross-sector partnerships to address social determinants of health.
- 38% Apply evidence-based approaches to address public health issues.

IMPORTANT BARRIERS

	Non-supervisors	Supervisors / Managers	Executives
Cost of course	1	1	1
Finding time during work schedule	2	2	3
Lack of organizational support of training (approval to attend, time off, paying for course)	3		
Ability to find relevant training		3	
Traveling distances		3	2

VOICES OF PUBLIC HEALTH

Data from Focus Group Participants

What makes a public health workforce effective?

- Knowledgeable and passionate staff
- Leadership commitment, accountability and support
- Understanding of cultural humility
- Cross-sector Collaboration
- Strategic planning
- Persuasive communication
- Innovation and diversity of thought

“Public health is valued. It's not dismissed.”
- Urbandale focus group participant

What are the challenges for Iowa to have the most effective public health workforce?

- Workforce Investment in recruitment, diversity, retention, and succession
- Financial resources
- Cooperation and collaboration
- Public and political engagement
- Certification and licensing standardization
- Training barriers
- Rurality

“Even just thinking about a community embedded workforce... So having individuals that are working with a population, living within that population. Having that identity, that brings awareness.”
- Ottumwa focus group participant

VOICES OF PUBLIC HEALTH

“ I felt like the different types of healthcare are so siloed ... just that collaboration, like you said, and advocating, and really just educating people and the public about all the different things that are so siloed, it seems like sometimes that it's more helpful to have people working together so people are really accessing all of the services.”

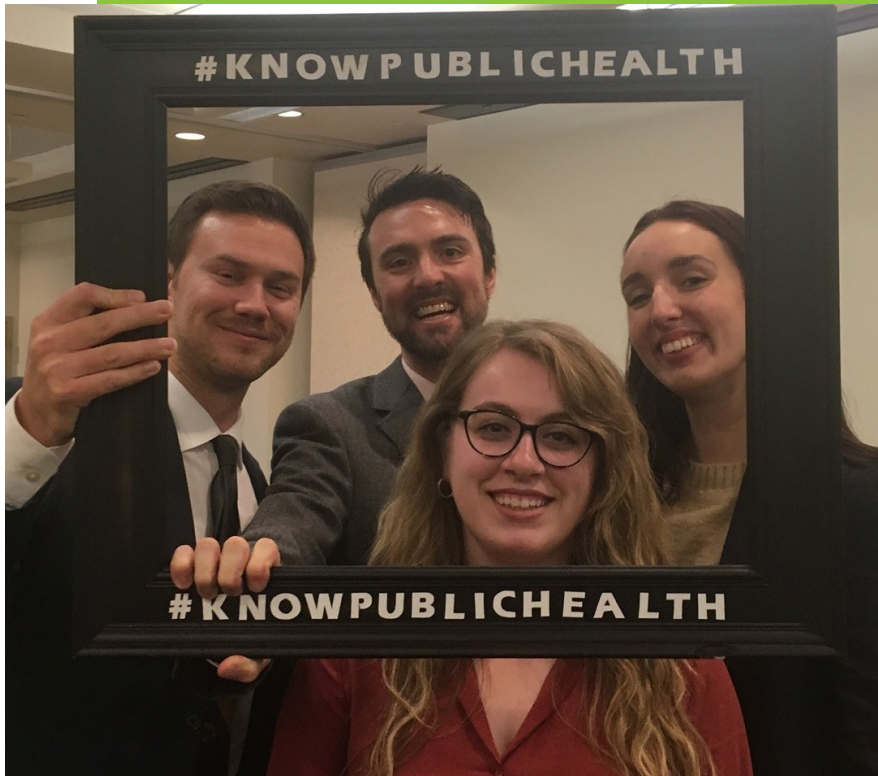
- Storm Lake focus group participant

What is needed for Iowa to have the most effective public health workforce?

- Visibility, sharing, and acknowledgement
- Cross-sector collaboration and coordination
- Strategic planning
- Reinvestment in the workforce
- Persuasive communication skills and strategies
- Public endorsement
- Consistency and standardization
- Predictable, flexible, and sustainable funding
- Embrace of technology
- Informed and independent local boards of health

“ ... if the entire public thinks it's something that's important and should be addressed, and we give time to it, we give money to it, that then people want to go in to do that job, because they feel valued and they feel it's important to their community ...”

