

Public Health Workforce Development: Keeping Population Health Goals in Mind

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In the public health field, there is an identified need to develop the public health workforce strategically to meet the needs of a changing public health landscape. The “core competencies” that support the implementation of the core functions of public health must be tied to the mission and goals of the agency or program, and examined in light of the specific population health concerns they are meant to address. CAST-5 is offered as an example of a tool fulfilling this role for state Maternal and Child Health programs.

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THERE IS GROWING consensus in the public health field on a set of core public health functions (assessment, policy development, and assurance), along with an underlying set of 10 Essential Public Health Services, as the blueprint for local and state agency operations. Concurrently, a drive toward increased accountability, a recognition of the need to strategically “market” public health system activities and achievements, and advances in system monitoring and improvement have led to the development of public health performance measurement tools by the Centers for Disease Control and Prevention (CDC) in collaboration with national public health organizations (see *JPHMP*, volume 6, number 5, September 2000). The performance standards built into these tools in the future may form the basis for accreditation of public health agencies.

At the same time, it is recognized that achievement of performance standards necessitates a competent workforce and that the specific competencies of the workforce must be aligned with the current conceptualization of the public health mission, as articulated in the 10 Essential Services framework. Certification of public health workers based on a broad set of competencies has been proposed as part of the ef-

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fort to improve the skills and readiness of the diverse public health workforce.¹ Many state and local public health agencies are struggling to shift their predominant focus on personal health services toward the more comprehensive charge of the Essential Services. These agencies also may be undergoing significant reorganization in an effort to streamline operations and consolidate categorical programs. Given these changes, reorienting the workforce and getting workers “up to speed” on cross-cutting, core functions-based competencies may be quite a challenge.

Above all, keeping the certification of workers and the accreditation of agencies relevant to the public health mission is necessary to ensure that these processes do not become just another “bureaucratic exercise.” The performance of agencies and the skills of the workforce must be linked explicitly to *both* the population health issues and core public health functions that form the basis for government health agency activities.

Alongside their public health colleagues, public Maternal and Child Health (MCH) programs during the past decade have worked to redefine their mission and activities, moving away from isolated categorical programming toward operations within a core functions, systems approach. A population-specific core functions framework based on the 10 Essential Public Health Services has been adopted widely in the MCH community,² and public MCH programs have sought guidance in identifying and developing the capacity to implement the Essential Public Health Services. In response to those requests, the Johns Hopkins University Women’s and Children’s Health Policy Center (WCHPC) and the Association of Maternal and Child Health Programs (AMCHP) have collaborated to develop a tool that connects performance at the organizational level with performance at the staff level.

This new tool, *Capacity Assessment for State Title V** (CAST-5),³ is designed to assist states in assessing their capacity to implement the MCH Essential Services in the context of their specific statutory and or-

ganizational mission and population health and service system outcome objectives. The Preliminary Edition of CAST-5, released in March 2001, draws from the body of performance measurement tools to guide public MCH programs through: (1) articulating the MCH program’s mission and goals within their current environmental context; (2) rating performance related to the 10 MCH Essential Services; (3) identifying specific organizational resources necessary for improving performance (with an emphasis on data resources, professional competencies, and collaborative relationships); and (4) developing specific strategies for capacity building (e.g., through cultivating organizational relationships, staff development, redirecting resources, and changing organizational culture or priorities).

Title V Block Grant programs already have in place a needs assessment process giving a broad picture of the program context. The Title V requirements include Performance Measures and Health Status Indicators that provide data on program and population outcomes. CAST-5 serves to conceptually link programs’ roles and activities to the effects of their work on population health status by specifying the elements of organizational capacity that are needed to implement the Essential Public Health Services. As a strategic planning tool, CAST-5 provides an opportunity for public health programs concerned with women’s and children’s health concerns to re-engineer their work and their workforce development in light of their vision and mission (see Figure 1).

In the public health field, there is an identified need to develop the public health workforce strategically to meet the needs of a rapidly changing public health landscape. As we are reminded in *Alice in Wonderland*, if you don’t know where you want to go, any road will take you there. Thus, the “core competencies”¹ that support the implementation of the core functions of public health must be tied to the mission and goals of the agency or program, and must be examined in light of the human health concerns they are meant to address. The “Public Health Learning Process” described by Holtzhauer and colleagues⁴ takes a step in this direction. CAST-5 is offered as an additional example of a tool that can assist public health agencies in taking on the rather daunting set of tasks before them. We anticipate that given the great variation in public health agency environments and structures, a variety of such tools

*“Title V” refers to the federal-state MCH program created with Title V of the Social Security Act (1935 to present). “Title V program” is used to represent the organizational units within state health departments that are accountable for activities undertaken with funds provided to the state through Title V—the Maternal and Child Health Services Block Grant.

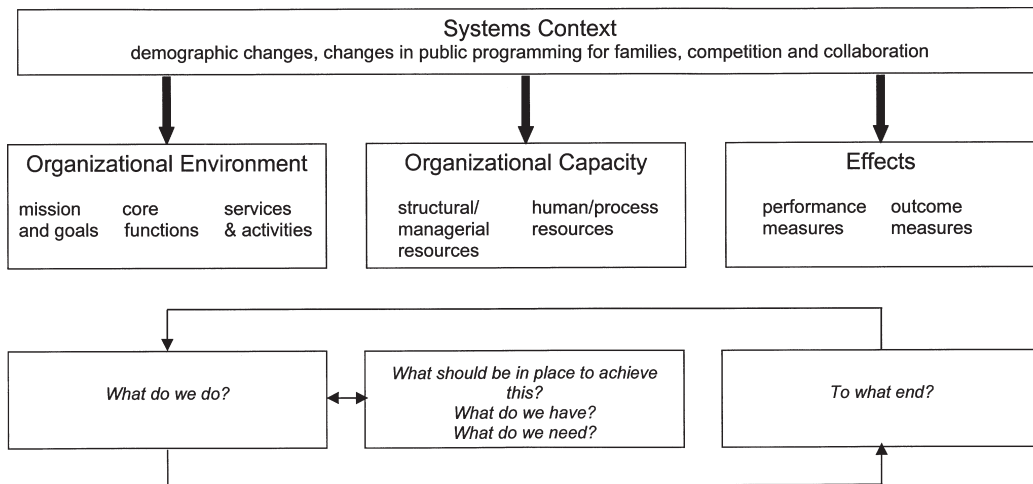


Figure 1. MCH Strategic Capacity Planning Framework. CAST-5 conceptually links the roles and activities of public MCH programs to population health and service system outcomes through a strategic assessment of organizational capacity needs. *Source:* Reprinted from M. Ruderman and H. Grason, *Capacity Assessment for State Title V Programs: Preliminary Edition*, Johns Hopkins School of Public Health, and Association of Maternal and Child Health Programs, 2001.

and supports will be needed to help public health agency leaders build their workforce and strengthen organizational competence while also rising to the occasion of the many urgent demands on them.

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