- Storm Lake focus group participant



University of Iowa College of Public Health Students

Looking Forward

Goals

Strategies

Community Health Strategists

Recommendations

GOALS

Going forward

Vision: The public health workforce in Iowa will be capable of promoting systems change in their communities and statewide to improve health outcomes and reduce health inequities.



Develop a comprehensive approach to understand public health system workforce development.

- Coordinate periodic, systematic assessment of Iowa's public health workforce modeled on the Public Health Workforce Interests and Needs Survey (PH WINS).
- Utilize within-organization data and statewide information to inform plan development and evaluate improvement related to community or systems challenges.



Expand learning approaches.

- Cultivate and model a culture of learning
- Integrate [strategic and specialized skills](#) development.
- Seek and initiate cross-sector training.



Seek and develop engaging learning methods including:

- Structured peer-to-peer learning
- Learning collaboratives
- Intentional mentorship
- Ad hoc and experiential learning
- Technical assistance provided over time



Evaluate learning for quality and outcomes.

- Capture learning successes beyond event-based evaluation.
- Share results to contribute to our evidence-base for impactful learning.
- Incorporate changes in workforce development plans based on results.

STRATEGIES

Assure that Iowa's workforce has the competence, capacity, and capabilities to improve health outcomes equitably.

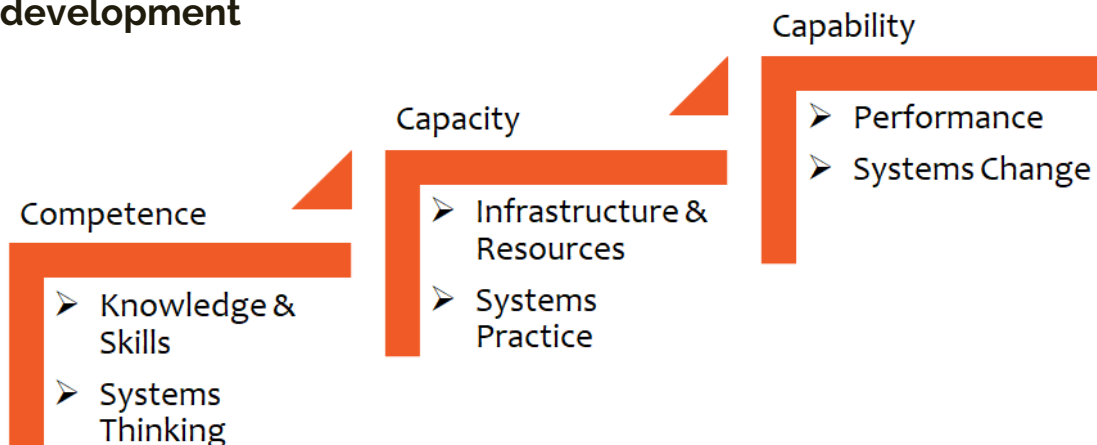


Create strategic alignments among partners to equip the workforce for collective impact on complex public health issues.



Foster a system-wide culture of organizational learning with structures and policies that support personal, professional, and career growth for public health practitioners.

A step-wise approach to workforce development



Competence (knowledge, skills and abilities of the workforce) is a key component of capacity (infrastructure and resources) of organizations. Enhanced capacity, in turn increases the capability (the performance and impact) of organizations. This stepwise approach to workforce development corresponds to the vision of collective impact and systems change (pg. 4). Systems thinking is a foundational competency and strategic skill of the public health workforce. As they develop this competency, practitioners and organizations build their capacity to do systems practice work. This approach builds the capability of an organization and the system to lead systems change.

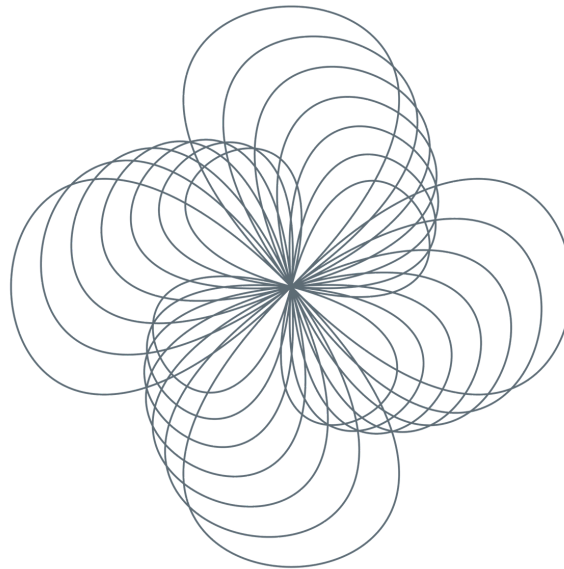
COMMUNITY HEALTH STRATEGISTS

Adopting a Community Health Strategist Mindset for Workforce Development

Through three strategic tactics:

Bring strategic partners in.

Identify
strategies that
can meet goals.



Examine the
available data.

Determine whose voice is missing.

What is needed: investment in assuring the workforce is able to demonstrate the strategic skills of persuasive communication, data analytics, problem solving, resource management, change management, systems thinking, diversity and inclusion, and policy engagement.

By investing in workforce development through a variety of mechanisms public health professionals - at all levels - will be better able to take on the role of community health strategist.

RECOMMENDATIONS

A Statewide Approach

A diverse, and highly skilled public health workforce across the culture of lifelong learning is foundational to improving health outcomes for everyone in every dynamic community. The strategies below are intended to be used within agencies and across sectors.

2018 MINK Training, Des Moines



Establish a Statewide Public Health Workforce Development Coalition representing multi-sector partners and leaders.



Develop a shared mission and vision for Iowa's public health workforce.



Create flexible goals, strategies and actions needed to achieve the mission.



Facilitate and grow strategic partnerships to expand opportunities and resources vital to workforce development.



Engage partners in discussions that explore what's working, and encourage sharing stories to facilitate positive change.

RECOMMENDATIONS

A Local Approach

Review survey and focus group assessment results with agency staff to create a 2- to 3-year workforce development plan that aligns the agency's strategic plan to Public Health 3.0.

Utilize learning resources to identify and implement trainings and other workforce development activities to build capacity within the strategic skill areas.

Utilize professional development plans in annual performance reviews.

Evaluate the impact of the workforce development plan on programs and interventions that align with community health needs and health improvement plans.

Review outcomes of workforce trainings and activities with local boards of health.

Identify broad, cross-sector learning and practice opportunities.



A diverse, innovative, and adaptive public health workforce is essential to transforming the public health system and addressing community needs. Undertaking this amid increasing public health challenges and threats with limited resources is daunting. This report highlights the top training skills and needs to better equip individuals to address complex public health issues and build effective organizational and community capacity for systems change. A strategic approach to workforce development is central to achieving the desired outcomes. The driving force behind this work is consistent with that of the Ten Essential Public Health Services, "Everyone should have a fair and just opportunity to achieve optimal health and well-being."

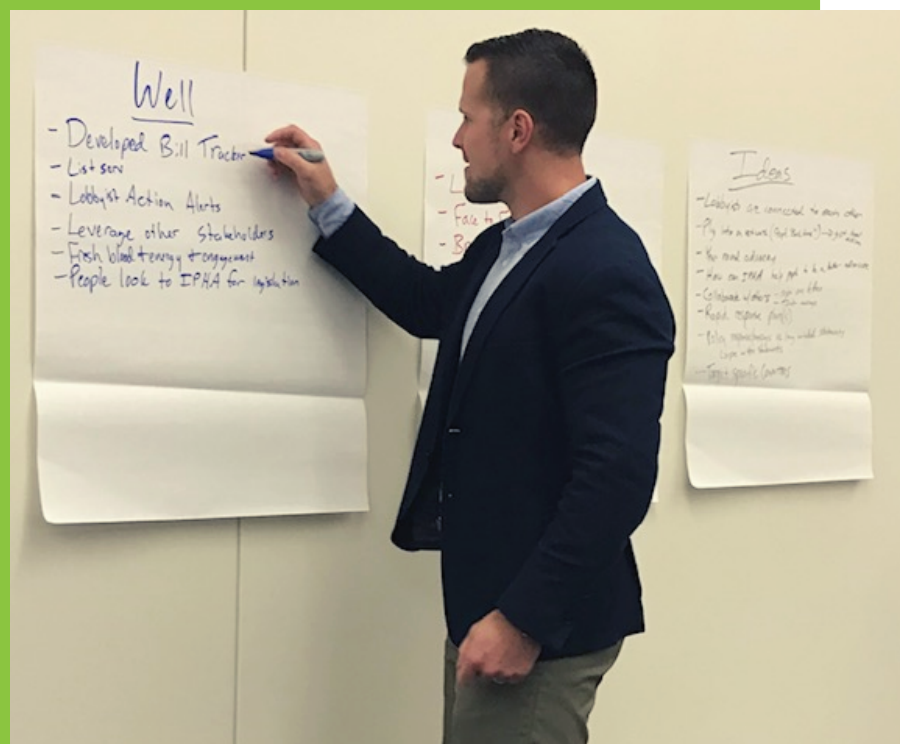
**We all have a stake in advancing the public health workforce.
What role will you play?**

Appendix

Glossary

Resources

IPHA 2020 Survey & Focus Group Report



IPHA member Brandon Rohrig

APPENDIX A

Glossary

Capacity: the infrastructure and resources (human, financial, technology, etc.) of an organization ([Meyer, Davis & Mays, 2012](#))

Capability: a measure of performance of an organization which is dependent upon access to resources (capacity) and the ability to align those resources to meet the needs of its environment ([Beer, Voelpel, Leibold & Tekie, 2005](#))

Community Health Strategist: an engaged change leader (or group of leaders) who builds community coalitions that investigate and take action to make meaningful progress on a community health issue ([PHF](#))

Competence: ability to effectively apply the foundational skills desirable for professionals engaging in the practice, education, and research of public health ([Council on Linkages Between Academia and Public Health Practice](#))

Intentional mentorship: involves all mentors in continuous coaching, both peer to peer and facilitator to mentor, so that there is ongoing support and a sense of community for each mentoring relationship at every level of the organization ([Intentional Mentoring](#))

Learning organization: where people continually expand their capacity to create results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together (Peter Senge, "The Fifth Discipline").

Peer-to-peer learning: learning from and with each other in both formal and informal ways ([Stanford University](#))

PH WINS: captures the perspectives of individual governmental public health workers on key issues — such as workforce engagement and morale, training needs, and emerging concepts in public health — and collects data on the demographics of the workforce; results are used to inform and guide workforce research, development, and training ([de Beaumont](#)).

Glossary continued

Public Health 3.0: framework that emphasizes collaborative engagement and actions that directly affect the social determinants of health inequity ([NACCHO](#))

Strategic acting: a process of learning how to get to where we want to be from where we are ([Leadership Solutions](#))

Strategic learning: encompassing strategies for learning on the individual level, aiming at positively affecting the learner's autonomy; ... learning of organizations about developing the strategic orientation of the organization ([Springer Link](#))

Strategic thinking: intentional and rational thought process that focuses on the analysis of critical factors and variables that will influence the long-term success of a business, a team, or an individual ([Center for Management & Organization Effectiveness](#))

Systems change: fundamental change in policies, processes, relationships, and power structures, as well as deeply held values and norms ([Stanford Social Innovation Review](#))

Systems practice: a way to make sense of complex environments and uncover the dynamics that have the greatest potential for impact ([Acumen Academy](#))

Systems thinking: a set of synergistic analytic skills used to improve the capability of identifying and understanding systems, predicting their behaviors, and devising modifications to them in order to produce desired effects ([Arnold & Wade, 2015](#))

APPENDIX B

Resources with links

Organizations

- [American Public Health Association](#)
- [Healthy People 2030](#)
- [Human Impact Partners](#)
- [Iowa Public Health Association](#)
- [Midwestern Public Health Training Center](#)
- [National Association of County and City Health Officials](#)
- [National Association of Local Boards of Health](#)
- [Prevention Institute](#)
- [Public Health Foundation](#)
- [Regional Public Health Training Centers](#)
- [Society for Public Health Education](#)
- [The Network for Public Health Law](#)

Tools

- [Assessing Legal Response to COVID 19](#)
- [ASTHO Workforce Development Plan Toolkit](#)
- [CDC Health Equity Style Guide](#)
- [Daring Leadership Assessment](#)
- [de Beaumont Foundation's The Practical Playbook: Public Health and Primary Care Together and The Practical Playbook II Building Multisector Partnerships](#)
- [Health Impact Assessment](#)
- [Moving to Institutional Equity: A Tool to Address Racial Equity for Public Health Practitioners](#)
- [Ohio workforce development plan template](#)
- [PH Wins](#)
- [Project Implicit](#)
- [Public Health Communications Collaborative](#)
- [Public Health Learning Agenda](#)
- [Public Health Reaching Across Sectors \(PHRASES\)](#)
- [Public Health Workforce Development Action Plan from the CDC](#)
- [Systems Practice Workbook](#)

Resources with links continued

Suggested Readings

- [Core Competencies for Public Health Professionals](#)
- [National Public Health Workforce Development Consortium – Building Skills for a More Strategic Public Health Workforce](#)
- [Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure](#)
- [Public Health Accreditation Board Standards and Measure for a Competent Public Health Workforce](#)
- [Revised Ten Essential Public Health Services](#)

Learning Opportunities

- [American Journal of Public Health Podcasts](#)
- [APHA Advancing Racial Equity Webinar Series](#)
- [Great Plains Leadership Institute](#)
- [NYT 1619 Podcast](#)
- [Public Health Learning Navigator](#)
- [Robert Woof Johnson Foundation Leadership Programs](#)
- [TRAIN](#)
- Systems Thinking
 - [Strategic Skills Training Series: Introduction to Systems Thinking](#)
 - [Systems Thinking Through a Public Health Lens](#)
- Change Management
 - [Change Management: A Critical Strategic Skill for Public Health Workers](#)
 - [Strategic Skills Training Series: Introduction to Change Management](#)
 - [Thriving Through Change](#)

Resources with links continued

Learning Opportunities Continued

- Cultural Humility
 - [Cultural Awareness: An Introduction to Cultural Competence and Cultural Humility](#)
 - [Cultivating Cultural Humility in Public Health Practice](#)
 - [Cultural Humility and the Transformation of Scripts of Inequality](#)
- Persuasive Communication
 - [Strategic Skills Training Series: Introduction to Persuasive Communication](#)
 - [Persuasive Communication 3-part Series](#)
 - [Ten Tips for Effective Communication](#)
- Data Analytics
 - [Tackling Data Training](#)
 - [Serving Diverse Communities: Finding Data on Health Disparities](#)
 - [Overview of Public Health Data](#)
 - [Data Collection for Program Evaluation](#)
 - [Data Into Action for Tribes: Publicly Available Data Sources](#)
 - [Data Interpretation for Public Health Professionals](#)
 - [Foundations of Public Health Practice](#)
- Problem Solving
 - [Pandemic: A Critical Thinking Scenario](#)
 - [Problem Identification in the Policy Process and How Systems Thinking Fits In](#)

Resources with links continued

Learning Opportunities continued

- Diversity, Equity, and Inclusion
 - [Health and Disability 101 Training for Health Department Employees](#)
 - [Serving Diverse Communities: Accessing Reliable Health Information in Multiple Languages](#)
 - [Community Based Participatory Research: A Partnership Approach for Public Health](#)
 - [Equity and Empowerment Lens: A Tool to Create Equitable Policies and Programs](#)
 - [Working Across Government to Advance Health and Racial Equity](#)
 - [Fostering Community Partnerships to Advance Health Equity](#)
 - [Championing Transformative Change to Advance Health Equity](#)
 - [Building Internal Infrastructure to Advance Health Equity](#)
 - [A Commitment to Advancing Health Equity](#)
 - [Equity, Diversity, Inclusion: Action Toolkit for Organizations](#)
- Resource Management
 - [An Introduction to Policy Analysis](#)
 - [Organizing a Strategic Policy Coalition](#)
 - [Practical Law for Public Health Officials](#)
 - [Policy Development: Policies and Plans](#)
 - [Public Health Policy and Advocacy](#)

APPENDIX C

Report

This work benefitted greatly from the open access philosophy of deBeaumont Foundation. Their PHWINS survey is publicly available, and we used its question set as a base for ours. When we all work together, we amplify each others' voices and are able to tell the collective story. In that spirit, we are making our survey, focus group question set, and respective reports freely available, as well.

Download the IPHA 2020 Survey, Focus Group Protocol, and the Final Report [here](#).

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- James Bechtel, Johnson County Public Health
- Brad Brake, Harrison County Home & Public Health Department
- Anjali Deshpande, University of Iowa
- Joy Harris, Iowa Department of Public Health
- Jeneane Moody, Des Moines University
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- Brandon Rohrig, Centers for Disease Control and Prevention

Survey and focus group participants